

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 certain
4 transportation plans include options for transporting
5 minors to certain facilities which do not involve
6 marked police vehicles or uniformed law enforcement
7 officers; creating s. 394.4635, F.S.; defining the
8 terms "immediately" and "serious bodily harm";
9 specifying the conditions that must be met for a minor
10 to be taken to a receiving facility for involuntary
11 examination; specifying requirements for initiating a
12 minor's involuntary examination and his or her
13 transportation to the nearest appropriate facility;
14 specifying requirements for receiving facilities
15 relating to such minors; requiring that court orders
16 for involuntary examinations be made a part of the
17 minor's clinical record; prohibiting a fee from being
18 charged for filing such orders; requiring facilities
19 receiving minors for involuntary examination to
20 provide certain orders and reports to the Department
21 of Children and Families within a specified timeframe;
22 providing for the validity of such orders; authorizing
23 law enforcement officers to take minors who appear to
24 meet certain criteria into custody and transport such
25 minors to a certain facility for a specified
26 determination; providing requirements for law
27 enforcement officers initiating involuntary
28 examinations of minors or transporting minors to such
29 examinations; prohibiting law enforcement officers

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30 from taking certain actions under certain
31 circumstances; prohibiting minors undergoing
32 involuntary examinations initiated by law enforcement
33 officers from being held at receiving facilities for
34 longer than a specified period; providing an
35 exception; requiring law enforcement officers who
36 initiate an involuntary examination of a minor to
37 execute a written report containing specified
38 information; requiring facilities to send such reports
39 to the department within a specified timeframe;
40 requiring the law enforcement officer's agency to
41 retain such report and to provide a copy of the report
42 to a minor's parent or guardian upon request;
43 requiring that certain reports and certificates be
44 made part of a minor's clinical record; requiring
45 facilities receiving minors for involuntary
46 examinations to create specified records; authorizing
47 a minor's parent or guardian to remain with the minor
48 at any time between the minor's arrival and when
49 examination occurs; providing an exception; requiring
50 facility staff to explain to the minor and minor's
51 parent or guardian certain patient rights; requiring
52 facility staff to attempt to contact the minor's
53 parent or guardian to obtain consent; providing an
54 exception; authorizing certain medical professionals
55 to write certifications within a certain time period
56 stating that they have examined the minor and make
57 findings as to whether that minor meets the criteria
58 for involuntary commitment; requiring certain persons

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59 to take into custody a minor who meet less restrictive
60 means for evaluation when such less restrictive means
61 are not available; requiring a law enforcement officer
62 who transports a minor to write a written report
63 specifying certain information; requiring facilities
64 to submit such records and copies of certain reports
65 to the department in a sworn report; authorizing the
66 department to adopt rules; requiring facilities to
67 notify minors and their parents or guardians of the
68 minor's right to counsel and to provide minors with
69 the opportunity to immediately consult and be
70 represented by counsel; providing requirements for the
71 transportation of minors to facilities for involuntary
72 examination; requiring that specified examinations of
73 minors admitted to a receiving facility after an
74 involuntary examination be initiated by certain
75 persons; requiring that minors be released from
76 receiving facilities as soon as a specified
77 determination is made; requiring facilities to have at
78 least one staff member with the authority to make such
79 determinations at the facility at all times;
80 authorizing emergency treatment of minors under
81 certain circumstances; requiring that minors be
82 immediately released if a parent or guardian revokes
83 consent for the minor's admission; prohibiting an
84 examination period from lasting longer than a
85 specified amount of time; requiring that certain
86 actions be taken within the examination period;
87 requiring petitions for involuntary inpatient

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88 placement be filed by the facility administrator and
89 contain sworn statements under penalty of perjury that
90 the minor meets the criteria for involuntary
91 placement; prohibiting students from being removed
92 from schools and transported to a receiving facility
93 for involuntary examination unless certain
94 requirements are met; requiring facilities to contact
95 schools for specified information under certain
96 circumstances; requiring facilities to notify the
97 department if schools fail to provide such
98 information; requiring the department, in consultation
99 with the Department of Education, to take certain
100 actions relating to such schools; prohibiting minors
101 receiving treatment for mental illness from being
102 deprived of specified privacy rights; providing
103 construction; requiring that minors be provided with
104 parental or guardian contact; providing an exception;
105 providing construction; requiring receiving facility
106 staff to consult with certain persons to ensure
107 continuity of care and prevent disruption to existing
108 medication regimens; requiring that certain conditions
109 be met before giving or prescribing a minor certain
110 psychotropic medication; providing remedies for minors
111 for specified violations; providing immunity for
112 certain persons acting in good faith; providing an
113 exception; requiring facilities examining minors on a
114 voluntary basis to provide the department with a
115 report containing specified information and copies of
116 certain other reports within a specified timeframe;

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117 requiring the department to annually publish specified
118 data relating to such reports; providing construction;
119 requiring the department to contract with a
120 consultancy on crisis services to review the provision
121 of crisis services for minors; providing requirements
122 for such review; providing construction; amending s.
123 394.467, F.S.; revising requirements for minors to be
124 ordered for involuntary inpatient placement; defining
125 the term "serious bodily harm"; conforming provisions
126 to changes made by the act; amending s. 409.996, F.S.;
127 revising duties of the department relating to
128 evaluations of lead agencies and monitoring out-of-
129 home placements; amending s. 1001.212, F.S.; revising
130 data that must be provided by the Office of Safe
131 Schools to support the evaluation of specified mental
132 health services; requiring that the data be updated
133 monthly and made available on the department's
134 website; authorizing the department to adopt rules;
135 defining the term "mandatory mental health treatment";
136 requiring school districts, charter school sponsors,
137 and other entities operating a public school to
138 develop, implement, and submit to the office specified
139 policies and procedures by a specified date; providing
140 requirements for such policies and procedures;
141 requiring the office to monitor the effectiveness of
142 such policies and procedures; requiring the Department
143 of Education to adopt rules implementing the most
144 effective policies and procedures on a statewide
145 basis; creating the Telehealth Pilot Program within

