

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Maney offered the following:

**Amendment (with title amendment)**

Remove lines 335-2636 and insert:

1. Notice that the petition for:

~~a. involuntary services inpatient treatment pursuant to s. 394.4655 or s. 394.467 has been filed with the circuit or county court, as applicable, and the address of such court in the county in which the individual is hospitalized and the address of such court; or~~

~~b. Involuntary outpatient services pursuant to s. 394.4655 has been filed with the criminal county court, as defined in s. 394.4655(1), or the circuit court, as applicable, in the county~~

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14 ~~in which the individual is hospitalized and the address of such~~  
15 ~~court.~~

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

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

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

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

30 Section 5. Subsection (2) and paragraph (d) of subsection  
31 (4) of section 394.461, Florida Statutes, are amended to read:

32 394.461 Designation of receiving and treatment facilities  
33 and receiving systems.—The department is authorized to designate  
34 and monitor receiving facilities, treatment facilities, and  
35 receiving systems and may suspend or withdraw such designation  
36 for failure to comply with this part and rules adopted under  
37 this part. The department may issue a conditional designation  
38 for up to 60 days to allow the implementation of corrective

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39 measures. Unless designated by the department, facilities are  
40 not permitted to hold or treat involuntary patients under this  
41 part.

42 (2) TREATMENT FACILITY.—The department may designate any  
43 state-owned, state-operated, or state-supported facility as a  
44 state treatment facility. A civil patient shall not be admitted  
45 to a state treatment facility without previously undergoing a  
46 transfer evaluation. Before the close of the state's case-in-  
47 chief in a court hearing for involuntary placement ~~in a state~~  
48 ~~treatment facility~~, the state may establish that the transfer  
49 evaluation was performed and the document was properly executed  
50 by providing the court with a copy of the transfer evaluation.  
51 The court may not ~~shall receive and~~ consider the substantive  
52 information documented in the transfer evaluation unless the  
53 evaluator testifies at the hearing. Any other facility,  
54 including a private facility or a federal facility, may be  
55 designated as a treatment facility by the department, provided  
56 that such designation is agreed to by the appropriate governing  
57 body or authority of the facility.

58 (4) REPORTING REQUIREMENTS.—

59 (d) The department shall issue an annual report based on  
60 the data required pursuant to this subsection. The report shall  
61 include individual facilities' data, as well as statewide  
62 totals. The report shall be posted on the department's website

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63 ~~submitted to the Governor, the President of the Senate, and the~~  
64 ~~Speaker of the House of Representatives.~~

65 Section 6. Paragraph (a) of subsection (2) and subsection  
66 (3) of section 394.4615, Florida Statutes, is amended to read:

67 394.4615 Clinical records; confidentiality.—

68 (2) The clinical record shall be released when:

69 (a) The patient or the patient's guardian or legal  
70 custodian authorizes the release. The guardian, ~~or~~ guardian  
71 advocate, or legal custodian shall be provided access to the  
72 appropriate clinical records of the patient. The patient or the  
73 patient's guardian, ~~or~~ guardian advocate, or legal custodian may  
74 authorize the release of information and clinical records to  
75 appropriate persons to ensure the continuity of the patient's  
76 health care or mental health care. A receiving facility must  
77 document that, within 24 hours of admission, individuals  
78 admitted on a voluntary basis have been provided with the option  
79 to authorize the release of information from their clinical  
80 record to the individual's health care surrogate or proxy,  
81 attorney, representative, or other known emergency contact.

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

84 (a) When a patient has communicated to a service provider  
85 a specific threat to cause serious bodily injury or death to an  
86 identified or a readily available person, if the service  
87 provider reasonably believes, or should reasonably believe

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88 according to the standards of his or her profession, that the  
89 patient has the apparent intent and ability to imminently or  
90 immediately carry out such threat. When such communication has  
91 been made, the administrator may authorize the release of  
92 sufficient information to provide adequate warning to the person  
93 threatened with harm by the patient.

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

101  
102 For the purpose of determining whether a person meets the  
103 criteria for involuntary services ~~outpatient placement~~ or for  
104 preparing the proposed services ~~treatment~~ plan pursuant to s.  
105 394.4655 or s. 394.467 ~~s. 394.4655~~, the clinical record may be  
106 released to the state attorney, the public defender or the  
107 patient's private legal counsel, the court, and to the  
108 appropriate mental health professionals, including the service  
109 provider under s. 394.4655 or s. 394.467 ~~identified in s.~~  
110 ~~394.4655(7)(b)2.~~, in accordance with state and federal law.

111 Section 7. Section 394.462, Florida Statutes, is amended  
112 to read:

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113 394.462 Transportation.—A transportation plan shall be  
114 developed and implemented by each county in collaboration with  
115 the managing entity in accordance with this section. A county  
116 may enter into a memorandum of understanding with the governing  
117 boards of nearby counties to establish a shared transportation  
118 plan. When multiple counties enter into a memorandum of  
119 understanding for this purpose, the counties shall notify the  
120 managing entity and provide it with a copy of the agreement. The  
121 transportation plan shall describe methods of transport to a  
122 facility within the designated receiving system for individuals  
123 subject to involuntary examination under s. 394.463 or  
124 involuntary admission under s. 397.6772, s. 397.679, s.  
125 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify  
126 responsibility for other transportation to a participating  
127 facility when necessary and agreed to by the facility. The plan  
128 may rely on emergency medical transport services or private  
129 transport companies, as appropriate. The plan shall comply with  
130 the transportation provisions of this section and ss. 397.6772,  
131 397.6795, ~~397.6822~~, and 397.697.

132 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

133 (a) Each county shall designate a single law enforcement  
134 agency within the county, or portions thereof, to take a person  
135 into custody upon the entry of an ex parte order or the  
136 execution of a certificate for involuntary examination by an  
137 authorized professional and to transport that person to the

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138 appropriate facility within the designated receiving system  
139 pursuant to a transportation plan.

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

142 a. The jurisdiction designated by the county has  
143 contracted on an annual basis with an emergency medical  
144 transport service or private transport company for  
145 transportation of persons to receiving facilities pursuant to  
146 this section at the sole cost of the county or as otherwise  
147 provided in the transportation plan developed by the county; and

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

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

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

159 b. From the person receiving the transportation.

160 c. From a financial settlement for medical care,  
161 treatment, hospitalization, or transportation payable or  
162 accruing to the injured party.

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

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

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

176 (f) When a member of a mental health overlay program or a  
177 mobile crisis response service is a professional authorized to  
178 initiate an involuntary examination pursuant to s. 394.463 or s.  
179 397.675 and that professional evaluates a person and determines  
180 that transportation to a receiving facility is needed, the  
181 service, at its discretion, may transport the person to the  
182 facility or may call on the law enforcement agency or other  
183 transportation arrangement best suited to the needs of the  
184 patient.

185 (g) When any law enforcement officer has custody of a  
186 person based on either noncriminal or minor criminal behavior  
187 that meets the statutory guidelines for involuntary examination

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188 pursuant to s. 394.463, the law enforcement officer shall  
189 transport the person to the appropriate facility within the  
190 designated receiving system pursuant to a transportation plan.  
191 Persons who meet the statutory guidelines for involuntary  
192 admission pursuant to s. 397.675 may also be transported by law  
193 enforcement officers to the extent resources are available and  
194 as otherwise provided by law. Such persons shall be transported  
195 to an appropriate facility within the designated receiving  
196 system pursuant to a transportation plan.

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

211 (i) If the appropriate law enforcement officer believes  
212 that a person has an emergency medical condition as defined in

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213 s. 395.002, the person may be first transported to a hospital  
214 for emergency medical treatment, regardless of whether the  
215 hospital is a designated receiving facility.

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

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

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

234 (m) Each law enforcement agency designated pursuant to  
235 paragraph (a) shall establish a policy that reflects a single  
236 set of protocols for the safe and secure transportation and

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237 transfer of custody of the person. Each law enforcement agency  
238 shall provide a copy of the protocols to the managing entity.

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

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

251 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

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

259 (b) A company that transports a patient pursuant to this  
260 subsection is considered an independent contractor and is solely  
261 liable for the safe and dignified transportation of the patient.

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262 Such company must be insured and provide no less than \$100,000  
263 in liability insurance with respect to the transport of  
264 patients.

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

269 (d) County or municipal law enforcement and correctional  
270 personnel and equipment may not be used to transport patients  
271 adjudicated incapacitated or found by the court to meet the  
272 criteria for involuntary services placement pursuant to s.  
273 394.467, except in small rural counties where there are no cost-  
274 efficient alternatives.

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

279 Section 8. Paragraphs (a) and (f) of subsection (1) and  
280 subsection (5) of section 394.4625, Florida Statutes, are  
281 amended to read:

282 394.4625 Voluntary admissions.—

283 (1) AUTHORITY TO RECEIVE PATIENTS.—

284 (a) A facility may receive for observation, diagnosis, or  
285 treatment any adult ~~person 18 years of age or older~~ who applies  
286 by express and informed consent for admission or any minor

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287 ~~person age 17 or younger~~ whose parent or legal guardian applies  
288 for admission. Such person may be admitted to the facility if  
289 found to show evidence of mental illness and to be suitable for  
290 treatment, and:

291 1. If the person is an adult, is found, to be competent to  
292 provide express and informed consent; or

293 2. If the person is a minor, the parent or legal guardian  
294 provides express and informed consent and the facility performs,  
295 ~~and to be suitable for treatment, such person 18 years of age or~~  
296 ~~elder may be admitted to the facility. A person age 17 or~~  
297 ~~younger may be admitted only after~~ a clinical review to verify  
298 the voluntariness of the minor's assent.

299 (f) Within 24 hours after admission of a voluntary  
300 patient, the treating ~~admitting~~ physician or psychiatric nurse  
301 practicing within the framework of an established protocol with  
302 a psychiatrist shall document in the patient's clinical record  
303 that the patient is able to give express and informed consent  
304 for admission. If the patient is not able to give express and  
305 informed consent for admission, the facility shall either  
306 discharge the patient or transfer the patient to involuntary  
307 status pursuant to subsection (5).

308 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary  
309 patient, or an authorized person on the patient's behalf, makes  
310 a request for discharge, the request for discharge, unless  
311 freely and voluntarily rescinded, must be communicated to a

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312 physician, clinical psychologist with at least 3 years of  
313 postdoctoral experience in the practice of clinical psychology,  
314 or psychiatrist as quickly as possible, but not later than 12  
315 hours after the request is made. If the patient meets the  
316 criteria for involuntary placement, the administrator of the  
317 facility must file with the court a petition for involuntary  
318 placement, within 2 court working days after the request for  
319 discharge is made. If the petition is not filed within 2 court  
320 working days, the patient shall be discharged. Pending the  
321 filing of the petition, the patient may be held and emergency  
322 treatment rendered in the least restrictive manner, upon the  
323 ~~written~~ order of a physician or psychiatric nurse practicing  
324 within the framework of an established protocol with a  
325 psychiatrist, if it is determined that such treatment is  
326 necessary for the safety of the patient or others.

327 Section 9. Subsection (1), paragraphs (a), (e), (f), (g),  
328 and (h) of subsection (2), and subsection (4) of section  
329 394.463, Florida Statutes, are amended to read:

330 394.463 Involuntary examination.—

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

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

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

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

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

351 (2) INVOLUNTARY EXAMINATION.—

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

354 1. A circuit or county court may enter an ex parte order  
355 stating that a person appears to meet the criteria for  
356 involuntary examination and specifying the findings on which  
357 that conclusion is based. The ex parte order for involuntary  
358 examination must be based on written or oral sworn testimony  
359 that includes specific facts that support the findings. If other

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360 less restrictive means are not available, such as voluntary  
361 appearance for outpatient evaluation, a law enforcement officer,  
362 or other designated agent of the court, shall take the person  
363 into custody and deliver him or her to an appropriate, or the  
364 nearest, facility within the designated receiving system  
365 pursuant to s. 394.462 for involuntary examination. The order of  
366 the court shall be made a part of the patient's clinical record.  
367 A fee may not be charged for the filing of an order under this  
368 subsection. A facility accepting the patient based on this order  
369 must send a copy of the order to the department within 5 working  
370 days. The order may be submitted electronically through existing  
371 data systems, if available. The order shall be valid only until  
372 the person is delivered to the facility or for the period  
373 specified in the order itself, whichever comes first. If a time  
374 limit is not specified in the order, the order is valid for 7  
375 days after the date that the order was signed.

376 2. A law enforcement officer may ~~shall~~ take a person who  
377 appears to meet the criteria for involuntary examination into  
378 custody and deliver the person or have him or her delivered to  
379 an appropriate, or the nearest, facility within the designated  
380 receiving system pursuant to s. 394.462 for examination. A law  
381 enforcement officer transporting a person pursuant to this  
382 section ~~subparagraph~~ shall restrain the person in the least  
383 restrictive manner available and appropriate under the  
384 circumstances. If transporting a minor and the parent or legal

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385 guardian of the minor is present, before departing, the law  
386 enforcement officer shall provide the parent or legal guardian  
387 of the minor with the name, address, and contact information for  
388 the facility within the designated receiving system to which the  
389 law enforcement officer is transporting the minor, subject to  
390 any safety and welfare concerns for the minor. The officer shall  
391 execute a written report detailing the circumstances under which  
392 the person was taken into custody, which must be made a part of  
393 the patient's clinical record. The report must include all  
394 emergency contact information for the person that is readily  
395 accessible to the law enforcement officer, including information  
396 available through electronic databases maintained by the  
397 Department of Law Enforcement or by the Department of Highway  
398 Safety and Motor Vehicles. Such emergency contact information  
399 may be used by a receiving facility only for the purpose of  
400 informing listed emergency contacts of a patient's whereabouts  
401 pursuant to s. 119.0712(2)(d). Any facility accepting the  
402 patient based on this report must send a copy of the report to  
403 the department within 5 working days.

404 3. A physician, a physician assistant, a clinical  
405 psychologist, a psychiatric nurse, an advanced practice  
406 registered nurse registered under s. 464.0123, a mental health  
407 counselor, a marriage and family therapist, or a clinical social  
408 worker may execute a certificate stating that he or she has  
409 examined a person within the preceding 48 hours and finds that

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410 the person appears to meet the criteria for involuntary  
411 examination and stating the observations upon which that  
412 conclusion is based. If other less restrictive means, such as  
413 voluntary appearance for outpatient evaluation, are not  
414 available, a law enforcement officer shall take into custody the  
415 person named in the certificate and deliver him or her to the  
416 appropriate, or nearest, facility within the designated  
417 receiving system pursuant to s. 394.462 for involuntary  
418 examination. The law enforcement officer shall execute a written  
419 report detailing the circumstances under which the person was  
420 taken into custody and include all emergency contact information  
421 required under subparagraph 2. ~~The report must include all~~  
422 ~~emergency contact information for the person that is readily~~  
423 ~~accessible to the law enforcement officer, including information~~  
424 ~~available through electronic databases maintained by the~~  
425 ~~Department of Law Enforcement or by the Department of Highway~~  
426 ~~Safety and Motor Vehicles.~~ Such emergency contact information  
427 may be used by a receiving facility only for the purpose of  
428 informing listed emergency contacts of a patient's whereabouts  
429 pursuant to s. 119.0712(2)(d). The report and certificate shall  
430 be made a part of the patient's clinical record. Any facility  
431 accepting the patient based on this certificate must send a copy  
432 of the certificate to the department within 5 working days. The  
433 document may be submitted electronically through existing data  
434 systems, if applicable.

