

1 A bill to be entitled
2 An act relating to the mental health of minors;
3 amending s. 394.462, F.S.; requiring that
4 transportation plans include options for transporting
5 minors which do not involve marked police vehicles or
6 uniformed law enforcement officers; creating s.
7 394.4635, F.S.; defining the terms "immediately" and
8 "serious bodily harm"; specifying the conditions that
9 must be met for a minor to be taken to a receiving
10 facility for involuntary examination; specifying
11 requirements for initiating a minor's involuntary
12 examination and his or her transportation; specifying
13 requirements for receiving facilities relating to such
14 minors; requiring that court orders for involuntary
15 examinations be made a part of the minor's clinical
16 record; prohibiting a fee from being charged for
17 filing such orders; requiring facilities receiving
18 minors for involuntary examination to provide certain
19 orders and reports to the Department of Children and
20 Families; providing for the validity of such orders;
21 providing requirements for law enforcement officers
22 initiating involuntary examinations of minors or
23 transporting minors to such examinations; prohibiting
24 minors undergoing involuntary examinations initiated
25 by law enforcement officers from being held at

26 receiving facilities for longer than a specified
27 period; providing an exception; requiring law
28 enforcement officers who initiate an involuntary
29 examination for a minor to execute a written report
30 containing specified information; requiring facilities
31 to send such reports to the department; requiring the
32 law enforcement officer's agency to retain such report
33 and to provide a copy of the report to a minor's
34 parent or guardian upon request; requiring that
35 certain reports and certificates be made part of a
36 minor's clinical record; requiring facilities
37 receiving minors for involuntary examinations to
38 create specified records; requiring facilities to
39 submit such records and copies of certain reports to
40 the department in a sworn report; authorizing the
41 department to adopt rules; requiring facilities to
42 notify minors and their parents or guardians of the
43 minor's right to counsel and to provide minors with
44 the opportunity to immediately consult and be
45 represented by counsel; providing requirements for the
46 transportation of minors to facilities for involuntary
47 examination; requiring specified examinations of
48 minors admitted to a receiving facility after an
49 involuntary examination is initiated by certain
50 persons; requiring minors to be released from

51 receiving facilities as soon as a specified
52 determination is made; requiring facilities to have at
53 least one staff member with the authority to make such
54 determinations at the facility at all times;
55 authorizing emergency treatment of minors under
56 certain circumstances; requiring minors to be
57 immediately released if a parent or guardian revokes
58 consent for the minor's admission; prohibiting an
59 examination period from lasting longer than a
60 specified amount of time; requiring that certain
61 actions be taken within the examination period;
62 prohibiting students from being removed from schools
63 and transported to a receiving facility for
64 involuntary examination unless certain requirements
65 are met; requiring facilities to contact schools for
66 specified information under certain circumstances;
67 requiring facilities to notify the department if
68 schools fail to provide such information; requiring
69 the department, in consultation with the Department of
70 Education, to take certain actions relating to such
71 schools; prohibiting minors receiving treatment for
72 mental illness from being deprived of specified
73 privacy rights; providing construction; requiring
74 minors to be provided with parental or guardian
75 contact; providing an exception; providing

76 construction; requiring receiving facility staff to
77 consult with certain persons to ensure continuity of
78 care and prevent disruption to existing medication
79 regimens; requiring that certain conditions be met
80 before giving or prescribing a minor certain
81 psychotropic medication; providing remedies for minors
82 for specified violations; providing immunity for
83 certain persons acting in good faith; providing an
84 exception; requiring facilities examining minors on a
85 voluntary basis to provide the department with a
86 report containing specified information and copies of
87 certain other reports within a specified timeframe;
88 requiring the department to annually publish specified
89 data relating to such reports; providing construction;
90 requiring the department to contract with a
91 consultancy on crisis services to review the provision
92 of crisis services for minors; providing requirements
93 for such review; providing construction; amending s.
94 394.467, F.S.; revising requirements for minors to be
95 ordered for involuntary inpatient placement; defining
96 the term "serious bodily harm"; conforming provisions
97 to changes made by the act; amending s. 409.996, F.S.;
98 revising duties of the department relating to
99 evaluations of lead agencies and monitoring out-of-
100 home placements; amending s. 1001.212, F.S.; revising

101 data that must be provided by the Office of Safe
102 Schools to support the evaluation of specified mental
103 health services; defining the term "mandatory mental
104 health treatment"; requiring school districts, charter
105 school sponsors, and other entities operating a public
106 school to develop, implement, and submit to the office
107 specified policies and procedures; requiring the
108 office to monitor the effectiveness of such policies
109 and procedures; requiring the Department of Education
110 to adopt rules implementing the most effective
111 policies and procedures on a statewide basis; creating
112 the Telehealth Pilot Program within the Department of
113 Children and Families; providing a purpose for the
114 program; requiring certain persons transporting minors
115 to receiving facilities to first obtain specified
116 advice through telehealth services; prohibiting the
117 telehealth services from being provided by an entity
118 that provides involuntary examination services;
119 requiring the department to analyze and compare
120 specified data and prepare a report summarizing the
121 impact of the program; requiring the department to
122 submit the report to the Governor and the Legislature
123 by a specified date; requiring the Legislature to
124 appropriate funds necessary for the creation and
125 administration of the pilot program; requiring the

126 department to adopt rules; providing for future
 127 expiration; amending s. 394.463, F.S.; conforming
 128 provisions to changes made by the act; providing
 129 effective dates.