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146 the Department of Children and Families; providing a
147 purpose for the program; requiring certain persons
148 transporting minors to receiving facilities to first
149 obtain specified advice through telehealth services;
150 prohibiting the telehealth services from being
151 provided by an entity that provides involuntary
152 examination services; requiring the department to
153 analyze and compare specified data and prepare a
154 report summarizing the impact of the program;
155 requiring the department to submit the report to the
156 Governor and the Legislature by a specified date;
157 requiring the Legislature to appropriate funds
158 necessary for the creation and administration of the
159 pilot program; requiring the department to adopt
160 rules; providing for future expiration; amending s.
161 394.463, F.S.; conforming provisions to changes made
162 by the act; making technical changes; providing
163 effective dates.

164

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

166

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

169 394.462 Transportation.—A transportation plan shall be
170 developed and implemented by each county in collaboration with
171 the managing entity in accordance with this section. A county
172 may enter into a memorandum of understanding with the governing
173 boards of nearby counties to establish a shared transportation
174 plan. When multiple counties enter into a memorandum of

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175 understanding for this purpose, the counties shall notify the
176 managing entity and provide it with a copy of the agreement. The
177 transportation plan shall describe methods of transport to a
178 facility within the designated receiving system for individuals
179 subject to involuntary examination under s. 394.463 or
180 involuntary admission under s. 397.6772, s. 397.679, s.
181 397.6798, or s. 397.6811, and may identify responsibility for
182 other transportation to a participating facility when necessary
183 and agreed to by the facility. The plan may rely on emergency
184 medical transport services or private transport companies, as
185 appropriate. The plan shall comply with the transportation
186 provisions of this section and ss. 397.6772, 397.6795, 397.6822,
187 and 397.697.

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

191 Section 2. Section 394.4635, Florida Statutes, is created
192 to read:

193 394.4635 Involuntary examination of a minor.—

194 (1) DEFINITIONS.—For the purposes of this section, the
195 term:

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

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

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

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

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

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

217 2. The parent's or guardian's consent cannot be obtained
218 under subparagraph 1. because the minor's parent or guardian
219 cannot be located after exhausting all reasonable efforts to
220 contact him or her; or

221 3. There is recent and affirmative evidence, including, but
222 not limited to, evidence provided by the minor, that contacting
223 the minor's parent or guardian would cause an imminent risk of
224 death, serious bodily harm, or physical or sexual abuse of the
225 minor.

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

229 (a) A circuit or county court may enter an ex parte order
230 stating that the minor appears to meet the criteria for
231 involuntary examination of minors under this section and
232 specifying the findings on which that conclusion is based. The

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233 ex parte order for involuntary examination must be based on
234 written or oral sworn testimony that includes actual knowledge
235 of specific facts that support the findings. If other less
236 restrictive means are not available, such as voluntary
237 appearance for outpatient evaluation, a law enforcement officer,
238 a parent or guardian, the parent's or guardian's designee, a
239 medical provider, or any other designated agent of the court
240 must take the minor into custody and transport the minor to the
241 nearest appropriate facility within the designated receiving
242 system pursuant to s. 394.462 for involuntary examination.
243 Immediately after a minor's arrival at a receiving facility, the
244 facility staff shall verbally explain to the minor, and, if
245 present, the minor's parent or guardian, the rights of patients
246 under s. 394.459 using plain language and terminology that the
247 minor understands and shall provide a copy of the rights or
248 physically show the minor where the notice of rights of patients
249 is posted in the facility as required under s. 394.459(12). If
250 the minor's parent or guardian is not present at the time of the
251 minor's arrival, the facility must attempt to notify the parent
252 or guardian pursuant to s. 394.459(2)(c)2. The order of the
253 court must be made a part of the minor's clinical record. A fee
254 may not be charged for the filing of an order under this
255 paragraph. A facility accepting the patient based on such order
256 shall send a copy of the order to the department within 5
257 working days. The order may be submitted electronically through
258 existing data systems, if applicable. The order is valid only
259 until the sooner of the minor being delivered to the facility or
260 expiration of the period specified in the order. If a period is
261 not specified in the order, the order is valid for 7 days after

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262 the date the order was signed.

263 (b)1. A law enforcement officer may take a minor who
264 appears to meet the criteria for involuntary examination of
265 minors under this section into custody and, consistent with
266 subsection (6), deliver the minor or have him or her delivered
267 by another person to the nearest appropriate facility within the
268 designated receiving system pursuant to s. 394.462 for a
269 determination as to whether the minor meets the criteria for
270 involuntary examination. Whenever possible, an officer
271 considering such transportation must use telehealth resources or
272 other means to obtain the advice of a medical professional
273 authorized to initiate involuntary examinations as to whether
274 the minor meets the criteria for involuntary examination before
275 transporting him or her to a receiving facility. An officer who
276 uses such services or means and is advised that a minor does not
277 meet the criteria for involuntary examination may not take the
278 minor into custody or have the minor transported to a facility.