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435  
436 When sending the order, report, or certificate to the  
437 department, a facility shall, at a minimum, provide information  
438 about which action was taken regarding the patient under  
439 paragraph (g), which information shall also be made a part of  
440 the patient's clinical record.

441 (e) The department shall receive and maintain the copies  
442 of ex parte orders, involuntary ~~outpatient~~ services orders  
443 issued pursuant to ss. 394.4655 and 394.467 ~~s. 394.4655,~~  
444 ~~involuntary inpatient placement orders issued pursuant to s.~~  
445 ~~394.467,~~ professional certificates, law enforcement officers'  
446 reports, and reports relating to the transportation of patients.  
447 These documents shall be considered part of the clinical record,  
448 governed by the provisions of s. 394.4615. These documents shall  
449 be provided to the Louis de la Parte Florida Mental Health  
450 Institute established under s. 1004.44 by the department and  
451 used by the institute to prepare annual reports analyzing the  
452 data obtained from these documents, without including the  
453 personal identifying information of the patient. The information  
454 in the reports may include, but need not be limited to, a state  
455 level analysis of involuntary examinations, including a  
456 description of demographic characteristics of individuals and  
457 the geographic locations of involuntary examinations; counts of  
458 the number of involuntary examinations at each receiving  
459 facility; and reporting and analysis of trends for involuntary

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460 examinations within the state. The report shall also include  
461 counts of and provide demographic, geographic, and other  
462 relevant information about individuals with a developmental  
463 disability, as defined in s. 393.063, or a traumatic brain  
464 injury or dementia who were taken to a receiving facility for  
465 involuntary examination pursuant to s. 394.463 and determined  
466 not to have a co-occurring mental illness. The institute  
467 identifying patients, and shall post the reports on its website  
468 and provide copies of such reports to the department, the  
469 President of the Senate, the Speaker of the House of  
470 Representatives, and the minority leaders of the Senate and the  
471 House of Representatives by November 30 of each year.

472 (f) A patient must ~~shall~~ be examined by a physician or a  
473 clinical psychologist, or by a psychiatric nurse performing  
474 within the framework of an established protocol with a  
475 psychiatrist at a facility without unnecessary delay to  
476 determine if the criteria for involuntary services are met. Such  
477 examination shall include, but not be limited to, consideration  
478 of the patient's treatment history at the facility and any  
479 information regarding the patient's condition and behavior  
480 provided by knowledgeable individuals. Repeated admittance for  
481 involuntary examination despite implementation of appropriate  
482 discharge plans may be evidence that criteria under subparagraph  
483 (1)(b)1. are met. For purposes of this paragraph, the term  
484 "repeated admittance" means three or more admissions into the

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485 facility within the immediately preceding 12 months. An  
486 individual's basic needs being served while admitted to the  
487 facility may not be considered evidence that criteria under  
488 subparagraph (1)(b)1. are met. Emergency treatment may be  
489 provided upon the order of a physician or a psychiatric nurse  
490 practicing within the framework of an established protocol with  
491 a psychiatrist if the physician or psychiatric nurse determines  
492 that such treatment is necessary for the safety of the patient  
493 or others. The patient may not be released by the receiving  
494 facility or its contractor without the documented approval of a  
495 psychiatrist or a clinical psychologist or, if the receiving  
496 facility is owned or operated by a hospital, health system, or  
497 nationally accredited community mental health center, the  
498 release may also be approved by a psychiatric nurse performing  
499 within the framework of an established protocol with a  
500 psychiatrist, or an attending emergency department physician  
501 with experience in the diagnosis and treatment of mental illness  
502 after completion of an involuntary examination pursuant to this  
503 subsection. A psychiatric nurse may not approve the release of a  
504 patient if the involuntary examination was initiated by a  
505 psychiatrist unless the release is approved by the initiating  
506 psychiatrist. The release may be approved through telehealth.

507 (g) The examination period must be for up to 72 hours and  
508 begins when a patient arrives at the receiving facility. For a  
509 minor, the examination shall be initiated within 12 hours after

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510 the patient's arrival at the facility. Within the examination  
511 period, one of the following actions must be taken, based on the  
512 individual needs of the patient:

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

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

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

522 4. A petition for involuntary services shall be filed in  
523 the circuit court ~~if inpatient treatment is deemed necessary~~ or  
524 with the ~~criminal~~ county court, as defined in s. 394.4655(1), as  
525 applicable. When inpatient treatment is deemed necessary, the  
526 least restrictive treatment consistent with the optimum  
527 improvement of the patient's condition shall be made available.  
528 ~~The~~ ~~When a petition is to be filed for involuntary outpatient~~  
529 ~~placement, it~~ shall be filed by one of the petitioners specified  
530 in s. 394.467, and the court shall dismiss an untimely filed  
531 petition ~~s. 394.4655(4)(a)~~. ~~A petition for involuntary inpatient~~  
532 ~~placement shall be filed by the facility administrator.~~ If a  
533 patient's 72-hour examination period ends on a weekend or  
534 holiday, including the hours before the ordinary business hours

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535 on the morning of the next working day, and the receiving  
536 facility:

537 a. Intends to file a petition for involuntary services,  
538 such patient may be held at the ~~a receiving~~ facility through the  
539 next working day thereafter and the ~~such~~ petition ~~for~~  
540 ~~involuntary services~~ must be filed no later than such date. If  
541 the ~~receiving~~ facility fails to file the ~~a~~ petition by ~~for~~  
542 ~~involuntary services~~ at the ordinary close of business on the  
543 next working day, the patient shall be released from the  
544 receiving facility following approval pursuant to paragraph (f).

545 b. Does not intend to file a petition for involuntary  
546 services, the ~~a~~ receiving facility may postpone release of a  
547 patient until the next working day thereafter only if a  
548 qualified professional documents that adequate discharge  
549 planning and procedures in accordance with s. 394.468, and  
550 approval pursuant to paragraph (f), are not possible until the  
551 next working day.

552 (h) A person for whom an involuntary examination has been  
553 initiated who is being evaluated or treated at a hospital for an  
554 emergency medical condition specified in s. 395.002 must be  
555 examined by a facility within the examination period specified  
556 in paragraph (g). The examination period begins when the patient  
557 arrives at the hospital and ceases when the attending physician  
558 documents that the patient has an emergency medical condition.  
559 If the patient is examined at a hospital providing emergency

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560 medical services by a professional qualified to perform an  
561 involuntary examination and is found as a result of that  
562 examination not to meet the criteria for involuntary ~~outpatient~~  
563 services pursuant to s. 394.467 ~~s. 394.4655(2)~~ or involuntary  
564 ~~inpatient placement pursuant to s. 394.467(1)~~, the patient may  
565 be offered voluntary outpatient or inpatient services ~~or~~  
566 ~~placement~~, if appropriate, or released directly from the  
567 hospital providing emergency medical services. The finding by  
568 the professional that the patient has been examined and does not  
569 meet the criteria for involuntary ~~inpatient~~ services ~~or~~  
570 ~~involuntary outpatient placement~~ must be entered into the  
571 patient's clinical record. This paragraph is not intended to  
572 prevent a hospital providing emergency medical services from  
573 appropriately transferring a patient to another hospital before  
574 stabilization if the requirements of s. 395.1041(3)(c) have been  
575 met.

576 (4) DATA ANALYSIS.—

577 (a) The department shall provide the ~~Using~~ data collected  
578 under paragraph (2)(a) and s. 1006.07(10), and child welfare  
579 data related to involuntary examinations, to the Louis de la  
580 Parte Florida Mental Health Institute established under s.  
581 1004.44. The Agency for Health Care Administration shall provide  
582 Medicaid data to the institute, requested by the institute,  
583 related to involuntary examination of children enrolled in  
584 Medicaid for the purpose of administering the program and

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585 improving service provision for such children. The department  
586 and agency shall enter into any necessary agreements with the  
587 institute to provide such data. The institute shall use such  
588 data to ~~the department shall~~, at a minimum, analyze data on both  
589 the initiation of involuntary examinations of children and the  
590 initiation of involuntary examinations of students who are  
591 removed from a school; identify any patterns or trends and cases  
592 in which involuntary examinations are repeatedly initiated on  
593 the same child or student; study root causes for such patterns,  
594 trends, or repeated involuntary examinations; and make  
595 recommendations to encourage the use of alternatives to  
596 eliminate inappropriate initiations of such examinations.

597 (b) The institute shall analyze service data on  
598 individuals who are high utilizers of crisis stabilization  
599 services provided in designated receiving facilities, and shall,  
600 at a minimum, identify any patterns or trends and make  
601 recommendations to decrease avoidable admissions.

602 Recommendations may be addressed in the department's contracts  
603 with the behavioral health managing entities and in the  
604 contracts between the Agency for Health Care Administration and  
605 the Medicaid managed medical assistance plans.

606 (c) The institute ~~department~~ shall publish ~~submit~~ a report  
607 on its findings and recommendations on its website and submit  
608 the report to the Governor, the President of the Senate, ~~and~~ the  
609 Speaker of the House of Representatives, the department, and the

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610 Agency for Health Care Administration by November 1 of each odd-  
611 numbered year.

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

614 394.4655 Orders to involuntary outpatient placement  
615 services.—

616 (1) DEFINITIONS.—As used in this section, the term:

617 ~~(a) "Court" means a circuit court or a criminal county~~  
618 ~~court.~~

619 ~~(a)(b) "Criminal County court" means a county court~~  
620 ~~exercising its original jurisdiction in a misdemeanor case under~~  
621 ~~s. 34.01.~~

622 (b) "Involuntary outpatient placement" means involuntary  
623 outpatient services as defined in s. 394.467.

624 (2) A court or a county court may order an individual to  
625 involuntary outpatient placement under s. 394.467. ~~CRITERIA FOR~~  
626 ~~INVOLUNTARY OUTPATIENT SERVICES.—A person may be ordered to~~  
627 ~~involuntary outpatient services upon a finding of the court, by~~  
628 ~~clear and convincing evidence, that the person meets all of the~~  
629 ~~following criteria:~~

630 ~~(a) The person is 18 years of age or older.~~

631 ~~(b) The person has a mental illness.~~

632 ~~(c) The person is unlikely to survive safely in the~~  
633 ~~community without supervision, based on a clinical~~  
634 ~~determination.~~

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635 ~~(d) The person has a history of lack of compliance with~~  
636 ~~treatment for mental illness.~~

637 ~~(e) The person has:~~

638 ~~1. At least twice within the immediately preceding 36~~  
639 ~~months been involuntarily admitted to a receiving or treatment~~  
640 ~~facility as defined in s. 394.455, or has received mental health~~  
641 ~~services in a forensic or correctional facility. The 36-month~~  
642 ~~period does not include any period during which the person was~~  
643 ~~admitted or incarcerated; or~~

644 ~~2. Engaged in one or more acts of serious violent behavior~~  
645 ~~toward self or others, or attempts at serious bodily harm to~~  
646 ~~himself or herself or others, within the preceding 36 months.~~

647 ~~(f) The person is, as a result of his or her mental~~  
648 ~~illness, unlikely to voluntarily participate in the recommended~~  
649 ~~treatment plan and has refused voluntary services for treatment~~  
650 ~~after sufficient and conscientious explanation and disclosure of~~  
651 ~~why the services are necessary or is unable to determine for~~  
652 ~~himself or herself whether services are necessary.~~

653 ~~(g) In view of the person's treatment history and current~~  
654 ~~behavior, the person is in need of involuntary outpatient~~  
655 ~~services in order to prevent a relapse or deterioration that~~  
656 ~~would be likely to result in serious bodily harm to himself or~~  
657 ~~herself or others, or a substantial harm to his or her well-~~  
658 ~~being as set forth in s. 394.463(1).~~

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659 ~~(h) It is likely that the person will benefit from~~  
660 ~~involuntary outpatient services.~~

661 ~~(i) All available, less restrictive alternatives that~~  
662 ~~would offer an opportunity for improvement of his or her~~  
663 ~~condition have been judged to be inappropriate or unavailable.~~

664 ~~(3) INVOLUNTARY OUTPATIENT SERVICES.—~~

665 ~~(a)1. A patient who is being recommended for involuntary~~  
666 ~~outpatient services by the administrator of the facility where~~  
667 ~~the patient has been examined may be retained by the facility~~  
668 ~~after adherence to the notice procedures provided in s.~~  
669 ~~394.4599. The recommendation must be supported by the opinion of~~  
670 ~~a psychiatrist and the second opinion of a clinical psychologist~~  
671 ~~or another psychiatrist, both of whom have personally examined~~  
672 ~~the patient within the preceding 72 hours, that the criteria for~~  
673 ~~involuntary outpatient services are met. However, if the~~  
674 ~~administrator certifies that a psychiatrist or clinical~~  
675 ~~psychologist is not available to provide the second opinion, the~~  
676 ~~second opinion may be provided by a licensed physician who has~~  
677 ~~postgraduate training and experience in diagnosis and treatment~~  
678 ~~of mental illness, a physician assistant who has at least 3~~  
679 ~~years' experience and is supervised by such licensed physician~~  
680 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~  
681 ~~nurse. Any second opinion authorized in this subparagraph may be~~  
682 ~~conducted through a face-to-face examination, in person or by~~  
683 ~~electronic means. Such recommendation must be entered on an~~

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684 ~~involuntary outpatient services certificate that authorizes the~~  
685 ~~facility to retain the patient pending completion of a hearing.~~  
686 ~~The certificate must be made a part of the patient's clinical~~  
687 ~~record.~~

688 ~~2. If the patient has been stabilized and no longer meets~~  
689 ~~the criteria for involuntary examination pursuant to s.~~  
690 ~~394.463(1), the patient must be released from the facility while~~  
691 ~~awaiting the hearing for involuntary outpatient services. Before~~  
692 ~~filing a petition for involuntary outpatient services, the~~  
693 ~~administrator of the facility or a designated department~~  
694 ~~representative must identify the service provider that will have~~  
695 ~~primary responsibility for service provision under an order for~~  
696 ~~involuntary outpatient services, unless the person is otherwise~~  
697 ~~participating in outpatient psychiatric treatment and is not in~~  
698 ~~need of public financing for that treatment, in which case the~~  
699 ~~individual, if eligible, may be ordered to involuntary treatment~~  
700 ~~pursuant to the existing psychiatric treatment relationship.~~

701 ~~3. The service provider shall prepare a written proposed~~  
702 ~~treatment plan in consultation with the patient or the patient's~~  
703 ~~guardian advocate, if appointed, for the court's consideration~~  
704 ~~for inclusion in the involuntary outpatient services order that~~  
705 ~~addresses the nature and extent of the mental illness and any~~  
706 ~~co-occurring substance use disorder that necessitate involuntary~~  
707 ~~outpatient services. The treatment plan must specify the likely~~  
708 ~~level of care, including the use of medication, and anticipated~~

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709 ~~discharge criteria for terminating involuntary outpatient~~  
710 ~~services. Service providers may select and supervise other~~  
711 ~~individuals to implement specific aspects of the treatment plan.~~  
712 ~~The services in the plan must be deemed clinically appropriate~~  
713 ~~by a physician, clinical psychologist, psychiatric nurse, mental~~  
714 ~~health counselor, marriage and family therapist, or clinical~~  
715 ~~social worker who consults with, or is employed or contracted~~  
716 ~~by, the service provider. The service provider must certify to~~  
717 ~~the court in the proposed plan whether sufficient services for~~  
718 ~~improvement and stabilization are currently available and~~  
719 ~~whether the service provider agrees to provide those services.~~  
720 ~~If the service provider certifies that the services in the~~  
721 ~~proposed treatment plan are not available, the petitioner may~~  
722 ~~not file the petition. The service provider must notify the~~  
723 ~~managing entity if the requested services are not available. The~~  
724 ~~managing entity must document such efforts to obtain the~~  
725 ~~requested services.~~

