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LEGISLATIVE ACTION

Senate	.	House
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Floor: 1/AE/2R	.	Floor: C
03/07/2024 06:16 PM	.	03/08/2024 11:01 AM
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Senator Grall moved the following:

**Senate Amendment (with title amendment)**

Delete lines 804 - 2517  
and insert:  
and provide copies of such reports to the department, the President of the Senate, the Speaker of the House of Representatives, and the minority leaders of the Senate and the House of Representatives by November 30 of each year.

(f) A patient must ~~shall~~ be examined by a physician or a clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a



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12 psychiatrist at a facility without unnecessary delay to  
13 determine if the criteria for involuntary services are met. Such  
14 examination shall include, but not be limited to, consideration  
15 of the patient's treatment history at the facility and any  
16 information regarding the patient's condition and behavior  
17 provided by knowledgeable individuals. Evidence that criteria  
18 under subparagraph (1)(b)1. are met may include, but need not be  
19 limited to, repeated admittance for involuntary examination  
20 despite implementation of appropriate discharge plans. For  
21 purposes of this paragraph, the term "repeated admittance" means  
22 three or more admissions into the facility within the  
23 immediately preceding 12 months. An individual's basic needs  
24 being served while admitted to the facility may not be  
25 considered evidence that criteria under subparagraph (1)(b)1.  
26 are met. Emergency treatment may be provided upon the order of a  
27 physician or a psychiatric nurse practicing within the framework  
28 of an established protocol with a psychiatrist if the physician  
29 or psychiatric nurse determines that such treatment is necessary  
30 for the safety of the patient or others. The patient may not be  
31 released by the receiving facility or its contractor without the  
32 documented approval of a psychiatrist or a clinical psychologist  
33 or, if the receiving facility is owned or operated by a  
34 hospital, health system, or nationally accredited community  
35 mental health center, the release may also be approved by a  
36 psychiatric nurse performing within the framework of an  
37 established protocol with a psychiatrist, or an attending  
38 emergency department physician with experience in the diagnosis  
39 and treatment of mental illness after completion of an  
40 involuntary examination pursuant to this subsection. A



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41 psychiatric nurse may not approve the release of a patient if  
42 the involuntary examination was initiated by a psychiatrist  
43 unless the release is approved by the initiating psychiatrist.  
44 The release may be approved through telehealth.

45 (g) The examination period must be for up to 72 hours and  
46 begins when a patient arrives at the receiving facility. For a  
47 minor, the examination shall be initiated within 12 hours after  
48 the patient's arrival at the facility. Within the examination  
49 period, one of the following actions must be taken, based on the  
50 individual needs of the patient:

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

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

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

60 4. A petition for involuntary services shall be filed in  
61 the circuit court ~~if inpatient treatment is deemed necessary~~ or  
62 with the ~~criminal~~ county court, ~~as defined in s. 394.4655(1)~~, as  
63 applicable. When inpatient treatment is deemed necessary, the  
64 least restrictive treatment consistent with the optimum  
65 improvement of the patient's condition shall be made available.  
66 ~~The~~ ~~When a petition is to be filed for involuntary outpatient~~  
67 ~~placement,~~ it shall be filed by one of the petitioners specified  
68 in s. 394.467, and the court shall dismiss an untimely filed  
69 petition ~~s. 394.4655(4)(a)~~. ~~A petition for involuntary inpatient~~



70 ~~placement shall be filed by the facility administrator.~~ If a  
71 patient's 72-hour examination period ends on a weekend or  
72 holiday, including the hours before the ordinary business hours  
73 on the morning of the next working day, and the receiving  
74 facility:

75 a. Intends to file a petition for involuntary services,  
76 such patient may be held at the ~~a receiving~~ facility through the  
77 next working day thereafter and the ~~such~~ petition ~~for~~  
78 ~~involuntary services~~ must be filed no later than such date. If  
79 the ~~receiving~~ facility fails to file the ~~a~~ petition by ~~for~~  
80 ~~involuntary services~~ at the ordinary close of business on the  
81 next working day, the patient shall be released from the  
82 receiving facility following approval pursuant to paragraph (f).

83 b. Does not intend to file a petition for involuntary  
84 services, the ~~a~~ receiving facility may postpone release of a  
85 patient until the next working day thereafter only if a  
86 qualified professional documents that adequate discharge  
87 planning and procedures in accordance with s. 394.468, and  
88 approval pursuant to paragraph (f), are not possible until the  
89 next working day.

90 (h) A person for whom an involuntary examination has been  
91 initiated who is being evaluated or treated at a hospital for an  
92 emergency medical condition specified in s. 395.002 must be  
93 examined by a facility within the examination period specified  
94 in paragraph (g). The examination period begins when the patient  
95 arrives at the hospital and ceases when the attending physician  
96 documents that the patient has an emergency medical condition.  
97 If the patient is examined at a hospital providing emergency  
98 medical services by a professional qualified to perform an



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99 involuntary examination and is found as a result of that  
100 examination not to meet the criteria for involuntary ~~outpatient~~  
101 services pursuant to s. 394.467 ~~s. 394.4655(2)~~ or involuntary  
102 ~~inpatient placement pursuant to s. 394.467(1)~~, the patient may  
103 be offered voluntary outpatient or inpatient services ~~or~~  
104 ~~placement~~, if appropriate, or released directly from the  
105 hospital providing emergency medical services. The finding by  
106 the professional that the patient has been examined and does not  
107 meet the criteria for involuntary ~~inpatient~~ services ~~or~~  
108 ~~involuntary outpatient placement~~ must be entered into the  
109 patient's clinical record. This paragraph is not intended to  
110 prevent a hospital providing emergency medical services from  
111 appropriately transferring a patient to another hospital before  
112 stabilization if the requirements of s. 395.1041(3)(c) have been  
113 met.

114 (4) DATA ANALYSIS.—

115 (a) The department shall provide the ~~Using~~ data collected  
116 under paragraph (2)(a) and s. 1006.07(10), and child welfare  
117 data related to involuntary examinations, to the Louis de la  
118 Parte Florida Mental Health Institute established under s.  
119 1004.44. The Agency for Health Care Administration shall provide  
120 Medicaid data to the institute, requested by the institute,  
121 related to involuntary examination of children enrolled in  
122 Medicaid for the purpose of administering the program and  
123 improving service provision for such children. The department  
124 and agency shall enter into any necessary agreements with the  
125 institute to provide such data. The institute shall use such  
126 data to ~~the department shall~~, at a minimum, analyze data on both  
127 the initiation of involuntary examinations of children and the



128 initiation of involuntary examinations of students who are  
129 removed from a school; identify any patterns or trends and cases  
130 in which involuntary examinations are repeatedly initiated on  
131 the same child or student; study root causes for such patterns,  
132 trends, or repeated involuntary examinations; and make  
133 recommendations to encourage the use of alternatives to  
134 eliminate inappropriate initiations of such examinations.

135 (b) The institute shall analyze service data on individuals  
136 who are high utilizers of crisis stabilization services provided  
137 in designated receiving facilities, and shall, at a minimum,  
138 identify any patterns or trends and make recommendations to  
139 decrease avoidable admissions. Recommendations may be addressed  
140 in the department's contracts with the behavioral health  
141 managing entities and in the contracts between the Agency for  
142 Health Care Administration and the Medicaid managed medical  
143 assistance plans.

144 (c) The institute ~~department~~ shall publish ~~submit~~ a report  
145 on its findings and recommendations on its website and submit  
146 the report to the Governor, the President of the Senate, and the  
147 Speaker of the House of Representatives, the department, and the  
148 Agency for Health Care Administration by November 1 of each odd-  
149 numbered year.

150 Section 10. Section 394.4655, Florida Statutes, is amended  
151 to read:

152 394.4655 Orders to involuntary outpatient placement  
153 services.—

154 (1) ~~DEFINITIONS.~~—As used in this section, the term  
155 "involuntary outpatient placement" means involuntary outpatient  
156 services as defined in s. 394.467.÷



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157       ~~(a) "Court" means a circuit court or a criminal county~~  
158 ~~court.~~

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

161       ~~(2) A court or a county court may order an individual to~~  
162 ~~involuntary outpatient placement under s. 394.467. CRITERIA FOR~~  
163 ~~INVOLUNTARY OUTPATIENT SERVICES. A person may be ordered to~~  
164 ~~involuntary outpatient services upon a finding of the court, by~~  
165 ~~clear and convincing evidence, that the person meets all of the~~  
166 ~~following criteria:~~

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

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

169           ~~(c) The person is unlikely to survive safely in the~~  
170 ~~community without supervision, based on a clinical~~  
171 ~~determination.~~

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

174           ~~(e) The person has:~~

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

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

184           ~~(f) The person is, as a result of his or her mental~~  
185 ~~illness, unlikely to voluntarily participate in the recommended~~



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186 ~~treatment plan and has refused voluntary services for treatment~~  
187 ~~after sufficient and conscientious explanation and disclosure of~~  
188 ~~why the services are necessary or is unable to determine for~~  
189 ~~himself or herself whether services are necessary.~~

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

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

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

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

202 ~~(a)1. A patient who is being recommended for involuntary~~  
203 ~~outpatient services by the administrator of the facility where~~  
204 ~~the patient has been examined may be retained by the facility~~  
205 ~~after adherence to the notice procedures provided in s.~~  
206 ~~394.4599. The recommendation must be supported by the opinion of~~  
207 ~~a psychiatrist and the second opinion of a clinical psychologist~~  
208 ~~or another psychiatrist, both of whom have personally examined~~  
209 ~~the patient within the preceding 72 hours, that the criteria for~~  
210 ~~involuntary outpatient services are met. However, if the~~  
211 ~~administrator certifies that a psychiatrist or clinical~~  
212 ~~psychologist is not available to provide the second opinion, the~~  
213 ~~second opinion may be provided by a licensed physician who has~~  
214 ~~postgraduate training and experience in diagnosis and treatment~~





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215 ~~of mental illness, a physician assistant who has at least 3~~  
216 ~~years' experience and is supervised by such licensed physician~~  
217 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~  
218 ~~nurse. Any second opinion authorized in this subparagraph may be~~  
219 ~~conducted through a face-to-face examination, in person or by~~  
220 ~~electronic means. Such recommendation must be entered on an~~  
221 ~~involuntary outpatient services certificate that authorizes the~~  
222 ~~facility to retain the patient pending completion of a hearing.~~  
223 ~~The certificate must be made a part of the patient's clinical~~  
224 ~~record.~~

225 ~~2. If the patient has been stabilized and no longer meets~~  
226 ~~the criteria for involuntary examination pursuant to s.~~  
227 ~~394.463(1), the patient must be released from the facility while~~  
228 ~~awaiting the hearing for involuntary outpatient services. Before~~  
229 ~~filing a petition for involuntary outpatient services, the~~  
230 ~~administrator of the facility or a designated department~~  
231 ~~representative must identify the service provider that will have~~  
232 ~~primary responsibility for service provision under an order for~~  
233 ~~involuntary outpatient services, unless the person is otherwise~~  
234 ~~participating in outpatient psychiatric treatment and is not in~~  
235 ~~need of public financing for that treatment, in which case the~~  
236 ~~individual, if eligible, may be ordered to involuntary treatment~~  
237 ~~pursuant to the existing psychiatric treatment relationship.~~