130

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

132

133 Section 1. Subsection (4) is added to section 394.462,
 134 Florida Statutes, to read:

135 394.462 Transportation.—A transportation plan shall be
 136 developed and implemented by each county in collaboration with
 137 the managing entity in accordance with this section. A county
 138 may enter into a memorandum of understanding with the governing
 139 boards of nearby counties to establish a shared transportation
 140 plan. When multiple counties enter into a memorandum of
 141 understanding for this purpose, the counties shall notify the
 142 managing entity and provide it with a copy of the agreement. The
 143 transportation plan shall describe methods of transport to a
 144 facility within the designated receiving system for individuals
 145 subject to involuntary examination under s. 394.463 or
 146 involuntary admission under s. 397.6772, s. 397.679, s.
 147 397.6798, or s. 397.6811, and may identify responsibility for
 148 other transportation to a participating facility when necessary
 149 and agreed to by the facility. The plan may rely on emergency
 150 medical transport services or private transport companies, as

151 appropriate. The plan shall comply with the transportation
152 provisions of this section and ss. 397.6772, 397.6795, 397.6822,
153 and 397.697.

154 (4) TRANSPORTING MINORS.—The transportation plan must
155 include options for transporting minors which do not involve
156 marked police vehicles or uniformed law enforcement officers.

157 Section 2. Section 394.4635, Florida Statutes, is created
158 to read:

159 394.4635 Involuntary examination of a minor.—

160 (1) DEFINITIONS.—For the purposes of this section, the
161 term:

162 (a) "Immediately" means without unnecessary delay.

163 (b) "Serious bodily harm" means a physical condition that
164 creates a substantial risk of death, protracted and obvious
165 disfigurement, or protracted loss or impairment of a bodily
166 member or of an organ's function.

167 (2) CRITERIA FOR INVOLUNTARY EXAMINATION.—A minor may only
168 be taken to a receiving facility for involuntary examination if
169 all of the following conditions are met:

170 (a) It is likely that the minor has a mental illness and,
171 because of his or her mental illness and as evidenced by recent
172 behavior, there is a substantial likelihood that the minor will
173 imminently cause death or serious bodily harm to himself or
174 herself or to others if the minor is not immediately examined.

175 (b) Involuntary examination is the least restrictive means

176 of preventing the minor from imminently causing serious bodily
177 harm to himself or herself or others.

178 (c)1. The minor's parent or guardian with the authority to
179 consent to medical treatment, after being informed of the
180 specific circumstances giving rise to the recommendation to do
181 so, provides his or her express and informed voluntary consent
182 for the minor's examination at a receiving facility;

183 2. The parent's or guardian's consent cannot be obtained
184 under subparagraph 1. because the minor's parent or guardian
185 cannot be located after exhausting all reasonable efforts to
186 contact each of them; or

187 3. There is recent and affirmative evidence, including,
188 but not limited to, evidence provided by the minor, that
189 contacting the minor's parent or guardian would cause an
190 imminent risk of death, serious bodily harm, or physical or
191 sexual abuse of the minor.

192 (3) INITIATION OF INVOLUNTARY EXAMINATION.—An involuntary
193 examination of a minor may be initiated by any one of the
194 following means:

195 (a) A circuit or county court may enter an ex parte order
196 stating that the minor appears to meet the criteria for
197 involuntary examination of minors under this section and
198 specifying the findings on which that conclusion is based. The
199 ex parte order for involuntary examination must be based on
200 written or oral sworn testimony that includes actual knowledge

201 of specific facts that support the findings. If other less
202 restrictive means are not available, such as voluntary
203 appearance for outpatient evaluation, a law enforcement officer,
204 a parent or guardian, the parent's or guardian's designee, a
205 medical provider, or any other designated agent of the court
206 must take the minor into custody and transport the minor to an
207 appropriate, or the nearest, facility within the designated
208 receiving system pursuant to s. 394.462 for involuntary
209 examination. Immediately after a minor's arrival at a receiving
210 facility, the facility staff shall verbally explain to the
211 minor, and, if present, the minor's parent or guardian, the
212 rights of patients under s. 394.459 using language and
213 terminology the minor understands and shall provide a copy of
214 the rights or physically show the minor where the notice of
215 rights of patients is posted in the facility as required under
216 s. 394.459(12). If the minor's parent or guardian is not present
217 at the time of the minor's arrival, the facility must attempt to
218 notify the parent or guardian pursuant to s. 394.4599(2)(c)2.
219 The order of the court must be made a part of the minor's
220 clinical record. A fee may not be charged for the filing of an
221 order under this paragraph. A facility accepting the patient
222 based on such order must send a copy of the order to the
223 department within 5 working days. The order may be submitted
224 electronically through existing data systems, if applicable. The
225 order is valid only until the minor is delivered to the facility

226 or for the period specified in the order itself, whichever
227 occurs first. If a period is not specified in the order, the
228 order is valid for 7 days after the date the order was signed.

229 (b)1. A law enforcement officer may take a minor who
230 appears to meet the criteria for involuntary examination of
231 minors under this section into custody and, consistent with
232 subsection (6), deliver the minor or have him or her delivered
233 by another person to an appropriate, or the nearest, facility
234 within the designated receiving system pursuant to s. 394.462
235 for a determination of whether the minor meets the criteria for
236 involuntary examination. Whenever possible, an officer
237 considering such transportation must use telehealth resources or
238 other means to obtain the advice of a medical professional
239 authorized to initiate involuntary examinations as to whether
240 the minor meets the criteria for involuntary examination before
241 transporting him or her to a receiving facility. An officer who
242 uses such services or means and is advised that a minor does not
243 meet the criteria for involuntary examination may not take the
244 minor into custody or have the minor transported to a facility.

