

By Senator Powell

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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 medical
26 facilities for longer than a specified period;
27 providing an exception; requiring law enforcement
28 officers who initiate an involuntary examination for a
29 minor to execute a written report containing specified

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30 information; requiring facilities to send such reports
31 to the department; requiring the law enforcement
32 officer's agency to retain such report and to provide
33 a copy of the report to a minor's parent or guardian
34 upon request; requiring that certain reports and
35 certificates be made part of a minor's clinical
36 records; requiring facilities receiving minors for
37 involuntary examinations to create specified records;
38 requiring facilities to submit such records and copies
39 of certain reports to the department in a sworn
40 report; authorizing the department to adopt rules;
41 requiring facilities to notify minors and their
42 parents or guardians of the minor's right to counsel
43 and to provide minors with the opportunity to
44 immediately consult and be represented by counsel;
45 providing requirements for the transportation of
46 minors to facilities for involuntary examination;
47 requiring specified examinations of minors admitted to
48 a receiving facility after an involuntary examination
49 is initiated by certain persons; requiring minors to
50 be released from receiving facilities as soon as a
51 specified determination is made; requiring facilities
52 to have at least one staff member with the authority
53 to make such determinations at the facility at all
54 times; authorizing emergency treatment of minors under
55 certain circumstances; requiring minors to be
56 immediately released if a parent or guardian revokes
57 consent for the minor's admission; prohibiting an
58 examination period from lasting longer than a

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59 specified amount of time; requiring that certain
60 actions be taken within the examination period;
61 requiring that a petition for involuntary services be
62 filed in specified circumstances; prohibiting students
63 from being removed from schools and transported to a
64 receiving facility for involuntary examination unless
65 certain requirements are met; requiring facilities to
66 contact schools for specified information under
67 certain circumstances; requiring facilities to notify
68 the department if schools fail to provide such
69 information; requiring the department, in consultation
70 with the Department of Education, to take certain
71 actions relating to such schools; prohibiting minors
72 receiving treatment for mental illness from being
73 deprived of specified privacy rights; providing
74 construction; requiring minors to be provided with
75 parental or guardian contact; providing an exception;
76 providing construction; requiring receiving facility
77 staff to consult with certain persons to ensure
78 continuity of care and prevent disruption to existing
79 medication regimens; requiring that certain conditions
80 be met 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;

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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; requiring the department to adopt
104 certain rules and provide school districts with
105 certain standards before a specified date; defining
106 the term "mandatory mental health treatment";
107 requiring school districts, charter school sponsors,
108 and other entities operating a public school to
109 develop, implement, and submit to the office specified
110 policies and procedures by a specified date; requiring
111 the office to monitor the effectiveness of such
112 policies and procedures; requiring the department to
113 adopt rules implementing the most effective policies
114 and procedures on a statewide basis; creating the
115 Telehealth Pilot Program within the Department of
116 Children and Families; providing a purpose for the

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117 program; requiring certain persons transporting minors
118 to receiving facilities to first obtain specified
119 advice through telehealth services; prohibiting the
120 telehealth services from being provided by an entity
121 that provides involuntary examination services;
122 requiring the department to analyze and compare
123 specified data and prepare a report summarizing the
124 impact of the program; requiring the department to
125 submit the report to the Governor and the Legislature
126 by a specified date; requiring the Legislature to
127 appropriate funds necessary for the creation and
128 administration of the pilot program; requiring the
129 department to adopt rules; providing for future
130 expiration; amending s. 394.463, F.S.; conforming
131 provisions to changes made by the act; providing
132 effective dates.