238 ~~3. The service provider shall prepare a written proposed~~  
239 ~~treatment plan in consultation with the patient or the patient's~~  
240 ~~guardian advocate, if appointed, for the court's consideration~~  
241 ~~for inclusion in the involuntary outpatient services order that~~  
242 ~~addresses the nature and extent of the mental illness and any~~  
243 ~~co-occurring substance use disorder that necessitate involuntary~~



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244 ~~outpatient services. The treatment plan must specify the likely~~  
245 ~~level of care, including the use of medication, and anticipated~~  
246 ~~discharge criteria for terminating involuntary outpatient~~  
247 ~~services. Service providers may select and supervise other~~  
248 ~~individuals to implement specific aspects of the treatment plan.~~  
249 ~~The services in the plan must be deemed clinically appropriate~~  
250 ~~by a physician, clinical psychologist, psychiatric nurse, mental~~  
251 ~~health counselor, marriage and family therapist, or clinical~~  
252 ~~social worker who consults with, or is employed or contracted~~  
253 ~~by, the service provider. The service provider must certify to~~  
254 ~~the court in the proposed plan whether sufficient services for~~  
255 ~~improvement and stabilization are currently available and~~  
256 ~~whether the service provider agrees to provide those services.~~  
257 ~~If the service provider certifies that the services in the~~  
258 ~~proposed treatment plan are not available, the petitioner may~~  
259 ~~not file the petition. The service provider must notify the~~  
260 ~~managing entity if the requested services are not available. The~~  
261 ~~managing entity must document such efforts to obtain the~~  
262 ~~requested services.~~

263 ~~(b) If a patient in involuntary inpatient placement meets~~  
264 ~~the criteria for involuntary outpatient services, the~~  
265 ~~administrator of the facility may, before the expiration of the~~  
266 ~~period during which the facility is authorized to retain the~~  
267 ~~patient, recommend involuntary outpatient services. The~~  
268 ~~recommendation must be supported by the opinion of a~~  
269 ~~psychiatrist and the second opinion of a clinical psychologist~~  
270 ~~or another psychiatrist, both of whom have personally examined~~  
271 ~~the patient within the preceding 72 hours, that the criteria for~~  
272 ~~involuntary outpatient services are met. However, if the~~



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273 ~~administrator certifies that a psychiatrist or clinical~~  
274 ~~psychologist is not available to provide the second opinion, the~~  
275 ~~second opinion may be provided by a licensed physician who has~~  
276 ~~postgraduate training and experience in diagnosis and treatment~~  
277 ~~of mental illness, a physician assistant who has at least 3~~  
278 ~~years' experience and is supervised by such licensed physician~~  
279 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~  
280 ~~nurse. Any second opinion authorized in this subparagraph may be~~  
281 ~~conducted through a face-to-face examination, in person or by~~  
282 ~~electronic means. Such recommendation must be entered on an~~  
283 ~~involuntary outpatient services certificate, and the certificate~~  
284 ~~must be made a part of the patient's clinical record.~~

285 ~~(c)1. The administrator of the treatment facility shall~~  
286 ~~provide a copy of the involuntary outpatient services~~  
287 ~~certificate and a copy of the state mental health discharge form~~  
288 ~~to the managing entity in the county where the patient will be~~  
289 ~~residing. For persons who are leaving a state mental health~~  
290 ~~treatment facility, the petition for involuntary outpatient~~  
291 ~~services must be filed in the county where the patient will be~~  
292 ~~residing.~~

293 ~~2. The service provider that will have primary~~  
294 ~~responsibility for service provision shall be identified by the~~  
295 ~~designated department representative before the order for~~  
296 ~~involuntary outpatient services and must, before filing a~~  
297 ~~petition for involuntary outpatient services, certify to the~~  
298 ~~court whether the services recommended in the patient's~~  
299 ~~discharge plan are available and whether the service provider~~  
300 ~~agrees to provide those services. The service provider must~~  
301 ~~develop with the patient, or the patient's guardian advocate, if~~



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302 ~~appointed, a treatment or service plan that addresses the needs~~  
303 ~~identified in the discharge plan. The plan must be deemed to be~~  
304 ~~clinically appropriate by a physician, clinical psychologist,~~  
305 ~~psychiatric nurse, mental health counselor, marriage and family~~  
306 ~~therapist, or clinical social worker, as defined in this~~  
307 ~~chapter, who consults with, or is employed or contracted by, the~~  
308 ~~service provider.~~

309 ~~3. If the service provider certifies that the services in~~  
310 ~~the proposed treatment or service plan are not available, the~~  
311 ~~petitioner may not file the petition. The service provider must~~  
312 ~~notify the managing entity if the requested services are not~~  
313 ~~available. The managing entity must document such efforts to~~  
314 ~~obtain the requested services.~~

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

316 ~~(a) A petition for involuntary outpatient services may be~~  
317 ~~filed by:~~

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

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

320 ~~(b) Each required criterion for involuntary outpatient~~  
321 ~~services must be alleged and substantiated in the petition for~~  
322 ~~involuntary outpatient services. A copy of the certificate~~  
323 ~~recommending involuntary outpatient services completed by a~~  
324 ~~qualified professional specified in subsection (3) must be~~  
325 ~~attached to the petition. A copy of the proposed treatment plan~~  
326 ~~must be attached to the petition. Before the petition is filed,~~  
327 ~~the service provider shall certify that the services in the~~  
328 ~~proposed plan are available. If the necessary services are not~~  
329 ~~available, the petition may not be filed. The service provider~~  
330 ~~must notify the managing entity if the requested services are~~



331 ~~not available. The managing entity must document such efforts to~~  
332 ~~obtain the requested services.~~

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

344 ~~(5) APPOINTMENT OF COUNSEL. Within 1 court working day~~  
345 ~~after the filing of a petition for involuntary outpatient~~  
346 ~~services, the court shall appoint the public defender to~~  
347 ~~represent the person who is the subject of the petition, unless~~  
348 ~~the person is otherwise represented by counsel. The clerk of the~~  
349 ~~court shall immediately notify the public defender of the~~  
350 ~~appointment. The public defender shall represent the person~~  
351 ~~until the petition is dismissed, the court order expires, or the~~  
352 ~~patient is discharged from involuntary outpatient services. An~~  
353 ~~attorney who represents the patient must be provided access to~~  
354 ~~the patient, witnesses, and records relevant to the presentation~~  
355 ~~of the patient's case and shall represent the interests of the~~  
356 ~~patient, regardless of the source of payment to the attorney.~~

357 ~~(6) CONTINUANCE OF HEARING. The patient is entitled, with~~  
358 ~~the concurrence of the patient's counsel, to at least one~~  
359 ~~continuance of the hearing. The continuance shall be for a~~



360 ~~period of up to 4 weeks.~~

361 ~~(7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.~~

362 ~~(a)1. The court shall hold the hearing on involuntary~~

363 ~~outpatient services within 5 working days after the filing of~~

364 ~~the petition, unless a continuance is granted. The hearing must~~

365 ~~be held in the county where the petition is filed, must be as~~

366 ~~convenient to the patient as is consistent with orderly~~

367 ~~procedure, and must be conducted in physical settings not likely~~

368 ~~to be injurious to the patient's condition. If the court finds~~

369 ~~that the patient's attendance at the hearing is not consistent~~

370 ~~with the best interests of the patient and if the patient's~~

371 ~~counsel does not object, the court may waive the presence of the~~

372 ~~patient from all or any portion of the hearing. The state~~

373 ~~attorney for the circuit in which the patient is located shall~~

374 ~~represent the state, rather than the petitioner, as the real~~

375 ~~party in interest in the proceeding.~~

376 ~~2. The court may appoint a magistrate to preside at the~~

377 ~~hearing. One of the professionals who executed the involuntary~~

378 ~~outpatient services certificate shall be a witness. The patient~~

379 ~~and the patient's guardian or representative shall be informed~~

380 ~~by the court of the right to an independent expert examination.~~

381 ~~If the patient cannot afford such an examination, the court~~

382 ~~shall ensure that one is provided, as otherwise provided by law.~~

383 ~~The independent expert's report is confidential and not~~

384 ~~discoverable, unless the expert is to be called as a witness for~~

385 ~~the patient at the hearing. The court shall allow testimony from~~

386 ~~individuals, including family members, deemed by the court to be~~

387 ~~relevant under state law, regarding the person's prior history~~

388 ~~and how that prior history relates to the person's current~~



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389 ~~condition. The testimony in the hearing must be given under~~  
390 ~~oath, and the proceedings must be recorded. The patient may~~  
391 ~~refuse to testify at the hearing.~~

392 ~~(b)1. If the court concludes that the patient meets the~~  
393 ~~criteria for involuntary outpatient services pursuant to~~  
394 ~~subsection (2), the court shall issue an order for involuntary~~  
395 ~~outpatient services. The court order shall be for a period of up~~  
396 ~~to 90 days. The order must specify the nature and extent of the~~  
397 ~~patient's mental illness. The order of the court and the~~  
398 ~~treatment plan must be made part of the patient's clinical~~  
399 ~~record. The service provider shall discharge a patient from~~  
400 ~~involuntary outpatient services when the order expires or any~~  
401 ~~time the patient no longer meets the criteria for involuntary~~  
402 ~~placement. Upon discharge, the service provider shall send a~~  
403 ~~certificate of discharge to the court.~~

404 ~~2. The court may not order the department or the service~~  
405 ~~provider to provide services if the program or service is not~~  
406 ~~available in the patient's local community, if there is no space~~  
407 ~~available in the program or service for the patient, or if~~  
408 ~~funding is not available for the program or service. The service~~  
409 ~~provider must notify the managing entity if the requested~~  
410 ~~services are not available. The managing entity must document~~  
411 ~~such efforts to obtain the requested services. A copy of the~~  
412 ~~order must be sent to the managing entity by the service~~  
413 ~~provider within 1 working day after it is received from the~~  
414 ~~court. The order may be submitted electronically through~~  
415 ~~existing data systems. After the order for involuntary services~~  
416 ~~is issued, the service provider and the patient may modify the~~  
417 ~~treatment plan. For any material modification of the treatment~~



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418 ~~plan to which the patient or, if one is appointed, the patient's~~  
419 ~~guardian advocate agrees, the service provider shall send notice~~  
420 ~~of the modification to the court. Any material modifications of~~  
421 ~~the treatment plan which are contested by the patient or the~~  
422 ~~patient's guardian advocate, if applicable, must be approved or~~  
423 ~~disapproved by the court consistent with subsection (3).~~

