

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

26 | authorizing a county to include alternative funding  
27 | arrangements for transporting individuals to  
28 | designated receiving facilities in the county's  
29 | transportation plan; amending s. 394.4625, F.S.;  
30 | revising requirements relating to voluntary admissions  
31 | to a facility for examination and treatment; requiring  
32 | certain treating psychiatric nurses to document  
33 | specified information in a patient's clinical record  
34 | within a specified timeframe; requiring clinical  
35 | psychologists who make determinations of involuntary  
36 | placement at certain mental health facilities to have  
37 | specified clinical experience; authorizing certain  
38 | psychiatric nurses to order emergency treatment for  
39 | certain patients; conforming provisions to changes  
40 | made by the act; amending s. 394.463, F.S.;  
41 | authorizing, rather than requiring, law enforcement  
42 | officers to take certain persons into custody for  
43 | involuntary examinations; requiring a law enforcement  
44 | officer to provide a parent or legal guardian of a  
45 | minor being transported to certain facilities with  
46 | specified facility information; providing an  
47 | exception; requiring written reports by law  
48 | enforcement officers to contain certain information;  
49 | requiring the Louis de la Parte Florida Mental Health  
50 | Institute to collect and analyze certain documents and

51 use them to prepare annual reports; providing  
52 requirements for such reports; requiring the institute  
53 to post such reports on its website by a specified  
54 date; requiring the department to post a specified  
55 providing requirements for an examination to determine  
56 if the report on its website; criteria for involuntary  
57 services are met; defining the term "repeated  
58 admittance"; revising requirements for releasing a  
59 patient from a receiving facility; revising  
60 requirements for petitions for involuntary services;  
61 requiring the department and the Agency for Health  
62 Care Administration to analyze certain data, identify  
63 patterns and trends, and make recommendations to  
64 decrease avoidable admissions; authorizing  
65 recommendations to be addressed in a specified manner;  
66 requiring the institute to publish a specified report  
67 on its website and submit such report to the Governor  
68 and Legislature by a certain date; amending s.  
69 394.4655, F.S.; defining the term "involuntary  
70 outpatient placement"; authorizing a specified court  
71 to order an individual to involuntary outpatient  
72 treatment; removing provisions relating to criteria,  
73 retention of a patient, and petition for involuntary  
74 outpatient services and court proceedings relating to  
75 involuntary outpatient services; amending s. 394.467,

76 F.S.; providing definitions; revising requirements for  
77 ordering a person for involuntary services and  
78 treatment, petitions for involuntary services,  
79 appointment of counsel, and continuances of hearings,  
80 respectively; requiring clinical psychologists to have  
81 specified clinical experience in order to recommend  
82 involuntary services; authorizing certain psychiatric  
83 nurses to recommend involuntary services for mental  
84 health treatment; revising the conditions under which  
85 a court may waive the requirement for a patient to be  
86 present at an involuntary inpatient placement hearing;  
87 authorizing the court to permit the state attorney and  
88 witnesses to attend and testify remotely at the  
89 hearing through specified means; providing  
90 requirements for the state attorney and witnesses to  
91 attend and testify remotely; requiring facilities to  
92 make certain clinical records available to a state  
93 attorney within a specified timeframe; specifying that  
94 such records remain confidential and may not be used  
95 for certain purposes; requiring the court to allow  
96 certain testimony from specified persons; revising the  
97 length of time a court may require a patient to  
98 receive services; requiring facilities to discharge  
99 patients when they no longer meet the criteria for  
100 involuntary inpatient treatment; prohibiting courts

101 from ordering individuals with developmental  
102 disabilities to be involuntarily placed in a state  
103 treatment facility; requiring courts to refer such  
104 individuals, and authorizing courts to refer certain  
105 other individuals, to specified agencies for  
106 evaluation and services under certain circumstances;  
107 providing for a court to retain jurisdiction over  
108 specified cases; providing requirements for service  
109 plan modifications, noncompliance with involuntary  
110 outpatient services, and discharge, respectively;  
111 revising requirements for the procedure for continued  
112 involuntary services and return to facilities,  
113 respectively; amending s. 394.468, F.S.; revising  
114 requirements for discharge planning and procedures;  
115 providing requirements for the discharge transition  
116 process; creating s. 394.4915, F.S.; establishing the  
117 Office of Children's Behavioral Health Ombudsman  
118 within the Department of Children and Families for a  
119 specified purpose; providing responsibilities of the  
120 office; requiring the department and managing entities  
121 to include specified information in a specified manner  
122 on their websites; amending ss. 394.495 and 394.496,  
123 F.S.; conforming provisions to changes made by the  
124 act; amending s. 394.499, F.S.; revising eligibility  
125 requirements for children's crisis stabilization

126 unit/juvenile addictions receiving facility services;  
127 amending s. 394.875, F.S.; authorizing certain  
128 psychiatric nurses to provide certain services;  
129 removing a limitation on the size of a crisis  
130 stabilization unit; removing a requirement for the  
131 department to implement a certain demonstration  
132 project; creating s. 394.90826, F.S.; requiring the  
133 Department of Health and the Agency for Health Care  
134 Administration to jointly establish behavioral health  
135 interagency collaboratives throughout the state for  
136 specified purposes; providing objectives and  
137 membership for each regional collaborative; requiring  
138 the department to define the regions to be served;  
139 providing requirements for the entities represented in  
140 each collaborative; amending s. 394.9085, F.S.;

141 conforming a cross-reference to changes made by the  
142 act; amending s. 397.305, F.S.; revising the purpose  
143 to include the most appropriate environment for  
144 substance abuse services; amending s. 397.311, F.S.;

145 revising definitions; amending s. 397.401, F.S.;

146 prohibiting certain service providers from exceeding  
147 their licensed capacity by more than a specified  
148 percentage or for more than a specified number of  
149 days; amending s. 397.4073, F.S.; providing an  
150 exception to background screening requirements for

151 certain licensed physicians and nurses; amending s.  
152 397.501, F.S.; revising notice requirements for the  
153 right to counsel; amending s. 397.581, F.S.; revising  
154 actions that constitute unlawful activities relating  
155 to assessment and treatment; providing penalties;  
156 amending s. 397.675, F.S.; revising the criteria for  
157 involuntary admissions for purposes of assessment and  
158 stabilization, and for involuntary treatment; amending  
159 s. 397.6751, F.S.; revising service provider  
160 responsibilities relating to involuntary admissions;  
161 amending s. 397.681, F.S.; revising where involuntary  
162 treatment petitions for substance abuse impaired  
163 persons may be filed specifying requirements for the  
164 court to allow a waiver of the respondent's right to  
165 counsel relating to petitions for involuntary  
166 treatment; revising the circumstances under which  
167 courts are required to appoint counsel for respondents  
168 without regard to respondents' wishes; renumbering and  
169 amending s. 397.693, F.S.; revising the circumstances  
170 under which a person may be the subject of court-  
171 ordered involuntary treatment; renumbering and  
172 amending s. 397.695, F.S.; authorizing the court or  
173 clerk of the court to waive or prohibit any service of  
174 process fees for petitioners determined to be  
175 indigent; renumbering and amending s. 397.6951, F.S.;

176 revising the information required to be included in a  
177 petition for involuntary treatment services;  
178 authorizing a petitioner to include a certificate or  
179 report of a qualified professional with such petition;  
180 requiring such certificate or report to contain  
181 certain information; requiring that certain additional  
182 information be included if an emergency exists;  
183 renumbering and amending s. 397.6955, F.S.; revising  
184 when the office of criminal conflict and civil  
185 regional counsel represents a person in the filing of  
186 a petition for involuntary services and when a hearing  
187 must be held on such petition; requiring a law  
188 enforcement agency to effect service for initial  
189 treatment hearings; providing an exception; amending  
190 s. 397.6818, F.S.; authorizing the court to take  
191 certain actions and issue certain orders regarding a  
192 respondent's involuntary assessment if emergency  
193 circumstances exist; providing a specified timeframe  
194 for taking such actions; amending s. 397.6957, F.S.;  
195 expanding the exemption from the requirement that a  
196 respondent be present at a hearing on a petition for  
197 involuntary treatment services; authorizing the court  
198 to order drug tests and to permit witnesses to attend  
199 and testify remotely at the hearing through certain  
200 means; removing a provision requiring the court to

201 | appoint a guardian advocate under certain  
202 | circumstances; prohibiting a respondent from being  
203 | involuntarily ordered into treatment unless certain  
204 | requirements are met; providing requirements relating  
205 | to involuntary assessment and stabilization orders;  
206 | providing requirements relating to involuntary  
207 | treatment hearings; requiring that the assessment of a  
208 | respondent occur before a specified time unless  
209 | certain requirements are met; authorizing service  
210 | providers to petition the court in writing for an  
211 | extension of the observation period; providing service  
212 | requirements for such petitions; authorizing the  
213 | service provider to continue to hold the respondent if  
214 | the court grants the petition; requiring a qualified  
215 | professional to transmit his or her report to the  
216 | clerk of the court within a specified timeframe;  
217 | requiring the clerk of the court to enter the report  
218 | into the court file; providing requirements for the  
219 | report; providing that the report's filing satisfies  
220 | the requirements for release of certain individuals if  
221 | it contains admission and discharge information;  
222 | providing for the petition's dismissal under certain  
223 | circumstances; authorizing the court to order certain  
224 | persons to take a respondent into custody and  
225 | transport him or her to or from certain service