279 2. When a minor arrives at a receiving facility for
280 involuntary examination initiated by a law enforcement officer,
281 the minor may not be held involuntarily for more than 2 hours
282 unless a physician, clinical psychologist, psychiatric nurse,
283 school psychologist, mental health counselor, marriage and
284 family therapist, or clinical social worker provides written
285 certification stating that he or she has examined the minor and
286 finds that the minor appears to meet the criteria for
287 involuntary examination of minors and stating the observations
288 upon which the finding is based. Upon the request of the minor's
289 parent or guardian, the parent or guardian must be allowed to
290 remain with the minor at any time between the minor's arrival at

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291 the facility and when the examination occurs unless there is
292 recent and affirmative evidence, including, but not limited to,
293 evidence provided by the minor, that allowing the minor's parent
294 or guardian to remain with the minor would cause an imminent
295 risk of death, serious bodily harm, or physical or sexual abuse
296 of the minor. Immediately after a minor's arrival at a receiving
297 facility, the facility staff shall verbally explain to the
298 minor, and, if present, the minor's parent or guardian, the
299 rights of patients under s. 394.459 using plain language and
300 terminology that the minor understands and shall provide a copy
301 of the rights or physically show the minor where the notice of
302 rights of patients is posted in the facility as required under
303 s. 394.459(12). If the minor's parent or guardian is not present
304 at the time of the minor's arrival, the facility must attempt to
305 notify the parent or guardian as required by s. 394.4599(2)(c)2.
306 and seek his or her consent for further examination of the
307 minor, unless such consent is not required under subparagraph
308 (2)(c)3.

309 3. Regardless of whether a facility receives written
310 certification that the minor meets the criteria for involuntary
311 examination under subparagraph 2., the law enforcement officer
312 who took the minor into custody must execute a written report
313 detailing the circumstances under which the minor was taken into
314 custody, and the report must be made a part of the minor's
315 clinical record. The facility shall send a copy of the report to
316 the department within 5 working days, regardless of whether the
317 minor is admitted. The law enforcement officer's law enforcement
318 agency shall retain a copy of the report pursuant to the
319 agency's policy and provide it to the minor's parent or guardian

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320 at his or her request. The report must state the reasons the
321 examination was initiated; specify whether the minor was taken
322 into custody at a school and, if so, provide the name and
323 address of the school; and specify which of the criteria under
324 paragraph (2)(c) were met. If the criterion specified in
325 subparagraph (2)(c)1. was met, the report must include the
326 parent's or guardian's name and contact information. If the
327 criterion specified in subparagraph (2)(c)2. was met, the report
328 must state the means by which the law enforcement officer
329 attempted to locate each parent or guardian. If the criterion
330 specified in subparagraph (2)(c)3. was met, the report must
331 include the recent and affirmative evidence that led to a
332 conclusion that contacting the parent or guardian would pose an
333 imminent risk of death, serious bodily harm, or physical or
334 sexual abuse of the minor.

335 (c)1. A physician, clinical psychologist, psychiatric
336 nurse, school psychologist, mental health counselor, marriage
337 and family therapist, or clinical social worker may provide
338 written certification stating that he or she has examined a
339 minor, either in person or through telehealth, within the
340 preceding 48 hours and finds that the minor appears to meet the
341 criteria for involuntary examination and stating the
342 observations upon which that conclusion is based.

343 2. If other less restrictive means, such as voluntary
344 appearance for outpatient evaluation, are not available, a
345 parent or guardian, the parent's or guardian's designee, a
346 family member, a friend, a medical provider, a school counselor,
347 a school administrator, or a law enforcement officer must take
348 the minor named in the certification into custody and deliver

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349 him or her to the nearest appropriate facility within the
350 designated receiving system pursuant to s. 394.462 for
351 involuntary examination. Upon the minor's arrival, the facility
352 staff shall verbally explain to the minor, and, if present, the
353 minor's parent or guardian, the rights of patients under s.
354 394.459 using plain language and terminology the minor
355 understands and shall provide a copy of the rights or physically
356 show the minor where the notice of rights of patients is posted
357 in the facility as required under s. 394.459(12). If the minor's
358 parent or guardian is not present at the time of the minor's
359 arrival, the facility must attempt to notify the parent or
360 guardian pursuant to s. 394.4599(2)(c)2. and seek his or her
361 consent for further examination of the minor, except to the
362 extent such consent is not required under subparagraph (2)(c)3.
363 The minor must be transported consistent with the requirements
364 imposed by subsection (6). If the person transporting the minor
365 is a law enforcement officer, the officer must also execute a
366 written report detailing the circumstances under which the minor
367 was taken into custody. The report must state the reasons the
368 examination was initiated; specify whether the minor was taken
369 into custody at a school and, if so, provide the name and
370 address of the school; and specify which criteria were met under
371 paragraph (2)(c). If the criterion specified in subparagraph
372 (2)(c)1. was met, the report must include the parent's or
373 guardian's name and contact information. If the criterion
374 specified in subparagraph (2)(c)2. was met, the report must
375 state the means by which the law enforcement officer attempted
376 to locate each parent or guardian. If the criterion specified in
377 subparagraph (2)(c)3. was met, the report must include the

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378 recent and affirmative evidence that led to a conclusion that
379 contacting the parent or guardian would pose an imminent risk of
380 death, serious bodily harm, or physical or sexual abuse of the
381 minor.

382 3. The report and certificate must be made a part of the
383 minor's clinical record. Any facility accepting the minor based
384 on the certificate must send a copy of the certificate to the
385 department within 5 working days, regardless of whether the
386 minor is not admitted or is admitted on a voluntary or
387 involuntary basis. The document may be submitted electronically
388 through existing data systems, if applicable. A full and
389 complete copy of the minor's clinical record or any portion
390 thereof, including the report and certificate, must be provided
391 to the minor's parent or guardian upon his or her request.

