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LEGISLATIVE ACTION

Senate . House

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

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

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

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

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

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

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

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

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

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

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

394.459 Rights of patients.—

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

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

394.4598 Guardian advocate.—

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

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

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

394.4599 Notice.—

(2) INVOLUNTARY ADMISSION.—

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

1. Notice that the petition for:

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

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

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

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

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

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

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

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

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

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

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

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

394.4615 Clinical records; confidentiality.—

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

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

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

397.6795, ~~397.6822,~~ and 397.697.

(1) TRANSPORTATION TO A RECEIVING FACILITY.—

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

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

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

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

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

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

b. From the person receiving the transportation.

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

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

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

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

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

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

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

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

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

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

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


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s. 901.35.

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

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

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

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

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


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

(2) TRANSPORTATION TO A TREATMENT FACILITY.—

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

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

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

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

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


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at the appropriate receiving or treatment facility.

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

394.4625 Voluntary admissions.—

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

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

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

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

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

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

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


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

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

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

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

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

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~~consent~~.

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

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

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

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

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


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

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

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

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

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

394.463 Involuntary examination.—

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

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

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

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

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

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

(2) INVOLUNTARY EXAMINATION.—

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

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

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

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

3. A physician, clinical psychologist, psychiatric nurse,

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

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

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


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

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

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

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

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

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

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

(5) UNLAWFUL ACTIVITIES RELATING TO EXAMINATION AND TREATMENT; PENALTIES.—

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

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

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

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

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

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

394.4655 Involuntary outpatient services.—

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

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

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

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

a. Can be appropriately treated on an outpatient basis; and

b. Can follow a prescribed treatment plan.

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

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

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

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

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

394.467 Involuntary inpatient placement.—

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

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

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

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

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

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

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

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

(6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

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

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

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

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

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

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

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

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

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

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

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

(3) Assessments must be performed by:

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

(b) A professional licensed under chapter 491; or

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

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

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


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individually serve each of the following counties or regions:

a. Alachua.

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

c. Bay.

d. Brevard.

e. Charlotte.

f.~~e.~~ Collier.

g.~~f.~~ DeSoto and Sarasota.

h.~~g.~~ Duval.

i.~~h.~~ Escambia.

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

k.~~j.~~ Hillsborough.

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

m.~~l.~~ Lake and Sumter.

n.~~m.~~ Lee.

o. Leon.

p.~~n.~~ Manatee.

q.~~o.~~ Marion.

r.~~p.~~ Miami-Dade.

s.~~q.~~ Okaloosa.

t.~~r.~~ Orange.

u.~~s.~~ Palm Beach.

v.~~t.~~ Pasco.

w.~~u.~~ Pinellas.

x.~~v.~~ Walton.

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

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remaining areas of the state.

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

394.496 Service planning.—

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

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

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

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

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

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

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

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

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

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

(a) One representative of the Department of Children and Families.~~;~~

(b) One representative of the Department of Corrections.~~;~~

(c) One representative of the Department of Juvenile Justice.~~;~~

(d) One representative of the Department of Elderly Affairs.~~;~~

(e) One representative of the Office of the State Courts Administrator.~~;~~

(f) One representative of the Department of Veterans' Affairs.~~;~~

(g) One representative of the Florida Sheriffs Association.~~;~~

(h) One representative of the Florida Police Chiefs Association.~~;~~

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(i) One representative of the Florida Association of Counties.~~;~~

(j) One representative of the Florida Behavioral Health ~~Alcohol and Drug Abuse~~ Association.~~;~~

(k) One representative of the Florida Association of Managing Entities.~~;~~

~~(l) One representative of the Florida Council for Community Mental Health;~~

(l)~~(m)~~ One representative of the National Alliance of Mental Illness.~~;~~

(m)~~(n)~~ One representative of the Florida Prosecuting Attorneys Association.~~;~~

(n)~~(o)~~ One representative of the Florida Public Defender Association~~; and~~

~~(p) One administrator of an assisted living facility that holds a limited mental health license~~.

(3) The committee shall serve as the advisory body to review policy and funding issues that help reduce the impact of persons with mental illness and substance use ~~abuse~~ disorders on communities, criminal justice agencies, and the court system. The committee shall advise the department in selecting priorities for grants ~~and investing awarded grant moneys~~.

(4) The committee must have experience in substance use and mental health disorders, community corrections, and law enforcement. ~~To the extent possible, the committee shall have expertise in grant review and grant application scoring.~~

(5)(a) A county, a consortium of counties, or an ~~a not-for-profit community provider or managing~~ entity designated by the county planning council or committee~~,~~ as described in s.