245 2. Once a minor arrives at a receiving facility for
246 involuntary examination initiated by a law enforcement officer,
247 the minor may not be held involuntarily for more than 2 hours
248 unless a physician, clinical psychologist, psychiatric nurse,
249 school psychologist, mental health counselor, marriage and
250 family therapist, or clinical social worker provides written

251 certification stating that he or she has examined the minor and
252 finds that the minor appears to meet the criteria for
253 involuntary examination of minors and stating the observations
254 upon which the finding is based. Upon the request of the minor's
255 parent or guardian, the parent or guardian must be allowed to
256 remain with the minor at any time between the minor's arrival at
257 the facility and when the examination occurs unless there is
258 recent and affirmative evidence, including, but not limited to,
259 evidence provided by the minor, that allowing the minor's parent
260 or guardian to remain with the minor would cause an imminent
261 risk of death, serious bodily harm, or physical or sexual abuse
262 of the minor. Immediately after a minor's arrival at a receiving
263 facility, the facility staff shall verbally explain to the
264 minor, and, if present, the minor's parent or guardian, the
265 rights of patients under s. 394.459 using language and
266 terminology the minor understands and shall provide a copy of
267 the rights or physically show the minor where the notice of
268 rights of patients is posted in the facility as required under
269 s. 394.459(12). If the minor's parent or guardian is not present
270 at the time of the minor's arrival, the facility must attempt to
271 notify the parent or guardian as required by s. 394.4599(2)(c)2.
272 and seek his or her consent for further examination of the
273 minor, except to the extent such consent is not required under
274 subparagraph (2)(c)3.
275 3. Regardless of whether a facility receives written

276 certification that the minor meets the criteria for involuntary
277 examination under subparagraph 2., the law enforcement officer
278 who took the minor into custody must execute a written report
279 detailing the circumstances under which the minor was taken into
280 custody, and the report must be made a part of the minor's
281 clinical record. The facility shall send a copy of the report to
282 the department within 5 working days, regardless of whether the
283 minor is admitted. The law enforcement officer's law enforcement
284 agency shall retain a copy of the report pursuant to the
285 agency's policy and provide it to the minor's parent or guardian
286 at his or her request. The report must state the reasons the
287 examination was initiated; specify whether the minor was taken
288 into custody at a school and, if so, provide the name and
289 address of the school; and specify which criteria were met under
290 paragraph (2)(c). If the criterion under subparagraph (2)(c)1.
291 was met, the report must include the parent's or guardian's name
292 and contact information. If the criterion under subparagraph
293 (2)(c)2. was met, the report must state the means by which the
294 law enforcement officer attempted to locate each parent or
295 guardian. If the criterion under subparagraph (2)(c)3. was met,
296 the report must include the recent and affirmative evidence that
297 led to a conclusion that contacting the parent or guardian would
298 pose an imminent risk of death, serious bodily harm, or physical
299 or sexual abuse of the minor.

300 (c)1. A physician, clinical psychologist, psychiatric

301 nurse, school psychologist, mental health counselor, marriage
302 and family therapist, or clinical social worker may provide
303 written certification stating that he or she has examined a
304 minor, either in person or through telehealth, within the
305 preceding 48 hours and finds that the minor appears to meet the
306 criteria for involuntary examination and stating the
307 observations upon which that conclusion is based.

308 2. If other less restrictive means, such as voluntary
309 appearance for outpatient evaluation, are not available, a
310 parent or guardian, the parent's or guardian's designee, a
311 family member, a friend, a medical provider, a school counselor,
312 a school administrator, or a law enforcement officer must take
313 the minor named in the certification into custody and deliver
314 him or her to the appropriate, or nearest, facility within the
315 designated receiving system pursuant to s. 394.462 for
316 involuntary examination. Upon the minor's arrival, the facility
317 staff shall verbally explain to the minor, and, if present, the
318 minor's parent or guardian, the rights of patients under s.
319 394.459 using language and terminology the minor understands and
320 shall provide a copy of the rights or physically show the minor
321 where the notice of rights of patients is posted in the facility
322 as required under s. 394.459(12). If the minor's parent or
323 guardian is not present at the time of the minor's arrival, the
324 facility must attempt to notify the parent or guardian pursuant
325 to s. 394.4599(2)(c)2. and seek his or her consent for further

326 examination of the minor, except to the extent such consent is
327 not required under subparagraph (2)(c)3. The minor must be
328 transported consistent with the requirements under subsection
329 (6). If the person transporting the minor is a law enforcement
330 officer, the officer must also execute a written report
331 detailing the circumstances under which the minor was taken into
332 custody. The report must state the reasons the examination was
333 initiated; specify whether the minor was taken into custody at a
334 school and, if so, provide the name and address of the school;
335 and specify which criteria were met under paragraph (2)(c). If
336 the criterion under subparagraph (2)(c)1. was met, the report
337 must include the parent's or guardian's name and contact
338 information. If the criterion under subparagraph (2)(c)2. was
339 met, the report must state the means by which the law
340 enforcement officer attempted to locate each parent or guardian.
341 If the criterion under subparagraph (2)(c)3. was met, the report
342 must include the recent and affirmative evidence that led to a
343 conclusion that contacting the parent or guardian would pose an
344 imminent risk of death, serious bodily harm, or physical or
345 sexual abuse of the minor.

346 3. The report and certificate must be made a part of the
347 minor's clinical record. Any facility accepting the minor based
348 on the certificate must send a copy of the certificate to the
349 department within 5 working days, regardless of whether the
350 minor is not admitted or is admitted on a voluntary or

351 involuntary basis. The document may be submitted electronically
352 through existing data systems, if applicable. A full and
353 complete copy of the minor's clinical record or any portion of
354 it, including the report and certificate, must be provided to
355 the minor's parent or guardian upon his or her request.

356 (4) REQUIRED FACILITY REPORTS.—

357 (a)1. At the time the minor arrives at the receiving
358 facility, the facility shall record whether the minor meets the
359 criteria for involuntary services at that time; whether the
360 minor meets the criteria because of risk of death or serious
361 bodily harm to himself or herself or others; the means by which
362 the minor arrived at the facility, including whether he or she
363 was transported there by law enforcement; whether the area's
364 mobile crisis response team was contacted before the admission;
365 the time and date the minor arrived at the facility; whether the
366 minor has Medicaid, Medicare, private health insurance, or no
367 health insurance; the minor's age, name, race, gender, national
368 origin, disability status, including whether the minor has a
369 developmental disability, and social security number; what
370 actions were taken after the initial examination, including
371 whether the minor was released or examined further; and any
372 other information the department requires by rule.

