

1                                   A bill to be entitled  
2           An act relating to mental health and substance abuse;  
3           amending s. 394.455, F.S.; defining the term "licensed  
4           medical practitioner"; conforming a provision to  
5           changes made by the act; amending s. 394.4572, F.S.;  
6           providing an exception to background screening  
7           requirements for certain licensed physicians and  
8           nurses; amending s. 394.459, F.S.; specifying a  
9           timeframe for recording restrictions in a patient's  
10          clinical file; requiring that such recorded  
11          restriction be immediately served on certain parties;  
12          conforming a provision to changes made by the act;  
13          amending s. 394.4598, F.S.; conforming a provision to  
14          changes made by the act; amending s. 394.4599, F.S.;  
15          revising written notice requirements relating to  
16          filing petitions for involuntary services; amending s.  
17          394.461, F.S.; authorizing the state to establish that  
18          a transfer evaluation was performed by providing the  
19          court with a copy of the evaluation before the close  
20          of the state's case-in-chief; prohibiting the court  
21          from considering substantive information in the  
22          transfer evaluation; providing an exception; revising  
23          reporting requirements; amending ss. 394.4615 and  
24          394.462, F.S.; conforming provisions to changes made  
25          by the act; amending s. 394.4625, F.S.; revising

26 requirements relating to voluntary admissions to a  
27 facility for examination and treatment; conforming  
28 provisions to changes made by the act; amending s.  
29 394.463, F.S.; authorizing, rather than requiring, law  
30 enforcement officers to take certain persons into  
31 custody for involuntary examinations; requiring  
32 written reports by law enforcement officers to contain  
33 certain information; removing a provision prohibiting  
34 a psychiatric nurse from approving the release of a  
35 patient under certain circumstances; revising the  
36 types of documents that the department is required to  
37 receive and maintain and that are considered part of  
38 the clinical record; requiring the department to post  
39 a specified report on its website; revising  
40 requirements for releasing a patient from a receiving  
41 facility; revising requirements for petitions for  
42 involuntary services; requiring the department and the  
43 Agency for Health Care Administration to analyze  
44 certain data, identify patterns and trends, and make  
45 recommendations to decrease avoidable admissions;  
46 authorizing recommendations to be addressed in a  
47 specified manner; requiring the department to publish  
48 a specified report on its website and submit such  
49 report to the Governor and Legislature by a certain  
50 date; amending s. 394.4655, F.S.; defining the term

51 "involuntary outpatient placement"; authorizing a  
52 specified court to order an individual to involuntary  
53 outpatient treatment; removing provisions relating to  
54 criteria, retention of a patient, and petition for  
55 involuntary outpatient services and court proceedings  
56 relating to involuntary outpatient services; amending  
57 s. 394.467, F.S.; providing definitions; revising  
58 requirements for ordering a person for involuntary  
59 services and treatment, petitions for involuntary  
60 service, appointment of counsel, and continuances of  
61 hearings, respectively; revising the conditions under  
62 which a court may waive the requirement for a patient  
63 to be present at an involuntary inpatient placement  
64 hearing; authorizing the court to permit witnesses to  
65 attend and testify remotely at the hearing through  
66 specified means; providing requirements for a witness  
67 to attend and testify remotely; requiring facilities  
68 to make certain clinical records available to a state  
69 attorney within a specified timeframe; specifying that  
70 such records remain confidential and may not be used  
71 for certain purposes; revising the circumstances under  
72 which a court may appoint a magistrate to preside over  
73 certain proceedings; requiring the court to allow  
74 certain testimony from specified persons; revising the  
75 length of time a court may require a patient to

76 receive services; requiring facilities to discharge  
77 patients when they no longer meet the criteria for  
78 involuntary inpatient treatment; prohibiting courts  
79 from ordering individuals with developmental  
80 disabilities to be involuntarily placed in a state  
81 treatment facility; requiring courts to refer such  
82 individuals, and authorizing courts to refer certain  
83 other individuals, to specified agencies for  
84 evaluation and services; providing requirements for  
85 treatment plan modifications, noncompliance with  
86 involuntary outpatient services, and discharge,  
87 respectively; revising requirements for the procedure  
88 for continued involuntary services and return to  
89 facilities, respectively; amending s. 394.468, F.S.;  
90 revising requirements for discharge planning and  
91 procedures; providing requirements for the discharge  
92 transition process; amending ss. 394.495 and 394.496,  
93 F.S.; conforming provisions to changes made by the  
94 act; amending s. 394.499, F.S.; revising eligibility  
95 requirements for children's crisis stabilization  
96 unit/juvenile addictions receiving facility services;  
97 amending s. 394.875, F.S.; removing a limitation on  
98 the size of a crisis stabilization unit; removing a  
99 requirement for the department to implement a certain  
100 demonstration project; amending s. 394.9085, F.S.;

101 conforming a cross-reference to changes made by the  
102 act; amending s. 397.305, F.S.; revising the purpose  
103 to include the most appropriate environment for  
104 substance abuse services; amending s. 397.311, F.S.;  
105 revising definitions; amending s. 397.401, F.S.;  
106 prohibiting certain service providers from exceeding  
107 their licensed capacity by more than a specified  
108 percentage or for more than a specified number of  
109 days; amending s. 397.4073, F.S.; providing an  
110 exception to background screening requirements for  
111 certain licensed physicians and nurses; amending s.  
112 397.501, F.S.; revising notice requirements for the  
113 right to counsel; amending s. 397.581, F.S.; revising  
114 actions that constitute unlawful activities relating  
115 to assessment and treatment; providing penalties;  
116 amending s. 397.675, F.S.; revising the criteria for  
117 involuntary admissions for purposes of assessment and  
118 stabilization, and for involuntary treatment; amending  
119 s. 397.6751, F.S.; revising service provider  
120 responsibilities relating to involuntary admissions;  
121 amending s. 397.681, F.S.; revising where involuntary  
122 treatment petitions for substance abuse impaired  
123 persons may be filed; revising the portion of such  
124 proceedings over which a general or special magistrate  
125 may preside; providing an exception to a respondent's

126 right to counsel relating to petitions for involuntary  
127 treatment; revising the circumstances under which  
128 courts are required to appoint counsel for respondents  
129 without regard to respondents' wishes; renumbering and  
130 amending s. 397.693, F.S.; revising the circumstances  
131 under which a person may be the subject of court-  
132 ordered involuntary treatment; renumbering and  
133 amending s. 397.695, F.S.; authorizing the court or  
134 clerk of the court to waive or prohibit any service of  
135 process fees for petitioners determined to be  
136 indigent; renumbering and amending s. 397.6951, F.S.;  
137 revising the information required to be included in a  
138 petition for involuntary treatment services;  
139 authorizing a petitioner to include a certificate or  
140 report of a qualified professional with such petition;  
141 requiring such certificate or report to contain  
142 certain information; requiring that certain additional  
143 information be included if an emergency exists;  
144 renumbering and amending s. 397.6955, F.S.; revising  
145 when the office of criminal conflict and civil  
146 regional counsel represents a person in the filing of  
147 a petition for involuntary services and when a hearing  
148 must be held on such petition; requiring a law  
149 enforcement agency to effect service for initial  
150 treatment hearings; providing an exception; amending

151 s. 397.6818, F.S.; authorizing the court to take  
 152 certain actions and issue certain orders regarding a  
 153 respondent's involuntary assessment if emergency  
 154 circumstances exist; providing a specified timeframe  
 155 for taking such actions; amending s. 397.6957, F.S.;  
 156 expanding the exemption from the requirement that a  
 157 respondent be present at a hearing on a petition for  
 158 involuntary treatment services; authorizing the court  
 159 to order drug tests and to permit witnesses to attend  
 160 and testify remotely at the hearing through certain  
 161 means; removing a provision requiring the court to  
 162 appoint a guardian advocate under certain  
 163 circumstances; prohibiting a respondent from being  
 164 involuntarily ordered into treatment unless certain  
 165 requirements are met; providing requirements relating  
 166 to involuntary assessment and stabilization orders;  
 167 providing requirements relating to involuntary  
 168 treatment hearings; requiring that the assessment of a  
 169 respondent occur before a specified time unless  
 170 certain requirements are met; authorizing service  
 171 providers to petition the court in writing for an  
 172 extension of the observation period; providing service  
 173 requirements for such petitions; authorizing the  
 174 service provider to continue to hold the respondent if  
 175 the court grants the petition; requiring a qualified

176 professional to transmit his or her report to the  
177 clerk of the court within a specified timeframe;  
178 requiring the clerk of the court to enter the report  
179 into the court file; providing requirements for the  
180 report; providing that the report's filing satisfies  
181 the requirements for release of certain individuals if  
182 it contains admission and discharge information;  
183 providing for the petition's dismissal under certain  
184 circumstances; authorizing the court to order certain  
185 persons to take a respondent into custody and  
186 transport him or her to or from certain service  
187 providers and the court; revising the petitioner's  
188 burden of proof in the hearing; authorizing the court  
189 to initiate involuntary proceedings and have the  
190 respondent evaluated by the Agency for Persons with  
191 Disabilities under certain circumstances; requiring  
192 that, if a treatment order is issued, it must include  
193 certain findings; amending s. 397.6975, F.S.;;  
194 authorizing certain entities to file a petition for  
195 renewal of an involuntary treatment services order;  
196 revising the timeframe during which the court is  
197 required to schedule a hearing; amending s. 397.6977,  
198 F.S.; providing requirements for discharge planning  
199 and procedures for a respondent's release from  
200 involuntary treatment services; repealing ss.



201 397.6811, 397.6814, 397.6815, 397.6819, 397.6821,  
 202 397.6822, and 397.6978, F.S., relating to involuntary  
 203 assessment and stabilization and the appointment of  
 204 guardian advocates, respectively; amending s. 916.106,  
 205 F.S.; providing a definition for the term "licensed  
 206 medical practitioner"; amending s. 916.13, F.S.;  
 207 requiring the Department of Children and Families to  
 208 complete and submit a competency evaluation report to  
 209 the circuit court to determine if a defendant  
 210 adjudicated incompetent to proceed meets the criteria  
 211 for involuntary civil commitment if it is determined  
 212 that the defendant will not or is unlikely to regain  
 213 competency; defining the term "competency evaluation  
 214 report to the circuit court"; requiring a qualified  
 215 professional to sign such report under penalty of  
 216 perjury; providing requirements for such report;  
 217 authorizing a defendant who meets the criteria for  
 218 involuntary examination and court witnesses to appear  
 219 remotely for a hearing; amending ss. 40.29, 409.972,  
 220 464.012, 744.2007, 916.107, and 916.15 F.S.;  
 221 conforming provisions to changes made by the act;  
 222 providing an appropriation; providing an effective  
 223 date.

224

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

226  
 227 Section 1. Subsections (26) through (50) of section  
 228 394.455, Florida Statutes, are renumbered as subsections (27)  
 229 through (51), respectively, subsection (23) is amended, and a  
 230 new subsection (26) is added to that section, to read:

231 394.455 Definitions.—As used in this part, the term:  
 232 (23) "Involuntary examination" means an examination  
 233 performed under s. 394.463, s. 397.6772, s. 397.679, s.  
 234 397.6798, or s. 397.6957 ~~s. 397.6811~~ to determine whether a  
 235 person qualifies for involuntary services.

236 (26) "Licensed medical practitioner" means a medical  
 237 provider who is a physician licensed under chapter 458 or  
 238 chapter 459 or an advanced practice registered nurse or  
 239 physician assistant who works under the supervision of a  
 240 licensed physician and an established protocol pursuant to ss.  
 241 458.347, 458.348, 464.003, and 464.0123.

242 Section 2. Paragraph (e) is added to subsection (1) of  
 243 section 394.4572, Florida Statutes, to read:

244 394.4572 Screening of mental health personnel.—

245 (1)

246 (e) Any licensed physician or nurse who requires  
 247 background screening by the Department of Health during initial  
 248 licensure and the renewal of licensure is not subject to  
 249 background screening pursuant to this section if he or she is  
 250 providing a service that is within the scope of his or her

251 licensed practice.

252 Section 3. Paragraph (d) of subsection (3) and paragraph  
 253 (d) of subsection (5) of section 394.459, Florida Statutes, are  
 254 amended to read:

255 394.459 Rights of patients.—

256 (3) RIGHT TO EXPRESS AND INFORMED PATIENT CONSENT.—

257 (d) The administrator of a receiving or treatment facility  
 258 may, upon the recommendation of the patient's licensed medical  
 259 practitioner ~~attending physician~~, authorize emergency medical  
 260 treatment, including a surgical procedure, if such treatment is  
 261 deemed lifesaving, or if the situation threatens serious bodily  
 262 harm to the patient, and permission of the patient or the  
 263 patient's guardian or guardian advocate cannot be obtained.

264 (5) COMMUNICATION, ABUSE REPORTING, AND VISITS.—

265 (d) If a patient's right to communicate with outside  
 266 persons; receive, send, or mail sealed, unopened correspondence;  
 267 or receive visitors is restricted by the facility, a qualified  
 268 professional must record the restriction and its underlying  
 269 reasons in the patient's clinical file within 24 hours. The  
 270 notice of the restriction must immediately ~~written notice of~~  
 271 ~~such restriction and the reasons for the restriction shall be~~  
 272 served on the patient, the patient's attorney, and the patient's  
 273 guardian, guardian advocate, or representative. ~~A qualified~~  
 274 ~~professional must document any restriction within 24 hours, and~~  
 275 ~~such restriction shall be recorded on the patient's clinical~~

276 ~~record with the reasons therefor.~~ The restriction of a patient's  
277 right to communicate or to receive visitors shall be reviewed at  
278 least every 3 days. The right to communicate or receive visitors  
279 shall not be restricted as a means of punishment. Nothing in  
280 this paragraph shall be construed to limit the provisions of  
281 paragraph (e).

282 Section 4. Subsection (3) of section 394.4598, Florida  
283 Statutes, is amended to read:

284 394.4598 Guardian advocate.—

285 (3) A facility requesting appointment of a guardian  
286 advocate must, prior to the appointment, provide the prospective  
287 guardian advocate with information about the duties and  
288 responsibilities of guardian advocates, including the  
289 information about the ethics of medical decisionmaking. Before  
290 asking a guardian advocate to give consent to treatment for a  
291 patient, the facility shall provide to the guardian advocate  
292 sufficient information so that the guardian advocate can decide  
293 whether to give express and informed consent to the treatment,  
294 including information that the treatment is essential to the  
295 care of the patient, and that the treatment does not present an  
296 unreasonable risk of serious, hazardous, or irreversible side  
297 effects. Before giving consent to treatment, the guardian  
298 advocate must meet and talk with the patient and the patient's  
299 licensed medical practitioner ~~physician~~ in person, if at all  
300 possible, and by telephone, if not. The decision of the guardian

301 advocate may be reviewed by the court, upon petition of the  
 302 patient's attorney, the patient's family, or the facility  
 303 administrator.

304 Section 5. Paragraph (d) of subsection (2) of section  
 305 394.4599, Florida Statutes, is amended to read:

306 394.4599 Notice.—

307 (2) INVOLUNTARY ADMISSION.—

308 (d) The written notice of the filing of the petition for  
 309 involuntary services for an individual being held must contain  
 310 the following:

311 1. Notice that the petition for:

312 a. Involuntary services ~~inpatient treatment~~ pursuant to s.  
 313 394.467 has been filed with the circuit court and the address of  
 314 such court ~~in the county in which the individual is hospitalized~~  
 315 ~~and the address of such court;~~ or

316 b. Involuntary outpatient services pursuant to s. 394.467  
 317 ~~s. 394.4655~~ has been filed with the criminal county court, as  
 318 defined in s. 394.4655(1), ~~or the circuit court, as applicable,~~  
 319 ~~in the county in which the individual is hospitalized~~ and the  
 320 address of such court.

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

324 3. The date, time, and place of the hearing and the name  
 325 of each examining expert and every other person expected to

326 | testify in support of continued detention.

327 |         4. Notice that the individual, the individual's guardian,  
328 | guardian advocate, health care surrogate or proxy, or  
329 | representative, or the administrator may apply for a change of  
330 | venue for the convenience of the parties or witnesses or because  
331 | of the condition of the individual.

332 |         5. Notice that the individual is entitled to an  
333 | independent expert examination and, if the individual cannot  
334 | afford such an examination, that the court will provide for one.

335 |         Section 6. Subsection (2) and paragraph (d) of subsection  
336 | (4) of section 394.461, Florida Statutes, are amended to read:

337 |         394.461 Designation of receiving and treatment facilities  
338 | and receiving systems.—The department is authorized to designate  
339 | and monitor receiving facilities, treatment facilities, and  
340 | receiving systems and may suspend or withdraw such designation  
341 | for failure to comply with this part and rules adopted under  
342 | this part. The department may issue a conditional designation  
343 | for up to 60 days to allow the implementation of corrective  
344 | measures. Unless designated by the department, facilities are  
345 | not permitted to hold or treat involuntary patients under this  
346 | part.

347 |         (2) TREATMENT FACILITY.—The department may designate any  
348 | state-owned, state-operated, or state-supported facility as a  
349 | state treatment facility. A civil patient shall not be admitted  
350 | to a state treatment facility without previously undergoing a

351 transfer evaluation. Before the close of the state's case-in-  
352 chief in a court hearing for involuntary placement ~~in a state~~  
353 ~~treatment facility~~, the state may establish that the transfer  
354 evaluation was performed and the document was properly executed  
355 by providing the court with a copy of the transfer evaluation.  
356 The court may not ~~shall receive and~~ consider the substantive  
357 information ~~documented~~ in the transfer evaluation unless the  
358 evaluator testifies at the hearing. Any other facility,  
359 including a private facility or a federal facility, may be  
360 designated as a treatment facility by the department, provided  
361 that such designation is agreed to by the appropriate governing  
362 body or authority of the facility.