726 ~~(b) If a patient in involuntary inpatient placement meets~~  
727 ~~the criteria for involuntary outpatient services, the~~  
728 ~~administrator of the facility may, before the expiration of the~~  
729 ~~period during which the facility is authorized to retain the~~  
730 ~~patient, recommend involuntary outpatient services. The~~  
731 ~~recommendation must be supported by the opinion of a~~  
732 ~~psychiatrist and the second opinion of a clinical psychologist~~  
733 ~~or another psychiatrist, both of whom have personally examined~~

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734 ~~the patient within the preceding 72 hours, that the criteria for~~  
735 ~~involuntary outpatient services are met. However, if the~~  
736 ~~administrator certifies that a psychiatrist or clinical~~  
737 ~~psychologist is not available to provide the second opinion, the~~  
738 ~~second opinion may be provided by a licensed physician who has~~  
739 ~~postgraduate training and experience in diagnosis and treatment~~  
740 ~~of mental illness, a physician assistant who has at least 3~~  
741 ~~years' experience and is supervised by such licensed physician~~  
742 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~  
743 ~~nurse. Any second opinion authorized in this subparagraph may be~~  
744 ~~conducted through a face-to-face examination, in person or by~~  
745 ~~electronic means. Such recommendation must be entered on an~~  
746 ~~involuntary outpatient services certificate, and the certificate~~  
747 ~~must be made a part of the patient's clinical record.~~

748 ~~(c)1. The administrator of the treatment facility shall~~  
749 ~~provide a copy of the involuntary outpatient services~~  
750 ~~certificate and a copy of the state mental health discharge form~~  
751 ~~to the managing entity in the county where the patient will be~~  
752 ~~residing. For persons who are leaving a state mental health~~  
753 ~~treatment facility, the petition for involuntary outpatient~~  
754 ~~services must be filed in the county where the patient will be~~  
755 ~~residing.~~

756 ~~2. The service provider that will have primary~~  
757 ~~responsibility for service provision shall be identified by the~~  
758 ~~designated department representative before the order for~~

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759 ~~involuntary outpatient services and must, before filing a~~  
760 ~~petition for involuntary outpatient services, certify to the~~  
761 ~~court whether the services recommended in the patient's~~  
762 ~~discharge plan are available and whether the service provider~~  
763 ~~agrees to provide those services. The service provider must~~  
764 ~~develop with the patient, or the patient's guardian advocate, if~~  
765 ~~appointed, a treatment or service plan that addresses the needs~~  
766 ~~identified in the discharge plan. The plan must be deemed to be~~  
767 ~~clinically appropriate by a physician, clinical psychologist,~~  
768 ~~psychiatric nurse, mental health counselor, marriage and family~~  
769 ~~therapist, or clinical social worker, as defined in this~~  
770 ~~chapter, who consults with, or is employed or contracted by, the~~  
771 ~~service provider.~~

772 ~~3. If the service provider certifies that the services in~~  
773 ~~the proposed treatment or service plan are not available, the~~  
774 ~~petitioner may not file the petition. The service provider must~~  
775 ~~notify the managing entity if the requested services are not~~  
776 ~~available. The managing entity must document such efforts to~~  
777 ~~obtain the requested services.~~

778 ~~(4) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES.—~~

779 ~~(a) A petition for involuntary outpatient services may be~~  
780 ~~filed by:~~

781 ~~1. The administrator of a receiving facility; or~~

782 ~~2. The administrator of a treatment facility.~~

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~~(b) Each required criterion for involuntary outpatient services must be alleged and substantiated in the petition for involuntary outpatient services. A copy of the certificate recommending involuntary outpatient services completed by a qualified professional specified in subsection (3) must be attached to the petition. A copy of the proposed treatment plan must be attached to the petition. Before the petition is filed, the service provider shall certify that the services in the proposed plan are available. If the necessary services are not available, the petition may not be filed. The service provider must notify the managing entity if the requested services are not available. The managing entity must document such efforts to obtain the requested services.~~

~~(c) The petition for involuntary outpatient services must be filed in the county where the patient is located, unless the patient is being placed from a state treatment facility, in which case the petition must be filed in the county where the patient will reside. When the petition has been filed, the clerk of the court shall provide copies of the petition and the proposed treatment plan to the department, the managing entity, the patient, the patient's guardian or representative, the state attorney, and the public defender or the patient's private counsel. A fee may not be charged for filing a petition under this subsection.~~

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807 ~~(5) APPOINTMENT OF COUNSEL. Within 1 court working day~~  
808 ~~after the filing of a petition for involuntary outpatient~~  
809 ~~services, the court shall appoint the public defender to~~  
810 ~~represent the person who is the subject of the petition, unless~~  
811 ~~the person is otherwise represented by counsel. The clerk of the~~  
812 ~~court shall immediately notify the public defender of the~~  
813 ~~appointment. The public defender shall represent the person~~  
814 ~~until the petition is dismissed, the court order expires, or the~~  
815 ~~patient is discharged from involuntary outpatient services. An~~  
816 ~~attorney who represents the patient must be provided access to~~  
817 ~~the patient, witnesses, and records relevant to the presentation~~  
818 ~~of the patient's case and shall represent the interests of the~~  
819 ~~patient, regardless of the source of payment to the attorney.~~

820 ~~(6) CONTINUANCE OF HEARING. The patient is entitled, with~~  
821 ~~the concurrence of the patient's counsel, to at least one~~  
822 ~~continuance of the hearing. The continuance shall be for a~~  
823 ~~period of up to 4 weeks.~~

824 ~~(7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—~~

825 ~~(a)1. The court shall hold the hearing on involuntary~~  
826 ~~outpatient services within 5 working days after the filing of~~  
827 ~~the petition, unless a continuance is granted. The hearing must~~  
828 ~~be held in the county where the petition is filed, must be as~~  
829 ~~convenient to the patient as is consistent with orderly~~  
830 ~~procedure, and must be conducted in physical settings not likely~~  
831 ~~to be injurious to the patient's condition. If the court finds~~

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832 ~~that the patient's attendance at the hearing is not consistent~~  
833 ~~with the best interests of the patient and if the patient's~~  
834 ~~counsel does not object, the court may waive the presence of the~~  
835 ~~patient from all or any portion of the hearing. The state~~  
836 ~~attorney for the circuit in which the patient is located shall~~  
837 ~~represent the state, rather than the petitioner, as the real~~  
838 ~~party in interest in the proceeding.~~

839 ~~2. The court may appoint a magistrate to preside at the~~  
840 ~~hearing. One of the professionals who executed the involuntary~~  
841 ~~outpatient services certificate shall be a witness. The patient~~  
842 ~~and the patient's guardian or representative shall be informed~~  
843 ~~by the court of the right to an independent expert examination.~~  
844 ~~If the patient cannot afford such an examination, the court~~  
845 ~~shall ensure that one is provided, as otherwise provided by law.~~  
846 ~~The independent expert's report is confidential and not~~  
847 ~~discoverable, unless the expert is to be called as a witness for~~  
848 ~~the patient at the hearing. The court shall allow testimony from~~  
849 ~~individuals, including family members, deemed by the court to be~~  
850 ~~relevant under state law, regarding the person's prior history~~  
851 ~~and how that prior history relates to the person's current~~  
852 ~~condition. The testimony in the hearing must be given under~~  
853 ~~oath, and the proceedings must be recorded. The patient may~~  
854 ~~refuse to testify at the hearing.~~

855 ~~(b)1. If the court concludes that the patient meets the~~  
856 ~~criteria for involuntary outpatient services pursuant to~~

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857 ~~subsection (2), the court shall issue an order for involuntary~~  
858 ~~outpatient services. The court order shall be for a period of up~~  
859 ~~to 90 days. The order must specify the nature and extent of the~~  
860 ~~patient's mental illness. The order of the court and the~~  
861 ~~treatment plan must be made part of the patient's clinical~~  
862 ~~record. The service provider shall discharge a patient from~~  
863 ~~involuntary outpatient services when the order expires or any~~  
864 ~~time the patient no longer meets the criteria for involuntary~~  
865 ~~placement. Upon discharge, the service provider shall send a~~  
866 ~~certificate of discharge to the court.~~

867 ~~2. The court may not order the department or the service~~  
868 ~~provider to provide services if the program or service is not~~  
869 ~~available in the patient's local community, if there is no space~~  
870 ~~available in the program or service for the patient, or if~~  
871 ~~funding is not available for the program or service. The service~~  
872 ~~provider must notify the managing entity if the requested~~  
873 ~~services are not available. The managing entity must document~~  
874 ~~such efforts to obtain the requested services. A copy of the~~  
875 ~~order must be sent to the managing entity by the service~~  
876 ~~provider within 1 working day after it is received from the~~  
877 ~~court. The order may be submitted electronically through~~  
878 ~~existing data systems. After the order for involuntary services~~  
879 ~~is issued, the service provider and the patient may modify the~~  
880 ~~treatment plan. For any material modification of the treatment~~  
881 ~~plan to which the patient or, if one is appointed, the patient's~~

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882 ~~guardian advocate agrees, the service provider shall send notice~~  
883 ~~of the modification to the court. Any material modifications of~~  
884 ~~the treatment plan which are contested by the patient or the~~  
885 ~~patient's guardian advocate, if applicable, must be approved or~~  
886 ~~disapproved by the court consistent with subsection (3).~~

887 ~~3. If, in the clinical judgment of a physician, the~~  
888 ~~patient has failed or has refused to comply with the treatment~~  
889 ~~ordered by the court, and, in the clinical judgment of the~~  
890 ~~physician, efforts were made to solicit compliance and the~~  
891 ~~patient may meet the criteria for involuntary examination, a~~  
892 ~~person may be brought to a receiving facility pursuant to s.~~  
893 ~~394.463. If, after examination, the patient does not meet the~~  
894 ~~criteria for involuntary inpatient placement pursuant to s.~~  
895 ~~394.467, the patient must be discharged from the facility. The~~  
896 ~~involuntary outpatient services order shall remain in effect~~  
897 ~~unless the service provider determines that the patient no~~  
898 ~~longer meets the criteria for involuntary outpatient services or~~  
899 ~~until the order expires. The service provider must determine~~  
900 ~~whether modifications should be made to the existing treatment~~  
901 ~~plan and must attempt to continue to engage the patient in~~  
902 ~~treatment. For any material modification of the treatment plan~~  
903 ~~to which the patient or the patient's guardian advocate, if~~  
904 ~~applicable, agrees, the service provider shall send notice of~~  
905 ~~the modification to the court. Any material modifications of the~~  
906 ~~treatment plan which are contested by the patient or the~~

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907 ~~patient's guardian advocate, if applicable, must be approved or~~  
908 ~~disapproved by the court consistent with subsection (3).~~

909 ~~(c) If, at any time before the conclusion of the initial~~  
910 ~~hearing on involuntary outpatient services, it appears to the~~  
911 ~~court that the person does not meet the criteria for involuntary~~  
912 ~~outpatient services under this section but, instead, meets the~~  
913 ~~criteria for involuntary inpatient placement, the court may~~  
914 ~~order the person admitted for involuntary inpatient examination~~  
915 ~~under s. 394.463. If the person instead meets the criteria for~~  
916 ~~involuntary assessment, protective custody, or involuntary~~  
917 ~~admission pursuant to s. 397.675, the court may order the person~~  
918 ~~to be admitted for involuntary assessment for a period of 5 days~~  
919 ~~pursuant to s. 397.6811. Thereafter, all proceedings are~~  
920 ~~governed by chapter 397.~~

921 ~~(d) At the hearing on involuntary outpatient services, the~~  
922 ~~court shall consider testimony and evidence regarding the~~  
923 ~~patient's competence to consent to services. If the court finds~~  
924 ~~that the patient is incompetent to consent to treatment, it~~  
925 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~  
926 ~~The guardian advocate shall be appointed or discharged in~~  
927 ~~accordance with s. 394.4598.~~

928 ~~(e) The administrator of the receiving facility or the~~  
929 ~~designated department representative shall provide a copy of the~~  
930 ~~court order and adequate documentation of a patient's mental~~  
931 ~~illness to the service provider for involuntary outpatient-~~

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932 ~~services. Such documentation must include any advance directives~~  
933 ~~made by the patient, a psychiatric evaluation of the patient,~~  
934 ~~and any evaluations of the patient performed by a psychologist~~  
935 ~~or a clinical social worker.~~

936 ~~(8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~  
937 ~~SERVICES.—~~

938 ~~(a)1. If the person continues to meet the criteria for~~  
939 ~~involuntary outpatient services, the service provider shall, at~~  
940 ~~least 10 days before the expiration of the period during which~~  
941 ~~the treatment is ordered for the person, file in the court that~~  
942 ~~issued the order for involuntary outpatient services a petition~~  
943 ~~for continued involuntary outpatient services. The court shall~~  
944 ~~immediately schedule a hearing on the petition to be held within~~  
945 ~~15 days after the petition is filed.~~

946 ~~2. The existing involuntary outpatient services order~~  
947 ~~remains in effect until disposition on the petition for~~  
948 ~~continued involuntary outpatient services.~~

949 ~~3. A certificate shall be attached to the petition which~~  
950 ~~includes a statement from the person's physician or clinical~~  
951 ~~psychologist justifying the request, a brief description of the~~  
952 ~~patient's treatment during the time he or she was receiving~~  
953 ~~involuntary services, and an individualized plan of continued~~  
954 ~~treatment.~~

955 ~~4. The service provider shall develop the individualized~~  
956 ~~plan of continued treatment in consultation with the patient or~~

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957 ~~the patient's guardian advocate, if applicable. When the~~  
958 ~~petition has been filed, the clerk of the court shall provide~~  
959 ~~copies of the certificate and the individualized plan of~~  
960 ~~continued services to the department, the patient, the patient's~~  
961 ~~guardian advocate, the state attorney, and the patient's private~~  
962 ~~counsel or the public defender.~~

963 ~~(b) Within 1 court working day after the filing of a~~  
964 ~~petition for continued involuntary outpatient services, the~~  
965 ~~court shall appoint the public defender to represent the person~~  
966 ~~who is the subject of the petition, unless the person is~~  
967 ~~otherwise represented by counsel. The clerk of the court shall~~  
968 ~~immediately notify the public defender of such appointment. The~~  
969 ~~public defender shall represent the person until the petition is~~  
970 ~~dismissed or the court order expires or the patient is~~  
971 ~~discharged from involuntary outpatient services. Any attorney~~  
972 ~~representing the patient shall have access to the patient,~~  
973 ~~witnesses, and records relevant to the presentation of the~~  
974 ~~patient's case and shall represent the interests of the patient,~~  
975 ~~regardless of the source of payment to the attorney.~~

976 ~~(c) Hearings on petitions for continued involuntary~~  
977 ~~outpatient services must be before the court that issued the~~  
978 ~~order for involuntary outpatient services. The court may appoint~~  
979 ~~a magistrate to preside at the hearing. The procedures for~~  
980 ~~obtaining an order pursuant to this paragraph must meet the~~  
981 ~~requirements of subsection (7), except that the time period~~

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982 ~~included in paragraph (2) (c) is not applicable in determining~~  
983 ~~the appropriateness of additional periods of involuntary~~  
984 ~~outpatient placement.~~

985 ~~(d) Notice of the hearing must be provided as set forth in~~  
986 ~~s. 394.4599. The patient and the patient's attorney may agree to~~  
987 ~~a period of continued outpatient services without a court~~  
988 ~~hearing.~~

989 ~~(e) The same procedure must be repeated before the~~  
990 ~~expiration of each additional period the patient is placed in~~  
991 ~~treatment.~~

992 ~~(f) If the patient has previously been found incompetent~~  
993 ~~to consent to treatment, the court shall consider testimony and~~  
994 ~~evidence regarding the patient's competence. Section 394.4598~~  
995 ~~governs the discharge of the guardian advocate if the patient's~~  
996 ~~competency to consent to treatment has been restored.~~

997 Section 11. Section 394.467, Florida Statutes, is amended  
998 to read:

999 394.467 Involuntary inpatient placement and involuntary  
1000 outpatient services.-

1001 (1) DEFINITIONS.-As used in this section, the term:

1002 (a) "Court" means a circuit court or, for commitments only  
1003 to involuntary outpatient services, a county court as defined in  
1004 s 394.4655.