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

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

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

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

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

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

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

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

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

394.657 County planning councils or committees.—

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

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

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

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

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

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

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

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

1. Mental health courts.~~;~~

2. Diversion programs.~~;~~

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3. Alternative prosecution and sentencing programs.~~;~~

4. Crisis intervention teams.~~;~~

5. Treatment accountability services.~~;~~

6. Specialized training for criminal justice, juvenile justice, and treatment services professionals.~~;~~

7. Service delivery of collateral services such as housing, transitional housing, and supported employment.~~; and~~

8. Reentry services to create or expand mental health and substance abuse services and supports for affected persons.

(c) Each ~~county~~ application must include the following information:

1. An analysis of the current population of the jail and juvenile detention center in the county, which includes:

a. The screening and assessment process that the county uses to identify an adult or juvenile who has a mental illness, substance use ~~abuse~~ disorder, or co-occurring mental health and substance use ~~abuse~~ disorders.~~;~~

b. The percentage of each category of individuals ~~persons~~ admitted to the jail and juvenile detention center that represents people who have a mental illness, substance use ~~abuse~~ disorder, or co-occurring mental health and substance use ~~abuse~~ disorders.~~; and~~

c. An analysis of observed contributing factors that affect population trends in the county jail and juvenile detention center.

2. A description of the strategies the applicant ~~county~~ intends to use to serve one or more clearly defined subsets of the population of the jail and juvenile detention center who have a mental illness or to serve those at risk of arrest and

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

a. Specialized responses by law enforcement agencies.~~;~~

b. Centralized receiving facilities for individuals evidencing behavioral difficulties.~~;~~

c. Postbooking alternatives to incarceration.~~;~~

d. New court programs, including pretrial services and specialized dockets.~~;~~

e. Specialized diversion programs.~~;~~

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

g. Specialized probation processes.~~;~~

h. Day-reporting centers.~~;~~

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

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

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


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

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

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

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

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

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

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

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


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percent of the total amount of the grant.

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

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

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

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

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

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


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be:

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

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

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

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

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

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

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

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

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

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

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


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~~a. Older adults in crisis.~~

~~b. Older adults who are at risk of being placed in a more restrictive environment because of their mental illness.~~

~~c. Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.~~

~~d. Other persons involved in the criminal justice system.~~

~~e. Persons diagnosed as having co-occurring mental illness and substance abuse disorders.~~

~~2. Persons who are experiencing an acute mental or emotional crisis as defined in s. 394.67(17).~~

(b) For substance abuse services, an individual must ~~children's mental health services~~:

1. Have a diagnosed substance use disorder.

2. Have a diagnosed substance use disorder as the primary diagnosis and a co-occurring mental illness, emotional disturbance, or serious emotional disturbance.

3. Be at risk for alcohol misuse, drug use, or developing a substance use disorder.

(2) Providers receiving funds from the department for behavioral health services must give priority to:

(a) Pregnant women and women with dependent children.

(b) Intravenous drug users.

(c) Individuals who have a substance use disorder and have been ordered by the court to receive treatment.

(d) Parents, legal guardians, or caregivers with child welfare involvement and parents, legal guardians, or caregivers who put children at risk due to substance abuse.

(e) Children and adolescents under state supervision.

(f) Individuals involved in the criminal justice system,


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

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

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

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

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

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

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

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

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

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

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

~~6. Children under state supervision.~~

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

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

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

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

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

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

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

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

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

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


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

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

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

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

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

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

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

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

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

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

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

394.9085 Behavioral provider liability.—

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

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

397.305 Legislative findings, intent, and purpose.—

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

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

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

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

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

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

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

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

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

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

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

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

397.321 Duties of the department.—The department shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

397.6751 Service provider responsibilities regarding involuntary admissions.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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


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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


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

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

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

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

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

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

397.6955 Duties of court upon filing of petition for

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involuntary treatment services.—

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

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

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

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

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

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

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

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

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

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


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

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

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

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

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

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

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

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

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

397.6957 Hearing on petition for involuntary treatment services.—

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


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

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


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

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

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

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

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

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

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

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


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whether services are necessary and make a rational decision in that regard; and~~:~~

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

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

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

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

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at the hearing.

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

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

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

397.697 Court determination; effect of court order for involuntary treatment services.—

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

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

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

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

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case and the parties for the entry of such further orders as the circumstances may require, including, but not limited to, monitoring compliance with treatment, changing the treatment modality, or initiating contempt of court proceedings for violating any valid order issued pursuant to this chapter. Hearings under this section may be set by motion of the parties or under the court's own authority, and the motion and notice of hearing for these ancillary proceedings, which include, but are not limited to, civil contempt, must be served in accordance with relevant court procedural rules. The court's requirements for notification of proposed release must be included in the original order.