133

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

135

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

138

139 394.462 Transportation.—A transportation plan shall be
140 developed and implemented by each county in collaboration with
141 the managing entity in accordance with this section. A county
142 may enter into a memorandum of understanding with the governing
143 boards of nearby counties to establish a shared transportation
144 plan. When multiple counties enter into a memorandum of
145 understanding for this purpose, the counties shall notify the
managing entity and provide it with a copy of the agreement. The

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146 transportation plan shall describe methods of transport to a
147 facility within the designated receiving system for individuals
148 subject to involuntary examination under s. 394.463 or
149 involuntary admission under s. 397.6772, s. 397.679, s.
150 397.6798, or s. 397.6811, and may identify responsibility for
151 other transportation to a participating facility when necessary
152 and agreed to by the facility. The plan may rely on emergency
153 medical transport services or private transport companies, as
154 appropriate. The plan shall comply with the transportation
155 provisions of this section and ss. 397.6772, 397.6795, 397.6822,
156 and 397.697.

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

160 Section 2. Section 394.4635, Florida Statutes, is created
161 to read:

162 394.4635 Involuntary examination of a minor.—

163 (1) DEFINITION.—For the purposes of this section, the term:

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

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

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

172 (a) It is likely that the minor has a mental illness and,
173 because of his or her mental illness and as evidenced by recent
174 behavior, there is a substantial likelihood that the minor will

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175 imminently cause death or serious bodily harm to himself or
176 herself or to others if the minor is not immediately examined.

177 (b) Involuntary examination is the least restrictive means
178 of preventing the minor from imminently causing serious bodily
179 harm to himself or herself or others.

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

185 2. The parent's or guardian's consent cannot be obtained
186 under subparagraph 1. because none of the minor's parents or
187 guardians can be located after exhausting all reasonable efforts
188 to contact each of them; or

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

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

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

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204 restrictive means are not available, such as voluntary
205 appearance for outpatient evaluation, a law enforcement officer,
206 a parent or guardian, the parent's or guardian's designee, a
207 medical provider, or any other designated agent of the court
208 must take the minor into custody and transport the minor to an
209 appropriate, or the nearest, facility within the designated
210 receiving system pursuant to s. 394.462 for involuntary
211 examination. Immediately after a minor's arrival at a receiving
212 facility, the facility staff shall verbally explain to the
213 minor, and, if present, the minor's parent or guardian, the
214 rights of patients under s. 394.459 using language and
215 terminology the minor understands and shall provide a copy of
216 the rights or physically show the minor where the notice of
217 rights of patients is posted in the facility as required under
218 s. 394.459(12). If the minor's parent or guardian is not present
219 at the time of the minor's arrival, the facility must attempt to
220 notify the parent or guardian pursuant to s. 394.4599(2)(c)2.
221 The order of the court must be made a part of the minor's
222 clinical record. A fee may not be charged for the filing of an
223 order under this paragraph. A facility accepting the patient
224 based on such order must send a copy of the order to the
225 department within 5 working days. The order may be submitted
226 electronically through existing data systems, if applicable. The
227 order is valid only until the minor is delivered to the facility
228 or for the period specified in the order itself, whichever
229 occurs first. If a period is not specified in the order, the
230 order is valid for 7 days after the date the order was signed.

231 (b)1. A law enforcement officer may take a minor who
232 appears to meet the criteria for involuntary examination of

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

247 2. Once a minor arrives at a receiving facility for
248 involuntary examination initiated by a law enforcement officer,
249 the minor may not be held involuntarily for more than 2 hours
250 unless a physician, clinical psychologist, psychiatric nurse,
251 school psychologist, mental health counselor, marriage and
252 family therapist, or clinical social worker provides written
253 certification stating that he or she has examined the minor and
254 finds that the minor appears to meet the criteria for
255 involuntary examination of minors and stating the observations
256 upon which the finding is based. Upon the request of the minor's
257 parent or guardian, the parent or guardian must be allowed to
258 remain with the minor at any time between the minor's arrival at
259 the facility and when the examination occurs unless there is
260 recent and affirmative evidence, including, but not limited to,
261 evidence provided by the minor, that allowing the minor's parent

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262 or guardian to remain with the minor would cause an imminent
263 risk of death, serious bodily harm, or physical or sexual abuse
264 of the minor. Immediately after a minor's arrival at a receiving
265 facility, the facility staff shall verbally explain to the
266 minor, and, if present, the minor's parent or guardian, the
267 rights of patients under s. 394.459 using language and
268 terminology the minor understands and shall provide a copy of
269 the rights or physically show the minor where the notice of
270 rights of patients is posted in the facility as required under
271 s. 394.459(12). If the minor's parent or guardian is not present
272 at the time of the minor's arrival, the facility must attempt to
273 notify the parent or guardian as required by s. 394.4599(2)(c)2.
274 and seek his or her consent for further examination of the
275 minor, except to the extent such consent is not required under
276 subparagraph (2)(c)3.