226 providers and the court; revising the petitioner's  
227 burden of proof in the hearing; authorizing the court  
228 to initiate involuntary proceedings and have the  
229 respondent evaluated by the Agency for Persons with  
230 Disabilities under certain circumstances; requiring  
231 that, if a treatment order is issued, it must include  
232 certain findings; amending s. 397.697, F.S.; requiring  
233 that an individual meet certain requirements to  
234 qualify for involuntary outpatient treatment; revising  
235 the jurisdiction of the court with respect to certain  
236 orders entered in a case; specifying that certain  
237 hearings may be set by either the motion of a party or  
238 under the court's own authority; requiring a certain  
239 institute to receive and maintain copies of certain  
240 documents and use them to prepare annual reports;  
241 providing requirements for such reports; requiring the  
242 institute to post such reports on its website and  
243 provide copies of such reports to the department and  
244 the Legislature by a specified date; amending s.  
245 397.6971, F.S.; revising when an individual receiving  
246 involuntary treatment services may be determined  
247 eligible for discharge; conforming provisions to  
248 changes made by the act; amending s. 397.6975, F.S.;  
249 authorizing certain entities to file a petition for  
250 renewal of an involuntary treatment services order;

251 revising the timeframe during which the court is  
252 required to schedule a hearing; amending s. 397.6977,  
253 F.S.; providing requirements for discharge planning  
254 and procedures for a respondent's release from  
255 involuntary treatment services; repealing ss.  
256 397.6811, 397.6814, 397.6815, 397.6819, 397.6821,  
257 397.6822, and 397.6978, F.S., relating to involuntary  
258 assessment and stabilization and the appointment of  
259 guardian advocates, respectively; amending s. 916.13,  
260 F.S.; requiring the Department of Children and  
261 Families to complete and submit a competency  
262 evaluation report to the circuit court to determine if  
263 a defendant adjudicated incompetent to proceed meets  
264 the criteria for involuntary civil commitment if it is  
265 determined that the defendant will not or is unlikely  
266 to regain competency; defining the term "competency  
267 evaluation report to the circuit court"; requiring a  
268 qualified professional to sign such report under  
269 penalty of perjury; providing requirements for such  
270 report; authorizing a defendant who meets the criteria  
271 for involuntary examination and court witnesses to  
272 appear remotely for a hearing; amending ss. 40.29,  
273 394.455, 409.972, 464.012, 744.2007, and 916.107,  
274 F.S.; conforming provisions to changes made by the  
275 act; providing an appropriation; providing an

276 effective date.

277

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

279

280 Section 1. Paragraph (e) is added to subsection (1) of  
 281 section 394.4572, Florida Statutes, to read:

282 394.4572 Screening of mental health personnel.—

283 (1)

284 (e) Any physician licensed under chapter 458 or chapter  
 285 459 or a nurse licensed under chapter 464 who was required to  
 286 undergo background screening by the Department of Health as part  
 287 of his or her initial licensure and the renewal of licensure,  
 288 and who has an active and unencumbered license, is not subject  
 289 to background screening pursuant to this section.

290 Section 2. Paragraph (d) of subsection (5) of section  
 291 394.459, Florida Statutes, are amended to read:

292 394.459 Rights of patients.—

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

294 (d) If a patient's right to communicate with outside  
 295 persons; receive, send, or mail sealed, unopened correspondence;  
 296 or receive visitors is restricted by the facility, a qualified  
 297 professional must record the restriction and its underlying  
 298 reasons in the patient's clinical file within 24 hours. The  
 299 notice of the restriction must immediately ~~written notice of~~  
 300 ~~such restriction and the reasons for the restriction shall be~~

301 served on the patient, the patient's attorney, and the patient's  
302 guardian, guardian advocate, or representative. ~~A qualified~~  
303 ~~professional must document any restriction within 24 hours, and~~  
304 ~~such restriction shall be recorded on the patient's clinical~~  
305 ~~record with the reasons therefor.~~ The restriction of a patient's  
306 right to communicate or to receive visitors shall be reviewed at  
307 least every 3 days. The right to communicate or receive visitors  
308 shall not be restricted as a means of punishment. Nothing in  
309 this paragraph shall be construed to limit the provisions of  
310 paragraph (e).

311 Section 3. Subsection (3) of section 394.4598, Florida  
312 Statutes, is amended to read:

313 394.4598 Guardian advocate.—

314 (3) A facility requesting appointment of a guardian  
315 advocate must, prior to the appointment, provide the prospective  
316 guardian advocate with information about the duties and  
317 responsibilities of guardian advocates, including the  
318 information about the ethics of medical decisionmaking. Before  
319 asking a guardian advocate to give consent to treatment for a  
320 patient, the facility shall provide to the guardian advocate  
321 sufficient information so that the guardian advocate can decide  
322 whether to give express and informed consent to the treatment,  
323 including information that the treatment is essential to the  
324 care of the patient, and that the treatment does not present an  
325 unreasonable risk of serious, hazardous, or irreversible side

326 effects. Before giving consent to treatment, the guardian  
327 advocate must meet and talk with the patient and the patient's  
328 physician or psychiatric nurse practicing within the framework  
329 of an established protocol with a psychiatrist in person, if at  
330 all possible, and by telephone, if not. The decision of the  
331 guardian advocate may be reviewed by the court, upon petition of  
332 the patient's attorney, the patient's family, or the facility  
333 administrator.

334 Section 4. Paragraph (d) of subsection (2) of section  
335 394.4599, Florida Statutes, is amended to read:

336 394.4599 Notice.—

337 (2) INVOLUNTARY ADMISSION.—

338 (d) The written notice of the filing of the petition for  
339 involuntary services for an individual being held must contain  
340 the following:

341 1. Notice that the petition for:

342 ~~a. involuntary services inpatient treatment pursuant to s.~~  
343 ~~394.4655 or s. 394.467 has been filed with the circuit or county~~  
344 ~~court, as applicable, and the address of such court in the~~  
345 ~~county in which the individual is hospitalized and the address~~  
346 ~~of such court; or~~

347 ~~b. Involuntary outpatient services pursuant to s. 394.4655~~  
348 ~~has been filed with the criminal county court, as defined in s.~~  
349 ~~394.4655(1), or the circuit court, as applicable, in the county~~  
350 ~~in which the individual is hospitalized and the address of such~~

351 ~~court.~~

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

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

358         4. Notice that the individual, the individual's guardian,  
359 guardian advocate, health care surrogate or proxy, or  
360 representative, or the administrator may apply for a change of  
361 venue for the convenience of the parties or witnesses or because  
362 of the condition of the individual.

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

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

368         394.461 Designation of receiving and treatment facilities  
369 and receiving systems.—The department is authorized to designate  
370 and monitor receiving facilities, treatment facilities, and  
371 receiving systems and may suspend or withdraw such designation  
372 for failure to comply with this part and rules adopted under  
373 this part. The department may issue a conditional designation  
374 for up to 60 days to allow the implementation of corrective  
375 measures. Unless designated by the department, facilities are

376 not permitted to hold or treat involuntary patients under this  
377 part.

378 (2) TREATMENT FACILITY.—The department may designate any  
379 state-owned, state-operated, or state-supported facility as a  
380 state treatment facility. A civil patient shall not be admitted  
381 to a state treatment facility without previously undergoing a  
382 transfer evaluation. Before the close of the state's case-in-  
383 chief in a court hearing for involuntary placement ~~in a state~~  
384 ~~treatment facility~~, the state may establish that the transfer  
385 evaluation was performed and the document was properly executed  
386 by providing the court with a copy of the transfer evaluation.  
387 The court may not ~~shall receive and~~ consider the substantive  
388 ~~information documented~~ in the transfer evaluation unless the  
389 evaluator testifies at the hearing. Any other facility,  
390 including a private facility or a federal facility, may be  
391 designated as a treatment facility by the department, provided  
392 that such designation is agreed to by the appropriate governing  
393 body or authority of the facility.

394 (4) REPORTING REQUIREMENTS.—

395 (d) The department shall issue an annual report based on  
396 the data required pursuant to this subsection. The report shall  
397 include individual facilities' data, as well as statewide  
398 totals. The report shall be posted on the department's website  
399 ~~submitted to the Governor, the President of the Senate, and the~~  
400 ~~Speaker of the House of Representatives.~~

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

403 394.4615 Clinical records; confidentiality.—

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

405 (a) The patient or the patient's guardian or legal  
 406 custodian authorizes the release. The guardian, ~~or~~ guardian  
 407 advocate, or legal custodian shall be provided access to the  
 408 appropriate clinical records of the patient. The patient or the  
 409 patient's guardian, ~~or~~ guardian advocate, or legal custodian may  
 410 authorize the release of information and clinical records to  
 411 appropriate persons to ensure the continuity of the patient's  
 412 health care or mental health care. A receiving facility must  
 413 document that, within 24 hours of admission, individuals  
 414 admitted on a voluntary basis have been provided with the option  
 415 to authorize the release of information from their clinical  
 416 record to the individual's health care surrogate or proxy,  
 417 attorney, representative, or other known emergency contact.

418 (3) Information from the clinical record may be released  
 419 in the following circumstances:

420 (a) When a patient has communicated to a service provider  
 421 a specific threat to cause serious bodily injury or death to an  
 422 identified or a readily available person, if the service  
 423 provider reasonably believes, or should reasonably believe  
 424 according to the standards of his or her profession, that the  
 425 patient has the apparent intent and ability to imminently or

426 immediately carry out such threat. When such communication has  
 427 been made, the administrator may authorize the release of  
 428 sufficient information to provide adequate warning to the person  
 429 threatened with harm by the patient.