424 ~~3. If, in the clinical judgment of a physician, the patient~~  
425 ~~has failed or has refused to comply with the treatment ordered~~  
426 ~~by the court, and, in the clinical judgment of the physician,~~  
427 ~~efforts were made to solicit compliance and the patient may meet~~  
428 ~~the criteria for involuntary examination, a person may be~~  
429 ~~brought to a receiving facility pursuant to s. 394.463. If,~~  
430 ~~after examination, the patient does not meet the criteria for~~  
431 ~~involuntary inpatient placement pursuant to s. 394.467, the~~  
432 ~~patient must be discharged from the facility. The involuntary~~  
433 ~~outpatient services order shall remain in effect unless the~~  
434 ~~service provider determines that the patient no longer meets the~~  
435 ~~criteria for involuntary outpatient services or until the order~~  
436 ~~expires. The service provider must determine whether~~  
437 ~~modifications should be made to the existing treatment plan and~~  
438 ~~must attempt to continue to engage the patient in treatment. For~~  
439 ~~any material modification of the treatment plan to which the~~  
440 ~~patient or the patient's guardian advocate, if applicable,~~  
441 ~~agrees, the service provider shall send notice of the~~  
442 ~~modification to the court. Any material modifications of the~~  
443 ~~treatment plan which are contested by the patient or the~~  
444 ~~patient's guardian advocate, if applicable, must be approved or~~  
445 ~~disapproved by the court consistent with subsection (3).~~

446 ~~(c) If, at any time before the conclusion of the initial~~





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447 ~~hearing on involuntary outpatient services, it appears to the~~  
448 ~~court that the person does not meet the criteria for involuntary~~  
449 ~~outpatient services under this section but, instead, meets the~~  
450 ~~criteria for involuntary inpatient placement, the court may~~  
451 ~~order the person admitted for involuntary inpatient examination~~  
452 ~~under s. 394.463. If the person instead meets the criteria for~~  
453 ~~involuntary assessment, protective custody, or involuntary~~  
454 ~~admission pursuant to s. 397.675, the court may order the person~~  
455 ~~to be admitted for involuntary assessment for a period of 5 days~~  
456 ~~pursuant to s. 397.6811. Thereafter, all proceedings are~~  
457 ~~governed by chapter 397.~~

458 ~~(d) At the hearing on involuntary outpatient services, the~~  
459 ~~court shall consider testimony and evidence regarding the~~  
460 ~~patient's competence to consent to services. If the court finds~~  
461 ~~that the patient is incompetent to consent to treatment, it~~  
462 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~  
463 ~~The guardian advocate shall be appointed or discharged in~~  
464 ~~accordance with s. 394.4598.~~

465 ~~(e) The administrator of the receiving facility or the~~  
466 ~~designated department representative shall provide a copy of the~~  
467 ~~court order and adequate documentation of a patient's mental~~  
468 ~~illness to the service provider for involuntary outpatient~~  
469 ~~services. Such documentation must include any advance directives~~  
470 ~~made by the patient, a psychiatric evaluation of the patient,~~  
471 ~~and any evaluations of the patient performed by a psychologist~~  
472 ~~or a clinical social worker.~~

473 ~~(8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~  
474 ~~SERVICES.—~~

475 ~~(a)1. If the person continues to meet the criteria for~~



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476 ~~involuntary outpatient services, the service provider shall, at~~  
477 ~~least 10 days before the expiration of the period during which~~  
478 ~~the treatment is ordered for the person, file in the court that~~  
479 ~~issued the order for involuntary outpatient services a petition~~  
480 ~~for continued involuntary outpatient services. The court shall~~  
481 ~~immediately schedule a hearing on the petition to be held within~~  
482 ~~15 days after the petition is filed.~~

483 ~~2. The existing involuntary outpatient services order~~  
484 ~~remains in effect until disposition on the petition for~~  
485 ~~continued involuntary outpatient services.~~

486 ~~3. A certificate shall be attached to the petition which~~  
487 ~~includes a statement from the person's physician or clinical~~  
488 ~~psychologist justifying the request, a brief description of the~~  
489 ~~patient's treatment during the time he or she was receiving~~  
490 ~~involuntary services, and an individualized plan of continued~~  
491 ~~treatment.~~

492 ~~4. The service provider shall develop the individualized~~  
493 ~~plan of continued treatment in consultation with the patient or~~  
494 ~~the patient's guardian advocate, if applicable. When the~~  
495 ~~petition has been filed, the clerk of the court shall provide~~  
496 ~~copies of the certificate and the individualized plan of~~  
497 ~~continued services to the department, the patient, the patient's~~  
498 ~~guardian advocate, the state attorney, and the patient's private~~  
499 ~~counsel or the public defender.~~

500 ~~(b) Within 1 court working day after the filing of a~~  
501 ~~petition for continued involuntary outpatient services, the~~  
502 ~~court shall appoint the public defender to represent the person~~  
503 ~~who is the subject of the petition, unless the person is~~  
504 ~~otherwise represented by counsel. The clerk of the court shall~~



505 ~~immediately notify the public defender of such appointment. The~~  
506 ~~public defender shall represent the person until the petition is~~  
507 ~~dismissed or the court order expires or the patient is~~  
508 ~~discharged from involuntary outpatient services. Any attorney~~  
509 ~~representing the patient shall have access to the patient,~~  
510 ~~witnesses, and records relevant to the presentation of the~~  
511 ~~patient's case and shall represent the interests of the patient,~~  
512 ~~regardless of the source of payment to the attorney.~~

513 ~~(c) Hearings on petitions for continued involuntary~~  
514 ~~outpatient services must be before the court that issued the~~  
515 ~~order for involuntary outpatient services. The court may appoint~~  
516 ~~a magistrate to preside at the hearing. The procedures for~~  
517 ~~obtaining an order pursuant to this paragraph must meet the~~  
518 ~~requirements of subsection (7), except that the time period~~  
519 ~~included in paragraph (2) (c) is not applicable in determining~~  
520 ~~the appropriateness of additional periods of involuntary~~  
521 ~~outpatient placement.~~

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

526 ~~(e) The same procedure must be repeated before the~~  
527 ~~expiration of each additional period the patient is placed in~~  
528 ~~treatment.~~

529 ~~(f) If the patient has previously been found incompetent to~~  
530 ~~consent to treatment, the court shall consider testimony and~~  
531 ~~evidence regarding the patient's competence. Section 394.4598~~  
532 ~~governs the discharge of the guardian advocate if the patient's~~  
533 ~~competency to consent to treatment has been restored.~~



534 Section 11. Section 394.467, Florida Statutes, is amended  
535 to read:

536 394.467 Involuntary inpatient placement and involuntary  
537 outpatient services.—

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

539 (a) “Court” means a circuit court or, for commitments only  
540 to involuntary outpatient services as defined in s. 394.4655, a  
541 county court.

542 (b) “Involuntary inpatient placement” means placement in a  
543 secure receiving or treatment facility providing stabilization  
544 and treatment services to a person 18 years of age or older who  
545 does not voluntarily consent to services under this chapter, or  
546 a minor who does not voluntarily assent to services under this  
547 chapter.

548 (c) “Involuntary outpatient services” means services  
549 provided in the community to a person who does not voluntarily  
550 consent to or participate in services under this chapter.

551 (d) “Services plan” means an individualized plan detailing  
552 the recommended behavioral health services and supports based on  
553 a thorough assessment of the needs of the patient, to safeguard  
554 and enhance the patient’s health and well-being in the  
555 community.

556 (2) ~~(1)~~ CRITERIA FOR INVOLUNTARY SERVICES.—A person may be  
557 ordered by a court to be provided for involuntary services  
558 inpatient placement for treatment upon a finding of the court,  
559 by clear and convincing evidence, that the person meets the  
560 following criteria:

561 (a) Involuntary outpatient services.—A person ordered to  
562 involuntary outpatient services must meet the following



563 criteria:

564 1. The person has a mental illness and, because of his or  
565 her mental illness:

566 a. He or she is unlikely to voluntarily participate in a  
567 recommended services plan and has refused voluntary services for  
568 treatment after sufficient and conscientious explanation and  
569 disclosure of why the services are necessary; or

570 b. Is unable to determine for himself or herself whether  
571 services are necessary.

572 2. The person is unlikely to survive safely in the  
573 community without supervision, based on a clinical  
574 determination.

575 3. The person has a history of lack of compliance with  
576 treatment for mental illness.

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

583 5. It is likely that the person will benefit from  
584 involuntary outpatient services.

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

588 (b) *Involuntary inpatient placement.*—A person ordered to  
589 involuntary inpatient placement must meet the following  
590 criteria:

591 1. ~~(a)~~ The person ~~He or she~~ has a mental illness and,



592 because of his or her mental illness:

593 ~~a.1.a.~~ He or she has refused voluntary inpatient placement  
594 for treatment after sufficient and conscientious explanation and  
595 disclosure of the purpose of ~~inpatient placement for~~ treatment;  
596 or

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

599 2.a. He or she is incapable of surviving alone or with the  
600 help of willing, able, and responsible family or friends,  
601 including available alternative services, and, without  
602 treatment, is likely to suffer from neglect or refuse to care  
603 for himself or herself, and such neglect or refusal poses a real  
604 and present threat of substantial harm to his or her well-being;  
605 or

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

611 ~~3.(b)~~ All available less restrictive treatment alternatives  
612 that would offer an opportunity for improvement of the person's  
613 ~~his or her~~ condition have been deemed ~~judged~~ to be inappropriate  
614 or unavailable.

615 ~~(3)(2)~~ RECOMMENDATION FOR INVOLUNTARY SERVICES AND  
616 ADMISSION TO A TREATMENT FACILITY.—A patient may be recommended  
617 for involuntary inpatient placement, involuntary outpatient  
618 services, or a combination of both.

619 (a) A patient may be retained by the a facility that  
620 examined the patient for involuntary services until the



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621 completion of the patient's court hearing ~~or involuntarily~~  
622 ~~placed in a treatment facility~~ upon the recommendation of the  
623 administrator of the facility where the patient has been  
624 examined and after adherence to the notice and hearing  
625 procedures provided in s. 394.4599. However, if a patient who is  
626 being recommended for only involuntary outpatient services has  
627 been stabilized and no longer meets the criteria for involuntary  
628 examination pursuant to s. 394.463(1), the patient must be  
629 released from the facility while awaiting the hearing for  
630 involuntary outpatient services.

631 (b) The recommendation that the involuntary services  
632 criteria reasonably appear to have been met must be supported by  
633 the opinion of a psychiatrist and the second opinion of a  
634 clinical psychologist with at least 3 years of clinical  
635 experience, or another psychiatrist, or a psychiatric nurse  
636 practicing within the framework of an established protocol with  
637 a psychiatrist, who both of whom have personally examined the  
638 patient within the preceding 72 hours, that the criteria for  
639 involuntary inpatient placement are met. For involuntary  
640 inpatient placement, the patient must have been examined within  
641 the preceding 72 hours. For involuntary outpatient services the  
642 patient must have been examined within the preceding 30 days.

643 (c) If ~~However, if the administrator certifies that a~~  
644 psychiatrist, a or clinical psychologist with at least 3 years  
645 of clinical experience, or a psychiatric nurse practicing within  
646 the framework of an established protocol with a psychiatrist is  
647 not available to provide a the second opinion, the petitioner  
648 must certify as such and the second opinion may be provided by a  
649 licensed physician who has postgraduate training and experience



650 in diagnosis and treatment of mental illness, a clinical  
651 psychologist, or by a psychiatric nurse.