277 3. Regardless of whether a facility receives written
278 certification that the minor meets the criteria for involuntary
279 examination under subparagraph 2., the law enforcement officer
280 who took the minor into custody must execute a written report
281 detailing the circumstances under which the minor was taken into
282 custody, and the report must be made a part of the minor's
283 clinical record. The facility shall send a copy of the report to
284 the department within 5 working days, regardless of whether the
285 minor is admitted. The law enforcement officer's law enforcement
286 agency shall retain a copy of the report pursuant to the
287 agency's policy and provide it to the minor's parent or guardian
288 at his or her request. The report must state the reasons the
289 examination was initiated; specify whether the minor was taken
290 into custody at a school and, if so, provide the name and

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291 address of the school; and specify which criteria were met under
292 paragraph (2)(c). If the criterion under subparagraph (2)(c)1.
293 was met, the report must include the parent's or guardian's name
294 and contact information. If the criterion under subparagraph
295 (2)(c)2. was met, the report must state the means by which the
296 law enforcement officer attempted to locate each parent or
297 guardian. If the criterion under subparagraph (2)(c)3. was met,
298 the report must include the recent and affirmative evidence that
299 led to a conclusion that contacting the parent or guardian would
300 pose an imminent risk of death, serious bodily harm, or physical
301 or sexual abuse of the minor.

302 (c)1. A physician, clinical psychologist, psychiatric
303 nurse, school psychologist, mental health counselor, marriage
304 and family therapist, or clinical social worker may provide
305 written certification stating that he or she has examined a
306 minor, either in person or through telehealth, within the
307 preceding 48 hours and finds that the minor appears to meet the
308 criteria for involuntary examination and stating the
309 observations upon which that conclusion is based.

310 2. If other less restrictive means, such as voluntary
311 appearance for outpatient evaluation, are not available, a
312 parent or guardian, the parent's or guardian's designee, a
313 family member, a friend, a medical provider, a school counselor,
314 a school administrator, or a law enforcement officer must take
315 the minor named in the certification into custody and deliver
316 him or her to the appropriate, or nearest, facility within the
317 designated receiving system pursuant to s. 394.462 for
318 involuntary examination. Upon the minor's arrival, the facility
319 staff shall verbally explain to the minor, and, if present, the

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320 minor's parent or guardian, the rights of patients under s.
321 394.459 using language and terminology the minor understands and
322 shall provide a copy of the rights or physically show the minor
323 where the notice of rights of patients is posted in the facility
324 as required under s. 394.459(12). If the minor's parent or
325 guardian is not present at the time of the minor's arrival, the
326 facility must attempt to notify the parent or guardian pursuant
327 to s. 394.4599(2)(c)2. and seek his or her consent for further
328 examination of the minor, except to the extent such consent is
329 not required under subparagraph (2)(c)3. The minor must be
330 transported consistent with the requirements under subsection
331 (6). If the person transporting the minor is a law enforcement
332 officer, the officer must also execute a written report
333 detailing the circumstances under which the minor was taken into
334 custody. The report must state the reasons the examination was
335 initiated; specify whether the minor was taken into custody at a
336 school and, if so, provide the name and address of the school;
337 and specify which criteria were met under paragraph (2)(c). If
338 the criterion under subparagraph (2)(c)1. was met, the report
339 must include the parent's or guardian's name and contact
340 information. If the criterion under subparagraph (2)(c)2. was
341 met, the report must state the means by which the law
342 enforcement officer attempted to locate each parent or guardian.
343 If the criterion under subparagraph (2)(c)3. was met, the report
344 must include the recent and affirmative evidence that led to a
345 conclusion that contacting the parent or guardian would pose an
346 imminent risk of death, serious bodily harm, or physical or
347 sexual abuse of the minor.