430 (b) When the administrator of the facility or secretary of  
 431 the department deems release to a qualified researcher as  
 432 defined in administrative rule, an aftercare treatment provider,  
 433 or an employee or agent of the department is necessary for  
 434 treatment of the patient, maintenance of adequate records,  
 435 compilation of treatment data, aftercare planning, or evaluation  
 436 of programs.

437  
 438 For the purpose of determining whether a person meets the  
 439 criteria for involuntary services ~~outpatient placement~~ or for  
 440 preparing the proposed services ~~treatment~~ plan pursuant to s.  
 441 394.4655 or s. 394.467 ~~s. 394.4655~~, the clinical record may be  
 442 released to the state attorney, the public defender or the  
 443 patient's private legal counsel, the court, and to the  
 444 appropriate mental health professionals, including the service  
 445 provider under s. 394.4655 or s. 394.467 ~~identified in s.~~  
 446 ~~394.4655(7)(b)2.~~, in accordance with state and federal law.

447 Section 7. Section 394.462, Florida Statutes, is amended  
 448 to read:

449 394.462 Transportation.—A transportation plan shall be  
 450 developed and implemented by each county in collaboration with

451 the managing entity in accordance with this section. A county  
452 may enter into a memorandum of understanding with the governing  
453 boards of nearby counties to establish a shared transportation  
454 plan. When multiple counties enter into a memorandum of  
455 understanding for this purpose, the counties shall notify the  
456 managing entity and provide it with a copy of the agreement. The  
457 transportation plan shall describe methods of transport to a  
458 facility within the designated receiving system for individuals  
459 subject to involuntary examination under s. 394.463 or  
460 involuntary admission under s. 397.6772, s. 397.679, s.  
461 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify  
462 responsibility for other transportation to a participating  
463 facility when necessary and agreed to by the facility. The plan  
464 may rely on emergency medical transport services or private  
465 transport companies, as appropriate. The plan shall comply with  
466 the transportation provisions of this section and ss. 397.6772,  
467 397.6795, ~~397.6822~~, and 397.697.

468 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

469 (a) Each county shall designate a single law enforcement  
470 agency within the county, or portions thereof, to take a person  
471 into custody upon the entry of an ex parte order or the  
472 execution of a certificate for involuntary examination by an  
473 authorized professional and to transport that person to the  
474 appropriate facility within the designated receiving system  
475 pursuant to a transportation plan.

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

478 a. The jurisdiction designated by the county has  
 479 contracted on an annual basis with an emergency medical  
 480 transport service or private transport company for  
 481 transportation of persons to receiving facilities pursuant to  
 482 this section at the sole cost of the county or as otherwise  
 483 provided in the transportation plan developed by the county; and

484 b. The law enforcement agency and the emergency medical  
 485 transport service or private transport company agree that the  
 486 continued presence of law enforcement personnel is not necessary  
 487 for the safety of the person or others.

488 2. The entity providing transportation may seek  
 489 reimbursement for transportation expenses. The party responsible  
 490 for payment for such transportation is the person receiving the  
 491 transportation. The county shall seek reimbursement from the  
 492 following sources in the following order:

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

495 b. From the person receiving the transportation.

496 c. From a financial settlement for medical care,  
 497 treatment, hospitalization, or transportation payable or  
 498 accruing to the injured party.

499 (c) A company that transports a patient pursuant to this  
 500 subsection is considered an independent contractor and is solely

501 | liable for the safe and dignified transport of the patient. Such  
502 | company must be insured and provide no less than \$100,000 in  
503 | liability insurance with respect to the transport of patients.

504 |       (d) Any company that contracts with a governing board of a  
505 | county to transport patients shall comply with the applicable  
506 | rules of the department to ensure the safety and dignity of  
507 | patients.

508 |       (e) When a law enforcement officer takes custody of a  
509 | person pursuant to this part, the officer may request assistance  
510 | from emergency medical personnel if such assistance is needed  
511 | for the safety of the officer or the person in custody.

512 |       (f) When a member of a mental health overlay program or a  
513 | mobile crisis response service is a professional authorized to  
514 | initiate an involuntary examination pursuant to s. 394.463 or s.  
515 | 397.675 and that professional evaluates a person and determines  
516 | that transportation to a receiving facility is needed, the  
517 | service, at its discretion, may transport the person to the  
518 | facility or may call on the law enforcement agency or other  
519 | transportation arrangement best suited to the needs of the  
520 | patient.

521 |       (g) When any law enforcement officer has custody of a  
522 | person based on either noncriminal or minor criminal behavior  
523 | that meets the statutory guidelines for involuntary examination  
524 | pursuant to s. 394.463, the law enforcement officer shall  
525 | transport the person to the appropriate facility within the

526 designated receiving system pursuant to a transportation plan.  
527 Persons who meet the statutory guidelines for involuntary  
528 admission pursuant to s. 397.675 may also be transported by law  
529 enforcement officers to the extent resources are available and  
530 as otherwise provided by law. Such persons shall be transported  
531 to an appropriate facility within the designated receiving  
532 system pursuant to a transportation plan.

533 (h) When any law enforcement officer has arrested a person  
534 for a felony and it appears that the person meets the statutory  
535 guidelines for involuntary examination or placement under this  
536 part, such person must first be processed in the same manner as  
537 any other criminal suspect. The law enforcement agency shall  
538 thereafter immediately notify the appropriate facility within  
539 the designated receiving system pursuant to a transportation  
540 plan. The receiving facility shall be responsible for promptly  
541 arranging for the examination and treatment of the person. A  
542 receiving facility is not required to admit a person charged  
543 with a crime for whom the facility determines and documents that  
544 it is unable to provide adequate security, but shall provide  
545 examination and treatment to the person where he or she is held  
546 or by telehealth.

547 (i) If the appropriate law enforcement officer believes  
548 that a person has an emergency medical condition as defined in  
549 s. 395.002, the person may be first transported to a hospital  
550 for emergency medical treatment, regardless of whether the

551 hospital is a designated receiving facility.

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

557 (k) The appropriate facility within the designated  
558 receiving system pursuant to a transportation plan must accept  
559 persons brought by law enforcement officers, or an emergency  
560 medical transport service or a private transport company  
561 authorized by the county, for involuntary examination pursuant  
562 to s. 394.463.

563 (l) The appropriate facility within the designated  
564 receiving system pursuant to a transportation plan must provide  
565 persons brought by law enforcement officers, or an emergency  
566 medical transport service or a private transport company  
567 authorized by the county, pursuant to s. 397.675, a basic  
568 screening or triage sufficient to refer the person to the  
569 appropriate services.

570 (m) Each law enforcement agency designated pursuant to  
571 paragraph (a) shall establish a policy that reflects a single  
572 set of protocols for the safe and secure transportation and  
573 transfer of custody of the person. Each law enforcement agency  
574 shall provide a copy of the protocols to the managing entity.

575 (n) When a jurisdiction has entered into a contract with

576 | an emergency medical transport service or a private transport  
 577 | company for transportation of persons to facilities within the  
 578 | designated receiving system, such service or company shall be  
 579 | given preference for transportation of persons from nursing  
 580 | homes, assisted living facilities, adult day care centers, or  
 581 | adult family-care homes, unless the behavior of the person being  
 582 | transported is such that transportation by a law enforcement  
 583 | officer is necessary.

584 |       (o) This section may not be construed to limit emergency  
 585 | examination and treatment of incapacitated persons provided in  
 586 | accordance with s. 401.445.

587 |       (2) TRANSPORTATION TO A TREATMENT FACILITY.—

588 |       (a) If neither the patient nor any person legally  
 589 | obligated or responsible for the patient is able to pay for the  
 590 | expense of transporting a voluntary or involuntary patient to a  
 591 | treatment facility, the transportation plan established by the  
 592 | governing board of the county or counties must specify how the  
 593 | hospitalized patient will be transported to, from, and between  
 594 | facilities in a safe and dignified manner.

595 |       (b) A company that transports a patient pursuant to this  
 596 | subsection is considered an independent contractor and is solely  
 597 | liable for the safe and dignified transportation of the patient.  
 598 | Such company must be insured and provide no less than \$100,000  
 599 | in liability insurance with respect to the transport of  
 600 | patients.

601 (c) A company that contracts with one or more counties to  
 602 transport patients in accordance with this section shall comply  
 603 with the applicable rules of the department to ensure the safety  
 604 and dignity of patients.

605 (d) County or municipal law enforcement and correctional  
 606 personnel and equipment may not be used to transport patients  
 607 adjudicated incapacitated or found by the court to meet the  
 608 criteria for involuntary services placement pursuant to s.  
 609 394.467, except in small rural counties where there are no cost-  
 610 efficient alternatives.

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

615 Section 8. Paragraphs (a) and (f) of subsection (1) and  
 616 subsection (5) of section 394.4625, Florida Statutes, are  
 617 amended to read:

618 394.4625 Voluntary admissions.—

619 (1) AUTHORITY TO RECEIVE PATIENTS.—

620 (a) A facility may receive for observation, diagnosis, or  
 621 treatment any adult ~~person 18 years of age or older~~ who applies  
 622 by express and informed consent for admission or any minor  
 623 ~~person age 17 or younger~~ whose parent or legal guardian applies  
 624 for admission. Such person may be admitted to the facility if  
 625 found to show evidence of mental illness and to be suitable for

626 treatment, and:

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

629 2. If the person is a minor, the parent or legal guardian  
 630 provides express and informed consent and the facility performs,  
 631 ~~and to be suitable for treatment, such person 18 years of age or~~  
 632 ~~older may be admitted to the facility. A person age 17 or~~  
 633 ~~younger may be admitted only after~~ a clinical review to verify  
 634 the voluntariness of the minor's assent.