652 (d) Any opinion authorized in this subsection may be  
653 conducted through a face-to-face or in-person examination, in  
654 person, or by electronic means. Recommendations for involuntary  
655 services must be Such recommendation shall be entered on a  
656 petition for involuntary services inpatient placement  
657 certificate, which shall be made a part of the patient's  
658 clinical record. The filing of the petition that authorizes the  
659 facility to retain the patient pending transfer to a treatment  
660 facility or completion of a hearing.

661 (4) (3) PETITION FOR INVOLUNTARY SERVICES INPATIENT  
662 PLACEMENT.-

663 (a) A petition for involuntary services may be filed by:  
664 1. The administrator of a receiving the facility;  
665 2. The administrator of a treatment facility; or  
666 3. A service provider who is treating the person being  
667 petitioned.

668 (b) A shall file a petition for involuntary inpatient  
669 placement, or inpatient placement followed by outpatient  
670 services, must be filed in the court in the county where the  
671 patient is located.

672 (c) A petition for involuntary outpatient services must be  
673 filed in the county where the patient is located, unless the  
674 patient is being placed from a state treatment facility, in  
675 which case the petition must be filed in the county where the  
676 patient will reside.

677 (d) 1. The petitioner must state in the petition:  
678 a. Whether the petitioner is recommending inpatient





679 placement, outpatient services, or both.  
680 b. The length of time recommended for each type of  
681 involuntary services.  
682 c. The reasons for the recommendation.  
683 2. If recommending involuntary outpatient services, or a  
684 combination of involuntary inpatient placement and outpatient  
685 services, the petitioner must identify the service provider that  
686 has agreed to provide services for the person under an order for  
687 involuntary outpatient services, unless he or she is otherwise  
688 participating in outpatient psychiatric treatment and is not in  
689 need of public financing for that treatment, in which case the  
690 individual, if eligible, may be ordered to involuntary treatment  
691 pursuant to the existing psychiatric treatment relationship.  
692 3. When recommending an order to involuntary outpatient  
693 services, the petitioner shall prepare a written proposed  
694 services plan in consultation with the patient or the patient's  
695 guardian advocate, if appointed, for the court's consideration  
696 for inclusion in the involuntary outpatient services order that  
697 addresses the nature and extent of the mental illness and any  
698 co-occurring substance use disorder that necessitate involuntary  
699 outpatient services. The services plan must specify the likely  
700 needed level of care, including the use of medication, and  
701 anticipated discharge criteria for terminating involuntary  
702 outpatient services. The services in the plan must be deemed  
703 clinically appropriate by a physician, clinical psychologist,  
704 psychiatric nurse, mental health counselor, marriage and family  
705 therapist, or clinical social worker who consults with, or is  
706 employed or contracted by, the service provider. If the services  
707 in the proposed services plan are not available, the petitioner



708 may not file the petition. The petitioner must notify the  
709 managing entity if the requested services are not available. The  
710 managing entity must document such efforts to obtain the  
711 requested service. The service provider who accepts the patient  
712 for involuntary outpatient services is responsible for the  
713 development of a comprehensive treatment plan.

714 (e) Each required criterion for the recommended involuntary  
715 services must be alleged and substantiated in the petition. A  
716 copy of the recommended services plan, if applicable, must be  
717 attached to the petition. The court must accept petitions and  
718 other documentation with electronic signatures.

719 (f) When the petition has been filed ~~Upon filing,~~ the clerk  
720 of the court shall provide copies of the petition and the  
721 recommended services plan, if applicable, to the department, the  
722 managing entity, the patient, the patient's guardian or  
723 representative, and the state attorney, and the public defender  
724 or the patient's private counsel ~~of the judicial circuit in~~  
725 ~~which the patient is located.~~ A fee may not be charged for the  
726 filing of a petition under this subsection.

727 (5) ~~(4)~~ APPOINTMENT OF COUNSEL.—Within 1 court working day  
728 after the filing of a petition for involuntary services  
729 ~~inpatient placement,~~ the court shall appoint the public defender  
730 to represent the person who is the subject of the petition,  
731 unless the person is otherwise represented by counsel or  
732 ineligible. The clerk of the court shall immediately notify the  
733 public defender of such appointment. The public defender shall  
734 represent the person until the petition is dismissed, the court  
735 order expires, the patient is discharged from involuntary  
736 services, or the public defender is otherwise discharged by the



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737 court. Any attorney who represents ~~representing~~ the patient  
738 shall be provided ~~have~~ access to the patient, witnesses, and  
739 records relevant to the presentation of the patient's case and  
740 shall represent the interests of the patient, regardless of the  
741 source of payment to the attorney.

742 (6) ~~(5)~~ CONTINUANCE OF HEARING.—The patient and the state  
743 are independently ~~is~~ entitled, ~~with the concurrence of the~~  
744 patient's counsel, to seek a ~~at least one~~ continuance of the  
745 hearing. The patient shall be granted a request for an initial  
746 continuance for up to 7 calendar days. The patient may request  
747 additional continuances for up to 21 calendar days in total,  
748 which shall only be granted by a showing of good cause and due  
749 diligence by the patient and the patient's counsel before  
750 requesting the continuance. The state may request one  
751 continuance of up to 7 calendar days, which shall only be  
752 granted by a showing of good cause and due diligence by the  
753 state before requesting the continuance. The state's failure to  
754 timely review any readily available document or failure to  
755 attempt to contact a known witness does not warrant a  
756 continuance ~~4 weeks.~~

757 (7) ~~(6)~~ HEARING ON INVOLUNTARY SERVICES ~~INPATIENT~~  
758 ~~PLACEMENT.~~—

759 (a)1. The court shall hold a ~~the~~ hearing on the involuntary  
760 services petition ~~inpatient placement~~ within 5 court working  
761 days after the filing of the petition, unless a continuance is  
762 granted.

763 2. The court must hold any hearing on involuntary  
764 outpatient services in the county where the petition is filed. A  
765 hearing on involuntary inpatient placement, or a combination of



766 involuntary inpatient placement and involuntary outpatient  
767 services, ~~Except for good cause documented in the court file,~~  
768 ~~the hearing~~ must be held in the county or the facility, as  
769 appropriate, where the patient is located, except for good cause  
770 documented in the court file.

771 3. A hearing on involuntary services must be as convenient  
772 to the patient as is consistent with orderly procedure, and  
773 shall be conducted in physical settings not likely to be  
774 injurious to the patient's condition. If the court finds that  
775 the patient's attendance at the hearing is not consistent with  
776 the best interests of the patient, or the patient knowingly,  
777 intelligently, and voluntarily waives his or her right to be  
778 present, and if the patient's counsel does not object, the court  
779 may waive the attendance presence of the patient from all or any  
780 portion of the hearing. The state attorney for the circuit in  
781 which the patient is located shall represent the state, rather  
782 than the petitioner, as the real party in interest in the  
783 proceeding. The facility or service provider shall make the  
784 patient's clinical records available to the state attorney and  
785 the patient's attorney so that the state can evaluate and  
786 prepare its case. However, these records shall remain  
787 confidential, and the state attorney may not use any record  
788 obtained under this part for criminal investigation or  
789 prosecution purposes, or for any purpose other than the  
790 patient's civil commitment under this chapter ~~petitioning~~  
791 ~~facility administrator, as the real party in interest in the~~  
792 ~~proceeding.~~

793 (b)3- The court may appoint a magistrate to preside at the  
794 hearing. The state attorney and witnesses may remotely attend



795 and, as appropriate, testify at the hearing under oath via  
796 audio-video teleconference. A witness intending to attend  
797 remotely and testify must provide the parties with all relevant  
798 documents by the close of business on the day before the  
799 hearing. One of the professionals who executed the ~~petition for~~  
800 involuntary ~~services inpatient placement~~ certificate shall be a  
801 witness. The patient and the patient's guardian or  
802 representative shall be informed by the court of the right to an  
803 independent expert examination. If the patient cannot afford  
804 such an examination, the court shall ensure that one is  
805 provided, as otherwise provided for by law. The independent  
806 expert's report is confidential and not discoverable, unless the  
807 expert is to be called as a witness for the patient at the  
808 hearing. The court shall allow testimony from persons, including  
809 family members, deemed by the court to be relevant under state  
810 law, regarding the person's prior history and how that prior  
811 history relates to the person's current condition. The testimony  
812 in the hearing must be given under oath, and the proceedings  
813 must be recorded. The patient may refuse to testify at the  
814 hearing.

815 (c) ~~(b)~~ At the hearing, the court shall consider testimony  
816 and evidence regarding the patient's competence to consent to  
817 services and treatment. If the court finds that the patient is  
818 incompetent to consent to treatment, it must appoint a guardian  
819 advocate as provided in s. 394.4598.

820 (8) ORDERS OF THE COURT.—

821 (a)1. If the court concludes that the patient meets the  
822 criteria for involuntary services, the court may order a patient  
823 to involuntary inpatient placement, involuntary outpatient



824 services, or a combination of involuntary services depending on  
825 the criteria met and which type of involuntary services best  
826 meet the needs of the patient. However, if the court orders the  
827 patient to involuntary outpatient services, the court may not  
828 order the department or the service provider to provide services  
829 if the program or service is not available in the patient's  
830 local community, if there is no space available in the program  
831 or service for the patient, or if funding is not available for  
832 the program or service. The petitioner must notify the managing  
833 entity if the requested services are not available. The managing  
834 entity must document such efforts to obtain the requested  
835 services. A copy of the order must be sent to the managing  
836 entity by the service provider within 1 working day after it is  
837 received from the court.

838 2. The order must specify the nature and extent of the  
839 patient's mental illness and the reasons the appropriate  
840 involuntary services criteria are satisfied.

841 3. An order for only involuntary outpatient services,  
842 involuntary inpatient placement, or of a combination of  
843 involuntary services may be for a period of up to 6 months.

844 4. An order for a combination of involuntary services must  
845 specify the length of time the patient shall be ordered for  
846 involuntary inpatient placement and involuntary outpatient  
847 services.

848 5. The order of the court and the patient's services plan,  
849 if applicable, must be made part of the patient's clinical  
850 record.