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

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

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

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397.6971 Early release from involuntary treatment services.—

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

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

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

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

1. Such inability no longer exists; or

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

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

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

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


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

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

397.6975 Extension of involuntary treatment services period.—

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

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


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

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

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

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

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

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

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

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

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

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

397.99 School substance abuse prevention partnership grants.—

(1) GRANT PROGRAM.—

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

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

(2) APPLICATION PROCEDURES; FUNDING REQUIREMENTS.—

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

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

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

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

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

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


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application shall include the following assurances and information:

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

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

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

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

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

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

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

f. A description of how students will be targeted.

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

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


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budgeting effectiveness measures.

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

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

1. The number of youths that will be targeted.

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

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

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

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

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

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

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

(1) To provide:

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

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

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

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

1. Forensic statutory requirements.

2. Recent changes to part II of this chapter.

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

4. Alternatives to maximum security treatment facilities.

5. Community forensic treatment providers.

6. Evaluation requirements.

7. Forensic service array updates.

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

916.115 Appointment of experts.—

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

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

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

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

409.972 Mandatory and voluntary enrollment.—

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

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

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

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

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

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

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

744.2007 Powers and duties.—

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

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

790.065 Sale and delivery of firearms.—

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

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

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

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

3. Has had adjudication of guilt withheld or imposition of

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

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

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

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

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

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voluntary admission to a mental institution; or

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

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

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

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

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


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

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

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

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

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

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

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

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

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

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

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

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

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

And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to substance abuse and mental health; amending s. 394.455, F.S.; revising the definition of "mental illness"; defining the terms "neglect or refuse to care for himself or herself" and "real and

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present threat of substantial harm"; conforming a cross-reference; amending s. 394.459, F.S.; requiring that respondents with a serious mental illness be informed of the essential elements of recovery and be provided assistance with accessing a continuum of care regimen; authorizing the Department of Children and Families to adopt certain rules; amending s. 394.4598, F.S.; conforming a cross-reference; amending s. 394.4599, F.S.; conforming provisions to changes made by the act; amending s. 394.461, F.S.; authorizing the state to establish that a transfer evaluation was performed by providing the court with a copy of the evaluation before the close of the state's case in chief; prohibiting the court from considering substantive information in the transfer evaluation unless the evaluator testifies at the hearing; amending s. 394.4615, F.S.; conforming provisions to changes made by the act; amending s. 394.462, F.S.; conforming cross-references; amending s. 394.4625, F.S.; providing requirements relating to the voluntariness of admissions to a facility for examination and treatment; providing requirements for verifying the assent of a minor admitted to a facility; requiring the appointment of a public defender to review the voluntariness of a minor's admission to a facility; requiring the filing of a petition for involuntary placement or release of a minor to his or her parent or legal guardian under certain circumstances; conforming provisions to

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changes made by the act; amending s. 394.463, F.S.; revising the requirements for when a person may be taken to a receiving facility for involuntary examination; requiring a facility to inform the department of certain persons who have been examined or committed under certain circumstances; conforming provisions to changes made by the act; providing criminal and civil penalties; amending s. 394.4655, F.S.; revising the requirements for involuntary outpatient treatment; amending s. 394.467, F.S.; revising the requirements for when a person may be ordered for involuntary inpatient placement; revising requirements for continuances of hearings; revising the conditions under which a court may waive the requirement for a patient to be present at an involuntary inpatient placement hearing; authorizing the court to permit all witnesses to remotely attend and testify at the hearing through certain means; authorizing the state attorney to access certain persons and records for certain purposes; specifying such records remain confidential; revising when the court may appoint a magistrate; revising the amount of time a court may require a patient to receive services; providing an exception to the prohibition on a court ordering certain individuals to be involuntarily placed in a state treatment facility; conforming a cross-reference; amending s. 394.495, F.S.; revising the counties that a community action treatment team must serve; conforming cross-


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references; amending s. 394.496, F.S.; conforming cross-references; amending s. 394.499, F.S.; making technical and conforming changes; amending s. 394.656, F.S.; renaming the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee as the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Advisory Committee; revising membership of the committee; revising the committee's duties and requirements; revising the entities that may apply for certain grants; revising the eligibility requirements for the grants; revising the selection process for grant recipients; amending s. 394.657, F.S.; conforming provisions to changes made by the act; amending s. 394.658, F.S.; revising requirements of the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program; amending s. 394.674, F.S.; revising eligibility requirements for certain substance abuse and mental health services; providing priority for specified individuals; amending s. 394.908, F.S.; revising the definition of the term "individuals in need"; revising requirements for substance abuse and mental health funding equity; amending s. 394.9085, F.S.; conforming cross-references; amending s. 397.305, F.S.; revising the purposes of ch. 397, F.S.; amending s. 397.311, F.S.; revising the definition of the terms "impaired" and "substance abuse impaired"; defining the terms "involuntary treatment services," "neglect or refuse to care for himself or herself," and "real and present