363 (4) REPORTING REQUIREMENTS.—

364 (d) The department shall issue an annual report based on  
365 the data required pursuant to this subsection. The report shall  
366 include individual facilities' data, as well as statewide  
367 totals. The report shall be posted on the department's website  
368 ~~submitted to the Governor, the President of the Senate, and the~~  
369 ~~Speaker of the House of Representatives~~.

370 Section 7. Subsection (3) of section 394.4615, Florida  
371 Statutes, is amended to read:

372 394.4615 Clinical records; confidentiality.—

373 (3) Information from the clinical record may be released  
374 in the following circumstances:

375 (a) When a patient has communicated to a service provider

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2024

376 a specific threat to cause serious bodily injury or death to an  
377 identified or a readily available person, if the service  
378 provider reasonably believes, or should reasonably believe  
379 according to the standards of his or her profession, that the  
380 patient has the apparent intent and ability to imminently or  
381 immediately carry out such threat. When such communication has  
382 been made, the administrator may authorize the release of  
383 sufficient information to provide adequate warning to the person  
384 threatened with harm by the patient.

385 (b) When the administrator of the facility or secretary of  
386 the department deems release to a qualified researcher as  
387 defined in administrative rule, an aftercare treatment provider,  
388 or an employee or agent of the department is necessary for  
389 treatment of the patient, maintenance of adequate records,  
390 compilation of treatment data, aftercare planning, or evaluation  
391 of programs.

392  
393 For the purpose of determining whether a person meets the  
394 criteria for involuntary services ~~outpatient placement~~ or for  
395 preparing the proposed treatment plan pursuant to s. 394.4655 or  
396 s. 394.467 ~~s. 394.4655~~, the clinical record may be released to  
397 the state attorney, the public defender or the patient's private  
398 legal counsel, the court, and to the appropriate mental health  
399 professionals, including the service provider under s. 394.4655  
400 or s. 394.467 ~~identified in s. 394.4655(7)(b)2.~~, in accordance



401 with state and federal law.

402 Section 8. Section 394.462, Florida Statutes, is amended  
403 to read:

404 394.462 Transportation.—A transportation plan shall be  
405 developed and implemented by each county in collaboration with  
406 the managing entity in accordance with this section. A county  
407 may enter into a memorandum of understanding with the governing  
408 boards of nearby counties to establish a shared transportation  
409 plan. When multiple counties enter into a memorandum of  
410 understanding for this purpose, the counties shall notify the  
411 managing entity and provide it with a copy of the agreement. The  
412 transportation plan shall describe methods of transport to a  
413 facility within the designated receiving system for individuals  
414 subject to involuntary examination under s. 394.463 or  
415 involuntary admission under s. 397.6772, s. 397.679, s.  
416 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify  
417 responsibility for other transportation to a participating  
418 facility when necessary and agreed to by the facility. The plan  
419 may rely on emergency medical transport services or private  
420 transport companies, as appropriate. The plan shall comply with  
421 the transportation provisions of this section and ss. 397.6772,  
422 397.6795, ~~397.6822~~, and 397.697.

423 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

424 (a) Each county shall designate a single law enforcement  
425 agency within the county, or portions thereof, to take a person

426 into custody upon the entry of an ex parte order or the  
 427 execution of a certificate for involuntary examination by an  
 428 authorized professional and to transport that person to the  
 429 appropriate facility within the designated receiving system  
 430 pursuant to a transportation plan.

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

433 a. The jurisdiction designated by the county has  
 434 contracted on an annual basis with an emergency medical  
 435 transport service or private transport company for  
 436 transportation of persons to receiving facilities pursuant to  
 437 this section at the sole cost of the county; and

438 b. The law enforcement agency and the emergency medical  
 439 transport service or private transport company agree that the  
 440 continued presence of law enforcement personnel is not necessary  
 441 for the safety of the person or others.

442 2. The entity providing transportation may seek  
 443 reimbursement for transportation expenses. The party responsible  
 444 for payment for such transportation is the person receiving the  
 445 transportation. The county shall seek reimbursement from the  
 446 following sources in the following order:

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

449 b. From the person receiving the transportation.

450 c. From a financial settlement for medical care,

451 treatment, hospitalization, or transportation payable or  
452 accruing to the injured party.

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

458 (d) Any company that contracts with a governing board of a  
459 county to transport patients shall comply with the applicable  
460 rules of the department to ensure the safety and dignity of  
461 patients.

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

466 (f) When a member of a mental health overlay program or a  
467 mobile crisis response service is a professional authorized to  
468 initiate an involuntary examination pursuant to s. 394.463 or s.  
469 397.675 and that professional evaluates a person and determines  
470 that transportation to a receiving facility is needed, the  
471 service, at its discretion, may transport the person to the  
472 facility or may call on the law enforcement agency or other  
473 transportation arrangement best suited to the needs of the  
474 patient.

475 (g) When any law enforcement officer has custody of a

476 person based on either noncriminal or minor criminal behavior  
477 that meets the statutory guidelines for involuntary examination  
478 pursuant to s. 394.463, the law enforcement officer shall  
479 transport the person to the appropriate facility within the  
480 designated receiving system pursuant to a transportation plan.  
481 Persons who meet the statutory guidelines for involuntary  
482 admission pursuant to s. 397.675 may also be transported by law  
483 enforcement officers to the extent resources are available and  
484 as otherwise provided by law. Such persons shall be transported  
485 to an appropriate facility within the designated receiving  
486 system pursuant to a transportation plan.

487 (h) When any law enforcement officer has arrested a person  
488 for a felony and it appears that the person meets the statutory  
489 guidelines for involuntary examination or placement under this  
490 part, such person must first be processed in the same manner as  
491 any other criminal suspect. The law enforcement agency shall  
492 thereafter immediately notify the appropriate facility within  
493 the designated receiving system pursuant to a transportation  
494 plan. The receiving facility shall be responsible for promptly  
495 arranging for the examination and treatment of the person. A  
496 receiving facility is not required to admit a person charged  
497 with a crime for whom the facility determines and documents that  
498 it is unable to provide adequate security, but shall provide  
499 examination and treatment to the person where he or she is held.

500 (i) If the appropriate law enforcement officer believes

501 that a person has an emergency medical condition as defined in  
502 s. 395.002, the person may be first transported to a hospital  
503 for emergency medical treatment, regardless of whether the  
504 hospital is a designated receiving facility.

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

510 (k) The appropriate facility within the designated  
511 receiving system pursuant to a transportation plan must accept  
512 persons brought by law enforcement officers, or an emergency  
513 medical transport service or a private transport company  
514 authorized by the county, for involuntary examination pursuant  
515 to s. 394.463.

516 (l) The appropriate facility within the designated  
517 receiving system pursuant to a transportation plan must provide  
518 persons brought by law enforcement officers, or an emergency  
519 medical transport service or a private transport company  
520 authorized by the county, pursuant to s. 397.675, a basic  
521 screening or triage sufficient to refer the person to the  
522 appropriate services.

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

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

528 (n) When a jurisdiction has entered into a contract with  
 529 an emergency medical transport service or a private transport  
 530 company for transportation of persons to facilities within the  
 531 designated receiving system, such service or company shall be  
 532 given preference for transportation of persons from nursing  
 533 homes, assisted living facilities, adult day care centers, or  
 534 adult family-care homes, unless the behavior of the person being  
 535 transported is such that transportation by a law enforcement  
 536 officer is necessary.

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

540 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

541 (a) If neither the patient nor any person legally  
 542 obligated or responsible for the patient is able to pay for the  
 543 expense of transporting a voluntary or involuntary patient to a  
 544 treatment facility, the transportation plan established by the  
 545 governing board of the county or counties must specify how the  
 546 hospitalized patient will be transported to, from, and between  
 547 facilities in a safe and dignified manner.

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

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

554 (c) A company that contracts with one or more counties to  
 555 transport patients in accordance with this section shall comply  
 556 with the applicable rules of the department to ensure the safety  
 557 and dignity of patients.

558 (d) County or municipal law enforcement and correctional  
 559 personnel and equipment may not be used to transport patients  
 560 adjudicated incapacitated or found by the court to meet the  
 561 criteria for involuntary services placement pursuant to s.  
 562 394.467, except in small rural counties where there are no cost-  
 563 efficient alternatives.

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

568 Section 9. Paragraphs (a) and (f) of subsection (1) and  
 569 subsection (5) of section 394.4625, Florida Statutes, are  
 570 amended to read:

571 394.4625 Voluntary admissions.—

572 (1) AUTHORITY TO RECEIVE PATIENTS.—

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

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

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

582 2. If the person is a minor, the parent or legal guardian  
583 provides express and informed consent and the facility performs,  
584 ~~and to be suitable for treatment, such person 18 years of age or~~  
585 ~~elder may be admitted to the facility. A person age 17 or~~  
586 ~~younger may be admitted only after~~ a clinical review to verify  
587 the voluntariness of the minor's assent.

588 (f) Within 24 hours after admission of a voluntary  
589 patient, the licensed medical practitioner ~~admitting physician~~  
590 shall document in the patient's clinical record that the patient  
591 is able to give express and informed consent for admission. If  
592 the patient is not able to give express and informed consent for  
593 admission, the facility shall either discharge the patient or  
594 transfer the patient to involuntary status pursuant to  
595 subsection (5).

596 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary  
597 patient, or an authorized person on the patient's behalf, makes  
598 a request for discharge, the request for discharge, unless  
599 freely and voluntarily rescinded, must be communicated to a  
600 licensed medical practitioner ~~physician~~, clinical psychologist,



601 or psychiatrist as quickly as possible, but not later than 12  
602 hours after the request is made. If the patient meets the  
603 criteria for involuntary placement, the administrator of the  
604 facility must file with the court a petition for involuntary  
605 placement, within 2 court working days after the request for  
606 discharge is made. If the petition is not filed within 2 court  
607 working days, the patient shall be discharged. Pending the  
608 filing of the petition, the patient may be held and emergency  
609 treatment rendered in the least restrictive manner, upon the  
610 ~~written~~ order of a licensed medical practitioner ~~physician~~, if  
611 it is determined that such treatment is necessary for the safety  
612 of the patient or others.

613 Section 10. Subsection (1), paragraphs (a), (e), (f), (g),  
614 and (h) of subsection (2), and subsection (4) of section  
615 394.463, Florida Statutes, are amended to read:

616 394.463 Involuntary examination.—

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

621 (a)1. The person has refused voluntary examination after  
622 conscientious explanation and disclosure of the purpose of the  
623 examination; or

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

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

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

637 (2) INVOLUNTARY EXAMINATION.—

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

640 1. A circuit or county court may enter an ex parte order  
641 stating that a person appears to meet the criteria for  
642 involuntary examination and specifying the findings on which  
643 that conclusion is based. The ex parte order for involuntary  
644 examination must be based on written or oral sworn testimony  
645 that includes specific facts that support the findings. If other  
646 less restrictive means are not available, such as voluntary  
647 appearance for outpatient evaluation, a law enforcement officer,  
648 or other designated agent of the court, shall take the person  
649 into custody and deliver him or her to an appropriate, or the  
650 nearest, facility within the designated receiving system

651 pursuant to s. 394.462 for involuntary examination. The order of  
652 the court shall be made a part of the patient's clinical record.  
653 A fee may not be charged for the filing of an order under this  
654 subsection. A facility accepting the patient based on this order  
655 must send a copy of the order to the department within 5 working  
656 days. The order may be submitted electronically through existing  
657 data systems, if available. The order shall be valid only until  
658 the person is delivered to the facility or for the period  
659 specified in the order itself, whichever comes first. If a time  
660 limit is not specified in the order, the order is valid for 7  
661 days after the date that the order was signed.

662 2. A law enforcement officer may ~~shall~~ take a person who  
663 appears to meet the criteria for involuntary examination into  
664 custody and deliver the person or have him or her delivered to  
665 an appropriate, or the nearest, facility within the designated  
666 receiving system pursuant to s. 394.462 for examination. A law  
667 enforcement officer transporting a person pursuant to this  
668 section ~~subparagraph~~ shall restrain the person in the least  
669 restrictive manner available and appropriate under the  
670 circumstances. The officer shall execute a written report  
671 detailing the circumstances under which the person was taken  
672 into custody, which must be made a part of the patient's  
673 clinical record. The report must include all emergency contact  
674 information for the person that is readily accessible to the law  
675 enforcement officer, including information available through

676 | electronic databases maintained by the Department of Law  
677 | Enforcement or by the Department of Highway Safety and Motor  
678 | Vehicles. Such emergency contact information may be used by a  
679 | receiving facility only for the purpose of informing listed  
680 | emergency contacts of a patient's whereabouts pursuant to s.  
681 | 119.0712(2)(d). Any facility accepting the patient based on this  
682 | report must send a copy of the report to the department within 5  
683 | working days.

684 |         3. A physician, a physician assistant, a clinical  
685 | psychologist, a psychiatric nurse, an advanced practice  
686 | registered nurse registered under s. 464.0123, a mental health  
687 | counselor, a marriage and family therapist, or a clinical social  
688 | worker may execute a certificate stating that he or she has  
689 | examined a person within the preceding 48 hours and finds that  
690 | the person appears to meet the criteria for involuntary  
691 | examination and stating the observations upon which that  
692 | conclusion is based. If other less restrictive means, such as  
693 | voluntary appearance for outpatient evaluation, are not  
694 | available, a law enforcement officer shall take into custody the  
695 | person named in the certificate and deliver him or her to the  
696 | appropriate, or nearest, facility within the designated  
697 | receiving system pursuant to s. 394.462 for involuntary  
698 | examination. The law enforcement officer shall execute a written  
699 | report detailing the circumstances under which the person was  
700 | taken into custody and include all emergency contact information

701 required under subparagraph 2. The report must include all  
 702 emergency contact information for the person that is readily  
 703 accessible to the law enforcement officer, including information  
 704 available through electronic databases maintained by the  
 705 Department of Law Enforcement or by the Department of Highway  
 706 Safety and Motor Vehicles. Such emergency contact information  
 707 may be used by a receiving facility only for the purpose of  
 708 informing listed emergency contacts of a patient's whereabouts  
 709 pursuant to s. 119.0712(2)(d). The report and certificate shall  
 710 be made a part of the patient's clinical record. Any facility  
 711 accepting the patient based on this certificate must send a copy  
 712 of the certificate to the department within 5 working days. The  
 713 document may be submitted electronically through existing data  
 714 systems, if applicable.

715  
 716 When sending the order, report, or certificate to the  
 717 department, a facility shall, at a minimum, provide information  
 718 about which action was taken regarding the patient under  
 719 paragraph (g), which information shall also be made a part of  
 720 the patient's clinical record.

721 (e) The department shall receive and maintain the copies  
 722 of ex parte orders, involuntary ~~outpatient~~ services orders  
 723 issued pursuant to ss. 394.4655 and 394.467 ~~s. 394.4655,~~  
 724 ~~involuntary inpatient placement orders issued pursuant to s.~~  
 725 ~~394.467,~~ professional certificates, law enforcement officers'

726 reports, and reports relating to the transportation of patients.  
727 These documents shall be considered part of the clinical record,  
728 governed by the provisions of s. 394.4615. These documents shall  
729 be used to prepare annual reports analyzing the data obtained  
730 from these documents, without including the personal identifying  
731 information of the patient. ~~identifying patients, and~~ The  
732 department shall post the reports on its website and provide  
733 copies of such reports to the ~~department,~~ the President of the  
734 Senate, the Speaker of the House of Representatives, and the  
735 minority leaders of the Senate and the House of Representatives  
736 by November 30 of each year.

737 (f) A patient shall be examined by a physician or a  
738 clinical psychologist, or by a psychiatric nurse performing  
739 within the framework of an established protocol with a  
740 psychiatrist at a facility without unnecessary delay to  
741 determine if the criteria for involuntary services are met.  
742 Emergency treatment may be provided upon the order of a  
743 physician if the physician determines that such treatment is  
744 necessary for the safety of the patient or others. The patient  
745 may not be released by the receiving facility or its contractor  
746 without the documented approval of a psychiatrist or a clinical  
747 psychologist or, if the receiving facility is owned or operated  
748 by a hospital, health system, or nationally accredited community  
749 mental health center, the release may also be approved by a  
750 psychiatric nurse performing within the framework of an

751 established protocol with a psychiatrist, or an attending  
752 emergency department physician with experience in the diagnosis  
753 and treatment of mental illness after completion of an  
754 involuntary examination pursuant to this subsection. A  
755 ~~psychiatric nurse may not approve the release of a patient if~~  
756 ~~the involuntary examination was initiated by a psychiatrist~~  
757 ~~unless the release is approved by the initiating psychiatrist.~~  
758 The release may be approved through telehealth.

759 (g) The examination period must be for up to 72 hours and  
760 begins when a patient arrives at the receiving facility. For a  
761 minor, the examination shall be initiated within 12 hours after  
762 the patient's arrival at the facility. Within the examination  
763 period, one of the following actions must be taken, based on the  
764 individual needs of the patient:

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

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

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

774 4. A petition for involuntary services shall be filed in  
775 the circuit court ~~if inpatient treatment is deemed necessary or~~

776 with the criminal county court, as defined in s. 394.4655(1), as  
777 applicable. When inpatient treatment is deemed necessary, the  
778 least restrictive treatment consistent with the optimum  
779 improvement of the patient's condition shall be made available.  
780 ~~The~~ ~~When a petition is to be filed for involuntary outpatient~~  
781 ~~placement,~~ it shall be filed by one of the petitioners specified  
782 in s. 394.467, and the court shall dismiss an untimely filed  
783 petition ~~s. 394.4655(4) (a).~~ ~~A petition for involuntary inpatient~~  
784 ~~placement shall be filed by the facility administrator.~~ If a  
785 patient's 72-hour examination period ends on a weekend or  
786 holiday, including the hours before the ordinary business hours  
787 on the morning of the next working day, and the receiving  
788 facility:

789 a. Intends to file a petition for involuntary services,  
790 such patient may be held at the ~~a receiving~~ facility through the  
791 next working day thereafter and the ~~such~~ petition ~~for~~  
792 ~~involuntary services~~ must be filed no later than such date. If  
793 the ~~receiving~~ facility fails to file the ~~a~~ petition by ~~for~~  
794 ~~involuntary services at~~ the ordinary close of business on the  
795 next working day, the patient shall be released from the  
796 receiving facility following approval pursuant to paragraph (f).

