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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2020	.	
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The Committee on Children, Families, and Elder Affairs (Book) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Present subsections (31) through (38) and (39) through (48) of section 394.455, Florida Statutes, are redesignated as subsections (32) through (39) and (41) through (50), respectively, subsections (22) and (28) of that section are amended, and new subsections (31) and (40) are added to that section, to read:



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11 394.455 Definitions.—As used in this part, the term:

12 (22) “Involuntary examination” means an examination
13 performed under s. 394.463, s. 397.6772, s. 397.679, s.
14 397.6798, or s. 397.6957 ~~s. 397.6811~~ to determine whether a
15 person qualifies for involuntary services.

16 (28) “Mental illness” means an impairment of the mental or
17 emotional processes that exercise conscious control of one’s
18 actions or of the ability to perceive or understand reality,
19 which impairment substantially interferes with the person’s
20 ability to meet the ordinary demands of living. For the purposes
21 of this part, the term does not include a developmental
22 disability as defined in chapter 393, intoxication, or
23 conditions manifested only by antisocial behavior, dementia,
24 traumatic brain injury, or substance abuse.

25 (31) “Neglect or refuse to care for himself or herself”
26 includes, but is not limited to, evidence that a person:

27 (a) Is unable to satisfy basic needs for nourishment,
28 clothing, medical care, shelter, or safety in a manner that
29 creates a substantial probability of imminent death, serious
30 physical debilitation, or disease; or

31 (b) Is substantially unable to make an informed treatment
32 choice and needs care or treatment to prevent deterioration.

33 (40) “Real and present threat of substantial harm”
34 includes, but is not limited to, evidence of a substantial
35 probability that the untreated person will:

36 (a) Lack, refuse, or not receive services for health and
37 safety that are actually available in the community; or

38 (b) Suffer severe mental, emotional, or physical harm that
39 will result in the loss of his or her ability to function in the



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40 community or the loss of cognitive or volitional control over
41 thoughts or actions.

42 Section 2. Subsection (13) is added to section 394.459,
43 Florida Statutes, to read:

44 394.459 Rights of patients.—

45 (13) POST-DISCHARGE CONTINUUM OF CARE.—Upon discharge, a
46 respondent with a serious mental illness must be informed of the
47 essential elements of recovery and provided assistance with
48 accessing a continuum of care regimen. The department may adopt
49 rules specifying the services that may be provided to such
50 respondents.

51 Section 3. Subsection (1) of section 394.4598, Florida
52 Statutes, is amended to read:

53 394.4598 Guardian advocate.—

54 (1) The administrator may petition the court for the
55 appointment of a guardian advocate based upon the opinion of a
56 psychiatrist that the patient is incompetent to consent to
57 treatment. If the court finds that a patient is incompetent to
58 consent to treatment and has not been adjudicated incapacitated
59 and a guardian with the authority to consent to mental health
60 treatment appointed, it shall appoint a guardian advocate. The
61 patient has the right to have an attorney represent him or her
62 at the hearing. If the person is indigent, the court shall
63 appoint the office of the public defender to represent him or
64 her at the hearing. The patient has the right to testify, cross-
65 examine witnesses, and present witnesses. The proceeding shall
66 be recorded either electronically or stenographically, and
67 testimony shall be provided under oath. One of the professionals
68 authorized to give an opinion in support of a petition for



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69 involuntary placement, as described in ~~s. 394.4655~~ or s.
70 394.467, must testify. A guardian advocate must meet the
71 qualifications of a guardian contained in part IV of chapter
72 744, except that a professional referred to in this part, an
73 employee of the facility providing direct services to the
74 patient under this part, a departmental employee, a facility
75 administrator, or member of the Florida local advocacy council
76 may ~~shall~~ not be appointed. A person who is appointed as a
77 guardian advocate must agree to the appointment.

78 Section 4. Paragraph (d) of subsection (2) of section
79 394.4599, Florida Statutes, is amended to read:

80 394.4599 Notice.—

81 (2) INVOLUNTARY ADMISSION.—

82 (d) The written notice of the filing of the petition for
83 involuntary services for an individual being held must contain
84 the following:

85 1. Notice that the petition for:

86 a. Involuntary inpatient treatment pursuant to s. 394.467
87 has been filed with the circuit court in the county in which the
88 individual is hospitalized and the address of such court; or

89 b. Involuntary outpatient services pursuant to s. 394.4655
90 has been filed with the criminal county court, ~~as defined in s.~~
91 ~~394.4655(1)~~, or the circuit court, as applicable, in the county
92 in which the individual is hospitalized and the address of such
93 court.

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

97 3. The date, time, and place of the hearing and the name of



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98 each examining expert and every other person expected to testify
99 in support of continued detention.

100 4. Notice that the individual, the individual's guardian,
101 guardian advocate, health care surrogate or proxy, or
102 representative, or the administrator may apply for a change of
103 venue for the convenience of the parties or witnesses or because
104 of the condition of the individual.

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

108 Section 5. Subsection (2) of section 394.461, Florida
109 Statutes, is amended to read:

110 394.461 Designation of receiving and treatment facilities
111 and receiving systems.—The department is authorized to designate
112 and monitor receiving facilities, treatment facilities, and
113 receiving systems and may suspend or withdraw such designation
114 for failure to comply with this part and rules adopted under
115 this part. Unless designated by the department, facilities are
116 not permitted to hold or treat involuntary patients under this
117 part.

118 (2) TREATMENT FACILITY.—The department may designate any
119 state-owned, state-operated, or state-supported facility as a
120 state treatment facility. A civil patient must ~~shall~~ not be
121 admitted to a state treatment facility without previously
122 undergoing a transfer evaluation. Before the close of the
123 state's case in chief in a court hearing for involuntary
124 placement in a state treatment facility, the state may establish
125 that the transfer evaluation was performed and the document
126 properly executed by providing the court with a copy of the



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127 transfer evaluation. The court may not ~~shall receive and~~
128 consider the substantive information ~~documented~~ in the transfer
129 evaluation unless the evaluator testifies at the hearing. Any
130 other facility, including a private facility or a federal
131 facility, may be designated as a treatment facility by the
132 department, provided that such designation is agreed to by the
133 appropriate governing body or authority of the facility.

134 Section 6. Subsection (3) of section 394.4615, Florida
135 Statutes, is amended to read:

136 394.4615 Clinical records; confidentiality.-

137 (3) Information from the clinical record may be released in
138 the following circumstances:

139 (a) When a patient has communicated to a service provider a
140 specific threat to cause serious bodily injury or death to an
141 identified or a readily available person, if the service
142 provider reasonably believes, or should reasonably believe
143 according to the standards of his or her profession, that the
144 patient has the apparent intent and ability to imminently or
145 immediately carry out such threat. When such communication has
146 been made, the administrator may authorize the release of
147 sufficient information to provide adequate warning to the person
148 threatened with harm by the patient.

149 (b) When the administrator of the facility or secretary of
150 the department deems release to a qualified researcher as
151 defined in administrative rule, an aftercare treatment provider,
152 or an employee or agent of the department is necessary for
153 treatment of the patient, maintenance of adequate records,
154 compilation of treatment data, aftercare planning, or evaluation
155 of programs.



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

Section 7. Section 394.462, Florida Statutes, is amended to read:

394.462 Transportation.—A transportation plan shall be developed and implemented by each county in collaboration with the managing entity in accordance with this section. A county may enter into a memorandum of understanding with the governing boards of nearby counties to establish a shared transportation plan. When multiple counties enter into a memorandum of understanding for this purpose, the counties shall notify the managing entity and provide it with a copy of the agreement. The transportation plan shall describe methods of transport to a facility within the designated receiving system for individuals subject to involuntary examination under s. 394.463 or involuntary admission under s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify responsibility for other transportation to a participating facility when necessary and agreed to by the facility. The plan may rely on emergency medical transport services or private transport companies, as appropriate. The plan shall comply with the transportation provisions of this section and ss. 397.6772,



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185 397.6795, ~~397.6822~~, and 397.697.

186 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

187 (a) Each county shall designate a single law enforcement
188 agency within the county, or portions thereof, to take a person
189 into custody upon the entry of an ex parte order or the
190 execution of a certificate for involuntary examination by an
191 authorized professional and to transport that person to the
192 appropriate facility within the designated receiving system
193 pursuant to a transportation plan.

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

196 a. The jurisdiction designated by the county has contracted
197 on an annual basis with an emergency medical transport service
198 or private transport company for transportation of persons to
199 receiving facilities pursuant to this section at the sole cost
200 of the county; and

201 b. The law enforcement agency and the emergency medical
202 transport service or private transport company agree that the
203 continued presence of law enforcement personnel is not necessary
204 for the safety of the person or others.

205 2. The entity providing transportation may seek
206 reimbursement for transportation expenses. The party responsible
207 for payment for such transportation is the person receiving the
208 transportation. The county shall seek reimbursement from the
209 following sources in the following order:

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

212 b. From the person receiving the transportation.

213 c. From a financial settlement for medical care, treatment,



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214 hospitalization, or transportation payable or accruing to the
215 injured party.

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

221 (d) Any company that contracts with a governing board of a
222 county to transport patients shall comply with the applicable
223 rules of the department to ensure the safety and dignity of
224 patients.

225 (e) When a law enforcement officer takes custody of a
226 person pursuant to this part, the officer may request assistance
227 from emergency medical personnel if such assistance is needed
228 for the safety of the officer or the person in custody.

229 (f) When a member of a mental health overlay program or a
230 mobile crisis response service is a professional authorized to
231 initiate an involuntary examination pursuant to s. 394.463 or s.
232 397.675 and that professional evaluates a person and determines
233 that transportation to a receiving facility is needed, the
234 service, at its discretion, may transport the person to the
235 facility or may call on the law enforcement agency or other
236 transportation arrangement best suited to the needs of the
237 patient.

238 (g) When any law enforcement officer has custody of a
239 person based on either noncriminal or minor criminal behavior
240 that meets the statutory guidelines for involuntary examination
241 pursuant to s. 394.463, the law enforcement officer shall
242 transport the person to the appropriate facility within the



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243 designated receiving system pursuant to a transportation plan.
244 Persons who meet the statutory guidelines for involuntary
245 admission pursuant to s. 397.675 may also be transported by law
246 enforcement officers to the extent resources are available and
247 as otherwise provided by law. Such persons shall be transported
248 to an appropriate facility within the designated receiving
249 system pursuant to a transportation plan.

250 (h) When any law enforcement officer has arrested a person
251 for a felony and it appears that the person meets the statutory
252 guidelines for involuntary examination or placement under this
253 part, such person must first be processed in the same manner as
254 any other criminal suspect. The law enforcement agency shall
255 thereafter immediately notify the appropriate facility within
256 the designated receiving system pursuant to a transportation
257 plan. The receiving facility shall be responsible for promptly
258 arranging for the examination and treatment of the person. A
259 receiving facility is not required to admit a person charged
260 with a crime for whom the facility determines and documents that
261 it is unable to provide adequate security, but shall provide
262 examination and treatment to the person where he or she is held.

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

268 (j) The costs of transportation, evaluation,
269 hospitalization, and treatment incurred under this subsection by
270 persons who have been arrested for violations of any state law
271 or county or municipal ordinance may be recovered as provided in



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272 s. 901.35.

273 (k) The appropriate facility within the designated
274 receiving system pursuant to a transportation plan must accept
275 persons brought by law enforcement officers, or an emergency
276 medical transport service or a private transport company
277 authorized by the county, for involuntary examination pursuant
278 to s. 394.463.

279 (l) The appropriate facility within the designated
280 receiving system pursuant to a transportation plan must provide
281 persons brought by law enforcement officers, or an emergency
282 medical transport service or a private transport company
283 authorized by the county, pursuant to s. 397.675, a basic
284 screening or triage sufficient to refer the person to the
285 appropriate services.

286 (m) Each law enforcement agency designated pursuant to
287 paragraph (a) shall establish a policy that reflects a single
288 set of protocols for the safe and secure transportation and
289 transfer of custody of the person. Each law enforcement agency
290 shall provide a copy of the protocols to the managing entity.

291 (n) When a jurisdiction has entered into a contract with an
292 emergency medical transport service or a private transport
293 company for transportation of persons to facilities within the
294 designated receiving system, such service or company shall be
295 given preference for transportation of persons from nursing
296 homes, assisted living facilities, adult day care centers, or
297 adult family-care homes, unless the behavior of the person being
298 transported is such that transportation by a law enforcement
299 officer is necessary.

300 (o) This section may not be construed to limit emergency



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301 examination and treatment of incapacitated persons provided in
302 accordance with s. 401.445.

303 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

304 (a) If neither the patient nor any person legally obligated
305 or responsible for the patient is able to pay for the expense of
306 transporting a voluntary or involuntary patient to a treatment
307 facility, the transportation plan established by the governing
308 board of the county or counties must specify how the
309 hospitalized patient will be transported to, from, and between
310 facilities in a safe and dignified manner.

311 (b) A company that transports a patient pursuant to this
312 subsection is considered an independent contractor and is solely
313 liable for the safe and dignified transportation of the patient.
314 Such company must be insured and provide no less than \$100,000
315 in liability insurance with respect to the transport of
316 patients.

317 (c) A company that contracts with one or more counties to
318 transport patients in accordance with this section shall comply
319 with the applicable rules of the department to ensure the safety
320 and dignity of patients.

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

327 (3) TRANSFER OF CUSTODY.—Custody of a person who is
328 transported pursuant to this part, along with related
329 documentation, shall be relinquished to a responsible individual



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330 at the appropriate receiving or treatment facility.

331 Section 8. Subsection (1) of section 394.4625, Florida
332 Statutes, is amended to read:

333 394.4625 Voluntary admissions.—

334 (1) EXAMINATION AND TREATMENT AUTHORITY TO RECEIVE
335 PATIENTS.—

336 (a) In order to be admitted to a facility on a voluntary
337 basis, a person must show evidence of a mental illness and be
338 suitable for treatment by the facility.

339 1. If the person is an adult, he or she must be competent
340 to provide his or her express and informed consent in writing to
341 the facility.

342 2. A minor may only be admitted to a facility on the basis
343 of the express and informed consent of the minor's parent or
344 legal guardian in conjunction with the minor's assent.

345 a. The minor's assent is an affirmative agreement by the
346 minor to remain at the facility for examination and treatment.
347 The minor's failure to object is not assent for purposes of this
348 subparagraph.

349 b. The minor's assent must be verified through a clinical
350 assessment that is documented in the minor's clinical record and
351 conducted within 12 hours after arrival at the facility by a
352 licensed professional authorized to initiate an involuntary
353 examination under s. 394.463.

354 c. In verifying the minor's assent, the examining
355 professional must first provide the minor with an explanation as
356 to why the minor will be examined and treated, what the minor
357 can expect while in the facility, and when the minor may expect
358 to be released, using language that is appropriate to the



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359 minor's age, experience, maturity, and condition. The examining
360 professional must determine and document that the minor is able
361 to understand this information.

362 d. The facility must advise the minor of his or her right
363 to request and have access to legal counsel.

364 e. The facility administrator must file with the court a
365 notice of a minor's voluntary placement within 1 court working
366 day after the minor's admission to the facility.

367 f. The court shall appoint a public defender who may review
368 the voluntariness of the minor's admission to the facility and
369 further verify his or her assent. The public defender may
370 interview and represent the minor and shall have access to all
371 relevant witnesses and records. If the public defender does not
372 review the voluntariness of the admission, the clinical
373 assessment of the minor's assent shall serve as verification of
374 assent.