392 (4) REQUIRED FACILITY REPORTS.—

393 (a)1. At the time the minor arrives at the receiving
394 facility, the facility shall record whether the minor meets the
395 criteria for involuntary services; whether the minor meets the
396 criteria because of risk of death or serious bodily harm to
397 himself or herself or others; the means by which the minor
398 arrived at the facility, including whether he or she was
399 transported there by a law enforcement officer; whether the
400 area's mobile crisis response team was contacted before the
401 admission; the time and date the minor arrived at the facility;
402 whether the minor has Medicaid, Medicare, private health
403 insurance, or no health insurance; the minor's age, name, race,
404 gender, national origin, disability status, including whether
405 the minor has a developmental disability, and social security
406 number; any actions taken after the initial examination,

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407 including whether the minor was released or examined further;
408 and any other information the department requires by rule.

409 2. At the conclusion of the period specified in subsection
410 (8), the facility shall record the time and date that the minor
411 left the facility or that a petition for involuntary services
412 was initiated pursuant to paragraph (8) (d); whether psychotropic
413 medication was administered to the minor while the minor was in
414 the facility; if the minor left the facility, a description of
415 the follow-up services provided; and any other information the
416 department requires by rule.

417 (b) A receiving facility shall submit the records created
418 in paragraph (a) to the department in a sworn written report
419 that also includes copies of any reports prepared by law
420 enforcement or school personnel required under this section. The
421 information in the report must also be made a part of the
422 minor's clinical record. The department may adopt rules
423 governing such reports.

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

429 (6) TRANSPORTATION.—All persons initiating the involuntary
430 examination of a minor shall make every effort to avoid
431 transporting minors in vehicles ordinarily used for law
432 enforcement purposes. When law enforcement officers initiate or
433 participate in the transportation of a minor for involuntary
434 examination, they must use the least restrictive means for
435 transporting the minor and must use unmarked vehicles or

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436 ambulances if available. Law enforcement officers must allow a
437 minor's parent or guardian or the parent's or guardian's
438 designee, if available, to transport the minor to the receiving
439 facility unless there is compelling evidence that doing so would
440 endanger the minor. If the parent or guardian of a minor, or the
441 parent's or guardian's designee, is unavailable to transport the
442 minor, law enforcement officers must allow other appropriate and
443 willing persons, if available, to transport the minor, including
444 a school counselor, school administrator, family member, friend,
445 or medical provider, unless there is compelling evidence that
446 doing so would endanger the minor. If a minor is transported by
447 a law enforcement officer, the officer must allow the minor's
448 parent or guardian to ride in the same vehicle with the minor
449 unless there is compelling evidence that doing so would endanger
450 the minor. Law enforcement officers may not use restraints on a
451 minor being transported for involuntary examination, including
452 handcuffs, hobbles, and zip ties, except in a situation where
453 there is no other available means to prevent imminent serious
454 bodily harm to the minor or others. A department or agency
455 policy requiring that all persons transported in police cars be
456 restrained may not be used to justify the use of restraints on
457 minors transported pursuant to this section.

458 (7) MINIMAL DETENTION.—When a minor is admitted to a
459 receiving facility after an involuntary examination is initiated
460 by someone other than a physician, a clinical psychologist, or a
461 psychiatric nurse performing within the framework of an
462 established protocol with a psychiatrist at a facility, a
463 physician, a clinical psychologist, or a psychiatric nurse must
464 examine the minor immediately upon admission to determine if the

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465 criteria for involuntary services are met. A minor must be
466 released from a receiving facility as soon as a physician, a
467 clinical psychologist, a psychiatric nurse, an advanced practice
468 registered nurse registered under s. 464.0123, a mental health
469 counselor, a marriage and family therapist, or a clinical social
470 worker at the facility determines that the minor no longer meets
471 the criteria for involuntary examination of minors. Facilities
472 may establish procedures to designate one or more employees to
473 make such determination, but the facility must have at least one
474 staff member with the authority to make such a determination at
475 the facility at all times. Emergency treatment may be provided
476 to a minor upon the order of a physician if the physician
477 determines that such treatment is necessary for the safety of
478 the minor or others. A minor must be immediately released if the
479 minor's parent or guardian revokes consent for his or her
480 admission to a facility.

481 (8) DURATION AND CONCLUSION OF INVOLUNTARY EXAMINATION.—The
482 examination period for a minor may not last longer than 72
483 hours. Within the examination period, one of the following
484 actions must be taken based on the individual needs of the
485 minor:

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

487 (b) The minor must be released for voluntary outpatient
488 treatment.

489 (c) If the minor and the minor's parent or guardian have
490 given express and informed written consent to placement as a
491 voluntary patient, the minor must be admitted as a voluntary
492 patient.

493 (d) A petition for involuntary services must be filed in

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494 the circuit court if inpatient treatment is deemed necessary or
495 with the criminal county court, as defined in s. 394.4655(1), as
496 applicable. If inpatient treatment is deemed necessary, the
497 least restrictive treatment consistent with the optimum
498 improvement of the minor's condition must be made available. A
499 petition for involuntary inpatient placement must state, under
500 penalty of perjury, that the receiving facility administrator
501 believes that the minor meets the criteria for involuntary
502 placement and that the facility intends to pursue such
503 placement. The petition must be filed by the facility
504 administrator.

505 (9) REMOVAL FROM SCHOOLS.—

506 (a) A student may not be removed from any school as defined
507 in s. 1003.01(17) and transported to a receiving facility for
508 involuntary examination unless the school principal, the school
509 counselor, the school psychologist, or any other school official
510 who has the most knowledge about the circumstances of the
511 student's removal submits a written report to the department
512 containing all of the following information:

513 1. The school name and address.

514 2. The time and date of the removal.

515 3. The student's name, age, grade, race, gender, and
516 national origin.

517 4. Whether the student has a disability, including whether
518 he or she has a Section 504 plan or an individual education plan
519 (IEP), and the basis for such classification or receipt of
520 services, including the nature of the disability or medical
521 diagnosis.