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threat of substantial harm"; amending s. 397.321, F.S.; deleting a provision requiring the Department of Children and Families to develop a certification process for community substance abuse prevention coalitions; amending s. 397.416, F.S.; conforming a cross-reference; amending s. 397.501, F.S.; requiring that respondents with serious substance abuse addictions be informed of the essential elements of recovery and provided assistance with accessing a continuum of care regimen; authorizing the department to adopt certain rules; amending s. 397.675, F.S.; revising the criteria for involuntary admissions; amending s. 397.6751, F.S.; revising the responsibilities of a service provider; amending s. 397.681, F.S.; requiring that the state attorney represent the state as the real party of interest in an involuntary proceeding, subject to legislative appropriation; authorizing the state attorney to access certain persons and records; conforming provisions to changes made by the act; repealing s. 397.6811, F.S., relating to involuntary assessment and stabilization; repealing s. 397.6814, F.S., relating to petitions for involuntary assessment and stabilization; repealing s. 397.6815, F.S., relating to involuntary assessment and stabilization procedures; repealing s. 397.6818, F.S., relating to court determinations for petitions for involuntary assessment and stabilization; repealing s. 397.6819, F.S., relating to the responsibilities of licensed

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service providers with regard to involuntary assessment and stabilization; repealing s. 397.6821, F.S., relating to extensions of time for completion of involuntary assessment and stabilization; repealing s. 397.6822, F.S., relating to the disposition of individuals after involuntary assessments; amending s. 397.693, F.S.; revising the circumstances under which a person is eligible for court-ordered involuntary treatment; amending s. 397.695, F.S.; authorizing the court or clerk of the court to waive or prohibit any service of process fees for an indigent petitioner; amending s. 397.6951, F.S.; revising the requirements for the contents of a petition for involuntary treatment services; providing that a petitioner may include a certificate or report of a qualified professional with the petition; requiring the certificate or report to contain certain information; requiring that certain additional information must be included if an emergency exists; amending s. 397.6955, F.S.; requiring the clerk of the court to notify the state attorney's office upon the receipt of a petition filed for involuntary treatment services; revising when a hearing must be held on the petition; providing requirements for when a petitioner asserts that emergency circumstances exist or the court determines that an emergency exists; amending s. 397.6957, F.S.; expanding the exemption from the requirement that a respondent be present at a hearing on a petition for involuntary treatment services; authorizing the court


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to order drug tests and permit all witnesses to remotely attend and testify at the hearing through certain means; deleting a provision requiring the court to appoint a guardian advocate under certain circumstances; prohibiting a respondent from being involuntarily ordered into treatment unless certain requirements are met; providing requirements relating to involuntary assessment and stabilization orders; providing requirements relating to involuntary treatment hearings; requiring that the assessment of a respondent occur before a specified time unless certain requirements are met; requiring the service provider to discharge the respondent after a specified time unless certain requirements are met; requiring a qualified professional to provide copies of his or her report to the court and all relevant parties and counsel; providing requirements for the report; authorizing certain entities to take specified actions based upon the involuntary assessment; authorizing a court to order certain persons to take a respondent into custody and transport him or her to or from certain service providers and the court; revising the petitioner’s burden of proof in the hearing; authorizing the court to initiate involuntary proceedings under certain circumstances; requiring that, if a treatment order is issued, it must include certain findings; amending s. 397.697, F.S.; requiring that an individual meet certain requirements to qualify for involuntary outpatient treatment;


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specifying that certain hearings may be set by the motion of a party or under the court's own authority; specifying that a service provider's authority is separate and distinct from the court's jurisdiction; amending s. 397.6971, F.S.; conforming provisions to changes made by the act; amending s. 397.6975, F.S.; authorizing certain entities to file a petition for renewal of involuntary treatment; revising the timeframe during which the court is required to schedule a hearing; conforming provisions to changes made by the act; amending s. 397.6977, F.S.; conforming provisions to changes made by the act; repealing s. 397.6978, F.S., relating to the appointment of guardian advocates; amending s. 397.99, F.S.; revising administration requirements for the school substance abuse prevention partnership grant program; revising application procedures and funding requirements for the program; revising requirements relating to the review of grant applications; amending s. 916.111, F.S.; requiring the department to provide refresher training for specified mental health professionals; providing requirements for such training; amending s. 916.115, F.S.; revising requirements for the appointment of experts to evaluate certain defendants; requiring appointed experts to complete specified training; amending ss. 409.972, 464.012, 744.2007, and 790.065, F.S.; conforming cross-references; providing an effective date.