373 2. At the conclusion of the period specified in subsection
374 (8), the facility shall record the time and date the minor left
375 the facility or a petition for involuntary services was

376 initiated pursuant to paragraph (8) (d); whether psychotropic
377 medication was administered while the minor was in the facility;
378 if the minor left the facility, a description of the followup
379 services provided; and any other information the department
380 requires by rule.

381 (b) A receiving facility shall submit the records created
382 in paragraph (a) to the department in a sworn written report
383 that also includes copies of any reports prepared by law
384 enforcement or school personnel required under this section. The
385 information in the report shall also be made a part of the
386 minor's clinical record. The department may adopt rules
387 governing such reports.

388 (5) RIGHT TO COUNSEL.—Upon a minor's arrival at a
389 receiving facility, the facility shall notify the minor and his
390 or her parent or guardian of the minor's right to counsel and
391 shall provide the minor the opportunity to immediately consult
392 with and be represented by a public defender or the minor's
393 attorney.

394 (6) TRANSPORTATION.—All persons initiating the involuntary
395 examination of a minor shall make every effort to avoid
396 transporting minors in vehicles ordinarily used for law
397 enforcement purposes. When law enforcement officers initiate or
398 participate in the transportation of a minor for involuntary
399 examination, officers must use the least restrictive means for
400 transporting the minor and must use unmarked vehicles or

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401 ambulances if available. Law enforcement officers must allow a
402 minor's parent or guardian or the parent's or guardian's
403 designee, if available, to transport the minor to the receiving
404 facility unless there is compelling evidence that doing so would
405 endanger the minor. If the parent or guardian of a minor, or the
406 parent's or guardian's designee, is unavailable to transport the
407 minor, law enforcement officers must allow other appropriate and
408 willing persons to transport the minor, if available, including
409 a school counselor, school administrator, family member, friend,
410 or medical provider, unless there is compelling evidence that
411 doing so would endanger the minor. If a minor is transported by
412 a law enforcement officer, the officer must also allow the
413 minor's parent or guardian to ride in the same vehicle with the
414 minor unless there is compelling evidence that doing so would
415 endanger the minor. Law enforcement officers may not use
416 restraints on a minor being transported for involuntary
417 examination, including handcuffs, hobbles, and zip ties, except
418 in a situation where there is no other available means to
419 prevent imminent serious bodily harm to the minor or others. A
420 department or agency policy requiring that all persons
421 transported in police cars be restrained may not be used to
422 justify the use of restraints on minors transported pursuant to
423 this section.

424 (7) MINIMAL DETENTION.—When a minor is admitted to a
425 receiving facility after an involuntary examination is initiated

426 by someone other than a physician, a clinical psychologist, or a
427 psychiatric nurse performing within the framework of an
428 established protocol with a psychiatrist at a facility, a
429 physician, a clinical psychologist, or a psychiatric nurse must
430 examine the minor immediately upon admission to determine if the
431 criteria for involuntary services are met. A minor shall be
432 released from a receiving facility as soon as a physician, a
433 clinical psychologist, a psychiatric nurse, an advanced practice
434 registered nurse registered under s. 464.0123, a mental health
435 counselor, a marriage and family therapist, or a clinical social
436 worker at the facility determines the minor no longer meets the
437 criteria for involuntary examination of minors. Facilities may
438 establish procedures to designate one or more employees to make
439 such determination, but the facility must have at least one
440 staff member with the authority to make such determination at
441 the facility at all times. Emergency treatment may be provided
442 to a minor upon the order of a physician if the physician
443 determines that such treatment is necessary for the safety of
444 the minor or others. A minor must be immediately released if the
445 minor's parent or guardian revokes consent for his or her
446 admission to a facility.

447 (8) DURATION AND CONCLUSION OF INVOLUNTARY EXAMINATION.—
448 The examination period for a minor may not last longer than 72
449 hours. Within the examination period, one of the following
450 actions must be taken based on the individual needs of the

451 minor:

452 (a) The minor must be released pursuant to subsection (7).

453 (b) The minor must be released for voluntary outpatient
454 treatment.

455 (c) If the minor and the minor's parent or guardian have
456 given express and informed written consent to placement as a
457 voluntary patient, the minor must be admitted as a voluntary
458 patient.

459 (d) A petition for involuntary services must be filed in
460 the circuit court if inpatient treatment is deemed necessary or
461 with the criminal county court, as defined in s. 394.4655(1), as
462 applicable. If inpatient treatment is deemed necessary, the
463 least restrictive treatment consistent with the optimum
464 improvement of the minor's condition must be made available. A
465 petition for involuntary inpatient placement must state, under
466 penalty of perjury, that the receiving facility administrator
467 believes the minor meets the criteria for involuntary placement
468 and the facility intends to pursue such placement. The petition
469 must be filed by the facility administrator.

470 (9) REMOVAL FROM SCHOOLS.-

471 (a) A student may not be removed from any school as
472 defined in s. 1003.01(2) and transported to a receiving facility
473 for involuntary examination unless the school principal, the
474 school counselor, the school psychologist, or any other school
475 official who has the most knowledge about the circumstances of

476 the student's removal submits a written report to the department
477 containing all of the following information:

478 1. The school name and address.

479 2. The time and date of the removal.

480 3. The student's name, age, grade, race, gender, and
481 national origin.

482 4. Whether the student has a disability, including whether
483 he or she has a Section 504 plan or an individual education plan
484 (IEP), and the basis for such classification or receipt of
485 services, including the nature of the disability or medical
486 diagnosis.

487 5. Whether the student is experiencing homelessness as
488 defined in s. 1003.01(12).

489 6. Whether the student has limited English proficiency as
490 defined in s. 1003.56(2)(a).