375 g. Unless the minor's assent is verified pursuant to this
376 subparagraph, a petition for involuntary placement must be filed
377 with the court or the minor must be released to his or her
378 parent or legal guardian within 24 hours after arriving at the
379 facility ~~A facility may receive for observation, diagnosis, or~~
380 ~~treatment any person 18 years of age or older making application~~
381 ~~by express and informed consent for admission or any person age~~
382 ~~17 or under for whom such application is made by his or her~~
383 ~~guardian. If found to show evidence of mental illness, to be~~
384 ~~competent to provide express and informed consent, and to be~~
385 ~~suitable for treatment, such person 18 years of age or older may~~
386 ~~be admitted to the facility. A person age 17 or under may be~~
387 ~~admitted only after a hearing to verify the voluntariness of the~~



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388 ~~consent.~~

389 (b) A mental health overlay program or a mobile crisis
390 response service or a licensed professional who is authorized to
391 initiate an involuntary examination pursuant to s. 394.463 and
392 is employed by a community mental health center or clinic must,
393 pursuant to district procedure approved by the respective
394 district administrator, conduct an initial assessment of the
395 ability of the following persons to give express and informed
396 consent to treatment before such persons may be admitted
397 voluntarily:

398 1. A person 60 years of age or older for whom transfer is
399 being sought from a nursing home, assisted living facility,
400 adult day care center, or adult family-care home, when such
401 person has been diagnosed as suffering from dementia.

402 2. A person 60 years of age or older for whom transfer is
403 being sought from a nursing home pursuant to s. 400.0255(12).

404 3. A person for whom all decisions concerning medical
405 treatment are currently being lawfully made by the health care
406 surrogate or proxy designated under chapter 765.

407 (c) When an initial assessment of the ability of a person
408 to give express and informed consent to treatment is required
409 under this section, and a mobile crisis response service does
410 not respond to the request for an assessment within 2 hours
411 after the request is made or informs the requesting facility
412 that it will not be able to respond within 2 hours after the
413 request is made, the requesting facility may arrange for
414 assessment by any licensed professional authorized to initiate
415 an involuntary examination pursuant to s. 394.463 who is not
416 employed by or under contract with, and does not have a



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417 financial interest in, either the facility initiating the
418 transfer or the receiving facility to which the transfer may be
419 made.

420 (d) A facility may not admit as a voluntary patient a
421 person who has been adjudicated incapacitated, unless the
422 condition of incapacity has been judicially removed. If a
423 facility admits as a voluntary patient a person who is later
424 determined to have been adjudicated incapacitated, and the
425 condition of incapacity had not been removed by the time of the
426 admission, the facility must either discharge the patient or
427 transfer the patient to involuntary status.

428 (e) The health care surrogate or proxy of a voluntary
429 patient may not consent to the provision of mental health
430 treatment for the patient. A voluntary patient who is unwilling
431 or unable to provide express and informed consent to mental
432 health treatment must either be discharged or transferred to
433 involuntary status.

434 (f) Within 24 hours after admission of a voluntary patient,
435 the admitting physician shall document in the patient's clinical
436 record that the patient is able to give express and informed
437 consent for admission. If the patient is not able to give
438 express and informed consent for admission, the facility shall
439 either discharge the patient or transfer the patient to
440 involuntary status pursuant to subsection (5).

441 Section 9. Subsection (1) and paragraphs (a), (g), and (h)
442 of subsection (2) of section 394.463, Florida Statutes, are
443 amended, and subsection (5) is added to that section, to read:

444 394.463 Involuntary examination.—

445 (1) CRITERIA.—A person may be taken to a receiving facility



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446 for involuntary examination if there is reason to believe that
447 the person has a mental illness and because of his or her mental
448 illness:

449 (a)1. The person has refused voluntary examination after
450 conscientious explanation and disclosure of the purpose of the
451 examination; or

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

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

461 2. There is a substantial likelihood that in the near
462 future and without care or treatment, the person will inflict
463 serious ~~cause serious bodily~~ harm to self ~~himself or herself~~ or
464 others ~~in the near future~~, as evidenced by acts, omissions, or
465 ~~recent~~ behavior causing, attempting, or threatening such harm,
466 which includes, but is not limited to, significant property
467 damage.

468 (2) INVOLUNTARY EXAMINATION.—

469 (a) An involuntary examination may be initiated by any one
470 of the following means:

471 1. A circuit or county court may enter an ex parte order
472 stating that a person appears to meet the criteria for
473 involuntary examination and specifying the findings on which
474 that conclusion is based. The ex parte order for involuntary



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475 examination must be based on written or oral sworn testimony
476 that includes specific facts that support the findings. If other
477 less restrictive means are not available, such as voluntary
478 appearance for outpatient evaluation, a law enforcement officer,
479 or other designated agent of the court, shall take the person
480 into custody and deliver him or her to an appropriate, or the
481 nearest, facility within the designated receiving system
482 pursuant to s. 394.462 for involuntary examination. The order of
483 the court shall be made a part of the patient's clinical record.
484 A fee may not be charged for the filing of an order under this
485 subsection. A facility accepting the patient based on this order
486 must send a copy of the order to the department within 5 working
487 days. The order may be submitted electronically through existing
488 data systems, if available. The order shall be valid only until
489 the person is delivered to the facility or for the period
490 specified in the order itself, whichever comes first. If no time
491 limit is specified in the order, the order shall be valid for 7
492 days after the date that the order was signed.

493 2. A law enforcement officer may ~~shall~~ take a person who
494 appears to meet the criteria for involuntary examination into
495 custody and deliver the person or have him or her delivered to
496 an appropriate, or the nearest, facility within the designated
497 receiving system pursuant to s. 394.462 for examination. The
498 officer shall execute a written report detailing the
499 circumstances under which the person was taken into custody,
500 which must be made a part of the patient's clinical record. Any
501 facility accepting the patient based on this report must send a
502 copy of the report to the department within 5 working days.

503 3. A physician, clinical psychologist, psychiatric nurse,



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504 mental health counselor, marriage and family therapist, or
505 clinical social worker may execute a certificate stating that he
506 or she has examined a person within the preceding 48 hours and
507 finds that the person appears to meet the criteria for
508 involuntary examination and stating the observations upon which
509 that conclusion is based. If other less restrictive means, such
510 as voluntary appearance for outpatient evaluation, are not
511 available, a law enforcement officer shall take into custody the
512 person named in the certificate and deliver him or her to the
513 appropriate, or nearest, facility within the designated
514 receiving system pursuant to s. 394.462 for involuntary
515 examination. The law enforcement officer shall execute a written
516 report detailing the circumstances under which the person was
517 taken into custody. The report and certificate shall be made a
518 part of the patient's clinical record. Any facility accepting
519 the patient based on this certificate must send a copy of the
520 certificate to the department within 5 working days. The
521 document may be submitted electronically through existing data
522 systems, if applicable.

523
524 When sending the order, report, or certificate to the
525 department, a facility shall, at a minimum, provide information
526 about which action was taken regarding the patient under
527 paragraph (g), which information shall also be made a part of
528 the patient's clinical record.

529 (g) The examination period must be for up to 72 hours. For
530 a minor, the examination shall be initiated within 12 hours
531 after the patient's arrival at the facility. The facility must
532 inform the department of any person who has been examined or



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533 committed three or more times under this chapter within a 12-
534 month period. Within the examination period or, if the
535 examination period ends on a weekend or holiday, no later than
536 the next working day thereafter, one of the following actions
537 must be taken, based on the individual needs of the patient:

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

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

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

547 4. A petition for involuntary services shall be filed in
548 the circuit court ~~if inpatient treatment is deemed necessary or~~
549 ~~with a~~ the criminal county court, as described in s. 394.4655
550 ~~defined in s. 394.4655(1),~~ as applicable. When inpatient
551 treatment is deemed necessary, the least restrictive treatment
552 consistent with the optimum improvement of the patient's
553 condition shall be made available. The petition ~~When a petition~~
554 ~~is to be filed for involuntary outpatient placement, it shall be~~
555 ~~filed by one of the petitioners specified in s. 394.4655(4)(a).~~
556 ~~A petition for involuntary inpatient placement shall be filed by~~
557 the facility administrator.

558 (h) A person for whom an involuntary examination has been
559 initiated who is being evaluated or treated at a hospital for an
560 emergency medical condition specified in s. 395.002 must be
561 examined by a facility within the examination period specified



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562 in paragraph (g). The examination period begins when the patient
563 arrives at the hospital and ceases when the attending physician
564 documents that the patient has an emergency medical condition.
565 If the patient is examined at a hospital providing emergency
566 medical services by a professional qualified to perform an
567 involuntary examination and is found as a result of that
568 examination not to meet the criteria for involuntary outpatient
569 services pursuant to s. 394.4655 ~~s. 394.4655(2)~~ or involuntary
570 inpatient placement pursuant to s. 394.467(1), the patient may
571 be offered voluntary services or placement, if appropriate, or
572 released directly from the hospital providing emergency medical
573 services. The finding by the professional that the patient has
574 been examined and does not meet the criteria for involuntary
575 inpatient services or involuntary outpatient placement must be
576 entered into the patient's clinical record. This paragraph is
577 not intended to prevent a hospital providing emergency medical
578 services from appropriately transferring a patient to another
579 hospital before stabilization if the requirements of s.
580 395.1041(3)(c) have been met.

581 (5) UNLAWFUL ACTIVITIES RELATING TO EXAMINATION AND
582 TREATMENT; PENALTIES.-

583 (a) Knowingly furnishing false information for the purpose
584 of obtaining emergency or other involuntary admission for any
585 person is a misdemeanor of the first degree, punishable as
586 provided in s. 775.082 and by a fine not exceeding \$5,000.

587 (b) Causing or otherwise securing, conspiring with or
588 assisting another to cause or secure, without reason for
589 believing a person to be impaired, any emergency or other
590 involuntary procedure for the person is a misdemeanor of the



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591 first degree, punishable as provided in s. 775.082 and by a fine
592 not exceeding \$5,000.

593 (c) Causing, or conspiring with or assisting another to
594 cause, the denial to any person of any right accorded pursuant
595 to this chapter is a misdemeanor of the first degree, punishable
596 as provided in s. 775.082 by a fine not exceeding \$5,000.

597 Section 10. Section 394.4655, Florida Statutes, is amended
598 to read:

599 (Substantial rewording of section. See
600 s. 394.4655, F.S., for present text.)

601 394.4655 Involuntary outpatient services.-

602 (1) (a) The court may order a respondent into outpatient
603 treatment for up to 6 months if, during a hearing under s.
604 394.467, it is established that the respondent meets involuntary
605 placement criteria and:

606 1. Has been jailed or incarcerated, has been involuntarily
607 admitted to a receiving or treatment facility as defined in s.
608 394.455, or has received mental health services in a forensic or
609 correctional facility at least twice during the last 36 months;

610 2. The outpatient treatment is provided in the county in
611 which the respondent resides or, if being placed from a state
612 treatment facility, will reside; and

613 3. The respondent's treating physician certifies, within a
614 reasonable degree of medical probability, that the respondent:

615 a. Can be appropriately treated on an outpatient basis; and
616 b. Can follow a prescribed treatment plan.

617 (b) For the duration of his or her treatment, the
618 respondent must be supported by a social worker or case manager
619 of the outpatient provider, or a willing, able, and responsible



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620 individual appointed by the court who must inform the court,
621 state attorney, and public defender of any failure by the
622 respondent to comply with his or her outpatient program.

623 (2) The court shall retain jurisdiction over the case and
624 parties for the entry of such further orders after a hearing, as
625 the circumstances may require. Such jurisdiction includes, but
626 is not limited to, ordering inpatient treatment to stabilize a
627 respondent who decompensates during his or her up to 6-month
628 period of court-ordered treatment and meets the commitment
629 criteria of s. 394.467.

630 (3) A criminal county court exercising its original
631 jurisdiction in a misdemeanor case under s. 34.01 may order a
632 person who meets the commitment criteria into involuntary
633 outpatient services.

634 Section 11. Subsections (1) and (5) and paragraphs (a),
635 (b), and (c) of subsection (6) of section 394.467, Florida
636 Statutes, are amended to read:

637 394.467 Involuntary inpatient placement.—

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

641 (a) He or she has a mental illness and because of his or
642 her mental illness:

643 1.a. He or she has refused voluntary inpatient placement
644 for treatment after sufficient and conscientious explanation and
645 disclosure of the purpose of inpatient placement for treatment;
646 or

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



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649 2.a. He or she is incapable of surviving alone or with the
650 help of willing, able, and responsible family or friends,
651 including available alternative services, and, without
652 treatment, is likely to suffer from neglect or refuse to care
653 for himself or herself, and such neglect or refusal poses a real
654 and present threat of substantial harm to his or her well-being;
655 or

656 b. There is substantial likelihood that in the near future
657 and without services he or she will inflict serious ~~bodily~~ harm
658 to ~~on~~ self or others, as evidenced by acts, omissions, or recent
659 behavior causing, attempting, or threatening such harm, which
660 includes, but is not limited to, significant property damage;
661 and

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

665 (5) CONTINUANCE OF HEARING.—The patient and the state are
666 independently entitled ~~is entitled, with the concurrence of the~~
667 ~~patient's counsel,~~ to at least one continuance of the hearing.
668 The patient's continuance may be for a period of ~~for~~ up to 4
669 weeks and requires the concurrence of his or her counsel. The
670 state's continuance may be for a period of up to 5 court working
671 days and requires a showing of good cause and due diligence by
672 the state before requesting the continuance. The state's failure
673 to timely review any readily available document or failure to
674 attempt to contact a known witness does not warrant a
675 continuance.

676 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

677 (a)1. The court shall hold the hearing on involuntary



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678 inpatient placement within 5 court working days, unless a
679 continuance is granted.

680 2. Except for good cause documented in the court file, the
681 hearing must be held in the county or the facility, as
682 appropriate, where the patient is located, must be as convenient
683 to the patient as is consistent with orderly procedure, and
684 shall be conducted in physical settings not likely to be
685 injurious to the patient's condition. If the court finds that
686 the patient's attendance at the hearing is not consistent with
687 the best interests of, or is likely to be injurious to, the
688 patient, or the patient knowingly, intelligently, and
689 voluntarily waives his or her right to be present, and the
690 patient's counsel does not object, the court may waive the
691 presence of the patient from all or any portion of the hearing.
692 Absent a showing of good cause, such as specific symptoms of the
693 respondent's condition, the court may permit all witnesses,
694 including, but not limited to, any medical professionals or
695 personnel who are or have been involved with the patient's
696 treatment, to remotely attend and testify at the hearing under
697 oath via the most appropriate and convenient technological
698 method of communication available to the court, including, but
699 not limited to, teleconference. Any witness intending to
700 remotely attend and testify at the hearing must provide the
701 parties with all relevant documents in advance of the hearing.
702 The state attorney for the circuit in which the patient is
703 located shall represent the state, rather than the petitioning
704 facility administrator, as the real party in interest in the
705 proceeding. In order to evaluate and prepare its case before the
706 hearing, the state attorney may access, by subpoena if



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707 necessary, the patient, witnesses, and all relevant records.
708 Such records include, but are not limited to, any social media,
709 school records, clinical files, and reports documenting contact
710 the patient may have had with law enforcement officers or other
711 state agencies. However, these records shall remain
712 confidential, and the state attorney may not use any records
713 obtained under this part for criminal investigation or
714 prosecution purposes, or for any purpose other than the
715 patient's civil commitment under this chapter.

716 3. The court may appoint a magistrate to preside at the
717 hearing on the petition and any ancillary proceedings thereto,
718 which include, but are not limited to, writs of habeas corpus
719 issued pursuant to s. 394.459(8). One of the professionals who
720 executed the petition for involuntary inpatient placement
721 certificate shall be a witness. The patient and the patient's
722 guardian or representative shall be informed by the court of the
723 right to an independent expert examination. If the patient
724 cannot afford such an examination, the court shall ensure that
725 one is provided, as otherwise provided for by law. The
726 independent expert's report is confidential and not
727 discoverable, unless the expert is to be called as a witness for
728 the patient at the hearing. The testimony in the hearing must be
729 given under oath, and the proceedings must be recorded. The
730 patient may refuse to testify at the hearing.