348 3. The report and certificate must be made a part of the

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349 minor's clinical record. Any facility accepting the minor based
350 on the certificate must send a copy of the certificate to the
351 department within 5 working days, regardless of whether the
352 minor is not admitted or is admitted on a voluntary or
353 involuntary basis. The document may be submitted electronically
354 through existing data systems, if applicable. A full and
355 complete copy of the minor's clinical record or any portion of
356 it, including the report and certificate, must be provided to
357 the minor's parent or guardian upon his or her request.

358 (4) REQUIRED FACILITY REPORTS.—

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

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

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

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

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

395 (6) TRANSPORTATION.—All persons initiating the involuntary
396 examination of a minor shall make every effort to avoid
397 transporting minors in vehicles ordinarily used for law
398 enforcement purposes. When law enforcement officers initiate or
399 participate in the transportation of a minor for involuntary
400 examination, officers must use the least restrictive means for
401 transporting the minor and must use unmarked vehicles or
402 ambulances if available. Law enforcement officers must allow a
403 minor's parent or guardian or the parent's or guardian's
404 designee, if available, to transport the minor to the receiving
405 facility unless there is compelling evidence that doing so would
406 endanger the minor. If the parent or guardian of a minor, or the

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

425 (7) MINIMAL DETENTION.—When a minor is admitted to a
426 receiving facility after an involuntary examination is initiated
427 by someone other than a physician, a clinical psychologist, or a
428 psychiatric nurse performing within the framework of an
429 established protocol with a psychiatrist at a facility, a
430 physician, a clinical psychologist, or a psychiatric nurse must
431 examine the minor immediately upon admission to determine if the
432 criteria for involuntary services are met. A minor shall be
433 released from a receiving facility as soon as a physician, a
434 clinical psychologist, a psychiatric nurse, an advanced practice
435 registered nurse registered under s. 464.0123, a mental health

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436 counselor, a marriage and family therapist, or a clinical social
437 worker at the facility determines the minor no longer meets the
438 criteria for involuntary examination of minors. Facilities may
439 establish procedures to designate one or more employees to make
440 such determination, but the facility must have at least one
441 staff member with the authority to make such determination at
442 the facility at all times. Emergency treatment may be provided
443 to a minor upon the order of a physician if the physician
444 determines that such treatment is necessary for the safety of
445 the minor or others. A minor must be immediately released if the
446 minor's parent or guardian revokes consent for his or her
447 admission to a facility.

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

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

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

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

460 (d) A petition for involuntary services must be filed in
461 the circuit court if inpatient treatment is deemed necessary or
462 with the criminal county court, as defined in s. 394.4655(1), as
463 applicable. If inpatient treatment is deemed necessary, the
464 least restrictive treatment consistent with the optimum

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465 improvement of the minor's condition must be made available. A
466 petition for involuntary inpatient placement must state, under
467 penalty of perjury, that the receiving facility administrator
468 believes the minor meets the criteria for involuntary placement
469 and the facility intends to pursue such placement. The petition
470 must be filed by the facility administrator.

471 (9) REMOVAL FROM SCHOOLS.—

472 (a) A student may not be removed from any school as defined
473 in s. 1003.01(2) and transported to a receiving facility for
474 involuntary examination unless the school principal, the school
475 counselor, the school psychologist, or any other school official
476 who has the most knowledge about the circumstances of the
477 student's removal submits a written report to the department
478 containing all of the following information:

479 1. The school name and address.

480 2. The time and date of the removal.

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

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

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

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

492 7. The circumstances leading to the involuntary
493 examination, including whether the behavior leading to the

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494 involuntary examination was observed by a law enforcement
495 officer directly or relayed to law enforcement indirectly and
496 whether the basis for the removal was for danger to self or
497 others.

