

By the Committee on Children, Families, and Elder Affairs; and
Senator Montford

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1 A bill to be entitled
2 An act relating to substance abuse and mental health;
3 amending s. 394.455, F.S.; revising the definition of
4 "mental illness"; defining the terms "neglect or
5 refuse to care for himself or herself" and "real and
6 present threat of substantial harm"; conforming a
7 cross-reference; amending s. 394.459, F.S.; requiring
8 that respondents with a serious mental illness be
9 informed of the essential elements of recovery and be
10 provided assistance with accessing a continuum of care
11 regimen; authorizing the Department of Children and
12 Families to adopt certain rules; amending s. 394.4598,
13 F.S.; conforming a cross-reference; amending s.
14 394.4599, F.S.; conforming provisions to changes made
15 by the act; amending s. 394.461, F.S.; authorizing the
16 state to establish that a transfer evaluation was
17 performed by providing the court with a copy of the
18 evaluation before the close of the state's case in
19 chief; prohibiting the court from considering
20 substantive information in the transfer evaluation
21 unless the evaluator testifies at the hearing;
22 amending s. 394.4615, F.S.; conforming provisions to
23 changes made by the act; amending s. 394.462, F.S.;
24 conforming cross-references; amending s. 394.4625,
25 F.S.; providing requirements relating to the
26 voluntariness of admissions to a facility for
27 examination and treatment; providing requirements for
28 verifying the assent of a minor admitted to a
29 facility; requiring the appointment of a public

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30 defender to review the voluntariness of a minor's
31 admission to a facility; requiring the filing of a
32 petition for involuntary placement or release of a
33 minor to his or her parent or legal guardian under
34 certain circumstances; conforming provisions to
35 changes made by the act; amending s. 394.463, F.S.;
36 revising the requirements for when a person may be
37 taken to a receiving facility for involuntary
38 examination; requiring a facility to inform the
39 department of certain persons who have been examined
40 or committed under certain circumstances; conforming
41 provisions to changes made by the act; providing
42 criminal and civil penalties; amending s. 394.4655,
43 F.S.; revising the requirements for involuntary
44 outpatient treatment; amending s. 394.467, F.S.;
45 revising the requirements for when a person may be
46 ordered for involuntary inpatient placement; revising
47 requirements for continuances of hearings; revising
48 the conditions under which a court may waive the
49 requirement for a patient to be present at an
50 involuntary inpatient placement hearing; authorizing
51 the court to permit all witnesses to remotely attend
52 and testify at the hearing through certain means;
53 authorizing the state attorney to access certain
54 persons and records for certain purposes; specifying
55 such records remain confidential; revising when the
56 court may appoint a magistrate; revising the amount of
57 time a court may require a patient to receive
58 services; providing an exception to the prohibition on

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59 a court ordering certain individuals to be
60 involuntarily placed in a state treatment facility;
61 conforming a cross-reference; amending s. 394.495,
62 F.S.; revising the counties that a community action
63 treatment team must serve; conforming cross-
64 references; amending s. 394.496, F.S.; conforming
65 cross-references; amending s. 394.499, F.S.; making
66 technical and conforming changes; amending s. 394.656,
67 F.S.; renaming the Criminal Justice, Mental Health,
68 and Substance Abuse Statewide Grant Review Committee
69 as the Criminal Justice, Mental Health, and Substance
70 Abuse Statewide Grant Advisory Committee; revising
71 membership of the committee; revising the committee's
72 duties and requirements; revising the entities that
73 may apply for certain grants; revising the eligibility
74 requirements for the grants; revising the selection
75 process for grant recipients; amending s. 394.657,
76 F.S.; conforming provisions to changes made by the
77 act; amending s. 394.658, F.S.; revising requirements
78 of the Criminal Justice, Mental Health, and Substance
79 Abuse Reinvestment Grant Program; amending s. 394.674,
80 F.S.; revising eligibility requirements for certain
81 substance abuse and mental health services; providing
82 priority for specified individuals; amending s.
83 394.908, F.S.; revising the definition of the term
84 "individuals in need"; revising requirements for
85 substance abuse and mental health funding equity;
86 amending s. 394.9085, F.S.; conforming cross-
87 references; amending s. 397.305, F.S.; revising the

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88 purposes of ch. 397, F.S.; amending s. 397.311, F.S.;

89 revising the definition of the terms "impaired" and

90 "substance abuse impaired"; defining the terms

91 "involuntary treatment services," "neglect or refuse

92 to care for himself or herself," and "real and present

93 threat of substantial harm"; amending s. 397.321,

94 F.S.; deleting a provision requiring the Department of

95 Children and Families to develop a certification

96 process for community substance abuse prevention

97 coalitions; amending s. 397.416, F.S.; conforming a

98 cross-reference; amending s. 397.501, F.S.; requiring

99 that respondents with serious substance abuse

100 addictions be informed of the essential elements of

101 recovery and provided assistance with accessing a

102 continuum of care regimen; authorizing the department

103 to adopt certain rules; amending s. 397.675, F.S.;

104 revising the criteria for involuntary admissions;

105 amending s. 397.6751, F.S.; revising the

106 responsibilities of a service provider; amending s.

107 397.681, F.S.; requiring that the state attorney

108 represent the state as the real party of interest in

109 an involuntary proceeding, subject to legislative

110 appropriation; authorizing the state attorney to

111 access certain persons and records; conforming

112 provisions to changes made by the act; repealing s.

113 397.6811, F.S., relating to involuntary assessment and

114 stabilization; repealing s. 397.6814, F.S., relating

115 to petitions for involuntary assessment and

116 stabilization; repealing s. 397.6815, F.S., relating

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117 to involuntary assessment and stabilization
118 procedures; repealing s. 397.6818, F.S., relating to
119 court determinations for petitions for involuntary
120 assessment and stabilization; repealing s. 397.6819,
121 F.S., relating to the responsibilities of licensed
122 service providers with regard to involuntary
123 assessment and stabilization; repealing s. 397.6821,
124 F.S., relating to extensions of time for completion of
125 involuntary assessment and stabilization; repealing s.
126 397.6822, F.S., relating to the disposition of
127 individuals after involuntary assessments; amending s.
128 397.693, F.S.; revising the circumstances under which
129 a person is eligible for court-ordered involuntary
130 treatment; amending s. 397.695, F.S.; authorizing the
131 court or clerk of the court to waive or prohibit any
132 service of process fees for an indigent petitioner;
133 amending s. 397.6951, F.S.; revising the requirements
134 for the contents of a petition for involuntary
135 treatment services; providing that a petitioner may
136 include a certificate or report of a qualified
137 professional with the petition; requiring the
138 certificate or report to contain certain information;
139 requiring that certain additional information must be
140 included if an emergency exists; amending s. 397.6955,
141 F.S.; requiring the clerk of the court to notify the
142 state attorney's office upon the receipt of a petition
143 filed for involuntary treatment services; revising
144 when a hearing must be held on the petition; providing
145 requirements for when a petitioner asserts that

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146 emergency circumstances exist or the court determines
147 that an emergency exists; amending s. 397.6957, F.S.;
148 expanding the exemption from the requirement that a
149 respondent be present at a hearing on a petition for
150 involuntary treatment services; authorizing the court
151 to order drug tests and permit all witnesses to
152 remotely attend and testify at the hearing through
153 certain means; deleting a provision requiring the
154 court to appoint a guardian advocate under certain
155 circumstances; prohibiting a respondent from being
156 involuntarily ordered into treatment unless certain
157 requirements are met; providing requirements relating
158 to involuntary assessment and stabilization orders;
159 providing requirements relating to involuntary
160 treatment hearings; requiring that the assessment of a
161 respondent occur before a specified time unless
162 certain requirements are met; requiring the service
163 provider to discharge the respondent after a specified
164 time unless certain requirements are met; requiring a
165 qualified professional to provide copies of his or her
166 report to the court and all relevant parties and
167 counsel; providing requirements for the report;
168 authorizing certain entities to take specified actions
169 based upon the involuntary assessment; authorizing a
170 court to order certain persons to take a respondent
171 into custody and transport him or her to or from
172 certain service providers and the court; revising the
173 petitioner's burden of proof in the hearing;
174 authorizing the court to initiate involuntary

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175 proceedings under certain circumstances; requiring
176 that, if a treatment order is issued, it must include
177 certain findings; amending s. 397.697, F.S.; requiring
178 that an individual meet certain requirements to
179 qualify for involuntary outpatient treatment;
180 specifying that certain hearings may be set by the
181 motion of a party or under the court's own authority;
182 specifying that a service provider's authority is
183 separate and distinct from the court's jurisdiction;
184 amending s. 397.6971, F.S.; conforming provisions to
185 changes made by the act; amending s. 397.6975, F.S.;
186 authorizing certain entities to file a petition for
187 renewal of involuntary treatment; revising the
188 timeframe during which the court is required to
189 schedule a hearing; conforming provisions to changes
190 made by the act; amending s. 397.6977, F.S.;
191 conforming provisions to changes made by the act;
192 repealing s. 397.6978, F.S., relating to the
193 appointment of guardian advocates; amending s. 397.99,
194 F.S.; revising administration requirements for the
195 school substance abuse prevention partnership grant
196 program; revising application procedures and funding
197 requirements for the program; revising requirements
198 relating to the review of grant applications; amending
199 s. 916.111, F.S.; requiring the department to provide
200 refresher training for specified mental health
201 professionals; providing requirements for such
202 training; amending s. 916.115, F.S.; revising
203 requirements for the appointment of experts to

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204 evaluate certain defendants; requiring appointed
 205 experts to complete specified training; amending ss.
 206 409.972, 464.012, 744.2007, and 790.065, F.S.;
 207 conforming cross-references; providing an effective
 208 date.

209

210 Be It Enacted by the Legislature of the State of Florida:

211

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

218 394.455 Definitions.—As used in this part, the term:

219 (22) "Involuntary examination" means an examination
 220 performed under s. 394.463, s. 397.6772, s. 397.679, s.
 221 397.6798, or s. 397.6957 ~~s. 397.6811~~ to determine whether a
 222 person qualifies for involuntary services.

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

232 (31) "Neglect or refuse to care for himself or herself"

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233 includes, but is not limited to, evidence that a person:

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

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

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

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

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

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

251 394.459 Rights of patients.—

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

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

260 394.4598 Guardian advocate.—

261 (1) The administrator may petition the court for the

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262 appointment of a guardian advocate based upon the opinion of a
263 psychiatrist that the patient is incompetent to consent to
264 treatment. If the court finds that a patient is incompetent to
265 consent to treatment and has not been adjudicated incapacitated
266 and a guardian with the authority to consent to mental health
267 treatment appointed, it shall appoint a guardian advocate. The
268 patient has the right to have an attorney represent him or her
269 at the hearing. If the person is indigent, the court shall
270 appoint the office of the public defender to represent him or
271 her at the hearing. The patient has the right to testify, cross-
272 examine witnesses, and present witnesses. The proceeding shall
273 be recorded either electronically or stenographically, and
274 testimony shall be provided under oath. One of the professionals
275 authorized to give an opinion in support of a petition for
276 involuntary placement, as described in ~~s. 394.4655~~ or s.
277 394.467, must testify. A guardian advocate must meet the
278 qualifications of a guardian contained in part IV of chapter
279 744, except that a professional referred to in this part, an
280 employee of the facility providing direct services to the
281 patient under this part, a departmental employee, a facility
282 administrator, or member of the Florida local advocacy council
283 may ~~shall~~ not be appointed. A person who is appointed as a
284 guardian advocate must agree to the appointment.

285 Section 4. Paragraph (d) of subsection (2) of section
286 394.4599, Florida Statutes, is amended to read:

287 394.4599 Notice.—

288 (2) INVOLUNTARY ADMISSION.—

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

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291 the following:

292 1. Notice that the petition for:

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

296 b. Involuntary outpatient services pursuant to s. 394.4655
297 has been filed with the criminal county court, ~~as defined in s.~~
298 ~~394.4655(1)~~, or the circuit court, as applicable, in the county
299 in which the individual is hospitalized and the address of such
300 court.

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

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

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

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

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

317 394.461 Designation of receiving and treatment facilities
318 and receiving systems.—The department is authorized to designate
319 and monitor receiving facilities, treatment facilities, and

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320 receiving systems and may suspend or withdraw such designation
321 for failure to comply with this part and rules adopted under
322 this part. Unless designated by the department, facilities are
323 not permitted to hold or treat involuntary patients under this
324 part.

325 (2) TREATMENT FACILITY.—The department may designate any
326 state-owned, state-operated, or state-supported facility as a
327 state treatment facility. A civil patient must ~~shall~~ not be
328 admitted to a state treatment facility without previously
329 undergoing a transfer evaluation. Before the close of the
330 state's case in chief in a court hearing for involuntary
331 placement in a state treatment facility, the state may establish
332 that the transfer evaluation was performed and the document
333 properly executed by providing the court with a copy of the
334 transfer evaluation. The court may not ~~shall receive and~~
335 consider the substantive information ~~documented~~ in the transfer
336 evaluation unless the evaluator testifies at the hearing. Any
337 other facility, including a private facility or a federal
338 facility, may be designated as a treatment facility by the
339 department, provided that such designation is agreed to by the
340 appropriate governing body or authority of the facility.

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

343 394.4615 Clinical records; confidentiality.—

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

346 (a) When a patient has communicated to a service provider a
347 specific threat to cause serious bodily injury or death to an
348 identified or a readily available person, if the service

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349 provider reasonably believes, or should reasonably believe
350 according to the standards of his or her profession, that the
351 patient has the apparent intent and ability to imminently or
352 immediately carry out such threat. When such communication has
353 been made, the administrator may authorize the release of
354 sufficient information to provide adequate warning to the person
355 threatened with harm by the patient.

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

363

364 For the purpose of determining whether a person meets the
365 criteria for involuntary outpatient placement ~~or for preparing~~
366 ~~the proposed treatment plan~~ pursuant to s. 394.4655, the
367 clinical record may be released to the state attorney, the
368 public defender or the patient's private legal counsel, the
369 court, and to the appropriate mental health professionals,
370 ~~including the service provider identified in s.~~

371 ~~394.4655(7)(b)2.,~~ in accordance with state and federal law.