731 (b) If the court concludes that the patient meets the
732 criteria for involuntary inpatient placement, it may order that
733 the patient be transferred to a treatment facility or, if the
734 patient is at a treatment facility, that the patient be retained
735 there or be treated at any other appropriate facility, or that



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736 the patient receive services, on an involuntary basis, for up to
737 ~~90 days. However, any order for involuntary mental health~~
738 ~~services in a treatment facility may be for up to 6 months. The~~
739 order shall specify the nature and extent of the patient's
740 mental illness and, unless the patient has transferred to a
741 voluntary status, the facility must discharge the patient at any
742 time he or she no longer meets the criteria for involuntary
743 inpatient treatment. The court may not order an individual with
744 a developmental disability as defined in s. 393.063, traumatic
745 brain injury, or dementia who lacks a co-occurring mental
746 illness to be involuntarily placed in a state treatment
747 facility. Such individuals must be referred to the Agency for
748 Persons with Disabilities or the Department of Elderly Affairs
749 for further evaluation and the provision of appropriate services
750 for their individual needs. In addition, if it reasonably
751 appears that the individual would be found incapacitated under
752 chapter 744 and the individual does not already have a legal
753 guardian, the facility must inform any known next of kin and
754 initiate guardianship proceedings. The facility may hold the
755 individual until the petition to appoint a guardian is heard by
756 the court and placement is secured. ~~The facility shall discharge~~
757 ~~a patient any time the patient no longer meets the criteria for~~
758 ~~involuntary inpatient placement, unless the patient has~~
759 ~~transferred to voluntary status.~~

760 (c) If at any time before the conclusion of the involuntary
761 placement hearing ~~on involuntary inpatient placement~~ it appears
762 to the court that the person does not meet the criteria of ~~for~~
763 ~~involuntary inpatient placement~~ under this section, but instead
764 meets the criteria for involuntary ~~outpatient services, the~~



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765 ~~court may order the person evaluated for involuntary outpatient~~
766 ~~services pursuant to s. 394.4655. The petition and hearing~~
767 ~~procedures set forth in s. 394.4655 shall apply. If the person~~
768 ~~instead meets the criteria for involuntary assessment,~~
769 ~~protective custody, or involuntary admission or treatment~~
770 ~~pursuant to s. 397.675, then the court may order the person to~~
771 ~~be admitted for involuntary assessment for a period of 5 days~~
772 ~~pursuant to s. 397.6957 s. 397.6811. Thereafter, all proceedings~~
773 ~~are governed by chapter 397.~~

774 Section 12. Subsection (3) and paragraph (e) of subsection
775 (6) of section 394.495, Florida Statutes, are amended to read:

776 394.495 Child and adolescent mental health system of care;
777 programs and services.-

778 (3) Assessments must be performed by:

779 (a) A clinical psychologist, clinical social worker,
780 physician, psychiatric nurse, or psychiatrist as those terms are
781 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~
782 ~~(7), (32), (35), or (36);~~

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

784 (c) A person who is under the direct supervision of a
785 clinical psychologist, clinical social worker, physician,
786 psychiatric nurse, or psychiatrist as those terms are defined in
787 s. 394.455 ~~qualified professional as defined in s. 394.455(5),~~
788 ~~(7), (32), (35), or (36)~~ or a professional licensed under
789 chapter 491.

790 (6) The department shall contract for community action
791 treatment teams throughout the state with the managing entities.
792 A community action treatment team shall:

793 (e)1. Subject to appropriations and at a minimum,



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794 individually serve each of the following counties or regions:

795 a. Alachua.

796 b. Alachua, Columbia, Dixie, Hamilton, Lafayette, and
797 Suwannee.

798 c. Bay.

799 d. Brevard.

800 e. Charlotte.

801 f.e. Collier.

802 g.f. DeSoto and Sarasota.

803 h.g. Duval.

804 i.h. Escambia.

805 j.i. Hardee, Highlands, and Polk.

806 k.j. Hillsborough.

807 l.k. Indian River, Martin, Okeechobee, and St. Lucie.

808 m.l. Lake and Sumter.

809 n.m. Lee.

810 o. Leon.

811 p.n. Manatee.

812 q.o. Marion.

813 r.p. Miami-Dade.

814 s.q. Okaloosa.

815 t.r. Orange.

816 u.s. Palm Beach.

817 v.t. Pasco.

818 w.u. Pinellas.

819 x.v. Walton.

820 2. Subject to appropriations, the department shall contract
821 for additional teams through the managing entities to ensure the
822 availability of community action treatment team services in the



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823 remaining areas of the state.

824 Section 13. Subsection (5) of section 394.496, Florida
825 Statutes, is amended to read:

826 394.496 Service planning.—

827 (5) A clinical psychologist, clinical social worker,
828 physician, psychiatric nurse, or psychiatrist as those terms are
829 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~
830 ~~(7), (32), (35), or (36)~~ or a professional licensed under
831 chapter 491 must be included among those persons developing the
832 services plan.

833 Section 14. Paragraph (a) of subsection (2) of section
834 394.499, Florida Statutes, is amended to read:

835 394.499 Integrated children's crisis stabilization
836 unit/juvenile addictions receiving facility services.—

837 (2) Children eligible to receive integrated children's
838 crisis stabilization unit/juvenile addictions receiving facility
839 services include:

840 (a) A person under 18 years of age for whom voluntary
841 application is made by his or her parent or legal guardian, if
842 such person is found to show evidence of mental illness and to
843 be suitable for treatment pursuant to s. 394.4625. A person
844 under 18 years of age may be admitted for integrated facility
845 services only after a hearing to verify that the consent to
846 admission is voluntary is conducted pursuant to s. 394.4625.

847 Section 15. Section 394.656, Florida Statutes, is amended
848 to read:

849 394.656 Criminal Justice, Mental Health, and Substance
850 Abuse Reinvestment Grant Program.—

851 (1) There is created within the Department of Children and



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852 Families the Criminal Justice, Mental Health, and Substance
853 Abuse Reinvestment Grant Program. The purpose of the program is
854 to provide funding to counties which they may use to plan,
855 implement, or expand initiatives that increase public safety,
856 avert increased spending on criminal justice, and improve the
857 accessibility and effectiveness of treatment services for adults
858 and juveniles who have a mental illness, substance use ~~abuse~~
859 disorder, or co-occurring mental health and substance use ~~abuse~~
860 disorders and who are in, or at risk of entering, the criminal
861 or juvenile justice systems.

862 (2) The department shall establish a Criminal Justice,
863 Mental Health, and Substance Abuse Statewide Grant Advisory
864 ~~Review~~ Committee. The membership of the committee must reflect
865 the ethnic and gender diversity of the state and shall include:

866 (a) One representative of the Department of Children and
867 Families.†

868 (b) One representative of the Department of Corrections.†

869 (c) One representative of the Department of Juvenile
870 Justice.†

871 (d) One representative of the Department of Elderly
872 Affairs.†

873 (e) One representative of the Office of the State Courts
874 Administrator.†

875 (f) One representative of the Department of Veterans'
876 Affairs.†

877 (g) One representative of the Florida Sheriffs
878 Association.†

879 (h) One representative of the Florida Police Chiefs
880 Association.†



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- 881 (i) One representative of the Florida Association of
882 Counties.~~†~~
- 883 (j) One representative of the Florida Behavioral Health
884 ~~Alcohol and Drug Abuse Association.~~~~†~~
- 885 (k) One representative of the Florida Association of
886 Managing Entities.~~†~~
- 887 ~~(l) One representative of the Florida Council for Community~~
888 ~~Mental Health.~~
- 889 ~~(l)~~~~(m)~~ One representative of the National Alliance of
890 Mental Illness.~~†~~
- 891 ~~(m)~~~~(n)~~ One representative of the Florida Prosecuting
892 Attorneys Association.~~†~~
- 893 ~~(n)~~~~(o)~~ One representative of the Florida Public Defender
894 Association; ~~and~~
- 895 ~~(p) One administrator of an assisted living facility that~~
896 ~~holds a limited mental health license.~~
- 897 (3) The committee shall serve as the advisory body to
898 review policy and funding issues that help reduce the impact of
899 persons with mental illness and substance use ~~abuse~~ disorders on
900 communities, criminal justice agencies, and the court system.
901 The committee shall advise the department in selecting
902 priorities for grants ~~and investing awarded grant moneys.~~
- 903 (4) The committee must have experience in substance use and
904 mental health disorders, community corrections, and law
905 enforcement. ~~To the extent possible, the committee shall have~~
906 ~~expertise in grant review and grant application scoring.~~
- 907 (5) (a) A county, a consortium of counties, or an ~~a not-for-~~
908 ~~profit community provider or managing~~ entity designated by the
909 county planning council or committee,~~†~~ as described in s.



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910 394.657, may apply for a 1-year planning grant or a 3-year
911 implementation or expansion grant. The purpose of the grants is
912 to demonstrate that investment in treatment efforts related to
913 mental illness, substance use ~~abuse~~ disorders, or co-occurring
914 mental health and substance use ~~abuse~~ disorders results in a
915 reduced demand on the resources of the judicial, corrections,
916 juvenile detention, and health and social services systems.

917 (b) To be eligible to receive a ~~1-year planning grant or a~~
918 ~~3-year implementation or expansion~~ grant:

919 1. An A county applicant must have a planning council or
920 committee that is in compliance with the membership requirements
921 set forth in this section.

922 2. A county planning council or committee may designate a
923 not-for-profit community provider, a ~~or~~ managing entity as
924 defined in s. 394.9082, the county sheriff or his or her
925 designee, or a local law enforcement agency to apply on behalf
926 of the county. The county planning council or committee must
927 provide ~~must be designated by the county planning council or~~
928 ~~committee and have written authorization to submit an~~
929 ~~application. A not-for-profit community provider or managing~~
930 ~~entity must have~~ written authorization for each designated
931 entity and each submitted application.

932 (c) The department may award a 3-year implementation or
933 expansion grant to an applicant who has not received a 1-year
934 planning grant.

935 (d) The department may require an applicant to conduct
936 sequential intercept mapping for a project. For purposes of this
937 paragraph, the term "sequential intercept mapping" means a
938 process for reviewing a local community's mental health,



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939 substance abuse, criminal justice, and related systems and
940 identifying points of interceptions where interventions may be
941 made to prevent an individual with a substance use ~~abuse~~
942 disorder or mental illness from deeper involvement in the
943 criminal justice system.

944 (6) The department ~~grant review and selection committee~~
945 shall select the grant recipients in collaboration with the
946 Department of Corrections, the Department of Juvenile Justice,
947 the Department of Elderly Affairs, the Office of the State
948 Courts Administrator, and the Department of Veterans' Affairs
949 ~~and notify the department in writing of the recipients' names.~~
950 Contingent upon the availability of funds ~~and upon notification~~
951 ~~by the grant review and selection committee of those applicants~~
952 ~~approved to receive planning, implementation, or expansion~~
953 ~~grants,~~ the department may transfer funds appropriated for the
954 grant program to a selected grant recipient.

955 Section 16. Subsection (1) of section 394.657, Florida
956 Statutes, is amended to read:

957 394.657 County planning councils or committees.-

958 (1) Each board of county commissioners shall designate the
959 county public safety coordinating council established under s.
960 951.26, or designate another criminal or juvenile justice mental
961 health and substance abuse council or committee, as the planning
962 council or committee. The public safety coordinating council or
963 other designated criminal or juvenile justice mental health and
964 substance abuse council or committee, in coordination with the
965 county offices of planning and budget, shall make a formal
966 recommendation to the board of county commissioners regarding
967 how the Criminal Justice, Mental Health, and Substance Abuse



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968 Reinvestment Grant Program may best be implemented within a
969 community. The board of county commissioners may assign any
970 entity to prepare the application on behalf of the county
971 administration for submission to the Criminal Justice, Mental
972 Health, and Substance Abuse Statewide Grant Advisory Review
973 Committee for review. A county may join with one or more
974 counties to form a consortium and use a regional public safety
975 coordinating council or another county-designated regional
976 criminal or juvenile justice mental health and substance abuse
977 planning council or committee for the geographic area
978 represented by the member counties.

979 Section 17. Section 394.658, Florida Statutes, is amended
980 to read:

981 394.658 Criminal Justice, Mental Health, and Substance
982 Abuse Reinvestment Grant Program requirements.—

983 (1) ~~The Criminal Justice, Mental Health, and Substance~~
984 ~~Abuse Statewide Grant Review Committee, in collaboration with~~
985 ~~the department of Children and Families, in collaboration with~~
986 ~~the Department of Corrections, the Department of Juvenile~~
987 ~~Justice, the Department of Elderly Affairs, the Department of~~
988 ~~Veterans' Affairs, and the Office of the State Courts~~
989 Administrator, shall establish criteria to be used to review
990 submitted applications and to select a ~~the~~ county that will be
991 awarded a 1-year planning grant or a 3-year implementation or
992 expansion grant. A planning, implementation, or expansion grant
993 may not be awarded unless the application of the county meets
994 the established criteria.

995 (a) The application criteria for a 1-year planning grant
996 must include a requirement that the applicant ~~county or counties~~



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997 have a strategic plan to initiate systemic change to identify
998 and treat individuals who have a mental illness, substance use
999 ~~abuse~~ disorder, or co-occurring mental health and substance use
1000 ~~abuse~~ disorders who are in, or at risk of entering, the criminal
1001 or juvenile justice systems. The 1-year planning grant must be
1002 used to develop effective collaboration efforts among
1003 participants in affected governmental agencies, including the
1004 criminal, juvenile, and civil justice systems, mental health and
1005 substance abuse treatment service providers, transportation
1006 programs, and housing assistance programs. The collaboration
1007 efforts shall be the basis for developing a problem-solving
1008 model and strategic plan for treating individuals ~~adults and~~
1009 ~~juveniles~~ who are in, or at risk of entering, the criminal or
1010 juvenile justice system and doing so at the earliest point of
1011 contact, taking into consideration public safety. The planning
1012 grant shall include strategies to divert individuals from
1013 judicial commitment to community-based service programs offered
1014 by the department ~~of Children and Families~~ in accordance with
1015 ss. 916.13 and 916.17.

1016 (b) The application criteria for a 3-year implementation or
1017 expansion grant must ~~shall~~ require that the applicant
1018 ~~information from a county that~~ demonstrates its completion of a
1019 well-established collaboration plan that includes public-private
1020 partnership models and the application of evidence-based
1021 practices. The implementation or expansion grants may support
1022 programs and diversion initiatives that include, but need not be
1023 limited to:

- 1024 1. Mental health courts.†
- 1025 2. Diversion programs.†



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- 1026 3. Alternative prosecution and sentencing programs.~~†~~
1027 4. Crisis intervention teams.~~†~~
1028 5. Treatment accountability services.~~†~~
1029 6. Specialized training for criminal justice, juvenile
1030 justice, and treatment services professionals.~~†~~
1031 7. Service delivery of collateral services such as housing,
1032 transitional housing, and supported employment.~~†~~~~and~~
1033 8. Reentry services to create or expand mental health and
1034 substance abuse services and supports for affected persons.
- 1035 (c) Each ~~county~~ application must include the following
1036 information:
- 1037 1. An analysis of the current population of the jail and
1038 juvenile detention center in the county, which includes:
- 1039 a. The screening and assessment process that the county
1040 uses to identify an adult or juvenile who has a mental illness,
1041 substance use ~~abuse~~ disorder, or co-occurring mental health and
1042 substance use ~~abuse~~ disorders.~~†~~
1043 b. The percentage of each category of individuals ~~persons~~
1044 admitted to the jail and juvenile detention center that
1045 represents people who have a mental illness, substance use ~~abuse~~
1046 disorder, or co-occurring mental health and substance use ~~abuse~~
1047 disorders.~~†~~~~and~~
1048 c. An analysis of observed contributing factors that affect
1049 population trends in the county jail and juvenile detention
1050 center.
- 1051 2. A description of the strategies the applicant ~~county~~
1052 intends to use to serve one or more clearly defined subsets of
1053 the population of the jail and juvenile detention center who
1054 have a mental illness or to serve those at risk of arrest and



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1055 incarceration. The proposed strategies may include identifying
1056 the population designated to receive the new interventions, a
1057 description of the services and supervision methods to be
1058 applied to that population, and the goals and measurable
1059 objectives of the new interventions. An applicant ~~The~~
1060 ~~interventions a county may use with the target population~~ may
1061 use include, but are not limited to, the following

1062 interventions:

1063 a. Specialized responses by law enforcement agencies. ~~†~~

1064 b. Centralized receiving facilities for individuals

1065 evidencing behavioral difficulties. ~~†~~

1066 c. Postbooking alternatives to incarceration. ~~†~~

1067 d. New court programs, including pretrial services and

1068 specialized dockets. ~~†~~

1069 e. Specialized diversion programs. ~~†~~

1070 f. Intensified transition services that are directed to the
1071 designated populations while they are in jail or juvenile
1072 detention to facilitate their transition to the community. ~~†~~

1073 g. Specialized probation processes. ~~†~~

1074 h. Day-reporting centers. ~~†~~

1075 i. Linkages to community-based, evidence-based treatment
1076 programs for adults and juveniles who have mental illness or
1077 substance use ~~abuse~~ disorders. ~~†~~ ~~and~~

1078 j. Community services and programs designed to prevent
1079 high-risk populations from becoming involved in the criminal or
1080 juvenile justice system.