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

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

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

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

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

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523 (b) If a receiving facility receives a student for
524 involuntary examination and the report of the law enforcement
525 officer made pursuant to subsection (3) indicates that the
526 student was removed from a school but the student is not
527 accompanied by the school's report required under paragraph (a)
528 or the report is incomplete, the facility must contact the
529 school by the end of the next working day and obtain a completed
530 copy of the report. If the school fails to provide the report,
531 the facility must notify the department by certified mail or by
532 e-mail, if available, by the next working day. The department
533 shall keep records of all such notifications and take all
534 appropriate steps, in consultation with the Department of
535 Education, to ensure that any failures to notify do not reoccur.

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

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

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

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

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

572 (13) VIOLATIONS.—Any minor whose rights under this chapter
573 have been violated may file suit through his or her legal
574 representative against any person, agency, municipality,
575 district, or other entity in any court of this state having
576 jurisdiction. A minor who files suit may seek declaratory
577 relief, injunctive relief, and damages. Any person who acts in
578 good faith in compliance with this part is immune from civil or
579 criminal liability for his or her actions in connection with the
580 admission, diagnosis, treatment, or discharge of a minor from a

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581 receiving facility, or the decision not to admit the minor or
582 initiate an examination. However, this section does not relieve
583 any person from liability if such person is negligent.

584 (14) REPORTING ON VOLUNTARY EXAMINATION.—

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

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

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

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

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

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

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

601 7. Whether the minor has a developmental disability.

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

604 9. The time and date the minor left the facility and a
605 description of the follow-up services provided, if applicable.

606 10. Any other information the department deems 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

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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 expand
618 the authority of any person to examine a minor on a voluntary
619 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

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

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

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

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

665 1. The minor has a mental illness.

666 2. Because of his or her mental illness, it is likely that
667 the minor will, if not ordered for involuntary inpatient

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668 placement, imminently cause death or serious bodily harm to
669 himself or herself or to others, as evidenced by recent behavior
670 causing, attempting, or threatening such harm.

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

674 4.a. The minor's parent or guardian with the authority to
675 consent to medical treatment, after being informed of the
676 specific circumstances giving rise to the recommendation to do
677 so, provides his or her express and informed voluntary consent
678 for the minor's examination at a receiving facility;

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

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

688
689 As used in this paragraph, the term "serious bodily harm" means
690 a physical condition that creates a substantial risk of death,
691 protracted and obvious disfigurement, or protracted loss or
692 impairment of a bodily member or of an organ's function.

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

695 409.996 Duties of the Department of Children and Families.—
696 The department shall contract for the delivery, administration,

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697 or management of care for children in the child protection and
698 child welfare system. In doing so, the department retains
699 responsibility for the quality of contracted services and
700 programs and shall ensure that, at a minimum, services are
701 delivered in accordance with applicable federal and state
702 statutes and regulations and the performance standards and
703 metrics specified in the strategic plan created under s.
704 20.19(1).

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

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

721 (b) The department and each lead agency shall monitor out-
722 of-home placements, including the extent to which sibling groups
723 are placed together or provisions to provide visitation and
724 other contacts if siblings are separated and a record of each
725 time a minor with an open case is examined under chapter 394,

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

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

741 1001.212 Office of Safe Schools.—There is created in the
742 Department of Education the Office of Safe Schools. The office
743 is fully accountable to the Commissioner of Education. The
744 office shall serve as a central repository for best practices,
745 training standards, and compliance oversight in all matters
746 regarding school safety and security, including prevention
747 efforts, intervention efforts, and emergency preparedness
748 planning. The office shall:

749 (7) Provide data to support the evaluation of mental health
750 services pursuant to s. 1004.44.

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

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755 examination is initiated.

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

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

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

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

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

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

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

774 g. Whether a mobile crisis response team was contacted
775 before the examination, and, if so, whether the team conducted
776 an examination of the child and the team's recommendations;

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

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

782 2. The information required under subparagraph 1. must be
783 updated monthly, and data on total incidents of involuntary

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

798 (b) Such data must also include, for each school, the
799 number of incidents of mandatory mental health treatment and the
800 number of children provided such treatment. For the purposes of
801 this paragraph, the term "mandatory mental health treatment"
802 means any time a student is required to undergo mental health
803 treatment or examination as a condition of attendance at school
804 or participation in any school activity. The term includes, but
805 is not limited to:

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

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

811 3. Requiring a parent or guardian to take a student to a
812 receiving facility for involuntary examination under s. 394.4635

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813 or voluntary examination under s. 394.4625;

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

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

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

824 a. Compliance with paragraphs (a) and (b);

825 b. Monitoring and reporting of data collected;

826 c. Notification to all parents and guardians at the
827 beginning of a school year of their rights under ss.