797 b. Does not intend to file a petition for involuntary  
798 services, the ~~a~~ receiving facility may postpone release of a  
799 patient until the next working day thereafter only if a  
800 qualified professional documents that adequate discharge



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

804 (h) A person for whom an involuntary examination has been  
805 initiated who is being evaluated or treated at a hospital for an  
806 emergency medical condition specified in s. 395.002 must be  
807 examined by a facility within the examination period specified  
808 in paragraph (g). The examination period begins when the patient  
809 arrives at the hospital and ceases when the attending physician  
810 documents that the patient has an emergency medical condition.  
811 If the patient is examined at a hospital providing emergency  
812 medical services by a professional qualified to perform an  
813 involuntary examination and is found as a result of that  
814 examination not to meet the criteria for involuntary ~~outpatient~~  
815 services pursuant to s. 394.467 ~~s. 394.4655(2)~~ or involuntary  
816 ~~inpatient placement pursuant to s. 394.467(1)~~, the patient may  
817 be offered voluntary outpatient or inpatient services ~~or~~  
818 ~~placement~~, if appropriate, or released directly from the  
819 hospital providing emergency medical services. The finding by  
820 the professional that the patient has been examined and does not  
821 meet the criteria for involuntary ~~inpatient~~ services ~~or~~  
822 ~~involuntary outpatient placement~~ must be entered into the  
823 patient's clinical record. This paragraph is not intended to  
824 prevent a hospital providing emergency medical services from  
825 appropriately transferring a patient to another hospital before

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826 stabilization if the requirements of s. 395.1041(3)(c) have been  
827 met.

828 (4) DATA ANALYSIS.—

829 (a) Using data collected under paragraph (2)(a) and s.  
830 1006.07(10), the department shall, at a minimum, analyze data on  
831 both the initiation of involuntary examinations of children and  
832 the initiation of involuntary examinations of students who are  
833 removed from a school; identify any patterns or trends and cases  
834 in which involuntary examinations are repeatedly initiated on  
835 the same child or student; study root causes for such patterns,  
836 trends, or repeated involuntary examinations; and make  
837 recommendations to encourage the use of alternatives to  
838 eliminate inappropriate initiations of such examinations.

839 (b) The department and the Agency for Health Care  
840 Administration shall analyze service data that the department  
841 and the agency collect on individuals who, as determined by the  
842 department and the agency, are high utilizers of crisis  
843 stabilization services provided in designated receiving  
844 facilities, and shall, at a minimum, identify any patterns or  
845 trends and make recommendations to decrease avoidable  
846 admissions. Recommendations may be addressed in the department's  
847 contracts with the behavioral health managing entities and in  
848 the agency's contracts with the Medicaid managed medical  
849 assistance plans.

850 (c) The department shall publish ~~submit~~ a report on its

851 findings and recommendations on its website and submit the  
 852 report to the Governor, the President of the Senate, and the  
 853 Speaker of the House of Representatives by November 1 of each  
 854 odd-numbered year.

855 Section 11. Section 394.4655, Florida Statutes, is amended  
 856 to read:

857 394.4655 Involuntary outpatient services.—

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

859 (a) "Court" means a circuit court or a criminal county  
 860 court.

861 (b) "Criminal county court" means a county court  
 862 exercising its original jurisdiction in a misdemeanor case under  
 863 s. 34.01.

864 (c) "Involuntary outpatient placement" means involuntary  
 865 outpatient services as defined in s. 394.467, F.S.

866 (2) A criminal county court may order an individual to  
 867 involuntary outpatient placement under s. 394.467. ~~CRITERIA FOR~~  
 868 ~~INVOLUNTARY OUTPATIENT SERVICES.—A person may be ordered to~~  
 869 ~~involuntary outpatient services upon a finding of the court, by~~  
 870 ~~clear and convincing evidence, that the person meets all of the~~  
 871 ~~following criteria:~~

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

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

874 ~~(c) The person is unlikely to survive safely in the~~  
 875 ~~community without supervision, based on a clinical~~

876 ~~determination.~~

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

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

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

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

889 ~~(f) The person is, as a result of his or her mental~~  
890 ~~illness, unlikely to voluntarily participate in the recommended~~  
891 ~~treatment plan and has refused voluntary services for treatment~~  
892 ~~after sufficient and conscientious explanation and disclosure of~~  
893 ~~why the services are necessary or is unable to determine for~~  
894 ~~himself or herself whether services are necessary.~~

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

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

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

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

907       ~~(a)1. A patient who is being recommended for involuntary~~  
 908 ~~outpatient services by the administrator of the facility where~~  
 909 ~~the patient has been examined may be retained by the facility~~  
 910 ~~after adherence to the notice procedures provided in s.~~  
 911 ~~394.4599. The recommendation must be supported by the opinion of~~  
 912 ~~a psychiatrist and the second opinion of a clinical psychologist~~  
 913 ~~or another psychiatrist, both of whom have personally examined~~  
 914 ~~the patient within the preceding 72 hours, that the criteria for~~  
 915 ~~involuntary outpatient services are met. However, if the~~  
 916 ~~administrator certifies that a psychiatrist or clinical~~  
 917 ~~psychologist is not available to provide the second opinion, the~~  
 918 ~~second opinion may be provided by a licensed physician who has~~  
 919 ~~postgraduate training and experience in diagnosis and treatment~~  
 920 ~~of mental illness, a physician assistant who has at least 3~~  
 921 ~~years' experience and is supervised by such licensed physician~~  
 922 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~  
 923 ~~nurse. Any second opinion authorized in this subparagraph may be~~  
 924 ~~conducted through a face-to-face examination, in person or by~~  
 925 ~~electronic means. Such recommendation must be entered on an~~

926 ~~involuntary outpatient services certificate that authorizes the~~  
927 ~~facility to retain the patient pending completion of a hearing.~~  
928 ~~The certificate must be made a part of the patient's clinical~~  
929 ~~record.~~

930 ~~2. If the patient has been stabilized and no longer meets~~  
931 ~~the criteria for involuntary examination pursuant to s.~~  
932 ~~394.463(1), the patient must be released from the facility while~~  
933 ~~awaiting the hearing for involuntary outpatient services. Before~~  
934 ~~filing a petition for involuntary outpatient services, the~~  
935 ~~administrator of the facility or a designated department~~  
936 ~~representative must identify the service provider that will have~~  
937 ~~primary responsibility for service provision under an order for~~  
938 ~~involuntary outpatient services, unless the person is otherwise~~  
939 ~~participating in outpatient psychiatric treatment and is not in~~  
940 ~~need of public financing for that treatment, in which case the~~  
941 ~~individual, if eligible, may be ordered to involuntary treatment~~  
942 ~~pursuant to the existing psychiatric treatment relationship.~~

943 ~~3. The service provider shall prepare a written proposed~~  
944 ~~treatment plan in consultation with the patient or the patient's~~  
945 ~~guardian advocate, if appointed, for the court's consideration~~  
946 ~~for inclusion in the involuntary outpatient services order that~~  
947 ~~addresses the nature and extent of the mental illness and any~~  
948 ~~co-occurring substance use disorder that necessitate involuntary~~  
949 ~~outpatient services. The treatment plan must specify the likely~~  
950 ~~level of care, including the use of medication, and anticipated~~

951 ~~discharge criteria for terminating involuntary outpatient~~  
952 ~~services. Service providers may select and supervise other~~  
953 ~~individuals to implement specific aspects of the treatment plan.~~  
954 ~~The services in the plan must be deemed clinically appropriate~~  
955 ~~by a physician, clinical psychologist, psychiatric nurse, mental~~  
956 ~~health counselor, marriage and family therapist, or clinical~~  
957 ~~social worker who consults with, or is employed or contracted~~  
958 ~~by, the service provider. The service provider must certify to~~  
959 ~~the court in the proposed plan whether sufficient services for~~  
960 ~~improvement and stabilization are currently available and~~  
961 ~~whether the service provider agrees to provide those services.~~  
962 ~~If the service provider certifies that the services in the~~  
963 ~~proposed treatment plan are not available, the petitioner may~~  
964 ~~not file the petition. The service provider must notify the~~  
965 ~~managing entity if the requested services are not available. The~~  
966 ~~managing entity must document such efforts to obtain the~~  
967 ~~requested services.~~

968 ~~(b) If a patient in involuntary inpatient placement meets~~  
969 ~~the criteria for involuntary outpatient services, the~~  
970 ~~administrator of the facility may, before the expiration of the~~  
971 ~~period during which the facility is authorized to retain the~~  
972 ~~patient, recommend involuntary outpatient services. The~~  
973 ~~recommendation must be supported by the opinion of a~~  
974 ~~psychiatrist and the second opinion of a clinical psychologist~~  
975 ~~or another psychiatrist, both of whom have personally examined~~

976 ~~the patient within the preceding 72 hours, that the criteria for~~  
977 ~~involuntary outpatient services are met. However, if the~~  
978 ~~administrator certifies that a psychiatrist or clinical~~  
979 ~~psychologist is not available to provide the second opinion, the~~  
980 ~~second opinion may be provided by a licensed physician who has~~  
981 ~~postgraduate training and experience in diagnosis and treatment~~  
982 ~~of mental illness, a physician assistant who has at least 3~~  
983 ~~years' experience and is supervised by such licensed physician~~  
984 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~  
985 ~~nurse. Any second opinion authorized in this subparagraph may be~~  
986 ~~conducted through a face-to-face examination, in person or by~~  
987 ~~electronic means. Such recommendation must be entered on an~~  
988 ~~involuntary outpatient services certificate, and the certificate~~  
989 ~~must be made a part of the patient's clinical record.~~

990 ~~(c)1. The administrator of the treatment facility shall~~  
991 ~~provide a copy of the involuntary outpatient services~~  
992 ~~certificate and a copy of the state mental health discharge form~~  
993 ~~to the managing entity in the county where the patient will be~~  
994 ~~residing. For persons who are leaving a state mental health~~  
995 ~~treatment facility, the petition for involuntary outpatient~~  
996 ~~services must be filed in the county where the patient will be~~  
997 ~~residing.~~

998 ~~2. The service provider that will have primary~~  
999 ~~responsibility for service provision shall be identified by the~~  
1000 ~~designated department representative before the order for~~



1001 ~~involuntary outpatient services and must, before filing a~~  
 1002 ~~petition for involuntary outpatient services, certify to the~~  
 1003 ~~court whether the services recommended in the patient's~~  
 1004 ~~discharge plan are available and whether the service provider~~  
 1005 ~~agrees to provide those services. The service provider must~~  
 1006 ~~develop with the patient, or the patient's guardian advocate, if~~  
 1007 ~~appointed, a treatment or service plan that addresses the needs~~  
 1008 ~~identified in the discharge plan. The plan must be deemed to be~~  
 1009 ~~clinically appropriate by a physician, clinical psychologist,~~  
 1010 ~~psychiatric nurse, mental health counselor, marriage and family~~  
 1011 ~~therapist, or clinical social worker, as defined in this~~  
 1012 ~~chapter, who consults with, or is employed or contracted by, the~~  
 1013 ~~service provider.~~

1014 ~~3. If the service provider certifies that the services in~~  
 1015 ~~the proposed treatment or service plan are not available, the~~  
 1016 ~~petitioner may not file the petition. The service provider must~~  
 1017 ~~notify the managing entity if the requested services are not~~  
 1018 ~~available. The managing entity must document such efforts to~~  
 1019 ~~obtain the requested services.~~

1020 ~~(4) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES.—~~

1021 ~~(a) A petition for involuntary outpatient services may be~~  
 1022 ~~filed by:~~

1023 ~~1. The administrator of a receiving facility; or~~

1024 ~~2. The administrator of a treatment facility.~~

1025 ~~(b) Each required criterion for involuntary outpatient~~

1026 ~~services must be alleged and substantiated in the petition for~~  
1027 ~~involuntary outpatient services. A copy of the certificate~~  
1028 ~~recommending involuntary outpatient services completed by a~~  
1029 ~~qualified professional specified in subsection (3) must be~~  
1030 ~~attached to the petition. A copy of the proposed treatment plan~~  
1031 ~~must be attached to the petition. Before the petition is filed,~~  
1032 ~~the service provider shall certify that the services in the~~  
1033 ~~proposed plan are available. If the necessary services are not~~  
1034 ~~available, the petition may not be filed. The service provider~~  
1035 ~~must notify the managing entity if the requested services are~~  
1036 ~~not available. The managing entity must document such efforts to~~  
1037 ~~obtain the requested services.~~

1038 ~~(c) The petition for involuntary outpatient services must~~  
1039 ~~be filed in the county where the patient is located, unless the~~  
1040 ~~patient is being placed from a state treatment facility, in~~  
1041 ~~which case the petition must be filed in the county where the~~  
1042 ~~patient will reside. When the petition has been filed, the clerk~~  
1043 ~~of the court shall provide copies of the petition and the~~  
1044 ~~proposed treatment plan to the department, the managing entity,~~  
1045 ~~the patient, the patient's guardian or representative, the state~~  
1046 ~~attorney, and the public defender or the patient's private~~  
1047 ~~counsel. A fee may not be charged for filing a petition under~~  
1048 ~~this subsection.~~

1049 ~~(5) APPOINTMENT OF COUNSEL. Within 1 court working day~~  
1050 ~~after the filing of a petition for involuntary outpatient~~

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1051 ~~services, the court shall appoint the public defender to~~  
1052 ~~represent the person who is the subject of the petition, unless~~  
1053 ~~the person is otherwise represented by counsel. The clerk of the~~  
1054 ~~court shall immediately notify the public defender of the~~  
1055 ~~appointment. The public defender shall represent the person~~  
1056 ~~until the petition is dismissed, the court order expires, or the~~  
1057 ~~patient is discharged from involuntary outpatient services. An~~  
1058 ~~attorney who represents the patient must be provided access to~~  
1059 ~~the patient, witnesses, and records relevant to the presentation~~  
1060 ~~of the patient's case and shall represent the interests of the~~  
1061 ~~patient, regardless of the source of payment to the attorney.~~

1062 ~~(6) CONTINUANCE OF HEARING. The patient is entitled, with~~  
1063 ~~the concurrence of the patient's counsel, to at least one~~  
1064 ~~continuance of the hearing. The continuance shall be for a~~  
1065 ~~period of up to 4 weeks.~~

1066 ~~(7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—~~

1067 ~~(a)1. The court shall hold the hearing on involuntary~~  
1068 ~~outpatient services within 5 working days after the filing of~~  
1069 ~~the petition, unless a continuance is granted. The hearing must~~  
1070 ~~be held in the county where the petition is filed, must be as~~  
1071 ~~convenient to the patient as is consistent with orderly~~  
1072 ~~procedure, and must be conducted in physical settings not likely~~  
1073 ~~to be injurious to the patient's condition. If the court finds~~  
1074 ~~that the patient's attendance at the hearing is not consistent~~  
1075 ~~with the best interests of the patient and if the patient's~~

1076 ~~counsel does not object, the court may waive the presence of the~~  
1077 ~~patient from all or any portion of the hearing. The state~~  
1078 ~~attorney for the circuit in which the patient is located shall~~  
1079 ~~represent the state, rather than the petitioner, as the real~~  
1080 ~~party in interest in the proceeding.~~

1081 ~~2. The court may appoint a magistrate to preside at the~~  
1082 ~~hearing. One of the professionals who executed the involuntary~~  
1083 ~~outpatient services certificate shall be a witness. The patient~~  
1084 ~~and the patient's guardian or representative shall be informed~~  
1085 ~~by the court of the right to an independent expert examination.~~  
1086 ~~If the patient cannot afford such an examination, the court~~  
1087 ~~shall ensure that one is provided, as otherwise provided by law.~~  
1088 ~~The independent expert's report is confidential and not~~  
1089 ~~discoverable, unless the expert is to be called as a witness for~~  
1090 ~~the patient at the hearing. The court shall allow testimony from~~  
1091 ~~individuals, including family members, deemed by the court to be~~  
1092 ~~relevant under state law, regarding the person's prior history~~  
1093 ~~and how that prior history relates to the person's current~~  
1094 ~~condition. The testimony in the hearing must be given under~~  
1095 ~~oath, and the proceedings must be recorded. The patient may~~  
1096 ~~refuse to testify at the hearing.~~

1097 ~~(b)1. If the court concludes that the patient meets the~~  
1098 ~~criteria for involuntary outpatient services pursuant to~~  
1099 ~~subsection (2), the court shall issue an order for involuntary~~  
1100 ~~outpatient services. The court order shall be for a period of up~~

1101 ~~to 90 days. The order must specify the nature and extent of the~~  
1102 ~~patient's mental illness. The order of the court and the~~  
1103 ~~treatment plan must be made part of the patient's clinical~~  
1104 ~~record. The service provider shall discharge a patient from~~  
1105 ~~involuntary outpatient services when the order expires or any~~  
1106 ~~time the patient no longer meets the criteria for involuntary~~  
1107 ~~placement. Upon discharge, the service provider shall send a~~  
1108 ~~certificate of discharge to the court.~~