1081 3. The projected effect the proposed initiatives will have
1082 on the population and the budget of the jail and juvenile
1083 detention center. The information must include:



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1084 a. ~~An The county's~~ estimate of how the initiative will
1085 reduce the expenditures associated with the incarceration of
1086 adults and the detention of juveniles who have a mental
1087 illness. ~~;~~

1088 b. The methodology that will be used ~~the county intends to~~
1089 ~~use~~ to measure the defined outcomes and the corresponding
1090 savings or averted costs. ~~;~~

1091 c. ~~An The county's~~ estimate of how the cost savings or
1092 averted costs will sustain or expand the mental health and
1093 substance abuse treatment services and supports needed in the
1094 community. ~~;~~ ~~and~~

1095 d. How the ~~county's~~ proposed initiative will reduce the
1096 number of individuals judicially committed to a state mental
1097 health treatment facility.

1098 4. The proposed strategies ~~that the county intends to use~~
1099 to preserve and enhance its community mental health and
1100 substance abuse system, which serves as the local behavioral
1101 health safety net for low-income and uninsured individuals.

1102 5. The proposed strategies ~~that the county intends to use~~
1103 to continue the implemented or expanded programs and initiatives
1104 that have resulted from the grant funding.

1105 (2) (a) As used in this subsection, the term "available
1106 resources" includes in-kind contributions from participating
1107 counties.

1108 (b) A 1-year planning grant may not be awarded unless the
1109 applicant ~~county~~ makes available resources in an amount equal to
1110 the total amount of the grant. A planning grant may not be used
1111 to supplant funding for existing programs. For fiscally
1112 constrained counties, the available resources may be at 50



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1113 percent of the total amount of the grant.

1114 (c) A 3-year implementation or expansion grant may not be
1115 awarded unless the applicant ~~county or consortium of counties~~
1116 makes available resources equal to the total amount of the
1117 grant. For fiscally constrained counties, the available
1118 resources may be at 50 percent of the total amount of the grant.
1119 This match shall be used for expansion of services and may not
1120 supplant existing funds for services. An implementation or
1121 expansion grant must support the implementation of new services
1122 or the expansion of services and may not be used to supplant
1123 existing services.

1124 (3) ~~Using the criteria adopted by rule, the county~~
1125 ~~designated or established criminal justice, juvenile justice,~~
1126 ~~mental health, and substance abuse planning council or committee~~
1127 ~~shall prepare the county or counties' application for the 1-year~~
1128 ~~planning or 3-year implementation or expansion grant. The county~~
1129 shall submit the completed application to the department
1130 ~~statewide grant review committee.~~

1131 Section 18. Section 394.674, Florida Statutes, is amended
1132 to read:

1133 394.674 Eligibility for publicly funded substance abuse and
1134 mental health services; fee collection requirements.-

1135 (1) To be eligible to receive substance abuse and mental
1136 health services funded by the department, an individual must be
1137 indigent, uninsured, or underinsured and meet at least one of
1138 the following additional criteria ~~a member of at least one of~~
1139 ~~the department's priority populations approved by the~~
1140 ~~Legislature. The priority populations include:~~

1141 (a) For ~~adult~~ mental health services, an individual must



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1142 be:

1143 1. An adult who has a serious mental illness, as defined by
1144 the department using criteria that, at a minimum, include
1145 diagnosis, prognosis, functional impairment, and receipt of
1146 disability income for a psychiatric condition.

1147 2. An adult at risk of serious mental illness who:

1148 a. Has a mental illness that is not considered a serious
1149 mental illness, as defined by the department using criteria
1150 that, at a minimum, include diagnosis and functional impairment;

1151 b. Has a condition with a Z-code diagnosis code; or

1152 c. Experiences a severe stressful event and has problems
1153 coping or has symptoms that place the individual at risk of more
1154 restrictive interventions.

1155 3. A child or adolescent at risk of emotional disturbance
1156 as defined in s. 394.492.

1157 4. A child or adolescent who has an emotional disturbance
1158 as defined in s. 394.492.

1159 5. A child or adolescent who has a serious emotional
1160 disturbance or mental illness as defined in s. 394.492.

1161 6. An individual who has a primary diagnosis of mental
1162 illness and a co-occurring substance use disorder.

1163 7. An individual who is experiencing an acute mental or
1164 emotional crisis as defined in s. 394.67.

1165 ~~Adults who have severe and persistent mental illness, as~~
1166 ~~designated by the department using criteria that include~~
1167 ~~severity of diagnosis, duration of the mental illness, ability~~
1168 ~~to independently perform activities of daily living, and receipt~~
1169 ~~of disability income for a psychiatric condition. Included~~
1170 ~~within this group are:~~



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- 1171 ~~a. Older adults in crisis.~~
- 1172 ~~b. Older adults who are at risk of being placed in a more~~
- 1173 ~~restrictive environment because of their mental illness.~~
- 1174 ~~c. Persons deemed incompetent to proceed or not guilty by~~
- 1175 ~~reason of insanity under chapter 916.~~
- 1176 ~~d. Other persons involved in the criminal justice system.~~
- 1177 ~~e. Persons diagnosed as having co-occurring mental illness~~
- 1178 ~~and substance abuse disorders.~~
- 1179 ~~2. Persons who are experiencing an acute mental or~~
- 1180 ~~emotional crisis as defined in s. 394.67(17).~~
- 1181 (b) For substance abuse services, an individual must
- 1182 children's mental health services:
- 1183 1. Have a diagnosed substance use disorder.
- 1184 2. Have a diagnosed substance use disorder as the primary
- 1185 diagnosis and a co-occurring mental illness, emotional
- 1186 disturbance, or serious emotional disturbance.
- 1187 3. Be at risk for alcohol misuse, drug use, or developing a
- 1188 substance use disorder.
- 1189 (2) Providers receiving funds from the department for
- 1190 behavioral health services must give priority to:
- 1191 (a) Pregnant women and women with dependent children.
- 1192 (b) Intravenous drug users.
- 1193 (c) Individuals who have a substance use disorder and have
- 1194 been ordered by the court to receive treatment.
- 1195 (d) Parents, legal guardians, or caregivers with child
- 1196 welfare involvement and parents, legal guardians, or caregivers
- 1197 who put children at risk due to substance abuse.
- 1198 (e) Children and adolescents under state supervision.
- 1199 (f) Individuals involved in the criminal justice system,



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1200 including those deemed incompetent to proceed or not guilty by
1201 reason of insanity under chapter 916.

1202 ~~1. Children who are at risk of emotional disturbance as~~
1203 ~~defined in s. 394.492(4).~~

1204 ~~2. Children who have an emotional disturbance as defined in~~
1205 ~~s. 394.492(5).~~

1206 ~~3. Children who have a serious emotional disturbance as~~
1207 ~~defined in s. 394.492(6).~~

1208 ~~4. Children diagnosed as having a co-occurring substance~~
1209 ~~abuse and emotional disturbance or serious emotional~~
1210 ~~disturbance.~~

1211 ~~(c) For substance abuse treatment services:~~

1212 ~~1. Adults who have substance abuse disorders and a history~~
1213 ~~of intravenous drug use.~~

1214 ~~2. Persons diagnosed as having co-occurring substance abuse~~
1215 ~~and mental health disorders.~~

1216 ~~3. Parents who put children at risk due to a substance~~
1217 ~~abuse disorder.~~

1218 ~~4. Persons who have a substance abuse disorder and have~~
1219 ~~been ordered by the court to receive treatment.~~

1220 ~~5. Children at risk for initiating drug use.~~

1221 ~~6. Children under state supervision.~~

1222 ~~7. Children who have a substance abuse disorder but who are~~
1223 ~~not under the supervision of a court or in the custody of a~~
1224 ~~state agency.~~

1225 ~~8. Persons identified as being part of a priority~~
1226 ~~population as a condition for receiving services funded through~~
1227 ~~the Center for Mental Health Services and Substance Abuse~~
1228 ~~Prevention and Treatment Block Grants.~~



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1229 (3)~~(2)~~ Crisis services, as defined in s. 394.67, must,
1230 within the limitations of available state and local matching
1231 resources, be available to each individual ~~person~~ who is
1232 eligible for services under subsection (1), regardless of the
1233 individual's ~~person's~~ ability to pay for such services. An
1234 individual ~~A person~~ who is experiencing a mental health crisis
1235 and who does not meet the criteria for involuntary examination
1236 under s. 394.463(1), or an individual ~~a person~~ who is
1237 experiencing a substance abuse crisis and who does not meet the
1238 involuntary admission criteria in s. 397.675, must contribute to
1239 the cost of his or her care and treatment pursuant to the
1240 sliding fee scale developed under subsection (5)~~(4)~~, unless
1241 charging a fee is contraindicated because of the crisis
1242 situation.

1243 (4)~~(3)~~ Mental health services, substance abuse services,
1244 and crisis services, as defined in s. 394.67, must, within the
1245 limitations of available state and local matching resources, be
1246 available to each individual ~~person~~ who is eligible for services
1247 under subsection (1). Such individual ~~person~~ must contribute to
1248 the cost of his or her care and treatment pursuant to the
1249 sliding fee scale developed under subsection (5)~~(4)~~.

1250 (5)~~(4)~~ The department shall adopt rules to implement ~~client~~
1251 eligibility, ~~client~~ enrollment, and fee collection requirements
1252 for publicly funded substance abuse and mental health services.

1253 (a) The rules must require each provider under contract
1254 with the department or managing entity that ~~which~~ enrolls
1255 eligible individuals ~~persons~~ into treatment to develop a sliding
1256 fee scale for individuals ~~persons~~ who have a net family income
1257 at or above 150 percent of the Federal Poverty Income



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1258 Guidelines, unless otherwise required by state or federal law.
1259 The sliding fee scale must use the uniform schedule of discounts
1260 by which a provider under contract with the department or
1261 managing entity discounts its established ~~client~~ charges for
1262 services supported with state, federal, or local funds, using,
1263 at a minimum, factors such as family income, financial assets,
1264 and family size as declared by the individual ~~person~~ or the
1265 individual's ~~person's~~ guardian. The rules must include uniform
1266 criteria to be used by all service providers in developing the
1267 schedule of discounts for the sliding fee scale.

1268 (b) The rules must address the most expensive types of
1269 treatment, such as residential and inpatient treatment, in order
1270 to make it possible for an individual ~~a client~~ to responsibly
1271 contribute to his or her mental health or substance abuse care
1272 without jeopardizing the family's financial stability. An
1273 individual ~~A person~~ who is not eligible for Medicaid and whose
1274 net family income is less than 150 percent of the Federal
1275 Poverty Income Guidelines must pay a portion of his or her
1276 treatment costs which is comparable to the copayment amount
1277 required by the Medicaid program for Medicaid clients under
1278 ~~pursuant to~~ s. 409.9081.

1279 (c) The rules must require that individuals ~~persons~~ who
1280 receive financial assistance from the Federal Government because
1281 of a disability and are in long-term residential treatment
1282 settings contribute to their board and care costs and treatment
1283 costs and must be consistent with ~~the provisions in~~ s. 409.212.

1284 ~~(6)-(5)~~ An individual ~~A person~~ who meets the eligibility
1285 criteria in subsection (1) shall be served in accordance with
1286 the appropriate district substance abuse and mental health



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1287 services plan specified in s. 394.75 and within available
1288 resources.

1289 Section 19. Subsections (2), (3), (4), and (5) of section
1290 394.908, Florida Statutes, are amended to read:

1291 394.908 Substance abuse and mental health funding equity;
1292 distribution of appropriations.—In recognition of the historical
1293 inequity in the funding of substance abuse and mental health
1294 services for the department's districts and regions and to
1295 rectify this inequity and provide for equitable funding in the
1296 future throughout the state, the following funding process shall
1297 be used:

1298 (2) "Individuals in need" means those persons who meet the
1299 eligibility requirements under s. 394.674 ~~fit the profile of the~~
1300 ~~respective priority populations~~ and require mental health or
1301 substance abuse services.

1302 (3) Any additional funding beyond the 2005-2006 fiscal year
1303 base appropriation for substance abuse ~~alcohol, drug abuse,~~ and
1304 mental health services shall be allocated to districts for
1305 substance abuse and mental health services based on:

1306 (a) Epidemiological estimates of disabilities that apply to
1307 eligible individuals ~~the respective priority populations.~~

1308 (b) A pro rata share distribution that ensures districts
1309 below the statewide average funding level per individual in need
1310 ~~each priority population of "individuals in need"~~ receive
1311 funding necessary to achieve equity.

1312 (4) ~~Priority populations for~~ Individuals in need shall be
1313 displayed for each district and distributed concurrently with
1314 the approved operating budget. The display ~~by priority~~
1315 ~~population~~ shall show: The annual number of individuals served



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1316 based on prior year actual numbers, the annual cost per
1317 individual served, and the estimated number of the total
1318 ~~priority population for~~ individuals in need.

1319 (5) The annual cost per individual served is ~~shall be~~
1320 ~~defined as~~ the total actual funding for either mental health or
1321 substance abuse services ~~each priority population~~ divided by the
1322 number of individuals receiving either mental health or
1323 substance abuse services ~~served in the priority population~~ for
1324 that year.

1325 Section 20. Subsection (6) of section 394.9085, Florida
1326 Statutes, is amended to read:

1327 394.9085 Behavioral provider liability.—

1328 (6) For purposes of this section, the terms “detoxification
1329 services,” “addictions receiving facility,” and “receiving
1330 facility” have the same meanings as those provided in ss.
1331 397.311(26)(a)4., 397.311(26)(a)1., and 394.455 ~~394.455(39)~~,
1332 respectively.

1333 Section 21. Subsection (3) of section 397.305, Florida
1334 Statutes, is amended to read:

1335 397.305 Legislative findings, intent, and purpose.—

1336 (3) It is the purpose of this chapter to provide for a
1337 comprehensive continuum of accessible and quality substance
1338 abuse prevention, intervention, clinical treatment, and recovery
1339 support services in the most appropriate and least restrictive
1340 environment which promotes long-term recovery while protecting
1341 and respecting the rights of individuals, primarily through
1342 community-based private not-for-profit providers working with
1343 local governmental programs involving a wide range of agencies
1344 from both the public and private sectors.