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

374 394.462 Transportation.—A transportation plan shall be
375 developed and implemented by each county in collaboration with
376 the managing entity in accordance with this section. A county
377 may enter into a memorandum of understanding with the governing

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378 boards of nearby counties to establish a shared transportation
379 plan. When multiple counties enter into a memorandum of
380 understanding for this purpose, the counties shall notify the
381 managing entity and provide it with a copy of the agreement. The
382 transportation plan shall describe methods of transport to a
383 facility within the designated receiving system for individuals
384 subject to involuntary examination under s. 394.463 or
385 involuntary admission under s. 397.6772, s. 397.679, s.
386 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify
387 responsibility for other transportation to a participating
388 facility when necessary and agreed to by the facility. The plan
389 may rely on emergency medical transport services or private
390 transport companies, as appropriate. The plan shall comply with
391 the transportation provisions of this section and ss. 397.6772,
392 397.6795, ~~397.6822~~, and 397.697.

393 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

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

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

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

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407 of the county; and

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

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

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

419 b. From the person receiving the transportation.

420 c. From a financial settlement for medical care, treatment,
421 hospitalization, or transportation payable or accruing to the
422 injured party.

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

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

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

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436 (f) When a member of a mental health overlay program or a
437 mobile crisis response service is a professional authorized to
438 initiate an involuntary examination pursuant to s. 394.463 or s.
439 397.675 and that professional evaluates a person and determines
440 that transportation to a receiving facility is needed, the
441 service, at its discretion, may transport the person to the
442 facility or may call on the law enforcement agency or other
443 transportation arrangement best suited to the needs of the
444 patient.

445 (g) When any law enforcement officer has custody of a
446 person based on either noncriminal or minor criminal behavior
447 that meets the statutory guidelines for involuntary examination
448 pursuant to s. 394.463, the law enforcement officer shall
449 transport the person to the appropriate facility within the
450 designated receiving system pursuant to a transportation plan.
451 Persons who meet the statutory guidelines for involuntary
452 admission pursuant to s. 397.675 may also be transported by law
453 enforcement officers to the extent resources are available and
454 as otherwise provided by law. Such persons shall be transported
455 to an appropriate facility within the designated receiving
456 system pursuant to a transportation plan.

457 (h) When any law enforcement officer has arrested a person
458 for a felony and it appears that the person meets the statutory
459 guidelines for involuntary examination or placement under this
460 part, such person must first be processed in the same manner as
461 any other criminal suspect. The law enforcement agency shall
462 thereafter immediately notify the appropriate facility within
463 the designated receiving system pursuant to a transportation
464 plan. The receiving facility shall be responsible for promptly

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465 arranging for the examination and treatment of the person. A
466 receiving facility is not required to admit a person charged
467 with a crime for whom the facility determines and documents that
468 it is unable to provide adequate security, but shall provide
469 examination and treatment to the person where he or she is held.

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

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

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

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

493 (m) Each law enforcement agency designated pursuant to

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

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

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

510 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

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

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

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523 patients.

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

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

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

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

540 394.4625 Voluntary admissions.—

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

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

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

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

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

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

561 c. In verifying the minor's assent, the examining
562 professional must first provide the minor with an explanation as
563 to why the minor will be examined and treated, what the minor
564 can expect while in the facility, and when the minor may expect
565 to be released, using language that is appropriate to the
566 minor's age, experience, maturity, and condition. The examining
567 professional must determine and document that the minor is able
568 to understand this information.

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

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

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

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581 assent.

582 g. Unless the minor's assent is verified pursuant to this
583 subparagraph, a petition for involuntary placement must be filed
584 with the court or the minor must be released to his or her
585 parent or legal guardian within 24 hours after arriving at the
586 facility ~~A facility may receive for observation, diagnosis, or~~
587 ~~treatment any person 18 years of age or older making application~~
588 ~~by express and informed consent for admission or any person age~~
589 ~~17 or under for whom such application is made by his or her~~
590 ~~guardian. If found to show evidence of mental illness, to be~~
591 ~~competent to provide express and informed consent, and to be~~
592 ~~suitable for treatment, such person 18 years of age or older may~~
593 ~~be admitted to the facility. A person age 17 or under may be~~
594 ~~admitted only after a hearing to verify the voluntariness of the~~
595 ~~consent.~~

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

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

609 2. A person 60 years of age or older for whom transfer is

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610 being sought from a nursing home pursuant to s. 400.0255(12).

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

614 (c) When an initial assessment of the ability of a person
615 to give express and informed consent to treatment is required
616 under this section, and a mobile crisis response service does
617 not respond to the request for an assessment within 2 hours
618 after the request is made or informs the requesting facility
619 that it will not be able to respond within 2 hours after the
620 request is made, the requesting facility may arrange for
621 assessment by any licensed professional authorized to initiate
622 an involuntary examination pursuant to s. 394.463 who is not
623 employed by or under contract with, and does not have a
624 financial interest in, either the facility initiating the
625 transfer or the receiving facility to which the transfer may be
626 made.

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

635 (e) The health care surrogate or proxy of a voluntary
636 patient may not consent to the provision of mental health
637 treatment for the patient. A voluntary patient who is unwilling
638 or unable to provide express and informed consent to mental

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639 health treatment must either be discharged or transferred to
640 involuntary status.

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

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

651 394.463 Involuntary examination.—

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

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

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

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

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

675 (2) INVOLUNTARY EXAMINATION.—

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

678 1. A circuit or county court may enter an ex parte order
679 stating that a person appears to meet the criteria for
680 involuntary examination and specifying the findings on which
681 that conclusion is based. The ex parte order for involuntary
682 examination must be based on written or oral sworn testimony
683 that includes specific facts that support the findings. If other
684 less restrictive means are not available, such as voluntary
685 appearance for outpatient evaluation, a law enforcement officer,
686 or other designated agent of the court, shall take the person
687 into custody and deliver him or her to an appropriate, or the
688 nearest, facility within the designated receiving system
689 pursuant to s. 394.462 for involuntary examination. The order of
690 the court shall be made a part of the patient's clinical record.
691 A fee may not be charged for the filing of an order under this
692 subsection. A facility accepting the patient based on this order
693 must send a copy of the order to the department within 5 working
694 days. The order may be submitted electronically through existing
695 data systems, if available. The order shall be valid only until
696 the person is delivered to the facility or for the period

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697 specified in the order itself, whichever comes first. If no time
698 limit is specified in the order, the order shall be valid for 7
699 days after the date that the order was signed.

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

710 3. A physician, clinical psychologist, psychiatric nurse,
711 mental health counselor, marriage and family therapist, or
712 clinical social worker may execute a certificate stating that he
713 or she has examined a person within the preceding 48 hours and
714 finds that the person appears to meet the criteria for
715 involuntary examination and stating the observations upon which
716 that conclusion is based. If other less restrictive means, such
717 as voluntary appearance for outpatient evaluation, are not
718 available, a law enforcement officer shall take into custody the
719 person named in the certificate and deliver him or her to the
720 appropriate, or nearest, facility within the designated
721 receiving system pursuant to s. 394.462 for involuntary
722 examination. The law enforcement officer shall execute a written
723 report detailing the circumstances under which the person was
724 taken into custody. The report and certificate shall be made a
725 part of the patient's clinical record. Any facility accepting

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726 the patient based on this certificate must send a copy of the
727 certificate to the department within 5 working days. The
728 document may be submitted electronically through existing data
729 systems, if applicable.

730

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

736 (g) The examination period must be for up to 72 hours. For
737 a minor, the examination shall be initiated within 12 hours
738 after the patient's arrival at the facility. The facility must
739 inform the department of any person who has been examined or
740 committed three or more times under this chapter within a 12-

741 month period. Within the examination period or, if the
742 examination period ends on a weekend or holiday, no later than
743 the next working day thereafter, one of the following actions
744 must be taken, based on the individual needs of the patient:

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

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

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

754 4. A petition for involuntary services shall be filed in

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

765 (h) A person for whom an involuntary examination has been
766 initiated who is being evaluated or treated at a hospital for an
767 emergency medical condition specified in s. 395.002 must be
768 examined by a facility within the examination period specified
769 in paragraph (g). The examination period begins when the patient
770 arrives at the hospital and ceases when the attending physician
771 documents that the patient has an emergency medical condition.
772 If the patient is examined at a hospital providing emergency
773 medical services by a professional qualified to perform an
774 involuntary examination and is found as a result of that
775 examination not to meet the criteria for involuntary outpatient
776 services pursuant to s. 394.4655 ~~s. 394.4655(2)~~ or involuntary
777 inpatient placement pursuant to s. 394.467(1), the patient may
778 be offered voluntary services or placement, if appropriate, or
779 released directly from the hospital providing emergency medical
780 services. The finding by the professional that the patient has
781 been examined and does not meet the criteria for involuntary
782 inpatient services or involuntary outpatient placement must be
783 entered into the patient's clinical record. This paragraph is

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784 not intended to prevent a hospital providing emergency medical
785 services from appropriately transferring a patient to another
786 hospital before stabilization if the requirements of s.
787 395.1041(3)(c) have been met.

788 (5) UNLAWFUL ACTIVITIES RELATING TO EXAMINATION AND
789 TREATMENT; PENALTIES.-

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

794 (b) Causing or otherwise securing, conspiring with or
795 assisting another to cause or secure, without reason for
796 believing a person to be impaired, any emergency or other
797 involuntary procedure for the person is a misdemeanor of the
798 first degree, punishable as provided in s. 775.082 and by a fine
799 not exceeding \$5,000.

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

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

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

808 394.4655 Involuntary outpatient services.-

809 (1)(a) The court may order a respondent into outpatient
810 treatment for up to 6 months if, during a hearing under s.
811 394.467, it is established that the respondent meets involuntary
812 placement criteria and:

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813 1. Has been jailed or incarcerated, has been involuntarily
814 admitted to a receiving or treatment facility as defined in s.
815 394.455, or has received mental health services in a forensic or
816 correctional facility at least twice during the last 36 months;

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

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

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

823 b. Can follow a prescribed treatment plan.

824 (b) For the duration of his or her treatment, the
825 respondent must be supported by a social worker or case manager
826 of the outpatient provider, or a willing, able, and responsible
827 individual appointed by the court who must inform the court,
828 state attorney, and public defender of any failure by the
829 respondent to comply with his or her outpatient program.

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

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

841 Section 11. Subsections (1) and (5) and paragraphs (a),

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842 (b), and (c) of subsection (6) of section 394.467, Florida
843 Statutes, are amended to read:

844 394.467 Involuntary inpatient placement.—

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

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

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

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

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

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

869 (b) All available less restrictive treatment alternatives
870 that would offer an opportunity for improvement of his or her

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871 condition have been judged to be inappropriate.

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

883 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

884 (a)1. The court shall hold the hearing on involuntary
885 inpatient placement within 5 court working days, unless a
886 continuance is granted.

887 2. Except for good cause documented in the court file, the
888 hearing must be held in the county or the facility, as
889 appropriate, where the patient is located, must be as convenient
890 to the patient as is consistent with orderly procedure, and
891 shall be conducted in physical settings not likely to be
892 injurious to the patient's condition. If the court finds that
893 the patient's attendance at the hearing is not consistent with
894 the best interests of, or is likely to be injurious to, the
895 patient, or the patient knowingly, intelligently, and
896 voluntarily waives his or her right to be present, and the
897 patient's counsel does not object, the court may waive the
898 presence of the patient from all or any portion of the hearing.
899 Absent a showing of good cause, such as specific symptoms of the

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900 respondent's condition, the court may permit all witnesses,
901 including, but not limited to, any medical professionals or
902 personnel who are or have been involved with the patient's
903 treatment, to remotely attend and testify at the hearing under
904 oath via the most appropriate and convenient technological
905 method of communication available to the court, including, but
906 not limited to, teleconference. Any witness intending to
907 remotely attend and testify at the hearing must provide the
908 parties with all relevant documents in advance of the hearing.
909 The state attorney for the circuit in which the patient is
910 located shall represent the state, rather than the petitioning
911 facility administrator, as the real party in interest in the
912 proceeding. In order to evaluate and prepare its case before the
913 hearing, the state attorney may access, by subpoena if
914 necessary, the patient, witnesses, and all relevant records.
915 Such records include, but are not limited to, any social media,
916 school records, clinical files, and reports documenting contact
917 the patient may have had with law enforcement officers or other
918 state agencies. However, these records shall remain
919 confidential, and the state attorney may not use any records
920 obtained under this part for criminal investigation or
921 prosecution purposes, or for any purpose other than the
922 patient's civil commitment under this chapter.

923 3. The court may appoint a magistrate to preside at the
924 hearing on the petition and any ancillary proceedings thereto,
925 which include, but are not limited to, writs of habeas corpus
926 issued pursuant to s. 394.459(8). One of the professionals who
927 executed the petition for involuntary inpatient placement
928 certificate shall be a witness. The patient and the patient's

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929 guardian or representative shall be informed by the court of the
930 right to an independent expert examination. If the patient
931 cannot afford such an examination, the court shall ensure that
932 one is provided, as otherwise provided for by law. The
933 independent expert's report is confidential and not
934 discoverable, unless the expert is to be called as a witness for
935 the patient at the hearing. The testimony in the hearing must be
936 given under oath, and the proceedings must be recorded. The
937 patient may refuse to testify at the hearing.