635 (f) Within 24 hours after admission of a voluntary  
 636 patient, the treating ~~admitting~~ physician or psychiatric nurse  
 637 practicing within the framework of an established protocol with  
 638 a psychiatrist shall document in the patient's clinical record  
 639 that the patient is able to give express and informed consent  
 640 for admission. If the patient is not able to give express and  
 641 informed consent for admission, the facility shall either  
 642 discharge the patient or transfer the patient to involuntary  
 643 status pursuant to subsection (5).

644 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary  
 645 patient, or an authorized person on the patient's behalf, makes  
 646 a request for discharge, the request for discharge, unless  
 647 freely and voluntarily rescinded, must be communicated to a  
 648 physician, clinical psychologist with at least 3 years of  
 649 postdoctoral experience in the practice of clinical psychology,  
 650 or psychiatrist as quickly as possible, but not later than 12

651 hours after the request is made. If the patient meets the  
652 criteria for involuntary placement, the administrator of the  
653 facility must file with the court a petition for involuntary  
654 placement, within 2 court working days after the request for  
655 discharge is made. If the petition is not filed within 2 court  
656 working days, the patient shall be discharged. Pending the  
657 filing of the petition, the patient may be held and emergency  
658 treatment rendered in the least restrictive manner, upon the  
659 ~~written~~ order of a physician or psychiatric nurse practicing  
660 within the framework of an established protocol with a  
661 psychiatrist, if it is determined that such treatment is  
662 necessary for the safety of the patient or others.

663 Section 9. Subsection (1), paragraphs (a), (e), (f), (g),  
664 and (h) of subsection (2), and subsection (4) of section  
665 394.463, Florida Statutes, are amended to read:

666 394.463 Involuntary examination.—

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

671 (a)1. The person has refused voluntary examination after  
672 conscientious explanation and disclosure of the purpose of the  
673 examination; or

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

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

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

687 (2) INVOLUNTARY EXAMINATION.—

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

690 1. A circuit or county court may enter an ex parte order  
691 stating that a person appears to meet the criteria for  
692 involuntary examination and specifying the findings on which  
693 that conclusion is based. The ex parte order for involuntary  
694 examination must be based on written or oral sworn testimony  
695 that includes specific facts that support the findings. If other  
696 less restrictive means are not available, such as voluntary  
697 appearance for outpatient evaluation, a law enforcement officer,  
698 or other designated agent of the court, shall take the person  
699 into custody and deliver him or her to an appropriate, or the  
700 nearest, facility within the designated receiving system

701 pursuant to s. 394.462 for involuntary examination. The order of  
702 the court shall be made a part of the patient's clinical record.  
703 A fee may not be charged for the filing of an order under this  
704 subsection. A facility accepting the patient based on this order  
705 must send a copy of the order to the department within 5 working  
706 days. The order may be submitted electronically through existing  
707 data systems, if available. The order shall be valid only until  
708 the person is delivered to the facility or for the period  
709 specified in the order itself, whichever comes first. If a time  
710 limit is not specified in the order, the order is valid for 7  
711 days after the date that the order was signed.

712 2. A law enforcement officer may ~~shall~~ take a person who  
713 appears to meet the criteria for involuntary examination into  
714 custody and deliver the person or have him or her delivered to  
715 an appropriate, or the nearest, facility within the designated  
716 receiving system pursuant to s. 394.462 for examination. A law  
717 enforcement officer transporting a person pursuant to this  
718 section ~~subparagraph~~ shall restrain the person in the least  
719 restrictive manner available and appropriate under the  
720 circumstances. If transporting a minor and the parent or legal  
721 guardian of the minor is present, before departing, the law  
722 enforcement officer shall provide the parent or legal guardian  
723 of the minor with the name, address, and contact information for  
724 the facility within the designated receiving system to which the  
725 law enforcement officer is transporting the minor, subject to

726 any safety and welfare concerns for the minor. The officer shall  
727 execute a written report detailing the circumstances under which  
728 the person was taken into custody, which must be made a part of  
729 the patient's clinical record. The report must include all  
730 emergency contact information for the person that is readily  
731 accessible to the law enforcement officer, including information  
732 available through electronic databases maintained by the  
733 Department of Law Enforcement or by the Department of Highway  
734 Safety and Motor Vehicles. Such emergency contact information  
735 may be used by a receiving facility only for the purpose of  
736 informing listed emergency contacts of a patient's whereabouts  
737 pursuant to s. 119.0712(2)(d). Any facility accepting the  
738 patient based on this report must send a copy of the report to  
739 the department within 5 working days.

740 3. A physician, a physician assistant, a clinical  
741 psychologist, a psychiatric nurse, an advanced practice  
742 registered nurse registered under s. 464.0123, a mental health  
743 counselor, a marriage and family therapist, or a clinical social  
744 worker may execute a certificate stating that he or she has  
745 examined a person within the preceding 48 hours and finds that  
746 the person appears to meet the criteria for involuntary  
747 examination and stating the observations upon which that  
748 conclusion is based. If other less restrictive means, such as  
749 voluntary appearance for outpatient evaluation, are not  
750 available, a law enforcement officer shall take into custody the

751 person named in the certificate and deliver him or her to the  
752 appropriate, or nearest, facility within the designated  
753 receiving system pursuant to s. 394.462 for involuntary  
754 examination. The law enforcement officer shall execute a written  
755 report detailing the circumstances under which the person was  
756 taken into custody and include all emergency contact information  
757 required under subparagraph 2. ~~The report must include all~~  
758 ~~emergency contact information for the person that is readily~~  
759 ~~accessible to the law enforcement officer, including information~~  
760 ~~available through electronic databases maintained by the~~  
761 ~~Department of Law Enforcement or by the Department of Highway~~  
762 ~~Safety and Motor Vehicles.~~ Such emergency contact information  
763 may be used by a receiving facility only for the purpose of  
764 informing listed emergency contacts of a patient's whereabouts  
765 pursuant to s. 119.0712(2)(d). The report and certificate shall  
766 be made a part of the patient's clinical record. Any facility  
767 accepting the patient based on this certificate must send a copy  
768 of the certificate to the department within 5 working days. The  
769 document may be submitted electronically through existing data  
770 systems, if applicable.

771  
772 When sending the order, report, or certificate to the  
773 department, a facility shall, at a minimum, provide information  
774 about which action was taken regarding the patient under  
775 paragraph (g), which information shall also be made a part of

776 the patient's clinical record.

777 (e) The department shall receive and maintain the copies  
778 of ex parte orders, involuntary ~~outpatient~~ services orders  
779 issued pursuant to ss. 394.4655 and 394.467 ~~s. 394.4655,~~  
780 ~~involuntary inpatient placement orders issued pursuant to s.~~  
781 ~~394.467,~~ professional certificates, law enforcement officers'  
782 reports, and reports relating to the transportation of patients.  
783 These documents shall be considered part of the clinical record,  
784 governed by the provisions of s. 394.4615. These documents shall  
785 be provided to the Louis de la Parte Florida Mental Health  
786 Institute established under s. 1004.44 by the department and  
787 used by the institute to prepare annual reports analyzing the  
788 data obtained from these documents, without including the  
789 personal identifying information of the patient. The information  
790 in the reports may include, but need not be limited to, a state  
791 level analysis of involuntary examinations, including a  
792 description of demographic characteristics of individuals and  
793 the geographic locations of involuntary examinations; counts of  
794 the number of involuntary examinations at each receiving  
795 facility; and reporting and analysis of trends for involuntary  
796 examinations within the state. The report shall also include  
797 counts of and provide demographic, geographic, and other  
798 relevant information about individuals with a developmental  
799 disability, as defined in s. 393.063, or a traumatic brain  
800 injury or dementia who were taken to a receiving facility for

801 involuntary examination pursuant to s. 394.463 and determined  
802 not to have a co-occurring mental illness. The institute  
803 ~~identifying patients, and shall post the reports on its website~~  
804 and provide copies of such reports to the department, the  
805 President of the Senate, the Speaker of the House of  
806 Representatives, and the minority leaders of the Senate and the  
807 House of Representatives by November 30 of each year.

808 (f) A patient must ~~shall~~ be examined by a physician or a  
809 clinical psychologist, or by a psychiatric nurse performing  
810 within the framework of an established protocol with a  
811 psychiatrist at a facility without unnecessary delay to  
812 determine if the criteria for involuntary services are met. Such  
813 examination shall include, but not be limited to, consideration  
814 of the patient's treatment history at the facility and any  
815 information regarding the patient's condition and behavior  
816 provided by knowledgeable individuals. Repeated admittance for  
817 involuntary examination despite implementation of appropriate  
818 discharge plans may be evidence that criteria under subparagraph  
819 (1)(b)1. are met. For purposes of this paragraph, the term  
820 "repeated admittance" means three or more admissions into the  
821 facility within the immediately preceding 12 months. An  
822 individual's basic needs being served while admitted to the  
823 facility may not be considered evidence that criteria under  
824 subparagraph (1)(b)1. are met. Emergency treatment may be  
825 provided upon the order of a physician or a psychiatric nurse

826 practicing within the framework of an established protocol with  
827 a psychiatrist if the physician or psychiatric nurse determines  
828 that such treatment is necessary for the safety of the patient  
829 or others. The patient may not be released by the receiving  
830 facility or its contractor without the documented approval of a  
831 psychiatrist or a clinical psychologist or, if the receiving  
832 facility is owned or operated by a hospital, health system, or  
833 nationally accredited community mental health center, the  
834 release may also be approved by a psychiatric nurse performing  
835 within the framework of an established protocol with a  
836 psychiatrist, or an attending emergency department physician  
837 with experience in the diagnosis and treatment of mental illness  
838 after completion of an involuntary examination pursuant to this  
839 subsection. A psychiatric nurse may not approve the release of a  
840 patient if the involuntary examination was initiated by a  
841 psychiatrist unless the release is approved by the initiating  
842 psychiatrist. The release may be approved through telehealth.