1005 (b) "Involuntary inpatient placement" means placement in a  
1006 secure receiving or treatment facility providing stabilization

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1007 and treatment services to a person 18 years of age or older who  
1008 does not voluntarily consent to services under this chapter, or  
1009 a minor who does not voluntarily assent to services under this  
1010 chapter.

1011 (c) "Involuntary outpatient services" means services  
1012 provided in the community to a person who does not voluntarily  
1013 consent to or participate in services under this chapter.

1014 (d) "Services plan" means an individualized plan detailing  
1015 the recommended behavioral health services and supports based on  
1016 a thorough assessment of the needs of the patient, to safeguard  
1017 and enhance the patient's health and well-being in the  
1018 community.

1019 (2)-(1) CRITERIA FOR INVOLUNTARY SERVICES.-A person may be  
1020 ordered by a court to be provided for involuntary services  
1021 inpatient placement for treatment upon a finding of the court,  
1022 by clear and convincing evidence, that the person meets the  
1023 following criteria:

1024 (a) Involuntary outpatient services.-A person ordered to  
1025 involuntary outpatient services must meet the following  
1026 criteria:

1027 1. The person has a mental illness and because of his or  
1028 her mental illness:

1029 a. Is unlikely to voluntarily participate in a recommended  
1030 services plan and has refused voluntary services for treatment

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1031 after sufficient and conscientious explanation and disclosure of  
1032 why the services are necessary; or

1033 b. He or she is unable to determine for himself or herself  
1034 whether services are necessary.

1035 2. The person is unlikely to survive safely in the  
1036 community without supervision, based on a clinical  
1037 determination.

1038 3. The person has a history of lack of compliance with  
1039 treatment for mental illness.

1040 4. In view of the person's treatment history and current  
1041 behavior, the person is in need of involuntary outpatient  
1042 services in order to prevent a relapse or deterioration that  
1043 would be likely to result in serious bodily harm to himself or  
1044 herself or others, or a substantial harm to his or her well-  
1045 being as set forth in s. 394.463(1).

1046 5. It is likely that the person will benefit from  
1047 involuntary outpatient services.

1048 6. All available less restrictive alternatives that would  
1049 offer an opportunity for improvement of the person's condition  
1050 have been deemed to be inappropriate or unavailable.

1051 (b) Involuntary inpatient placement.—A person ordered to  
1052 involuntary inpatient placement must meet the following  
1053 criteria:

1054 1.(a) The person ~~He or she~~ has a mental illness and  
1055 because of his or her mental illness:

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1056 ~~a.1.a.~~ He or she has refused voluntary inpatient placement  
1057 for treatment after sufficient and conscientious explanation and  
1058 disclosure of the purpose of ~~inpatient placement for~~ treatment;  
1059 or

1060 b. ~~He or she~~ Is unable to determine for himself or herself  
1061 whether inpatient placement is necessary; and

1062 2.a. He or she is incapable of surviving alone or with the  
1063 help of willing, able, and responsible family or friends,  
1064 including available alternative services, and, without  
1065 treatment, is likely to suffer from neglect or refuse to care  
1066 for himself or herself, and such neglect or refusal poses a real  
1067 and present threat of substantial harm to his or her well-being;  
1068 or

1069 b. Without treatment, there is a substantial likelihood  
1070 that in the near future the person ~~he or she~~ will inflict  
1071 serious bodily harm on self or others, as evidenced by recent  
1072 behavior causing, attempting to cause, or threatening to cause  
1073 such harm; and

1074 ~~(c)(b)~~ All available less restrictive treatment  
1075 alternatives that would offer an opportunity for improvement of  
1076 the person's ~~his or her~~ condition have been deemed ~~judged~~ to be  
1077 inappropriate or unavailable.

1078 ~~(3)(2)~~ RECOMMENDATION FOR INVOLUNTARY SERVICES AND  
1079 ADMISSION TO A TREATMENT FACILITY.—A patient may be recommended

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1080 for involuntary inpatient placement, involuntary outpatient  
1081 services, or a combination of both.

1082 (a) A patient may be retained by the a facility that  
1083 examined the patient for involuntary services until the  
1084 completion of the patient's court hearing ~~or involuntarily~~  
1085 placed in a treatment facility upon the recommendation of the  
1086 administrator of the facility where the patient has been  
1087 examined and after adherence to the notice and hearing  
1088 procedures provided in s. 394.4599. However, if a patient who is  
1089 being recommended for only involuntary outpatient services has  
1090 been stabilized and no longer meets the criteria for involuntary  
1091 examination pursuant to s. 394.463(1), the patient must be  
1092 released from the facility while awaiting the hearing for  
1093 involuntary outpatient services.

1094 (b) The recommendation that the involuntary services  
1095 criteria reasonably appear to have been met must be supported by  
1096 the opinion of a psychiatrist and the second opinion of a  
1097 clinical psychologist with at least 3 years of clinical  
1098 experience, ~~or~~ another psychiatrist, or a psychiatric nurse  
1099 practicing within the framework of an established protocol with  
1100 a psychiatrist, who both of whom have personally examined the  
1101 patient within the preceding 72 hours, that the criteria for  
1102 involuntary inpatient placement are met. For involuntary  
1103 inpatient placement, the patient must have been examined within

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1104 the preceding 72 hours. For involuntary outpatient services the  
1105 patient must have been examined within the preceding 30 days.

1106 (c) ~~If However, if the administrator certifies that a~~  
1107 psychiatrist, a ~~or~~ clinical psychologist with at least 3 years  
1108 of clinical experience, or a psychiatric nurse practicing within  
1109 the framework of an established protocol with a psychiatrist is  
1110 not available to provide a ~~the~~ second opinion, the petitioner  
1111 must certify as such and the second opinion may be provided by a  
1112 licensed physician who has postgraduate training and experience  
1113 in diagnosis and treatment of mental illness, a clinical  
1114 psychologist, or ~~by~~ a psychiatric nurse.

1115 (d) Any opinion authorized in this subsection may be  
1116 conducted through a face-to-face or in-person examination, ~~in~~  
1117 ~~person,~~ or by electronic means. Recommendations for involuntary  
1118 services must be ~~Such recommendation shall be~~ entered on a  
1119 petition for involuntary services ~~inpatient placement~~  
1120 ~~certificate,~~ which shall be made a part of the patient's  
1121 clinical record. The filing of the petition ~~that~~ authorizes the  
1122 facility to retain the patient pending transfer to a treatment  
1123 facility or completion of a hearing.

1124 (4)-(3) PETITION FOR INVOLUNTARY SERVICES ~~INPATIENT~~  
1125 PLACEMENT.-

1126 (a) A petition for involuntary services may be filed by:

- 1127 1. The administrator of a receiving ~~the~~ facility;  
1128 2. The administrator of a treatment facility; or

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1129 3. A service provider who is treating the person being  
1130 petitioned.

1131 (b) A shall file a petition for involuntary inpatient  
1132 placement, or inpatient placement followed by outpatient  
1133 services, must be filed in the court in the county where the  
1134 patient is located.

1135 (c) A petition for involuntary outpatient services must be  
1136 filed in the county where the patient is located, unless the  
1137 patient is being placed from a state treatment facility, in  
1138 which case the petition must be filed in the county where the  
1139 patient will reside.

1140 (d)1. The petitioner must state in the petition:

1141 a. Whether the petitioner is recommending inpatient  
1142 placement, outpatient services, or both.

1143 b. The length of time recommended for each type of  
1144 involuntary services.

1145 c. The reasons for the recommendation.

1146 2. If recommending involuntary outpatient services, or a  
1147 combination of involuntary inpatient placement and outpatient  
1148 services, the petitioner must identify the service provider that  
1149 has agreed to provide services for the person under an order for  
1150 involuntary outpatient services, unless he or she is otherwise  
1151 participating in outpatient psychiatric treatment and is not in  
1152 need of public financing for that treatment, in which case the

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1153 individual, if eligible, may be ordered to involuntary treatment  
1154 pursuant to the existing psychiatric treatment relationship.

1155 3. When recommending an order to involuntary outpatient  
1156 services, the petitioner shall prepare a written proposed  
1157 services plan in consultation with the patient or the patient's  
1158 guardian advocate, if appointed, for the court's consideration  
1159 for inclusion in the involuntary outpatient services order that  
1160 addresses the nature and extent of the mental illness and any  
1161 co-occurring substance use disorder that necessitate involuntary  
1162 outpatient services. The services plan must specify the likely  
1163 needed level of care, including the use of medication, and  
1164 anticipated discharge criteria for terminating involuntary  
1165 outpatient services. The services in the plan must be deemed  
1166 clinically appropriate by a physician, clinical psychologist,  
1167 psychiatric nurse, mental health counselor, marriage and family  
1168 therapist, or clinical social worker who consults with, or is  
1169 employed or contracted by, the service provider. If the services  
1170 in the proposed services plan are not available, the petitioner  
1171 may not file the petition. The petitioner must notify the  
1172 managing entity if the requested services are not available. The  
1173 managing entity must document such efforts to obtain the  
1174 requested service. The service provider who accepts the patient  
1175 for involuntary outpatient services is responsible for the  
1176 development of a comprehensive treatment plan.

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1177 (e) Each required criterion for the recommended  
1178 involuntary services must be alleged and substantiated in the  
1179 petition. A copy of the recommended services plan, if  
1180 applicable, must be attached to the petition. The court must  
1181 accept petitions and other documentation with electronic  
1182 signatures.

1183 (f) When the petition has been filed ~~Upon filing,~~ the  
1184 clerk of the court shall provide copies of the petition and the  
1185 recommended services plan, if applicable, to the department, the  
1186 managing entity, the patient, the patient's guardian or  
1187 representative, and the state attorney, and the public defender  
1188 or the patient's private counsel ~~of the judicial circuit in~~  
1189 ~~which the patient is located.~~ A fee may not be charged for the  
1190 filing of a petition under this subsection.

1191 (g) If the service provider is petitioning for involuntary  
1192 outpatient services, and the provider's patient is not in a  
1193 receiving or treatment facility, the petition shall be heard and  
1194 processed in accordance with the requirements of this section,  
1195 subject to the following exceptions:

1196 1. Unless a continuance is granted, the petition must be  
1197 heard no later than 10 court working days after its filing;

1198 2. The service provider must provide a copy of its  
1199 patient's clinical records, examination report recommending  
1200 outpatient services, and services plan to the court, state  
1201 attorney, and the patient's attorney; and

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1202 3. There is proof that the respondent has been served, and  
1203 the court may continue the case for lack of service.

1204 (5)-(4) APPOINTMENT OF COUNSEL.—Within 1 court working day  
1205 after the filing of a petition for involuntary services  
1206 ~~inpatient placement~~, the court shall appoint the public defender  
1207 to represent the person who is the subject of the petition,  
1208 unless the person is otherwise represented by counsel or  
1209 ineligible. The clerk of the court shall immediately notify the  
1210 public defender of such appointment. The public defender shall  
1211 represent the person until the petition is dismissed, the court  
1212 order expires, the patient is discharged from involuntary  
1213 services, or the public defender is otherwise discharged by the  
1214 court. Any attorney who represents ~~representing~~ the patient  
1215 shall be provided ~~have~~ access to the patient, witnesses, and  
1216 records relevant to the presentation of the patient's case and  
1217 shall represent the interests of the patient, regardless of the  
1218 source of payment to the attorney.

1219 (6)-(5) CONTINUANCE OF HEARING.—The patient and the state  
1220 are independently ~~is~~ entitled, with the concurrence of the  
1221 ~~patient's counsel,~~ to seek a ~~at least one~~ continuance of the  
1222 hearing. The patient shall be granted a request for an initial  
1223 continuance for up to 7 calendar days. The patient may request  
1224 additional continuances for up to 21 calendar days in total,  
1225 which shall only be granted by a showing of good cause and due  
1226 diligence by the patient and the patient's counsel before

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1227 requesting the continuance. The state may request one  
1228 continuance of up to 7 calendar days, which shall only be  
1229 granted by a showing of good cause and due diligence by the  
1230 state before requesting the continuance. The state's failure to  
1231 timely review any readily available document or failure to  
1232 attempt to contact a known witness does not warrant a  
1233 continuance 4 weeks.

1234 (7)-(6) HEARING ON INVOLUNTARY SERVICES INPATIENT  
1235 PLACEMENT.-

1236 (a)1. The court shall hold a the hearing on the  
1237 involuntary services petition inpatient placement within 5 court  
1238 working days after the filing of the petition, unless a  
1239 continuance is granted.

1240 2. The court must hold any hearing on involuntary  
1241 outpatient services in the county where the petition is filed. A  
1242 hearing on involuntary inpatient placement, or a combination of  
1243 involuntary inpatient placement and involuntary outpatient  
1244 services, Except for good cause documented in the court file,  
1245 the hearing must be held in the county or the facility, as  
1246 appropriate, where the patient is located, except for good cause  
1247 documented in the court file.

1248 3. A hearing on involuntary services must be as convenient  
1249 to the patient as is consistent with orderly procedure, and  
1250 shall be conducted in physical settings not likely to be  
1251 injurious to the patient's condition. If the court finds that

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1252 the patient's attendance at the hearing is not consistent with  
1253 the best interests of the patient, or the patient knowingly,  
1254 intelligently, and voluntarily waives his or her right to be  
1255 present, and if the patient's counsel does not object, the court  
1256 may waive the attendance presence of the patient from all or any  
1257 portion of the hearing. The state attorney for the circuit in  
1258 which the patient is located shall represent the state, rather  
1259 than the petitioner, as the real party in interest in the  
1260 proceeding. The facility or service provider shall make the  
1261 patient's clinical records available to the state attorney and  
1262 the patient's attorney so that the state can evaluate and  
1263 prepare its case. However, these records shall remain  
1264 confidential, and the state attorney may not use any record  
1265 obtained under this part for criminal investigation or  
1266 prosecution purposes, or for any purpose other than the  
1267 patient's civil commitment under this chapter ~~petitioning~~  
1268 ~~facility administrator, as the real party in interest in the~~  
1269 ~~proceeding.~~

1270 (b)3- The court may appoint a magistrate to preside at the  
1271 hearing. The hearing may be an in-person or remote proceeding.  
1272 The parties and witnesses may remotely attend and, as  
1273 appropriate, testify at the hearing under oath via audio-video  
1274 teleconference. A witness intending to remotely attend and  
1275 testify must provide the parties with all relevant documents by  
1276 the close of business on the day before the hearing. One of the

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1277 professionals who executed the ~~petition for~~ involuntary services  
1278 ~~inpatient placement~~ certificate shall be a witness. The patient  
1279 and the patient's guardian or representative shall be informed  
1280 by the court of the right to an independent expert examination.  
1281 If the patient cannot afford such an examination, the court  
1282 shall ensure that one is provided, as otherwise provided for by  
1283 law. The independent expert's report is confidential and not  
1284 discoverable, unless the expert is to be called as a witness for  
1285 the patient at the hearing. The court shall allow testimony from  
1286 persons, including family members, deemed by the court to be  
1287 relevant under state law, regarding the person's prior history  
1288 and how that prior history relates to the person's current  
1289 condition. The testimony in the hearing must be given under  
1290 oath, and the proceedings must be recorded. The patient may  
1291 refuse to testify at the hearing.