938 (b) If the court concludes that the patient meets the
939 criteria for involuntary inpatient placement, it may order that
940 the patient be transferred to a treatment facility or, if the
941 patient is at a treatment facility, that the patient be retained
942 there or be treated at any other appropriate facility, or that
943 the patient receive services, on an involuntary basis, for up to
944 ~~90 days. However, any order for involuntary mental health~~
945 ~~services in a treatment facility may be for up to 6 months.~~ The
946 order shall specify the nature and extent of the patient's
947 mental illness and, unless the patient has transferred to a
948 voluntary status, the facility must discharge the patient at any
949 time he or she no longer meets the criteria for involuntary
950 inpatient treatment. The court may not order an individual with
951 a developmental disability as defined in s. 393.063, traumatic
952 brain injury, or dementia who lacks a co-occurring mental
953 illness to be involuntarily placed in a state treatment
954 facility. Such individuals must be referred to the Agency for
955 Persons with Disabilities or the Department of Elderly Affairs
956 for further evaluation and the provision of appropriate services
957 for their individual needs. In addition, if it reasonably

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958 appears that the individual would be found incapacitated under
959 chapter 744 and the individual does not already have a legal
960 guardian, the facility must inform any known next of kin and
961 initiate guardianship proceedings. The facility may hold the
962 individual until the petition to appoint a guardian is heard by
963 the court and placement is secured. ~~The facility shall discharge~~
964 ~~a patient any time the patient no longer meets the criteria for~~
965 ~~involuntary inpatient placement, unless the patient has~~
966 ~~transferred to voluntary status.~~

967 (c) If at any time before the conclusion of the involuntary
968 placement hearing ~~on involuntary inpatient placement~~ it appears
969 to the court that the person does not meet the criteria of ~~for~~
970 ~~involuntary inpatient placement~~ under this section, but instead
971 meets the criteria for involuntary ~~outpatient services,~~ the
972 court ~~may order the person evaluated for involuntary outpatient~~
973 ~~services pursuant to s. 394.4655. The petition and hearing~~
974 ~~procedures set forth in s. 394.4655 shall apply. If the person~~
975 ~~instead meets the criteria for involuntary assessment,~~
976 ~~protective custody, or involuntary admission or treatment~~
977 pursuant to s. 397.675, ~~then~~ the court may order the person to
978 be admitted for involuntary assessment ~~for a period of 5 days~~
979 pursuant to s. 397.6957 ~~s. 397.6811~~. Thereafter, all proceedings
980 are governed by chapter 397.

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

983 394.495 Child and adolescent mental health system of care;
984 programs and services.—

985 (3) Assessments must be performed by:

986 (a) A clinical psychologist, clinical social worker,

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987 physician, psychiatric nurse, or psychiatrist as those terms are
 988 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~
 989 ~~(7), (32), (35), or (36);~~

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

991 (c) A person who is under the direct supervision of a
 992 clinical psychologist, clinical social worker, physician,
 993 psychiatric nurse, or psychiatrist as those terms are defined in
 994 s. 394.455 ~~qualified professional as defined in s. 394.455(5),~~
 995 ~~(7), (32), (35), or (36)~~ or a professional licensed under
 996 chapter 491.

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

1000 (e)1. Subject to appropriations and at a minimum,
 1001 individually serve each of the following counties or regions:

1002 a. Alachua.

1003 b. Alachua, Columbia, Dixie, Hamilton, Lafayette, and
 1004 Suwannee.

1005 c. Bay.

1006 d. Brevard.

1007 e. Charlotte.

1008 ~~f.e.~~ Collier.

1009 ~~g.f.~~ DeSoto and Sarasota.

1010 ~~h.g.~~ Duval.

1011 ~~i.h.~~ Escambia.

1012 ~~j.i.~~ Hardee, Highlands, and Polk.

1013 ~~k.j.~~ Hillsborough.

1014 ~~l.k.~~ Indian River, Martin, Okeechobee, and St. Lucie.

1015 ~~m.l.~~ Lake and Sumter.

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1016 n.m. Lee.1017 o. Leon.1018 p.n. Manatee.1019 q.e. Marion.1020 r.p. Miami-Dade.1021 s.e. Okaloosa.1022 t.f. Orange.1023 u.s. Palm Beach.1024 v.t. Pasco.1025 w.u. Pinellas.1026 x.v. Walton.

1027 2. Subject to appropriations, the department shall contract
 1028 for additional teams through the managing entities to ensure the
 1029 availability of community action treatment team services in the
 1030 remaining areas of the state.

1031 Section 13. Subsection (5) of section 394.496, Florida
 1032 Statutes, is amended to read:

1033 394.496 Service planning.—

1034 (5) A clinical psychologist, clinical social worker,
 1035 physician, psychiatric nurse, or psychiatrist as those terms are
 1036 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~
 1037 ~~(7), (32), (35), or (36)~~ or a professional licensed under
 1038 chapter 491 must be included among those persons developing the
 1039 services plan.

1040 Section 14. Paragraph (a) of subsection (2) of section
 1041 394.499, Florida Statutes, is amended to read:

1042 394.499 Integrated children's crisis stabilization
 1043 unit/juvenile addictions receiving facility services.—

1044 (2) Children eligible to receive integrated children's

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1045 crisis stabilization unit/juvenile addictions receiving facility
1046 services include:

1047 (a) A person under 18 years of age for whom voluntary
1048 application is made by his or her parent or legal guardian, if
1049 such person is found to show evidence of mental illness and to
1050 be suitable for treatment pursuant to s. 394.4625. A person
1051 under 18 years of age may be admitted for integrated facility
1052 services only after a hearing to verify that the consent to
1053 admission is voluntary is conducted pursuant to s. 394.4625.

1054 Section 15. Section 394.656, Florida Statutes, is amended
1055 to read:

1056 394.656 Criminal Justice, Mental Health, and Substance
1057 Abuse Reinvestment Grant Program.—

1058 (1) There is created within the Department of Children and
1059 Families the Criminal Justice, Mental Health, and Substance
1060 Abuse Reinvestment Grant Program. The purpose of the program is
1061 to provide funding to counties which they may use to plan,
1062 implement, or expand initiatives that increase public safety,
1063 avert increased spending on criminal justice, and improve the
1064 accessibility and effectiveness of treatment services for adults
1065 and juveniles who have a mental illness, substance use ~~abuse~~
1066 disorder, or co-occurring mental health and substance use ~~abuse~~
1067 disorders and who are in, or at risk of entering, the criminal
1068 or juvenile justice systems.

1069 (2) The department shall establish a Criminal Justice,
1070 Mental Health, and Substance Abuse Statewide Grant Advisory
1071 ~~Review~~ Committee. The membership of the committee must reflect
1072 the ethnic and gender diversity of the state and shall include:

1073 (a) One representative of the Department of Children and

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- 1074 Families.†
- 1075 (b) One representative of the Department of Corrections.†
- 1076 (c) One representative of the Department of Juvenile
- 1077 Justice.†
- 1078 (d) One representative of the Department of Elderly
- 1079 Affairs.†
- 1080 (e) One representative of the Office of the State Courts
- 1081 Administrator.†
- 1082 (f) One representative of the Department of Veterans'
- 1083 Affairs.†
- 1084 (g) One representative of the Florida Sheriffs
- 1085 Association.†
- 1086 (h) One representative of the Florida Police Chiefs
- 1087 Association.†
- 1088 (i) One representative of the Florida Association of
- 1089 Counties.†
- 1090 (j) One representative of the Florida Behavioral Health
- 1091 ~~Alcohol and Drug Abuse~~ Association.†
- 1092 (k) One representative of the Florida Association of
- 1093 Managing Entities.†
- 1094 ~~(l) One representative of the Florida Council for Community~~
- 1095 ~~Mental Health;~~
- 1096 (l) ~~(m)~~ One representative of the National Alliance of
- 1097 Mental Illness.†
- 1098 (m) ~~(n)~~ One representative of the Florida Prosecuting
- 1099 Attorneys Association.†
- 1100 (n) ~~(o)~~ One representative of the Florida Public Defender
- 1101 Association; ~~and~~
- 1102 ~~(p) One administrator of an assisted living facility that~~

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1103 ~~holds a limited mental health license.~~

1104 (3) The committee shall serve as the advisory body to
 1105 review policy and funding issues that help reduce the impact of
 1106 persons with mental illness and substance use ~~abuse~~ disorders on
 1107 communities, criminal justice agencies, and the court system.
 1108 The committee shall advise the department in selecting
 1109 priorities for grants ~~and investing awarded grant moneys.~~

1110 (4) The committee must have experience in substance use and
 1111 mental health disorders, community corrections, and law
 1112 enforcement. ~~To the extent possible, the committee shall have~~
 1113 ~~expertise in grant review and grant application scoring.~~

1114 (5) (a) A county, a consortium of counties, or an ~~a not-for-~~
 1115 ~~profit community provider or managing~~ entity designated by the
 1116 county planning council or committee, as described in s.
 1117 394.657, may apply for a 1-year planning grant or a 3-year
 1118 implementation or expansion grant. The purpose of the grants is
 1119 to demonstrate that investment in treatment efforts related to
 1120 mental illness, substance use ~~abuse~~ disorders, or co-occurring
 1121 mental health and substance use ~~abuse~~ disorders results in a
 1122 reduced demand on the resources of the judicial, corrections,
 1123 juvenile detention, and health and social services systems.

1124 (b) To be eligible to receive a ~~1-year planning grant or a~~
 1125 ~~3-year implementation or expansion~~ grant:

1126 1. An ~~A county~~ applicant must have a planning council or
 1127 committee that is in compliance with the membership requirements
 1128 set forth in this section.

1129 2. A county planning council or committee may designate a
 1130 not-for-profit community provider, ~~a~~ ~~or~~ managing entity as
 1131 defined in s. 394.9082, the county sheriff or his or her

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1132 designee, or a local law enforcement agency to apply on behalf
1133 of the county. The county planning council or committee must
1134 provide ~~must be designated by the county planning council or~~
1135 ~~committee and have written authorization to submit an~~
1136 ~~application. A not-for-profit community provider or managing~~
1137 ~~entity must have~~ written authorization for each designated
1138 entity and each submitted application.

1139 (c) The department may award a 3-year implementation or
1140 expansion grant to an applicant who has not received a 1-year
1141 planning grant.

1142 (d) The department may require an applicant to conduct
1143 sequential intercept mapping for a project. For purposes of this
1144 paragraph, the term "sequential intercept mapping" means a
1145 process for reviewing a local community's mental health,
1146 substance abuse, criminal justice, and related systems and
1147 identifying points of interceptions where interventions may be
1148 made to prevent an individual with a substance use ~~abuse~~
1149 disorder or mental illness from deeper involvement in the
1150 criminal justice system.

1151 (6) The department ~~grant review and selection committee~~
1152 shall select the grant recipients in collaboration with the
1153 Department of Corrections, the Department of Juvenile Justice,
1154 the Department of Elderly Affairs, the Office of the State
1155 Courts Administrator, and the Department of Veterans' Affairs
1156 ~~and notify the department in writing of the recipients' names.~~
1157 Contingent upon the availability of funds ~~and upon notification~~
1158 ~~by the grant review and selection committee of those applicants~~
1159 ~~approved to receive planning, implementation, or expansion~~
1160 ~~grants,~~ the department may transfer funds appropriated for the

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1161 grant program to a selected grant recipient.

1162 Section 16. Subsection (1) of section 394.657, Florida
1163 Statutes, is amended to read:

1164 394.657 County planning councils or committees.—

1165 (1) Each board of county commissioners shall designate the
1166 county public safety coordinating council established under s.
1167 951.26, or designate another criminal or juvenile justice mental
1168 health and substance abuse council or committee, as the planning
1169 council or committee. The public safety coordinating council or
1170 other designated criminal or juvenile justice mental health and
1171 substance abuse council or committee, in coordination with the
1172 county offices of planning and budget, shall make a formal
1173 recommendation to the board of county commissioners regarding
1174 how the Criminal Justice, Mental Health, and Substance Abuse
1175 Reinvestment Grant Program may best be implemented within a
1176 community. The board of county commissioners may assign any
1177 entity to prepare the application on behalf of the county
1178 administration for submission to the Criminal Justice, Mental
1179 Health, and Substance Abuse Statewide Grant Advisory Review
1180 Committee for review. A county may join with one or more
1181 counties to form a consortium and use a regional public safety
1182 coordinating council or another county-designated regional
1183 criminal or juvenile justice mental health and substance abuse
1184 planning council or committee for the geographic area
1185 represented by the member counties.

1186 Section 17. Section 394.658, Florida Statutes, is amended
1187 to read:

1188 394.658 Criminal Justice, Mental Health, and Substance
1189 Abuse Reinvestment Grant Program requirements.—

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1190 (1) ~~The Criminal Justice, Mental Health, and Substance~~
1191 ~~Abuse Statewide Grant Review Committee, in collaboration with~~
1192 ~~the department of Children and Families, in collaboration with~~
1193 ~~the Department of Corrections, the Department of Juvenile~~
1194 ~~Justice, the Department of Elderly Affairs, the Department of~~
1195 ~~Veterans' Affairs, and the Office of the State Courts~~
1196 ~~Administrator, shall establish criteria to be used to review~~
1197 ~~submitted applications and to select a ~~the~~ county that will be~~
1198 ~~awarded a 1-year planning grant or a 3-year implementation or~~
1199 ~~expansion grant. A planning, implementation, or expansion grant~~
1200 ~~may not be awarded unless the application of the county meets~~
1201 ~~the established criteria.~~

1202 (a) The application criteria for a 1-year planning grant
1203 must include a requirement that the applicant ~~county or counties~~
1204 have a strategic plan to initiate systemic change to identify
1205 and treat individuals who have a mental illness, substance use
1206 ~~abuse~~ disorder, or co-occurring mental health and substance use
1207 ~~abuse~~ disorders who are in, or at risk of entering, the criminal
1208 or juvenile justice systems. The 1-year planning grant must be
1209 used to develop effective collaboration efforts among
1210 participants in affected governmental agencies, including the
1211 criminal, juvenile, and civil justice systems, mental health and
1212 substance abuse treatment service providers, transportation
1213 programs, and housing assistance programs. The collaboration
1214 efforts shall be the basis for developing a problem-solving
1215 model and strategic plan for treating individuals ~~adults and~~
1216 ~~juveniles~~ who are in, or at risk of entering, the criminal or
1217 juvenile justice system and doing so at the earliest point of
1218 contact, taking into consideration public safety. The planning

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1219 grant shall include strategies to divert individuals from
1220 judicial commitment to community-based service programs offered
1221 by the department ~~of Children and Families~~ in accordance with
1222 ss. 916.13 and 916.17.