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1345 Section 22. Present subsections (29) through (36) and (37)
1346 through (50) of section 397.311, Florida Statutes, are
1347 redesignated as subsections (30) through (37) and (39) through
1348 (52), respectively, new subsections (29) and (38) are added to
1349 that section, and subsections (19) and (23) are amended, to
1350 read:

1351 397.311 Definitions.—As used in this chapter, except part
1352 VIII, the term:

1353 (19) "Impaired" or "substance abuse impaired" means having
1354 a substance use disorder or a condition involving the use of
1355 alcoholic beverages, illicit or prescription drugs, or any
1356 psychoactive or mood-altering substance in such a manner as to
1357 induce mental, emotional, or physical problems or and cause
1358 socially dysfunctional behavior.

1359 (23) "Involuntary treatment services" means an array of
1360 behavioral health services that may be ordered by the court for
1361 persons with substance abuse impairment or co-occurring
1362 substance abuse impairment and mental health disorders.

1363 (29) "Neglect or refuse to care for himself or herself"
1364 includes, but is not limited to, evidence that a person:

1365 (a) Is unable to satisfy basic needs for nourishment,
1366 clothing, medical care, shelter, or safety in a manner that
1367 creates a substantial probability of imminent death, serious
1368 physical debilitation, or disease; or

1369 (b) Is substantially unable to make an informed treatment
1370 choice and needs care or treatment to prevent deterioration.

1371 (38) "Real and present threat of substantial harm"
1372 includes, but is not limited to, evidence of a substantial
1373 probability that the untreated person will:



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1374 (a) Lack, refuse, or not receive services for health and
1375 safety that are actually available in the community; or

1376 (b) Suffer severe mental, emotional, or physical harm that
1377 will result in the loss of ability to function in the community
1378 or the loss of cognitive or volitional control over thoughts or
1379 actions.

1380 Section 23. Subsection (16) of section 397.321, Florida
1381 Statutes, is amended to read:

1382 397.321 Duties of the department.—The department shall:

1383 ~~(16) Develop a certification process by rule for community~~
1384 ~~substance abuse prevention coalitions.~~

1385 Section 24. Section 397.416, Florida Statutes, is amended
1386 to read:

1387 397.416 Substance abuse treatment services; qualified
1388 professional.—Notwithstanding any other provision of law, a
1389 person who was certified through a certification process
1390 recognized by the former Department of Health and Rehabilitative
1391 Services before January 1, 1995, may perform the duties of a
1392 qualified professional with respect to substance abuse treatment
1393 services as defined in this chapter, and need not meet the
1394 certification requirements contained in s. 397.311(36) ~~s.~~
1395 ~~397.311(35)~~.

1396 Section 25. Subsection (11) is added to section 397.501,
1397 Florida Statutes, to read:

1398 397.501 Rights of individuals.—Individuals receiving
1399 substance abuse services from any service provider are
1400 guaranteed protection of the rights specified in this section,
1401 unless otherwise expressly provided, and service providers must
1402 ensure the protection of such rights.



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1403 (11) POST-DISCHARGE CONTINUUM OF CARE.—Upon discharge, a
1404 respondent with a serious substance abuse addiction must be
1405 informed of the essential elements of recovery and provided
1406 assistance with accessing a continuum of care regimen. The
1407 department may adopt rules specifying the services that may be
1408 provided to such respondents.

1409 Section 26. Section 397.675, Florida Statutes, is amended
1410 to read:

1411 397.675 Criteria for involuntary admissions, including
1412 protective custody, emergency admission, and other involuntary
1413 assessment, involuntary treatment, and alternative involuntary
1414 assessment for minors, for purposes of assessment and
1415 stabilization, and for involuntary treatment.—A person meets the
1416 criteria for involuntary admission if there is good faith reason
1417 to believe that the person is substance abuse impaired, has a
1418 substance use disorder, or has a substance use disorder and a
1419 co-occurring mental health disorder and, because of such
1420 impairment or disorder:

1421 (1) Has lost the power of self-control with respect to
1422 substance abuse, or has a history of noncompliance with
1423 substance abuse treatment with continued substance use; and

1424 (2) ~~(a)~~ Is in need of substance abuse services and, by
1425 reason of substance abuse impairment, his or her judgment has
1426 been so impaired that he or she is refusing voluntary care after
1427 a sufficient and conscientious explanation and disclosure of the
1428 purpose for such services, or is incapable of appreciating his
1429 or her need for such services and of making a rational decision
1430 in that regard, although mere refusal to receive such services
1431 does not constitute evidence of lack of judgment with respect to



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1432 his or her need for such services; and ~~or~~

1433 (3) (a) ~~(b)~~ Without care or treatment, is likely to suffer
1434 from neglect or refuse to care for himself or herself; that such
1435 neglect or refusal poses a real and present threat of
1436 substantial harm to his or her well-being; and that it is not
1437 apparent that such harm may be avoided through the help of
1438 willing, able, and responsible family members or friends or the
1439 provision of other services; or

1440 (b) There is substantial likelihood that in the near future
1441 and without services, the person will inflict serious harm to
1442 self or others, as evidenced by acts, omissions, or behavior
1443 causing, attempting, or threatening such harm, which includes,
1444 but is not limited to, significant property damage ~~has~~
1445 inflicted, or threatened to or attempted to inflict, or, unless
1446 admitted, is likely to inflict, physical harm on himself,
1447 herself, or another.

1448 Section 27. Subsection (1) of section 397.6751, Florida
1449 Statutes, is amended to read:

1450 397.6751 Service provider responsibilities regarding
1451 involuntary admissions.—

1452 (1) It is the responsibility of the service provider to:

1453 (a) Ensure that a person who is admitted to a licensed
1454 service component meets the admission criteria specified in s.
1455 397.675;

1456 (b) Ascertain whether the medical and behavioral conditions
1457 of the person, as presented, are beyond the safe management
1458 capabilities of the service provider;

1459 (c) Provide for the admission of the person to the service
1460 component that represents the most appropriate and least



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1461 restrictive available setting that is responsive to the person's
1462 treatment needs;

1463 (d) Verify that the admission of the person to the service
1464 component does not result in a census in excess of its licensed
1465 service capacity;

1466 (e) Determine whether the cost of services is within the
1467 financial means of the person or those who are financially
1468 responsible for the person's care; and

1469 (f) Take all necessary measures to ensure that each
1470 individual in treatment is provided with a safe environment, and
1471 to ensure that each individual whose medical condition or
1472 behavioral problem becomes such that he or she cannot be safely
1473 managed by the service component is discharged and referred to a
1474 more appropriate setting for care.

1475 Section 28. Section 397.681, Florida Statutes, is amended
1476 to read:

1477 397.681 Involuntary petitions; general provisions; court
1478 jurisdiction and right to counsel.—

1479 (1) JURISDICTION.—The courts have jurisdiction of
1480 ~~involuntary assessment and stabilization petitions and~~
1481 involuntary treatment petitions for substance abuse impaired
1482 persons, and such petitions must be filed with the clerk of the
1483 court in the county where the person is located. The clerk of
1484 the court may not charge a fee for the filing of a petition
1485 under this section. The chief judge may appoint a general or
1486 special magistrate to preside over all or part of the
1487 proceedings. The alleged impaired person is named as the
1488 respondent.

1489 (2) RIGHT TO COUNSEL.—A respondent has the right to counsel



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1490 at every stage of a proceeding relating to a petition for his or
1491 her ~~involuntary assessment and a petition for his or her~~
1492 involuntary treatment for substance abuse impairment. A
1493 respondent who desires counsel and is unable to afford private
1494 counsel has the right to court-appointed counsel and to the
1495 benefits of s. 57.081. If the court believes that the respondent
1496 needs the assistance of counsel, the court shall appoint such
1497 counsel for the respondent without regard to the respondent's
1498 wishes. If the respondent is a minor not otherwise represented
1499 in the proceeding, the court shall immediately appoint a
1500 guardian ad litem to act on the minor's behalf.

1501 (3) STATE REPRESENTATIVE.—Subject to legislative
1502 appropriation, for all court-involved involuntary proceedings
1503 under this chapter in which the petitioner has not retained
1504 private counsel, the state attorney for the circuit in which the
1505 respondent is located shall represent the state rather than the
1506 petitioner as the real party of interest in the proceeding, but
1507 the state attorney must be respectful of the petitioner's
1508 interests and concerns. In order to evaluate and prepare its
1509 case before the hearing, the state attorney may access, by
1510 subpoena if necessary, the respondent, the witnesses, and all
1511 relevant records. Such records include, but are not limited to,
1512 any social media, school records, clinical files, and reports
1513 documenting contact the respondent may have had with law
1514 enforcement officers or other state agencies. However, these
1515 records shall remain confidential, and the petitioner may not
1516 access any records obtained by the state attorney unless such
1517 records are entered into the court file. In addition, the state
1518 attorney may not use any records obtained under this part for



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1519 criminal investigation or prosecution purposes, or for any
1520 purpose other than the respondent's civil commitment under this
1521 chapter.

1522 Section 29. Section 397.6811, Florida Statutes, is
1523 repealed.

1524 Section 30. Section 397.6814, Florida Statutes, is
1525 repealed.

1526 Section 31. Section 397.6815, Florida Statutes, is
1527 repealed.

1528 Section 32. Section 397.6818, Florida Statutes, is
1529 repealed.

1530 Section 33. Section 397.6819, Florida Statutes, is
1531 repealed.

1532 Section 34. Section 397.6821, Florida Statutes, is
1533 repealed.

1534 Section 35. Section 397.6822, Florida Statutes, is
1535 repealed.

1536 Section 36. Section 397.693, Florida Statutes, is amended
1537 to read:

1538 397.693 Involuntary treatment.—A person may be the subject
1539 of a petition for court-ordered involuntary treatment pursuant
1540 to this part, if that person:

1541 (1) Reasonably appears to meet ~~meets~~ the criteria for
1542 involuntary admission provided in s. 397.675; ~~and:~~

1543 (2) ~~(1)~~ Has been placed under protective custody pursuant to
1544 s. 397.677 within the previous 10 days;

1545 (3) ~~(2)~~ Has been subject to an emergency admission pursuant
1546 to s. 397.679 within the previous 10 days; or

1547 (4) ~~(3)~~ Has been assessed by a qualified professional within



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1548 30 ~~5~~ days~~;~~

1549 ~~(4) Has been subject to involuntary assessment and~~
1550 ~~stabilization pursuant to s. 397.6818 within the previous 12~~
1551 ~~days; or~~

1552 ~~(5) Has been subject to alternative involuntary admission~~
1553 ~~pursuant to s. 397.6822 within the previous 12 days.~~

1554 Section 37. Section 397.695, Florida Statutes, is amended
1555 to read:

1556 397.695 Involuntary treatment services; persons who may
1557 petition.—

1558 (1) If the respondent is an adult, a petition for
1559 involuntary treatment services may be filed by the respondent's
1560 spouse or legal guardian, any relative, a service provider, or
1561 an adult who has direct personal knowledge of the respondent's
1562 substance abuse impairment and his or her prior course of
1563 assessment and treatment.

1564 (2) If the respondent is a minor, a petition for
1565 involuntary treatment may be filed by a parent, legal guardian,
1566 or service provider.

1567 (3) The court or the clerk of the court may waive or
1568 prohibit any service of process fees if a petitioner is
1569 determined to be indigent under s. 57.082.

1570 Section 38. Section 397.6951, Florida Statutes, is amended
1571 to read:

1572 397.6951 Contents of petition for involuntary treatment
1573 services.—

1574 (1) A petition for involuntary treatment services must
1575 contain the name of the respondent; the name of the petitioner
1576 or petitioners; the relationship between the respondent and the



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1577 petitioner; the name of the respondent's attorney, if known; ~~the~~
1578 ~~findings and recommendations of the assessment performed by the~~
1579 ~~qualified professional;~~ and the factual allegations presented by
1580 the petitioner establishing the need for involuntary ~~outpatient~~
1581 services for substance abuse impairment. The factual allegations
1582 must demonstrate the reason for the petitioner's belief that the
1583 respondent:

1584 ~~(1) The reason for the petitioner's belief that the~~
1585 ~~respondent is substance abuse impaired;~~

1586 ~~(a)(2) The reason for the petitioner's belief that because~~
1587 ~~of such impairment the respondent~~ Has lost the power of self-
1588 control with respect to substance abuse, or has a history of
1589 noncompliance with substance abuse treatment with continued
1590 substance use; and

1591 (b) Needs substance abuse services, but his or her judgment
1592 is so impaired by substance abuse that he or she either is
1593 refusing voluntary care after a sufficient and conscientious
1594 explanation and disclosure of the purpose of such services, or
1595 is incapable of appreciating his or her need for such services
1596 and of making a rational decision in that regard; and

1597 (c)1. Without services, is likely to suffer from neglect or
1598 refuse to care for himself or herself; that the neglect or
1599 refusal poses a real and present threat of substantial harm to
1600 his or her well-being; and that it is not apparent that the harm
1601 may be avoided through the help of willing, able, and
1602 responsible family members or friends or the provision of other
1603 services; or

1604 2. There is a substantial likelihood that in the near
1605 future and without services, the respondent will inflict serious



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1606 harm to self or others, as evidenced by acts, omissions, or
1607 behavior causing, attempting, or threatening such harm, which
1608 includes, but is not limited to, significant property damage

1609 ~~(3) (a) The reason the petitioner believes that the~~
1610 ~~respondent has inflicted or is likely to inflict physical harm~~
1611 ~~on himself or herself or others unless the court orders the~~
1612 ~~involuntary services; or~~

1613 ~~(b) The reason the petitioner believes that the~~
1614 ~~respondent's refusal to voluntarily receive care is based on~~
1615 ~~judgment so impaired by reason of substance abuse that the~~
1616 ~~respondent is incapable of appreciating his or her need for care~~
1617 ~~and of making a rational decision regarding that need for care.~~

1618 (2) The petition may be accompanied by a certificate or
1619 report of a qualified professional or a licensed physician who
1620 has examined the respondent within 30 days before the petition's
1621 submission. This certificate or report must include the
1622 qualified professional or physician's findings relating to his
1623 or her assessment of the patient and his or her treatment
1624 recommendations. If the respondent was not assessed before the
1625 filing of a treatment petition or refused to submit to an
1626 evaluation, the lack of assessment or refusal must be noted in
1627 the petition.

1628 (3) If there is an emergency, the petition must also
1629 describe the respondent's exigent circumstances and include a
1630 request for an ex parte assessment and stabilization order that
1631 must be executed pursuant to s. 397.6955(4).

1632 Section 39. Section 397.6955, Florida Statutes, is amended
1633 to read:

1634 397.6955 Duties of court upon filing of petition for



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1635 involuntary treatment services.-

1636 (1) Upon the filing of a petition for involuntary treatment
1637 services for a substance abuse impaired person with the clerk of
1638 the court that does not indicate the petitioner has retained
1639 private counsel, the clerk must notify the state attorney's
1640 office. In addition, the court shall immediately determine
1641 whether the respondent is represented by an attorney or whether
1642 the appointment of counsel for the respondent is appropriate.
1643 If, based on the contents of the petition, the court appoints
1644 counsel for the person, the clerk of the court shall immediately
1645 notify the office of criminal conflict and civil regional
1646 counsel, created pursuant to s. 27.511, of the appointment. The
1647 office of criminal conflict and civil regional counsel shall
1648 represent the person until the petition is dismissed, the court
1649 order expires, or the person is discharged from involuntary
1650 treatment services. An attorney that represents the person named
1651 in the petition shall have access to the person, witnesses, and
1652 records relevant to the presentation of the person's case and
1653 shall represent the interests of the person, regardless of the
1654 source of payment to the attorney.

1655 (2) The court shall schedule a hearing to be held on the
1656 petition within 10 court working ~~5~~ days unless a continuance is
1657 granted. The court may appoint a magistrate to preside at the
1658 hearing.

1659 (3) A copy of the petition and notice of the hearing must
1660 be provided to the respondent; the respondent's parent,
1661 guardian, or legal custodian, in the case of a minor; the
1662 respondent's attorney, if known; the petitioner; the
1663 respondent's spouse or guardian, if applicable; and such other



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1664 persons as the court may direct. If the respondent is a minor, a
1665 copy of the petition and notice of the hearing must be
1666 personally delivered to the respondent. The court shall also
1667 issue a summons to the person whose admission is sought.