1292 (c) ~~(b)~~ At the hearing, the court shall consider testimony  
1293 and evidence regarding the patient's competence to consent to  
1294 services and treatment. If the court finds that the patient is  
1295 incompetent to consent to treatment, it shall appoint a guardian  
1296 advocate as provided in s. 394.4598.

1297 (8) ORDERS OF THE COURT.—

1298 (a)1. If the court concludes that the patient meets the  
1299 criteria for involuntary services, the court may order a patient  
1300 to involuntary inpatient placement, involuntary outpatient  
1301 services, or a combination of involuntary services depending on

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1302 the criteria met and which type of involuntary services best  
1303 meet the needs of the patient. However, if the court orders the  
1304 patient to involuntary outpatient services, the court may not  
1305 order the department or the service provider to provide services  
1306 if the program or service is not available in the patient's  
1307 local community, if there is no space available in the program  
1308 or service for the patient, or if funding is not available for  
1309 the program or service. The petitioner must notify the managing  
1310 entity if the requested services are not available. The managing  
1311 entity must document such efforts to obtain the requested  
1312 services. A copy of the order must be sent to the managing  
1313 entity by the service provider within 1 working day after it is  
1314 received from the court.

1315 2. If the court orders the patient to involuntary  
1316 outpatient services, the patient must be monitored by a social  
1317 worker or case manager of the outpatient provider, or a willing,  
1318 able, and responsible individual appointed by the court who must  
1319 inform the court, the state attorney, and the patient's attorney  
1320 of any failure by the patient to comply with his or her  
1321 outpatient treatment.

1322 3. The order must specify the nature and extent of the  
1323 patient's mental illness and the reasons the appropriate  
1324 involuntary services criteria are satisfied.

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1325 4. An order for only involuntary outpatient services,  
1326 involuntary inpatient placement, or of a combination of  
1327 involuntary services may be for a period of up to 6 months.

1328 5. An order for a combination of involuntary services  
1329 shall specify the length of time the patient shall be ordered  
1330 for involuntary inpatient placement and involuntary outpatient  
1331 services.

1332 6. The order of the court and the patient's services plan,  
1333 if applicable, must be made part of the patient's clinical  
1334 record.

1335 (b) If the court orders a patient into involuntary  
1336 inpatient placement, the court ~~it~~ may order that the patient be  
1337 retained at a receiving facility while awaiting transfer  
1338 transferred to a treatment facility, ~~or~~ if the patient is at a  
1339 treatment facility, that the patient be retained there or be  
1340 treated at any other appropriate facility, or that the patient  
1341 receive services, ~~on an involuntary basis, for up to 90 days.~~  
1342 ~~However, any order for involuntary mental health services in a~~  
1343 ~~treatment facility may be for up to 6 months. The order shall~~  
1344 ~~specify the nature and extent of the patient's mental illness.~~  
1345 The court may not order an individual with a developmental  
1346 disability as defined in s. 393.063 or a traumatic brain injury  
1347 or dementia who lacks a co-occurring mental illness to be  
1348 involuntarily placed in a state treatment facility. ~~The facility~~  
1349 ~~shall discharge a patient any time the patient no longer meets~~

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1350 ~~the criteria for involuntary inpatient placement, unless the~~  
1351 ~~patient has transferred to voluntary status.~~

1352 (c) If at any time before the conclusion of a ~~the~~ hearing  
1353 on involuntary services, ~~inpatient placement~~ it appears to the  
1354 court that the patient ~~person does not meet the criteria for~~  
1355 ~~involuntary inpatient placement under this section, but instead~~  
1356 meets the criteria for involuntary ~~outpatient services~~, the  
1357 court may order the person evaluated for involuntary outpatient  
1358 services pursuant to s. 394.4655. The petition and hearing  
1359 procedures set forth in s. 394.4655 shall apply. If the person  
1360 instead meets the criteria for involuntary assessment,  
1361 ~~protective custody, or involuntary admission~~ or treatment  
1362 pursuant to s. 397.675, then the court may order the person to  
1363 be admitted for involuntary assessment ~~for a period of 5 days~~  
1364 pursuant to s. 397.675 ~~s. 397.6811~~. Thereafter, all proceedings  
1365 are governed by chapter 397.

1366 ~~(d) At the hearing on involuntary inpatient placement, the~~  
1367 ~~court shall consider testimony and evidence regarding the~~  
1368 ~~patient's competence to consent to treatment. If the court finds~~  
1369 ~~that the patient is incompetent to consent to treatment, it~~  
1370 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~

1371 ~~(d)-(e)~~ The administrator of the petitioning facility or  
1372 the designated department representative shall provide a copy of  
1373 the court order and adequate documentation of a patient's mental  
1374 illness to the service provider for involuntary outpatient

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1375 services or the administrator of a treatment facility if the  
1376 patient is ordered for involuntary inpatient placement,~~whether~~  
1377 ~~by civil or criminal court.~~ The documentation must include any  
1378 advance directives made by the patient, a psychiatric evaluation  
1379 of the patient, and any evaluations of the patient performed by  
1380 a psychiatric nurse, a clinical psychologist, a marriage and  
1381 family therapist, a mental health counselor, or a clinical  
1382 social worker. The administrator of a treatment facility may  
1383 refuse admission to any patient directed to its facilities on an  
1384 involuntary basis, whether by civil or criminal court order, who  
1385 is not accompanied by adequate orders and documentation.

1386 (e) In cases resulting in an order for involuntary  
1387 outpatient services, the court shall retain jurisdiction over  
1388 the case and the parties for entry of further orders as  
1389 circumstances may require, including, but not limited to,  
1390 monitoring compliance with treatment or ordering inpatient  
1391 treatment to stabilize a person who decompensates while under  
1392 court-ordered outpatient treatment and meets the commitment  
1393 criteria of s. 394.467.

1394 (9) SERVICES PLAN MODIFICATION—After the order for  
1395 involuntary outpatient services is issued, the service provider  
1396 and the patient may modify the services plan as provided by  
1397 department rule.

1398 (10) NONCOMPLIANCE WITH INVOLUNTARY OUTPATIENT SERVICES.—

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1399 (a) If, in the clinical judgment of a physician, a  
1400 psychiatrist, a clinical psychologist with at least 3 years of  
1401 clinical experience, or a psychiatric nurse practicing within  
1402 the framework of an established protocol with a psychiatrist, a  
1403 patient receiving involuntary outpatient services has failed or  
1404 has refused to comply with the services plan ordered by the  
1405 court, and efforts were made to solicit compliance, the service  
1406 provider must report such noncompliance to the court. The  
1407 involuntary outpatient services order shall remain in effect  
1408 unless the service provider determines that the patient no  
1409 longer meets the criteria for involuntary outpatient services or  
1410 until the order expires. The service provider must determine  
1411 whether modifications should be made to the existing services  
1412 plan and must attempt to continue to engage the patient in  
1413 treatment. For any material modification of the services plan to  
1414 which the patient or the patient's guardian advocate, if  
1415 applicable, agrees, the service provider shall send notice of  
1416 the modification to the court. Any material modifications of the  
1417 services plan which are contested by the patient or the  
1418 patient's guardian advocate, if applicable, must be approved or  
1419 disapproved by the court consistent with subsection (4).

1420 (b) A county court may not use incarceration as a sanction  
1421 for noncompliance with the services plan, but it may order an  
1422 individual evaluated for possible inpatient placement if there  
1423 is significant, or are multiple instances of, noncompliance.

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1424 (11)(7) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES  
1425 INPATIENT PLACEMENT.—

1426 (a) A petition for continued involuntary services shall be  
1427 filed if the patient continues to meets the criteria for  
1428 involuntary services.

1429 (b)1. If a patient receiving involuntary outpatient  
1430 services continues to meet the criteria for involuntary  
1431 outpatient services, the service provider shall file in the  
1432 court that issued the initial order for involuntary outpatient  
1433 services a petition for continued involuntary outpatient  
1434 services.

1435 2. If a patient in involuntary inpatient placement

1436 ~~(a) Hearings on petitions for continued involuntary~~  
1437 ~~inpatient placement of an individual placed at any treatment~~  
1438 ~~facility are administrative hearings and must be conducted in~~  
1439 ~~accordance with s. 120.57(1), except that any order entered by~~  
1440 ~~the administrative law judge is final and subject to judicial~~  
1441 ~~review in accordance with s. 120.68. Orders concerning patients~~  
1442 ~~committed after successfully pleading not guilty by reason of~~  
1443 ~~insanity are governed by s. 916.15.~~

1444 ~~(b) If the patient continues to meet the criteria for~~  
1445 ~~involuntary services inpatient placement and is being treated at~~  
1446 ~~a receiving treatment facility, the administrator shall, before~~  
1447 ~~the expiration of the period the receiving treatment facility is~~  
1448 ~~authorized to retain the patient, file in the court that issued~~

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1449 the initial order for involuntary inpatient placement, a  
1450 petition requesting authorization for continued involuntary  
1451 services inpatient placement. The administrator may petition for  
1452 inpatient or outpatient services.

1453 3. If a patient in inpatient placement continues to meet  
1454 the criteria for involuntary services and is being treated at a  
1455 treatment facility, the administrator shall, before expiration  
1456 of the period the treatment facility is authorized to retain the  
1457 patient, file a petition requesting authorization for continued  
1458 involuntary services. The administrator may petition for  
1459 inpatient or outpatient services. Hearings on petitions for  
1460 continued involuntary services of an individual placed at any  
1461 treatment facility are administrative hearings and must be  
1462 conducted in accordance with s. 120.57(1), except that any order  
1463 entered by the judge is final and subject to judicial review in  
1464 accordance with s. 120.68. Orders concerning patients committed  
1465 after successfully pleading not guilty by reason of insanity are  
1466 governed by s. 916.15.

1467 4. The court shall immediately schedule a hearing on the  
1468 petition to be held within 15 days after the petition is filed.

1469 5. The existing involuntary services order shall remain in  
1470 effect until disposition on the petition for continued  
1471 involuntary services.

1472 (c) The ~~petition request~~ must be accompanied by a  
1473 statement from the patient's physician, psychiatrist,

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1474 psychiatric nurse, or clinical psychologist justifying the  
1475 request, a brief description of the patient's treatment during  
1476 the time he or she was receiving involuntary services  
1477 ~~involuntarily placed~~, and an individualized plan of continued  
1478 treatment developed in consultation with the patient or the  
1479 patient's guardian advocate, if applicable. If the petition is  
1480 for involuntary outpatient services, it must comply with the  
1481 requirements of subparagraph (4) (d) 3. When the petition has been  
1482 filed, the clerk of the court shall provide copies of the  
1483 petition and the individualized plan of continued services to  
1484 the department, the patient, the patient's guardian advocate,  
1485 the state attorney, and the patient's private counsel or the  
1486 public defender.

1487 (d) The court shall appoint counsel to represent the  
1488 person who is the subject of the petition for continued  
1489 involuntary services in accordance to the provisions set forth  
1490 in subsection (5), unless the person is otherwise represented by  
1491 counsel or ineligible.

1492 (e) Hearings on petitions for continued involuntary  
1493 outpatient services must be before the court that issued the  
1494 order for involuntary outpatient services. However, the patient  
1495 and the patient's attorney may agree to a period of continued  
1496 outpatient services without a court hearing.

1497 (f) Hearings on petitions for continued involuntary  
1498 inpatient placement in receiving facilities, or involuntary

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1499 outpatient services following involuntary inpatient services,  
1500 must be held in the county or the facility, as appropriate,  
1501 where the patient is located.

1502 (g) The court may appoint a magistrate to preside at the  
1503 hearing. The procedures for obtaining an order pursuant to this  
1504 paragraph must meet the requirements of subsection (7).

1505 (h) Notice of the hearing must be provided as set forth  
1506 provided in s. 394.4599.

1507 (i) If a patient's attendance at the hearing is  
1508 voluntarily waived, the ~~administrative law~~ judge must determine  
1509 that the patient knowingly, intelligently, and voluntarily  
1510 waived his or her right to be present, ~~waiver is knowing and~~  
1511 ~~voluntary~~ before waiving the presence of the patient from all or  
1512 a portion of the hearing. Alternatively, if at the hearing the  
1513 ~~administrative law~~ judge finds that attendance at the hearing is  
1514 not consistent with the best interests of the patient, the  
1515 ~~administrative law~~ judge may waive the presence of the patient  
1516 from all or any portion of the hearing, unless the patient,  
1517 through counsel, objects to the waiver of presence. The  
1518 testimony in the hearing must be under oath, and the proceedings  
1519 must be recorded.

1520 ~~(c) Unless the patient is otherwise represented or is~~  
1521 ~~ineligible, he or she shall be represented at the hearing on the~~  
1522 ~~petition for continued involuntary inpatient placement by the~~  
1523 ~~public defender of the circuit in which the facility is located.~~

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1524 (j)-(d) If at a hearing it is shown that the patient  
1525 continues to meet the criteria for involuntary services  
1526 ~~inpatient placement~~, the court administrative law judge shall  
1527 issue an sign the order for continued involuntary outpatient  
1528 services, ~~inpatient placement for up to 90 days~~. However, any  
1529 ~~order for involuntary inpatient placement, or mental health~~  
1530 ~~services in a combination of involuntary services treatment~~  
1531 ~~facility may be~~ for up to 6 months. The same procedure shall be  
1532 repeated before the expiration of each additional period the  
1533 patient is retained.

1534 (k) If the patient has been ordered to undergo involuntary  
1535 services and has previously been found incompetent to consent to  
1536 treatment, the court shall consider testimony and evidence  
1537 regarding the patient's competence. If the patient's competency  
1538 to consent to treatment is restored, the discharge of the  
1539 guardian advocate shall be governed by s. 394.4598. If the  
1540 patient has been ordered to undergo involuntary inpatient  
1541 placement only and the patient's competency to consent to  
1542 treatment is restored, the administrative law judge may issue a  
1543 recommended order, to the court that found the patient  
1544 incompetent to consent to treatment, that the patient's  
1545 competence be restored and that any guardian advocate previously  
1546 appointed be discharged.

1547 (l)-(e) If continued involuntary inpatient placement is  
1548 necessary for a patient in involuntary inpatient placement who

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1549 was admitted while serving a criminal sentence, but his or her  
1550 sentence is about to expire, or for a minor involuntarily  
1551 placed, but who is about to reach the age of 18, the  
1552 administrator shall petition the administrative law judge for an  
1553 order authorizing continued involuntary inpatient placement.  
1554 The procedure required in this subsection must be followed  
1555 before the expiration of each additional period the patient is  
1556 involuntarily receiving services.