1109 ~~2. The court may not order the department or the service~~  
1110 ~~provider to provide services if the program or service is not~~  
1111 ~~available in the patient's local community, if there is no space~~  
1112 ~~available in the program or service for the patient, or if~~  
1113 ~~funding is not available for the program or service. The service~~  
1114 ~~provider must notify the managing entity if the requested~~  
1115 ~~services are not available. The managing entity must document~~  
1116 ~~such efforts to obtain the requested services. A copy of the~~  
1117 ~~order must be sent to the managing entity by the service~~  
1118 ~~provider within 1 working day after it is received from the~~  
1119 ~~court. The order may be submitted electronically through~~  
1120 ~~existing data systems. After the order for involuntary services~~  
1121 ~~is issued, the service provider and the patient may modify the~~  
1122 ~~treatment plan. For any material modification of the treatment~~  
1123 ~~plan to which the patient or, if one is appointed, the patient's~~  
1124 ~~guardian advocate agrees, the service provider shall send notice~~  
1125 ~~of the modification to the court. Any material modifications of~~

1126 ~~the treatment plan which are contested by the patient or the~~  
1127 ~~patient's guardian advocate, if applicable, must be approved or~~  
1128 ~~disapproved by the court consistent with subsection (3).~~

1129 ~~3. If, in the clinical judgment of a physician, the~~  
1130 ~~patient has failed or has refused to comply with the treatment~~  
1131 ~~ordered by the court, and, in the clinical judgment of the~~  
1132 ~~physician, efforts were made to solicit compliance and the~~  
1133 ~~patient may meet the criteria for involuntary examination, a~~  
1134 ~~person may be brought to a receiving facility pursuant to s.~~  
1135 ~~394.463. If, after examination, the patient does not meet the~~  
1136 ~~criteria for involuntary inpatient placement pursuant to s.~~  
1137 ~~394.467, the patient must be discharged from the facility. The~~  
1138 ~~involuntary outpatient services order shall remain in effect~~  
1139 ~~unless the service provider determines that the patient no~~  
1140 ~~longer meets the criteria for involuntary outpatient services or~~  
1141 ~~until the order expires. The service provider must determine~~  
1142 ~~whether modifications should be made to the existing treatment~~  
1143 ~~plan and must attempt to continue to engage the patient in~~  
1144 ~~treatment. For any material modification of the treatment plan~~  
1145 ~~to which the patient or the patient's guardian advocate, if~~  
1146 ~~applicable, agrees, the service provider shall send notice of~~  
1147 ~~the modification to the court. Any material modifications of the~~  
1148 ~~treatment plan which are contested by the patient or the~~  
1149 ~~patient's guardian advocate, if applicable, must be approved or~~  
1150 ~~disapproved by the court consistent with subsection (3).~~

1151 ~~(c) If, at any time before the conclusion of the initial~~  
1152 ~~hearing on involuntary outpatient services, it appears to the~~  
1153 ~~court that the person does not meet the criteria for involuntary~~  
1154 ~~outpatient services under this section but, instead, meets the~~  
1155 ~~criteria for involuntary inpatient placement, the court may~~  
1156 ~~order the person admitted for involuntary inpatient examination~~  
1157 ~~under s. 394.463. If the person instead meets the criteria for~~  
1158 ~~involuntary assessment, protective custody, or involuntary~~  
1159 ~~admission pursuant to s. 397.675, the court may order the person~~  
1160 ~~to be admitted for involuntary assessment for a period of 5 days~~  
1161 ~~pursuant to s. 397.6811. Thereafter, all proceedings are~~  
1162 ~~governed by chapter 397.~~

1163 ~~(d) At the hearing on involuntary outpatient services, the~~  
1164 ~~court shall consider testimony and evidence regarding the~~  
1165 ~~patient's competence to consent to services. If the court finds~~  
1166 ~~that the patient is incompetent to consent to treatment, it~~  
1167 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~  
1168 ~~The guardian advocate shall be appointed or discharged in~~  
1169 ~~accordance with s. 394.4598.~~

1170 ~~(e) The administrator of the receiving facility or the~~  
1171 ~~designated department representative shall provide a copy of the~~  
1172 ~~court order and adequate documentation of a patient's mental~~  
1173 ~~illness to the service provider for involuntary outpatient~~  
1174 ~~services. Such documentation must include any advance directives~~  
1175 ~~made by the patient, a psychiatric evaluation of the patient,~~

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1176 ~~and any evaluations of the patient performed by a psychologist~~  
1177 ~~or a clinical social worker.~~

1178 ~~(8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~  
1179 ~~SERVICES.—~~

1180 ~~(a)1. If the person continues to meet the criteria for~~  
1181 ~~involuntary outpatient services, the service provider shall, at~~  
1182 ~~least 10 days before the expiration of the period during which~~  
1183 ~~the treatment is ordered for the person, file in the court that~~  
1184 ~~issued the order for involuntary outpatient services a petition~~  
1185 ~~for continued involuntary outpatient services. The court shall~~  
1186 ~~immediately schedule a hearing on the petition to be held within~~  
1187 ~~15 days after the petition is filed.~~

1188 ~~2. The existing involuntary outpatient services order~~  
1189 ~~remains in effect until disposition on the petition for~~  
1190 ~~continued involuntary outpatient services.~~

1191 ~~3. A certificate shall be attached to the petition which~~  
1192 ~~includes a statement from the person's physician or clinical~~  
1193 ~~psychologist justifying the request, a brief description of the~~  
1194 ~~patient's treatment during the time he or she was receiving~~  
1195 ~~involuntary services, and an individualized plan of continued~~  
1196 ~~treatment.~~

1197 ~~4. The service provider shall develop the individualized~~  
1198 ~~plan of continued treatment in consultation with the patient or~~  
1199 ~~the patient's guardian advocate, if applicable. When the~~  
1200 ~~petition has been filed, the clerk of the court shall provide~~



1201 ~~copies of the certificate and the individualized plan of~~  
1202 ~~continued services to the department, the patient, the patient's~~  
1203 ~~guardian advocate, the state attorney, and the patient's private~~  
1204 ~~counsel or the public defender.~~

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

1218 ~~(c) Hearings on petitions for continued involuntary~~  
1219 ~~outpatient services must be before the court that issued the~~  
1220 ~~order for involuntary outpatient services. The court may appoint~~  
1221 ~~a magistrate to preside at the hearing. The procedures for~~  
1222 ~~obtaining an order pursuant to this paragraph must meet the~~  
1223 ~~requirements of subsection (7), except that the time period~~  
1224 ~~included in paragraph (2) (c) is not applicable in determining~~  
1225 ~~the appropriateness of additional periods of involuntary~~

1226 ~~outpatient placement.~~

1227 ~~(d) Notice of the hearing must be provided as set forth in~~  
 1228 ~~s. 394.4599. The patient and the patient's attorney may agree to~~  
 1229 ~~a period of continued outpatient services without a court~~  
 1230 ~~hearing.~~

1231 ~~(e) The same procedure must be repeated before the~~  
 1232 ~~expiration of each additional period the patient is placed in~~  
 1233 ~~treatment.~~

1234 ~~(f) If the patient has previously been found incompetent~~  
 1235 ~~to consent to treatment, the court shall consider testimony and~~  
 1236 ~~evidence regarding the patient's competence. Section 394.4598~~  
 1237 ~~governs the discharge of the guardian advocate if the patient's~~  
 1238 ~~competency to consent to treatment has been restored.~~

1239 Section 12. Section 394.467, Florida Statutes, is amended  
 1240 to read:

1241 394.467 Involuntary services ~~inpatient placement.~~-

1242 (1) DEFINITIONS.-As used in this section, the term:

1243 (a) "Court" means a circuit court.

1244 (b) "Involuntary inpatient placement" means services  
 1245 provided on an inpatient basis to a person 18 years of age or  
 1246 older who does not voluntarily consent to services under this  
 1247 chapter, or a minor who does not voluntarily assent to services  
 1248 under this chapter.

1249 (c) "Involuntary outpatient services" means services  
 1250 provided on an outpatient basis to a person who does not

1251 voluntarily consent to services under this chapter.

1252 (2)(1) CRITERIA FOR INVOLUNTARY SERVICES.—A person may be  
 1253 ordered by a court to be provided for involuntary services  
 1254 inpatient placement for treatment upon a finding of the court,  
 1255 by clear and convincing evidence, that the person meets the  
 1256 following criteria:

1257 (a) The person ~~He or she~~ has a mental illness and because  
 1258 of his or her mental illness:

1259 1.a. Is unlikely to voluntarily participate in the  
 1260 recommended treatment plan and has refused voluntary services or  
 1261 ~~He or she has refused~~ voluntary inpatient placement for  
 1262 treatment after sufficient and conscientious explanation and  
 1263 disclosure of the purpose of ~~inpatient placement for~~ treatment;  
 1264 or

1265 b. ~~He or she~~ Is unable to determine for himself or herself  
 1266 whether services or inpatient placement is necessary; and

1267 2.a. Is unlikely to survive safely in the community  
 1268 without supervision, based on clinical determination;

1269 ~~b.2.a. He or she~~ Is incapable of surviving alone or with  
 1270 the help of willing, able, and responsible family or friends,  
 1271 including available alternative services, and, without  
 1272 treatment, is likely to suffer from neglect or refuse to care  
 1273 for himself or herself, and such neglect or refusal poses a real  
 1274 and present threat of substantial harm to his or her well-being;  
 1275 or

1276 ~~c.b.~~ Without treatment, there is a substantial likelihood  
 1277 that in the near future the person ~~he or she~~ will inflict  
 1278 serious bodily harm on self or others, as evidenced by recent  
 1279 behavior causing, attempting to cause, or threatening to cause  
 1280 such harm. ~~;~~ and

1281 (b) In view of the person's treatment history and current  
 1282 behavior, the person is in need of involuntary outpatient  
 1283 services to prevent a relapse or deterioration of his or her  
 1284 mental health that would be likely to result in serious bodily  
 1285 harm to self or others, or a substantial harm to his or her  
 1286 well-being as set forth in s. 394.463(1).

1287 (c) The person has a history of lack of compliance with  
 1288 treatment for mental illness.

1289 (d) It is likely that the person will benefit from  
 1290 involuntary services.

1291 ~~(e)(b)~~ All available less restrictive treatment  
 1292 alternatives that would offer an opportunity for improvement of  
 1293 the person's ~~his or her~~ condition have been deemed ~~judged~~ to be  
 1294 inappropriate or unavailable.

1295 ~~(3)(2)~~ RECOMMENDATION FOR INVOLUNTARY SERVICES AND  
 1296 ADMISSION TO A TREATMENT FACILITY.-A patient may be recommended  
 1297 for involuntary inpatient placement, involuntary outpatient  
 1298 services, or a combination of both.

1299 (a) A patient may be retained by a facility for  
 1300 involuntary services ~~or involuntarily placed in a treatment~~

1301 ~~facility~~ upon the recommendation of the administrator of the  
1302 facility where the patient has been examined and after adherence  
1303 to the notice and hearing procedures provided in s. 394.4599.  
1304 However, if a patient who is being recommended for only  
1305 involuntary outpatient services has been stabilized and no  
1306 longer meets the criteria for involuntary examination pursuant  
1307 to s. 394.463(1), the patient must be released from the facility  
1308 while awaiting the hearing for involuntary outpatient services.

1309 (b) The recommendation must be supported by the opinion of  
1310 a psychiatrist and the second opinion of a clinical psychologist  
1311 or another psychiatrist, both of whom have personally examined  
1312 the patient within the preceding 72 hours, that the criteria for  
1313 involuntary services ~~inpatient placement~~ are met.

1314 (c) ~~If~~ However, if the administrator certifies that a  
1315 psychiatrist or clinical psychologist is not available to  
1316 provide a the second opinion, the administrator must certify  
1317 that a clinical psychologist is not available and the second  
1318 opinion may be provided by a licensed physician who has  
1319 postgraduate training and experience in diagnosis and treatment  
1320 of mental illness or by a psychiatric nurse. If the patient is  
1321 being recommended for involuntary outpatient services only, the  
1322 second opinion may be provided by a physician assistant who has  
1323 at least 3 years' experience and is supervised by a licensed  
1324 physician or psychiatrist or a clinical social worker.

1325 (d) Any opinion authorized in this subsection may be

1326 conducted through a face-to-face or in-person examination, ~~in~~  
 1327 ~~person,~~ or by electronic means. Recommendations for involuntary  
 1328 services must be ~~Such recommendation shall be~~ entered on an a  
 1329 ~~petition for involuntary services inpatient placement~~  
 1330 certificate, which shall be made a part of the patient's  
 1331 clinical record. The certificate must either authorize the  
 1332 facility to retain the patient pending completion of a hearing  
 1333 or authorize ~~that authorizes~~ the facility to retain the patient  
 1334 pending transfer to a treatment facility or completion of a  
 1335 hearing.

1336 (4)-(3) PETITION FOR INVOLUNTARY SERVICES ~~INPATIENT~~  
 1337 ~~PLACEMENT.~~-

1338 (a) A petition for involuntary services may be filed by:  
 1339 1. The administrator of a receiving ~~the~~ facility; or  
 1340 2. The administrator of a treatment facility.

1341 (b) A ~~shall file a~~ petition for involuntary inpatient  
 1342 placement, or inpatient placement followed by outpatient  
 1343 services, must be filed in the court in the county where the  
 1344 patient is located.

1345 (c) A petition for involuntary outpatient services must be  
 1346 filed in the county where the patient is located, unless the  
 1347 patient is being placed from a state treatment facility, in  
 1348 which case the petition must be filed in the county where the  
 1349 patient will reside.

1350 (d)1. The petitioner must state in the petition:

1351 a. Whether the petitioner is recommending inpatient  
1352 placement, outpatient services, or both.

1353 b. The length of time recommended for each type of  
1354 involuntary services.

1355 c. The reasons for the recommendation.

1356 2. If recommending involuntary outpatient services, or a  
1357 combination of involuntary inpatient placement and outpatient  
1358 services, the petitioner must identify the service provider that  
1359 will have primary responsibility for providing such services  
1360 under an order for involuntary outpatient services, unless the  
1361 person is otherwise participating in outpatient psychiatric  
1362 treatment and is not in need of public financing for that  
1363 treatment, in which case the individual, if eligible, may be  
1364 ordered to involuntary treatment pursuant to the existing  
1365 psychiatric treatment relationship.

1366 3. If recommending an immediate order to involuntary  
1367 outpatient placement, the service provider shall prepare a  
1368 written proposed treatment plan in consultation with the patient  
1369 or the patient's guardian advocate, if appointed, for the  
1370 court's consideration for inclusion in the involuntary  
1371 outpatient services order that addresses the nature and extent  
1372 of the mental illness and any co-occurring substance use  
1373 disorder that necessitate involuntary outpatient services. The  
1374 treatment plan must specify the likely level of care, including  
1375 the use of medication, and anticipated discharge criteria for

1376 terminating involuntary outpatient services. Service providers  
1377 may select and supervise other individuals to implement specific  
1378 aspects of the treatment plan. The services in the plan must be  
1379 deemed clinically appropriate by a physician, clinical  
1380 psychologist, psychiatric nurse, mental health counselor,  
1381 marriage and family therapist, or clinical social worker who  
1382 consults with, or is employed or contracted by, the service  
1383 provider. The service provider must certify to the court in the  
1384 proposed plan whether sufficient services for improvement and  
1385 stabilization are currently available and whether the service  
1386 provider agrees to provide those services. If the service  
1387 provider certifies that the services in the proposed treatment  
1388 plan are not available, the petitioner may not file the  
1389 petition. The service provider must notify the managing entity  
1390 if the requested services are not available. The managing entity  
1391 must document such efforts to obtain the requested service.

1392 (e) Each required criterion for the recommended  
1393 involuntary services must be alleged and substantiated in the  
1394 petition. A copy of the certificate recommending involuntary  
1395 services completed by a qualified professional specified in  
1396 subsection (3) and, if applicable, a copy of the proposed  
1397 treatment plan must be attached to the petition.

1398 (f) When the petition has been filed ~~Upon filing,~~ the  
1399 clerk of the court shall provide copies of the petition and, if  
1400 applicable, the proposed treatment plan to the department, the



1401 managing entity, the patient, the patient's guardian or  
 1402 representative, and the state attorney, and the public defender  
 1403 or the patient's private counsel of the judicial circuit in  
 1404 which the patient is located. A fee may not be charged for the  
 1405 filing of a petition under this subsection.

1406 (5)-(4) APPOINTMENT OF COUNSEL.—Within 1 court working day  
 1407 after the filing of a petition for involuntary services  
 1408 inpatient placement, the court shall appoint the public defender  
 1409 to represent the person who is the subject of the petition,  
 1410 unless the person is otherwise represented by counsel or  
 1411 ineligible. The clerk of the court shall immediately notify the  
 1412 public defender of such appointment. The public defender shall  
 1413 represent the person until the petition is dismissed, the court  
 1414 order expires, or the patient is discharged from involuntary  
 1415 services. Any attorney who represents ~~representing~~ the patient  
 1416 shall be provided ~~have~~ access to the patient, witnesses, and  
 1417 records relevant to the presentation of the patient's case and  
 1418 shall represent the interests of the patient, regardless of the  
 1419 source of payment to the attorney.

1420 (6)-(5) CONTINUANCE OF HEARING.—The patient and the state  
 1421 are independently is ~~is~~ entitled, ~~with the concurrence of the~~  
 1422 ~~patient's counsel,~~ to at least one continuance of the hearing.  
 1423 The patient's continuance may be for a period of up to 4 weeks  
 1424 and requires the concurrence of the patient's counsel. The  
 1425 state's continuance may be for a period of up to 5 court working

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1426 days and requires a showing of good cause and due diligence by  
1427 the state before requesting the continuance. The state's failure  
1428 to timely review any readily available document or failure to  
1429 attempt to contact a known witness does not warrant a  
1430 continuance.

1431 (7)-(6) HEARING ON INVOLUNTARY SERVICES INPATIENT  
1432 PLACEMENT.—

1433 (a)1. The court shall hold a ~~the~~ hearing on the  
1434 involuntary services petition inpatient placement within 5 court  
1435 working days after the filing of the petition, unless a  
1436 continuance is granted.