1668 (4) (a) When the petitioner asserts that emergency
1669 circumstances exist, or when upon review of the petition the
1670 court determines that an emergency exists, the court may rely
1671 solely on the contents of the petition and, without the
1672 appointment of an attorney, enter an ex parte order for the
1673 respondent's involuntary assessment and stabilization which must
1674 be executed during the period that the hearing on the petition
1675 for treatment is pending. The court may further order a law
1676 enforcement officer or other designated agent of the court to:

1677 1. Take the respondent into custody and deliver him or her
1678 to the nearest appropriate licensed service provider to be
1679 evaluated; and

1680 2. Serve the respondent with the notice of hearing and a
1681 copy of the petition.

1682 (b) The service provider must promptly inform the court and
1683 parties of the respondent's arrival and may not hold the
1684 respondent for longer than 72 hours of observation thereafter,
1685 unless:

1686 1. The service provider seeks additional time under s.
1687 397.6957(1)(c) and the court, after a hearing, grants that
1688 motion;

1689 2. The respondent shows signs of withdrawal, or a need to
1690 be either detoxified or treated for a medical condition, which
1691 shall extend the amount of time the respondent may be held for
1692 observation until the issue is resolved; or



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1693 3. The original or extended observation period ends on a
1694 weekend or holiday, in which case the provider may hold the
1695 respondent until the next court working day.

1696 (c) If the ex parte order was not executed by the initial
1697 hearing date, it shall be deemed void. However, should the
1698 respondent not appear at the hearing for any reason, including
1699 lack of service, and upon reviewing the petition, testimony, and
1700 evidence presented, the court reasonably believes the respondent
1701 meets this chapter's commitment criteria and that a substance
1702 abuse emergency exists, the court may issue or reissue an ex
1703 parte assessment and stabilization order that is valid for 90
1704 days. If the respondent's location is known at the time of the
1705 hearing, the court:

1706 1. Shall continue the case for no more than 10 court
1707 working days; and

1708 2. May order a law enforcement officer or other designated
1709 agent of the court to:

1710 a. Take the respondent into custody and deliver him or her
1711 to the nearest appropriate licensed service provider to be
1712 evaluated; and

1713 b. If a hearing date is set, serve the respondent with
1714 notice of the rescheduled hearing and a copy of the involuntary
1715 treatment petition if the respondent has not already been
1716 served.

1717

1718 Otherwise, the petitioner and the service provider must promptly
1719 inform the court that the respondent has been assessed so that
1720 the court may schedule a hearing. The service provider must
1721 serve the respondent, before his or her discharge, with the



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1722 notice of hearing and a copy of the petition. However, if the
1723 respondent has not been assessed after 90 days, the court must
1724 dismiss the case.

1725 Section 40. Section 397.6957, Florida Statutes, is amended
1726 to read:

1727 397.6957 Hearing on petition for involuntary treatment
1728 services.-

1729 (1) (a) The respondent must be present at a hearing on a
1730 petition for involuntary treatment services unless he or she
1731 knowingly, intelligently, and voluntarily waives his or her
1732 right to be present or, upon receiving proof of service and
1733 evaluating the circumstances of the case, the court finds that
1734 his or her presence is inconsistent with his or her best
1735 interests or is likely to be injurious to himself or herself or
1736 others. The court shall hear and review all relevant evidence,
1737 including testimony from individuals such as family members
1738 familiar with the respondent's prior history and how it relates
1739 to his or her current condition, and the ~~review of~~ results of
1740 the assessment completed by the qualified professional in
1741 connection with this chapter. The court may also order drug
1742 tests. Absent a showing of good cause, such as specific symptoms
1743 of the respondent's condition, the court may permit all
1744 witnesses, such as any medical professionals or personnel who
1745 are or have been involved with the respondent's treatment, to
1746 remotely attend and testify at the hearing under oath via the
1747 most appropriate and convenient technological method of
1748 communication available to the court, including, but not limited
1749 to, teleconference. Any witness intending to remotely attend and
1750 testify at the hearing must provide the parties with all



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1751 relevant documents in advance of the hearing ~~the respondent's~~
1752 ~~protective custody, emergency admission, involuntary assessment,~~
1753 ~~or alternative involuntary admission. The respondent must be~~
1754 ~~present unless the court finds that his or her presence is~~
1755 ~~likely to be injurious to himself or herself or others, in which~~
1756 ~~event the court must appoint a guardian advocate to act in~~
1757 ~~behalf of the respondent throughout the proceedings.~~

1758 (b) A respondent cannot be involuntarily ordered into
1759 treatment under this chapter without a clinical assessment being
1760 performed unless he or she is present in court and expressly
1761 waives the assessment. In nonemergency situations, if the
1762 respondent was not, or had previously refused to be, assessed by
1763 a qualified professional and, based on the petition, testimony,
1764 and evidence presented, it reasonably appears that the
1765 respondent qualifies for involuntary treatment services, the
1766 court shall issue an involuntary assessment and stabilization
1767 order to determine the appropriate level of treatment the
1768 respondent requires. Additionally, in cases where an assessment
1769 was attached to the petition, the respondent may request, or the
1770 court on its own motion may order, an independent assessment by
1771 a court-appointed physician or an otherwise agreed-upon
1772 physician. If an assessment order is issued, it is valid for 90
1773 days, and if the respondent is present or there is either proof
1774 of service or his or her location is known, the involuntary
1775 treatment hearing shall be continued for no more than 10 court
1776 working days. Otherwise, the petitioner and the service provider
1777 must promptly inform the court that the respondent has been
1778 assessed so that the court may schedule a hearing. The service
1779 provider shall then serve the respondent, before his or her



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1780 discharge, with the notice of hearing and a copy of the
1781 petition. The assessment must occur before the new hearing date,
1782 and if there is evidence indicating that the respondent will not
1783 voluntarily appear at the forthcoming hearing, or is a danger to
1784 self or others, the court may enter a preliminary order
1785 committing the respondent to an appropriate treatment facility
1786 for further evaluation until the date of the rescheduled
1787 hearing. However, if after 90 days the respondent remains
1788 unassessed, the court shall dismiss the case.

1789 (c)1. The respondent's assessment by a qualified
1790 professional must occur within 72 hours after his or her arrival
1791 at a licensed service provider unless he or she shows signs of
1792 withdrawal or a need to be either detoxified or treated for a
1793 medical condition, which shall extend the amount of time the
1794 respondent may be held for observation until that issue is
1795 resolved. If the person conducting the assessment is not a
1796 licensed physician, the assessment must be reviewed by a
1797 licensed physician within the 72-hour period. If the respondent
1798 is a minor, such assessment must be initiated within the first
1799 12 hours after the minor's admission to the facility. The
1800 service provider may also move to extend the 72 hours of
1801 observation by petitioning the court in writing for additional
1802 time. The service provider must furnish copies of such motion to
1803 all parties in accordance with applicable confidentiality
1804 requirements and, after a hearing, the court may grant
1805 additional time or expedite the respondent's involuntary
1806 treatment hearing. The involuntary treatment hearing, however,
1807 may only be expedited by agreement of the parties on the hearing
1808 date, or if there is notice and proof of service as provided in



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1809 s. 397.6955 (1) and (3). If the court grants the service
1810 provider's petition, the service provider may hold the
1811 respondent until its extended assessment period expires or until
1812 the expedited hearing date. However, if the original or extended
1813 observation period ends on a weekend or holiday, the provider
1814 may hold the respondent until the next court working day.

1815 2. Upon the completion of his or her report, the qualified
1816 professional, in accordance with applicable confidentiality
1817 requirements, shall provide copies to the court and all relevant
1818 parties and counsel. This report must contain a recommendation
1819 on the level, if any, of substance abuse and, if applicable, co-
1820 occurring mental health treatment the respondent requires. The
1821 qualified professional's failure to include a treatment
1822 recommendation, much like a recommendation of no treatment,
1823 shall result in the petition's dismissal.

1824 (d) The court may order a law enforcement officer or other
1825 designated agent of the court to take the respondent into
1826 custody and transport him or her to or from the treating or
1827 assessing service provider and the court for his or her hearing.

1828 (2) The petitioner has the burden of proving by clear and
1829 convincing evidence that:

1830 (a) The respondent is substance abuse impaired, has lost
1831 the power of self-control with respect to substance abuse, or
1832 and has a history of lack of compliance with treatment for
1833 substance abuse with continued substance use; and

1834 (b) Because of such impairment, the respondent is unlikely
1835 to voluntarily participate in the recommended services after
1836 sufficient and conscientious explanation and disclosure of their
1837 purpose, or is unable to determine for himself or herself



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1838 whether services are necessary and make a rational decision in
1839 that regard; and;

1840 (c)1. Without services, the respondent is likely to suffer
1841 from neglect or refuse to care for himself or herself; that such
1842 neglect or refusal poses a real and present threat of
1843 substantial harm to his or her well-being; and that it is not
1844 apparent that such harm may be avoided through the help of
1845 willing, able, and responsible family members or friends or the
1846 provision of other services; or

1847 2. There is a substantial likelihood that in the near
1848 future and without services, the respondent will inflict serious
1849 harm to self or others, as evidenced by acts, omissions, or
1850 behavior causing, attempting, or threatening such harm, which
1851 includes, but is not limited to, significant property damage
1852 cause serious bodily harm to himself, herself, or another in the
1853 near future, as evidenced by recent behavior; or

1854 ~~2. The respondent's refusal to voluntarily receive care is~~
1855 ~~based on judgment so impaired by reason of substance abuse that~~
1856 ~~the respondent is incapable of appreciating his or her need for~~
1857 ~~care and of making a rational decision regarding that need for~~
1858 ~~care.~~

1859 ~~(3) One of the qualified professionals who executed the~~
1860 ~~involuntary services certificate must be a witness. The court~~
1861 ~~shall allow testimony from individuals, including family~~
1862 ~~members, deemed by the court to be relevant under state law,~~
1863 ~~regarding the respondent's prior history and how that prior~~
1864 ~~history relates to the person's current condition. The Testimony~~
1865 ~~in the hearing must be taken under oath, and the proceedings~~
1866 ~~must be recorded. The respondent ~~patient~~ may refuse to testify~~



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1867 at the hearing.

1868 (4) If at any point during the hearing the court has reason
1869 to believe that the respondent, due to mental illness other than
1870 or in addition to substance abuse impairment, is likely to
1871 injure himself or herself or another if allowed to remain at
1872 liberty, or otherwise meets the involuntary commitment
1873 provisions of part I of chapter 394, the court may initiate
1874 involuntary proceedings under such provisions.

1875 (5)~~(4)~~ At the conclusion of the hearing, the court shall
1876 either dismiss the petition or order the respondent to receive
1877 involuntary treatment services from his or her chosen licensed
1878 service provider if possible and appropriate. Any treatment
1879 order must include findings regarding the respondent's need for
1880 treatment and the appropriateness of other lesser restrictive
1881 alternatives.

1882 Section 41. Section 397.697, Florida Statutes, is amended
1883 to read:

1884 397.697 Court determination; effect of court order for
1885 involuntary treatment services.-

1886 (1) (a) When the court finds that the conditions for
1887 involuntary treatment services have been proved by clear and
1888 convincing evidence, it may order the respondent to receive
1889 involuntary treatment services from a publicly funded licensed
1890 service provider for a period not to exceed 90 days. The court
1891 may also order a respondent to undergo treatment through a
1892 privately funded licensed service provider if the respondent has
1893 the ability to pay for the treatment, or if any person on the
1894 respondent's behalf voluntarily demonstrates a willingness and
1895 an ability to pay for the treatment. If the court finds it



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1896 necessary, it may direct the sheriff to take the respondent into
1897 custody and deliver him or her to the licensed service provider
1898 specified in the court order, or to the nearest appropriate
1899 licensed service provider, for involuntary treatment services.
1900 When the conditions justifying involuntary treatment services no
1901 longer exist, the individual must be released as provided in s.
1902 397.6971. When the conditions justifying involuntary treatment
1903 services are expected to exist after 90 days of treatment
1904 services, a renewal of the involuntary treatment services order
1905 may be requested pursuant to s. 397.6975 before the end of the
1906 90-day period.

1907 (b) To qualify for involuntary outpatient treatment, an
1908 individual must be supported by a social worker or case manager
1909 of a licensed service provider or a willing, able, and
1910 responsible individual appointed by the court who shall inform
1911 the court and parties if the respondent fails to comply with his
1912 or her outpatient program. In addition, unless the respondent
1913 has been involuntarily ordered into inpatient treatment under
1914 this chapter at least twice during the last 36 months, or
1915 demonstrates the ability to substantially comply with the
1916 outpatient treatment while waiting for residential placement to
1917 become available, he or she must receive an assessment from a
1918 qualified professional or licensed physician expressly
1919 recommending outpatient services, such services must be
1920 available in the county in which the respondent is located, and
1921 it must appear likely that the respondent will follow a
1922 prescribed outpatient care plan.

1923 (2) In all cases resulting in an order for involuntary
1924 treatment services, the court shall retain jurisdiction over the



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1925 case and the parties for the entry of such further orders as the
1926 circumstances may require, including, but not limited to,
1927 monitoring compliance with treatment, changing the treatment
1928 modality, or initiating contempt of court proceedings for
1929 violating any valid order issued pursuant to this chapter.

1930 Hearings under this section may be set by motion of the parties
1931 or under the court's own authority, and the motion and notice of
1932 hearing for these ancillary proceedings, which include, but are
1933 not limited to, civil contempt, must be served in accordance
1934 with relevant court procedural rules. The court's requirements
1935 for notification of proposed release must be included in the
1936 original order.

1937 (3) An involuntary treatment services order also authorizes
1938 the licensed service provider to require the individual to
1939 receive treatment services that will benefit him or her,
1940 including treatment services at any licensable service component
1941 of a licensed service provider. While subject to the court's
1942 oversight, the service provider's authority under this section
1943 is separate and distinct from the court's broad continuing
1944 jurisdiction under subsection (2). Such oversight includes, but
1945 is not limited to, submitting reports regarding the respondent's
1946 progress or compliance with treatment as required by the court.

1947 (4) If the court orders involuntary treatment services, a
1948 copy of the order must be sent to the managing entity within 1
1949 working day after it is received from the court. Documents may
1950 be submitted electronically through ~~though~~ existing data
1951 systems, if applicable.

1952 Section 42. Section 397.6971, Florida Statutes, is amended
1953 to read:



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1954 397.6971 Early release from involuntary treatment
1955 services.—

1956 (1) At any time before the end of the 90-day involuntary
1957 treatment services period, or before the end of any extension
1958 granted pursuant to s. 397.6975, an individual receiving
1959 involuntary treatment services may be determined eligible for
1960 discharge to the most appropriate referral or disposition for
1961 the individual when any of the following apply:

1962 (a) The individual no longer meets the criteria for
1963 involuntary admission and has given his or her informed consent
1964 to be transferred to voluntary treatment status.

1965 (b) If the individual was admitted on the grounds of
1966 likelihood of infliction of ~~physical~~ harm upon himself or
1967 herself or others, such likelihood no longer exists.

1968 (c) If the individual was admitted on the grounds of need
1969 for assessment and stabilization or treatment, accompanied by
1970 inability to make a determination respecting such need:

1971 1. Such inability no longer exists; or

1972 2. It is evident that further treatment will not bring
1973 about further significant improvements in the individual's
1974 condition.

1975 (d) The individual ~~is~~ no longer needs treatment ~~in need of~~
1976 services.

1977 (e) The director of the service provider determines that
1978 the individual is beyond the safe management capabilities of the
1979 provider.

1980 (2) Whenever a qualified professional determines that an
1981 individual admitted for involuntary treatment services qualifies
1982 for early release under subsection (1), the service provider



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1983 shall immediately discharge the individual and must notify all
1984 persons specified by the court in the original treatment order.