1223 (b) The application criteria for a 3-year implementation or
1224 expansion grant must ~~shall~~ require that the applicant
1225 ~~information from a county that~~ demonstrates its completion of a
1226 well-established collaboration plan that includes public-private
1227 partnership models and the application of evidence-based
1228 practices. The implementation or expansion grants may support
1229 programs and diversion initiatives that include, but need not be
1230 limited to:

- 1231 1. Mental health courts.†
- 1232 2. Diversion programs.†
- 1233 3. Alternative prosecution and sentencing programs.†
- 1234 4. Crisis intervention teams.†
- 1235 5. Treatment accountability services.†
- 1236 6. Specialized training for criminal justice, juvenile
1237 justice, and treatment services professionals.†
- 1238 7. Service delivery of collateral services such as housing,
1239 transitional housing, and supported employment.† ~~and~~
- 1240 8. Reentry services to create or expand mental health and
1241 substance abuse services and supports for affected persons.

1242 (c) Each ~~county~~ application must include the following
1243 information:

- 1244 1. An analysis of the current population of the jail and
1245 juvenile detention center in the county, which includes:
 - 1246 a. The screening and assessment process that the county
1247 uses to identify an adult or juvenile who has a mental illness,

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1248 substance use ~~abuse~~ disorder, or co-occurring mental health and
1249 substance use ~~abuse~~ disorders.†

1250 b. The percentage of each category of individuals ~~persons~~
1251 admitted to the jail and juvenile detention center that
1252 represents people who have a mental illness, substance use ~~abuse~~
1253 disorder, or co-occurring mental health and substance use ~~abuse~~
1254 disorders.† ~~and~~

1255 c. An analysis of observed contributing factors that affect
1256 population trends in the county jail and juvenile detention
1257 center.

1258 2. A description of the strategies the applicant ~~county~~
1259 intends to use to serve one or more clearly defined subsets of
1260 the population of the jail and juvenile detention center who
1261 have a mental illness or to serve those at risk of arrest and
1262 incarceration. The proposed strategies may include identifying
1263 the population designated to receive the new interventions, a
1264 description of the services and supervision methods to be
1265 applied to that population, and the goals and measurable
1266 objectives of the new interventions. An applicant ~~The~~
1267 ~~interventions a county may use with the target population~~ may
1268 use include, but are not limited to, the following
1269 interventions:

1270 a. Specialized responses by law enforcement agencies.†

1271 b. Centralized receiving facilities for individuals
1272 evidencing behavioral difficulties.†

1273 c. Postbooking alternatives to incarceration.†

1274 d. New court programs, including pretrial services and
1275 specialized dockets.†

1276 e. Specialized diversion programs.†

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1277 f. Intensified transition services that are directed to the
 1278 designated populations while they are in jail or juvenile
 1279 detention to facilitate their transition to the community.~~;~~

1280 g. Specialized probation processes.~~;~~

1281 h. Day-reporting centers.~~;~~

1282 i. Linkages to community-based, evidence-based treatment
 1283 programs for adults and juveniles who have mental illness or
 1284 substance use ~~abuse~~ disorders.~~;~~ ~~and~~

1285 j. Community services and programs designed to prevent
 1286 high-risk populations from becoming involved in the criminal or
 1287 juvenile justice system.

1288 3. The projected effect the proposed initiatives will have
 1289 on the population and the budget of the jail and juvenile
 1290 detention center. The information must include:

1291 a. An ~~The county's~~ estimate of how the initiative will
 1292 reduce the expenditures associated with the incarceration of
 1293 adults and the detention of juveniles who have a mental
 1294 illness.~~;~~

1295 b. The methodology that will be used ~~the county intends to~~
 1296 ~~use~~ to measure the defined outcomes and the corresponding
 1297 savings or averted costs.~~;~~

1298 c. An ~~The county's~~ estimate of how the cost savings or
 1299 averted costs will sustain or expand the mental health and
 1300 substance abuse treatment services and supports needed in the
 1301 community.~~;~~ ~~and~~

1302 d. How the ~~county's~~ proposed initiative will reduce the
 1303 number of individuals judicially committed to a state mental
 1304 health treatment facility.

1305 4. The proposed strategies ~~that the county intends to use~~

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1306 to preserve and enhance its community mental health and
1307 substance abuse system, which serves as the local behavioral
1308 health safety net for low-income and uninsured individuals.

1309 5. The proposed strategies ~~that the county intends to use~~
1310 to continue the implemented or expanded programs and initiatives
1311 that have resulted from the grant funding.

1312 (2) (a) As used in this subsection, the term "available
1313 resources" includes in-kind contributions from participating
1314 counties.

1315 (b) A 1-year planning grant may not be awarded unless the
1316 applicant ~~county~~ makes available resources in an amount equal to
1317 the total amount of the grant. A planning grant may not be used
1318 to supplant funding for existing programs. For fiscally
1319 constrained counties, the available resources may be at 50
1320 percent of the total amount of the grant.

1321 (c) A 3-year implementation or expansion grant may not be
1322 awarded unless the applicant ~~county or consortium of counties~~
1323 makes available resources equal to the total amount of the
1324 grant. For fiscally constrained counties, the available
1325 resources may be at 50 percent of the total amount of the grant.
1326 This match shall be used for expansion of services and may not
1327 supplant existing funds for services. An implementation or
1328 expansion grant must support the implementation of new services
1329 or the expansion of services and may not be used to supplant
1330 existing services.

1331 (3) ~~Using the criteria adopted by rule, the county~~
1332 ~~designated or established criminal justice, juvenile justice,~~
1333 ~~mental health, and substance abuse planning council or committee~~
1334 ~~shall prepare the county or counties' application for the 1-year~~

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1335 ~~planning or 3-year implementation or expansion grant.~~ The county
1336 shall submit the completed application to the department
1337 ~~statewide grant review committee.~~

1338 Section 18. Section 394.674, Florida Statutes, is amended
1339 to read:

1340 394.674 Eligibility for publicly funded substance abuse and
1341 mental health services; fee collection requirements.-

1342 (1) To be eligible to receive substance abuse and mental
1343 health services funded by the department, an individual must be
1344 indigent, uninsured, or underinsured and meet at least one of
1345 the following additional criteria ~~a member of at least one of~~
1346 ~~the department's priority populations approved by the~~
1347 ~~Legislature. The priority populations include:~~

1348 (a) For ~~adult~~ mental health services, an individual must
1349 be:

1350 1. An adult who has a serious mental illness, as defined by
1351 the department using criteria that, at a minimum, include
1352 diagnosis, prognosis, functional impairment, and receipt of
1353 disability income for a psychiatric condition.

1354 2. An adult at risk of serious mental illness who:

1355 a. Has a mental illness that is not considered a serious
1356 mental illness, as defined by the department using criteria
1357 that, at a minimum, include diagnosis and functional impairment;

1358 b. Has a condition with a Z-code diagnosis code; or

1359 c. Experiences a severe stressful event and has problems
1360 coping or has symptoms that place the individual at risk of more
1361 restrictive interventions.

1362 3. A child or adolescent at risk of emotional disturbance
1363 as defined in s. 394.492.

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1364 4. A child or adolescent who has an emotional disturbance
1365 as defined in s. 394.492.

1366 5. A child or adolescent who has a serious emotional
1367 disturbance or mental illness as defined in s. 394.492.

1368 6. An individual who has a primary diagnosis of mental
1369 illness and a co-occurring substance use disorder.

1370 7. An individual who is experiencing an acute mental or
1371 emotional crisis as defined in s. 394.67.

1372 ~~Adults who have severe and persistent mental illness, as~~
1373 ~~designated by the department using criteria that include~~
1374 ~~severity of diagnosis, duration of the mental illness, ability~~
1375 ~~to independently perform activities of daily living, and receipt~~
1376 ~~of disability income for a psychiatric condition. Included~~
1377 ~~within this group are:~~

1378 ~~a. Older adults in crisis.~~

1379 ~~b. Older adults who are at risk of being placed in a more~~
1380 ~~restrictive environment because of their mental illness.~~

1381 ~~c. Persons deemed incompetent to proceed or not guilty by~~
1382 ~~reason of insanity under chapter 916.~~

1383 ~~d. Other persons involved in the criminal justice system.~~

1384 ~~e. Persons diagnosed as having co-occurring mental illness~~
1385 ~~and substance abuse disorders.~~

1386 ~~2. Persons who are experiencing an acute mental or~~
1387 ~~emotional crisis as defined in s. 394.67(17).~~

1388 (b) For substance abuse services, an individual must
1389 ~~children's mental health services:~~

1390 1. Have a diagnosed substance use disorder.

1391 2. Have a diagnosed substance use disorder as the primary
1392 diagnosis and a co-occurring mental illness, emotional

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1393 disturbance, or serious emotional disturbance.

1394 3. Be at risk for alcohol misuse, drug use, or developing a
 1395 substance use disorder.

1396 (2) Providers receiving funds from the department for
 1397 behavioral health services must give priority to:

1398 (a) Pregnant women and women with dependent children.

1399 (b) Intravenous drug users.

1400 (c) Individuals who have a substance use disorder and have
 1401 been ordered by the court to receive treatment.

1402 (d) Parents, legal guardians, or caregivers with child
 1403 welfare involvement and parents, legal guardians, or caregivers
 1404 who put children at risk due to substance abuse.

1405 (e) Children and adolescents under state supervision.

1406 (f) Individuals involved in the criminal justice system,
 1407 including those deemed incompetent to proceed or not guilty by
 1408 reason of insanity under chapter 916.

1409 ~~1. Children who are at risk of emotional disturbance as~~
 1410 ~~defined in s. 394.492(4).~~

1411 ~~2. Children who have an emotional disturbance as defined in~~
 1412 ~~s. 394.492(5).~~

1413 ~~3. Children who have a serious emotional disturbance as~~
 1414 ~~defined in s. 394.492(6).~~

1415 ~~4. Children diagnosed as having a co-occurring substance~~
 1416 ~~abuse and emotional disturbance or serious emotional~~
 1417 ~~disturbance.~~

1418 ~~(c) For substance abuse treatment services:~~

1419 ~~1. Adults who have substance abuse disorders and a history~~
 1420 ~~of intravenous drug use.~~

1421 ~~2. Persons diagnosed as having co-occurring substance abuse~~

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1422 and ~~mental health disorders.~~

1423 ~~3. Parents who put children at risk due to a substance~~
 1424 ~~abuse disorder.~~

1425 ~~4. Persons who have a substance abuse disorder and have~~
 1426 ~~been ordered by the court to receive treatment.~~

1427 ~~5. Children at risk for initiating drug use.~~

1428 ~~6. Children under state supervision.~~

1429 ~~7. Children who have a substance abuse disorder but who are~~
 1430 ~~not under the supervision of a court or in the custody of a~~
 1431 ~~state agency.~~

1432 ~~8. Persons identified as being part of a priority~~
 1433 ~~population as a condition for receiving services funded through~~
 1434 ~~the Center for Mental Health Services and Substance Abuse~~
 1435 ~~Prevention and Treatment Block Grants.~~

1436 (3)~~(2)~~ Crisis services, as defined in s. 394.67, must,
 1437 within the limitations of available state and local matching
 1438 resources, be available to each individual ~~person~~ who is
 1439 eligible for services under subsection (1), regardless of the
 1440 individual's ~~person's~~ ability to pay for such services. An
 1441 individual ~~A person~~ who is experiencing a mental health crisis
 1442 and who does not meet the criteria for involuntary examination
 1443 under s. 394.463(1), or an individual ~~a person~~ who is
 1444 experiencing a substance abuse crisis and who does not meet the
 1445 involuntary admission criteria in s. 397.675, must contribute to
 1446 the cost of his or her care and treatment pursuant to the
 1447 sliding fee scale developed under subsection (5)~~(4)~~, unless
 1448 charging a fee is contraindicated because of the crisis
 1449 situation.

1450 (4)~~(3)~~ Mental health services, substance abuse services,

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1451 and crisis services, as defined in s. 394.67, must, within the
1452 limitations of available state and local matching resources, be
1453 available to each individual ~~person~~ who is eligible for services
1454 under subsection (1). Such individual ~~person~~ must contribute to
1455 the cost of his or her care and treatment pursuant to the
1456 sliding fee scale developed under subsection (5) ~~(4)~~.

1457 (5) ~~(4)~~ The department shall adopt rules to implement ~~client~~
1458 eligibility, ~~client~~ enrollment, and fee collection requirements
1459 for publicly funded substance abuse and mental health services.

1460 (a) The rules must require each provider under contract
1461 with the department or managing entity that ~~which~~ enrolls
1462 eligible individuals ~~persons~~ into treatment to develop a sliding
1463 fee scale for individuals ~~persons~~ who have a net family income
1464 at or above 150 percent of the Federal Poverty Income
1465 Guidelines, unless otherwise required by state or federal law.
1466 The sliding fee scale must use the uniform schedule of discounts
1467 by which a provider under contract with the department or
1468 managing entity discounts its established ~~client~~ charges for
1469 services supported with state, federal, or local funds, using,
1470 at a minimum, factors such as family income, financial assets,
1471 and family size as declared by the individual ~~person~~ or the
1472 individual's ~~person's~~ guardian. The rules must include uniform
1473 criteria to be used by all service providers in developing the
1474 schedule of discounts for the sliding fee scale.

1475 (b) The rules must address the most expensive types of
1476 treatment, such as residential and inpatient treatment, in order
1477 to make it possible for an individual ~~a client~~ to responsibly
1478 contribute to his or her mental health or substance abuse care
1479 without jeopardizing the family's financial stability. An

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1480 individual ~~A person~~ who is not eligible for Medicaid and whose
1481 net family income is less than 150 percent of the Federal
1482 Poverty Income Guidelines must pay a portion of his or her
1483 treatment costs which is comparable to the copayment amount
1484 required by the Medicaid program for Medicaid clients under
1485 ~~pursuant to~~ s. 409.9081.

1486 (c) The rules must require that individuals ~~persons~~ who
1487 receive financial assistance from the Federal Government because
1488 of a disability and are in long-term residential treatment
1489 settings contribute to their board and care costs and treatment
1490 costs and must be consistent with ~~the provisions in~~ s. 409.212.

1491 ~~(6)~~ ~~(5)~~ An individual ~~A person~~ who meets the eligibility
1492 criteria in subsection (1) shall be served in accordance with
1493 the appropriate district substance abuse and mental health
1494 services plan specified in s. 394.75 and within available
1495 resources.