1437 2. The court must hold any hearing on involuntary  
1438 outpatient services in the county where the petition is filed. A  
1439 hearing on involuntary inpatient placement, or a combination of  
1440 involuntary inpatient placement and involuntary outpatient  
1441 services, ~~Except for good cause documented in the court file,~~  
1442 the hearing must be held in the county or the facility, as  
1443 appropriate, where the patient is located, except for good cause  
1444 documented in the court file.

1445 3. A hearing on involuntary services must be as convenient  
1446 to the patient as is consistent with orderly procedure, and  
1447 shall be conducted in physical settings not likely to be  
1448 injurious to the patient's condition. If the court finds that  
1449 the patient's attendance at the hearing is not consistent with  
1450 the best interests of the patient, or the patient knowingly,

1451 intelligently, and voluntarily waives his or her right to be  
1452 present, and if the patient's counsel does not object, the court  
1453 may waive the attendance presence of the patient from all or any  
1454 portion of the hearing. The state attorney for the circuit in  
1455 which the patient is located shall represent the state, rather  
1456 than the petitioner, as the real party in interest in the  
1457 proceeding. The facility shall make the respondent's clinical  
1458 records available to the state attorney and the respondent's  
1459 attorney so that the state can evaluate and prepare its case.  
1460 However, these records shall remain confidential, and the state  
1461 attorney may not use any record obtained under this part for  
1462 criminal investigation or prosecution purposes, or for any  
1463 purpose other than the patient's civil commitment under this  
1464 chapter petitioning facility administrator, as the real party in  
1465 interest in the proceeding.

1466 (b)3. The court may appoint a magistrate to preside at the  
1467 hearing on the petition and any ancillary proceedings,  
1468 including, but not limited to, writs of habeas corpus issued  
1469 pursuant to s. 394.459. Upon a finding of good cause, the court  
1470 may permit all witnesses, including, but not limited to, medical  
1471 professionals who are or have been involved with the patient's  
1472 treatment, to remotely attend and testify at the hearing under  
1473 oath via audio-video teleconference. A witness intending to  
1474 remotely attend and testify must provide the parties with all  
1475 relevant documents by the close of business on the day before

1476 the hearing. One of the professionals who executed the ~~petition~~  
1477 ~~for involuntary services inpatient placement~~ certificate shall  
1478 be a witness. The patient and the patient's guardian or  
1479 representative shall be informed by the court of the right to an  
1480 independent expert examination. If the patient cannot afford  
1481 such an examination, the court shall ensure that one is  
1482 provided, as otherwise provided for by law. The independent  
1483 expert's report is confidential and not discoverable, unless the  
1484 expert is to be called as a witness for the patient at the  
1485 hearing. The court shall allow testimony from persons, including  
1486 family members, deemed by the court to be relevant under state  
1487 law, regarding the person's prior history and how that prior  
1488 history relates to the person's current condition. The testimony  
1489 in the hearing must be given under oath, and the proceedings  
1490 must be recorded. The patient may refuse to testify at the  
1491 hearing.

1492 ~~(c)(b)~~ At the hearing, the court shall consider testimony  
1493 and evidence regarding the patient's competence to consent to  
1494 services and treatment. If the court finds that the patient is  
1495 incompetent to consent to treatment, it shall appoint a guardian  
1496 advocate as provided in s. 394.4598.

1497 (8) ORDERS OF THE COURT.—

1498 (a)1. If the court concludes that the patient meets the  
1499 criteria for involuntary services, the court may order a patient  
1500 to involuntary inpatient placement, involuntary outpatient

1501 services, or a combination of involuntary services depending on  
1502 the criteria met and which type of involuntary services best  
1503 meet the needs of the patient. However, if the court orders the  
1504 patient to involuntary outpatient services, the court may not  
1505 order the department or the service provider to provide services  
1506 if the program or service is not available in the patient's  
1507 local community, if there is no space available in the program  
1508 or service for the patient, or if funding is not available for  
1509 the program or service. The service provider must notify the  
1510 managing entity if the requested services are not available. The  
1511 managing entity must document such efforts to obtain the  
1512 requested services. A copy of the order must be sent to the  
1513 managing entity by the service provider within 1 working day  
1514 after it is received from the court.

1515 2. The order must specify the nature and extent of the  
1516 patient's mental illness.

1517 3.a. An order for only involuntary outpatient services  
1518 shall be for a period of up to 90 days.

1519 b. An order for involuntary inpatient placement, or a  
1520 combination of inpatient placement and outpatient services, may  
1521 be up to 6 months.

1522 4. An order for a combination of involuntary services  
1523 shall specify the length of time the patient shall be ordered  
1524 for involuntary inpatient placement and involuntary outpatient  
1525 services.

1526 5. The order of the court and the patient's treatment  
1527 plan, if applicable, must be made part of the patient's clinical  
1528 record.

1529 (b) If the court orders a patient into involuntary  
1530 inpatient placement, the court ~~it~~ may order that the patient be  
1531 transferred to a treatment facility, ~~or~~ if the patient is at a  
1532 treatment facility, that the patient be retained there or be  
1533 treated at any other appropriate facility, or that the patient  
1534 receive services, ~~on an involuntary basis, for up to 90 days.~~  
1535 ~~However, any order for involuntary mental health services in a~~  
1536 ~~treatment facility may be for up to 6 months. The order shall~~  
1537 ~~specify the nature and extent of the patient's mental illness.~~  
1538 The court may not order an individual with a developmental  
1539 disability as defined in s. 393.063 or a traumatic brain injury  
1540 or dementia who lacks a co-occurring mental illness to be  
1541 involuntarily placed in a state treatment facility. ~~The facility~~  
1542 ~~shall discharge a patient any time the patient no longer meets~~  
1543 ~~the criteria for involuntary inpatient placement, unless the~~  
1544 ~~patient has transferred to voluntary status.~~

1545 (c) If at any time before the conclusion of a ~~the~~ hearing  
1546 on involuntary services, ~~inpatient placement~~ it appears to the  
1547 court that the patient ~~person does not meet the criteria for~~  
1548 ~~involuntary inpatient placement under this section, but instead~~  
1549 meets the criteria for involuntary ~~outpatient services~~, the  
1550 court may order the person evaluated for involuntary outpatient

1551 ~~services pursuant to s. 394.4655. The petition and hearing~~  
1552 ~~procedures set forth in s. 394.4655 shall apply. If the person~~  
1553 ~~instead meets the criteria for involuntary assessment,~~  
1554 ~~protective custody, or involuntary admission or treatment~~  
1555 ~~pursuant to s. 397.675, then the court may order the person to~~  
1556 ~~be admitted for involuntary assessment ~~for a period of 5 days~~~~  
1557 ~~pursuant to s. 397.675 ~~s. 397.6811~~. Thereafter, all proceedings~~  
1558 ~~are governed by chapter 397.~~

1559 ~~(d) At the hearing on involuntary inpatient placement, the~~  
1560 ~~court shall consider testimony and evidence regarding the~~  
1561 ~~patient's competence to consent to treatment. If the court finds~~  
1562 ~~that the patient is incompetent to consent to treatment, it~~  
1563 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~

1564 ~~(d)(e)~~ The administrator of the petitioning facility or  
1565 the designated department representative shall provide a copy of  
1566 the court order and adequate documentation of a patient's mental  
1567 illness to the service provider for involuntary outpatient  
1568 services or the administrator of a treatment facility if the  
1569 patient is ordered for involuntary inpatient placement, ~~whether~~  
1570 ~~by civil or criminal court~~. The documentation must include any  
1571 advance directives made by the patient, a psychiatric evaluation  
1572 of the patient, and any evaluations of the patient performed by  
1573 a psychiatric nurse, a clinical psychologist, a marriage and  
1574 family therapist, a mental health counselor, or a clinical  
1575 social worker. The administrator of a treatment facility may

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1576 refuse admission to any patient directed to its facilities on an  
1577 involuntary basis, whether by civil or criminal court order, who  
1578 is not accompanied by adequate orders and documentation.

1579 (9) TREATMENT PLAN MODIFICATION—After the order for  
1580 involuntary outpatient services is issued, the service provider  
1581 and the patient may modify the treatment plan. For any material  
1582 modification of the treatment plan to which the patient or, if  
1583 one is appointed, the patient's guardian advocate agrees, the  
1584 service provider shall send notice of the modification to the  
1585 court. Any material modifications of the treatment plan which  
1586 are contested by the patient or the patient's guardian advocate,  
1587 if applicable, must be approved or disapproved by the court  
1588 consistent with subsection (4).

1589 (10) NONCOMPLIANCE WITH INVOLUNTARY OUTPATIENT SERVICES.—  
1590 If, in the clinical judgment of a physician, a patient receiving  
1591 involuntary outpatient services has failed or has refused to  
1592 comply with the treatment plan ordered by the court, and, in the  
1593 clinical judgment of the physician, efforts were made to solicit  
1594 compliance and the patient may meet the criteria for involuntary  
1595 examination, a person may be brought to a receiving facility  
1596 pursuant to s. 394.463. If, after examination, the patient does  
1597 not meet the criteria for involuntary inpatient placement under  
1598 this section, the patient must be discharged from the facility.  
1599 The involuntary outpatient services order shall remain in effect  
1600 unless the service provider determines that the patient no



1601 longer meets the criteria for involuntary outpatient services or  
 1602 until the order expires. The service provider must determine  
 1603 whether modifications should be made to the existing treatment  
 1604 plan and must attempt to continue to engage the patient in  
 1605 treatment. For any material modification of the treatment plan  
 1606 to which the patient or the patient's guardian advocate, if  
 1607 applicable, agrees, the service provider shall send notice of  
 1608 the modification to the court. Any material modifications of the  
 1609 treatment plan which are contested by the patient or the  
 1610 patient's guardian advocate, if applicable, must be approved or  
 1611 disapproved by the court consistent with subsection (4).

1612 (11)-(7)- PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES  
 1613 INPATIENT PLACEMENT.-

1614 (a) A petition for continued involuntary services shall be  
 1615 filed if the patient continues to meets the criteria for  
 1616 involuntary services.

1617 (b)1. If a patient receiving involuntary outpatient  
 1618 services continues to meet the criteria for involuntary  
 1619 outpatient services, the service provider shall file in the  
 1620 court that issued the order for involuntary outpatient services  
 1621 a petition for continued involuntary outpatient services.

1622 2. If the patient in involuntary inpatient placement

1623 ~~(a) Hearings on petitions for continued involuntary~~  
 1624 ~~inpatient placement of an individual placed at any treatment~~  
 1625 ~~facility are administrative hearings and must be conducted in~~

1626 ~~accordance with s. 120.57(1), except that any order entered by~~  
1627 ~~the administrative law judge is final and subject to judicial~~  
1628 ~~review in accordance with s. 120.68. Orders concerning patients~~  
1629 ~~committed after successfully pleading not guilty by reason of~~  
1630 ~~insanity are governed by s. 916.15.~~

1631 ~~(b)~~ If the patient continues to meet the criteria for  
1632 involuntary inpatient placement and is being treated at a  
1633 treatment facility, the administrator shall, before the  
1634 expiration of the period the treatment facility is authorized to  
1635 retain the patient, file a petition requesting authorization for  
1636 continued involuntary inpatient placement.

1637 3. The court shall immediately schedule a hearing on the  
1638 petition to be held within 15 days after the petition is filed.

1639 4. The existing involuntary services order shall remain in  
1640 effect until disposition on the petition for continued  
1641 involuntary services.

1642 (c) A certificate for continued involuntary services must  
1643 be attached to the petition and shall include ~~The request must~~  
1644 ~~be accompanied by~~ a statement from the patient's physician,  
1645 psychiatrist, psychiatric nurse, or clinical psychologist  
1646 justifying the request, a brief description of the patient's  
1647 treatment during the time he or she was receiving involuntary  
1648 services involuntarily placed, and, if requesting involuntary  
1649 outpatient services, an individualized plan of continued  
1650 treatment. The individualized plan of continued treatment shall

1651 be developed in consultation with the patient or the patient's  
1652 guardian advocate, if applicable. When the petition has been  
1653 filed, the clerk of the court shall provide copies of the  
1654 certificate and the individualized plan of continued services to  
1655 the department, the patient, the patient's guardian advocate,  
1656 the state attorney, and the patient's private counsel or the  
1657 public defender.

1658 (d) The court shall appoint counsel to represent the  
1659 person who is the subject of the petition for continued  
1660 involuntary services in accordance to the provisions set forth  
1661 in subsection (5), unless the person is otherwise represented by  
1662 counsel or ineligible.

1663 (e) Hearings on petitions for continued involuntary  
1664 outpatient services must be before the court that issued the  
1665 order for involuntary outpatient services. However, the patient  
1666 and the patient's attorney may agree to a period of continued  
1667 outpatient services without a court hearing.

1668 (f) Hearings on petitions for continued involuntary  
1669 inpatient placement must be held in the county or the facility,  
1670 as appropriate, where the patient is located.

1671 (g) The court may appoint a magistrate to preside at the  
1672 hearing. The procedures for obtaining an order pursuant to this  
1673 paragraph must meet the requirements of subsection (7).

1674 (h) Notice of the hearing must be provided as set forth  
1675 ~~provided~~ in s. 394.4599.

1676        (i) If a patient's attendance at the hearing is  
1677 voluntarily waived, the ~~administrative law~~ judge must determine  
1678 that the patient knowingly, intelligently, and voluntarily  
1679 waived his or her right to be present, ~~waiver is knowing and~~  
1680 ~~voluntary~~ before waiving the presence of the patient from all or  
1681 a portion of the hearing. Alternatively, if at the hearing the  
1682 ~~administrative law~~ judge finds that attendance at the hearing is  
1683 not consistent with the best interests of the patient, the  
1684 ~~administrative law~~ judge may waive the presence of the patient  
1685 from all or any portion of the hearing, unless the patient,  
1686 through counsel, objects to the waiver of presence. The  
1687 testimony in the hearing must be under oath, and the proceedings  
1688 must be recorded.

1689        (j) Hearings on petitions for continued involuntary  
1690 inpatient placement of an individual placed at any treatment  
1691 facility are administrative hearings and must be conducted in  
1692 accordance with s. 120.57(1), except that any order entered by  
1693 the judge is final and subject to judicial review in accordance  
1694 with s. 120.68. Orders concerning patients committed after  
1695 successfully pleading not guilty by reason of insanity are  
1696 governed by s. 916.15.

1697        ~~(c) Unless the patient is otherwise represented or is~~  
1698 ~~ineligible, he or she shall be represented at the hearing on the~~  
1699 ~~petition for continued involuntary inpatient placement by the~~  
1700 ~~public defender of the circuit in which the facility is located.~~

1701            ~~(k)-(d)~~ If at a hearing it is shown that the patient  
 1702 continues to meet the criteria for involuntary services  
 1703 ~~inpatient placement~~, the court administrative law judge shall  
 1704 issue an ~~sign the~~ order for continued involuntary services  
 1705 ~~inpatient placement~~ for up to 90 days. However, any order for  
 1706 involuntary inpatient placement, or mental health services in a  
 1707 combination of involuntary services treatment facility may be  
 1708 for up to 6 months. The same procedure shall be repeated before  
 1709 the expiration of each additional period the patient is  
 1710 retained.

1711            (l) If the patient has been ordered to undergo involuntary  
 1712 services and has previously been found incompetent to consent to  
 1713 treatment, the court shall consider testimony and evidence  
 1714 regarding the patient's competence. If the patient's competency  
 1715 to consent to treatment is restored, the discharge of the  
 1716 guardian advocate shall be governed by s. 394.4598. If the  
 1717 patient has been ordered to undergo involuntary inpatient  
 1718 placement only and the patient's competency to consent to  
 1719 treatment is restored, the administrative law judge may issue a  
 1720 recommended order, to the court that found the patient  
 1721 incompetent to consent to treatment, that the patient's  
 1722 competence be restored and that any guardian advocate previously  
 1723 appointed be discharged.

1724            ~~(m)-(e)~~ If continued involuntary inpatient placement is  
 1725 necessary for a patient in involuntary inpatient placement who

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1726 was admitted while serving a criminal sentence, but his or her  
1727 sentence is about to expire, or for a minor involuntarily  
1728 placed, but who is about to reach the age of 18, the  
1729 administrator shall petition the administrative law judge for an  
1730 order authorizing continued involuntary inpatient placement.  
1731 The procedure required in this section ~~subsection~~ must be  
1732 followed before the expiration of each additional period the  
1733 patient is involuntarily receiving services.

1734 (12) ~~(8)~~ RETURN TO FACILITY.—If a patient has been ordered  
1735 to undergo involuntary inpatient placement ~~involuntarily~~ held at  
1736 a treatment facility under this part leaves the facility without  
1737 the administrator's authorization, the administrator may  
1738 authorize a search for the patient and his or her return to the  
1739 facility. The administrator may request the assistance of a law  
1740 enforcement agency in this regard.

1741 (13) DISCHARGE—The patient shall be discharged upon  
1742 expiration of the court order or at any time the patient no  
1743 longer meets the criteria for involuntary services, unless the  
1744 patient has transferred to voluntary status. Upon discharge, the  
1745 service provider or facility shall send a certificate of  
1746 discharge to the court.

1747 Section 13. Subsection (2) of section 394.468, Florida  
1748 Statutes, is amended and subsection (3) is added to that section  
1749 to read:

1750 394.468 Admission and discharge procedures.—

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1751 (2) Discharge planning and procedures for any patient's  
 1752 release from a receiving facility or treatment facility must  
 1753 include and document the patient's needs, and actions to address  
 1754 such needs, for ~~consideration of~~, at a minimum:

- 1755 (a) Follow-up behavioral health appointments;
- 1756 (b) Information on how to obtain prescribed medications;
- 1757 and

- 1758 (c) Information pertaining to:
  - 1759 1. Available living arrangements;
  - 1760 2. Transportation; and

- 1761 (d) Referral to:
  - 1762 1. Care coordination services. The patient must be  
 1763 referred for care coordination services if the patient meets the  
 1764 criteria as a member of a priority population as determined by  
 1765 the department under s. 394.9082 (3) (c) and is in need of such  
 1766 services.