843 (g) The examination period must be for up to 72 hours and  
844 begins when a patient arrives at the receiving facility. For a  
845 minor, the examination shall be initiated within 12 hours after  
846 the patient's arrival at the facility. Within the examination  
847 period, one of the following actions must be taken, based on the  
848 individual needs of the patient:

849 1. The patient shall be released, unless he or she is  
850 charged with a crime, in which case the patient shall be

851 returned to the custody of a law enforcement officer;

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

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

858 4. A petition for involuntary services shall be filed in  
859 the circuit court ~~if inpatient treatment is deemed necessary or~~  
860 with the ~~criminal~~ county court, ~~as defined in s. 394.4655(1),~~ as  
861 applicable. When inpatient treatment is deemed necessary, the  
862 least restrictive treatment consistent with the optimum  
863 improvement of the patient's condition shall be made available.  
864 ~~The~~ When a petition is to be filed for involuntary outpatient  
865 ~~placement, it~~ shall be filed by one of the petitioners specified  
866 in s. 394.467, and the court shall dismiss an untimely filed  
867 petition ~~s. 394.4655(4)(a). A petition for involuntary inpatient~~  
868 ~~placement shall be filed by the facility administrator.~~ If a  
869 patient's 72-hour examination period ends on a weekend or  
870 holiday, including the hours before the ordinary business hours  
871 on the morning of the next working day, and the receiving  
872 facility:

873 a. Intends to file a petition for involuntary services,  
874 such patient may be held at the ~~a receiving~~ facility through the  
875 next working day thereafter and the ~~such~~ petition ~~for~~

876 ~~involuntary services~~ must be filed no later than such date. If  
 877 the ~~receiving~~ facility fails to file the a petition by ~~for~~  
 878 ~~involuntary services~~ at the ordinary close of business on the  
 879 next working day, the patient shall be released from the  
 880 receiving facility following approval pursuant to paragraph (f).

881 b. Does not intend to file a petition for involuntary  
 882 services, the a receiving facility may postpone release of a  
 883 patient until the next working day thereafter only if a  
 884 qualified professional documents that adequate discharge  
 885 planning and procedures in accordance with s. 394.468, and  
 886 approval pursuant to paragraph (f), are not possible until the  
 887 next working day.

888 (h) A person for whom an involuntary examination has been  
 889 initiated who is being evaluated or treated at a hospital for an  
 890 emergency medical condition specified in s. 395.002 must be  
 891 examined by a facility within the examination period specified  
 892 in paragraph (g). The examination period begins when the patient  
 893 arrives at the hospital and ceases when the attending physician  
 894 documents that the patient has an emergency medical condition.  
 895 If the patient is examined at a hospital providing emergency  
 896 medical services by a professional qualified to perform an  
 897 involuntary examination and is found as a result of that  
 898 examination not to meet the criteria for involuntary ~~outpatient~~  
 899 services pursuant to s. 394.467 ~~s. 394.4655(2)~~ or involuntary  
 900 ~~inpatient placement pursuant to s. 394.467(1)~~, the patient may

901 be offered voluntary outpatient or inpatient services ~~or~~  
902 ~~placement~~, if appropriate, or released directly from the  
903 hospital providing emergency medical services. The finding by  
904 the professional that the patient has been examined and does not  
905 meet the criteria for involuntary ~~inpatient~~ services ~~or~~  
906 ~~involuntary outpatient placement~~ must be entered into the  
907 patient's clinical record. This paragraph is not intended to  
908 prevent a hospital providing emergency medical services from  
909 appropriately transferring a patient to another hospital before  
910 stabilization if the requirements of s. 395.1041(3)(c) have been  
911 met.

912 (4) DATA ANALYSIS.—

913 (a) The department shall provide the ~~Using~~ data collected  
914 under paragraph (2)(a) and s. 1006.07(10), and child welfare  
915 data related to involuntary examinations, to the Louis de la  
916 Parte Florida Mental Health Institute established under s.  
917 1004.44. The Agency for Health Care Administration shall provide  
918 Medicaid data to the institute, requested by the institute,  
919 related to involuntary examination of children enrolled in  
920 Medicaid for the purpose of administering the program and  
921 improving service provision for such children. The department  
922 and agency shall enter into any necessary agreements with the  
923 institute to provide such data. The institute shall use such  
924 data to the department shall, at a minimum, analyze data on both  
925 the initiation of involuntary examinations of children and the

926 initiation of involuntary examinations of students who are  
927 removed from a school; identify any patterns or trends and cases  
928 in which involuntary examinations are repeatedly initiated on  
929 the same child or student; study root causes for such patterns,  
930 trends, or repeated involuntary examinations; and make  
931 recommendations to encourage the use of alternatives to  
932 eliminate inappropriate initiations of such examinations.

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

938 Recommendations may be addressed in the department's contracts  
939 with the behavioral health managing entities and in the  
940 contracts between the Agency for Health Care Administration and  
941 the Medicaid managed medical assistance plans.

942 (c) The institute ~~department~~ shall publish ~~submit~~ a report  
943 on its findings and recommendations on its website and submit  
944 the report to the Governor, the President of the Senate, ~~and~~ the  
945 Speaker of the House of Representatives, the department, and the  
946 Agency for Health Care Administration by November 1 of each odd-  
947 numbered year.

948 Section 10. Section 394.4655, Florida Statutes, is amended  
949 to read:

950 394.4655 Orders to involuntary outpatient placement

951 ~~services.-~~

952 (1) DEFINITIONS.—As used in this section, the term  
 953 "involuntary outpatient placement" means involuntary outpatient  
 954 services as defined in s. 394.467.÷

955 ~~(a) "Court" means a circuit court or a criminal county~~  
 956 ~~court.~~

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

960 (2) A court or a county court may order an individual to  
 961 involuntary outpatient placement under s. 394.467. CRITERIA FOR  
 962 ~~INVOLUNTARY OUTPATIENT SERVICES.—A person may be ordered to~~  
 963 ~~involuntary outpatient services upon a finding of the court, by~~  
 964 ~~clear and convincing evidence, that the person meets all of the~~  
 965 ~~following criteria:~~

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

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

968 ~~(c) The person is unlikely to survive safely in the~~  
 969 ~~community without supervision, based on a clinical~~  
 970 ~~determination.~~

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

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

974 ~~1. At least twice within the immediately preceding 36~~  
 975 ~~months been involuntarily admitted to a receiving or treatment~~

976 ~~facility as defined in s. 394.455, or has received mental health~~  
977 ~~services in a forensic or correctional facility. The 36-month~~  
978 ~~period does not include any period during which the person was~~  
979 ~~admitted or incarcerated; or~~

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

983 ~~(f) The person is, as a result of his or her mental~~  
984 ~~illness, unlikely to voluntarily participate in the recommended~~  
985 ~~treatment plan and has refused voluntary services for treatment~~  
986 ~~after sufficient and conscientious explanation and disclosure of~~  
987 ~~why the services are necessary or is unable to determine for~~  
988 ~~himself or herself whether services are necessary.~~

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

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

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

1000 ~~(3) INVOLUNTARY OUTPATIENT SERVICES.—~~

1001       ~~(a)1. A patient who is being recommended for involuntary~~  
1002 ~~outpatient services by the administrator of the facility where~~  
1003 ~~the patient has been examined may be retained by the facility~~  
1004 ~~after adherence to the notice procedures provided in s.~~  
1005 ~~394.4599. The recommendation must be supported by the opinion of~~  
1006 ~~a psychiatrist and the second opinion of a clinical psychologist~~  
1007 ~~or another psychiatrist, both of whom have personally examined~~  
1008 ~~the patient within the preceding 72 hours, that the criteria for~~  
1009 ~~involuntary outpatient services are met. However, if the~~  
1010 ~~administrator certifies that a psychiatrist or clinical~~  
1011 ~~psychologist is not available to provide the second opinion, the~~  
1012 ~~second opinion may be provided by a licensed physician who has~~  
1013 ~~postgraduate training and experience in diagnosis and treatment~~  
1014 ~~of mental illness, a physician assistant who has at least 3~~  
1015 ~~years' experience and is supervised by such licensed physician~~  
1016 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~  
1017 ~~nurse. Any second opinion authorized in this subparagraph may be~~  
1018 ~~conducted through a face-to-face examination, in person or by~~  
1019 ~~electronic means. Such recommendation must be entered on an~~  
1020 ~~involuntary outpatient services certificate that authorizes the~~  
1021 ~~facility to retain the patient pending completion of a hearing.~~  
1022 ~~The certificate must be made a part of the patient's clinical~~  
1023 ~~record.~~

1024       ~~2. If the patient has been stabilized and no longer meets~~  
1025 ~~the criteria for involuntary examination pursuant to s.~~

1026 ~~394.463(1), the patient must be released from the facility while~~  
1027 ~~awaiting the hearing for involuntary outpatient services. Before~~  
1028 ~~filing a petition for involuntary outpatient services, the~~  
1029 ~~administrator of the facility or a designated department~~  
1030 ~~representative must identify the service provider that will have~~  
1031 ~~primary responsibility for service provision under an order for~~  
1032 ~~involuntary outpatient services, unless the person is otherwise~~  
1033 ~~participating in outpatient psychiatric treatment and is not in~~  
1034 ~~need of public financing for that treatment, in which case the~~  
1035 ~~individual, if eligible, may be ordered to involuntary treatment~~  
1036 ~~pursuant to the existing psychiatric treatment relationship.~~