851 (b) If the court orders a patient into involuntary  
852 inpatient placement, the court ~~it~~ may order that the patient be



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853 retained at a receiving facility while awaiting transfer  
854 transferred to a treatment facility, ~~or~~ if the patient is at a  
855 treatment facility, that the patient be retained there or be  
856 treated at any other appropriate facility, or that the patient  
857 receive services, ~~on an involuntary basis, for up to 90 days.~~  
858 ~~However, any order for involuntary mental health services in a~~  
859 ~~treatment facility may be for up to 6 months. The order shall~~  
860 ~~specify the nature and extent of the patient's mental illness.~~  
861 The court may not order an individual with a developmental  
862 disability as defined in s. 393.063 or a traumatic brain injury  
863 or dementia who lacks a co-occurring mental illness to be  
864 involuntarily placed in a state treatment facility. ~~The facility~~  
865 ~~shall discharge a patient any time the patient no longer meets~~  
866 ~~the criteria for involuntary inpatient placement, unless the~~  
867 ~~patient has transferred to voluntary status.~~

868 (c) If at any time before the conclusion of a ~~the~~ hearing  
869 on involuntary services, ~~inpatient placement~~ it appears to the  
870 court that the patient ~~person does not meet the criteria for~~  
871 ~~involuntary inpatient placement under this section, but instead~~  
872 meets the criteria for involuntary outpatient services, ~~the~~  
873 ~~court may order the person evaluated for involuntary outpatient~~  
874 ~~services pursuant to s. 394.4655. The petition and hearing~~  
875 ~~procedures set forth in s. 394.4655 shall apply. If the person~~  
876 ~~instead meets the criteria for involuntary assessment,~~  
877 ~~protective custody, or involuntary admission or treatment~~  
878 pursuant to s. 397.675, then the court may order the person to  
879 be admitted for involuntary assessment ~~for a period of 5 days~~  
880 pursuant to s. 397.6757 ~~s. 397.6811~~. Thereafter, all proceedings  
881 are governed by chapter 397.



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

887 (d)(e) The administrator of the petitioning facility or the  
888 designated department representative shall provide a copy of the  
889 court order and adequate documentation of a patient's mental  
890 illness to the service provider for involuntary outpatient  
891 services or the administrator of a treatment facility if the  
892 patient is ordered for involuntary inpatient placement, whether  
893 by civil or criminal court. The documentation must include any  
894 advance directives made by the patient, a psychiatric evaluation  
895 of the patient, and any evaluations of the patient performed by  
896 a psychiatric nurse, a clinical psychologist, a marriage and  
897 family therapist, a mental health counselor, or a clinical  
898 social worker. The administrator of a treatment facility may  
899 refuse admission to any patient directed to its facilities on an  
900 involuntary basis, whether by civil or criminal court order, who  
901 is not accompanied by adequate orders and documentation.

902 (e) In cases resulting in an order for involuntary  
903 outpatient services, the court shall retain jurisdiction over  
904 the case and the parties for entry of further orders as  
905 circumstances may require, including, but not limited to,  
906 monitoring compliance with treatment or ordering inpatient  
907 treatment to stabilize a person who decompensates while under  
908 court-ordered outpatient treatment and meets the commitment  
909 criteria of s. 394.467.

910 (9) SERVICES PLAN MODIFICATION.—After the order for





911 involuntary outpatient services is issued, the service provider  
912 and the patient may modify the services plan as provided by  
913 department rule.

914 (10) NONCOMPLIANCE WITH INVOLUNTARY OUTPATIENT SERVICES.-

915 (a) If, in the clinical judgment of a physician, a  
916 psychiatrist, a clinical psychologist with at least 3 years of  
917 clinical experience, or a psychiatric nurse practicing within  
918 the framework of an established protocol with a psychiatrist, a  
919 patient receiving involuntary outpatient services has failed or  
920 has refused to comply with the services plan ordered by the  
921 court, and efforts were made to solicit compliance, the service  
922 provider must report such noncompliance to the court. The  
923 involuntary outpatient services order shall remain in effect  
924 unless the service provider determines that the patient no  
925 longer meets the criteria for involuntary outpatient services or  
926 until the order expires. The service provider must determine  
927 whether modifications should be made to the existing services  
928 plan and must attempt to continue to engage the patient in  
929 treatment. For any material modification of the services plan to  
930 which the patient or the patient's guardian advocate, if  
931 applicable, agrees, the service provider shall send notice of  
932 the modification to the court. Any material modifications of the  
933 services plan which are contested by the patient or the  
934 patient's guardian advocate, if applicable, must be approved or  
935 disapproved by the court.

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



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940            ~~(11)(7)~~ PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES  
941 INPATIENT PLACEMENT.—

942            (a) A petition for continued involuntary services must be  
943 filed if the patient continues to meets the criteria for  
944 involuntary services.

945            (b)1. If a patient receiving involuntary outpatient  
946 services continues to meet the criteria for involuntary  
947 outpatient services, the service provider must file in the court  
948 that issued the initial order for involuntary outpatient  
949 services a petition for continued involuntary outpatient  
950 services.

951            2. If a patient in involuntary inpatient placement

952            ~~(a) Hearings on petitions for continued involuntary~~  
953 ~~inpatient placement of an individual placed at any treatment~~  
954 ~~facility are administrative hearings and must be conducted in~~  
955 ~~accordance with s. 120.57(1), except that any order entered by~~  
956 ~~the administrative law judge is final and subject to judicial~~  
957 ~~review in accordance with s. 120.68. Orders concerning patients~~  
958 ~~committed after successfully pleading not guilty by reason of~~  
959 ~~insanity are governed by s. 916.15.~~

960            ~~(b) If the patient continues to meet the criteria for~~  
961 ~~involuntary services inpatient placement and is being treated at~~  
962 ~~a receiving treatment facility, the administrator must ~~shall,~~~~  
963 ~~before the expiration of the period the receiving treatment~~  
964 ~~facility is authorized to retain the patient, file in the court~~  
965 ~~that issued the initial order for involuntary inpatient~~  
966 ~~placement, a petition requesting authorization for continued~~  
967 ~~involuntary services inpatient placement. The administrator may~~  
968 ~~petition for inpatient or outpatient services.~~



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969           3. If a patient in inpatient placement continues to meet  
970 the criteria for involuntary services and is being treated at a  
971 treatment facility, the administrator must, before expiration of  
972 the period the treatment facility is authorized to retain the  
973 patient, file a petition requesting authorization for continued  
974 involuntary services. The administrator may petition for  
975 inpatient or outpatient services. Hearings on petitions for  
976 continued involuntary services of an individual placed at any  
977 treatment facility are administrative hearings and must be  
978 conducted in accordance with s. 120.57(1), except that any order  
979 entered by the judge is final and subject to judicial review in  
980 accordance with s. 120.68. Orders concerning patients committed  
981 after successfully pleading not guilty by reason of insanity are  
982 governed by s. 916.15.

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

985           5. The existing involuntary services order shall remain in  
986 effect until disposition on the petition for continued  
987 involuntary services.

988           (c) The petition ~~request~~ must be accompanied by a statement  
989 from the patient's physician, psychiatrist, psychiatric nurse,  
990 or clinical psychologist justifying the request, a brief  
991 description of the patient's treatment during the time he or she  
992 was receiving involuntary services ~~involuntarily placed~~, and an  
993 individualized plan of continued treatment developed in  
994 consultation with the patient or the patient's guardian  
995 advocate, if applicable. If the petition is for involuntary  
996 outpatient services, it must comply with the requirements of  
997 subparagraph (4)(d)3. When the petition has been filed, the



998 clerk of the court shall provide copies of the petition and the  
999 individualized plan of continued services to the department, the  
1000 patient, the patient's guardian advocate, the state attorney,  
1001 and the patient's private counsel or the public defender.

1002 (d) The court shall appoint counsel to represent the person  
1003 who is the subject of the petition for continued involuntary  
1004 services in accordance to the provisions set forth in subsection  
1005 (5), unless the person is otherwise represented by counsel or  
1006 ineligible.

1007 (e) Hearings on petitions for continued involuntary  
1008 outpatient services must be before the court that issued the  
1009 order for involuntary outpatient services. However, the patient  
1010 and the patient's attorney may agree to a period of continued  
1011 outpatient services without a court hearing.

1012 (f) Hearings on petitions for continued involuntary  
1013 inpatient placement in receiving facilities, or involuntary  
1014 outpatient services following involuntary inpatient services,  
1015 must be held in the county or the facility, as appropriate,  
1016 where the patient is located.

1017 (g) The court may appoint a magistrate to preside at the  
1018 hearing. The procedures for obtaining an order pursuant to this  
1019 paragraph must meet the requirements of subsection (7).

1020 (h) Notice of the hearing must be provided as set forth  
1021 provided in s. 394.4599.

1022 (i) If a patient's attendance at the hearing is voluntarily  
1023 waived, the ~~administrative law~~ judge must determine that the  
1024 patient knowingly, intelligently, and voluntarily waived his or  
1025 her right to be present, ~~waiver is knowing and voluntary~~ before  
1026 waiving the presence of the patient from all or a portion of the



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1027 hearing. Alternatively, if at the hearing the ~~administrative law~~  
1028 judge finds that attendance at the hearing is not consistent  
1029 with the best interests of the patient, the ~~administrative law~~  
1030 judge may waive the presence of the patient from all or any  
1031 portion of the hearing, unless the patient, through counsel,  
1032 objects to the waiver of presence. The testimony in the hearing  
1033 must be under oath, and the proceedings must be recorded.

1034 ~~(e) Unless the patient is otherwise represented or is~~  
1035 ~~ineligible, he or she shall be represented at the hearing on the~~  
1036 ~~petition for continued involuntary inpatient placement by the~~  
1037 ~~public defender of the circuit in which the facility is located.~~

1038 (j) ~~(d)~~ If at a hearing it is shown that the patient  
1039 continues to meet the criteria for involuntary services  
1040 inpatient placement, the court ~~administrative law judge~~ shall  
1041 issue an sign the order for continued involuntary outpatient  
1042 services, inpatient placement for up to 90 days. However, any  
1043 order for involuntary inpatient placement, or mental health  
1044 services in a combination of involuntary services treatment  
1045 facility may be for up to 6 months. The same procedure shall be  
1046 repeated before the expiration of each additional period the  
1047 patient is retained.

1048 (k) If the patient has been ordered to undergo involuntary  
1049 services and has previously been found incompetent to consent to  
1050 treatment, the court shall consider testimony and evidence  
1051 regarding the patient's competence. If the patient's competency  
1052 to consent to treatment is restored, the discharge of the  
1053 guardian advocate is governed by s. 394.4598. If the patient has  
1054 been ordered to undergo involuntary inpatient placement only and  
1055 the patient's competency to consent to treatment is restored,



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1056 the administrative law judge may issue a recommended order, to  
1057 the court that found the patient incompetent to consent to  
1058 treatment, that the patient's competence be restored and that  
1059 any guardian advocate previously appointed be discharged.

1060 (1) ~~(e)~~ If continued involuntary inpatient placement is  
1061 necessary for a patient in involuntary inpatient placement who  
1062 was admitted while serving a criminal sentence, but his or her  
1063 sentence is about to expire, or for a minor involuntarily  
1064 placed, but who is about to reach the age of 18, the  
1065 administrator shall petition the administrative law judge for an  
1066 order authorizing continued involuntary inpatient placement.  
1067 The procedure required in this subsection must be followed  
1068 before the expiration of each additional period the patient is  
1069 involuntarily receiving services.

1070 (12) ~~(8)~~ RETURN TO FACILITY.—If a patient has been ordered  
1071 to undergo involuntary inpatient placement involuntarily held at  
1072 a receiving or treatment facility under this part and leaves the  
1073 facility without the administrator's authorization, the  
1074 administrator may authorize a search for the patient and his or  
1075 her return to the facility. The administrator may request the  
1076 assistance of a law enforcement agency in this regard.