1767 ~~2.3.~~ Recovery support opportunities under s.  
 1768 394.4573(2)(1), including, but not limited to, connection to a  
 1769 peer specialist.

1770 (3) During the discharge transition process and while the  
 1771 patient is present unless determined inappropriate by a licensed  
 1772 medical practitioner, a receiving facility shall coordinate,  
 1773 face-to-face or through electronic means, discharge plans to a  
 1774 less restrictive community behavioral health provider, a peer  
 1775 specialist, a case manager, or a care coordination service. The

1776 transition process must include all of the following criteria:

1777 (a) Implementation of policies and procedures outlining  
 1778 strategies for how the receiving facility will comprehensively  
 1779 address the needs of patients who demonstrate a high use of  
 1780 receiving facility services to avoid or reduce future use of  
 1781 crisis stabilization services.

1782 (b) Developing and including in discharge paperwork a  
 1783 personalized crisis prevention plan that identifies stressors,  
 1784 early warning signs or symptoms, and strategies to deal with  
 1785 crisis.

1786 (c) Requiring a staff member to seek to engage a family  
 1787 member, legal guardian, legal representative, or natural support  
 1788 in discharge planning and meet face to face or through  
 1789 electronic means to review the discharge instructions, including  
 1790 prescribed medications, follow-up appointments, and any other  
 1791 recommended services or follow-up resources, and document the  
 1792 outcome of such meeting.

1793 (d) When the recommended level of care at discharge is not  
 1794 immediately available to the patient, the receiving facility  
 1795 must, at a minimum, initiate a referral to an appropriate  
 1796 provider to meet the needs of the patient to continue care until  
 1797 the recommended level of care is available.

1798 Section 14. Subsection (3) of section 394.495, Florida  
 1799 Statutes, is amended to read:

1800 394.495 Child and adolescent mental health system of care;



1801 programs and services.—

1802 (3) Assessments must be performed by:

1803 (a) A clinical psychologist, clinical social worker,  
 1804 physician, psychiatric nurse, or psychiatrist, as those terms  
 1805 are defined in s. 394.455 ~~professional as defined in s.~~  
 1806 ~~394.455(5), (7), (33), (36), or (37);~~

1807 (b) A professional licensed under chapter 491; or

1808 (c) A person who is under the direct supervision of a  
 1809 clinical psychologist, clinical social worker, physician,  
 1810 psychiatric nurse, or psychiatrist, as those terms are defined  
 1811 in s. 394.455, ~~qualified professional as defined in s.~~  
 1812 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed  
 1813 under chapter 491.

1814 Section 15. Subsection (5) of section 394.496, Florida  
 1815 Statutes, is amended to read:

1816 394.496 Service planning.—

1817 (5) A clinical psychologist, clinical social worker,  
 1818 physician, psychiatric nurse, or psychiatrist, as those terms  
 1819 are defined in s. 394.455, ~~professional as defined in s.~~  
 1820 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed  
 1821 under chapter 491 must be included among those persons  
 1822 developing the services plan.

1823 Section 16. Paragraph (a) of subsection (2) of section  
 1824 394.499, Florida Statutes, is amended to read:

1825 394.499 Integrated children's crisis stabilization

1826 unit/juvenile addictions receiving facility services.—

1827 (2) Children eligible to receive integrated children's  
 1828 crisis stabilization unit/juvenile addictions receiving facility  
 1829 services include:

1830 (a) A minor whose parent makes ~~person under 18 years of~~  
 1831 ~~age for whom~~ voluntary application based on the parent's express  
 1832 and informed consent, and the requirements of s. 394.4625(1) (a)  
 1833 are met ~~is made by his or her guardian, if such person is found~~  
 1834 ~~to show evidence of mental illness and to be suitable for~~  
 1835 ~~treatment pursuant to s. 394.4625. A person under 18 years of~~  
 1836 ~~age may be admitted for integrated facility services only after~~  
 1837 ~~a hearing to verify that the consent to admission is voluntary.~~

1838 Section 17. Paragraphs (a) and (d) of subsection (1) of  
 1839 section 394.875, Florida Statutes, are amended to read:

1840 394.875 Crisis stabilization units, residential treatment  
 1841 facilities, and residential treatment centers for children and  
 1842 adolescents; authorized services; license required.—

1843 (1) (a) The purpose of a crisis stabilization unit is to  
 1844 stabilize and redirect a client to the most appropriate and  
 1845 least restrictive community setting available, consistent with  
 1846 the client's needs. Crisis stabilization units may screen,  
 1847 assess, and admit for stabilization persons who present  
 1848 themselves to the unit and persons who are brought to the unit  
 1849 under s. 394.463. Clients may be provided 24-hour observation,  
 1850 medication prescribed by a licensed medical practitioner

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1851 ~~physician~~ or psychiatrist, and other appropriate services.  
1852 Crisis stabilization units shall provide services regardless of  
1853 the client's ability to pay ~~and shall be limited in size to a~~  
1854 ~~maximum of 30 beds.~~

1855 ~~(d) The department is directed to implement a~~  
1856 ~~demonstration project in circuit 18 to test the impact of~~  
1857 ~~expanding beds authorized in crisis stabilization units from 30~~  
1858 ~~to 50 beds. Specifically, the department is directed to~~  
1859 ~~authorize existing public or private crisis stabilization units~~  
1860 ~~in circuit 18 to expand bed capacity to a maximum of 50 beds and~~  
1861 ~~to assess the impact such expansion would have on the~~  
1862 ~~availability of crisis stabilization services to clients.~~

1863 Section 18. Subsection (6) of section 394.9085, Florida  
1864 Statutes, is amended to read:

1865 394.9085 Behavioral provider liability.—

1866 (6) For purposes of this section, the terms  
1867 "detoxification ~~services,~~" "addictions receiving facility," and  
1868 "receiving facility" have the same meanings as those provided in  
1869 ss. 397.311(26) (a) 4. ~~397.311(26) (a) 3.,~~ 397.311(26) (a) 1., and  
1870 394.455(41) ~~394.455(40),~~ respectively.

1871 Section 19. Subsection (3) of section 397.305, Florida  
1872 Statutes, is amended to read:

1873 397.305 Legislative findings, intent, and purpose.—

1874 (3) It is the purpose of this chapter to provide for a  
1875 comprehensive continuum of accessible and quality substance

1876 abuse prevention, intervention, clinical treatment, and recovery  
 1877 support services in the most appropriate and least restrictive  
 1878 environment which promotes long-term recovery while protecting  
 1879 and respecting the rights of individuals, primarily through  
 1880 community-based private not-for-profit providers working with  
 1881 local governmental programs involving a wide range of agencies  
 1882 from both the public and private sectors.

1883 Section 20. Subsections (19) and (23) of section 397.311,  
 1884 Florida Statutes, are amended to read:

1885 397.311 Definitions.—As used in this chapter, except part  
 1886 VIII, the term:

1887 (19) "Impaired" or "substance abuse impaired" means having  
 1888 a substance use disorder or a condition involving the use of  
 1889 alcoholic beverages, illicit or prescription drugs, or any  
 1890 psychoactive or mood-altering substance in such a manner as to  
 1891 induce mental, emotional, or physical problems or ~~and~~ cause  
 1892 socially dysfunctional behavior.

1893 (23) "Involuntary treatment services" means an array of  
 1894 behavioral health services that may be ordered by the court for  
 1895 persons with substance abuse impairment or co-occurring  
 1896 substance abuse impairment and mental health disorders.

1897 Section 21. Subsection (6) is added to section 397.401,  
 1898 Florida Statutes, to read:

1899 397.401 License required; penalty; injunction; rules  
 1900 waivers.—

1901       (6) A service provider operating an addictions receiving  
 1902 facility or providing detoxification on a nonhospital inpatient  
 1903 basis may not exceed its licensed capacity by more than 10  
 1904 percent and may not exceed their licensed capacity for more than  
 1905 3 consecutive working days or for more than 7 days in 1 month.

1906       Section 22. Paragraph (i) is added to subsection (1) of  
 1907 section 397.4073, Florida Statutes, to read:

1908       397.4073 Background checks of service provider personnel.—

1909       (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND  
 1910 EXCEPTIONS.—

1911       (i) Any licensed physician or nurse who requires  
 1912 background screening by the Department of Health during initial  
 1913 licensure and the renewal of licensure is not subject to  
 1914 background screening pursuant to this section if he or she is  
 1915 providing a service that is within the scope of his or her  
 1916 licensed practice.

1917       Section 23. Subsection (8) of section 397.501, Florida  
 1918 Statutes, is amended to read:

1919       397.501 Rights of individuals.—Individuals receiving  
 1920 substance abuse services from any service provider are  
 1921 guaranteed protection of the rights specified in this section,  
 1922 unless otherwise expressly provided, and service providers must  
 1923 ensure the protection of such rights.

1924       (8) RIGHT TO COUNSEL.—Each individual must be informed  
 1925 that he or she has the right to be represented by counsel in any

1926 judicial involuntary proceeding for involuntary substance abuse  
 1927 ~~assessment, stabilization, or~~ treatment and that he or she, or  
 1928 if the individual is a minor his or her parent, legal guardian,  
 1929 or legal custodian, may apply immediately to the court to have  
 1930 an attorney appointed if he or she cannot afford one.

1931 Section 24. Section 397.581, Florida Statutes, is amended  
 1932 to read:

1933 397.581 Unlawful activities relating to assessment and  
 1934 treatment; penalties.—

1935 (1) A person may not knowingly and willfully:

1936 (a) Furnish ~~furnishing~~ false information for the purpose  
 1937 of obtaining emergency or other involuntary admission of another  
 1938 ~~person for any person is a misdemeanor of the first degree,~~  
 1939 ~~punishable as provided in s. 775.082 and by a fine not exceeding~~  
 1940 ~~\$5,000.~~

1941 (b) ~~(2)~~ Cause or otherwise secure, or conspire with or  
 1942 assist another to cause or secure ~~Causing or otherwise securing,~~  
 1943 ~~or conspiring with or assisting another to cause or secure,~~  
 1944 ~~without reason for believing a person to be impaired,~~ any  
 1945 emergency or other involuntary procedure of another ~~for the~~  
 1946 person under false pretenses ~~is a misdemeanor of the first~~  
 1947 ~~degree, punishable as provided in s. 775.082 and by a fine not~~  
 1948 ~~exceeding \$5,000.~~

1949 (c) ~~(3)~~ Cause, or conspire with or assist another to cause,  
 1950 without lawful justification ~~Causing, or conspiring with or~~

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1951 ~~assisting another to cause,~~ the denial to any person of any  
 1952 right accorded pursuant to this chapter.

1953 (2) A person who violates subsection (1) commits ~~is~~ a  
 1954 misdemeanor of the first degree, punishable as provided in s.  
 1955 775.082 and by a fine not exceeding \$5,000.

1956 Section 25. Section 397.675, Florida Statutes, is amended  
 1957 to read:

1958 397.675 Criteria for involuntary admissions, including  
 1959 protective custody, emergency admission, and other involuntary  
 1960 assessment, involuntary treatment, and alternative involuntary  
 1961 assessment for minors, for purposes of assessment and  
 1962 stabilization, and for involuntary treatment.—A person meets the  
 1963 criteria for involuntary admission if there is good faith reason  
 1964 to believe that the person is substance abuse impaired or has a  
 1965 substance use disorder and a co-occurring mental health disorder  
 1966 and, because of such impairment or disorder:

1967 (1) Has lost the power of self-control with respect to  
 1968 substance abuse; and

1969 (2) (a) Is in need of substance abuse services and, by  
 1970 reason of substance abuse impairment, his or her judgment has  
 1971 been so impaired that he or she is incapable of appreciating his  
 1972 or her need for such services and of making a rational decision  
 1973 in that regard, although mere refusal to receive such services  
 1974 does not constitute evidence of lack of judgment with respect to  
 1975 his or her need for such services; or

1976 (b) Without care or treatment, is likely to suffer from  
 1977 neglect or refuse to care for himself or herself; that such  
 1978 neglect or refusal poses a real and present threat of  
 1979 substantial harm to his or her well-being; and that it is not  
 1980 apparent that such harm may be avoided through the help of  
 1981 willing, able, and responsible family members or friends or the  
 1982 provision of other services, or there is substantial likelihood  
 1983 that the person has inflicted, or threatened to or attempted to  
 1984 inflict, or, unless admitted, is likely to inflict, physical  
 1985 harm on himself, herself, or another.

1986 Section 26. Subsection (1) of section 397.6751, Florida  
 1987 Statutes, is amended to read:

1988 397.6751 Service provider responsibilities regarding  
 1989 involuntary admissions.—

1990 (1) It is the responsibility of the service provider to:

1991 (a) Ensure that a person who is admitted to a licensed  
 1992 service component meets the admission criteria specified in s.  
 1993 397.675;

1994 (b) Ascertain whether the medical and behavioral  
 1995 conditions of the person, as presented, are beyond the safe  
 1996 management capabilities of the service provider;

1997 (c) Provide for the admission of the person to the service  
 1998 component that represents the most appropriate and least  
 1999 restrictive available setting that is responsive to the person's  
 2000 treatment needs;



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2001 (d) Verify that the admission of the person to the service  
 2002 component does not result in a census in excess of its licensed  
 2003 service capacity;

2004 (e) Determine whether the cost of services is within the  
 2005 financial means of the person or those who are financially  
 2006 responsible for the person's care; and

2007 (f) Take all necessary measures to ensure that each  
 2008 individual in treatment is provided with a safe environment, and  
 2009 to ensure that each individual whose medical condition or  
 2010 behavioral problem becomes such that he or she cannot be safely  
 2011 managed by the service component is discharged and referred to a  
 2012 more appropriate setting for care.

2013 Section 27. Section 397.681, Florida Statutes, is amended  
 2014 to read:

2015 397.681 Involuntary petitions; general provisions; court  
 2016 jurisdiction and right to counsel.—

2017 (1) JURISDICTION.—The courts have jurisdiction of  
 2018 ~~involuntary assessment and stabilization petitions and~~  
 2019 involuntary treatment petitions for substance abuse impaired  
 2020 persons, and such petitions must be filed with the clerk of the  
 2021 court in the county where the person resides ~~is located~~. The  
 2022 clerk of the court may not charge a fee for the filing of a  
 2023 petition under this section. The chief judge may appoint a  
 2024 general or special magistrate to preside over all or part of the  
 2025 proceedings related to the petition or any ancillary matters

2026 thereto. The alleged impaired person is named as the respondent.  
 2027 (2) RIGHT TO COUNSEL.—Unless the respondent is present and  
 2028 the court finds he or she knowingly, intelligently, and  
 2029 voluntarily waived legal representation, a respondent has the  
 2030 right to counsel at every stage of a judicial proceeding  
 2031 relating to a petition for his or her ~~involuntary assessment and~~  
 2032 ~~a petition for his or her~~ involuntary treatment for substance  
 2033 abuse impairment. A respondent who desires counsel and is unable  
 2034 to afford private counsel has the right to court-appointed  
 2035 counsel and to the benefits of s. 57.081. If the court believes  
 2036 that the respondent needs or desires the assistance of counsel,  
 2037 the court shall appoint such counsel for the respondent without  
 2038 regard to the respondent's wishes. If the respondent is a minor  
 2039 not otherwise represented in the proceeding, the court shall  
 2040 immediately appoint a guardian ad litem to act on the minor's  
 2041 behalf.

2042 Section 28. Section 397.693, Florida Statutes, is  
 2043 renumbered as 397.68111, Florida Statutes, and amended to read:

2044 397.68111 ~~397.693~~ Involuntary treatment.—A person may be  
 2045 the subject of a petition for court-ordered involuntary  
 2046 treatment pursuant to this part, if that person:

2047 (1) Reasonably appears to meet ~~meets~~ the criteria for  
 2048 involuntary admission provided in s. 397.675; ~~and:~~

2049 (2) ~~(1)~~ Has been placed under protective custody pursuant  
 2050 to s. 397.677 within the previous 10 days;

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2051        (3)~~(2)~~ Has been subject to an emergency admission pursuant  
 2052 to s. 397.679 within the previous 10 days; or

2053        (4)~~(3)~~ Has been assessed by a qualified professional  
 2054 within 30 ~~5~~ days;

2055        ~~(4) Has been subject to involuntary assessment and  
 2056 stabilization pursuant to s. 397.6818 within the previous 12  
 2057 days; or~~

2058        ~~(5) Has been subject to alternative involuntary admission  
 2059 pursuant to s. 397.6822 within the previous 12 days.~~

2060        Section 29. Section 397.695, Florida Statutes, is  
 2061 renumbered as section 397.68112, Florida Statutes, and amended  
 2062 to read:

2063        397.68112 ~~397.695~~ Involuntary services; persons who may  
 2064 petition.—

2065        (1) If the respondent is an adult, a petition for  
 2066 involuntary treatment services may be filed by the respondent's  
 2067 spouse or legal guardian, any relative, a service provider, or  
 2068 an adult who has direct personal knowledge of the respondent's  
 2069 substance abuse impairment and his or her prior course of  
 2070 assessment and treatment.

2071        (2) If the respondent is a minor, a petition for  
 2072 involuntary treatment services may be filed by a parent, legal  
 2073 guardian, or service provider.

2074        (3) The court may prohibit, or a law enforcement agency  
 2075 may waive, any service of process fees if a petitioner is

2076 | determined to be indigent.