522 5. Whether the student is experiencing homelessness as

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523 defined in s. 1003.01(4).

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

526 7. The circumstances leading to the involuntary
527 examination, including whether the behavior leading to the
528 involuntary examination was observed by a law enforcement
529 officer directly or relayed to a law enforcement officer
530 indirectly and whether the basis for the removal was for danger
531 to self or others.

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

535 9. Whether a physician, clinical psychologist, psychiatric
536 nurse, school psychologist, mental health counselor, marriage
537 and family therapist, clinical social worker, or mobile crisis
538 team, and, if the student has a disability, an exceptional
539 student education director or a member of the student's IEP
540 team, was present on the school campus at the time of the
541 decision to remove the student or to contact law enforcement to
542 do so.

543 10. Whether a physician, clinical psychologist, psychiatric
544 nurse, school psychologist, mental health counselor, marriage
545 and family therapist, clinical social worker, or mobile crisis
546 team, and, if the student has a disability, an exceptional
547 student education director or a member of the student's IEP
548 team, was consulted before the decision to remove the student
549 from the school for involuntary examination.

550 11. If the student is a minor, whether a parent or guardian
551 was contacted before the student's removal and, if so, whether

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552 the parent or guardian consented to the removal and whether he
553 or she was given the opportunity to remove the student from
554 school.

555 12. Any other information that the department determines is
556 appropriate.

557 (b) If a receiving facility receives a student for
558 involuntary examination and the report of the law enforcement
559 officer made pursuant to subsection (3) indicates that the
560 student was removed from a school but the student is not
561 accompanied by the school's report required under paragraph (a)
562 or the report is incomplete, the facility must contact the
563 school by the end of the next working day and obtain a completed
564 copy of the report. If the school fails to provide the report,
565 the facility must notify the department by certified mail or by
566 e-mail, if available, by the next working day. The department
567 shall keep records of all such notifications and take all
568 appropriate steps, in consultation with the Department of
569 Education, to ensure that any failures to notify do not reoccur.

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

571 (10) PRIVACY.—A minor receiving treatment for mental
572 illness may not be deprived of his or her right to privacy under
573 state and federal law, the United States Constitution, or the
574 State Constitution, including the right to keep the fact of such
575 treatment confidential and not disclose the information except
576 to those individuals who provide medical services or collect
577 data on the use of involuntary and voluntary examination. This
578 subsection may not be construed to limit any other rights minors
579 may have under this chapter or other law, including, but not
580 limited to, s. 394.459. Each entity sharing, collecting, or

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581 maintaining data or information under this section is required
582 to meet the standards set forth in the National Institute of
583 Standards and Technology Cybersecurity Framework Version 1.1.

584 (11) ACCESS TO PARENTS OR GUARDIANS.—A minor must be
585 provided as much contact with his or her parent or guardian as
586 he or she desires and is practicable unless the treating
587 psychiatrist executes a written certificate under penalty of
588 perjury indicating that doing so would pose a risk of serious
589 psychological harm. At a minimum, such contact must include
590 daily in-person visiting hours and unlimited use of a telephone
591 for the minor to contact his or her parent or guardian and, to
592 the extent practicable, allow a minor's parent or guardian to
593 stay with the minor overnight in the receiving facility. This
594 subsection may not be construed to limit any other rights minors
595 may have under this chapter or other law, including, but not
596 limited to, s. 394.459.

597 (12) CONTINUITY OF CARE.—Receiving facility staff shall
598 consult with the parent or guardian of a minor and any medical
599 professionals treating the minor to ensure continuity of care
600 and prevent disruption to the minor's existing medication
601 regimen. Psychotropic medication that a minor is not prescribed
602 at the time of evaluation or treatment may be given or
603 prescribed to a minor only after every reasonable effort has
604 been made to consult with the minor's existing medical and
605 psychiatric providers.

606 (13) VIOLATIONS.—Any minor whose rights under this chapter
607 have been violated may file suit through his or her legal
608 representative against any person, agency, municipality,
609 district, or other entity in any court of this state having

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610 jurisdiction. A minor who files suit may seek declaratory
611 relief, injunctive relief, and damages. Any person who acts in
612 good faith in compliance with this part is immune from civil or
613 criminal liability for his or her actions in connection with the
614 admission, diagnosis, treatment, or discharge of a minor from a
615 receiving facility, or the decision not to admit the minor or
616 initiate an examination. However, this section does not relieve
617 any person from liability if such person is negligent.

618 (14) REPORTING ON VOLUNTARY EXAMINATION.—

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

622 1. The means by which the minor arrived at the facility,
623 including whether he or she was transported by a law enforcement
624 officer.

625 2. Whether the area's mobile crisis response team was
626 contacted.

627 3. Whether the minor is a student at a school as defined in
628 s. 1003.01(17) or at a private school as defined in s. 1002.01,
629 whether the minor was transported to the facility from that
630 school, and, if so, the name of the school.

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

632 5. Whether the facility recommended that the minor
633 voluntarily consent to admission.

634 6. Whether the minor has Medicaid, Medicare, private health
635 insurance, or no health insurance.

636 7. Whether the minor has a developmental disability.

637 8. The minor's age, name, race, gender, and national
638 origin.

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

641 10. Any other information the department deems appropriate.

642 (b) For any minor examined or admitted on a voluntary
643 basis, the receiving facility must send a copy of the report to
644 the department within 5 working days after the examination, and
645 the facility must attach to the report copies of any reports
646 provided by law enforcement agencies and schools pursuant to
647 this section. The department shall publish aggregated data,
648 broken down by demographics, for each category of information
649 listed in subparagraphs (a)1.-10. for every receiving facility
650 on an annual basis no later than 6 months after the conclusion
651 of the fiscal year during which the data was collected.