1077 (13) DISCHARGE.—The patient shall be discharged upon  
1078 expiration of the court order or at any time the patient no  
1079 longer meets the criteria for involuntary services, unless the  
1080 patient has transferred to voluntary status. Upon discharge, the  
1081 service provider or facility shall send a certificate of  
1082 discharge to the court.

1083 Section 12. Subsection (2) of section 394.468, Florida  
1084 Statutes, is amended, and subsection (3) is added to that



1085 section, to read:  
1086 394.468 Admission and discharge procedures.—  
1087 (2) Discharge planning and procedures for any patient's  
1088 release from a receiving facility or treatment facility must  
1089 include and document the patient's needs, and actions to address  
1090 such needs, for ~~consideration of~~, at a minimum:  
1091 (a) Follow-up behavioral health appointments;  
1092 (b) Information on how to obtain prescribed medications;  
1093 and  
1094 (c) Information pertaining to:  
1095 1. Available living arrangements;  
1096 2. Transportation; and  
1097 (d) Referral to:  
1098 1. Care coordination services. The patient must be referred  
1099 for care coordination services if the patient meets the criteria  
1100 as a member of a priority population as determined by the  
1101 department under s. 394.9082(3)(c) and is in need of such  
1102 services.  
1103 ~~2.3.~~ Recovery support opportunities under s.  
1104 394.4573(2)(1), including, but not limited to, connection to a  
1105 peer specialist.  
1106 (3) During the discharge transition process and while the  
1107 patient is present unless determined inappropriate by a  
1108 physician or psychiatric nurse practicing within the framework  
1109 of an established protocol with a psychiatrist a receiving  
1110 facility shall coordinate, face-to-face or through electronic  
1111 means, discharge plans to a less restrictive community  
1112 behavioral health provider, a peer specialist, a case manager,  
1113 or a care coordination service. The transition process must, at



1114 a minimum, include all of the following criteria:

1115 (a) Implementation of policies and procedures outlining  
1116 strategies for how the receiving facility will comprehensively  
1117 address the needs of patients who demonstrate a high use of  
1118 receiving facility services to avoid or reduce future use of  
1119 crisis stabilization services. For any such patient, policies  
1120 and procedures must include, at a minimum, a review of the  
1121 effectiveness of previous discharge plans created by the  
1122 facility for the patient, and the new discharge plan must  
1123 address problems experienced with implementation of previous  
1124 discharge plans.

1125 (b) Developing and including in discharge paperwork a  
1126 personalized crisis prevention plan that identifies stressors,  
1127 early warning signs or symptoms, and strategies to deal with  
1128 crisis.

1129 (c) Requiring a staff member to seek to engage a family  
1130 member, legal guardian, legal representative, or natural support  
1131 in discharge planning and meet face to face or through  
1132 electronic means to review the discharge instructions, including  
1133 prescribed medications, follow-up appointments, and any other  
1134 recommended services or follow-up resources, and document the  
1135 outcome of such meeting.

1136 (d) When the recommended level of care at discharge is not  
1137 immediately available to the patient, the receiving facility  
1138 must, at a minimum, initiate a referral to an appropriate  
1139 provider to meet the needs of the patient to continue care until  
1140 the recommended level of care is available.

1141 Section 13. Section 394.4915, Florida Statutes, is created  
1142 to read:





1143 394.4915 Office of Children's Behavioral Health Ombudsman.—

1144 The Office of Children's Behavioral Health Ombudsman is  
1145 established within the department for the purpose of being a  
1146 central point to receive complaints on behalf of children and  
1147 adolescents with behavioral health disorders receiving state-  
1148 funded services and use such information to improve the child  
1149 and adolescent mental health treatment and support system. The  
1150 department and managing entities shall include information about  
1151 and contact information for the office placed prominently on  
1152 their websites on easily accessible web pages related to  
1153 children and adolescent behavioral health services. To the  
1154 extent permitted by available resources, the office shall, at a  
1155 minimum:

1156 (1) Receive and direct to the appropriate contact within  
1157 the department, the Agency for Health Care Administration, or  
1158 the appropriate organizations providing behavioral health  
1159 services complaints from children and adolescents and their  
1160 families about the child and adolescent mental health treatment  
1161 and support system.

1162 (2) Maintain records of complaints received and the actions  
1163 taken.

1164 (3) Be a resource to identify and explain relevant policies  
1165 or procedures to children, adolescents, and their families about  
1166 the child and adolescent mental health treatment and support  
1167 system.

1168 (4) Provide recommendations to the department to address  
1169 systemic problems within the child and adolescent mental health  
1170 treatment and support system that are leading to complaints. The  
1171 department shall include an analysis of complaints and



1172 recommendations in the report required under s. 394.4573.  
1173 (5) Engage in functions that may improve the child and  
1174 adolescent mental health treatment and support system.  
1175 Section 14. Subsection (3) of section 394.495, Florida  
1176 Statutes, is amended to read:  
1177 394.495 Child and adolescent mental health system of care;  
1178 programs and services.—  
1179 (3) Assessments must be performed by:  
1180 (a) A clinical psychologist, clinical social worker,  
1181 physician, psychiatric nurse, or psychiatrist, as those terms  
1182 are defined in s. 394.455 ~~professional as defined in s.~~  
1183 ~~394.455(5), (7), (33), (36), or (37);~~  
1184 (b) A professional licensed under chapter 491; or  
1185 (c) A person who is under the direct supervision of a  
1186 clinical psychologist, clinical social worker, physician,  
1187 psychiatric nurse, or psychiatrist, as those terms are defined  
1188 in s. 394.455, ~~qualified professional as defined in s.~~  
1189 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed  
1190 under chapter 491.  
1191 Section 15. Subsection (5) of section 394.496, Florida  
1192 Statutes, is amended to read:  
1193 394.496 Service planning.—  
1194 (5) A clinical psychologist, clinical social worker,  
1195 physician, psychiatric nurse, or psychiatrist, as those terms  
1196 are defined in s. 394.455, ~~professional as defined in s.~~  
1197 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed  
1198 under chapter 491 must be included among those persons  
1199 developing the services plan.  
1200 Section 16. Paragraph (a) of subsection (2) of section



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1201 394.499, Florida Statutes, is amended to read:

1202 394.499 Integrated children's crisis stabilization  
1203 unit/juvenile addictions receiving facility services.-

1204 (2) Children eligible to receive integrated children's  
1205 crisis stabilization unit/juvenile addictions receiving facility  
1206 services include:

1207 (a) A minor whose parent makes person under 18 years of age  
1208 for whom voluntary application based on the parent's express and  
1209 informed consent, and the requirements of s. 394.4625(1)(a) are  
1210 met is made by his or her guardian, if such person is found to  
1211 show evidence of mental illness and to be suitable for treatment  
1212 pursuant to s. 394.4625. A person under 18 years of age may be  
1213 admitted for integrated facility services only after a hearing  
1214 to verify that the consent to admission is voluntary.

1215 Section 17. Paragraphs (a) and (d) of subsection (1) of  
1216 section 394.875, Florida Statutes, are amended to read:

1217 394.875 Crisis stabilization units, residential treatment  
1218 facilities, and residential treatment centers for children and  
1219 adolescents; authorized services; license required.-

1220 (1)(a) The purpose of a crisis stabilization unit is to  
1221 stabilize and redirect a client to the most appropriate and  
1222 least restrictive community setting available, consistent with  
1223 the client's needs. Crisis stabilization units may screen,  
1224 assess, and admit for stabilization persons who present  
1225 themselves to the unit and persons who are brought to the unit  
1226 under s. 394.463. Clients may be provided 24-hour observation,  
1227 medication prescribed by a physician, ~~or~~ psychiatrist, or  
1228 psychiatric nurse practicing within the framework of an  
1229 established protocol with a psychiatrist, and other appropriate



1230 services. Crisis stabilization units shall provide services  
1231 regardless of the client's ability to pay and shall be limited  
1232 in size to a maximum of 30 beds.

1233 ~~(d) The department is directed to implement a demonstration~~  
1234 ~~project in circuit 18 to test the impact of expanding beds~~  
1235 ~~authorized in crisis stabilization units from 30 to 50 beds.~~  
1236 ~~Specifically, the department is directed to authorize existing~~  
1237 ~~public or private crisis stabilization units in circuit 18 to~~  
1238 ~~expand bed capacity to a maximum of 50 beds and to assess the~~  
1239 ~~impact such expansion would have on the availability of crisis~~  
1240 ~~stabilization services to clients.~~

1241 Section 18. Section 394.90826, Florida Statutes, is created  
1242 to read:

1243 394.90826 Behavioral Health Interagency Collaboration.-

1244 (1) The department and the Agency for Health Care  
1245 Administration shall jointly establish behavioral health  
1246 interagency collaboratives throughout the state with the goal of  
1247 identifying and addressing ongoing challenges within the  
1248 behavioral health system at the local level to improve the  
1249 accessibility, availability, and quality of behavioral health  
1250 services. The objectives of the regional collaboratives are to:

1251 (a) Facilitate enhanced interagency communication and  
1252 collaboration.

1253 (b) Develop and promote regional strategies tailored to  
1254 address community-level challenges in the behavioral health  
1255 system.

1256 (2) The regional collaborative membership shall at a  
1257 minimum be composed of representatives from all of the  
1258 following, serving the region:



- 1259        (a) Department of Children and Families.  
1260        (b) Agency for Health Care Administration.  
1261        (c) Agency for Persons with Disabilities.  
1262        (d) Department of Elder Affairs.  
1263        (e) Department of Health.  
1264        (f) Department of Education.  
1265        (g) School districts.  
1266        (h) Area agencies on aging.  
1267        (i) Community-based care lead agencies, as defined in s.  
1268 409.986(3) (d).  
1269        (j) Managing entities, as defined in s. 394.9082(2).  
1270        (k) Behavioral health services providers.  
1271        (l) Hospitals.  
1272        (m) Medicaid Managed Medical Assistance Plans.  
1273        (n) Police departments.  
1274        (o) Sheriffs' offices.  
1275        (3) Each regional collaborative shall define the objectives  
1276 of that collaborative based upon the specific needs of the  
1277 region and local communities located within the region, to  
1278 achieve the specified goals.  
1279        (4) The department shall define the region to be served by  
1280 each collaborative and shall be responsible for facilitating  
1281 meetings.  
1282        (5) All entities represented on the regional collaboratives  
1283 shall provide assistance as appropriate and reasonably necessary  
1284 to fulfill the goals of the regional collaboratives.  
1285        Section 19. Subsection (6) of section 394.9085, Florida  
1286 Statutes, is amended to read:  
1287        394.9085 Behavioral provider liability.—



1288 (6) For purposes of this section, the terms "detoxification  
1289 ~~services,~~" "addictions receiving facility," and "receiving  
1290 facility" have the same meanings as those provided in ss.  
1291 397.311(26)(a)4. ~~397.311(26)(a)3.,~~ 397.311(26)(a)1., and  
1292 394.455(40), respectively.