2077 | Section 30. Section 397.6951, Florida Statutes, is  
 2078 | renumbered as 397.68141, Florida Statutes, and amended to read:

2079 | 397.68141 ~~397.6951~~ Contents of petition for involuntary  
 2080 | treatment services.—A petition for involuntary services must  
 2081 | contain the name of the respondent; the name of the petitioner  
 2082 | ~~or petitioners~~; the relationship between the respondent and the  
 2083 | petitioner; the name of the respondent's attorney, if known; ~~the~~  
 2084 | ~~findings and recommendations of the assessment performed by the~~  
 2085 | ~~qualified professional~~; and the factual allegations presented by  
 2086 | the petitioner establishing the need for involuntary ~~outpatient~~  
 2087 | services for substance abuse impairment. The factual allegations  
 2088 | must demonstrate:

2089 | (1) The reason for the petitioner's belief that the  
 2090 | respondent is substance abuse impaired;

2091 | (2) The reason for the petitioner's belief that because of  
 2092 | such impairment the respondent has lost the power of self-  
 2093 | control with respect to substance abuse; and

2094 | (3) (a) The reason the petitioner believes that the  
 2095 | respondent has inflicted or is likely to inflict physical harm  
 2096 | on himself or herself or others unless the court orders the  
 2097 | involuntary services; or

2098 | (b) The reason the petitioner believes that the  
 2099 | respondent's refusal to voluntarily receive care is based on  
 2100 | judgment so impaired by reason of substance abuse that the

2101 respondent is incapable of appreciating his or her need for care  
 2102 and of making a rational decision regarding that need for care.

2103 (4) The petition may be accompanied by a certificate or  
 2104 report of a qualified professional who examined the respondent  
 2105 within 30 days before the petition was filed. The certificate or  
 2106 report must include the qualified professional's findings  
 2107 relating to his or her assessment of the patient and his or her  
 2108 treatment recommendations. If the respondent was not assessed  
 2109 before the filing of a treatment petition or refused to submit  
 2110 to an evaluation, the lack of assessment or refusal must be  
 2111 noted in the petition.

2112 (5) If there is an emergency, the petition must also  
 2113 describe the respondent's exigent circumstances and include a  
 2114 request for an ex parte assessment and stabilization order that  
 2115 must be executed pursuant to s. 397.68151.

2116 Section 31. Section 397.6955, Florida Statutes, is  
 2117 renumbered as section 397.68151, Florida Statutes, and amended  
 2118 to read:

2119 397.68151 ~~397.6955~~ Duties of court upon filing of petition  
 2120 for involuntary services.—

2121 (1) Upon the filing of a petition for involuntary services  
 2122 for a substance abuse impaired person with the clerk of the  
 2123 court, the court shall immediately determine whether the  
 2124 respondent is represented by an attorney or whether the  
 2125 appointment of counsel for the respondent is appropriate. If the

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2126 court appoints counsel for the person, the clerk of the court  
2127 shall immediately notify the office of criminal conflict and  
2128 civil regional counsel, created pursuant to s. 27.511, of the  
2129 appointment. The office of criminal conflict and civil regional  
2130 counsel shall represent the person until the petition is  
2131 dismissed, the court order expires, ~~or~~ the person is discharged  
2132 from involuntary treatment services, or the office is otherwise  
2133 discharged by the court. An attorney that represents the person  
2134 named in the petition shall have access to the person,  
2135 witnesses, and records relevant to the presentation of the  
2136 person's case and shall represent the interests of the person,  
2137 regardless of the source of payment to the attorney.

2138 (2) The court shall schedule a hearing to be held on the  
2139 petition within 10 court working ~~5~~ days unless a continuance is  
2140 granted. ~~The court may appoint a magistrate to preside at the~~  
2141 ~~hearing.~~

2142 (3) A copy of the petition and notice of the hearing must  
2143 be provided to the respondent; the respondent's parent,  
2144 guardian, or legal custodian, in the case of a minor; the  
2145 respondent's attorney, if known; the petitioner; the  
2146 respondent's spouse or guardian, if applicable; and such other  
2147 persons as the court may direct. If the respondent is a minor, a  
2148 copy of the petition and notice of the hearing must be  
2149 personally delivered to the respondent. The clerk ~~court~~ shall  
2150 also issue a summons to the person whose admission is sought and

2151 unless a circuit court's chief judge authorizes disinterested  
2152 private process servers to serve parties under this chapter, a  
2153 law enforcement agency must effect such service on the person  
2154 whose admission is sought for the initial treatment hearing.

2155 Section 32. Section 397.6818, Florida Statutes, is amended  
2156 to read:

2157 397.6818 Court determination.—

2158 (1) When the petitioner asserts that emergency  
2159 circumstances exist, or when upon review of the petition the  
2160 court determines that an emergency exists, the court may rely  
2161 solely on the contents of the petition and, without the  
2162 appointment of an attorney, enter an ex parte order for the  
2163 respondent's involuntary assessment and stabilization which must  
2164 be executed during the period when the hearing on the petition  
2165 for treatment is pending.

2166 (2) The court may further order a law enforcement officer  
2167 or another designated agent of the court to:

2168 (a) Take the respondent into custody and deliver him or  
2169 her for evaluation to either the nearest appropriate licensed  
2170 service provider or a licensed service provider designated by  
2171 the court.

2172 (b) Serve the respondent with the notice of hearing and a  
2173 copy of the petition.

2174 (3) The service provider may not hold the respondent for  
2175 longer than 72 hours of observation, unless:

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2176 (a) The service provider seeks additional time under s.  
2177 397.6957(1)(c) and the court, after a hearing, grants that  
2178 motion;

2179 (b) The respondent shows signs of withdrawal, or a need to  
2180 be either detoxified or treated for a medical condition, which  
2181 shall extend the amount of time the respondent may be held for  
2182 observation until the issue is resolved but no later than the  
2183 scheduled hearing date, absent a court-approved extension; or

2184 (c) The original or extended observation period ends on a  
2185 weekend or holiday, including the hours before the ordinary  
2186 business hours of the following workday morning, in which case  
2187 the provider may hold the respondent until the next court  
2188 working day.

2189 (4) If the ex parte order was not executed by the initial  
2190 hearing date, it shall be deemed void. However, should the  
2191 respondent not appear at the hearing for any reason, including  
2192 lack of service, and upon reviewing the petition, testimony, and  
2193 evidence presented, the court reasonably believes the respondent  
2194 meets this chapter's commitment criteria and that a substance  
2195 abuse emergency exists, the court may issue or reissue an ex  
2196 parte assessment and stabilization order that is valid for 90  
2197 days. If the respondent's location is known at the time of the  
2198 hearing, the court:

2199 (a) Shall continue the case for no more than 10 court  
2200 working days; and



2201           (b) May order a law enforcement officer or another  
 2202 designated agent of the court to:  
 2203           1. Take the respondent into custody and deliver him or her  
 2204 for evaluation to either the nearest appropriate licensed  
 2205 service provider or a licensed service provider designated by  
 2206 the court; and  
 2207           2. If a hearing date is set, serve the respondent with  
 2208 notice of the rescheduled hearing and a copy of the involuntary  
 2209 treatment petition if the respondent has not already been  
 2210 served.  
 2211  
 2212 Otherwise, the petitioner must inform the court that the  
 2213 respondent has been assessed so that the court may schedule a  
 2214 hearing as soon as is practicable. However, if the respondent  
 2215 has not been assessed within 90 days, the court must dismiss the  
 2216 case. ~~At the hearing initiated in accordance with s.~~  
 2217 ~~397.6811(1), the court shall hear all relevant testimony. The~~  
 2218 ~~respondent must be present unless the court has reason to~~  
 2219 ~~believe that his or her presence is likely to be injurious to~~  
 2220 ~~him or her, in which event the court shall appoint a guardian~~  
 2221 ~~advocate to represent the respondent. The respondent has the~~  
 2222 ~~right to examination by a court-appointed qualified~~  
 2223 ~~professional. After hearing all the evidence, the court shall~~  
 2224 ~~determine whether there is a reasonable basis to believe the~~  
 2225 ~~respondent meets the involuntary admission criteria of s.~~

2226 ~~397.675.~~

2227 ~~(1) Based on its determination, the court shall either~~  
2228 ~~dismiss the petition or immediately enter an order authorizing~~  
2229 ~~the involuntary assessment and stabilization of the respondent;~~  
2230 ~~or, if in the course of the hearing the court has reason to~~  
2231 ~~believe that the respondent, due to mental illness other than or~~  
2232 ~~in addition to substance abuse impairment, is likely to injure~~  
2233 ~~himself or herself or another if allowed to remain at liberty,~~  
2234 ~~the court may initiate involuntary proceedings under the~~  
2235 ~~provisions of part I of chapter 394.~~

2236 ~~(2) If the court enters an order authorizing involuntary~~  
2237 ~~assessment and stabilization, the order shall include the~~  
2238 ~~court's findings with respect to the availability and~~  
2239 ~~appropriateness of the least restrictive alternatives and the~~  
2240 ~~need for the appointment of an attorney to represent the~~  
2241 ~~respondent, and may designate the specific licensed service~~  
2242 ~~provider to perform the involuntary assessment and stabilization~~  
2243 ~~of the respondent. The respondent may choose the licensed~~  
2244 ~~service provider to deliver the involuntary assessment where~~  
2245 ~~possible and appropriate.~~

2246 ~~(3) If the court finds it necessary, it may order the~~  
2247 ~~sheriff to take the respondent into custody and deliver him or~~  
2248 ~~her to the licensed service provider specified in the court~~  
2249 ~~order or, if none is specified, to the nearest appropriate~~  
2250 ~~licensed service provider for involuntary assessment.~~

2251 ~~(4) The order is valid only for the period specified in~~  
 2252 ~~the order or, if a period is not specified, for 7 days after the~~  
 2253 ~~order is signed.~~

2254 Section 33. Section 397.6957, Florida Statutes, is amended  
 2255 to read:

2256 397.6957 Hearing on petition for involuntary treatment  
 2257 services.—

2258 (1) (a) The respondent must be present at a hearing on a  
 2259 petition for involuntary treatment services, unless the court  
 2260 finds that he or she knowingly, intelligently, and voluntarily  
 2261 waives his or her right to be present or, upon receiving proof  
 2262 of service and evaluating the circumstances of the case, that  
 2263 his or her presence is inconsistent with his or her best  
 2264 interests or is likely to be injurious to self or others. The  
 2265 court shall hear and review all relevant evidence, including  
 2266 testimony from individuals such as family members familiar with  
 2267 the respondent's prior history and how it relates to his or her  
 2268 current condition, and the review of results of the assessment  
 2269 completed by the qualified professional in connection with this  
 2270 chapter. The court may also order drug tests. Upon a finding of  
 2271 good cause, the court may permit all witnesses, including, but  
 2272 not limited to, medical professionals who are or have been  
 2273 involved with the respondent's treatment, to remotely attend and  
 2274 testify at the hearing under oath via audio-video  
 2275 teleconference. A witness intending to remotely attend and

2276 testify must provide the parties with all relevant documents by  
2277 the close of business on the day before the hearing the  
2278 ~~respondent's protective custody, emergency admission,~~  
2279 ~~involuntary assessment, or alternative involuntary admission.~~  
2280 ~~The respondent must be present unless the court finds that his~~  
2281 ~~or her presence is likely to be injurious to himself or herself~~  
2282 ~~or others, in which event the court must appoint a guardian~~  
2283 ~~advocate to act in behalf of the respondent throughout the~~  
2284 ~~proceedings.~~

2285 (b) A respondent may not be involuntarily ordered into  
2286 treatment under this chapter without a clinical assessment being  
2287 performed, unless he or she is present in court and expressly  
2288 waives the assessment. In nonemergency situations, if the  
2289 respondent was not, or had previously refused to be, assessed by  
2290 a qualified professional and, based on the petition, testimony,  
2291 and evidence presented, it reasonably appears that the  
2292 respondent qualifies for involuntary treatment services, the  
2293 court shall issue an involuntary assessment and stabilization  
2294 order to determine the appropriate level of treatment the  
2295 respondent requires. Additionally, in cases where an assessment  
2296 was attached to the petition, the respondent may request, or the  
2297 court on its own motion may order, an independent assessment by  
2298 a court-appointed or otherwise agreed upon qualified  
2299 professional. If an assessment order is issued, it is valid for  
2300 90 days, and if the respondent is present or there is either

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2301 proof of service or his or her location is known, the  
2302 involuntary treatment hearing shall be continued for no more  
2303 than 10 court working days. Otherwise, the petitioner must  
2304 inform the court that the respondent has been assessed so that  
2305 the court may schedule a hearing as soon as is practicable. The  
2306 assessment must occur before the new hearing date, and if there  
2307 is evidence indicating that the respondent will not voluntarily  
2308 appear at the forthcoming hearing or is a danger to self or  
2309 others, the court may enter a preliminary order committing the  
2310 respondent to an appropriate treatment facility for further  
2311 evaluation until the date of the rescheduled hearing. However,  
2312 if after 90 days the respondent remains unassessed, the court  
2313 shall dismiss the case.

2314 (c)1. The respondent's assessment by a qualified  
2315 professional must occur within 72 hours after his or her arrival  
2316 at a licensed service provider unless the respondent shows signs  
2317 of withdrawal or a need to be either detoxified or treated for a  
2318 medical condition, which shall extend the amount of time the  
2319 respondent may be held for observation until such issue is  
2320 resolved but no later than the scheduled hearing date, absent a  
2321 court-approved extension. If the respondent is a minor, such  
2322 assessment must be initiated within the first 12 hours of the  
2323 minor's admission to the facility. The service provider may also  
2324 move to extend the 72 hours of observation by petitioning the  
2325 court in writing for additional time. The service provider must

2326 furnish copies of such motion to all parties in accordance with  
2327 applicable confidentiality requirements, and after a hearing,  
2328 the court may grant additional time. If the court grants the  
2329 service provider's petition, the service provider may continue  
2330 to hold the respondent, and if the original or extended  
2331 observation period ends on a weekend or holiday, including the  
2332 hours before the ordinary business hours of the following  
2333 workday morning, the provider may hold the respondent until the  
2334 next court working day.

2335 2. No later than the ordinary close of business on the day  
2336 before the hearing, the qualified professional shall transmit,  
2337 in accordance with any applicable confidentiality requirements,  
2338 his or her clinical assessment to the clerk of the court, who  
2339 shall enter it into the court file. The report must contain a  
2340 recommendation on the level of substance abuse treatment the  
2341 respondent requires, if any, and the relevant information on  
2342 which the qualified professional's findings are based. This  
2343 document must further note whether the respondent has any co-  
2344 occurring mental health or other treatment needs. For adults  
2345 subject to an involuntary assessment, the report's filing with  
2346 the court satisfies s. 397.6758 if it also contains the  
2347 respondent's admission and discharge information. The qualified  
2348 professional's failure to include a treatment recommendation,  
2349 much like a recommendation of no treatment, shall result in the  
2350 petition's dismissal.

2351 (2) The petitioner has the burden of proving by clear and  
 2352 convincing evidence that:

2353 (a) The respondent is substance abuse impaired and has a  
 2354 history of lack of compliance with treatment for substance  
 2355 abuse; and

2356 (b) Because of such impairment the respondent is unlikely  
 2357 to voluntarily participate in the recommended services or is  
 2358 unable to determine for himself or herself whether services are  
 2359 necessary and:

2360 1. Without services, the respondent is likely to suffer  
 2361 from neglect or refuse to care for himself or herself; that such  
 2362 neglect or refusal poses a real and present threat of  
 2363 substantial harm to his or her well-being; and that there is a  
 2364 substantial likelihood that without services the respondent will  
 2365 cause serious bodily harm to himself, herself, or another in the  
 2366 near future, as evidenced by recent behavior; or

2367 2. The respondent's refusal to voluntarily receive care is  
 2368 based on judgment so impaired by reason of substance abuse that  
 2369 the respondent is incapable of appreciating his or her need for  
 2370 care and of making a rational decision regarding that need for  
 2371 care.

2372 (3) ~~One of the qualified professionals who executed the~~  
 2373 ~~involuntary services certificate must be a witness. The court~~  
 2374 ~~shall allow testimony from individuals, including family~~  
 2375 ~~members, deemed by the court to be relevant under state law,~~

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2376 ~~regarding the respondent's prior history and how that prior~~  
2377 ~~history relates to the person's current condition. The Testimony~~  
2378 in the hearing must be taken under oath, and the proceedings  
2379 must be recorded. The respondent ~~patient~~ may refuse to testify  
2380 at the hearing.

2381 (4) If at any point during the hearing the court has  
2382 reason to believe that the respondent, due to mental illness  
2383 other than or in addition to substance abuse impairment, meets  
2384 the involuntary commitment provisions of part I of chapter 394,  
2385 the court may initiate involuntary examination proceedings under  
2386 such provisions.

2387 (5)-(4) At the conclusion of the hearing the court shall  
2388 either dismiss the petition or order the respondent to receive  
2389 involuntary treatment services from his or her chosen licensed  
2390 service provider if possible and appropriate. Any treatment  
2391 order must include findings regarding the respondent's need for  
2392 treatment and the appropriateness of other less restrictive  
2393 alternatives.

2394 Section 34. Section 397.6975, Florida Statutes, is amended  
2395 to read:

2396 397.6975 Extension of involuntary treatment services  
2397 period.—

2398 (1) Whenever a service provider believes that an  
2399 individual who is nearing the scheduled date of his or her  
2400 release from involuntary treatment services continues to meet



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2401 the criteria for involuntary services in s. 397.68111 or s.  
2402 397.6957 ~~s. 397.693~~, a petition for renewal of the involuntary  
2403 treatment services order may be filed with the court at least 10  
2404 days before the expiration of the court-ordered services period.  
2405 The petition may be filed by the service provider or by the  
2406 person who filed the petition for the initial treatment order if  
2407 the petition is accompanied by supporting documentation from the  
2408 service provider. The court shall immediately schedule a hearing  
2409 within 10 court working days to be held not more than 15 days  
2410 after filing of the petition ~~and~~ the court shall provide the  
2411 copy of the petition for renewal and the notice of the hearing  
2412 to all parties and counsel to the proceeding. The hearing is  
2413 conducted pursuant to ss. 397.6957 and 397.697 and must be held  
2414 before the circuit court unless referred to a magistrate ~~s.~~  
2415 ~~397.6957.~~

2416 (2) If the court finds that the petition for renewal of  
2417 the involuntary treatment services order should be granted, it  
2418 may order the respondent to receive involuntary treatment  
2419 services for a period not to exceed an additional 90 days. When  
2420 the conditions justifying involuntary treatment services no  
2421 longer exist, the individual must be released as provided in s.  
2422 397.6971. When the conditions justifying involuntary services  
2423 continue to exist after an additional 90 days of service, a new  
2424 petition requesting renewal of the involuntary treatment  
2425 services order may be filed pursuant to this section.