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

655 (15) OUTSIDE REVIEW.—The department shall contract with a
656 nationally recognized consultancy on crisis services for minors
657 which is based outside this state to review this state's
658 provision of crisis services for minors. Such review must
659 include examining the clinical records of a random sample of
660 minors involuntarily examined and determining whether the
661 services provided meet national best practices. The consultancy
662 shall make recommendations for improvement of crisis services
663 for minors. The review must also provide an estimate of the per-
664 minor cost of involuntary examination compared with other
665 methods of addressing minors in crisis.

666 (16) CONSTRUCTION.—This section takes precedence over any
667 provision of this chapter which is inconsistent with this

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668 section.

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

671 394.467 Involuntary inpatient placement.—

672 (1) CRITERIA.—

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

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

678 a. (I)~~1.a.~~ He or she has refused voluntary inpatient
679 placement for treatment after sufficient and conscientious
680 explanation and disclosure of the purpose of inpatient placement
681 for treatment; or

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

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

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

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

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

700 1. The minor has a mental illness.

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

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

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

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

718 c. There is recent and affirmative evidence, including, but
719 not limited to, evidence provided by the minor, that contacting
720 the minor's parent or guardian would cause an imminent risk of
721 death, serious bodily harm, or physical or sexual abuse of the
722 minor.

723

724 As used in this paragraph, the term "serious bodily harm" means
725 a physical condition that creates a substantial risk of death,

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726 protracted and obvious disfigurement, or protracted loss or
727 impairment of a bodily member or of an organ's function.

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

730 409.996 Duties of the Department of Children and Families.—
731 The department shall contract for the delivery, administration,
732 or management of care for children in the child protection and
733 child welfare system. In doing so, the department retains
734 responsibility for the quality of contracted services and
735 programs and shall ensure that, at a minimum, services are
736 delivered in accordance with applicable federal and state
737 statutes and regulations and the performance standards and
738 metrics specified in the strategic plan created under s.
739 20.19(1).

740 (21) The department, in consultation with lead agencies,
741 shall establish a quality assurance program for contracted
742 services to dependent children. The quality assurance program
743 shall, at a minimum, be based on standards established by
744 federal and state law, national accrediting organizations, and
745 the Office of Quality established under s. 402.715, and must be
746 consistent with the child welfare results-oriented
747 accountability system required by s. 409.997.

748 (a) The department must evaluate each lead agency under
749 contract at least annually. These evaluations shall cover the
750 programmatic, operational, and fiscal operations of the lead
751 agency and must be consistent with the child welfare results-
752 oriented accountability system required under s. 409.997. The
753 department must consult with dependency judges in the circuit or
754 circuits served by the lead agency on the performance of the

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755 lead agency.

756 (b) The department and each lead agency shall monitor out-
757 of-home placements, including the extent to which sibling groups
758 are placed together or provisions to provide visitation and
759 other contacts if siblings are separated and a record of each
760 time a minor with an open case is examined under chapter 394,
761 including whether the minor was voluntarily or involuntarily
762 examined under s. 394.4625 or s. 394.463, and the number of days
763 spent in a receiving facility. The data must ~~shall~~ identify
764 reasons for sibling separation and examination under chapter
765 394. Information related to sibling placement and examination
766 under chapter 394 must ~~shall~~ be incorporated into the results-
767 oriented accountability system required under s. 409.997 and
768 into the evaluation of the outcome specified in s.
769 409.986(2)(e). The information related to sibling placement must
770 ~~shall~~ also be made available to the institute established under
771 s. 1004.615 for use in assessing the performance of child
772 welfare services in relation to the outcome specified in s.
773 409.986(2)(e).

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

776 1001.212 Office of Safe Schools.—There is created in the
777 Department of Education the Office of Safe Schools. The office
778 is fully accountable to the Commissioner of Education. The
779 office shall serve as a central repository for best practices,
780 training standards, and compliance oversight in all matters
781 regarding school safety and security, including prevention
782 efforts, intervention efforts, and emergency preparedness
783 planning. The office shall:

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

786 (a) Such data must ~~include~~, for each school, include the
787 number of involuntary examinations as defined in s. 394.455
788 which are initiated at the school, on school transportation, or
789 at a school-sponsored activity and the number of children for
790 whom an examination is initiated.

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

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

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

799 c. Whether the student is experiencing homelessness as
800 described in s. 1003.01(4);

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

803 e. The number of school days that passed after the
804 involuntary examination and before the day the student next
805 attended school;

806 f. Whether the student involuntarily examined has been
807 previously examined and, if so, the number of times the student
808 has been examined;

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

812 h. Whether the student's parent or guardian was contacted

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813 before the decision to initiate the involuntary examination and
814 whether the parent or guardian consented; and

815 i. Any other information the department determines is
816 appropriate.

817 2. The information required under subparagraph 1. must be
818 updated monthly, and data on total incidents of involuntary
819 examination, disaggregated by the information specified in sub-
820 subparagraphs 1.a.-d., must be made publicly accessible on the
821 department's website, including on the K-12 data portal,
822 annually within 90 days after the last day of each school year
823 and in compliance with applicable privacy laws. Data aggregated
824 by a school district for sub-subparagraph 1.f. must also be made
825 publicly accessible on the department's website annually and in
826 compliance with applicable privacy laws. A school district shall
827 notify all parents of the availability of this data before any
828 deadlines for applications to transfer between schools or school
829 districts. The department shall adopt rules setting minimum
830 standards for documenting, reporting, and monitoring the use of
831 involuntary examination of students under s. 394.463. The
832 department must provide school districts with such standards
833 before August 1, 2025.