1557 (12) ~~(8)~~ RETURN TO FACILITY.—If a patient has been ordered  
1558 to undergo involuntary inpatient placement involuntarily held at  
1559 a receiving or treatment facility under this part and leaves the  
1560 facility without the administrator's authorization, the  
1561 administrator may authorize a search for the patient and his or  
1562 her return to the facility. The administrator may request the  
1563 assistance of a law enforcement agency in this regard.

1564 (13) DISCHARGE.—The patient shall be discharged upon  
1565 expiration of the court order or at any time the patient no  
1566 longer meets the criteria for involuntary services, unless the  
1567 patient has transferred to voluntary status. Upon discharge, the  
1568 service provider or facility shall send a certificate of  
1569 discharge to the court.

1570 Section 12. Subsection (2) of section 394.468, Florida  
1571 Statutes, is amended and subsection (3) is added to that section  
1572 to read:

1573 394.468 Admission and discharge procedures.—

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1574 (2) Discharge planning and procedures for any patient's  
1575 release from a receiving facility or treatment facility must  
1576 include and document the patient's needs, and actions to address  
1577 such needs, for ~~consideration of~~, at a minimum:

1578 (a) Follow-up behavioral health appointments;  
1579 (b) Information on how to obtain prescribed medications;  
1580 and

1581 (c) Information pertaining to:  
1582 1. Available living arrangements;  
1583 2. Transportation; and

1584 (d) Referral to:  
1585 1. Care coordination services. The patient must be  
1586 referred for care coordination services if the patient meets the  
1587 criteria as a member of a priority population as determined by  
1588 the department under s. 394.9082(3)(c) and is in need of such  
1589 services.

1590 ~~2.3.~~ Recovery support opportunities under s.  
1591 394.4573(2)(1), including, but not limited to, connection to a  
1592 peer specialist.

1593 (3) During the discharge transition process and while the  
1594 patient is present unless determined inappropriate by a  
1595 physician or psychiatric nurse practicing within the framework  
1596 of an established protocol with a psychiatrist a receiving  
1597 facility shall coordinate, face-to-face or through electronic  
1598 means, discharge plans to a less restrictive community

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1599 behavioral health provider, a peer specialist, a case manager,  
1600 or a care coordination service. The transition process must, at  
1601 a minimum, include all of the following criteria:

1602 (a) Implementation of policies and procedures outlining  
1603 strategies for how the receiving facility will comprehensively  
1604 address the needs of patients who demonstrate a high use of  
1605 receiving facility services to avoid or reduce future use of  
1606 crisis stabilization services. For any such patient, policies  
1607 and procedures must include, at a minimum, a review of the  
1608 effectiveness of previous discharge plans created by the  
1609 facility for the patient, and the new discharge plan must  
1610 address problems experienced with implementation of previous  
1611 discharge plans.

1612 (b) Developing and including in discharge paperwork a  
1613 personalized crisis prevention plan that identifies stressors,  
1614 early warning signs or symptoms, and strategies to deal with  
1615 crisis.

1616 (c) Requiring a staff member to seek to engage a family  
1617 member, legal guardian, legal representative, or natural support  
1618 in discharge planning and meet face to face or through  
1619 electronic means to review the discharge instructions, including  
1620 prescribed medications, follow-up appointments, and any other  
1621 recommended services or follow-up resources, and document the  
1622 outcome of such meeting.

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1623 (d) When the recommended level of care at discharge is not  
1624 immediately available to the patient, the receiving facility  
1625 must, at a minimum, initiate a referral to an appropriate  
1626 provider to meet the needs of the patient to continue care until  
1627 the recommended level of care is available.

1628 Section 13. Section 394.4915, Florida Statutes, is created  
1629 to read:

1630 394.4915 Office of Children's Behavioral Health  
1631 Ombudsman.-The Office of Children's Behavioral Health Ombudsman  
1632 is established within the department for the purpose of being a  
1633 central point to receive complaints on behalf of children and  
1634 adolescents with behavioral health disorders receiving state-  
1635 funded services and use such information to improve the child  
1636 and adolescent mental health treatment and support system. The  
1637 department and managing entities shall include information about  
1638 and contact information for the office placed prominently on  
1639 their websites on easily accessible web pages related to  
1640 children and adolescent behavioral health services. To the  
1641 extent permitted by available resources, the office shall, at a  
1642 minimum:

1643 (1) Receive and direct to the appropriate contact within  
1644 the department, the Agency for Health Care Administration, or  
1645 the appropriate organizations providing behavioral health  
1646 services complaints from children and adolescents and their

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1647 families about the child and adolescent mental health treatment  
1648 and support system.

1649 (2) Maintain records of complaints received and the  
1650 actions taken.

1651 (3) Be a resource to identify and explain relevant  
1652 policies or procedures to children, adolescents, and their  
1653 families about the child and adolescent mental health treatment  
1654 and support system.

1655 (4) Provide recommendations to the department to address  
1656 systemic problems within the child and adolescent mental health  
1657 treatment and support system that are leading to complaints. The  
1658 department shall include an analysis of complaints and  
1659 recommendations in the report required under s. 394.4573.

1660 (5) Engage in functions that may improve the child and  
1661 adolescent mental health treatment and support system.

1662 Section 14. Subsection (3) of section 394.495, Florida  
1663 Statutes, is amended to read:

1664 394.495 Child and adolescent mental health system of care;  
1665 programs and services.—

1666 (3) Assessments must be performed by:

1667 (a) A clinical psychologist, clinical social worker,  
1668 physician, psychiatric nurse, or psychiatrist, as those terms  
1669 are defined in s. 394.455 ~~professional as defined in s.~~  
1670 394.455(5), (7), (33), (36), or (37);

1671 (b) A professional licensed under chapter 491; or

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1672 (c) A person who is under the direct supervision of a  
1673 clinical psychologist, clinical social worker, physician,  
1674 psychiatric nurse, or psychiatrist, as those terms are defined  
1675 in s. 394.455, ~~qualified professional as defined in s.~~  
1676 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed  
1677 under chapter 491.

1678 Section 15. Subsection (5) of section 394.496, Florida  
1679 Statutes, is amended to read:

1680 394.496 Service planning.—

1681 (5) A clinical psychologist, clinical social worker,  
1682 physician, psychiatric nurse, or psychiatrist, as those terms  
1683 are defined in s. 394.455, ~~professional as defined in s.~~  
1684 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed  
1685 under chapter 491 must be included among those persons  
1686 developing the services plan.

1687 Section 16. Paragraph (a) of subsection (2) of section  
1688 394.499, Florida Statutes, is amended to read:

1689 394.499 Integrated children's crisis stabilization  
1690 unit/juvenile addictions receiving facility services.—

1691 (2) Children eligible to receive integrated children's  
1692 crisis stabilization unit/juvenile addictions receiving facility  
1693 services include:

1694 (a) A minor whose parent makes ~~person under 18 years of~~  
1695 ~~age for whom~~ voluntary application based on the parent's express  
1696 and informed consent, and the requirements of s. 394.4625(1) (a)

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1697 ~~are met is made by his or her guardian, if such person is found~~  
1698 ~~to show evidence of mental illness and to be suitable for~~  
1699 ~~treatment pursuant to s. 394.4625. A person under 18 years of~~  
1700 ~~age may be admitted for integrated facility services only after~~  
1701 ~~a hearing to verify that the consent to admission is voluntary.~~

1702 Section 17. Paragraphs (a) and (d) of subsection (1) of  
1703 section 394.875, Florida Statutes, are amended to read:

1704 394.875 Crisis stabilization units, residential treatment  
1705 facilities, and residential treatment centers for children and  
1706 adolescents; authorized services; license required.-

1707 (1)(a) The purpose of a crisis stabilization unit is to  
1708 stabilize and redirect a client to the most appropriate and  
1709 least restrictive community setting available, consistent with  
1710 the client's needs. Crisis stabilization units may screen,  
1711 assess, and admit for stabilization persons who present  
1712 themselves to the unit and persons who are brought to the unit  
1713 under s. 394.463. Clients may be provided 24-hour observation,  
1714 medication prescribed by a physician, ~~or~~ psychiatrist, or  
1715 psychiatric nurse practicing within the framework of an  
1716 established protocol with a psychiatrist, and other appropriate  
1717 services. Crisis stabilization units shall provide services  
1718 regardless of the client's ability to pay ~~and shall be limited~~  
1719 ~~in size to a maximum of 30 beds.~~

1720 ~~(d) The department is directed to implement a~~  
1721 ~~demonstration project in circuit 18 to test the impact of~~

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1722 ~~expanding beds authorized in crisis stabilization units from 30~~  
1723 ~~to 50 beds. Specifically, the department is directed to~~  
1724 ~~authorize existing public or private crisis stabilization units~~  
1725 ~~in circuit 18 to expand bed capacity to a maximum of 50 beds and~~  
1726 ~~to assess the impact such expansion would have on the~~  
1727 ~~availability of crisis stabilization services to clients.~~

1728 Section 18. Section 394.90826, Florida Statutes, is  
1729 created to read:

1730 394.90826 Behavioral Health Interagency Collaboration.-

1731 (1) The department and the Agency for Health Care  
1732 Administration shall jointly establish behavioral health  
1733 interagency collaboratives throughout the state with the goal of  
1734 identifying and addressing ongoing challenges within the  
1735 behavioral health system at the local level to improve the  
1736 accessibility, availability, and quality of behavioral health  
1737 services. The objectives of the regional collaboratives are to:

1738 (a) Facilitate enhanced interagency communication and  
1739 collaboration.

1740 (b) Develop and promote regional strategies tailored to  
1741 address community-level challenges in the behavioral health  
1742 system.

1743 (2) The regional collaborative membership shall at a  
1744 minimum be composed of representatives from all of the  
1745 following, serving the region:

1746 (a) Department of Children and Families.

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- 1747 (b) Agency for Health Care Administration.
- 1748 (c) Agency for Persons with Disabilities.
- 1749 (d) Department of Elder Affairs.
- 1750 (e) Department of Health.
- 1751 (f) Department of Education.
- 1752 (g) School districts.
- 1753 (h) Area Agencies on Aging.
- 1754 (i) Community-based care lead agencies, as defined in s.
- 1755 409.986(3)(d).
- 1756 (j) Managing entities, as defined in s. 394.9082(2).
- 1757 (k) Behavioral health services providers.
- 1758 (l) Hospitals.
- 1759 (m) Medicaid Managed Medical Assistance Plans.
- 1760 (n) Police departments.
- 1761 (o) Sheriffs' Offices.
- 1762 (3) Each regional collaborative shall define the
- 1763 objectives of that collaborative based upon the specific needs
- 1764 of the region and local communities located within the region,
- 1765 to achieve the specified goals.
- 1766 (4) The department shall define the region to be served by
- 1767 each collaborative and shall be responsible for facilitating
- 1768 meetings.
- 1769 (5) All entities represented on the regional
- 1770 collaboratives shall provide assistance as appropriate and

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1771 reasonably necessary to fulfill the goals of the regional  
1772 collaboratives.

1773 Section 19. Subsection (6) of section 394.9085, Florida  
1774 Statutes, is amended to read:

1775 394.9085 Behavioral provider liability.—

1776 (6) For purposes of this section, the terms  
1777 "detoxification ~~services,~~" "addictions receiving facility," and  
1778 "receiving facility" have the same meanings as those provided in  
1779 ss. 397.311(26) (a) 4. ~~397.311(26) (a) 3.~~, 397.311(26) (a) 1., and  
1780 394.455(40), respectively.

1781 Section 20. Subsection (3) of section 397.305, Florida  
1782 Statutes, is amended to read:

1783 397.305 Legislative findings, intent, and purpose.—

1784 (3) It is the purpose of this chapter to provide for a  
1785 comprehensive continuum of accessible and quality substance  
1786 abuse prevention, intervention, clinical treatment, and recovery  
1787 support services in the most appropriate and least restrictive  
1788 environment which promotes long-term recovery while protecting  
1789 and respecting the rights of individuals, primarily through  
1790 community-based private not-for-profit providers working with  
1791 local governmental programs involving a wide range of agencies  
1792 from both the public and private sectors.

1793 Section 21. Subsections (19) and (23) of section 397.311,  
1794 Florida Statutes, are amended to read:

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1795 397.311 Definitions.—As used in this chapter, except part  
1796 VIII, the term:

1797 (19) "Impaired" or "substance abuse impaired" means having  
1798 a substance use disorder or a condition involving the use of  
1799 alcoholic beverages, illicit or prescription drugs, or any  
1800 psychoactive or mood-altering substance in such a manner as to  
1801 induce mental, emotional, or physical problems or ~~and~~ cause  
1802 socially dysfunctional behavior.

1803 (23) "Involuntary treatment services" means an array of  
1804 behavioral health services that may be ordered by the court for  
1805 persons with substance abuse impairment or co-occurring  
1806 substance abuse impairment and mental health disorders.

1807 Section 22. Subsection (6) is added to section 397.401,  
1808 Florida Statutes, to read:

1809 397.401 License required; penalty; injunction; rules  
1810 waivers.—

1811 (6) A service provider operating an addictions receiving  
1812 facility or providing detoxification on a nonhospital inpatient  
1813 basis may not exceed its licensed capacity by more than 10  
1814 percent and may not exceed their licensed capacity for more than  
1815 3 consecutive working days or for more than 7 days in 1 month.

1816 Section 23. Paragraph (i) is added to subsection (1) of  
1817 section 397.4073, Florida Statutes, to read:

1818 397.4073 Background checks of service provider personnel.—

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1819 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND  
1820 EXCEPTIONS.—

1821 (i) Any physician licensed under chapter 458 or chapter  
1822 459 or a nurse licensed under chapter 464 who was required to  
1823 undergo background screening by the Department of Health as part  
1824 of his or her initial licensure or the renewal of licensure, and  
1825 who has an active and unencumbered license, is not subject to  
1826 background screening pursuant to this section.

1827 Section 24. Subsection (8) of section 397.501, Florida  
1828 Statutes, is amended to read:

1829 397.501 Rights of individuals.—Individuals receiving  
1830 substance abuse services from any service provider are  
1831 guaranteed protection of the rights specified in this section,  
1832 unless otherwise expressly provided, and service providers must  
1833 ensure the protection of such rights.

1834 (8) RIGHT TO COUNSEL.—Each individual must be informed  
1835 that he or she has the right to be represented by counsel in any  
1836 judicial involuntary proceeding for involuntary assessment,  
1837 stabilization, or treatment services and that he or she, or if  
1838 the individual is a minor his or her parent, legal guardian, or  
1839 legal custodian, may apply immediately to the court to have an  
1840 attorney appointed if he or she cannot afford one.