1037 ~~3. The service provider shall prepare a written proposed~~  
1038 ~~treatment plan in consultation with the patient or the patient's~~  
1039 ~~guardian advocate, if appointed, for the court's consideration~~  
1040 ~~for inclusion in the involuntary outpatient services order that~~  
1041 ~~addresses the nature and extent of the mental illness and any~~  
1042 ~~co-occurring substance use disorder that necessitate involuntary~~  
1043 ~~outpatient services. The treatment plan must specify the likely~~  
1044 ~~level of care, including the use of medication, and anticipated~~  
1045 ~~discharge criteria for terminating involuntary outpatient~~  
1046 ~~services. Service providers may select and supervise other~~  
1047 ~~individuals to implement specific aspects of the treatment plan.~~  
1048 ~~The services in the plan must be deemed clinically appropriate~~  
1049 ~~by a physician, clinical psychologist, psychiatric nurse, mental~~  
1050 ~~health counselor, marriage and family therapist, or clinical~~

1051 ~~social worker who consults with, or is employed or contracted~~  
1052 ~~by, the service provider. The service provider must certify to~~  
1053 ~~the court in the proposed plan whether sufficient services for~~  
1054 ~~improvement and stabilization are currently available and~~  
1055 ~~whether the service provider agrees to provide those services.~~  
1056 ~~If the service provider certifies that the services in the~~  
1057 ~~proposed treatment plan are not available, the petitioner may~~  
1058 ~~not file the petition. The service provider must notify the~~  
1059 ~~managing entity if the requested services are not available. The~~  
1060 ~~managing entity must document such efforts to obtain the~~  
1061 ~~requested services.~~

1062 ~~(b) If a patient in involuntary inpatient placement meets~~  
1063 ~~the criteria for involuntary outpatient services, the~~  
1064 ~~administrator of the facility may, before the expiration of the~~  
1065 ~~period during which the facility is authorized to retain the~~  
1066 ~~patient, recommend involuntary outpatient services. The~~  
1067 ~~recommendation must be supported by the opinion of a~~  
1068 ~~psychiatrist and the second opinion of a clinical psychologist~~  
1069 ~~or another psychiatrist, both of whom have personally examined~~  
1070 ~~the patient within the preceding 72 hours, that the criteria for~~  
1071 ~~involuntary outpatient services are met. However, if the~~  
1072 ~~administrator certifies that a psychiatrist or clinical~~  
1073 ~~psychologist is not available to provide the second opinion, the~~  
1074 ~~second opinion may be provided by a licensed physician who has~~  
1075 ~~postgraduate training and experience in diagnosis and treatment.~~

1076 ~~of mental illness, a physician assistant who has at least 3~~  
1077 ~~years' experience and is supervised by such licensed physician~~  
1078 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~  
1079 ~~nurse. Any second opinion authorized in this subparagraph may be~~  
1080 ~~conducted through a face-to-face examination, in person or by~~  
1081 ~~electronic means. Such recommendation must be entered on an~~  
1082 ~~involuntary outpatient services certificate, and the certificate~~  
1083 ~~must be made a part of the patient's clinical record.~~

1084 ~~(c)1. The administrator of the treatment facility shall~~  
1085 ~~provide a copy of the involuntary outpatient services~~  
1086 ~~certificate and a copy of the state mental health discharge form~~  
1087 ~~to the managing entity in the county where the patient will be~~  
1088 ~~residing. For persons who are leaving a state mental health~~  
1089 ~~treatment facility, the petition for involuntary outpatient~~  
1090 ~~services must be filed in the county where the patient will be~~  
1091 ~~residing.~~

1092 ~~2. The service provider that will have primary~~  
1093 ~~responsibility for service provision shall be identified by the~~  
1094 ~~designated department representative before the order for~~  
1095 ~~involuntary outpatient services and must, before filing a~~  
1096 ~~petition for involuntary outpatient services, certify to the~~  
1097 ~~court whether the services recommended in the patient's~~  
1098 ~~discharge plan are available and whether the service provider~~  
1099 ~~agrees to provide those services. The service provider must~~  
1100 ~~develop with the patient, or the patient's guardian advocate, if~~

1101 ~~appointed, a treatment or service plan that addresses the needs~~  
1102 ~~identified in the discharge plan. The plan must be deemed to be~~  
1103 ~~clinically appropriate by a physician, clinical psychologist,~~  
1104 ~~psychiatric nurse, mental health counselor, marriage and family~~  
1105 ~~therapist, or clinical social worker, as defined in this~~  
1106 ~~chapter, who consults with, or is employed or contracted by, the~~  
1107 ~~service provider.~~

1108 ~~3. If the service provider certifies that the services in~~  
1109 ~~the proposed treatment or service plan are not available, the~~  
1110 ~~petitioner may not file the petition. The service provider must~~  
1111 ~~notify the managing entity if the requested services are not~~  
1112 ~~available. The managing entity must document such efforts to~~  
1113 ~~obtain the requested services.~~

1114 ~~(4) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES.—~~

1115 ~~(a) A petition for involuntary outpatient services may be~~  
1116 ~~filed by:~~

1117 ~~1. The administrator of a receiving facility; or~~

1118 ~~2. The administrator of a treatment facility.~~

1119 ~~(b) Each required criterion for involuntary outpatient~~  
1120 ~~services must be alleged and substantiated in the petition for~~  
1121 ~~involuntary outpatient services. A copy of the certificate~~  
1122 ~~recommending involuntary outpatient services completed by a~~  
1123 ~~qualified professional specified in subsection (3) must be~~  
1124 ~~attached to the petition. A copy of the proposed treatment plan~~  
1125 ~~must be attached to the petition. Before the petition is filed,~~

1126 ~~the service provider shall certify that the services in the~~  
1127 ~~proposed plan are available. If the necessary services are not~~  
1128 ~~available, the petition may not be filed. The service provider~~  
1129 ~~must notify the managing entity if the requested services are~~  
1130 ~~not available. The managing entity must document such efforts to~~  
1131 ~~obtain the requested services.~~

1132 ~~(c) The petition for involuntary outpatient services must~~  
1133 ~~be filed in the county where the patient is located, unless the~~  
1134 ~~patient is being placed from a state treatment facility, in~~  
1135 ~~which case the petition must be filed in the county where the~~  
1136 ~~patient will reside. When the petition has been filed, the clerk~~  
1137 ~~of the court shall provide copies of the petition and the~~  
1138 ~~proposed treatment plan to the department, the managing entity,~~  
1139 ~~the patient, the patient's guardian or representative, the state~~  
1140 ~~attorney, and the public defender or the patient's private~~  
1141 ~~counsel. A fee may not be charged for filing a petition under~~  
1142 ~~this subsection.~~

1143 ~~(5) APPOINTMENT OF COUNSEL. Within 1 court working day~~  
1144 ~~after the filing of a petition for involuntary outpatient~~  
1145 ~~services, the court shall appoint the public defender to~~  
1146 ~~represent the person who is the subject of the petition, unless~~  
1147 ~~the person is otherwise represented by counsel. The clerk of the~~  
1148 ~~court shall immediately notify the public defender of the~~  
1149 ~~appointment. The public defender shall represent the person~~  
1150 ~~until the petition is dismissed, the court order expires, or the~~

1151 ~~patient is discharged from involuntary outpatient services. An~~  
1152 ~~attorney who represents the patient must be provided access to~~  
1153 ~~the patient, witnesses, and records relevant to the presentation~~  
1154 ~~of the patient's case and shall represent the interests of the~~  
1155 ~~patient, regardless of the source of payment to the attorney.~~

1156 ~~(6) CONTINUANCE OF HEARING.—The patient is entitled, with~~  
1157 ~~the concurrence of the patient's counsel, to at least one~~  
1158 ~~continuance of the hearing. The continuance shall be for a~~  
1159 ~~period of up to 4 weeks.~~

1160 ~~(7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—~~

1161 ~~(a)1. The court shall hold the hearing on involuntary~~  
1162 ~~outpatient services within 5 working days after the filing of~~  
1163 ~~the petition, unless a continuance is granted. The hearing must~~  
1164 ~~be held in the county where the petition is filed, must be as~~  
1165 ~~convenient to the patient as is consistent with orderly~~  
1166 ~~procedure, and must be conducted in physical settings not likely~~  
1167 ~~to be injurious to the patient's condition. If the court finds~~  
1168 ~~that the patient's attendance at the hearing is not consistent~~  
1169 ~~with the best interests of the patient and if the patient's~~  
1170 ~~counsel does not object, the court may waive the presence of the~~  
1171 ~~patient from all or any portion of the hearing. The state~~  
1172 ~~attorney for the circuit in which the patient is located shall~~  
1173 ~~represent the state, rather than the petitioner, as the real~~  
1174 ~~party in interest in the proceeding.~~

1175 ~~2. The court may appoint a magistrate to preside at the~~

1176 ~~hearing. One of the professionals who executed the involuntary~~  
1177 ~~outpatient services certificate shall be a witness. The patient~~  
1178 ~~and the patient's guardian or representative shall be informed~~  
1179 ~~by the court of the right to an independent expert examination.~~  
1180 ~~If the patient cannot afford such an examination, the court~~  
1181 ~~shall ensure that one is provided, as otherwise provided by law.~~  
1182 ~~The independent expert's report is confidential and not~~  
1183 ~~discoverable, unless the expert is to be called as a witness for~~  
1184 ~~the patient at the hearing. The court shall allow testimony from~~  
1185 ~~individuals, including family members, deemed by the court to be~~  
1186 ~~relevant under state law, regarding the person's prior history~~  
1187 ~~and how that prior history relates to the person's current~~  
1188 ~~condition. The testimony in the hearing must be given under~~  
1189 ~~oath, and the proceedings must be recorded. The patient may~~  
1190 ~~refuse to testify at the hearing.~~