1293 Section 20. Subsection (3) of section 397.305, Florida  
1294 Statutes, is amended to read:

1295 397.305 Legislative findings, intent, and purpose.—

1296 (3) It is the purpose of this chapter to provide for a  
1297 comprehensive continuum of accessible and quality substance  
1298 abuse prevention, intervention, clinical treatment, and recovery  
1299 support services in the most appropriate and least restrictive  
1300 environment which promotes long-term recovery while protecting  
1301 and respecting the rights of individuals, primarily through  
1302 community-based private not-for-profit providers working with  
1303 local governmental programs involving a wide range of agencies  
1304 from both the public and private sectors.

1305 Section 21. Subsections (19) and (23) of section 397.311,  
1306 Florida Statutes, are amended to read:

1307 397.311 Definitions.—As used in this chapter, except part  
1308 VIII, the term:

1309 (19) "Impaired" or "substance abuse impaired" means having  
1310 a substance use disorder or a condition involving the use of  
1311 alcoholic beverages, illicit or prescription drugs, or any  
1312 psychoactive or mood-altering substance in such a manner as to  
1313 induce mental, emotional, or physical problems or ~~and~~ cause  
1314 socially dysfunctional behavior.

1315 (23) "Involuntary treatment services" means an array of  
1316 behavioral health services that may be ordered by the court for



1317 persons with substance abuse impairment or co-occurring  
1318 substance abuse impairment and mental health disorders.

1319 Section 22. Subsection (6) is added to section 397.401,  
1320 Florida Statutes, to read:

1321 397.401 License required; penalty; injunction; rules  
1322 waivers.—

1323 (6) A service provider operating an addictions receiving  
1324 facility or providing detoxification on a nonhospital inpatient  
1325 basis may not exceed its licensed capacity by more than 10  
1326 percent and may not exceed their licensed capacity for more than  
1327 3 consecutive working days or for more than 7 days in 1 month.

1328 Section 23. Paragraph (i) is added to subsection (1) of  
1329 section 397.4073, Florida Statutes, to read:

1330 397.4073 Background checks of service provider personnel.—

1331 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND  
1332 EXCEPTIONS.—

1333 (i) Any physician licensed under chapter 458 or chapter 459  
1334 or a nurse licensed under chapter 464 who was required to  
1335 undergo background screening by the Department of Health as part  
1336 of his or her initial licensure or the renewal of licensure, and  
1337 who has an active and unencumbered license, is not subject to  
1338 background screening pursuant to this section.

1339 Section 24. Subsection (8) of section 397.501, Florida  
1340 Statutes, is amended to read:

1341 397.501 Rights of individuals.—Individuals receiving  
1342 substance abuse services from any service provider are  
1343 guaranteed protection of the rights specified in this section,  
1344 unless otherwise expressly provided, and service providers must  
1345 ensure the protection of such rights.



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1346 (8) RIGHT TO COUNSEL.—Each individual must be informed that  
1347 he or she has the right to be represented by counsel in any  
1348 judicial involuntary proceeding for involuntary assessment,  
1349 stabilization, ~~or~~ treatment services and that he or she, or if  
1350 the individual is a minor his or her parent, legal guardian, or  
1351 legal custodian, may apply immediately to the court to have an  
1352 attorney appointed if he or she cannot afford one.

1353 Section 25. Section 397.581, Florida Statutes, is amended  
1354 to read:

1355 397.581 Unlawful activities relating to assessment and  
1356 treatment; penalties.—

1357 (1) A person may not knowingly and willfully:

1358 (a) Furnish ~~furnishing~~ false information for the purpose of  
1359 obtaining emergency or other involuntary admission of another  
1360 person ~~for any person is a misdemeanor of the first degree,~~  
1361 ~~punishable as provided in s. 775.082 and by a fine not exceeding~~  
1362 ~~\$5,000.~~

1363 (b) ~~(2)~~ Cause or otherwise secure, or conspire with or  
1364 assist another to cause or secure ~~Causing or otherwise securing,~~  
1365 ~~or conspiring with or assisting another to cause or secure,~~  
1366 ~~without reason for believing a person to be impaired, any~~  
1367 emergency or other involuntary procedure of another ~~for the~~  
1368 person under false pretenses ~~is a misdemeanor of the first~~  
1369 ~~degree, punishable as provided in s. 775.082 and by a fine not~~  
1370 ~~exceeding \$5,000.~~

1371 (c) ~~(3)~~ Cause, or conspire with or assist another to cause,  
1372 without lawful justification ~~Causing, or conspiring with or~~  
1373 ~~assisting another to cause,~~ the denial to any person of any  
1374 right accorded pursuant to this chapter.





1375           (2) A person who violates subsection (1) commits ~~is~~ a  
1376 misdemeanor of the first degree, punishable as provided in s.  
1377 775.082 and by a fine not exceeding \$5,000.

1378           Section 26. Section 397.675, Florida Statutes, is amended  
1379 to read:

1380           397.675 Criteria for involuntary admissions, including  
1381 protective custody, emergency admission, and other involuntary  
1382 assessment, involuntary treatment, and alternative involuntary  
1383 assessment for minors, for purposes of assessment and  
1384 stabilization, and for involuntary treatment.—A person meets the  
1385 criteria for involuntary admission if there is good faith reason  
1386 to believe that the person is substance abuse impaired or has a  
1387 substance use disorder and a co-occurring mental health disorder  
1388 and, because of such impairment or disorder:

1389           (1) Has lost the power of self-control with respect to  
1390 substance abuse; and

1391           (2) (a) Is in need of substance abuse services and, by  
1392 reason of substance abuse impairment, his or her judgment has  
1393 been so impaired that he or she is incapable of appreciating his  
1394 or her need for such services and of making a rational decision  
1395 in that regard, although mere refusal to receive such services  
1396 does not constitute evidence of lack of judgment with respect to  
1397 his or her need for such services; or

1398           (b) Without care or treatment, is likely to suffer from  
1399 neglect or refuse to care for himself or herself; that such  
1400 neglect or refusal poses a real and present threat of  
1401 substantial harm to his or her well-being; and that it is not  
1402 apparent that such harm may be avoided through the help of  
1403 willing, able, and responsible family members or friends or the



1404 provision of other services, or there is substantial likelihood  
1405 that the person has inflicted, or threatened to or attempted to  
1406 inflict, or, unless admitted, is likely to inflict, physical  
1407 harm on himself, herself, or another.

1408 Section 27. Subsection (1) of section 397.6751, Florida  
1409 Statutes, is amended to read:

1410 397.6751 Service provider responsibilities regarding  
1411 involuntary admissions.—

1412 (1) It is the responsibility of the service provider to:

1413 (a) Ensure that a person who is admitted to a licensed  
1414 service component meets the admission criteria specified in s.  
1415 397.675;

1416 (b) Ascertain whether the medical and behavioral conditions  
1417 of the person, as presented, are beyond the safe management  
1418 capabilities of the service provider;

1419 (c) Provide for the admission of the person to the service  
1420 component that represents the most appropriate and least  
1421 restrictive available setting that is responsive to the person's  
1422 treatment needs;

1423 (d) Verify that the admission of the person to the service  
1424 component does not result in a census in excess of its licensed  
1425 service capacity;

1426 (e) Determine whether the cost of services is within the  
1427 financial means of the person or those who are financially  
1428 responsible for the person's care; and

1429 (f) Take all necessary measures to ensure that each  
1430 individual in treatment is provided with a safe environment, and  
1431 to ensure that each individual whose medical condition or  
1432 behavioral problem becomes such that he or she cannot be safely



1433 managed by the service component is discharged and referred to a  
1434 more appropriate setting for care.

1435 Section 28. Section 397.681, Florida Statutes, is amended  
1436 to read:

1437 397.681 Involuntary petitions; general provisions; court  
1438 jurisdiction and right to counsel.—

1439 (1) JURISDICTION.—The courts have jurisdiction of  
1440 ~~involuntary assessment and stabilization petitions and~~  
1441 involuntary treatment petitions for substance abuse impaired  
1442 persons, and such petitions must be filed with the clerk of the  
1443 court in the county where the person is located. The clerk of  
1444 the court may not charge a fee for the filing of a petition  
1445 under this section. The chief judge may appoint a general or  
1446 special magistrate to preside over all or part of the  
1447 proceedings. The alleged impaired person is named as the  
1448 respondent.

1449 (2) RIGHT TO COUNSEL.—A respondent has the right to counsel  
1450 at every stage of a judicial proceeding relating to a petition  
1451 for his or her ~~involuntary assessment and a petition for his or~~  
1452 ~~her~~ involuntary treatment for substance abuse impairment;  
1453 however, the respondent may waive that right if the respondent  
1454 is present and the court finds that such waiver is made  
1455 knowingly, intelligently, and voluntarily. A respondent who  
1456 desires counsel and is unable to afford private counsel has the  
1457 right to court-appointed counsel and to the benefits of s.  
1458 57.081. If the court believes that the respondent needs or  
1459 desires the assistance of counsel, the court shall appoint such  
1460 counsel for the respondent without regard to the respondent's  
1461 wishes. If the respondent is a minor not otherwise represented



1462 in the proceeding, the court shall immediately appoint a  
1463 guardian ad litem to act on the minor's behalf.

1464 Section 29. Section 397.693, Florida Statutes, is  
1465 renumbered as section 397.68111, Florida Statutes, and amended  
1466 to read:

1467 397.68111 ~~397.693~~ Involuntary treatment.—A person may be  
1468 the subject of a petition for court-ordered involuntary  
1469 treatment pursuant to this part, if that person:

1470 (1) Reasonably appears to meet ~~meets~~ the criteria for  
1471 involuntary admission provided in s. 397.675; ~~and:~~

1472 (2) ~~(1)~~ Has been placed under protective custody pursuant to  
1473 s. 397.677 within the previous 10 days;

1474 (3) ~~(2)~~ Has been subject to an emergency admission pursuant  
1475 to s. 397.679 within the previous 10 days; or

1476 (4) ~~(3)~~ Has been assessed by a qualified professional within  
1477 30 ~~5~~ days;

1478 ~~(4) Has been subject to involuntary assessment and~~  
1479 ~~stabilization pursuant to s. 397.6818 within the previous 12~~  
1480 ~~days; or~~

1481 ~~(5) Has been subject to alternative involuntary admission~~  
1482 ~~pursuant to s. 397.6822 within the previous 12 days.~~

1483 Section 30. Section 397.695, Florida Statutes, is  
1484 renumbered as section 397.68112, Florida Statutes, and amended  
1485 to read:

1486 397.68112 ~~397.695~~ Involuntary services; persons who may  
1487 petition.—

1488 (1) If the respondent is an adult, a petition for  
1489 involuntary treatment services may be filed by the respondent's  
1490 spouse or legal guardian, any relative, a service provider, or



1491 an adult who has direct personal knowledge of the respondent's  
1492 substance abuse impairment and his or her prior course of  
1493 assessment and treatment.