1841 Section 25. Section 397.581, Florida Statutes, is amended  
1842 to read:

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1843 397.581 Unlawful activities relating to assessment and  
1844 treatment; penalties.—

1845 (1) A person may not knowingly and willfully:

1846 (a) Furnish ~~furnishing~~ false information for the purpose  
1847 of obtaining emergency or other involuntary admission of another  
1848 person ~~for any person is a misdemeanor of the first degree,~~  
1849 ~~punishable as provided in s. 775.082 and by a fine not exceeding~~  
1850 ~~\$5,000.~~

1851 (b)(2) Cause or otherwise secure, or conspire with or  
1852 assist another to cause or secure ~~Causing or otherwise securing,~~  
1853 ~~or conspiring with or assisting another to cause or secure,~~  
1854 ~~without reason for believing a person to be impaired,~~ any  
1855 emergency or other involuntary procedure of another ~~for the~~  
1856 person under false pretenses ~~is a misdemeanor of the first~~  
1857 ~~degree, punishable as provided in s. 775.082 and by a fine not~~  
1858 ~~exceeding \$5,000.~~

1859 (c)(3) Cause, or conspire with or assist another to cause,  
1860 without lawful justification ~~Causing, or conspiring with or~~  
1861 ~~assisting another to cause,~~ the denial to any person of any  
1862 right accorded pursuant to this chapter.

1863 (2) A person who violates subsection (1) commits ~~is a~~  
1864 ~~misdemeanor of the first degree, punishable as provided in s.~~  
1865 ~~775.082 and by a fine not exceeding \$5,000.~~

1866 Section 26. Section 397.675, Florida Statutes, is amended  
1867 to read:

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1868           397.675 Criteria for involuntary admissions, including  
1869 protective custody, emergency admission, and other involuntary  
1870 assessment, involuntary treatment, and alternative involuntary  
1871 assessment for minors, for purposes of assessment and  
1872 stabilization, and for involuntary treatment.—A person meets the  
1873 criteria for involuntary admission if there is good faith reason  
1874 to believe that the person is substance abuse impaired or has a  
1875 substance use disorder and a co-occurring mental health disorder  
1876 and, because of such impairment or disorder:

1877           (1) Has lost the power of self-control with respect to  
1878 substance abuse; and

1879           (2) (a) Is in need of substance abuse services and, by  
1880 reason of substance abuse impairment, his or her judgment has  
1881 been so impaired that he or she is incapable of appreciating his  
1882 or her need for such services and of making a rational decision  
1883 in that regard, although mere refusal to receive such services  
1884 does not constitute evidence of lack of judgment with respect to  
1885 his or her need for such services; or

1886           (b) Without care or treatment, is likely to suffer from  
1887 neglect or refuse to care for himself or herself; that such  
1888 neglect or refusal poses a real and present threat of  
1889 substantial harm to his or her well-being; and that it is not  
1890 apparent that such harm may be avoided through the help of  
1891 willing, able, and responsible family members or friends or the  
1892 provision of other services, or there is substantial likelihood

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1893 that the person has inflicted, or threatened to or attempted to  
1894 inflict, or, unless admitted, is likely to inflict, physical  
1895 harm on himself, herself, or another.

1896 Section 27. Subsection (1) of section 397.6751, Florida  
1897 Statutes, is amended to read:

1898 397.6751 Service provider responsibilities regarding  
1899 involuntary admissions.—

1900 (1) It is the responsibility of the service provider to:

1901 (a) Ensure that a person who is admitted to a licensed  
1902 service component meets the admission criteria specified in s.  
1903 397.675;

1904 (b) Ascertain whether the medical and behavioral  
1905 conditions of the person, as presented, are beyond the safe  
1906 management capabilities of the service provider;

1907 (c) Provide for the admission of the person to the service  
1908 component that represents the most appropriate and least  
1909 restrictive available setting that is responsive to the person's  
1910 treatment needs;

1911 (d) Verify that the admission of the person to the service  
1912 component does not result in a census in excess of its licensed  
1913 service capacity;

1914 (e) Determine whether the cost of services is within the  
1915 financial means of the person or those who are financially  
1916 responsible for the person's care; and

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1917 (f) Take all necessary measures to ensure that each  
1918 individual in treatment is provided with a safe environment, and  
1919 to ensure that each individual whose medical condition or  
1920 behavioral problem becomes such that he or she cannot be safely  
1921 managed by the service component is discharged and referred to a  
1922 more appropriate setting for care.

1923 Section 28. Section 397.681, Florida Statutes, is amended  
1924 to read:

1925 397.681 Involuntary petitions; general provisions; court  
1926 jurisdiction and right to counsel.—

1927 (1) JURISDICTION.—The courts have jurisdiction of  
1928 ~~involuntary assessment and stabilization petitions and~~  
1929 involuntary treatment petitions for substance abuse impaired  
1930 persons, and such petitions must be filed with the clerk of the  
1931 court in the county where the person is located. The clerk of  
1932 the court may not charge a fee for the filing of a petition  
1933 under this section. The chief judge may appoint a general or  
1934 special magistrate to preside over all or part of the  
1935 proceedings. The alleged impaired person is named as the  
1936 respondent.

1937 (2) RIGHT TO COUNSEL.—A respondent has the right to  
1938 counsel at every stage of a judicial proceeding relating to a  
1939 petition for his or her ~~involuntary assessment and a petition~~  
1940 ~~for his or her~~ involuntary treatment for substance abuse  
1941 impairment; however, the respondent may waive that right if the

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1942 respondent is present and the court finds that such waiver is  
1943 made knowingly, intelligently, and voluntarily. A respondent who  
1944 desires counsel and is unable to afford private counsel has the  
1945 right to court-appointed counsel and to the benefits of s.  
1946 57.081. If the court believes that the respondent needs or  
1947 desires the assistance of counsel, the court shall appoint such  
1948 counsel for the respondent without regard to the respondent's  
1949 wishes. If the respondent is a minor not otherwise represented  
1950 in the proceeding, the court shall immediately appoint a  
1951 guardian ad litem to act on the minor's behalf.

1952 Section 29. Section 397.693, Florida Statutes, is  
1953 renumbered as 397.68111, Florida Statutes, and amended to read:  
1954 397.68111 ~~397.693~~ Involuntary treatment.—A person may be  
1955 the subject of a petition for court-ordered involuntary  
1956 treatment pursuant to this part, if that person:

1957 (1) Reasonably appears to meet ~~meets~~ the criteria for  
1958 involuntary admission provided in s. 397.675; ~~and:~~

1959 (2) ~~(1)~~ Has been placed under protective custody pursuant  
1960 to s. 397.677 within the previous 10 days;

1961 (3) ~~(2)~~ Has been subject to an emergency admission pursuant  
1962 to s. 397.679 within the previous 10 days; or

1963 (4) ~~(3)~~ Has been assessed by a qualified professional  
1964 within 30 ~~5~~ days;

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1965 ~~(4) Has been subject to involuntary assessment and~~  
1966 ~~stabilization pursuant to s. 397.6818 within the previous 12~~  
1967 ~~days; or~~

1968 ~~(5) Has been subject to alternative involuntary admission~~  
1969 ~~pursuant to s. 397.6822 within the previous 12 days.~~

1970 Section 30. Section 397.695, Florida Statutes, is  
1971 renumbered as section 397.68112, Florida Statutes, and amended  
1972 to read:

1973 397.68112 ~~397.695~~ Involuntary services; persons who may  
1974 petition.—

1975 (1) If the respondent is an adult, a petition for  
1976 involuntary treatment services may be filed by the respondent's  
1977 spouse or legal guardian, any relative, a service provider, or  
1978 an adult who has direct personal knowledge of the respondent's  
1979 substance abuse impairment and his or her prior course of  
1980 assessment and treatment.

1981 (2) If the respondent is a minor, a petition for  
1982 involuntary treatment services may be filed by a parent, legal  
1983 guardian, or service provider.

1984 (3) The court may prohibit, or a law enforcement agency  
1985 may waive, any service of process fees if a petitioner is  
1986 determined to be indigent.

1987 Section 31. Section 397.6951, Florida Statutes, is  
1988 renumbered as 397.68141, Florida Statutes, and amended to read:

1989 397.68141 ~~397.6951~~ Contents of petition for involuntary

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1990 treatment services.—A petition for involuntary services must  
1991 contain the name of the respondent; the name of the petitioner  
1992 ~~or petitioners;~~ the relationship between the respondent and the  
1993 petitioner; the name of the respondent's attorney, if known; ~~the~~  
1994 ~~findings and recommendations of the assessment performed by the~~  
1995 ~~qualified professional;~~ and the factual allegations presented by  
1996 the petitioner establishing the need for involuntary ~~outpatient~~  
1997 services for substance abuse impairment. The factual allegations  
1998 must demonstrate:

1999 (1) The reason for the petitioner's belief that the  
2000 respondent is substance abuse impaired;

2001 (2) The reason for the petitioner's belief that because of  
2002 such impairment the respondent has lost the power of self-  
2003 control with respect to substance abuse; and

2004 (3) (a) The reason the petitioner believes that the  
2005 respondent has inflicted or is likely to inflict physical harm  
2006 on himself or herself or others unless the court orders the  
2007 involuntary services; or

2008 (b) The reason the petitioner believes that the  
2009 respondent's refusal to voluntarily receive care is based on  
2010 judgment so impaired by reason of substance abuse that the  
2011 respondent is incapable of appreciating his or her need for care  
2012 and of making a rational decision regarding that need for care.

2013 (4) The petition may be accompanied by a certificate or  
2014 report of a qualified professional who examined the respondent

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2015 | within 30 days before the petition was filed. The certificate or  
2016 | report must include the qualified professional's findings  
2017 | relating to his or her assessment of the patient and his or her  
2018 | treatment recommendations. If the respondent was not assessed  
2019 | before the filing of a treatment petition or refused to submit  
2020 | to an evaluation, the lack of assessment or refusal must be  
2021 | noted in the petition.

2022 |       (5) If there is an emergency, the petition must also  
2023 | describe the respondent's exigent circumstances and include a  
2024 | request for an ex parte assessment and stabilization order that  
2025 | must be executed pursuant to s. 397.68151.

2026 |       Section 32. Section 397.6955, Florida Statutes, is  
2027 | renumbered as section 397.68151, Florida Statutes, and amended  
2028 | to read:

2029 |       397.68151 ~~397.6955~~ Duties of court upon filing of petition  
2030 | for involuntary services.-

2031 |       (1) Upon the filing of a petition for involuntary services  
2032 | for a substance abuse impaired person with the clerk of the  
2033 | court, the court shall immediately determine whether the  
2034 | respondent is represented by an attorney or whether the  
2035 | appointment of counsel for the respondent is appropriate. If the  
2036 | court appoints counsel for the person, the clerk of the court  
2037 | shall immediately notify the office of criminal conflict and  
2038 | civil regional counsel, created pursuant to s. 27.511, of the  
2039 | appointment. The office of criminal conflict and civil regional

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2040 counsel shall represent the person until the petition is  
2041 dismissed, the court order expires, ~~or~~ the person is discharged  
2042 from involuntary treatment services, or the office is otherwise  
2043 discharged by the court. An attorney that represents the person  
2044 named in the petition shall have access to the person,  
2045 witnesses, and records relevant to the presentation of the  
2046 person's case and shall represent the interests of the person,  
2047 regardless of the source of payment to the attorney.

2048 (2) The court shall schedule a hearing to be held on the  
2049 petition within 10 court working 5 days unless a continuance is  
2050 granted. The court may appoint a magistrate to preside at the  
2051 hearing.

2052 (3) A copy of the petition and notice of the hearing must  
2053 be provided to the respondent; the respondent's parent,  
2054 guardian, or legal custodian, in the case of a minor; the  
2055 respondent's attorney, if known; the petitioner; the  
2056 respondent's spouse or guardian, if applicable; and such other  
2057 persons as the court may direct. If the respondent is a minor, a  
2058 copy of the petition and notice of the hearing must be  
2059 personally delivered to the respondent. The clerk ~~court~~ shall  
2060 also issue a summons to the person whose admission is sought and  
2061 unless a circuit court's chief judge authorizes disinterested  
2062 private process servers to serve parties under this chapter, a  
2063 law enforcement agency must effect such service on the person  
2064 whose admission is sought for the initial treatment hearing.

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2065 Section 33. Section 397.6818, Florida Statutes, is amended  
2066 to read:

2067 397.6818 Court determination.—

2068 (1) When the petitioner asserts that emergency  
2069 circumstances exist, or when upon review of the petition the  
2070 court determines that an emergency exists, the court may rely  
2071 solely on the contents of the petition and, without the  
2072 appointment of an attorney, enter an ex parte order for the  
2073 respondent's involuntary assessment and stabilization which must  
2074 be executed during the period when the hearing on the petition  
2075 for treatment is pending.

2076 (2) The court may further order a law enforcement officer  
2077 or another designated agent of the court to:

2078 (a) Take the respondent into custody and deliver him or  
2079 her for evaluation to either the nearest appropriate licensed  
2080 service provider or a licensed service provider designated by  
2081 the court.

2082 (b) Serve the respondent with the notice of hearing and a  
2083 copy of the petition.

2084 (3) The service provider may not hold the respondent for  
2085 longer than 72 hours of observation, unless:

2086 (a) The service provider seeks additional time under s.  
2087 397.6957(1)(c) and the court, after a hearing, grants that  
2088 motion;

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2089        (b) The respondent shows signs of withdrawal, or a need to  
2090 be either detoxified or treated for a medical condition, which  
2091 shall extend the amount of time the respondent may be held for  
2092 observation until the issue is resolved but no later than the  
2093 scheduled hearing date, absent a court-approved extension; or

2094        (c) The original or extended observation period ends on a  
2095 weekend or holiday, including the hours before the ordinary  
2096 business hours of the following workday morning, in which case  
2097 the provider may hold the respondent until the next court  
2098 working day.

2099        (4) If the ex parte order was not executed by the initial  
2100 hearing date, it shall be deemed void. However, should the  
2101 respondent not appear at the hearing for any reason, including  
2102 lack of service, and upon reviewing the petition, testimony, and  
2103 evidence presented, the court reasonably believes the respondent  
2104 meets this chapter's commitment criteria and that a substance  
2105 abuse emergency exists, the court may issue or reissue an ex  
2106 parte assessment and stabilization order that is valid for 90  
2107 days. If the respondent's location is known at the time of the  
2108 hearing, the court:

2109        (a) Shall continue the case for no more than 10 court  
2110 working days; and

2111        (b) May order a law enforcement officer or another  
2112 designated agent of the court to:

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2113 1. Take the respondent into custody and deliver him or her  
2114 for evaluation to either the nearest appropriate licensed  
2115 service provider or a licensed service provider designated by  
2116 the court; and

2117 2. If a hearing date is set, serve the respondent with  
2118 notice of the rescheduled hearing and a copy of the involuntary  
2119 treatment petition if the respondent has not already been  
2120 served.