491 7. The circumstances leading to the involuntary
492 examination, including whether the behavior leading to the
493 involuntary examination was observed by a law enforcement
494 officer directly or relayed to law enforcement indirectly and
495 whether the basis for the removal was for danger to self or
496 others.

497 8. If the involuntary examination was initiated because of
498 danger to self, whether the school used a suicide screening
499 instrument approved under s. 1012.583.

500 9. Whether a physician, clinical psychologist, psychiatric

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501 nurse, school psychologist, mental health counselor, marriage
502 and family therapist, clinical social worker, or mobile crisis
503 team, and, if the student has a disability, an exceptional
504 student education director or a member of the student's IEP
505 team, was present on the school campus at the time of the
506 decision to remove the student or to contact law enforcement to
507 do so.

508 10. Whether a physician, clinical psychologist,
509 psychiatric nurse, school psychologist, mental health counselor,
510 marriage and family therapist, clinical social worker, or mobile
511 crisis team, and, if the student has a disability, an
512 exceptional student education director or a member of the
513 student's IEP team, was consulted before the decision to remove
514 the student from the school for involuntary examination.

515 11. If the student is a minor, whether a parent or
516 guardian was contacted before the student's removal and, if so,
517 whether the parent or guardian consented to the removal and
518 whether he or she was given the opportunity to remove the
519 student from school.

520 12. Any other information the department determines is
521 appropriate.

522 (b) If a receiving facility receives a student for
523 involuntary examination and the report of the law enforcement
524 officer made pursuant to subsection (3) indicates that the
525 student was removed from a school but the student is not

526 accompanied by the school's report required under paragraph (a)
527 or the report is incomplete, the facility must contact the
528 school by the end of the next working day and obtain a completed
529 copy of the report. If the school fails to provide the report,
530 the facility must notify the department by certified mail or by
531 e-mail, if available, by the next working day. The department
532 shall keep records of all such notifications and take all
533 appropriate steps, in consultation with the Department of
534 Education, to ensure that any failures to notify do not reoccur.

535 (c) The department may adopt rules governing such reports.

536 (10) PRIVACY.—A minor receiving treatment for mental
537 illness may not be deprived of his or her right to privacy under
538 state and federal law, the United States Constitution, or the
539 State Constitution, including the right to keep the fact of such
540 treatment confidential and not disclose the information except
541 to those individuals who provide medical services or collect
542 data on the use of involuntary and voluntary examination. This
543 subsection may not be construed to limit any other rights minors
544 may have under this chapter or other law, including, but not
545 limited to, s. 394.459. Each entity sharing, collecting, or
546 maintaining data or information under this section is required
547 to meet the standards set forth in the National Institute of
548 Standards and Technology Cybersecurity Framework Version 1.1.

549 (11) ACCESS TO PARENTS OR GUARDIANS.—A minor shall be
550 provided as much contact with his or her parent or guardian as

551 he or she desires and is practicable unless the treating
552 psychiatrist executes a written certificate under penalty of
553 perjury indicating that doing so would pose a risk of serious
554 psychological harm. At a minimum, such contact must include
555 daily in-person visiting hours and unlimited use of a telephone
556 for the minor to contact his or her parent or guardian and, to
557 the extent practicable, allow a minor's parent or guardian to
558 stay with the minor overnight in the receiving facility. This
559 subsection may not be construed to limit any other rights minors
560 may have under this chapter or other law, including, but not
561 limited to, s. 394.459.

562 (12) CONTINUITY OF CARE.—Receiving facility staff shall
563 consult with the parent or guardian of a minor and any medical
564 professionals treating the minor to ensure continuity of care
565 and prevent disruption to the minor's existing medication
566 regimen. Psychotropic medication that a minor is not prescribed
567 at the time of evaluation or treatment must be given or
568 prescribed to a minor only after every reasonable effort has
569 been made to consult with the minor's existing medical and
570 psychiatric providers.

571 (13) VIOLATIONS.—Any minor whose rights under this chapter
572 have been violated may file suit through his or her legal
573 representative against any person, agency, municipality,
574 district, or other entity in any court of this state having
575 jurisdiction. A minor who files suit may seek declaratory

576 relief, injunctive relief, and damages. Any person who acts in
577 good faith in compliance with this part is immune from civil or
578 criminal liability for his or her actions in connection with the
579 admission, diagnosis, treatment, or discharge of a minor from a
580 receiving facility, or the decision not to admit the minor or
581 initiate an examination. However, this section does not relieve
582 any person from liability if such person is negligent.

583 (14) REPORTING ON VOLUNTARY EXAMINATION.—

584 (a) For each minor examined on a voluntary basis by a
585 receiving facility, the facility shall compile all of the
586 following information in a written report to the department:

587 1. The means by which the minor arrived at the facility,
588 including whether he or she was transported by law enforcement.

589 2. Whether the area's mobile crisis response team was
590 contacted.

591 3. Whether the minor is a student at a school as defined
592 in s. 1003.01(2) or at a private school as defined in s.
593 1002.01(2), whether the minor was transported to the facility
594 from that school, and, if so, the name of the school.

595 4. The time and date the minor arrived at the facility.

596 5. Whether the facility recommended that the minor
597 voluntarily consent to admission.

598 6. Whether the minor has Medicaid, Medicare, private
599 health insurance, or no health insurance.

600 7. Whether the minor has a developmental disability.

601 8. The minor's age, name, race, gender, and national
602 origin.

603 9. The time and date the minor left the facility and a
604 description of the followup services provided, if applicable.

605 10. Any other information the department deems
606 appropriate.

607 (b) For any minor examined or admitted on a voluntary
608 basis, the receiving facility must send a copy of the report to
609 the department within 5 working days after the examination, and
610 the facility must attach copies of any reports provided by law
611 enforcement and schools pursuant to this section to the report.
612 The department shall publish aggregated data, broken down by
613 demographics, for each category of information listed in
614 subparagraphs (a)1.-10. for every receiving facility on an
615 annual basis no later than 6 months after the conclusion of the
616 fiscal year during which the data was collected.