834 (b) Such data must also, for each school, include the
835 number of incidents of mandatory mental health treatment and the
836 number of children provided such treatment. For the purposes of
837 this paragraph, the term "mandatory mental health treatment"
838 means any time a student is required to undergo mental health
839 treatment or examination as a condition of attendance at school
840 or participation in any school activity. The term includes, but
841 is not limited to:

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- 842 1. Mental health treatment as a condition of admittance to
843 or transfer to or from a school;
- 844 2. Mental health treatment as a condition of avoiding or
845 modifying the severity of suspension, expulsion, transfer to
846 another school, or discipline of any kind;
- 847 3. Requiring a parent or guardian to take a student to a
848 receiving facility for involuntary examination under s. 394.4635
849 or voluntary examination under s. 394.4625;
- 850 4. Involuntary examination initiated on a school campus or
851 otherwise reported pursuant this section; or
- 852 5. Mental health treatment or examination required as part
853 of determining a student's eligibility for, or as an element of,
854 exceptional student instruction.
- 855 (c)1. Each school district, charter school sponsor, or
856 other entity operating a public school shall develop and submit
857 to the office, no later than August 1, 2025, policies and
858 procedures that are consistent with this subsection and that
859 govern all of the following:
- 860 a. Compliance with paragraphs (a) and (b).
- 861 b. Monitoring and reporting of data collected.
- 862 c. Notification to all parents and guardians at the
863 beginning of a school year of their rights under ss.
864 1002.20(3)(1) and 1002.33(9)(q).
- 865 d. Training programs relating to involuntary examinations
866 and mandatory mental health treatment.
- 867 e. The entity's plan for selecting personnel to be trained.
- 868 f. The entity's plan for eliminating the inappropriate use
869 of involuntary examinations and other inappropriate mandatory
870 mental health treatment. The plan must include a goal for

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871 reducing the necessity for involuntary examination and mandatory
872 mental health treatment and must include activities, skills, and
873 resources required to achieve that goal.

874 2. The office shall monitor the effectiveness of the
875 policies and procedures submitted pursuant to subparagraph 1.,
876 and the department shall adopt rules to implement the most
877 effective policies and procedures on a statewide basis.

878 Section 6. (1) Effective September 1, 2025, a Telehealth
879 Pilot Program is created within the Department of Children and
880 Families to provide services to Hillsborough, Leon, and Miami-
881 Dade Counties for 1 year. The purpose of this pilot program is
882 to assess whether the use of involuntary examination of a minor
883 is appropriate before the minor is transported for an
884 involuntary examination.

885 (2) In each of the counties participating in the pilot
886 program, before transporting a minor to a receiving facility for
887 involuntary examination pursuant to s. 394.463(2), Florida
888 Statutes, the person transporting the minor must use telehealth
889 services to obtain the advice of a medical professional
890 authorized to initiate involuntary examinations as to whether
891 the minor meets the criteria for involuntary examination. The
892 telehealth services may not be provided by an entity that
893 provides involuntary examination services.

894 (3) The Department of Children and Families shall analyze
895 and compare data on the use of involuntary examinations of
896 minors before and after implementation of the pilot program and
897 shall prepare a report summarizing the impact of the pilot
898 program and submit the report to the Governor, the President of
899 the Senate, and the Speaker of the House of Representatives

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900 within 90 days after September 1, 2025.

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

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

905 (6) This section expires January 1, 2026.

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

909 394.463 Involuntary examination.—

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

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

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

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

926 2. There is a substantial likelihood that without care or
927 treatment the person will cause serious bodily harm to himself
928 or herself or others in the near future, as evidenced by recent

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929 behavior.

930 (2) INVOLUNTARY EXAMINATION.—

931 (a) An involuntary examination may be initiated on a person
932 18 years of age or older by any one of the following means:

933 1. A circuit or county court may enter an ex parte order
934 stating that a person appears to meet the criteria for
935 involuntary examination and specifying the findings on which
936 that conclusion is based. The ex parte order for involuntary
937 examination must be based on written or oral sworn testimony
938 that includes specific facts that support the findings. If other
939 less restrictive means are not available, such as voluntary
940 appearance for outpatient evaluation, a law enforcement officer,
941 or other designated agent of the court, must ~~shall~~ take the
942 person into custody and deliver him or her to the nearest
943 appropriate ~~an appropriate, or the nearest,~~ facility within the
944 designated receiving system pursuant to s. 394.462 for
945 involuntary examination. The order of the court must ~~shall~~ be
946 made a part of the patient's clinical record. A fee may not be
947 charged for the filing of an order under this subsection. A
948 facility accepting the patient based on this order must send a
949 copy of the order to the department within 5 working days. The
950 order may be submitted electronically through existing data
951 systems, if available. The order is ~~shall be~~ valid only until
952 the person is delivered to the facility or for the period
953 specified in the order itself, whichever comes first. If a time
954 limit is not specified in the order, the order is valid for 7
955 days after the date that the order was signed.

956 2. A law enforcement officer shall take a person who
957 appears to meet the criteria for involuntary examination into

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958 custody and deliver the person or have him or her delivered to
959 the nearest appropriate ~~an appropriate, or the nearest,~~ facility
960 within the designated receiving system pursuant to s. 394.462
961 for examination. A law enforcement officer transporting a person
962 pursuant to this subparagraph shall restrain the person in the
963 least restrictive manner available and appropriate under the
964 circumstances. The officer shall execute a written report
965 detailing the circumstances under which the person was taken
966 into custody, which must be made a part of the patient's
967 clinical record. The report must include all emergency contact
968 information for the person that is readily accessible to the law
969 enforcement officer, including information available through
970 electronic databases maintained by the Department of Law
971 Enforcement or by the Department of Highway Safety and Motor
972 Vehicles. Such emergency contact information may be used by a
973 receiving facility only for the purpose of informing listed
974 emergency contacts of a patient's whereabouts pursuant to s.
975 119.0712(2)(d). Any facility accepting the patient based on this
976 report must send a copy of the report to the department within 5
977 working days.