1496 Section 19. Subsections (2), (3), (4), and (5) of section
1497 394.908, Florida Statutes, are amended to read:

1498 394.908 Substance abuse and mental health funding equity;
1499 distribution of appropriations.—In recognition of the historical
1500 inequity in the funding of substance abuse and mental health
1501 services for the department's districts and regions and to
1502 rectify this inequity and provide for equitable funding in the
1503 future throughout the state, the following funding process shall
1504 be used:

1505 (2) "Individuals in need" means those persons who meet the
1506 eligibility requirements under s. 394.674 ~~fit the profile of the~~
1507 ~~respective priority populations~~ and require mental health or
1508 substance abuse services.

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1509 (3) Any additional funding beyond the 2005-2006 fiscal year
1510 base appropriation for substance abuse ~~alcohol, drug abuse,~~ and
1511 mental health services shall be allocated to districts for
1512 substance abuse and mental health services based on:

1513 (a) Epidemiological estimates of disabilities that apply to
1514 eligible individuals ~~the respective priority populations.~~

1515 (b) A pro rata share distribution that ensures districts
1516 below the statewide average funding level per individual in need
1517 ~~each priority population of "individuals in need"~~ receive
1518 funding necessary to achieve equity.

1519 (4) ~~Priority populations for~~ Individuals in need shall be
1520 displayed for each district and distributed concurrently with
1521 the approved operating budget. The display ~~by priority~~
1522 ~~population~~ shall show: The annual number of individuals served
1523 based on prior year actual numbers, the annual cost per
1524 individual served, and the estimated number of the total
1525 ~~priority population for~~ individuals in need.

1526 (5) The annual cost per individual served is ~~shall be~~
1527 ~~defined as~~ the total actual funding for either mental health or
1528 substance abuse services ~~each priority population~~ divided by the
1529 number of individuals receiving either mental health or
1530 substance abuse services ~~served in the priority population~~ for
1531 that year.

1532 Section 20. Subsection (6) of section 394.9085, Florida
1533 Statutes, is amended to read:

1534 394.9085 Behavioral provider liability.—

1535 (6) For purposes of this section, the terms "detoxification
1536 services," "addictions receiving facility," and "receiving
1537 facility" have the same meanings as those provided in ss.

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1538 397.311(26)(a)4., 397.311(26)(a)1., and 394.455 ~~394.455(39)~~,
1539 respectively.

1540 Section 21. Subsection (3) of section 397.305, Florida
1541 Statutes, is amended to read:

1542 397.305 Legislative findings, intent, and purpose.—

1543 (3) It is the purpose of this chapter to provide for a
1544 comprehensive continuum of accessible and quality substance
1545 abuse prevention, intervention, clinical treatment, and recovery
1546 support services in the most appropriate and least restrictive
1547 environment which promotes long-term recovery while protecting
1548 and respecting the rights of individuals, primarily through
1549 community-based private not-for-profit providers working with
1550 local governmental programs involving a wide range of agencies
1551 from both the public and private sectors.

1552 Section 22. Present subsections (29) through (36) and (37)
1553 through (50) of section 397.311, Florida Statutes, are
1554 redesignated as subsections (30) through (37) and (39) through
1555 (52), respectively, new subsections (29) and (38) are added to
1556 that section, and subsections (19) and (23) are amended, to
1557 read:

1558 397.311 Definitions.—As used in this chapter, except part
1559 VIII, the term:

1560 (19) "Impaired" or "substance abuse impaired" means having
1561 a substance use disorder or a condition involving the use of
1562 alcoholic beverages, illicit or prescription drugs, or any
1563 psychoactive or mood-altering substance in such a manner as to
1564 induce mental, emotional, or physical problems or ~~and~~ cause
1565 socially dysfunctional behavior.

1566 (23) "Involuntary treatment services" means an array of

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1567 behavioral health services that may be ordered by the court for
1568 persons with substance abuse impairment or co-occurring
1569 substance abuse impairment and mental health disorders.

1570 (29) "Neglect or refuse to care for himself or herself"
1571 includes, but is not limited to, evidence that a person:

1572 (a) Is unable to satisfy basic needs for nourishment,
1573 clothing, medical care, shelter, or safety in a manner that
1574 creates a substantial probability of imminent death, serious
1575 physical debilitation, or disease; or

1576 (b) Is substantially unable to make an informed treatment
1577 choice and needs care or treatment to prevent deterioration.

1578 (38) "Real and present threat of substantial harm"
1579 includes, but is not limited to, evidence of a substantial
1580 probability that the untreated person will:

1581 (a) Lack, refuse, or not receive services for health and
1582 safety that are actually available in the community; or

1583 (b) Suffer severe mental, emotional, or physical harm that
1584 will result in the loss of ability to function in the community
1585 or the loss of cognitive or volitional control over thoughts or
1586 actions.

1587 Section 23. Subsection (16) of section 397.321, Florida
1588 Statutes, is amended to read:

1589 397.321 Duties of the department.—The department shall:

1590 ~~(16) Develop a certification process by rule for community~~
1591 ~~substance abuse prevention coalitions.~~

1592 Section 24. Section 397.416, Florida Statutes, is amended
1593 to read:

1594 397.416 Substance abuse treatment services; qualified
1595 professional.—Notwithstanding any other provision of law, a

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1596 person who was certified through a certification process
1597 recognized by the former Department of Health and Rehabilitative
1598 Services before January 1, 1995, may perform the duties of a
1599 qualified professional with respect to substance abuse treatment
1600 services as defined in this chapter, and need not meet the
1601 certification requirements contained in s. 397.311(36) ~~s.~~
1602 ~~397.311(35)~~.

1603 Section 25. Subsection (11) is added to section 397.501,
1604 Florida Statutes, to read:

1605 397.501 Rights of individuals.—Individuals receiving
1606 substance abuse services from any service provider are
1607 guaranteed protection of the rights specified in this section,
1608 unless otherwise expressly provided, and service providers must
1609 ensure the protection of such rights.

1610 (11) POST-DISCHARGE CONTINUUM OF CARE.—Upon discharge, a
1611 respondent with a serious substance abuse addiction must be
1612 informed of the essential elements of recovery and provided
1613 assistance with accessing a continuum of care regimen. The
1614 department may adopt rules specifying the services that may be
1615 provided to such respondents.

1616 Section 26. Section 397.675, Florida Statutes, is amended
1617 to read:

1618 397.675 Criteria for involuntary admissions, including
1619 protective custody, emergency admission, and other involuntary
1620 assessment, involuntary treatment, and alternative involuntary
1621 assessment for minors, for purposes of assessment and
1622 stabilization, and for involuntary treatment.—A person meets the
1623 criteria for involuntary admission if there is good faith reason
1624 to believe that the person is substance abuse impaired, has a

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1625 substance use disorder, or has a substance use disorder and a
1626 co-occurring mental health disorder and, because of such
1627 impairment or disorder:

1628 (1) Has lost the power of self-control with respect to
1629 substance abuse, or has a history of noncompliance with
1630 substance abuse treatment with continued substance use; and

1631 (2) ~~(a)~~ Is in need of substance abuse services and, by
1632 reason of substance abuse impairment, his or her judgment has
1633 been so impaired that he or she is refusing voluntary care after
1634 a sufficient and conscientious explanation and disclosure of the
1635 purpose for such services, or is incapable of appreciating his
1636 or her need for such services and of making a rational decision
1637 in that regard, although mere refusal to receive such services
1638 does not constitute evidence of lack of judgment with respect to
1639 his or her need for such services; and ~~or~~

1640 (3) ~~(a)~~ ~~(b)~~ Without care or treatment, is likely to suffer
1641 from neglect or refuse to care for himself or herself; that such
1642 neglect or refusal poses a real and present threat of
1643 substantial harm to his or her well-being; and that it is not
1644 apparent that such harm may be avoided through the help of
1645 willing, able, and responsible family members or friends or the
1646 provision of other services; or

1647 (b) There is substantial likelihood that in the near future
1648 and without services, the person will inflict serious harm to
1649 self or others, as evidenced by acts, omissions, or behavior
1650 causing, attempting, or threatening such harm, which includes,
1651 but is not limited to, significant property damage ~~has~~
1652 ~~inflicted, or threatened to or attempted to inflict, or, unless~~
1653 ~~admitted, is likely to inflict, physical harm on himself,~~

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1654 ~~herself, or another.~~

1655 Section 27. Subsection (1) of section 397.6751, Florida
1656 Statutes, is amended to read:

1657 397.6751 Service provider responsibilities regarding
1658 involuntary admissions.—

1659 (1) It is the responsibility of the service provider to:

1660 (a) Ensure that a person who is admitted to a licensed
1661 service component meets the admission criteria specified in s.
1662 397.675;

1663 (b) Ascertain whether the medical and behavioral conditions
1664 of the person, as presented, are beyond the safe management
1665 capabilities of the service provider;

1666 (c) Provide for the admission of the person to the service
1667 component that represents the most appropriate and least
1668 restrictive available setting that is responsive to the person's
1669 treatment needs;

1670 (d) Verify that the admission of the person to the service
1671 component does not result in a census in excess of its licensed
1672 service capacity;

1673 (e) Determine whether the cost of services is within the
1674 financial means of the person or those who are financially
1675 responsible for the person's care; and

1676 (f) Take all necessary measures to ensure that each
1677 individual in treatment is provided with a safe environment, and
1678 to ensure that each individual whose medical condition or
1679 behavioral problem becomes such that he or she cannot be safely
1680 managed by the service component is discharged and referred to a
1681 more appropriate setting for care.

1682 Section 28. Section 397.681, Florida Statutes, is amended

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1683 to read:

1684 397.681 Involuntary petitions; general provisions; court
1685 jurisdiction and right to counsel.—

1686 (1) JURISDICTION.—The courts have jurisdiction of
1687 ~~involuntary assessment and stabilization petitions and~~
1688 involuntary treatment petitions for substance abuse impaired
1689 persons, and such petitions must be filed with the clerk of the
1690 court in the county where the person is located. The clerk of
1691 the court may not charge a fee for the filing of a petition
1692 under this section. The chief judge may appoint a general or
1693 special magistrate to preside over all or part of the
1694 proceedings. The alleged impaired person is named as the
1695 respondent.

1696 (2) RIGHT TO COUNSEL.—A respondent has the right to counsel
1697 at every stage of a proceeding relating to a petition for his or
1698 her ~~involuntary assessment and a petition for his or her~~
1699 involuntary treatment for substance abuse impairment. A
1700 respondent who desires counsel and is unable to afford private
1701 counsel has the right to court-appointed counsel and to the
1702 benefits of s. 57.081. If the court believes that the respondent
1703 needs the assistance of counsel, the court shall appoint such
1704 counsel for the respondent without regard to the respondent's
1705 wishes. If the respondent is a minor not otherwise represented
1706 in the proceeding, the court shall immediately appoint a
1707 guardian ad litem to act on the minor's behalf.

1708 (3) STATE REPRESENTATIVE.—Subject to legislative
1709 appropriation, for all court-involved involuntary proceedings
1710 under this chapter in which the petitioner has not retained
1711 private counsel, the state attorney for the circuit in which the

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1712 respondent is located shall represent the state rather than the
1713 petitioner as the real party of interest in the proceeding, but
1714 the state attorney must be respectful of the petitioner's
1715 interests and concerns. In order to evaluate and prepare its
1716 case before the hearing, the state attorney may access, by
1717 subpoena if necessary, the respondent, the witnesses, and all
1718 relevant records. Such records include, but are not limited to,
1719 any social media, school records, clinical files, and reports
1720 documenting contact the respondent may have had with law
1721 enforcement officers or other state agencies. However, these
1722 records shall remain confidential, and the petitioner may not
1723 access any records obtained by the state attorney unless such
1724 records are entered into the court file. In addition, the state
1725 attorney may not use any records obtained under this part for
1726 criminal investigation or prosecution purposes, or for any
1727 purpose other than the respondent's civil commitment under this
1728 chapter.

1729 Section 29. Section 397.6811, Florida Statutes, is
1730 repealed.

1731 Section 30. Section 397.6814, Florida Statutes, is
1732 repealed.

1733 Section 31. Section 397.6815, Florida Statutes, is
1734 repealed.

1735 Section 32. Section 397.6818, Florida Statutes, is
1736 repealed.

1737 Section 33. Section 397.6819, Florida Statutes, is
1738 repealed.

1739 Section 34. Section 397.6821, Florida Statutes, is
1740 repealed.

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1741 Section 35. Section 397.6822, Florida Statutes, is
1742 repealed.

1743 Section 36. Section 397.693, Florida Statutes, is amended
1744 to read:

1745 397.693 Involuntary treatment.—A person may be the subject
1746 of a petition for court-ordered involuntary treatment pursuant
1747 to this part, if that person:

1748 (1) Reasonably appears to meet ~~meets~~ the criteria for
1749 involuntary admission provided in s. 397.675; ~~and:~~

1750 (2)~~(1)~~ Has been placed under protective custody pursuant to
1751 s. 397.677 within the previous 10 days;

1752 (3)~~(2)~~ Has been subject to an emergency admission pursuant
1753 to s. 397.679 within the previous 10 days; or

1754 (4)~~(3)~~ Has been assessed by a qualified professional within
1755 30 ~~5~~ days;

1756 ~~(4) Has been subject to involuntary assessment and~~
1757 ~~stabilization pursuant to s. 397.6818 within the previous 12~~
1758 ~~days; or~~

1759 ~~(5) Has been subject to alternative involuntary admission~~
1760 ~~pursuant to s. 397.6822 within the previous 12 days.~~

1761 Section 37. Section 397.695, Florida Statutes, is amended
1762 to read:

1763 397.695 Involuntary treatment services; persons who may
1764 petition.—

1765 (1) If the respondent is an adult, a petition for
1766 involuntary treatment services may be filed by the respondent's
1767 spouse or legal guardian, any relative, a service provider, or
1768 an adult who has direct personal knowledge of the respondent's
1769 substance abuse impairment and his or her prior course of

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1770 assessment and treatment.

1771 (2) If the respondent is a minor, a petition for
1772 involuntary treatment may be filed by a parent, legal guardian,
1773 or service provider.

1774 (3) The court or the clerk of the court may waive or
1775 prohibit any service of process fees if a petitioner is
1776 determined to be indigent under s. 57.082.