1985 Section 43. Section 397.6975, Florida Statutes, is amended
1986 to read:

1987 397.6975 Extension of involuntary treatment services
1988 period.—

1989 (1) Whenever a service provider believes that an individual
1990 who is nearing the scheduled date of his or her release from
1991 involuntary care services continues to meet the criteria for
1992 involuntary treatment services in s. 397.693 or s. 397.6957, a
1993 petition for renewal of the involuntary treatment services order
1994 must ~~may~~ be filed with the court ~~at least 10 days~~ before the
1995 expiration of the court-ordered services period. The petition
1996 may be filed by the service provider or by the person who filed
1997 the petition for the initial treatment order if the petition is
1998 accompanied by supporting documentation from the service
1999 provider. The court shall ~~immediately~~ schedule a hearing within
2000 10 court working ~~to be held not more than 15~~ days after filing
2001 of the petition and. ~~The court shall~~ provide the copy of the
2002 petition for renewal and the notice of the hearing to all
2003 parties and counsel to the proceeding. The hearing is conducted
2004 pursuant to ss. 397.697 and 397.6957 and must be before the
2005 circuit court unless referred to a magistrate ~~s. 397.6957~~.

2006 (2) If the court finds that the petition for renewal of ~~the~~
2007 involuntary treatment services ~~order~~ should be granted, it may
2008 order the respondent to receive involuntary treatment services
2009 for a period not to exceed an additional 90 days. When the
2010 conditions justifying involuntary treatment services no longer
2011 exist, the individual must be released as provided in s.



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2012 397.6971. When the conditions justifying involuntary treatment
2013 services continue to exist after an additional 90 days of
2014 treatment service, a new petition requesting renewal of the
2015 involuntary treatment services order may be filed pursuant to
2016 this section.

2017 ~~(3) Within 1 court working day after the filing of a~~
2018 ~~petition for continued involuntary services, the court shall~~
2019 ~~appoint the office of criminal conflict and civil regional~~
2020 ~~counsel to represent the respondent, unless the respondent is~~
2021 ~~otherwise represented by counsel. The clerk of the court shall~~
2022 ~~immediately notify the office of criminal conflict and civil~~
2023 ~~regional counsel of such appointment. The office of criminal~~
2024 ~~conflict and civil regional counsel shall represent the~~
2025 ~~respondent until the petition is dismissed or the court order~~
2026 ~~expires or the respondent is discharged from involuntary~~
2027 ~~services. Any attorney representing the respondent shall have~~
2028 ~~access to the respondent, witnesses, and records relevant to the~~
2029 ~~presentation of the respondent's case and shall represent the~~
2030 ~~interests of the respondent, regardless of the source of payment~~
2031 ~~to the attorney.~~

2032 ~~(4) Hearings on petitions for continued involuntary~~
2033 ~~services shall be before the circuit court. The court may~~
2034 ~~appoint a magistrate to preside at the hearing. The procedures~~
2035 ~~for obtaining an order pursuant to this section shall be in~~
2036 ~~accordance with s. 397.697.~~

2037 ~~(5) Notice of hearing shall be provided to the respondent~~
2038 ~~or his or her counsel. The respondent and the respondent's~~
2039 ~~counsel may agree to a period of continued involuntary services~~
2040 ~~without a court hearing.~~



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2041 ~~(6) The same procedure shall be repeated before the~~
2042 ~~expiration of each additional period of involuntary services.~~

2043 ~~(7) If the respondent has previously been found incompetent~~
2044 ~~to consent to treatment, the court shall consider testimony and~~
2045 ~~evidence regarding the respondent's competence.~~

2046 Section 44. Section 397.6977, Florida Statutes, is amended
2047 to read:

2048 397.6977 Disposition of individual upon completion of
2049 involuntary treatment services.—At the conclusion of the 90-day
2050 period of court-ordered involuntary treatment services, the
2051 respondent is automatically discharged unless a motion for
2052 renewal of the involuntary treatment services order has been
2053 filed with the court pursuant to s. 397.6975.

2054 Section 45. Section 397.6978, Florida Statutes, is
2055 repealed.

2056 Section 46. Section 397.99, Florida Statutes, is amended to
2057 read:

2058 397.99 School substance abuse prevention partnership
2059 grants.—

2060 (1) GRANT PROGRAM.—

2061 (a) In order to encourage the development of effective
2062 substance abuse prevention and early intervention strategies for
2063 school-age populations, the school substance abuse prevention
2064 partnership grant program is established.

2065 (b) The department shall administer the program in
2066 cooperation with the Department of Education, ~~and~~ the Department
2067 of Juvenile Justice, and the managing entities under contract
2068 with the department under s. 394.9082.

2069 (2) APPLICATION PROCEDURES; FUNDING REQUIREMENTS.—



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2070 (a) Schools, or community-based organizations in
2071 partnership with schools, may submit a grant proposal for
2072 funding or continued funding to the managing entity in its
2073 geographic area ~~department~~ by March 1 of each year.
2074 Notwithstanding s. 394.9082(5)(i), the managing entity shall use
2075 a competitive solicitation process to review ~~The department~~
2076 ~~shall establish~~ grant applications, application procedures which
2077 ensures ~~ensure~~ that grant recipients implement programs and
2078 practices that are effective. The managing entity ~~department~~
2079 shall include the grant application document on its ~~an~~ Internet
2080 website.

2081 (b) Grants may fund programs to conduct prevention
2082 activities serving students who are not involved in substance
2083 use, intervention activities serving students who are
2084 experimenting with substance use, or both prevention and
2085 intervention activities, if a comprehensive approach is
2086 indicated as a result of a needs assessment.

2087 (c) Grants may target youth, parents, and teachers and
2088 other school staff, coaches, social workers, case managers, and
2089 other prevention stakeholders.

2090 (d) Performance measures for grant program activities shall
2091 measure improvements in student attitudes or behaviors as
2092 determined by the managing entity ~~department~~.

2093 (e) At least 50 percent of the grant funds available for
2094 local projects must be allocated to support the replication of
2095 prevention programs and practices that are based on research and
2096 have been evaluated and proven effective. The managing entity
2097 ~~department~~ shall develop related qualifying criteria.

2098 (f) In order to be considered for funding, the grant



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2099 application shall include the following assurances and
2100 information:

2101 1. A letter from the administrators of the programs
2102 collaborating on the project, such as the school principal,
2103 community-based organization executive director, or recreation
2104 department director, confirming that the grant application has
2105 been reviewed and that each partner is committed to supporting
2106 implementation of the activities described in the grant
2107 proposal.

2108 2. A rationale and description of the program and the
2109 services to be provided, including:

2110 a. An analysis of prevention issues related to the
2111 substance abuse prevention profile of the target population.

2112 b. A description of other primary substance use and related
2113 risk factors.

2114 c. Goals and objectives based on the findings of the needs
2115 assessment.

2116 d. The selection of programs or strategies that have been
2117 shown to be effective in addressing the findings of the needs
2118 assessment.

2119 e. A method of identifying the target group for universal
2120 prevention strategies, and a method for identifying the
2121 individual student participants in selected and indicated
2122 prevention strategies.

2123 f. A description of how students will be targeted.

2124 g. Provisions for the participation of parents and
2125 guardians in the program.

2126 h. An evaluation component to measure the effectiveness of
2127 the program in accordance with performance-based program



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2128 budgeting effectiveness measures.

2129 i. A program budget, which includes the amount and sources
2130 of local cash and in-kind resources committed to the budget and
2131 which establishes, to the satisfaction of the managing entity
2132 ~~department~~, that the grant applicant entity will make a cash or
2133 in-kind contribution to the program of a value that is at least
2134 25 percent of the amount of the grant.

2135 (g) The managing entity ~~department~~ shall consider the
2136 following in awarding such grants:

2137 1. The number of youths that will be targeted.

2138 2. The validity of the program design to achieve project
2139 goals and objectives that are clearly related to performance-
2140 based program budgeting effectiveness measures.

2141 3. The desirability of funding at least one approved
2142 project in each of the department's substate entities.

2143 (3) The managing entity must ~~department shall~~ coordinate
2144 the review of grant applications with local representatives of
2145 the Department of Education and the Department of Juvenile
2146 Justice and shall make award determinations no later than June
2147 30 of each year. All applicants shall be notified by the
2148 managing entity ~~department~~ of its final action.

2149 (4) Each entity that is awarded a grant as provided for in
2150 this section shall submit performance and output information as
2151 determined by the managing entity ~~department~~.

2152 Section 47. Paragraph (d) is added to subsection (1) of
2153 section 916.111, Florida Statutes, to read:

2154 916.111 Training of mental health experts.—The evaluation
2155 of defendants for competency to proceed or for sanity at the
2156 time of the commission of the offense shall be conducted in such



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2157 a way as to ensure uniform application of the criteria
2158 enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal
2159 Procedure. The department shall develop, and may contract with
2160 accredited institutions:

2161 (1) To provide:

2162 (a) A plan for training mental health professionals to
2163 perform forensic evaluations and to standardize the criteria and
2164 procedures to be used in these evaluations;

2165 (b) Clinical protocols and procedures based upon the
2166 criteria of Rules 3.210 and 3.216, Florida Rules of Criminal
2167 Procedure; ~~and~~

2168 (c) Training for mental health professionals in the
2169 application of these protocols and procedures in performing
2170 forensic evaluations and providing reports to the courts; and

2171 (d) Refresher training for mental health professionals who
2172 have completed the training required by paragraph (c) and s.
2173 916.115(1). At a minimum, the refresher training must provide
2174 current information on:

2175 1. Forensic statutory requirements.

2176 2. Recent changes to part II of this chapter.

2177 3. Trends and concerns related to forensic commitments in
2178 the state.

2179 4. Alternatives to maximum security treatment facilities.

2180 5. Community forensic treatment providers.

2181 6. Evaluation requirements.

2182 7. Forensic service array updates.

2183 Section 48. Subsection (1) of section 916.115, Florida
2184 Statutes, is amended to read:

2185 916.115 Appointment of experts.—



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2186 (1) The court shall appoint no more than three experts to
2187 determine the mental condition of a defendant in a criminal
2188 case, including competency to proceed, insanity, involuntary
2189 placement, and treatment. The experts may evaluate the defendant
2190 in jail or in another appropriate local facility or in a
2191 facility of the Department of Corrections.

2192 (a) ~~To the extent possible,~~ The appointed experts must
2193 ~~shall~~ have completed forensic evaluator training approved by the
2194 department under s. 916.111(1)(c), and, to the extent possible,
2195 each shall be a psychiatrist, licensed psychologist, or
2196 physician. Appointed experts who have completed the training
2197 under s. 916.111(1)(c) must complete refresher training under s.
2198 916.111(1)(d) every 3 years.

2199 (b) The department shall maintain and annually provide the
2200 courts with a list of available mental health professionals who
2201 have completed the approved training under ss. 916.111(1)(c) and
2202 (d) as experts.

2203 Section 49. Paragraph (b) of subsection (1) of section
2204 409.972, Florida Statutes, is amended to read:

2205 409.972 Mandatory and voluntary enrollment.—

2206 (1) The following Medicaid-eligible persons are exempt from
2207 mandatory managed care enrollment required by s. 409.965, and
2208 may voluntarily choose to participate in the managed medical
2209 assistance program:

2210 (b) Medicaid recipients residing in residential commitment
2211 facilities operated through the Department of Juvenile Justice
2212 or a treatment facility as defined in s. 394.455 ~~s. 394.455(47)~~.

2213 Section 50. Paragraph (e) of subsection (4) of section
2214 464.012, Florida Statutes, is amended to read:



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2215 464.012 Licensure of advanced practice registered nurses;
2216 fees; controlled substance prescribing.—

2217 (4) In addition to the general functions specified in
2218 subsection (3), an advanced practice registered nurse may
2219 perform the following acts within his or her specialty:

2220 (e) A psychiatric nurse, who meets the requirements in s.
2221 394.455(36) ~~s. 394.455(35)~~, within the framework of an
2222 established protocol with a psychiatrist, may prescribe
2223 psychotropic controlled substances for the treatment of mental
2224 disorders.

2225 Section 51. Subsection (7) of section 744.2007, Florida
2226 Statutes, is amended to read:

2227 744.2007 Powers and duties.—

2228 (7) A public guardian may not commit a ward to a treatment
2229 facility, as defined in s. 394.455 ~~s. 394.455(47)~~, without an
2230 involuntary placement proceeding as provided by law.

2231 Section 52. Paragraph (a) of subsection (2) of section
2232 790.065, Florida Statutes, is amended to read:

2233 790.065 Sale and delivery of firearms.—

2234 (2) Upon receipt of a request for a criminal history record
2235 check, the Department of Law Enforcement shall, during the
2236 licensee's call or by return call, forthwith:

2237 (a) Review any records available to determine if the
2238 potential buyer or transferee:

2239 1. Has been convicted of a felony and is prohibited from
2240 receipt or possession of a firearm pursuant to s. 790.23;

2241 2. Has been convicted of a misdemeanor crime of domestic
2242 violence, and therefore is prohibited from purchasing a firearm;

2243 3. Has had adjudication of guilt withheld or imposition of



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2244 sentence suspended on any felony or misdemeanor crime of
2245 domestic violence unless 3 years have elapsed since probation or
2246 any other conditions set by the court have been fulfilled or
2247 expunction has occurred; or

2248 4. Has been adjudicated mentally defective or has been
2249 committed to a mental institution by a court or as provided in
2250 sub-sub-subparagraph b.(II), and as a result is prohibited by
2251 state or federal law from purchasing a firearm.

2252 a. As used in this subparagraph, "adjudicated mentally
2253 defective" means a determination by a court that a person, as a
2254 result of marked subnormal intelligence, or mental illness,
2255 incompetency, condition, or disease, is a danger to himself or
2256 herself or to others or lacks the mental capacity to contract or
2257 manage his or her own affairs. The phrase includes a judicial
2258 finding of incapacity under s. 744.331(6)(a), an acquittal by
2259 reason of insanity of a person charged with a criminal offense,
2260 and a judicial finding that a criminal defendant is not
2261 competent to stand trial.

2262 b. As used in this subparagraph, "committed to a mental
2263 institution" means:

2264 (I) Involuntary commitment, commitment for mental
2265 defectiveness or mental illness, and commitment for substance
2266 abuse. The phrase includes involuntary inpatient placement under
2267 ~~as defined in s. 394.467~~, involuntary outpatient placement as
2268 defined in s. 394.4655, ~~involuntary assessment and stabilization~~
2269 ~~under s. 397.6818~~, and involuntary substance abuse treatment
2270 under s. 397.6957, but does not include a person in a mental
2271 institution for observation or discharged from a mental
2272 institution based upon the initial review by the physician or a



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2273 voluntary admission to a mental institution; or

2274 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
2275 admission to a mental institution for outpatient or inpatient
2276 treatment of a person who had an involuntary examination under
2277 s. 394.463, where each of the following conditions have been
2278 met:

2279 (A) An examining physician found that the person is an
2280 imminent danger to himself or herself or others.

2281 (B) The examining physician certified that if the person
2282 did not agree to voluntary treatment, a petition for involuntary
2283 outpatient or inpatient treatment would have been filed under s.
2284 394.463(2)(g)4., or the examining physician certified that a
2285 petition was filed and the person subsequently agreed to
2286 voluntary treatment prior to a court hearing on the petition.