617 (c) This subsection may not be construed to alter or
618 expand the authority of any person to examine a minor on a
619 voluntary basis under s. 394.4625.

620 (15) OUTSIDE REVIEW.—The department shall contract with a
621 nationally recognized consultancy on crisis services for minors
622 which is based outside this state to review this state's
623 provision of crisis services for minors. Such review must
624 include examining the clinical records of a random sample of
625 minors involuntarily examined and determining if they meet with

626 national best practices. The consultancy must make
 627 recommendations for improvement of crisis services for minors.
 628 The review must also provide an estimate of the per-minor cost
 629 of involuntary examination compared with other methods of
 630 addressing minors in crisis.

631 (16) CONSTRUCTION.—The provisions of this section take
 632 precedence over any provision of this chapter which is
 633 inconsistent with this section.

634 Section 3. Subsection (1) of section 394.467, Florida
 635 Statutes, is amended to read:

636 394.467 Involuntary inpatient placement.—

637 (1) CRITERIA.—

638 (a) A person 18 years of age or older may be ordered for
 639 involuntary inpatient placement for treatment upon a finding of
 640 the court by clear and convincing evidence that:

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

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

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

649 b. (I)~~2.a.~~ He or she is incapable of surviving alone or
 650 with the help of willing and responsible family or friends,

651 including available alternative services, and, without
 652 treatment, is likely to suffer from neglect or refuse to care
 653 for himself or herself, and such neglect or refusal poses a real
 654 and present threat of substantial harm to his or her well-being;
 655 or

656 (II)~~b.~~ There is substantial likelihood that in the near
 657 future he or she will inflict serious bodily harm on self or
 658 others, as evidenced by recent behavior causing, attempting, or
 659 threatening such harm; and

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

663 (b) A minor may be ordered for involuntary inpatient
 664 placement for treatment if a court finds by clear and convincing
 665 evidence that all of the following conditions are met:

666 1. The minor has a mental illness.

667 2. Because of his or her mental illness, it is likely that
 668 the minor will, if not ordered for involuntary inpatient
 669 placement, imminently cause death or serious bodily harm to
 670 himself or herself or to others, as evidenced by recent behavior
 671 causing, attempting, or threatening such harm.

672 3. Involuntary inpatient placement is the least
 673 restrictive means of preventing the minor from imminently
 674 causing serious bodily harm to himself or herself or others.

675 4.a. The minor's parent or guardian with the authority to

676 consent to medical treatment, after being informed of the
677 specific circumstances giving rise to the recommendation to do
678 so, provides his or her express and informed voluntary consent
679 for the minor's examination at a receiving facility;

680 b. The parent's or guardian's consent cannot be obtained
681 under sub-subparagraph a. because the minor's parent or guardian
682 cannot be located after exhausting all reasonable efforts to
683 contact each of them; or

684 c. There is recent and affirmative evidence, including,
685 but not limited to, evidence provided by the minor, that
686 contacting the minor's parent or guardian would cause an
687 imminent risk of death, serious bodily harm, or physical or
688 sexual abuse of the minor.

689
690 As used in this paragraph, the term "serious bodily harm" means
691 a physical condition that creates a substantial risk of death,
692 protracted and obvious disfigurement, or protracted loss or
693 impairment of a bodily member or of an organ's function.

694 Section 4. Paragraphs (a) and (b) of subsection (21) of
695 section 409.996, Florida Statutes, are amended to read:

696 409.996 Duties of the Department of Children and
697 Families.—The department shall contract for the delivery,
698 administration, or management of care for children in the child
699 protection and child welfare system. In doing so, the department
700 retains responsibility for the quality of contracted services

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701 and programs and shall ensure that, at a minimum, services are
702 delivered in accordance with applicable federal and state
703 statutes and regulations and the performance standards and
704 metrics specified in the strategic plan created under s.
705 20.19(1).

706 (21) The department, in consultation with lead agencies,
707 shall establish a quality assurance program for contracted
708 services to dependent children. The quality assurance program
709 shall, at a minimum, be based on standards established by
710 federal and state law, national accrediting organizations, and
711 the Office of Quality established under s. 402.715, and must be
712 consistent with the child welfare results-oriented
713 accountability system required by s. 409.997.

714 (a) The department must evaluate each lead agency under
715 contract at least annually. These evaluations shall cover the
716 programmatic, operational, and fiscal operations of the lead
717 agency and must be consistent with the child welfare results-
718 oriented accountability system required under s. 409.997. The
719 department must consult with dependency judges in the circuit or
720 circuits served by the lead agency on the performance of the
721 lead agency.

722 (b) The department and each lead agency shall monitor out-
723 of-home placements, including the extent to which sibling groups
724 are placed together or provisions to provide visitation and
725 other contacts if siblings are separated and a record of each

726 time a minor with an open case is examined under chapter 394,
 727 including whether the minor was voluntarily or involuntarily
 728 examined under s. 394.4625 or s. 394.4635, and the number of
 729 days spent in a receiving facility. The data must ~~shall~~ identify
 730 reasons for sibling separation and examination under chapter
 731 394. Information related to sibling placement and examination
 732 under chapter 394 must ~~shall~~ be incorporated into the results-
 733 oriented accountability system required under s. 409.997 and
 734 into the evaluation of the outcome specified in s.
 735 409.986(2)(e). The information related to sibling placement must
 736 ~~shall~~ also be made available to the institute established under
 737 s. 1004.615 for use in assessing the performance of child
 738 welfare services in relation to the outcome specified in s.
 739 409.986(2)(e).