1191 ~~(b)1. If the court concludes that the patient meets the~~  
1192 ~~criteria for involuntary outpatient services pursuant to~~  
1193 ~~subsection (2), the court shall issue an order for involuntary~~  
1194 ~~outpatient services. The court order shall be for a period of up~~  
1195 ~~to 90 days. The order must specify the nature and extent of the~~  
1196 ~~patient's mental illness. The order of the court and the~~  
1197 ~~treatment plan must be made part of the patient's clinical~~  
1198 ~~record. The service provider shall discharge a patient from~~  
1199 ~~involuntary outpatient services when the order expires or any~~  
1200 ~~time the patient no longer meets the criteria for involuntary~~

1201 ~~placement. Upon discharge, the service provider shall send a~~  
1202 ~~certificate of discharge to the court.~~

1203 ~~2. The court may not order the department or the service~~  
1204 ~~provider to provide services if the program or service is not~~  
1205 ~~available in the patient's local community, if there is no space~~  
1206 ~~available in the program or service for the patient, or if~~  
1207 ~~funding is not available for the program or service. The service~~  
1208 ~~provider must notify the managing entity if the requested~~  
1209 ~~services are not available. The managing entity must document~~  
1210 ~~such efforts to obtain the requested services. A copy of the~~  
1211 ~~order must be sent to the managing entity by the service~~  
1212 ~~provider within 1 working day after it is received from the~~  
1213 ~~court. The order may be submitted electronically through~~  
1214 ~~existing data systems. After the order for involuntary services~~  
1215 ~~is issued, the service provider and the patient may modify the~~  
1216 ~~treatment plan. For any material modification of the treatment~~  
1217 ~~plan to which the patient or, if one is appointed, the patient's~~  
1218 ~~guardian advocate agrees, the service provider shall send notice~~  
1219 ~~of the modification to the court. Any material modifications of~~  
1220 ~~the treatment plan which are contested by the patient or the~~  
1221 ~~patient's guardian advocate, if applicable, must be approved or~~  
1222 ~~disapproved by the court consistent with subsection (3).~~

1223 ~~3. If, in the clinical judgment of a physician, the~~  
1224 ~~patient has failed or has refused to comply with the treatment~~  
1225 ~~ordered by the court, and, in the clinical judgment of the~~

1226 ~~physician, efforts were made to solicit compliance and the~~  
1227 ~~patient may meet the criteria for involuntary examination, a~~  
1228 ~~person may be brought to a receiving facility pursuant to s.~~  
1229 ~~394.463. If, after examination, the patient does not meet the~~  
1230 ~~criteria for involuntary inpatient placement pursuant to s.~~  
1231 ~~394.467, the patient must be discharged from the facility. The~~  
1232 ~~involuntary outpatient services order shall remain in effect~~  
1233 ~~unless the service provider determines that the patient no~~  
1234 ~~longer meets the criteria for involuntary outpatient services or~~  
1235 ~~until the order expires. The service provider must determine~~  
1236 ~~whether modifications should be made to the existing treatment~~  
1237 ~~plan and must attempt to continue to engage the patient in~~  
1238 ~~treatment. For any material modification of the treatment plan~~  
1239 ~~to which the patient or the patient's guardian advocate, if~~  
1240 ~~applicable, agrees, the service provider shall send notice of~~  
1241 ~~the modification to the court. Any material modifications of the~~  
1242 ~~treatment plan which are contested by the patient or the~~  
1243 ~~patient's guardian advocate, if applicable, must be approved or~~  
1244 ~~disapproved by the court consistent with subsection (3).~~

1245 ~~(c) If, at any time before the conclusion of the initial~~  
1246 ~~hearing on involuntary outpatient services, it appears to the~~  
1247 ~~court that the person does not meet the criteria for involuntary~~  
1248 ~~outpatient services under this section but, instead, meets the~~  
1249 ~~criteria for involuntary inpatient placement, the court may~~  
1250 ~~order the person admitted for involuntary inpatient examination~~

1251 ~~under s. 394.463. If the person instead meets the criteria for~~  
1252 ~~involuntary assessment, protective custody, or involuntary~~  
1253 ~~admission pursuant to s. 397.675, the court may order the person~~  
1254 ~~to be admitted for involuntary assessment for a period of 5 days~~  
1255 ~~pursuant to s. 397.6811. Thereafter, all proceedings are~~  
1256 ~~governed by chapter 397.~~

1257 ~~(d) At the hearing on involuntary outpatient services, the~~  
1258 ~~court shall consider testimony and evidence regarding the~~  
1259 ~~patient's competence to consent to services. If the court finds~~  
1260 ~~that the patient is incompetent to consent to treatment, it~~  
1261 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~  
1262 ~~The guardian advocate shall be appointed or discharged in~~  
1263 ~~accordance with s. 394.4598.~~

1264 ~~(e) The administrator of the receiving facility or the~~  
1265 ~~designated department representative shall provide a copy of the~~  
1266 ~~court order and adequate documentation of a patient's mental~~  
1267 ~~illness to the service provider for involuntary outpatient~~  
1268 ~~services. Such documentation must include any advance directives~~  
1269 ~~made by the patient, a psychiatric evaluation of the patient,~~  
1270 ~~and any evaluations of the patient performed by a psychologist~~  
1271 ~~or a clinical social worker.~~

1272 ~~(8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~  
1273 ~~SERVICES.—~~

1274 ~~(a)1. If the person continues to meet the criteria for~~  
1275 ~~involuntary outpatient services, the service provider shall, at~~

1276 | ~~least 10 days before the expiration of the period during which~~  
1277 | ~~the treatment is ordered for the person, file in the court that~~  
1278 | ~~issued the order for involuntary outpatient services a petition~~  
1279 | ~~for continued involuntary outpatient services. The court shall~~  
1280 | ~~immediately schedule a hearing on the petition to be held within~~  
1281 | ~~15 days after the petition is filed.~~

1282 |       ~~2. The existing involuntary outpatient services order~~  
1283 | ~~remains in effect until disposition on the petition for~~  
1284 | ~~continued involuntary outpatient services.~~

1285 |       ~~3. A certificate shall be attached to the petition which~~  
1286 | ~~includes a statement from the person's physician or clinical~~  
1287 | ~~psychologist justifying the request, a brief description of the~~  
1288 | ~~patient's treatment during the time he or she was receiving~~  
1289 | ~~involuntary services, and an individualized plan of continued~~  
1290 | ~~treatment.~~

1291 |       ~~4. The service provider shall develop the individualized~~  
1292 | ~~plan of continued treatment in consultation with the patient or~~  
1293 | ~~the patient's guardian advocate, if applicable. When the~~  
1294 | ~~petition has been filed, the clerk of the court shall provide~~  
1295 | ~~copies of the certificate and the individualized plan of~~  
1296 | ~~continued services to the department, the patient, the patient's~~  
1297 | ~~guardian advocate, the state attorney, and the patient's private~~  
1298 | ~~counsel or the public defender.~~

1299 |       ~~(b) Within 1 court working day after the filing of a~~  
1300 | ~~petition for continued involuntary outpatient services, the~~

1301 ~~court shall appoint the public defender to represent the person~~  
1302 ~~who is the subject of the petition, unless the person is~~  
1303 ~~otherwise represented by counsel. The clerk of the court shall~~  
1304 ~~immediately notify the public defender of such appointment. The~~  
1305 ~~public defender shall represent the person until the petition is~~  
1306 ~~dismissed or the court order expires or the patient is~~  
1307 ~~discharged from involuntary outpatient services. Any attorney~~  
1308 ~~representing the patient shall have access to the patient,~~  
1309 ~~witnesses, and records relevant to the presentation of the~~  
1310 ~~patient's case and shall represent the interests of the patient,~~  
1311 ~~regardless of the source of payment to the attorney.~~

1312 ~~(c) Hearings on petitions for continued involuntary~~  
1313 ~~outpatient services must be before the court that issued the~~  
1314 ~~order for involuntary outpatient services. The court may appoint~~  
1315 ~~a magistrate to preside at the hearing. The procedures for~~  
1316 ~~obtaining an order pursuant to this paragraph must meet the~~  
1317 ~~requirements of subsection (7), except that the time period~~  
1318 ~~included in paragraph (2) (c) is not applicable in determining~~  
1319 ~~the appropriateness of additional periods of involuntary~~  
1320 ~~outpatient placement.~~

1321 ~~(d) Notice of the hearing must be provided as set forth in~~  
1322 ~~s. 394.4599. The patient and the patient's attorney may agree to~~  
1323 ~~a period of continued outpatient services without a court~~  
1324 ~~hearing.~~

1325 ~~(e) The same procedure must be repeated before the~~

1326 ~~expiration of each additional period the patient is placed in~~  
1327 ~~treatment.~~

1328 ~~(f) If the patient has previously been found incompetent~~  
1329 ~~to consent to treatment, the court shall consider testimony and~~  
1330 ~~evidence regarding the patient's competence. Section 394.4598~~  
1331 ~~governs the discharge of the guardian advocate if the patient's~~  
1332 ~~competency to consent to treatment has been restored.~~

1333 Section 11. Section 394.467, Florida Statutes, is amended  
1334 to read:

1335 394.467 Involuntary inpatient placement and involuntary  
1336 outpatient services.-

1337 (1) DEFINITIONS.-As used in this section, the term:

1338 (a) "Court" means a circuit court or, for commitments only  
1339 to involuntary outpatient services as defined in s. 394.4655, a  
1340 county court.