1494 (2) If the respondent is a minor, a petition for  
1495 involuntary treatment services may be filed by a parent, legal  
1496 guardian, or service provider.

1497 (3) The court may prohibit, or a law enforcement agency may  
1498 waive, any service of process fees if a petitioner is determined  
1499 to be indigent.

1500 Section 31. Section 397.6951, Florida Statutes, is  
1501 renumbered as section 397.68141, Florida Statutes, and amended  
1502 to read:

1503 397.68141 ~~397.6951~~ Contents of petition for involuntary  
1504 treatment services.—A petition for involuntary services must  
1505 contain the name of the respondent; the name of the petitioner  
1506 ~~or petitioners~~; the relationship between the respondent and the  
1507 petitioner; the name of the respondent's attorney, if known; ~~the~~  
1508 ~~findings and recommendations of the assessment performed by the~~  
1509 ~~qualified professional~~; and the factual allegations presented by  
1510 the petitioner establishing the need for involuntary ~~outpatient~~  
1511 services for substance abuse impairment. The factual allegations  
1512 must demonstrate:

1513 (1) The reason for the petitioner's belief that the  
1514 respondent is substance abuse impaired;

1515 (2) The reason for the petitioner's belief that because of  
1516 such impairment the respondent has lost the power of self-  
1517 control with respect to substance abuse; and

1518 (3) (a) The reason the petitioner believes that the  
1519 respondent has inflicted or is likely to inflict physical harm



1520 on himself or herself or others unless the court orders the  
1521 involuntary services; or

1522 (b) The reason the petitioner believes that the  
1523 respondent's refusal to voluntarily receive care is based on  
1524 judgment so impaired by reason of substance abuse that the  
1525 respondent is incapable of appreciating his or her need for care  
1526 and of making a rational decision regarding that need for care.

1527 (4) The petition may be accompanied by a certificate or  
1528 report of a qualified professional who examined the respondent  
1529 within 30 days before the petition was filed. The certificate or  
1530 report must include the qualified professional's findings  
1531 relating to his or her assessment of the patient and his or her  
1532 treatment recommendations. If the respondent was not assessed  
1533 before the filing of a treatment petition or refused to submit  
1534 to an evaluation, the lack of assessment or refusal must be  
1535 noted in the petition.

1536 (5) If there is an emergency, the petition must also  
1537 describe the respondent's exigent circumstances and include a  
1538 request for an ex parte assessment and stabilization order that  
1539 must be executed pursuant to s. 397.68151.

1540 Section 32. Section 397.6955, Florida Statutes, is  
1541 renumbered as section 397.68151, Florida Statutes, and amended  
1542 to read:

1543 397.68151 ~~397.6955~~ Duties of court upon filing of petition  
1544 for involuntary services.-

1545 (1) Upon the filing of a petition for involuntary services  
1546 for a substance abuse impaired person with the clerk of the  
1547 court, the court shall immediately determine whether the  
1548 respondent is represented by an attorney or whether the



1549 appointment of counsel for the respondent is appropriate. If the  
1550 court appoints counsel for the person, the clerk of the court  
1551 shall immediately notify the office of criminal conflict and  
1552 civil regional counsel, created pursuant to s. 27.511, of the  
1553 appointment. The office of criminal conflict and civil regional  
1554 counsel shall represent the person until the petition is  
1555 dismissed, the court order expires, ~~or~~ the person is discharged  
1556 from involuntary treatment services, or the office is otherwise  
1557 discharged by the court. An attorney that represents the person  
1558 named in the petition shall have access to the person,  
1559 witnesses, and records relevant to the presentation of the  
1560 person's case and shall represent the interests of the person,  
1561 regardless of the source of payment to the attorney.

1562 (2) The court shall schedule a hearing to be held on the  
1563 petition within 10 court working ~~5~~ days unless a continuance is  
1564 granted. The court may appoint a magistrate to preside at the  
1565 hearing.

1566 (3) A copy of the petition and notice of the hearing must  
1567 be provided to the respondent; the respondent's parent,  
1568 guardian, or legal custodian, in the case of a minor; the  
1569 respondent's attorney, if known; the petitioner; the  
1570 respondent's spouse or guardian, if applicable; and such other  
1571 persons as the court may direct. If the respondent is a minor, a  
1572 copy of the petition and notice of the hearing must be  
1573 personally delivered to the respondent. The clerk ~~court~~ shall  
1574 also issue a summons to the person whose admission is sought and  
1575 unless a circuit court's chief judge authorizes disinterested  
1576 private process servers to serve parties under this chapter, a  
1577 law enforcement agency must effect such service on the person



1578 whose admission is sought for the initial treatment hearing.  
1579 Section 33. Section 397.6818, Florida Statutes, is amended  
1580 to read:  
1581 397.6818 Court determination.—  
1582 (1) When the petitioner asserts that emergency  
1583 circumstances exist, or when upon review of the petition the  
1584 court determines that an emergency exists, the court may rely  
1585 solely on the contents of the petition and, without the  
1586 appointment of an attorney, enter an ex parte order for the  
1587 respondent's involuntary assessment and stabilization which must  
1588 be executed during the period when the hearing on the petition  
1589 for treatment is pending.  
1590 (2) The court may further order a law enforcement officer  
1591 or another designated agent of the court to:  
1592 (a) Take the respondent into custody and deliver him or her  
1593 for evaluation to either the nearest appropriate licensed  
1594 service provider or a licensed service provider designated by  
1595 the court.  
1596 (b) Serve the respondent with the notice of hearing and a  
1597 copy of the petition.  
1598 (3) The service provider may not hold the respondent for  
1599 longer than 72 hours of observation, unless:  
1600 (a) The service provider seeks additional time under s.  
1601 397.6957(1)(c) and the court, after a hearing, grants that  
1602 motion;  
1603 (b) The respondent shows signs of withdrawal, or a need to  
1604 be either detoxified or treated for a medical condition, which  
1605 shall extend the amount of time the respondent may be held for  
1606 observation until the issue is resolved but no later than the





1607 scheduled hearing date, absent a court-approved extension; or  
1608 (c) The original or extended observation period ends on a  
1609 weekend or holiday, including the hours before the ordinary  
1610 business hours of the following workday morning, in which case  
1611 the provider may hold the respondent until the next court  
1612 working day.

1613 (4) If the ex parte order was not executed by the initial  
1614 hearing date, it is deemed void. However, if the respondent does  
1615 not appear at the hearing for any reason, including lack of  
1616 service, and upon reviewing the petition, testimony, and  
1617 evidence presented, the court reasonably believes the respondent  
1618 meets this chapter's commitment criteria and that a substance  
1619 abuse emergency exists, the court may issue or reissue an ex  
1620 parte assessment and stabilization order that is valid for 90  
1621 days. If the respondent's location is known at the time of the  
1622 hearing, the court:

1623 (a) Must continue the case for no more than 10 court  
1624 working days; and

1625 (b) May order a law enforcement officer or another  
1626 designated agent of the court to:

1627 1. Take the respondent into custody and deliver him or her  
1628 for evaluation to either the nearest appropriate licensed  
1629 service provider or a licensed service provider designated by  
1630 the court; and

1631 2. If a hearing date is set, serve the respondent with  
1632 notice of the rescheduled hearing and a copy of the involuntary  
1633 treatment petition if the respondent has not already been  
1634 served.

1635



1636 ~~Otherwise, the petitioner must inform the court that the~~  
1637 ~~respondent has been assessed so that the court may schedule a~~  
1638 ~~hearing as soon as is practicable. However, if the respondent~~  
1639 ~~has not been assessed within 90 days, the court must dismiss the~~  
1640 ~~case. At the hearing initiated in accordance with s.~~  
1641 ~~397.6811(1), the court shall hear all relevant testimony. The~~  
1642 ~~respondent must be present unless the court has reason to~~  
1643 ~~believe that his or her presence is likely to be injurious to~~  
1644 ~~him or her, in which event the court shall appoint a guardian~~  
1645 ~~advocate to represent the respondent. The respondent has the~~  
1646 ~~right to examination by a court-appointed qualified~~  
1647 ~~professional. After hearing all the evidence, the court shall~~  
1648 ~~determine whether there is a reasonable basis to believe the~~  
1649 ~~respondent meets the involuntary admission criteria of s.~~  
1650 ~~397.675.~~

1651 ~~(1) Based on its determination, the court shall either~~  
1652 ~~dismiss the petition or immediately enter an order authorizing~~  
1653 ~~the involuntary assessment and stabilization of the respondent;~~  
1654 ~~or, if in the course of the hearing the court has reason to~~  
1655 ~~believe that the respondent, due to mental illness other than or~~  
1656 ~~in addition to substance abuse impairment, is likely to injure~~  
1657 ~~himself or herself or another if allowed to remain at liberty,~~  
1658 ~~the court may initiate involuntary proceedings under the~~  
1659 ~~provisions of part I of chapter 394.~~

1660 ~~(2) If the court enters an order authorizing involuntary~~  
1661 ~~assessment and stabilization, the order shall include the~~  
1662 ~~court's findings with respect to the availability and~~  
1663 ~~appropriateness of the least restrictive alternatives and the~~  
1664 ~~need for the appointment of an attorney to represent the~~



1665 ~~respondent, and may designate the specific licensed service~~  
1666 ~~provider to perform the involuntary assessment and stabilization~~  
1667 ~~of the respondent. The respondent may choose the licensed~~  
1668 ~~service provider to deliver the involuntary assessment where~~  
1669 ~~possible and appropriate.~~

1670 ~~(3) If the court finds it necessary, it may order the~~  
1671 ~~sheriff to take the respondent into custody and deliver him or~~  
1672 ~~her to the licensed service provider specified in the court~~  
1673 ~~order or, if none is specified, to the nearest appropriate~~  
1674 ~~licensed service provider for involuntary assessment.~~

1675 ~~(4) The order is valid only for the period specified in the~~  
1676 ~~order or, if a period is not specified, for 7 days after the~~  
1677 ~~order is signed.~~

1678 Section 34. Section 397.6957, Florida Statutes, is amended  
1679 to read:

1680 397.6957 Hearing on petition for involuntary treatment  
1681 services.—

1682 (1) (a) The respondent must be present at a hearing on a  
1683 petition for involuntary treatment services, unless the court  
1684 finds that he or she knowingly, intelligently, and voluntarily  
1685 waives his or her right to be present or, upon receiving proof  
1686 of service and evaluating the circumstances of the case, that  
1687 his or her presence is inconsistent with his or her best  
1688 interests or is likely to be injurious to self or others. The  
1689 court shall hear and review all relevant evidence, including  
1690 testimony from individuals such as family members familiar with  
1691 the respondent's prior history and how it relates to his or her  
1692 current condition, and the review of results of the assessment  
1693 completed by the qualified professional in connection with this



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1694 chapter. The court may also order drug tests. Witnesses may  
1695 remotely attend and, as appropriate, testify

1696

1697 ===== T I T L E   A M E N D M E N T =====

1698 And the title is amended as follows:

1699       Delete line 89

1700 and insert:

1701       hearing in certain circumstances through specified

1702       means; providing