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2426       ~~(3) Within 1 court working day after the filing of a~~  
2427 ~~petition for continued involuntary services, the court shall~~  
2428 ~~appoint the office of criminal conflict and civil regional~~  
2429 ~~counsel to represent the respondent, unless the respondent is~~  
2430 ~~otherwise represented by counsel. The clerk of the court shall~~  
2431 ~~immediately notify the office of criminal conflict and civil~~  
2432 ~~regional counsel of such appointment. The office of criminal~~  
2433 ~~conflict and civil regional counsel shall represent the~~  
2434 ~~respondent until the petition is dismissed or the court order~~  
2435 ~~expires or the respondent is discharged from involuntary~~  
2436 ~~services. Any attorney representing the respondent shall have~~  
2437 ~~access to the respondent, witnesses, and records relevant to the~~  
2438 ~~presentation of the respondent's case and shall represent the~~  
2439 ~~interests of the respondent, regardless of the source of payment~~  
2440 ~~to the attorney.~~

2441       ~~(4) Hearings on petitions for continued involuntary~~  
2442 ~~services shall be before the circuit court. The court may~~  
2443 ~~appoint a magistrate to preside at the hearing. The procedures~~  
2444 ~~for obtaining an order pursuant to this section shall be in~~  
2445 ~~accordance with s. 397.697.~~

2446       ~~(5) Notice of hearing shall be provided to the respondent~~  
2447 ~~or his or her counsel. The respondent and the respondent's~~  
2448 ~~counsel may agree to a period of continued involuntary services~~  
2449 ~~without a court hearing.~~

2450       ~~(6) The same procedure shall be repeated before the~~

2451 ~~expiration of each additional period of involuntary services.~~

2452 ~~(7) If the respondent has previously been found~~  
 2453 ~~incompetent to consent to treatment, the court shall consider~~  
 2454 ~~testimony and evidence regarding the respondent's competence.~~

2455 Section 35. Section 397.6977, Florida Statutes, is amended  
 2456 to read:

2457 397.6977 Disposition of individual upon completion of  
 2458 involuntary services.-

2459 (1) At the conclusion of the 90-day period of court-  
 2460 ordered involuntary services, the respondent is automatically  
 2461 discharged unless a motion for renewal of the involuntary  
 2462 services order has been filed with the court pursuant to s.  
 2463 397.6975.

2464 (2) Discharge planning and procedures for any respondent's  
 2465 release from involuntary treatment services must include and  
 2466 document the respondent's needs, and actions to address such  
 2467 needs, for, at a minimum:

2468 (a) Follow-up behavioral health appointments.

2469 (b) Information on how to obtain prescribed medications.

2470 (c) Information pertaining to available living  
 2471 arrangements and transportation.

2472 (d) Referral to recovery support opportunities, including,  
 2473 but not limited to, connection to a peer specialist.

2474 Section 36. Section 397.6811, Florida Statutes, is  
 2475 repealed.

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2476           Section 37. Section 397.6814, Florida Statutes, is  
 2477 repealed.

2478           Section 38. Section 397.6815, Florida Statutes, is  
 2479 repealed.

2480           Section 39. Section 397.6819, Florida Statutes, is  
 2481 repealed.

2482           Section 40. Section 397.6821, Florida Statutes, is  
 2483 repealed.

2484           Section 41. Section 397.6822, Florida Statutes, is  
 2485 repealed.

2486           Section 42. Section 397.6978, Florida Statutes, is  
 2487 repealed.

2488           Section 43. Subsections (14) through (17) of section  
 2489 916.106, Florida Statutes, are renumbered as subsections (15)  
 2490 through (18), respectively, and a new subsection (14) is added  
 2491 to that section, to read:

2492           916.106 Definitions.—For the purposes of this chapter, the  
 2493 term:

2494           (14) "Licensed medical practitioner" means a medical  
 2495 provider who is a physician licensed under chapter 458 or  
 2496 chapter 459 or an advanced practice registered nurse or  
 2497 physician assistant who works under the supervision of a  
 2498 licensed physician and an established protocol pursuant to ss.  
 2499 458.347, 458.348, 464.003, and 464.0123.

2500           Section 44. Section (2) of section 916.13, Florida

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2501 Statutes, is amended to read:

2502 916.13 Involuntary commitment of defendant adjudicated  
2503 incompetent.—

2504 (2) A defendant who has been charged with a felony and who  
2505 has been adjudicated incompetent to proceed due to mental  
2506 illness, and who meets the criteria for involuntary commitment  
2507 under this chapter, may be committed to the department, and the  
2508 department shall retain and treat the defendant.

2509 (a) Immediately after receipt of a completed copy of the  
2510 court commitment order containing all documentation required by  
2511 the applicable Florida Rules of Criminal Procedure, the  
2512 department shall request all medical information relating to the  
2513 defendant from the jail. The jail shall provide the department  
2514 with all medical information relating to the defendant within 3  
2515 business days after receipt of the department's request or at  
2516 the time the defendant enters the physical custody of the  
2517 department, whichever is earlier.

2518 (b) Within 60 days after the date of admission and at the  
2519 end of any period of extended commitment, or at any time the  
2520 administrator or his or her designee determines that the  
2521 defendant has regained competency to proceed or no longer meets  
2522 the criteria for continued commitment, the administrator or  
2523 designee shall file a report with the court pursuant to the  
2524 applicable Florida Rules of Criminal Procedure.

2525 (c)1. If the department determines at any time that a

2526 defendant will not or is unlikely to regain competency to  
2527 proceed, the department shall, within 30 days after the  
2528 determination, complete and submit a competency evaluation  
2529 report to the circuit court to determine if the defendant meets  
2530 the criteria for involuntary civil commitment under s. 394.467.  
2531 A qualified professional, as defined in s. 394.455, must sign  
2532 the competency evaluation report for the circuit court under  
2533 penalty of perjury. A copy of the report shall be provided, at a  
2534 minimum, to the court, state attorney, and counsel for the  
2535 defendant before initiating any transfer of the defendant back  
2536 to the committing jurisdiction.

2537 2. For purposes of this paragraph, the term "competency  
2538 evaluation report to the circuit court" means a report by the  
2539 department regarding a defendant's incompetence to proceed in a  
2540 criminal proceeding due to mental illness as set forth in this  
2541 section. The report shall include, at a minimum, the following  
2542 regarding the defendant:

2543 a. A description of mental, emotional, and behavioral  
2544 disturbances.

2545 b. An explanation to support the opinion of incompetence  
2546 to proceed.

2547 c. The rationale to support why the defendant is unlikely  
2548 to gain competence to proceed in the foreseeable future.

2549 d. A clinical opinion regarding whether the defendant no  
2550 longer meets the criteria for involuntary forensic commitment

2551 pursuant to this section.

2552 e. A recommendation on whether the defendant meets the

2553 criteria for involuntary services pursuant to s. 394.467.

2554 (d)-(e) The defendant must be transported, in accordance

2555 with s. 916.107, to the committing court's jurisdiction within 7

2556 days after ~~of~~ notification that the defendant is competent to

2557 proceed or no longer meets the criteria for continued

2558 commitment. A determination on the issue of competency must be

2559 made at a hearing within 30 days of the notification. If the

2560 defendant is receiving psychotropic medication at a mental

2561 health facility at the time he or she is discharged and

2562 transferred to the jail, the administering of such medication

2563 must continue unless the jail physician documents the need to

2564 change or discontinue it. To ensure continuity of care, the

2565 referring mental health facility must transfer the patient with

2566 up to 30 days of medications and assist in discharge planning

2567 with medical teams at the receiving county jail. The jail and

2568 facility's licensed medical practitioners ~~department physicians~~

2569 shall collaborate to ensure that medication changes do not

2570 adversely affect the defendant's mental health status or his or

2571 her ability to continue with court proceedings; however, the

2572 final authority regarding the administering of medication to an

2573 inmate in jail rests with the jail physician. Notwithstanding

2574 this paragraph, a defendant who meets the criteria for

2575 involuntary examination pursuant to s. 394.463 as determined by

2576 an independent clinical opinion shall appear remotely for the  
 2577 hearing. Court witnesses may appear remotely.

2578 Section 45. Subsection (6) of section 40.29, Florida  
 2579 Statutes, is amended to read:

2580 40.29 Payment of due-process costs; reimbursement for  
 2581 petitions and orders.—

2582 (6) Subject to legislative appropriation, the clerk of the  
 2583 circuit court may, on a quarterly basis, submit to the Justice  
 2584 Administrative Commission a certified request for reimbursement  
 2585 for petitions and orders filed under ss. 394.459, 394.463,  
 2586 394.467, and 394.917, ~~and 397.6814,~~ at the rate of \$40 per  
 2587 petition or order. Such request for reimbursement shall be  
 2588 submitted in the form and manner prescribed by the Justice  
 2589 Administrative Commission pursuant to s. 28.35(2)(i).

2590 Section 46. Paragraph (b) of subsection (1) of section  
 2591 409.972, Florida Statutes, is amended to read:

2592 409.972 Mandatory and voluntary enrollment.—

2593 (1) The following Medicaid-eligible persons are exempt  
 2594 from mandatory managed care enrollment required by s. 409.965,  
 2595 and may voluntarily choose to participate in the managed medical  
 2596 assistance program:

2597 (b) Medicaid recipients residing in residential commitment  
 2598 facilities operated through the Department of Juvenile Justice  
 2599 or a treatment facility as defined in s. 394.455 ~~s. 394.455(49)~~.

2600 Section 47. Paragraph (e) of subsection (4) of section



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2601 464.012, Florida Statutes, is amended to read:

2602 464.012 Licensure of advanced practice registered nurses;  
2603 fees; controlled substance prescribing.—

2604 (4) In addition to the general functions specified in  
2605 subsection (3), an advanced practice registered nurse may  
2606 perform the following acts within his or her specialty:

2607 (e) A psychiatric nurse, who meets the requirements in s.  
2608 394.455(37) ~~s. 394.455(36)~~, within the framework of an  
2609 established protocol with a psychiatrist, may prescribe  
2610 psychotropic controlled substances for the treatment of mental  
2611 disorders.

2612 Section 48. Subsection (7) of section 744.2007, Florida  
2613 Statutes, is amended to read:

2614 744.2007 Powers and duties.—

2615 (7) A public guardian may not commit a ward to a treatment  
2616 facility, as defined in s. 394.455 ~~s. 394.455(49)~~, without an  
2617 involuntary placement proceeding as provided by law.

2618 Section 49. Subsection (3) of section 916.107, Florida  
2619 Statutes, is amended to read:

2620 916.107 Rights of forensic clients.—

2621 (3) RIGHT TO EXPRESS AND INFORMED CONSENT.—

2622 (a) A forensic client shall be asked to give express and  
2623 informed written consent for treatment. If a client refuses such  
2624 treatment as is deemed necessary and essential by the client's  
2625 multidisciplinary treatment team for the appropriate care of the

2626 client, such treatment may be provided under the following  
2627 circumstances:

2628 1. In an emergency situation in which there is immediate  
2629 danger to the safety of the client or others, such treatment may  
2630 be provided upon the ~~written~~ order of a licensed medical  
2631 practitioner ~~physician~~ for up to 48 hours, excluding weekends  
2632 and legal holidays. If, after the 48-hour period, the client has  
2633 not given express and informed consent to the treatment  
2634 initially refused, the administrator or designee of the civil or  
2635 forensic facility shall, within 48 hours, excluding weekends and  
2636 legal holidays, petition the committing court or the circuit  
2637 court serving the county in which the facility is located, at  
2638 the option of the facility administrator or designee, for an  
2639 order authorizing the continued treatment of the client. In the  
2640 interim, the need for treatment shall be reviewed every 48 hours  
2641 and may be continued without the consent of the client upon the  
2642 continued ~~written~~ order of a licensed medical practitioner  
2643 ~~physician~~ who has determined that the emergency situation  
2644 continues to present a danger to the safety of the client or  
2645 others.

2646 2. In a situation other than an emergency situation, the  
2647 administrator or designee of the facility shall petition the  
2648 court for an order authorizing necessary and essential treatment  
2649 for the client.

2650 a. If the client has been receiving psychotropic

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2651 medication at the jail at the time of transfer to the forensic  
2652 or civil facility and lacks the capacity to make an informed  
2653 decision regarding mental health treatment at the time of  
2654 admission, the admitting licensed medical practitioner ~~physician~~  
2655 shall order continued administration of psychotropic medication  
2656 if, in the clinical judgment of the licensed medical  
2657 practitioner ~~physician~~, abrupt cessation of that psychotropic  
2658 medication could pose a risk to the health or safety of the  
2659 client while a court order to medicate is pursued. The  
2660 administrator or designee of the forensic or civil facility  
2661 shall, within 5 days after a client's admission, excluding  
2662 weekends and legal holidays, petition the committing court or  
2663 the circuit court serving the county in which the facility is  
2664 located, at the option of the facility administrator or  
2665 designee, for an order authorizing the continued treatment of a  
2666 client with psychotropic medication. The jail physician shall  
2667 provide a current psychotropic medication order at the time of  
2668 transfer to the forensic or civil facility or upon request of  
2669 the admitting licensed medical practitioner ~~physician~~ after the  
2670 client is evaluated.

2671       b. The court order shall allow such treatment for up to 90  
2672 days after the date that the order was entered. Unless the court  
2673 is notified in writing that the client has provided express and  
2674 informed written consent or that the client has been discharged  
2675 by the committing court, the administrator or designee of the

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2676 facility shall, before the expiration of the initial 90-day  
2677 order, petition the court for an order authorizing the  
2678 continuation of treatment for an additional 90 days. This  
2679 procedure shall be repeated until the client provides consent or  
2680 is discharged by the committing court.

2681 3. At the hearing on the issue of whether the court should  
2682 enter an order authorizing treatment for which a client was  
2683 unable to or refused to give express and informed consent, the  
2684 court shall determine by clear and convincing evidence that the  
2685 client has mental illness, intellectual disability, or autism,  
2686 that the treatment not consented to is essential to the care of  
2687 the client, and that the treatment not consented to is not  
2688 experimental and does not present an unreasonable risk of  
2689 serious, hazardous, or irreversible side effects. In arriving at  
2690 the substitute judgment decision, the court must consider at  
2691 least the following factors:

- 2692 a. The client's expressed preference regarding treatment;  
2693 b. The probability of adverse side effects;  
2694 c. The prognosis without treatment; and  
2695 d. The prognosis with treatment.

2696  
2697 The hearing shall be as convenient to the client as may be  
2698 consistent with orderly procedure and shall be conducted in  
2699 physical settings not likely to be injurious to the client's  
2700 condition. The court may appoint a general or special magistrate

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2701 to preside at the hearing. The client or the client's guardian,  
2702 and the representative, shall be provided with a copy of the  
2703 petition and the date, time, and location of the hearing. The  
2704 client has the right to have an attorney represent him or her at  
2705 the hearing, and, if the client is indigent, the court shall  
2706 appoint the office of the public defender to represent the  
2707 client at the hearing. The client may testify or not, as he or  
2708 she chooses, and has the right to cross-examine witnesses and  
2709 may present his or her own witnesses.

2710 (b) In addition to the provisions of paragraph (a), in the  
2711 case of surgical procedures requiring the use of a general  
2712 anesthetic or electroconvulsive treatment or nonpsychiatric  
2713 medical procedures, and prior to performing the procedure,  
2714 written permission shall be obtained from the client, if the  
2715 client is legally competent, from the parent or guardian of a  
2716 minor client, or from the guardian of an incompetent client. The  
2717 administrator or designee of the forensic facility or a  
2718 designated representative may, with the concurrence of the  
2719 client's attending licensed medical practitioner ~~physician~~,  
2720 authorize emergency surgical or nonpsychiatric medical treatment  
2721 if such treatment is deemed lifesaving or for a situation  
2722 threatening serious bodily harm to the client and permission of  
2723 the client or the client's guardian could not be obtained before  
2724 provision of the needed treatment.

2725 Section 50. Subsection (5) of section 916.15, Florida

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2726 Statutes, is amended to read:

2727       916.15 Involuntary commitment of defendant adjudicated not  
2728 guilty by reason of insanity.—

2729       (5) The commitment hearing shall be held within 30 days  
2730 after the court receives notification that the defendant no  
2731 longer meets the criteria for continued commitment. The  
2732 defendant must be transported to the committing court's  
2733 jurisdiction for the hearing. Each defendant returning to a jail  
2734 shall continue to receive the same psychotropic medications as  
2735 prescribed by the facility's licensed medical practitioner  
2736 ~~facility physician~~ at the time of discharge from a forensic or  
2737 civil facility, unless the jail physician determines there is a  
2738 compelling medical reason to change or discontinue the  
2739 medication for the health and safety of the defendant. If the  
2740 jail physician changes or discontinues the medication and the  
2741 defendant is later determined at the competency hearing to be  
2742 incompetent to stand trial and is recommitted to the department,  
2743 the jail physician may not change or discontinue the defendant's  
2744 prescribed psychotropic medication upon the defendant's next  
2745 discharge from the forensic or civil facility.

2746       Section 51. For the 2024-2025 fiscal year, the sum of  
2747 \$50,000,000 of recurring funds from the General Revenue Fund are  
2748 provided to the Department of Children and Families to implement  
2749 the provisions of this act.

2750       Section 52. This act shall take effect July 1, 2024.