2287 (C) Before agreeing to voluntary treatment, the person
2288 received written notice of that finding and certification, and
2289 written notice that as a result of such finding, he or she may
2290 be prohibited from purchasing a firearm, and may not be eligible
2291 to apply for or retain a concealed weapon or firearms license
2292 under s. 790.06 and the person acknowledged such notice in
2293 writing, in substantially the following form:

2294

2295 "I understand that the doctor who examined me believes I am a
2296 danger to myself or to others. I understand that if I do not
2297 agree to voluntary treatment, a petition will be filed in court
2298 to require me to receive involuntary treatment. I understand
2299 that if that petition is filed, I have the right to contest it.
2300 In the event a petition has been filed, I understand that I can
2301 subsequently agree to voluntary treatment prior to a court



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2302 hearing. I understand that by agreeing to voluntary treatment in
2303 either of these situations, I may be prohibited from buying
2304 firearms and from applying for or retaining a concealed weapons
2305 or firearms license until I apply for and receive relief from
2306 that restriction under Florida law.”

2307

2308 (D) A judge or a magistrate has, pursuant to sub-sub-
2309 subparagraph c.(II), reviewed the record of the finding,
2310 certification, notice, and written acknowledgment classifying
2311 the person as an imminent danger to himself or herself or
2312 others, and ordered that such record be submitted to the
2313 department.

2314 c. In order to check for these conditions, the department
2315 shall compile and maintain an automated database of persons who
2316 are prohibited from purchasing a firearm based on court records
2317 of adjudications of mental defectiveness or commitments to
2318 mental institutions.

2319 (I) Except as provided in sub-sub-subparagraph (II), clerks
2320 of court shall submit these records to the department within 1
2321 month after the rendition of the adjudication or commitment.
2322 Reports shall be submitted in an automated format. The reports
2323 must, at a minimum, include the name, along with any known alias
2324 or former name, the sex, and the date of birth of the subject.

2325 (II) For persons committed to a mental institution pursuant
2326 to sub-sub-subparagraph b.(II), within 24 hours after the
2327 person's agreement to voluntary admission, a record of the
2328 finding, certification, notice, and written acknowledgment must
2329 be filed by the administrator of the receiving or treatment
2330 facility, as defined in s. 394.455, with the clerk of the court



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2331 for the county in which the involuntary examination under s.
2332 394.463 occurred. No fee shall be charged for the filing under
2333 this sub-sub-subparagraph. The clerk must present the records to
2334 a judge or magistrate within 24 hours after receipt of the
2335 records. A judge or magistrate is required and has the lawful
2336 authority to review the records ex parte and, if the judge or
2337 magistrate determines that the record supports the classifying
2338 of the person as an imminent danger to himself or herself or
2339 others, to order that the record be submitted to the department.
2340 If a judge or magistrate orders the submittal of the record to
2341 the department, the record must be submitted to the department
2342 within 24 hours.

2343 d. A person who has been adjudicated mentally defective or
2344 committed to a mental institution, as those terms are defined in
2345 this paragraph, may petition the court that made the
2346 adjudication or commitment, or the court that ordered that the
2347 record be submitted to the department pursuant to sub-sub-
2348 subparagraph c.(II), for relief from the firearm disabilities
2349 imposed by such adjudication or commitment. A copy of the
2350 petition shall be served on the state attorney for the county in
2351 which the person was adjudicated or committed. The state
2352 attorney may object to and present evidence relevant to the
2353 relief sought by the petition. The hearing on the petition may
2354 be open or closed as the petitioner may choose. The petitioner
2355 may present evidence and subpoena witnesses to appear at the
2356 hearing on the petition. The petitioner may confront and cross-
2357 examine witnesses called by the state attorney. A record of the
2358 hearing shall be made by a certified court reporter or by court-
2359 approved electronic means. The court shall make written findings



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2360 of fact and conclusions of law on the issues before it and issue
2361 a final order. The court shall grant the relief requested in the
2362 petition if the court finds, based on the evidence presented
2363 with respect to the petitioner's reputation, the petitioner's
2364 mental health record and, if applicable, criminal history
2365 record, the circumstances surrounding the firearm disability,
2366 and any other evidence in the record, that the petitioner will
2367 not be likely to act in a manner that is dangerous to public
2368 safety and that granting the relief would not be contrary to the
2369 public interest. If the final order denies relief, the
2370 petitioner may not petition again for relief from firearm
2371 disabilities until 1 year after the date of the final order. The
2372 petitioner may seek judicial review of a final order denying
2373 relief in the district court of appeal having jurisdiction over
2374 the court that issued the order. The review shall be conducted
2375 de novo. Relief from a firearm disability granted under this
2376 sub-subparagraph has no effect on the loss of civil rights,
2377 including firearm rights, for any reason other than the
2378 particular adjudication of mental defectiveness or commitment to
2379 a mental institution from which relief is granted.

2380 e. Upon receipt of proper notice of relief from firearm
2381 disabilities granted under sub-subparagraph d., the department
2382 shall delete any mental health record of the person granted
2383 relief from the automated database of persons who are prohibited
2384 from purchasing a firearm based on court records of
2385 adjudications of mental defectiveness or commitments to mental
2386 institutions.

2387 f. The department is authorized to disclose data collected
2388 pursuant to this subparagraph to agencies of the Federal



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2389 Government and other states for use exclusively in determining
2390 the lawfulness of a firearm sale or transfer. The department is
2391 also authorized to disclose this data to the Department of
2392 Agriculture and Consumer Services for purposes of determining
2393 eligibility for issuance of a concealed weapons or concealed
2394 firearms license and for determining whether a basis exists for
2395 revoking or suspending a previously issued license pursuant to
2396 s. 790.06(10). When a potential buyer or transferee appeals a
2397 nonapproval based on these records, the clerks of court and
2398 mental institutions shall, upon request by the department,
2399 provide information to help determine whether the potential
2400 buyer or transferee is the same person as the subject of the
2401 record. Photographs and any other data that could confirm or
2402 negate identity must be made available to the department for
2403 such purposes, notwithstanding any other provision of state law
2404 to the contrary. Any such information that is made confidential
2405 or exempt from disclosure by law shall retain such confidential
2406 or exempt status when transferred to the department.

2407 Section 53. This act shall take effect July 1, 2020.

2408
2409 ===== T I T L E A M E N D M E N T =====

2410 And the title is amended as follows:

2411 Delete everything before the enacting clause
2412 and insert:

2413 A bill to be entitled
2414 An act relating to substance abuse and mental health;
2415 amending s. 394.455, F.S.; revising the definition of
2416 "mental illness"; defining the terms "neglect or
2417 refuse to care for himself or herself" and "real and



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2418 present threat of substantial harm"; conforming a
2419 cross-reference; amending s. 394.459, F.S.; requiring
2420 that respondents with a serious mental illness be
2421 informed of the essential elements of recovery and be
2422 provided assistance with accessing a continuum of care
2423 regimen; authorizing the Department of Children and
2424 Families to adopt certain rules; amending s. 394.4598,
2425 F.S.; conforming a cross-reference; amending s.
2426 394.4599, F.S.; conforming provisions to changes made
2427 by the act; amending s. 394.461, F.S.; authorizing the
2428 state to establish that a transfer evaluation was
2429 performed by providing the court with a copy of the
2430 evaluation before the close of the state's case in
2431 chief; prohibiting the court from considering
2432 substantive information in the transfer evaluation
2433 unless the evaluator testifies at the hearing;
2434 amending s. 394.4615, F.S.; conforming provisions to
2435 changes made by the act; amending s. 394.462, F.S.;
2436 conforming cross-references; amending s. 394.4625,
2437 F.S.; providing requirements relating to the
2438 voluntariness of admissions to a facility for
2439 examination and treatment; providing requirements for
2440 verifying the assent of a minor admitted to a
2441 facility; requiring the appointment of a public
2442 defender to review the voluntariness of a minor's
2443 admission to a facility; requiring the filing of a
2444 petition for involuntary placement or release of a
2445 minor to his or her parent or legal guardian under
2446 certain circumstances; conforming provisions to



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2447 changes made by the act; amending s. 394.463, F.S.;

2448 revising the requirements for when a person may be

2449 taken to a receiving facility for involuntary

2450 examination; requiring a facility to inform the

2451 department of certain persons who have been examined

2452 or committed under certain circumstances; conforming

2453 provisions to changes made by the act; providing

2454 criminal and civil penalties; amending s. 394.4655,

2455 F.S.; revising the requirements for involuntary

2456 outpatient treatment; amending s. 394.467, F.S.;

2457 revising the requirements for when a person may be

2458 ordered for involuntary inpatient placement; revising

2459 requirements for continuances of hearings; revising

2460 the conditions under which a court may waive the

2461 requirement for a patient to be present at an

2462 involuntary inpatient placement hearing; authorizing

2463 the court to permit all witnesses to remotely attend

2464 and testify at the hearing through certain means;

2465 authorizing the state attorney to access certain

2466 persons and records for certain purposes; specifying

2467 such records remain confidential; revising when the

2468 court may appoint a magistrate; revising the amount of

2469 time a court may require a patient to receive

2470 services; providing an exception to the prohibition on

2471 a court ordering certain individuals to be

2472 involuntarily placed in a state treatment facility;

2473 conforming a cross-reference; amending s. 394.495,

2474 F.S.; revising the counties that a community action

2475 treatment team must serve; conforming cross-



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2476 references; amending s. 394.496, F.S.; conforming
2477 cross-references; amending s. 394.499, F.S.; making
2478 technical and conforming changes; amending s. 394.656,
2479 F.S.; renaming the Criminal Justice, Mental Health,
2480 and Substance Abuse Statewide Grant Review Committee
2481 as the Criminal Justice, Mental Health, and Substance
2482 Abuse Statewide Grant Advisory Committee; revising
2483 membership of the committee; revising the committee's
2484 duties and requirements; revising the entities that
2485 may apply for certain grants; revising the eligibility
2486 requirements for the grants; revising the selection
2487 process for grant recipients; amending s. 394.657,
2488 F.S.; conforming provisions to changes made by the
2489 act; amending s. 394.658, F.S.; revising requirements
2490 of the Criminal Justice, Mental Health, and Substance
2491 Abuse Reinvestment Grant Program; amending s. 394.674,
2492 F.S.; revising eligibility requirements for certain
2493 substance abuse and mental health services; providing
2494 priority for specified individuals; amending s.
2495 394.908, F.S.; revising the definition of the term
2496 "individuals in need"; revising requirements for
2497 substance abuse and mental health funding equity;
2498 amending s. 394.9085, F.S.; conforming cross-
2499 references; amending s. 397.305, F.S.; revising the
2500 purposes of ch. 397, F.S.; amending s. 397.311, F.S.;
2501 revising the definition of the terms "impaired" and
2502 "substance abuse impaired"; defining the terms
2503 "involuntary treatment services," "neglect or refuse
2504 to care for himself or herself," and "real and present



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2505 threat of substantial harm"; amending s. 397.321,
2506 F.S.; deleting a provision requiring the Department of
2507 Children and Families to develop a certification
2508 process for community substance abuse prevention
2509 coalitions; amending s. 397.416, F.S.; conforming a
2510 cross-reference; amending s. 397.501, F.S.; requiring
2511 that respondents with serious substance abuse
2512 addictions be informed of the essential elements of
2513 recovery and provided assistance with accessing a
2514 continuum of care regimen; authorizing the department
2515 to adopt certain rules; amending s. 397.675, F.S.;
2516 revising the criteria for involuntary admissions;
2517 amending s. 397.6751, F.S.; revising the
2518 responsibilities of a service provider; amending s.
2519 397.681, F.S.; requiring that the state attorney
2520 represent the state as the real party of interest in
2521 an involuntary proceeding, subject to legislative
2522 appropriation; authorizing the state attorney to
2523 access certain persons and records; conforming
2524 provisions to changes made by the act; repealing s.
2525 397.6811, F.S., relating to involuntary assessment and
2526 stabilization; repealing s. 397.6814, F.S., relating
2527 to petitions for involuntary assessment and
2528 stabilization; repealing s. 397.6815, F.S., relating
2529 to involuntary assessment and stabilization
2530 procedures; repealing s. 397.6818, F.S., relating to
2531 court determinations for petitions for involuntary
2532 assessment and stabilization; repealing s. 397.6819,
2533 F.S., relating to the responsibilities of licensed



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2534 service providers with regard to involuntary
2535 assessment and stabilization; repealing s. 397.6821,
2536 F.S., relating to extensions of time for completion of
2537 involuntary assessment and stabilization; repealing s.
2538 397.6822, F.S., relating to the disposition of
2539 individuals after involuntary assessments; amending s.
2540 397.693, F.S.; revising the circumstances under which
2541 a person is eligible for court-ordered involuntary
2542 treatment; amending s. 397.695, F.S.; authorizing the
2543 court or clerk of the court to waive or prohibit any
2544 service of process fees for an indigent petitioner;
2545 amending s. 397.6951, F.S.; revising the requirements
2546 for the contents of a petition for involuntary
2547 treatment services; providing that a petitioner may
2548 include a certificate or report of a qualified
2549 professional with the petition; requiring the
2550 certificate or report to contain certain information;
2551 requiring that certain additional information must be
2552 included if an emergency exists; amending s. 397.6955,
2553 F.S.; requiring the clerk of the court to notify the
2554 state attorney's office upon the receipt of a petition
2555 filed for involuntary treatment services; revising
2556 when a hearing must be held on the petition; providing
2557 requirements for when a petitioner asserts that
2558 emergency circumstances exist or the court determines
2559 that an emergency exists; amending s. 397.6957, F.S.;
2560 expanding the exemption from the requirement that a
2561 respondent be present at a hearing on a petition for
2562 involuntary treatment services; authorizing the court



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2563 to order drug tests and permit all witnesses to
2564 remotely attend and testify at the hearing through
2565 certain means; deleting a provision requiring the
2566 court to appoint a guardian advocate under certain
2567 circumstances; prohibiting a respondent from being
2568 involuntarily ordered into treatment unless certain
2569 requirements are met; providing requirements relating
2570 to involuntary assessment and stabilization orders;
2571 providing requirements relating to involuntary
2572 treatment hearings; requiring that the assessment of a
2573 respondent occur before a specified time unless
2574 certain requirements are met; requiring the service
2575 provider to discharge the respondent after a specified
2576 time unless certain requirements are met; requiring a
2577 qualified professional to provide copies of his or her
2578 report to the court and all relevant parties and
2579 counsel; providing requirements for the report;
2580 authorizing certain entities to take specified actions
2581 based upon the involuntary assessment; authorizing a
2582 court to order certain persons to take a respondent
2583 into custody and transport him or her to or from
2584 certain service providers and the court; revising the
2585 petitioner's burden of proof in the hearing;
2586 authorizing the court to initiate involuntary
2587 proceedings under certain circumstances; requiring
2588 that, if a treatment order is issued, it must include
2589 certain findings; amending s. 397.697, F.S.; requiring
2590 that an individual meet certain requirements to
2591 qualify for involuntary outpatient treatment;



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2592 specifying that certain hearings may be set by the
2593 motion of a party or under the court's own authority;
2594 specifying that a service provider's authority is
2595 separate and distinct from the court's jurisdiction;
2596 amending s. 397.6971, F.S.; conforming provisions to
2597 changes made by the act; amending s. 397.6975, F.S.;
2598 authorizing certain entities to file a petition for
2599 renewal of involuntary treatment; revising the
2600 timeframe during which the court is required to
2601 schedule a hearing; conforming provisions to changes
2602 made by the act; amending s. 397.6977, F.S.;
2603 conforming provisions to changes made by the act;
2604 repealing s. 397.6978, F.S., relating to the
2605 appointment of guardian advocates; amending s. 397.99,
2606 F.S.; revising administration requirements for the
2607 school substance abuse prevention partnership grant
2608 program; revising application procedures and funding
2609 requirements for the program; revising requirements
2610 relating to the review of grant applications; amending
2611 s. 916.111, F.S.; requiring the department to provide
2612 refresher training for specified mental health
2613 professionals; providing requirements for such
2614 training; amending s. 916.115, F.S.; revising
2615 requirements for the appointment of experts to
2616 evaluate certain defendants; requiring appointed
2617 experts to complete specified training; amending ss.
2618 409.972, 464.012, 744.2007, and 790.065, F.S.;
2619 conforming cross-references; providing an effective
2620 date.