1777 Section 38. Section 397.6951, Florida Statutes, is amended
1778 to read:

1779 397.6951 Contents of petition for involuntary treatment
1780 services.—

1781 (1) A petition for involuntary treatment services must
1782 contain the name of the respondent; the name of the petitioner
1783 or petitioners; the relationship between the respondent and the
1784 petitioner; the name of the respondent's attorney, if known; ~~the~~
1785 ~~findings and recommendations of the assessment performed by the~~
1786 ~~qualified professional;~~ and the factual allegations presented by
1787 the petitioner establishing the need for involuntary ~~outpatient~~
1788 services for substance abuse impairment. The factual allegations
1789 must demonstrate the reason for the petitioner's belief that the
1790 respondent:

1791 ~~(1) The reason for the petitioner's belief that the~~
1792 ~~respondent is substance abuse impaired;~~

1793 (a) ~~(2) The reason for the petitioner's belief that because~~
1794 ~~of such impairment the respondent~~ Has lost the power of self-
1795 control with respect to substance abuse, or has a history of
1796 noncompliance with substance abuse treatment with continued
1797 substance use; and

1798 (b) Needs substance abuse services, but his or her judgment

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1799 is so impaired by substance abuse that he or she either is
 1800 refusing voluntary care after a sufficient and conscientious
 1801 explanation and disclosure of the purpose of such services, or
 1802 is incapable of appreciating his or her need for such services
 1803 and of making a rational decision in that regard; and

1804 (c)1. Without services, is likely to suffer from neglect or
 1805 refuse to care for himself or herself; that the neglect or
 1806 refusal poses a real and present threat of substantial harm to
 1807 his or her well-being; and that it is not apparent that the harm
 1808 may be avoided through the help of willing, able, and
 1809 responsible family members or friends or the provision of other
 1810 services; or

1811 2. There is a substantial likelihood that in the near
 1812 future and without services, the respondent will inflict serious
 1813 harm to self or others, as evidenced by acts, omissions, or
 1814 behavior causing, attempting, or threatening such harm, which
 1815 includes, but is not limited to, significant property damage

1816 ~~(3) (a) The reason the petitioner believes that the~~
 1817 ~~respondent has inflicted or is likely to inflict physical harm~~
 1818 ~~on himself or herself or others unless the court orders the~~
 1819 ~~involuntary services; or~~

1820 ~~(b) The reason the petitioner believes that the~~
 1821 ~~respondent's refusal to voluntarily receive care is based on~~
 1822 ~~judgment so impaired by reason of substance abuse that the~~
 1823 ~~respondent is incapable of appreciating his or her need for care~~
 1824 ~~and of making a rational decision regarding that need for care.~~

1825 (2) The petition may be accompanied by a certificate or
 1826 report of a qualified professional or a licensed physician who
 1827 has examined the respondent within 30 days before the petition's

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1828 submission. This certificate or report must include the
1829 qualified professional or physician's findings relating to his
1830 or her assessment of the patient and his or her treatment
1831 recommendations. If the respondent was not assessed before the
1832 filing of a treatment petition or refused to submit to an
1833 evaluation, the lack of assessment or refusal must be noted in
1834 the petition.

1835 (3) If there is an emergency, the petition must also
1836 describe the respondent's exigent circumstances and include a
1837 request for an ex parte assessment and stabilization order that
1838 must be executed pursuant to s. 397.6955(4).

1839 Section 39. Section 397.6955, Florida Statutes, is amended
1840 to read:

1841 397.6955 Duties of court upon filing of petition for
1842 involuntary treatment services.-

1843 (1) Upon the filing of a petition for involuntary treatment
1844 services for a substance abuse impaired person with the clerk of
1845 the court that does not indicate the petitioner has retained
1846 private counsel, the clerk must notify the state attorney's
1847 office. In addition, the court shall immediately determine
1848 whether the respondent is represented by an attorney or whether
1849 the appointment of counsel for the respondent is appropriate.
1850 If, based on the contents of the petition, the court appoints
1851 counsel for the person, the clerk of the court shall immediately
1852 notify the office of criminal conflict and civil regional
1853 counsel, created pursuant to s. 27.511, of the appointment. The
1854 office of criminal conflict and civil regional counsel shall
1855 represent the person until the petition is dismissed, the court
1856 order expires, or the person is discharged from involuntary

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1857 treatment services. An attorney that represents the person named
1858 in the petition shall have access to the person, witnesses, and
1859 records relevant to the presentation of the person's case and
1860 shall represent the interests of the person, regardless of the
1861 source of payment to the attorney.

1862 (2) The court shall schedule a hearing to be held on the
1863 petition within 10 court working ~~5~~ days unless a continuance is
1864 granted. The court may appoint a magistrate to preside at the
1865 hearing.

1866 (3) A copy of the petition and notice of the hearing must
1867 be provided to the respondent; the respondent's parent,
1868 guardian, or legal custodian, in the case of a minor; the
1869 respondent's attorney, if known; the petitioner; the
1870 respondent's spouse or guardian, if applicable; and such other
1871 persons as the court may direct. If the respondent is a minor, a
1872 copy of the petition and notice of the hearing must be
1873 personally delivered to the respondent. The court shall also
1874 issue a summons to the person whose admission is sought.

1875 (4) (a) When the petitioner asserts that emergency
1876 circumstances exist, or when upon review of the petition the
1877 court determines that an emergency exists, the court may rely
1878 solely on the contents of the petition and, without the
1879 appointment of an attorney, enter an ex parte order for the
1880 respondent's involuntary assessment and stabilization which must
1881 be executed during the period that the hearing on the petition
1882 for treatment is pending. The court may further order a law
1883 enforcement officer or other designated agent of the court to:

1884 1. Take the respondent into custody and deliver him or her
1885 to the nearest appropriate licensed service provider to be

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1886 evaluated; and

1887 2. Serve the respondent with the notice of hearing and a
1888 copy of the petition.

1889 (b) The service provider must promptly inform the court and
1890 parties of the respondent's arrival and may not hold the
1891 respondent for longer than 72 hours of observation thereafter,
1892 unless:

1893 1. The service provider seeks additional time under s.
1894 397.6957(1)(c) and the court, after a hearing, grants that
1895 motion;

1896 2. The respondent shows signs of withdrawal, or a need to
1897 be either detoxified or treated for a medical condition, which
1898 shall extend the amount of time the respondent may be held for
1899 observation until the issue is resolved; or

1900 3. The original or extended observation period ends on a
1901 weekend or holiday, in which case the provider may hold the
1902 respondent until the next court working day.

1903 (c) If the ex parte order was not executed by the initial
1904 hearing date, it shall be deemed void. However, should the
1905 respondent not appear at the hearing for any reason, including
1906 lack of service, and upon reviewing the petition, testimony, and
1907 evidence presented, the court reasonably believes the respondent
1908 meets this chapter's commitment criteria and that a substance
1909 abuse emergency exists, the court may issue or reissue an ex
1910 parte assessment and stabilization order that is valid for 90
1911 days. If the respondent's location is known at the time of the
1912 hearing, the court:

1913 1. Shall continue the case for no more than 10 court
1914 working days; and

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1915 2. May order a law enforcement officer or other designated
1916 agent of the court to:

1917 a. Take the respondent into custody and deliver him or her
1918 to the nearest appropriate licensed service provider to be
1919 evaluated; and

1920 b. If a hearing date is set, serve the respondent with
1921 notice of the rescheduled hearing and a copy of the involuntary
1922 treatment petition if the respondent has not already been
1923 served.

1924
1925 Otherwise, the petitioner and the service provider must promptly
1926 inform the court that the respondent has been assessed so that
1927 the court may schedule a hearing. The service provider must
1928 serve the respondent, before his or her discharge, with the
1929 notice of hearing and a copy of the petition. However, if the
1930 respondent has not been assessed after 90 days, the court must
1931 dismiss the case.

1932 Section 40. Section 397.6957, Florida Statutes, is amended
1933 to read:

1934 397.6957 Hearing on petition for involuntary treatment
1935 services.—

1936 (1) (a) The respondent must be present at a hearing on a
1937 petition for involuntary treatment services unless he or she
1938 knowingly, intelligently, and voluntarily waives his or her
1939 right to be present or, upon receiving proof of service and
1940 evaluating the circumstances of the case, the court finds that
1941 his or her presence is inconsistent with his or her best
1942 interests or is likely to be injurious to himself or herself or
1943 others. The court shall hear and review all relevant evidence,

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1944 including testimony from individuals such as family members
1945 familiar with the respondent's prior history and how it relates
1946 to his or her current condition, and the ~~review of~~ results of
1947 the assessment completed by the qualified professional in
1948 connection with this chapter. The court may also order drug
1949 tests. Absent a showing of good cause, such as specific symptoms
1950 of the respondent's condition, the court may permit all
1951 witnesses, such as any medical professionals or personnel who
1952 are or have been involved with the respondent's treatment, to
1953 remotely attend and testify at the hearing under oath via the
1954 most appropriate and convenient technological method of
1955 communication available to the court, including, but not limited
1956 to, teleconference. Any witness intending to remotely attend and
1957 testify at the hearing must provide the parties with all
1958 relevant documents in advance of the hearing the respondent's
1959 protective custody, emergency admission, involuntary assessment,
1960 or alternative involuntary admission. The respondent must be
1961 present unless the court finds that his or her presence is
1962 likely to be injurious to himself or herself or others, in which
1963 event the court must appoint a guardian advocate to act in
1964 behalf of the respondent throughout the proceedings.

1965 (b) A respondent cannot be involuntarily ordered into
1966 treatment under this chapter without a clinical assessment being
1967 performed unless he or she is present in court and expressly
1968 waives the assessment. In nonemergency situations, if the
1969 respondent was not, or had previously refused to be, assessed by
1970 a qualified professional and, based on the petition, testimony,
1971 and evidence presented, it reasonably appears that the
1972 respondent qualifies for involuntary treatment services, the

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1973 court shall issue an involuntary assessment and stabilization
1974 order to determine the appropriate level of treatment the
1975 respondent requires. Additionally, in cases where an assessment
1976 was attached to the petition, the respondent may request, or the
1977 court on its own motion may order, an independent assessment by
1978 a court-appointed physician or an otherwise agreed-upon
1979 physician. If an assessment order is issued, it is valid for 90
1980 days, and if the respondent is present or there is either proof
1981 of service or his or her location is known, the involuntary
1982 treatment hearing shall be continued for no more than 10 court
1983 working days. Otherwise, the petitioner and the service provider
1984 must promptly inform the court that the respondent has been
1985 assessed so that the court may schedule a hearing. The service
1986 provider shall then serve the respondent, before his or her
1987 discharge, with the notice of hearing and a copy of the
1988 petition. The assessment must occur before the new hearing date,
1989 and if there is evidence indicating that the respondent will not
1990 voluntarily appear at the forthcoming hearing, or is a danger to
1991 self or others, the court may enter a preliminary order
1992 committing the respondent to an appropriate treatment facility
1993 for further evaluation until the date of the rescheduled
1994 hearing. However, if after 90 days the respondent remains
1995 unassessed, the court shall dismiss the case.

1996 (c)1. The respondent's assessment by a qualified
1997 professional must occur within 72 hours after his or her arrival
1998 at a licensed service provider unless he or she shows signs of
1999 withdrawal or a need to be either detoxified or treated for a
2000 medical condition, which shall extend the amount of time the
2001 respondent may be held for observation until that issue is

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2002 resolved. If the person conducting the assessment is not a
2003 licensed physician, the assessment must be reviewed by a
2004 licensed physician within the 72-hour period. If the respondent
2005 is a minor, such assessment must be initiated within the first
2006 12 hours after the minor's admission to the facility. The
2007 service provider may also move to extend the 72 hours of
2008 observation by petitioning the court in writing for additional
2009 time. The service provider must furnish copies of such motion to
2010 all parties in accordance with applicable confidentiality
2011 requirements and, after a hearing, the court may grant
2012 additional time or expedite the respondent's involuntary
2013 treatment hearing. The involuntary treatment hearing, however,
2014 may only be expedited by agreement of the parties on the hearing
2015 date, or if there is notice and proof of service as provided in
2016 s. 397.6955 (1) and (3). If the court grants the service
2017 provider's petition, the service provider may hold the
2018 respondent until its extended assessment period expires or until
2019 the expedited hearing date. However, if the original or extended
2020 observation period ends on a weekend or holiday, the provider
2021 may hold the respondent until the next court working day.

2022 2. Upon the completion of his or her report, the qualified
2023 professional, in accordance with applicable confidentiality
2024 requirements, shall provide copies to the court and all relevant
2025 parties and counsel. This report must contain a recommendation
2026 on the level, if any, of substance abuse and, if applicable, co-
2027 occurring mental health treatment the respondent requires. The
2028 qualified professional's failure to include a treatment
2029 recommendation, much like a recommendation of no treatment,
2030 shall result in the petition's dismissal.

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2031 (d) The court may order a law enforcement officer or other
2032 designated agent of the court to take the respondent into
2033 custody and transport him or her to or from the treating or
2034 assessing service provider and the court for his or her hearing.