828 1002.20(3)(1) and 1002.33(9)(q);

829 d. Training programs relating to involuntary examinations
830 and mandatory mental health treatment;

831 e. The entity's plan for selecting personnel to be trained;

832 f. The entity's plan for eliminating the inappropriate use
833 of involuntary examinations and other inappropriate mandatory
834 mental health treatment. The plan must include a goal for
835 reducing the necessity for involuntary examination and mandatory
836 mental health treatment and must include activities, skills, and
837 resources required to achieve that goal.

838 2. The office shall monitor the effectiveness of the
839 policies and procedures submitted pursuant to subparagraph 1.,
840 and the department shall adopt rules to implement the most
841 effective policies and procedures on a statewide basis.

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842 Section 6. (1) Effective September 1, 2022, a Telehealth
843 Pilot Program is created within the Department of Children and
844 Families to provide services to Hillsborough, Leon, and Miami-
845 Dade Counties for 1 year. The purpose of this pilot program is
846 to assess whether the use of involuntary examination of a minor
847 is appropriate before the minor is transported for an
848 involuntary examination.

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

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

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

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

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

870 Section 7. Subsection (1) and paragraphs (a), (f), and (g)

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871 of subsection (2) of section 394.463, Florida Statutes, are
872 amended to read:

873 394.463 Involuntary examination.—

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

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

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

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

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

894 (2) INVOLUNTARY EXAMINATION.—

895 (a) An involuntary examination may be initiated on a person
896 18 years of age or older by any one of the following means:

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

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

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

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929 3. A physician, a physician assistant, a clinical
930 psychologist, a psychiatric nurse, an advanced practice
931 registered nurse registered under s. 464.0123, a mental health
932 counselor, a marriage and family therapist, or a clinical social
933 worker may execute a certificate stating that he or she has
934 examined a person within the preceding 48 hours and finds that
935 the person appears to meet the criteria for involuntary
936 examination and stating the observations upon which that
937 conclusion is based. If other less restrictive means, such as
938 voluntary appearance for outpatient evaluation, are not
939 available, a law enforcement officer shall take into custody the
940 person named in the certificate and deliver him or her to the
941 appropriate, or nearest, facility within the designated
942 receiving system pursuant to s. 394.462 for involuntary
943 examination. The law enforcement officer shall execute a written
944 report detailing the circumstances under which the person was
945 taken into custody. The report and certificate shall be made a
946 part of the patient's clinical record. Any facility accepting
947 the patient based on this certificate must send a copy of the
948 certificate to the department within 5 working days. The
949 document may be submitted electronically through existing data
950 systems, if applicable.

951
952 When sending the order, report, or certificate to the
953 department, a facility shall, at a minimum, provide information
954 about which action was taken regarding the patient under
955 paragraph (g), which information shall also be made a part of
956 the patient's clinical record.

957 (f) A patient 18 years of age or older shall be examined by

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

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

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

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

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

993 4. A petition for involuntary services shall be filed in
994 the circuit court if inpatient treatment is deemed necessary or
995 with the criminal county court, as defined in s. 394.4655(1), as
996 applicable. When inpatient treatment is deemed necessary, the
997 least restrictive treatment consistent with the optimum
998 improvement of the patient's condition shall be made available.
999 When a petition is to be filed for involuntary outpatient
1000 placement, it shall be filed by one of the petitioners specified
1001 in s. 394.4655(4)(a). A petition for involuntary inpatient
1002 placement shall be filed by the facility administrator.

1003 Section 8. Except as otherwise expressly provided in this
1004 act, this act shall take effect July 1, 2022.