740 Section 5. Subsection (7) of section 1001.212, Florida
 741 Statutes, is amended to read:

742 1001.212 Office of Safe Schools.—There is created in the
 743 Department of Education the Office of Safe Schools. The office
 744 is fully accountable to the Commissioner of Education. The
 745 office shall serve as a central repository for best practices,
 746 training standards, and compliance oversight in all matters
 747 regarding school safety and security, including prevention
 748 efforts, intervention efforts, and emergency preparedness
 749 planning. The office shall:

750 (7) Provide data to support the evaluation of mental

751 health services pursuant to s. 1004.44.

752 (a) Such data must include, for each school, the number of
753 involuntary examinations as defined in s. 394.455 which are
754 initiated at the school, on school transportation, or at a
755 school-sponsored activity and the number of children for whom an
756 examination is initiated.

757 1. The following information for each student must also be
758 included with such data:

759 a. The student's name, age, grade, race, gender, and
760 national origin;

761 b. The student's disability status, including whether he
762 or she has or is eligible for a Section 504 plan or an
763 individual education plan (IEP), and whether the reason for such
764 services or eligibility is a developmental disability;

765 c. Whether the student is experiencing homelessness as
766 described in s. 1003.01(12);

767 d. Whether the student has limited English proficiency as
768 defined in s. 1003.56(2)(a);

769 e. The number of school days that passed after the
770 involuntary examination and before the day the student next
771 attended school;

772 f. Whether the student involuntarily examined has been
773 previously examined and, if so, the number of times the student
774 has been examined;

775 g. Whether a mobile crisis response team was contacted

776 before the examination, and, if so, whether the team conducted
777 an examination of the child and the team's recommendations;

778 h. Whether the student's parent or guardian was contacted
779 before the decision to initiate the involuntary examination and
780 whether the parent or guardian consented; and

781 i. Any other information the department determines is
782 appropriate.

783 2. The information required under subparagraph 1. must be
784 updated monthly, and data on total incidents of involuntary
785 examination, disaggregated by sub-subparagraphs 1.a.-d., must be
786 made publicly accessible on the department's website, including
787 on the K-12 data portal, annually within 90 days after the last
788 day of each school year and in compliance with applicable
789 privacy laws. Data aggregated by a school district for sub-
790 subparagraph 1.f. must also be made publicly accessible on the
791 department's website annually and in compliance with applicable
792 privacy laws. School districts shall notify all parents of the
793 availability of this data before any deadlines for applications
794 to transfer between schools or school districts. The department
795 shall adopt rules setting minimum standards for documenting,
796 reporting, and monitoring the use of involuntary examination of
797 students under s. 394.463. The department must provide school
798 districts with such standards before August 1, 2023.

799 (b) Such data must also include, for each school, the
800 number of incidents of mandatory mental health treatment and the

801 number of children provided such treatment. For the purposes of
802 this paragraph, the term "mandatory mental health treatment"
803 means any time a student is required to undergo mental health
804 treatment or examination as a condition of attendance at school
805 or participation in any school activity. The term includes, but
806 is not limited to:

807 1. Mental health treatment as a condition of admittance to
808 or transfer to or from a school;

809 2. Mental health treatment as a condition of avoiding or
810 modifying the severity of suspension, expulsion, transfer to
811 another school, or discipline of any kind;

812 3. Requiring a parent or guardian to take a student to a
813 receiving facility for involuntary examination under s. 394.4635
814 or voluntary examination under s. 394.4625;

815 4. Involuntary examination initiated on a school campus or
816 otherwise reported pursuant this section; or

817 5. Mental health treatment or examination required as part
818 of determining a student's eligibility for, or as an element of,
819 exceptional student instruction.

820 (c)1. Each school district, charter school sponsor, or
821 other entity operating a public school shall develop and submit
822 to the office, no later than August 1, 2022, policies and
823 procedures that are consistent with this subsection and that
824 govern all of the following:

825 a. Compliance with paragraphs (a) and (b).

826 b. Monitoring and reporting of data collected.
827 c. Notification to all parents and guardians at the
828 beginning of a school year of their rights under ss.
829 1002.20 (3) (l) and 1002.33 (9) (q).
830 d. Training programs relating to involuntary examinations
831 and mandatory mental health treatment.
832 e. The entity's plan for selecting personnel to be
833 trained.
834 f. The entity's plan for eliminating the inappropriate use
835 of involuntary examinations and other inappropriate mandatory
836 mental health treatment. The plan must include a goal for
837 reducing the necessity for involuntary examination and mandatory
838 mental health treatment and must include activities, skills, and
839 resources required to achieve that goal.
840 2. The office shall monitor the effectiveness of the
841 policies and procedures submitted pursuant to subparagraph 1.,
842 and the department shall adopt rules to implement the most
843 effective policies and procedures on a statewide basis.
844 Section 6. (1) Effective September 1, 2022, a Telehealth
845 Pilot Program is created within the Department of Children and
846 Families to provide services to Hillsborough, Leon, and Miami-
847 Dade Counties for 1 year. The purpose of this pilot program is
848 to assess whether the use of involuntary examination of a minor
849 is appropriate before the minor is transported for an
850 involuntary examination.

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851 (2) In each of the counties participating in the pilot
852 program, before transporting a minor to a receiving facility for
853 involuntary examination pursuant to s. 394.4635(3), Florida
854 Statutes, the person transporting the minor must use telehealth
855 services to obtain the advice of a medical professional
856 authorized to initiate involuntary examinations as to whether
857 the minor meets the criteria for involuntary examination. The
858 telehealth services may not be provided by an entity that
859 provides involuntary examination services.

860 (3) The Department of Children and Families shall analyze
861 and compare data on the use of involuntary examinations of
862 minors before and after implementation of the pilot program and
863 shall prepare a report summarizing the impact of the pilot
864 program and submit the report to the Governor, the President of
865 the Senate, and the Speaker of the House of Representatives
866 within 90 days after September 1, 2023.

867 (4) The Legislature shall appropriate funds necessary for
868 the creation and administration of the pilot program.