2035 (2) The petitioner has the burden of proving by clear and
2036 convincing evidence that:

2037 (a) The respondent is substance abuse impaired, has lost
2038 the power of self-control with respect to substance abuse, or
2039 ~~and~~ has a history of lack of compliance with treatment for
2040 substance abuse with continued substance use; and

2041 (b) Because of such impairment, the respondent is unlikely
2042 to voluntarily participate in the recommended services after
2043 sufficient and conscientious explanation and disclosure of their
2044 purpose, or is unable to determine for himself or herself
2045 whether services are necessary and make a rational decision in
2046 that regard; and

2047 (c)1. Without services, the respondent is likely to suffer
2048 from neglect or refuse to care for himself or herself; that such
2049 neglect or refusal poses a real and present threat of
2050 substantial harm to his or her well-being; and that it is not
2051 apparent that such harm may be avoided through the help of
2052 willing, able, and responsible family members or friends or the
2053 provision of other services; or

2054 2. There is a substantial likelihood that in the near
2055 future and without services, the respondent will inflict serious
2056 harm to self or others, as evidenced by acts, omissions, or
2057 behavior causing, attempting, or threatening such harm, which
2058 includes, but is not limited to, significant property damage
2059 ~~cause serious bodily harm to himself, herself, or another in the~~

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2060 ~~near future, as evidenced by recent behavior; or~~

2061 ~~2. The respondent's refusal to voluntarily receive care is~~
2062 ~~based on judgment so impaired by reason of substance abuse that~~
2063 ~~the respondent is incapable of appreciating his or her need for~~
2064 ~~care and of making a rational decision regarding that need for~~
2065 ~~care.~~

2066 ~~(3) One of the qualified professionals who executed the~~
2067 ~~involuntary services certificate must be a witness. The court~~
2068 ~~shall allow testimony from individuals, including family~~
2069 ~~members, deemed by the court to be relevant under state law,~~
2070 ~~regarding the respondent's prior history and how that prior~~
2071 ~~history relates to the person's current condition. The Testimony~~
2072 ~~in the hearing must be taken under oath, and the proceedings~~
2073 ~~must be recorded. The respondent patient may refuse to testify~~
2074 ~~at the hearing.~~

2075 ~~(4) If at any point during the hearing the court has reason~~
2076 ~~to believe that the respondent, due to mental illness other than~~
2077 ~~or in addition to substance abuse impairment, is likely to~~
2078 ~~injure himself or herself or another if allowed to remain at~~
2079 ~~liberty, or otherwise meets the involuntary commitment~~
2080 ~~provisions of part I of chapter 394, the court may initiate~~
2081 ~~involuntary proceedings under such provisions.~~

2082 ~~(5)~~ ~~(4)~~ At the conclusion of the hearing, the court shall
2083 ~~either~~ dismiss the petition or order the respondent to receive
2084 involuntary ~~treatment~~ services from his or her chosen licensed
2085 service provider if possible and appropriate. ~~Any treatment~~
2086 ~~order must include findings regarding the respondent's need for~~
2087 ~~treatment and the appropriateness of other lesser restrictive~~
2088 ~~alternatives.~~

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2089 Section 41. Section 397.697, Florida Statutes, is amended
2090 to read:

2091 397.697 Court determination; effect of court order for
2092 involuntary treatment services.-

2093 (1) (a) When the court finds that the conditions for
2094 involuntary treatment services have been proved by clear and
2095 convincing evidence, it may order the respondent to receive
2096 involuntary treatment services from a publicly funded licensed
2097 service provider for a period not to exceed 90 days. The court
2098 may also order a respondent to undergo treatment through a
2099 privately funded licensed service provider if the respondent has
2100 the ability to pay for the treatment, or if any person on the
2101 respondent's behalf voluntarily demonstrates a willingness and
2102 an ability to pay for the treatment. If the court finds it
2103 necessary, it may direct the sheriff to take the respondent into
2104 custody and deliver him or her to the licensed service provider
2105 specified in the court order, or to the nearest appropriate
2106 licensed service provider, for involuntary treatment services.
2107 When the conditions justifying involuntary treatment services no
2108 longer exist, the individual must be released as provided in s.
2109 397.6971. When the conditions justifying involuntary treatment
2110 services are expected to exist after 90 days of treatment
2111 services, a renewal of the involuntary treatment services order
2112 may be requested pursuant to s. 397.6975 before the end of the
2113 90-day period.

2114 (b) To qualify for involuntary outpatient treatment, an
2115 individual must be supported by a social worker or case manager
2116 of a licensed service provider or a willing, able, and
2117 responsible individual appointed by the court who shall inform

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2118 the court and parties if the respondent fails to comply with his
2119 or her outpatient program. In addition, unless the respondent
2120 has been involuntarily ordered into inpatient treatment under
2121 this chapter at least twice during the last 36 months, or
2122 demonstrates the ability to substantially comply with the
2123 outpatient treatment while waiting for residential placement to
2124 become available, he or she must receive an assessment from a
2125 qualified professional or licensed physician expressly
2126 recommending outpatient services, such services must be
2127 available in the county in which the respondent is located, and
2128 it must appear likely that the respondent will follow a
2129 prescribed outpatient care plan.

2130 (2) In all cases resulting in an order for involuntary
2131 treatment services, the court shall retain jurisdiction over the
2132 case and the parties for the entry of such further orders as the
2133 circumstances may require, including, but not limited to,
2134 monitoring compliance with treatment, changing the treatment
2135 modality, or initiating contempt of court proceedings for
2136 violating any valid order issued pursuant to this chapter.
2137 Hearings under this section may be set by motion of the parties
2138 or under the court's own authority, and the motion and notice of
2139 hearing for these ancillary proceedings, which include, but are
2140 not limited to, civil contempt, must be served in accordance
2141 with relevant court procedural rules. The court's requirements
2142 for notification of proposed release must be included in the
2143 original order.

2144 (3) An involuntary treatment services order also authorizes
2145 the licensed service provider to require the individual to
2146 receive treatment services that will benefit him or her,

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2147 including treatment services at any licensable service component
2148 of a licensed service provider. While subject to the court's
2149 oversight, the service provider's authority under this section
2150 is separate and distinct from the court's broad continuing
2151 jurisdiction under subsection (2). Such oversight includes, but
2152 is not limited to, submitting reports regarding the respondent's
2153 progress or compliance with treatment as required by the court.

2154 (4) If the court orders involuntary treatment services, a
2155 copy of the order must be sent to the managing entity within 1
2156 working day after it is received from the court. Documents may
2157 be submitted electronically through ~~through~~ existing data
2158 systems, if applicable.

2159 Section 42. Section 397.6971, Florida Statutes, is amended
2160 to read:

2161 397.6971 Early release from involuntary treatment
2162 services.—

2163 (1) At any time before the end of the 90-day involuntary
2164 treatment services period, or before the end of any extension
2165 granted pursuant to s. 397.6975, an individual receiving
2166 involuntary treatment services may be determined eligible for
2167 discharge to the most appropriate referral or disposition for
2168 the individual when any of the following apply:

2169 (a) The individual no longer meets the criteria for
2170 involuntary admission and has given his or her informed consent
2171 to be transferred to voluntary treatment status.

2172 (b) If the individual was admitted on the grounds of
2173 likelihood of infliction of ~~physical~~ harm upon himself or
2174 herself or others, such likelihood no longer exists.

2175 (c) If the individual was admitted on the grounds of need

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2176 for assessment and stabilization or treatment, accompanied by
2177 inability to make a determination respecting such need:

2178 1. Such inability no longer exists; or

2179 2. It is evident that further treatment will not bring
2180 about further significant improvements in the individual's
2181 condition.

2182 (d) The individual ~~is~~ no longer needs treatment ~~in need of~~
2183 services.

2184 (e) The director of the service provider determines that
2185 the individual is beyond the safe management capabilities of the
2186 provider.

2187 (2) Whenever a qualified professional determines that an
2188 individual admitted for involuntary treatment services qualifies
2189 for early release under subsection (1), the service provider
2190 shall immediately discharge the individual and must notify all
2191 persons specified by the court in the original treatment order.

2192 Section 43. Section 397.6975, Florida Statutes, is amended
2193 to read:

2194 397.6975 Extension of involuntary treatment services
2195 period.—

2196 (1) Whenever a service provider believes that an individual
2197 who is nearing the scheduled date of his or her release from
2198 involuntary care services continues to meet the criteria for
2199 involuntary treatment services in s. 397.693 or s. 397.6957, a
2200 petition for renewal of the involuntary treatment services order
2201 must ~~may~~ be filed with the court ~~at least 10 days~~ before the
2202 expiration of the court-ordered services period. The petition
2203 may be filed by the service provider or by the person who filed
2204 the petition for the initial treatment order if the petition is

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2205 accompanied by supporting documentation from the service
2206 provider. The court shall ~~immediately~~ schedule a hearing within
2207 10 court working ~~to be held not more than 15~~ days after filing
2208 of the petition and. ~~The court shall~~ provide the copy of the
2209 petition for renewal and the notice of the hearing to all
2210 parties and counsel to the proceeding. The hearing is conducted
2211 pursuant to ss. 397.697 and 397.6957 and must be before the
2212 circuit court unless referred to a magistrate ~~s. 397.6957~~.

2213 (2) If the court finds that the petition for renewal of ~~the~~
2214 involuntary treatment services order should be granted, it may
2215 order the respondent to receive involuntary treatment services
2216 for a period not to exceed an additional 90 days. When the
2217 conditions justifying involuntary treatment services no longer
2218 exist, the individual must be released as provided in s.
2219 397.6971. When the conditions justifying involuntary treatment
2220 services continue to exist after an additional 90 days of
2221 treatment service, a new petition requesting renewal of the
2222 involuntary treatment services order may be filed pursuant to
2223 this section.

2224 ~~(3) Within 1 court working day after the filing of a~~
2225 ~~petition for continued involuntary services, the court shall~~
2226 ~~appoint the office of criminal conflict and civil regional~~
2227 ~~counsel to represent the respondent, unless the respondent is~~
2228 ~~otherwise represented by counsel. The clerk of the court shall~~
2229 ~~immediately notify the office of criminal conflict and civil~~
2230 ~~regional counsel of such appointment. The office of criminal~~
2231 ~~conflict and civil regional counsel shall represent the~~
2232 ~~respondent until the petition is dismissed or the court order~~
2233 ~~expires or the respondent is discharged from involuntary~~

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2234 ~~services. Any attorney representing the respondent shall have~~
2235 ~~access to the respondent, witnesses, and records relevant to the~~
2236 ~~presentation of the respondent's case and shall represent the~~
2237 ~~interests of the respondent, regardless of the source of payment~~
2238 ~~to the attorney.~~

2239 ~~(4) Hearings on petitions for continued involuntary~~
2240 ~~services shall be before the circuit court. The court may~~
2241 ~~appoint a magistrate to preside at the hearing. The procedures~~
2242 ~~for obtaining an order pursuant to this section shall be in~~
2243 ~~accordance with s. 397.697.~~

2244 ~~(5) Notice of hearing shall be provided to the respondent~~
2245 ~~or his or her counsel. The respondent and the respondent's~~
2246 ~~counsel may agree to a period of continued involuntary services~~
2247 ~~without a court hearing.~~

2248 ~~(6) The same procedure shall be repeated before the~~
2249 ~~expiration of each additional period of involuntary services.~~

2250 ~~(7) If the respondent has previously been found incompetent~~
2251 ~~to consent to treatment, the court shall consider testimony and~~
2252 ~~evidence regarding the respondent's competence.~~

2253 Section 44. Section 397.6977, Florida Statutes, is amended
2254 to read:

2255 397.6977 Disposition of individual upon completion of
2256 involuntary treatment services.—At the conclusion of the 90-day
2257 period of court-ordered involuntary treatment services, the
2258 respondent is automatically discharged unless a motion for
2259 renewal of the involuntary treatment services order has been
2260 filed with the court pursuant to s. 397.6975.

2261 Section 45. Section 397.6978, Florida Statutes, is
2262 repealed.

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2263 Section 46. Section 397.99, Florida Statutes, is amended to
2264 read:

2265 397.99 School substance abuse prevention partnership
2266 grants.—

2267 (1) GRANT PROGRAM.—

2268 (a) In order to encourage the development of effective
2269 substance abuse prevention and early intervention strategies for
2270 school-age populations, the school substance abuse prevention
2271 partnership grant program is established.

2272 (b) The department shall administer the program in
2273 cooperation with the Department of Education, ~~and~~ the Department
2274 of Juvenile Justice, and the managing entities under contract
2275 with the department under s. 394.9082.

2276 (2) APPLICATION PROCEDURES; FUNDING REQUIREMENTS.—

2277 (a) Schools, or community-based organizations in
2278 partnership with schools, may submit a grant proposal for
2279 funding or continued funding to the managing entity in its
2280 geographic area ~~department~~ by March 1 of each year.
2281 Notwithstanding s. 394.9082(5)(i), the managing entity shall use
2282 a competitive solicitation process to review ~~The department~~
2283 ~~shall establish~~ grant applications, ~~application procedures~~ which
2284 ensures ~~ensure~~ that grant recipients implement programs and
2285 practices that are effective. The managing entity ~~department~~
2286 shall include the grant application document on its ~~an~~ Internet
2287 website.

2288 (b) Grants may fund programs to conduct prevention
2289 activities serving students who are not involved in substance
2290 use, intervention activities serving students who are
2291 experimenting with substance use, or both prevention and

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2292 intervention activities, if a comprehensive approach is
2293 indicated as a result of a needs assessment.

2294 (c) Grants may target youth, parents, and teachers and
2295 other school staff, coaches, social workers, case managers, and
2296 other prevention stakeholders.

2297 (d) Performance measures for grant program activities shall
2298 measure improvements in student attitudes or behaviors as
2299 determined by the managing entity ~~department~~.

2300 (e) At least 50 percent of the grant funds available for
2301 local projects must be allocated to support the replication of
2302 prevention programs and practices that are based on research and
2303 have been evaluated and proven effective. The managing entity
2304 ~~department~~ shall develop related qualifying criteria.

2305 (f) In order to be considered for funding, the grant
2306 application shall include the following assurances and
2307 information:

2308 1. A letter from the administrators of the programs
2309 collaborating on the project, such as the school principal,
2310 community-based organization executive director, or recreation
2311 department director, confirming that the grant application has
2312 been reviewed and that each partner is committed to supporting
2313 implementation of the activities described in the grant
2314 proposal.

2315 2. A rationale and description of the program and the
2316 services to be provided, including:

2317 a. An analysis of prevention issues related to the
2318 substance abuse prevention profile of the target population.

2319 b. A description of other primary substance use and related
2320 risk factors.

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2321 c. Goals and objectives based on the findings of the needs
2322 assessment.

2323 d. The selection of programs or strategies that have been
2324 shown to be effective in addressing the findings of the needs
2325 assessment.

2326 e. A method of identifying the target group for universal
2327 prevention strategies, and a method for identifying the
2328 individual student participants in selected and indicated
2329 prevention strategies.

2330 f. A description of how students will be targeted.

2331 g. Provisions for the participation of parents and
2332 guardians in the program.

2333 h. An evaluation component to measure the effectiveness of
2334 the program in accordance with performance-based program
2335 budgeting effectiveness measures.