2121  
2122 Otherwise, the petitioner must inform the court that the  
2123 respondent has been assessed so that the court may schedule a  
2124 hearing as soon as is practicable. However, if the respondent  
2125 has not been assessed within 90 days, the court must dismiss the  
2126 case. ~~At the hearing initiated in accordance with s.~~  
2127 ~~397.6811(1), the court shall hear all relevant testimony. The~~  
2128 ~~respondent must be present unless the court has reason to~~  
2129 ~~believe that his or her presence is likely to be injurious to~~  
2130 ~~him or her, in which event the court shall appoint a guardian~~  
2131 ~~advocate to represent the respondent. The respondent has the~~  
2132 ~~right to examination by a court-appointed qualified~~  
2133 ~~professional. After hearing all the evidence, the court shall~~  
2134 ~~determine whether there is a reasonable basis to believe the~~  
2135 ~~respondent meets the involuntary admission criteria of s.~~  
2136 ~~397.675.~~

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2137 ~~(1) Based on its determination, the court shall either~~  
2138 ~~dismiss the petition or immediately enter an order authorizing~~  
2139 ~~the involuntary assessment and stabilization of the respondent;~~  
2140 ~~or, if in the course of the hearing the court has reason to~~  
2141 ~~believe that the respondent, due to mental illness other than or~~  
2142 ~~in addition to substance abuse impairment, is likely to injure~~  
2143 ~~himself or herself or another if allowed to remain at liberty,~~  
2144 ~~the court may initiate involuntary proceedings under the~~  
2145 ~~provisions of part I of chapter 394.~~

2146 ~~(2) If the court enters an order authorizing involuntary~~  
2147 ~~assessment and stabilization, the order shall include the~~  
2148 ~~court's findings with respect to the availability and~~  
2149 ~~appropriateness of the least restrictive alternatives and the~~  
2150 ~~need for the appointment of an attorney to represent the~~  
2151 ~~respondent, and may designate the specific licensed service~~  
2152 ~~provider to perform the involuntary assessment and stabilization~~  
2153 ~~of the respondent. The respondent may choose the licensed~~  
2154 ~~service provider to deliver the involuntary assessment where~~  
2155 ~~possible and appropriate.~~

2156 ~~(3) If the court finds it necessary, it may order the~~  
2157 ~~sheriff to take the respondent into custody and deliver him or~~  
2158 ~~her to the licensed service provider specified in the court~~  
2159 ~~order or, if none is specified, to the nearest appropriate~~  
2160 ~~licensed service provider for involuntary assessment.~~

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2161 ~~(4) The order is valid only for the period specified in~~  
2162 ~~the order or, if a period is not specified, for 7 days after the~~  
2163 ~~order is signed.~~

2164 Section 34. Section 397.6957, Florida Statutes, is amended  
2165 to read:

2166 397.6957 Hearing on petition for involuntary treatment  
2167 services.—

2168 (1) (a) The respondent must be present at a hearing on a  
2169 petition for involuntary treatment services, unless the court  
2170 finds that he or she knowingly, intelligently, and voluntarily  
2171 waives his or her right to be present or, upon receiving proof  
2172 of service and evaluating the circumstances of the case, that  
2173 his or her presence is inconsistent with his or her best  
2174 interests or is likely to be injurious to self or others. The  
2175 court shall hear and review all relevant evidence, including  
2176 testimony from individuals such as family members familiar with  
2177 the respondent's prior history and how it relates to his or her  
2178 current condition, and the review of results of the assessment  
2179 completed by the qualified professional in connection with this  
2180 chapter. The court may also order drug tests. The hearing may be  
2181 an in-person or remote proceeding. The parties and witnesses may  
2182 remotely attend and, as appropriate, testify at the hearing  
2183 under oath via audio-video telecommunications technology. A  
2184 witness intending to remotely attend and testify must provide  
2185 the parties with all relevant documents by the close of business

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2186 ~~on the day before the hearing the respondent's protective~~  
2187 ~~eustody, emergency admission, involuntary assessment, or~~  
2188 ~~alternative involuntary admission. The respondent must be~~  
2189 ~~present unless the court finds that his or her presence is~~  
2190 ~~likely to be injurious to himself or herself or others, in which~~  
2191 ~~event the court must appoint a guardian advocate to act in~~  
2192 ~~behalf of the respondent throughout the proceedings.~~

2193 (b) A respondent may not be involuntarily ordered into  
2194 treatment under this chapter without a clinical assessment being  
2195 performed, unless he or she is present in court and expressly  
2196 waives the assessment. In nonemergency situations, if the  
2197 respondent was not, or had previously refused to be, assessed by  
2198 a qualified professional and, based on the petition, testimony,  
2199 and evidence presented, it reasonably appears that the  
2200 respondent qualifies for involuntary treatment services, the  
2201 court shall issue an involuntary assessment and stabilization  
2202 order to determine the appropriate level of treatment the  
2203 respondent requires. Additionally, in cases where an assessment  
2204 was attached to the petition, the respondent may request, or the  
2205 court on its own motion may order, an independent assessment by  
2206 a court-appointed or otherwise agreed upon qualified  
2207 professional. The respondent shall be informed by the court of  
2208 the right to an independent assessment. If an assessment order  
2209 is issued, it is valid for 90 days, and if the respondent is  
2210 present or there is either proof of service or his or her

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2211 location is known, the involuntary treatment hearing shall be  
2212 continued for no more than 10 court working days. Otherwise, the  
2213 petitioner must inform the court that the respondent has been  
2214 assessed so that the court may schedule a hearing as soon as is  
2215 practicable. The assessment must occur before the new hearing  
2216 date, and if there is evidence indicating that the respondent  
2217 will not voluntarily appear at the forthcoming hearing or is a  
2218 danger to self or others, the court may enter a preliminary  
2219 order committing the respondent to an appropriate treatment  
2220 facility for further evaluation until the date of the  
2221 rescheduled hearing. However, if after 90 days the respondent  
2222 remains unassessed, the court shall dismiss the case.

2223 (c)1. The respondent's assessment by a qualified  
2224 professional must occur within 72 hours after his or her arrival  
2225 at a licensed service provider unless the respondent shows signs  
2226 of withdrawal or a need to be either detoxified or treated for a  
2227 medical condition, which shall extend the amount of time the  
2228 respondent may be held for observation until such issue is  
2229 resolved but no later than the scheduled hearing date, absent a  
2230 court-approved extension. If the respondent is a minor, such  
2231 assessment must be initiated within the first 12 hours of the  
2232 minor's admission to the facility. The service provider may also  
2233 move to extend the 72 hours of observation by petitioning the  
2234 court in writing for additional time. The service provider must  
2235 furnish copies of such motion to all parties in accordance with

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2236 applicable confidentiality requirements, and after a hearing,  
2237 the court may grant additional time. If the court grants the  
2238 service provider's petition, the service provider may continue  
2239 to hold the respondent, and if the original or extended  
2240 observation period ends on a weekend or holiday, including the  
2241 hours before the ordinary business hours of the following  
2242 workday morning, the provider may hold the respondent until the  
2243 next court working day.

2244 2. No later than the ordinary close of business on the day  
2245 before the hearing, the qualified professional shall transmit,  
2246 in accordance with any applicable confidentiality requirements,  
2247 his or her clinical assessment to the clerk of the court, who  
2248 shall enter it into the court file. The report must contain a  
2249 recommendation on the level of substance abuse treatment the  
2250 respondent requires, if any, and the relevant information on  
2251 which the qualified professional's findings are based. This  
2252 document must further note whether the respondent has any co-  
2253 occurring mental health or other treatment needs. For adults  
2254 subject to an involuntary assessment, the report's filing with  
2255 the court satisfies s. 397.6758 if it also contains the  
2256 respondent's admission and discharge information. The qualified  
2257 professional's failure to include a treatment recommendation,  
2258 much like a recommendation of no treatment, shall result in the  
2259 petition's dismissal.

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2260 (2) The petitioner has the burden of proving by clear and  
2261 convincing evidence that:

2262 (a) The respondent is substance abuse impaired and has a  
2263 history of lack of compliance with treatment for substance  
2264 abuse; and

2265 (b) Because of such impairment the respondent is unlikely  
2266 to voluntarily participate in the recommended services or is  
2267 unable to determine for himself or herself whether services are  
2268 necessary and:

2269 1. Without services, the respondent is likely to suffer  
2270 from neglect or refuse to care for himself or herself; that such  
2271 neglect or refusal poses a real and present threat of  
2272 substantial harm to his or her well-being; and that there is a  
2273 substantial likelihood that without services the respondent will  
2274 cause serious bodily harm to himself, herself, or another in the  
2275 near future, as evidenced by recent behavior; or

2276 2. The respondent's refusal to voluntarily receive care is  
2277 based on judgment so impaired by reason of substance abuse that  
2278 the respondent is incapable of appreciating his or her need for  
2279 care and of making a rational decision regarding that need for  
2280 care.

2281 ~~(3) One of the qualified professionals who executed the~~  
2282 ~~involuntary services certificate must be a witness. The court~~  
2283 ~~shall allow testimony from individuals, including family~~  
2284 ~~members, deemed by the court to be relevant under state law,~~

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2285 ~~regarding the respondent's prior history and how that prior~~  
2286 ~~history relates to the person's current condition. The Testimony~~  
2287 in the hearing must be taken under oath, and the proceedings  
2288 must be recorded. The respondent ~~patient~~ may refuse to testify  
2289 at the hearing.

2290 (4) If at any point during the hearing the court has  
2291 reason to believe that the respondent, due to mental illness  
2292 other than or in addition to substance abuse impairment, meets  
2293 the involuntary commitment provisions of part I of chapter 394,  
2294 the court may initiate involuntary examination proceedings under  
2295 such provisions.

2296 (5)(4) At the conclusion of the hearing the court shall  
2297 either dismiss the petition or order the respondent to receive  
2298 involuntary treatment services from his or her chosen licensed  
2299 service provider if possible and appropriate. Any treatment  
2300 order must include findings regarding the respondent's need for  
2301 treatment and the appropriateness of other less restrictive  
2302 alternatives.

2303 Section 35. Section 397.697, Florida Statutes, is amended  
2304 to read:

2305 397.697 Court determination; effect of court order for  
2306 involuntary services.-

2307 (1)(a) When the court finds that the conditions for  
2308 involuntary treatment services have been proved by clear and  
2309 convincing evidence, it may order the respondent to receive

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2310 involuntary treatment services from a publicly funded licensed  
2311 service provider for a period not to exceed 90 days. The court  
2312 may also order a respondent to undergo treatment through a  
2313 privately funded licensed service provider if the respondent has  
2314 the ability to pay for the treatment, or if any person on the  
2315 respondent's behalf voluntarily demonstrates a willingness and  
2316 an ability to pay for the treatment. If the court finds it  
2317 necessary, it may direct the sheriff to take the respondent into  
2318 custody and deliver him or her to the licensed service provider  
2319 specified in the court order, or to the nearest appropriate  
2320 licensed service provider, for involuntary treatment services.  
2321 When the conditions justifying involuntary treatment services no  
2322 longer exist, the individual must be released as provided in s.  
2323 397.6971. When the conditions justifying involuntary treatment  
2324 services are expected to exist after 90 days of treatment  
2325 services, a renewal of the involuntary services order may be  
2326 requested pursuant to s. 397.6975 before the end of the 90-day  
2327 period.

2328 (b) To qualify for involuntary outpatient treatment, an  
2329 individual must be supported by a social worker or case manager  
2330 of a licensed service provider, or a willing, able, and  
2331 responsible individual appointed by the court who shall inform  
2332 the court and parties if the respondent fails to comply with his  
2333 or her outpatient program. In addition, unless the respondent  
2334 has been involuntarily ordered into inpatient treatment under

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2335 this chapter at least twice during the last 36 months, or  
2336 demonstrates the ability to substantially comply with the  
2337 outpatient treatment while waiting for residential placement to  
2338 become available, he or she must receive an assessment from a  
2339 qualified professional or licensed physician expressly  
2340 recommending outpatient services, such services must be  
2341 available in the county in which the respondent is located, and  
2342 it must appear likely that the respondent will follow a  
2343 prescribed outpatient care plan.

2344 (2) In all cases resulting in an order for involuntary  
2345 treatment services, the court shall retain jurisdiction over the  
2346 case and the parties for the entry of such further orders as the  
2347 circumstances may require, including, but not limited to,  
2348 monitoring compliance with treatment, changing the treatment  
2349 modality, or initiating contempt of court proceedings for  
2350 violating any valid order issued pursuant to this chapter.  
2351 Hearings under this section may be set by motion of the parties  
2352 or under the court's own authority, and the motion and notice of  
2353 hearing for these ancillary proceedings, which include, but are  
2354 not limited to, civil contempt, must be served in accordance  
2355 with relevant court procedural rules. The court's requirements  
2356 for notification of proposed release must be included in the  
2357 original order.

2358 (3) An involuntary treatment services order also  
2359 authorizes the licensed service provider to require the

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2360 individual to receive treatment services that will benefit him  
2361 or her, including treatment services at any licensable service  
2362 component of a licensed service provider.

2363 (4) If the court orders involuntary treatment services, a  
2364 copy of the order must be sent to the managing entity, the  
2365 department, and the Louis de la Parte Florida Institute  
2366 established under s. 1004.44, within 1 working day after it is  
2367 received from the court. Documents may be submitted  
2368 electronically through ~~though~~ existing data systems, if  
2369 applicable.

2370 (5) The department and the institute established under s.  
2371 1004.44, shall also receive and maintain copies of the  
2372 involuntary assessment and treatment orders issued pursuant to  
2373 ss. 397.68151, 397.6818, and 397.6957; the qualified  
2374 professional assessments; the professional certificates; and the  
2375 law enforcement officers' protective custody reports. The  
2376 institute established under s. 1004.44 shall use such documents  
2377 to prepare annual reports

2378  
2379 -----

2380 **T I T L E A M E N D M E N T**

2381 Remove lines 55-101 and insert:  
2382 providing requirements for an examination to determine  
2383 if the report on its website; criteria for involuntary  
2384 services are met; defining the term "repeated

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2385 | admittance"; revising requirements for releasing a  
2386 | patient from a receiving facility; revising  
2387 | requirements for petitions for involuntary services;  
2388 | requiring the department and the Agency for Health  
2389 | Care Administration to analyze certain data, identify  
2390 | patterns and trends, and make recommendations to  
2391 | decrease avoidable admissions; authorizing  
2392 | recommendations to be addressed in a specified manner;  
2393 | requiring the institute to publish a specified report  
2394 | on its website and submit such report to the Governor  
2395 | and Legislature by a certain date; amending s.  
2396 | 394.4655, F.S.; defining the term "involuntary  
2397 | outpatient placement"; authorizing a specified court  
2398 | to order an individual to involuntary outpatient  
2399 | treatment; removing provisions relating to criteria,  
2400 | retention of a patient, and petition for involuntary  
2401 | outpatient services and court proceedings relating to  
2402 | involuntary outpatient services; amending s. 394.467,  
2403 | F.S.; providing definitions; revising requirements for  
2404 | ordering a person for involuntary services and  
2405 | treatment, petitions for involuntary services,  
2406 | appointment of counsel, and continuances of hearings,  
2407 | respectively; requiring clinical psychologists to have  
2408 | specified clinical experience in order to recommend  
2409 | involuntary services; authorizing certain psychiatric

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2410 nurses to recommend involuntary services for mental  
2411 health treatment; revising the conditions under which  
2412 a court may waive the requirement for a patient to be  
2413 present at an involuntary inpatient placement hearing;  
2414 authorizing the court to permit witnesses to attend  
2415 and testify remotely at the hearing through specified  
2416 means; providing requirements for a witness to attend  
2417 and testify remotely; requiring facilities to make  
2418 certain clinical records available to a state attorney  
2419 within a specified timeframe; specifying that such  
2420 records remain confidential and may not be used for  
2421 certain purposes; requiring the court to allow certain  
2422 testimony from specified persons; revising the length  
2423 of time a court may require a patient to receive  
2424 services; requiring facilities to discharge patients  
2425 when they no longer meet the criteria for involuntary  
2426 inpatient treatment; prohibiting courts from ordering  
2427 individuals with developmental disabilities to be  
2428 involuntarily placed in a state treatment facility;  
2429 requiring courts to refer such individuals, and  
2430 authorizing courts to refer certain other individuals,  
2431 to specified agencies for evaluation and services  
2432 under certain circumstances; providing for a court to  
2433 retain jurisdiction over specified cases;

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