869 (5) The Department of Children and Families shall adopt
870 rules to administer the pilot program.

871 (6) This section expires January 1, 2024.

872 Section 7. Subsection (1) and paragraphs (a), (f), and (g)
873 of subsection (2) of section 394.463, Florida Statutes, are
874 amended to read:

875 394.463 Involuntary examination.—

876 (1) CRITERIA.—A person 18 years of age or older may be
 877 taken to a receiving facility for involuntary examination if
 878 there is reason to believe that the person has a mental illness
 879 and because of his or her mental illness:

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

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

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

892 2. There is a substantial likelihood that without care or
 893 treatment the person will cause serious bodily harm to himself
 894 or herself or others in the near future, as evidenced by recent
 895 behavior.

896 (2) INVOLUNTARY EXAMINATION.—

897 (a) An involuntary examination may be initiated on a
 898 person 18 years of age or older by any one of the following
 899 means:

900 1. A circuit or county court may enter an ex parte order

901 stating that a person appears to meet the criteria for
902 involuntary examination and specifying the findings on which
903 that conclusion is based. The ex parte order for involuntary
904 examination must be based on written or oral sworn testimony
905 that includes specific facts that support the findings. If other
906 less restrictive means are not available, such as voluntary
907 appearance for outpatient evaluation, a law enforcement officer,
908 or other designated agent of the court, shall take the person
909 into custody and deliver him or her to an appropriate, or the
910 nearest, facility within the designated receiving system
911 pursuant to s. 394.462 for involuntary examination. The order of
912 the court shall be made a part of the patient's clinical record.
913 A fee may not be charged for the filing of an order under this
914 subsection. A facility accepting the patient based on this order
915 must send a copy of the order to the department within 5 working
916 days. The order may be submitted electronically through existing
917 data systems, if available. The order shall be valid only until
918 the person is delivered to the facility or for the period
919 specified in the order itself, whichever comes first. If a time
920 limit is not specified in the order, the order is valid for 7
921 days after the date that the order was signed.

922 2. A law enforcement officer shall take a person who
923 appears to meet the criteria for involuntary examination into
924 custody and deliver the person or have him or her delivered to
925 an appropriate, or the nearest, facility within the designated

926 receiving system pursuant to s. 394.462 for examination. The
927 officer shall execute a written report detailing the
928 circumstances under which the person was taken into custody,
929 which must be made a part of the patient's clinical record. Any
930 facility accepting the patient based on this report must send a
931 copy of the report to the department within 5 working days.

932 3. A physician, a physician assistant, a clinical
933 psychologist, a psychiatric nurse, an advanced practice
934 registered nurse registered under s. 464.0123, a mental health
935 counselor, a marriage and family therapist, or a clinical social
936 worker may execute a certificate stating that he or she has
937 examined a person within the preceding 48 hours and finds that
938 the person appears to meet the criteria for involuntary
939 examination and stating the observations upon which that
940 conclusion is based. If other less restrictive means, such as
941 voluntary appearance for outpatient evaluation, are not
942 available, a law enforcement officer shall take into custody the
943 person named in the certificate and deliver him or her to the
944 appropriate, or nearest, facility within the designated
945 receiving system pursuant to s. 394.462 for involuntary
946 examination. The law enforcement officer shall execute a written
947 report detailing the circumstances under which the person was
948 taken into custody. The report and certificate shall be made a
949 part of the patient's clinical record. Any facility accepting
950 the patient based on this certificate must send a copy of the

951 certificate to the department within 5 working days. The
952 document may be submitted electronically through existing data
953 systems, if applicable.

954
955 When sending the order, report, or certificate to the
956 department, a facility shall, at a minimum, provide information
957 about which action was taken regarding the patient under
958 paragraph (g), which information shall also be made a part of
959 the patient's clinical record.

960 (f) A patient 18 years of age or older shall be examined
961 by a physician or a clinical psychologist, or by a psychiatric
962 nurse performing within the framework of an established protocol
963 with a psychiatrist at a facility without unnecessary delay to
964 determine if the criteria for involuntary services are met.
965 Emergency treatment may be provided upon the order of a
966 physician if the physician determines that such treatment is
967 necessary for the safety of the patient or others. The patient
968 may not be released by the receiving facility or its contractor
969 without the documented approval of a psychiatrist or a clinical
970 psychologist or, if the receiving facility is owned or operated
971 by a hospital or health system, the release may also be approved
972 by a psychiatric nurse performing within the framework of an
973 established protocol with a psychiatrist, or an attending
974 emergency department physician with experience in the diagnosis
975 and treatment of mental illness after completion of an

976 involuntary examination pursuant to this subsection. A
977 psychiatric nurse may not approve the release of a patient if
978 the involuntary examination was initiated by a psychiatrist
979 unless the release is approved by the initiating psychiatrist.

980 (g) The examination period must be for up to 72 hours. ~~For~~
981 ~~a minor, the examination shall be initiated within 12 hours~~
982 ~~after the patient's arrival at the facility.~~ Within the
983 examination period or, if the examination period ends on a
984 weekend or holiday, no later than the next working day
985 thereafter, one of the following actions must be taken, based on
986 the individual needs of the patient:

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

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

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

996 4. A petition for involuntary services shall be filed in
997 the circuit court if inpatient treatment is deemed necessary or
998 with the criminal county court, as defined in s. 394.4655(1), as
999 applicable. When inpatient treatment is deemed necessary, the
1000 least restrictive treatment consistent with the optimum

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1001 improvement of the patient's condition shall be made available.
1002 When a petition is to be filed for involuntary outpatient
1003 placement, it shall be filed by one of the petitioners specified
1004 in s. 394.4655(4)(a). A petition for involuntary inpatient
1005 placement shall be filed by the facility administrator.

1006 Section 8. Except as otherwise expressly provided in this
1007 act, this act shall take effect July 1, 2022.