2336 i. A program budget, which includes the amount and sources
2337 of local cash and in-kind resources committed to the budget and
2338 which establishes, to the satisfaction of the managing entity
2339 ~~department~~, that the grant applicant ~~entity~~ will make a cash or
2340 in-kind contribution to the program of a value that is at least
2341 25 percent of the amount of the grant.

2342 (g) The managing entity ~~department~~ shall consider the
2343 following in awarding such grants:

2344 1. The number of youths that will be targeted.

2345 2. The validity of the program design to achieve project
2346 goals and objectives that are clearly related to performance-
2347 based program budgeting effectiveness measures.

2348 3. The desirability of funding at least one approved
2349 project in each of the department's substate entities.

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2350 (3) The managing entity must ~~department shall~~ coordinate
2351 the review of grant applications with local representatives of
2352 the Department of Education and the Department of Juvenile
2353 Justice and shall make award determinations no later than June
2354 30 of each year. All applicants shall be notified by the
2355 managing entity ~~department~~ of its final action.

2356 (4) Each entity that is awarded a grant as provided for in
2357 this section shall submit performance and output information as
2358 determined by the managing entity ~~department~~.

2359 Section 47. Paragraph (d) is added to subsection (1) of
2360 section 916.111, Florida Statutes, to read:

2361 916.111 Training of mental health experts.—The evaluation
2362 of defendants for competency to proceed or for sanity at the
2363 time of the commission of the offense shall be conducted in such
2364 a way as to ensure uniform application of the criteria
2365 enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal
2366 Procedure. The department shall develop, and may contract with
2367 accredited institutions:

2368 (1) To provide:

2369 (a) A plan for training mental health professionals to
2370 perform forensic evaluations and to standardize the criteria and
2371 procedures to be used in these evaluations;

2372 (b) Clinical protocols and procedures based upon the
2373 criteria of Rules 3.210 and 3.216, Florida Rules of Criminal
2374 Procedure; ~~and~~

2375 (c) Training for mental health professionals in the
2376 application of these protocols and procedures in performing
2377 forensic evaluations and providing reports to the courts; and

2378 (d) Refresher training for mental health professionals who

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2379 have completed the training required by paragraph (c) and s.
2380 916.115(1). At a minimum, the refresher training must provide
2381 current information on:

2382 1. Forensic statutory requirements.

2383 2. Recent changes to part II of this chapter.

2384 3. Trends and concerns related to forensic commitments in
2385 the state.

2386 4. Alternatives to maximum security treatment facilities.

2387 5. Community forensic treatment providers.

2388 6. Evaluation requirements.

2389 7. Forensic service array updates.

2390 Section 48. Subsection (1) of section 916.115, Florida
2391 Statutes, is amended to read:

2392 916.115 Appointment of experts.—

2393 (1) The court shall appoint no more than three experts to
2394 determine the mental condition of a defendant in a criminal
2395 case, including competency to proceed, insanity, involuntary
2396 placement, and treatment. The experts may evaluate the defendant
2397 in jail or in another appropriate local facility or in a
2398 facility of the Department of Corrections.

2399 (a) ~~To the extent possible,~~ The appointed experts must
2400 ~~shall~~ have completed forensic evaluator training approved by the
2401 department under s. 916.111(1)(c), and, to the extent possible,
2402 each shall be a psychiatrist, licensed psychologist, or
2403 physician. Appointed experts who have completed the training
2404 under s. 916.111(1)(c) must complete refresher training under s.
2405 916.111(1)(d) every 3 years.

2406 (b) The department shall maintain and annually provide the
2407 courts with a list of available mental health professionals who

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2408 have completed the approved training under ss. 916.111(1)(c) and
2409 (d) as experts.

2410 Section 49. Paragraph (b) of subsection (1) of section
2411 409.972, Florida Statutes, is amended to read:

2412 409.972 Mandatory and voluntary enrollment.—

2413 (1) The following Medicaid-eligible persons are exempt from
2414 mandatory managed care enrollment required by s. 409.965, and
2415 may voluntarily choose to participate in the managed medical
2416 assistance program:

2417 (b) Medicaid recipients residing in residential commitment
2418 facilities operated through the Department of Juvenile Justice
2419 or a treatment facility as defined in s. 394.455 ~~s. 394.455(47)~~.

2420 Section 50. Paragraph (e) of subsection (4) of section
2421 464.012, Florida Statutes, is amended to read:

2422 464.012 Licensure of advanced practice registered nurses;
2423 fees; controlled substance prescribing.—

2424 (4) In addition to the general functions specified in
2425 subsection (3), an advanced practice registered nurse may
2426 perform the following acts within his or her specialty:

2427 (e) A psychiatric nurse, who meets the requirements in s.
2428 394.455(36) ~~s. 394.455(35)~~, within the framework of an
2429 established protocol with a psychiatrist, may prescribe
2430 psychotropic controlled substances for the treatment of mental
2431 disorders.

2432 Section 51. Subsection (7) of section 744.2007, Florida
2433 Statutes, is amended to read:

2434 744.2007 Powers and duties.—

2435 (7) A public guardian may not commit a ward to a treatment
2436 facility, as defined in s. 394.455 ~~s. 394.455(47)~~, without an

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2437 involuntary placement proceeding as provided by law.

2438 Section 52. Paragraph (a) of subsection (2) of section
2439 790.065, Florida Statutes, is amended to read:

2440 790.065 Sale and delivery of firearms.—

2441 (2) Upon receipt of a request for a criminal history record
2442 check, the Department of Law Enforcement shall, during the
2443 licensee's call or by return call, forthwith:

2444 (a) Review any records available to determine if the
2445 potential buyer or transferee:

2446 1. Has been convicted of a felony and is prohibited from
2447 receipt or possession of a firearm pursuant to s. 790.23;

2448 2. Has been convicted of a misdemeanor crime of domestic
2449 violence, and therefore is prohibited from purchasing a firearm;

2450 3. Has had adjudication of guilt withheld or imposition of
2451 sentence suspended on any felony or misdemeanor crime of
2452 domestic violence unless 3 years have elapsed since probation or
2453 any other conditions set by the court have been fulfilled or
2454 expunction has occurred; or

2455 4. Has been adjudicated mentally defective or has been
2456 committed to a mental institution by a court or as provided in
2457 sub-sub-subparagraph b.(II), and as a result is prohibited by
2458 state or federal law from purchasing a firearm.

2459 a. As used in this subparagraph, "adjudicated mentally
2460 defective" means a determination by a court that a person, as a
2461 result of marked subnormal intelligence, or mental illness,
2462 incompetency, condition, or disease, is a danger to himself or
2463 herself or to others or lacks the mental capacity to contract or
2464 manage his or her own affairs. The phrase includes a judicial
2465 finding of incapacity under s. 744.331(6)(a), an acquittal by

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2466 reason of insanity of a person charged with a criminal offense,
2467 and a judicial finding that a criminal defendant is not
2468 competent to stand trial.

2469 b. As used in this subparagraph, "committed to a mental
2470 institution" means:

2471 (I) Involuntary commitment, commitment for mental
2472 defectiveness or mental illness, and commitment for substance
2473 abuse. The phrase includes involuntary inpatient placement under
2474 ~~as defined in s. 394.467~~, involuntary outpatient placement as
2475 defined in s. 394.4655, ~~involuntary assessment and stabilization~~
2476 ~~under s. 397.6818~~, and involuntary substance abuse treatment
2477 under s. 397.6957, but does not include a person in a mental
2478 institution for observation or discharged from a mental
2479 institution based upon the initial review by the physician or a
2480 voluntary admission to a mental institution; or

2481 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
2482 admission to a mental institution for outpatient or inpatient
2483 treatment of a person who had an involuntary examination under
2484 s. 394.463, where each of the following conditions have been
2485 met:

2486 (A) An examining physician found that the person is an
2487 imminent danger to himself or herself or others.

2488 (B) The examining physician certified that if the person
2489 did not agree to voluntary treatment, a petition for involuntary
2490 outpatient or inpatient treatment would have been filed under s.
2491 394.463(2)(g)4., or the examining physician certified that a
2492 petition was filed and the person subsequently agreed to
2493 voluntary treatment prior to a court hearing on the petition.

2494 (C) Before agreeing to voluntary treatment, the person

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2495 received written notice of that finding and certification, and
2496 written notice that as a result of such finding, he or she may
2497 be prohibited from purchasing a firearm, and may not be eligible
2498 to apply for or retain a concealed weapon or firearms license
2499 under s. 790.06 and the person acknowledged such notice in
2500 writing, in substantially the following form:

2501

2502 "I understand that the doctor who examined me believes I am a
2503 danger to myself or to others. I understand that if I do not
2504 agree to voluntary treatment, a petition will be filed in court
2505 to require me to receive involuntary treatment. I understand
2506 that if that petition is filed, I have the right to contest it.
2507 In the event a petition has been filed, I understand that I can
2508 subsequently agree to voluntary treatment prior to a court
2509 hearing. I understand that by agreeing to voluntary treatment in
2510 either of these situations, I may be prohibited from buying
2511 firearms and from applying for or retaining a concealed weapons
2512 or firearms license until I apply for and receive relief from
2513 that restriction under Florida law."

2514

2515 (D) A judge or a magistrate has, pursuant to sub-sub-
2516 subparagraph c.(II), reviewed the record of the finding,
2517 certification, notice, and written acknowledgment classifying
2518 the person as an imminent danger to himself or herself or
2519 others, and ordered that such record be submitted to the
2520 department.

2521 c. In order to check for these conditions, the department
2522 shall compile and maintain an automated database of persons who
2523 are prohibited from purchasing a firearm based on court records

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2524 of adjudications of mental defectiveness or commitments to
2525 mental institutions.

2526 (I) Except as provided in sub-sub-subparagraph (II), clerks
2527 of court shall submit these records to the department within 1
2528 month after the rendition of the adjudication or commitment.
2529 Reports shall be submitted in an automated format. The reports
2530 must, at a minimum, include the name, along with any known alias
2531 or former name, the sex, and the date of birth of the subject.

2532 (II) For persons committed to a mental institution pursuant
2533 to sub-sub-subparagraph b.(II), within 24 hours after the
2534 person's agreement to voluntary admission, a record of the
2535 finding, certification, notice, and written acknowledgment must
2536 be filed by the administrator of the receiving or treatment
2537 facility, as defined in s. 394.455, with the clerk of the court
2538 for the county in which the involuntary examination under s.
2539 394.463 occurred. No fee shall be charged for the filing under
2540 this sub-sub-subparagraph. The clerk must present the records to
2541 a judge or magistrate within 24 hours after receipt of the
2542 records. A judge or magistrate is required and has the lawful
2543 authority to review the records ex parte and, if the judge or
2544 magistrate determines that the record supports the classifying
2545 of the person as an imminent danger to himself or herself or
2546 others, to order that the record be submitted to the department.
2547 If a judge or magistrate orders the submittal of the record to
2548 the department, the record must be submitted to the department
2549 within 24 hours.

2550 d. A person who has been adjudicated mentally defective or
2551 committed to a mental institution, as those terms are defined in
2552 this paragraph, may petition the court that made the

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2553 adjudication or commitment, or the court that ordered that the
2554 record be submitted to the department pursuant to sub-sub-
2555 subparagraph c.(II), for relief from the firearm disabilities
2556 imposed by such adjudication or commitment. A copy of the
2557 petition shall be served on the state attorney for the county in
2558 which the person was adjudicated or committed. The state
2559 attorney may object to and present evidence relevant to the
2560 relief sought by the petition. The hearing on the petition may
2561 be open or closed as the petitioner may choose. The petitioner
2562 may present evidence and subpoena witnesses to appear at the
2563 hearing on the petition. The petitioner may confront and cross-
2564 examine witnesses called by the state attorney. A record of the
2565 hearing shall be made by a certified court reporter or by court-
2566 approved electronic means. The court shall make written findings
2567 of fact and conclusions of law on the issues before it and issue
2568 a final order. The court shall grant the relief requested in the
2569 petition if the court finds, based on the evidence presented
2570 with respect to the petitioner's reputation, the petitioner's
2571 mental health record and, if applicable, criminal history
2572 record, the circumstances surrounding the firearm disability,
2573 and any other evidence in the record, that the petitioner will
2574 not be likely to act in a manner that is dangerous to public
2575 safety and that granting the relief would not be contrary to the
2576 public interest. If the final order denies relief, the
2577 petitioner may not petition again for relief from firearm
2578 disabilities until 1 year after the date of the final order. The
2579 petitioner may seek judicial review of a final order denying
2580 relief in the district court of appeal having jurisdiction over
2581 the court that issued the order. The review shall be conducted

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2582 de novo. Relief from a firearm disability granted under this
2583 sub-subparagraph has no effect on the loss of civil rights,
2584 including firearm rights, for any reason other than the
2585 particular adjudication of mental defectiveness or commitment to
2586 a mental institution from which relief is granted.

2587 e. Upon receipt of proper notice of relief from firearm
2588 disabilities granted under sub-subparagraph d., the department
2589 shall delete any mental health record of the person granted
2590 relief from the automated database of persons who are prohibited
2591 from purchasing a firearm based on court records of
2592 adjudications of mental defectiveness or commitments to mental
2593 institutions.

2594 f. The department is authorized to disclose data collected
2595 pursuant to this subparagraph to agencies of the Federal
2596 Government and other states for use exclusively in determining
2597 the lawfulness of a firearm sale or transfer. The department is
2598 also authorized to disclose this data to the Department of
2599 Agriculture and Consumer Services for purposes of determining
2600 eligibility for issuance of a concealed weapons or concealed
2601 firearms license and for determining whether a basis exists for
2602 revoking or suspending a previously issued license pursuant to
2603 s. 790.06(10). When a potential buyer or transferee appeals a
2604 nonapproval based on these records, the clerks of court and
2605 mental institutions shall, upon request by the department,
2606 provide information to help determine whether the potential
2607 buyer or transferee is the same person as the subject of the
2608 record. Photographs and any other data that could confirm or
2609 negate identity must be made available to the department for
2610 such purposes, notwithstanding any other provision of state law

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2611 to the contrary. Any such information that is made confidential
2612 or exempt from disclosure by law shall retain such confidential
2613 or exempt status when transferred to the department.

2614 Section 53. This act shall take effect July 1, 2020.