978 3. A physician, a physician assistant, a clinical
979 psychologist, a psychiatric nurse, an advanced practice
980 registered nurse registered under s. 464.0123, a mental health
981 counselor, a marriage and family therapist, or a clinical social
982 worker may execute a certificate stating that he or she has
983 examined a person within the preceding 48 hours and finds that
984 the person appears to meet the criteria for involuntary
985 examination and stating the observations upon which that
986 conclusion is based. If other less restrictive means, such as

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987 voluntary appearance for outpatient evaluation, are not
988 available, a law enforcement officer shall take into custody the
989 person named in the certificate and deliver him or her to the
990 nearest appropriate, ~~or nearest,~~ facility within the designated
991 receiving system pursuant to s. 394.462 for involuntary
992 examination. The law enforcement officer shall execute a written
993 report detailing the circumstances under which the person was
994 taken into custody. The report must include all emergency
995 contact information for the person that is readily accessible to
996 the law enforcement officer, including information available
997 through electronic databases maintained by the Department of Law
998 Enforcement or by the Department of Highway Safety and Motor
999 Vehicles. Such emergency contact information may be used by a
1000 receiving facility only for the purpose of informing listed
1001 emergency contacts of a patient's whereabouts pursuant to s.
1002 119.0712(2)(d). The report and certificate must ~~shall~~ be made a
1003 part of the patient's clinical record. Any facility accepting
1004 the patient based on this certificate must send a copy of the
1005 certificate to the department within 5 working days. The
1006 document may be submitted electronically through existing data
1007 systems, if applicable.

1008
1009 When sending the order, report, or certificate to the
1010 department, a facility shall, at a minimum, provide information
1011 about which action was taken regarding the patient under
1012 paragraph (g), which information must ~~shall~~ also be made a part
1013 of the patient's clinical record.

1014 (f) A patient 18 years of age or older shall be examined by
1015 a physician or a clinical psychologist, or by a psychiatric

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1016 nurse performing within the framework of an established protocol
1017 with a psychiatrist at a facility without unnecessary delay to
1018 determine if the criteria for involuntary services are met.
1019 Emergency treatment may be provided upon the order of a
1020 physician if the physician determines that such treatment is
1021 necessary for the safety of the patient or others. The patient
1022 may not be released by the receiving facility or its contractor
1023 without the documented approval of a psychiatrist or a clinical
1024 psychologist or, if the receiving facility is owned or operated
1025 by a hospital, health system, or nationally accredited community
1026 mental health center, the release may also be approved by a
1027 psychiatric nurse performing within the framework of an
1028 established protocol with a psychiatrist, or an attending
1029 emergency department physician with experience in the diagnosis
1030 and treatment of mental illness after completion of an
1031 involuntary examination pursuant to this subsection. A
1032 psychiatric nurse may not approve the release of a patient if
1033 the involuntary examination was initiated by a psychiatrist
1034 unless the release is approved by the initiating psychiatrist.
1035 The release may be approved through telehealth.

1036 (g) The examination period must be for up to 72 hours. ~~For~~
1037 ~~a minor, the examination shall be initiated within 12 hours~~
1038 ~~after the patient's arrival at the facility.~~ Within the
1039 examination period, one of the following actions must be taken,
1040 based on the individual needs of the patient:

1041 1. The patient must ~~shall~~ be released, unless he or she is
1042 charged with a crime, in which case the patient must ~~shall~~ be
1043 returned to the custody of a law enforcement officer;

1044 2. The patient must ~~shall~~ be released, subject to

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1045 subparagraph 1., for voluntary outpatient treatment;

1046 3. The patient, unless he or she is charged with a crime,
1047 must ~~shall~~ be asked to give express and informed consent to
1048 placement as a voluntary patient and, if such consent is given,
1049 the patient must ~~shall~~ be admitted as a voluntary patient; or

1050 4. A petition for involuntary services must ~~shall~~ be filed
1051 in the circuit court if inpatient treatment is deemed necessary
1052 or with the criminal county court, as defined in s. 394.4655(1),
1053 as applicable. When inpatient treatment is deemed necessary, the
1054 least restrictive treatment consistent with the optimum
1055 improvement of the patient's condition must ~~shall~~ be made
1056 available. When a petition is to be filed for involuntary
1057 outpatient placement, it must ~~shall~~ be filed by one of the
1058 petitioners specified in s. 394.4655(4) (a). A petition for
1059 involuntary inpatient placement must ~~shall~~ be filed by the
1060 facility administrator. If a patient's 72-hour examination
1061 period ends on a weekend or holiday, and the receiving facility:

1062 a. Intends to file a petition for involuntary services,
1063 such patient may be held at a receiving facility through the
1064 next working day thereafter and such petition for involuntary
1065 services must be filed no later than such date. If the receiving
1066 facility fails to file a petition for involuntary services at
1067 the close of the next working day, the patient must ~~shall~~ be
1068 released from the receiving facility following approval pursuant
1069 to paragraph (f).

1070 b. Does not intend to file a petition for involuntary
1071 services, a receiving facility may postpone release of a patient
1072 until the next working day thereafter only if a qualified
1073 professional documents that adequate discharge planning and

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1074 procedures in accordance with s. 394.468, and approval pursuant
1075 to paragraph (f), are not possible until the next working day.

1076 Section 8. Except as otherwise expressly provided in this
1077 act, this act shall take effect July 1, 2024.