1341 (b) "Involuntary inpatient placement" means placement in a  
1342 secure receiving or treatment facility providing stabilization  
1343 and treatment services to a person 18 years of age or older who  
1344 does not voluntarily consent to services under this chapter, or  
1345 a minor who does not voluntarily assent to services under this  
1346 chapter.

1347 (c) "Involuntary outpatient services" means services  
1348 provided in the community to a person who does not voluntarily  
1349 consent to or participate in services under this chapter.

1350 (d) "Services plan" means an individualized plan detailing

1351 the recommended behavioral health services and supports based on  
1352 a thorough assessment of the needs of the patient, to safeguard  
1353 and enhance the patient's health and well-being in the  
1354 community.

1355 (2)-(1) CRITERIA FOR INVOLUNTARY SERVICES.-A person may be  
1356 ordered by a court to be provided for involuntary services  
1357 inpatient placement for treatment upon a finding of the court,  
1358 by clear and convincing evidence, that the person meets the  
1359 following criteria:

1360 (a) Involuntary outpatient services.-A person ordered to  
1361 involuntary outpatient services must meet the following  
1362 criteria:

1363 1. The person has a mental illness and because of his or  
1364 her mental illness:

1365 a. Is unlikely to voluntarily participate in a recommended  
1366 services plan and has refused voluntary services for treatment  
1367 after sufficient and conscientious explanation and disclosure of  
1368 why the services are necessary; or

1369 b. He or she is unable to determine for himself or herself  
1370 whether services are necessary.

1371 2. The person is unlikely to survive safely in the  
1372 community without supervision, based on a clinical  
1373 determination.

1374 3. The person has a history of lack of compliance with  
1375 treatment for mental illness.

1376 4. In view of the person's treatment history and current  
1377 behavior, the person is in need of involuntary outpatient  
1378 services in order to prevent a relapse or deterioration that  
1379 would be likely to result in serious bodily harm to himself or  
1380 herself or others, or a substantial harm to his or her well-  
1381 being as set forth in s. 394.463(1).

1382 5. It is likely that the person will benefit from  
1383 involuntary outpatient services.

1384 6. All available less restrictive alternatives that would  
1385 offer an opportunity for improvement of the person's condition  
1386 have been deemed to be inappropriate or unavailable.

1387 (b) Involuntary inpatient placement.—A person ordered to  
1388 involuntary inpatient placement must meet the following  
1389 criteria:

1390 1.(a) The person ~~He or she~~ has a mental illness and  
1391 because of his or her mental illness:

1392 a.1.a. ~~He or she~~ has refused voluntary inpatient placement  
1393 for treatment after sufficient and conscientious explanation and  
1394 disclosure of the purpose of ~~inpatient placement for~~ treatment;  
1395 or

1396 b. ~~He or she~~ Is unable to determine for himself or herself  
1397 whether inpatient placement is necessary; and

1398 2.a. ~~He or she~~ is incapable of surviving alone or with the  
1399 help of willing, able, and responsible family or friends,  
1400 including available alternative services, and, without

1401 treatment, is likely to suffer from neglect or refuse to care  
1402 for himself or herself, and such neglect or refusal poses a real  
1403 and present threat of substantial harm to his or her well-being;  
1404 or

1405       b. Without treatment, there is a substantial likelihood  
1406 that in the near future the person ~~he or she~~ will inflict  
1407 serious bodily harm on self or others, as evidenced by recent  
1408 behavior causing, attempting to cause, or threatening to cause  
1409 such harm; and

1410       ~~(c)-(b)~~ All available less restrictive treatment  
1411 alternatives that would offer an opportunity for improvement of  
1412 the person's ~~his or her~~ condition have been deemed ~~judged~~ to be  
1413 inappropriate or unavailable.

1414       ~~(3)-(2)~~ RECOMMENDATION FOR INVOLUNTARY SERVICES AND  
1415 ADMISSION TO A TREATMENT FACILITY.—A patient may be recommended  
1416 for involuntary inpatient placement, involuntary outpatient  
1417 services, or a combination of both.

1418       (a) A patient may be retained by the a facility that  
1419 examined the patient for involuntary services until the  
1420 completion of the patient's court hearing ~~or involuntarily~~  
1421 ~~placed in a treatment facility~~ upon the recommendation of the  
1422 administrator of the facility where the patient has been  
1423 examined and after adherence to the notice and hearing  
1424 procedures provided in s. 394.4599. However, if a patient who is  
1425 being recommended for only involuntary outpatient services has

1426 been stabilized and no longer meets the criteria for involuntary  
1427 examination pursuant to s. 394.463(1), the patient must be  
1428 released from the facility while awaiting the hearing for  
1429 involuntary outpatient services.

1430 (b) The recommendation that the involuntary services  
1431 criteria reasonably appear to have been met must be supported by  
1432 the opinion of a psychiatrist and the second opinion of a  
1433 clinical psychologist with at least 3 years of clinical  
1434 experience, ~~or~~ another psychiatrist, or a psychiatric nurse  
1435 practicing within the framework of an established protocol with  
1436 a psychiatrist, who ~~both of whom have~~ personally examined the  
1437 patient within the preceding 72 hours, that the criteria for  
1438 involuntary inpatient placement are met. For involuntary  
1439 inpatient placement, the patient must have been examined within  
1440 the preceding 72 hours. For involuntary outpatient services the  
1441 patient must have been examined within the preceding 30 days.

1442 (c) If ~~However~~, if the administrator certifies that a  
1443 psychiatrist, a ~~or~~ clinical psychologist with at least 3 years  
1444 of clinical experience, or a psychiatric nurse practicing within  
1445 the framework of an established protocol with a psychiatrist is  
1446 not available to provide a ~~the~~ second opinion, the petitioner  
1447 must certify as such and the second opinion may be provided by a  
1448 licensed physician who has postgraduate training and experience  
1449 in diagnosis and treatment of mental illness, a clinical  
1450 psychologist, or ~~by~~ a psychiatric nurse.

1451        (d) Any opinion authorized in this subsection may be  
1452 conducted through a face-to-face or in-person examination, ~~in~~  
1453 ~~person,~~ or by electronic means. Recommendations for involuntary  
1454 services must be ~~Such recommendation shall be~~ entered on a  
1455 petition for involuntary services inpatient placement  
1456 ~~certificate,~~ which shall be made a part of the patient's  
1457 clinical record. The filing of the petition ~~that~~ authorizes the  
1458 facility to retain the patient pending transfer to a treatment  
1459 facility or completion of a hearing.

1460        ~~(4)-(3)~~ PETITION FOR INVOLUNTARY SERVICES ~~INPATIENT~~  
1461 ~~PLACEMENT.~~-

1462        (a) A petition for involuntary services may be filed by:  
1463        1. The administrator of a receiving ~~the~~ facility;  
1464        2. The administrator of a treatment facility; or  
1465        3. A service provider who is treating the person being  
1466 petitioned.

1467        (b) ~~A shall file a~~ petition for involuntary inpatient  
1468 placement, or inpatient placement followed by outpatient  
1469 services, must be filed in the court in the county where the  
1470 patient is located.

1471        (c) A petition for involuntary outpatient services must be  
1472 filed in the county where the patient is located, unless the  
1473 patient is being placed from a state treatment facility, in  
1474 which case the petition must be filed in the county where the  
1475 patient will reside.

1476        (d)1. The petitioner must state in the petition:  
1477        a. Whether the petitioner is recommending inpatient  
1478 placement, outpatient services, or both.  
1479        b. The length of time recommended for each type of  
1480 involuntary services.  
1481        c. The reasons for the recommendation.  
1482        2. If recommending involuntary outpatient services, or a  
1483 combination of involuntary inpatient placement and outpatient  
1484 services, the petitioner must identify the service provider that  
1485 has agreed to provide services for the person under an order for  
1486 involuntary outpatient services, unless he or she is otherwise  
1487 participating in outpatient psychiatric treatment and is not in  
1488 need of public financing for that treatment, in which case the  
1489 individual, if eligible, may be ordered to involuntary treatment  
1490 pursuant to the existing psychiatric treatment relationship.  
1491        3. When recommending an order to involuntary outpatient  
1492 services, the petitioner shall prepare a written proposed  
1493 services plan in consultation with the patient or the patient's  
1494 guardian advocate, if appointed, for the court's consideration  
1495 for inclusion in the involuntary outpatient services order that  
1496 addresses the nature and extent of the mental illness and any  
1497 co-occurring substance use disorder that necessitate involuntary  
1498 outpatient services. The services plan must specify the likely  
1499 needed level of care, including the use of medication, and  
1500 anticipated discharge criteria for terminating involuntary

1501 outpatient services. The services in the plan must be deemed  
1502 clinically appropriate by a physician, clinical psychologist,  
1503 psychiatric nurse, mental health counselor, marriage and family  
1504 therapist, or clinical social worker who consults with, or is  
1505 employed or contracted by, the service provider. If the services  
1506 in the proposed services plan are not available, the petitioner  
1507 may not file the petition. The petitioner must notify the  
1508 managing entity if the requested services are not available. The  
1509 managing entity must document such efforts to obtain the  
1510 requested service. The service provider who accepts the patient  
1511 for involuntary outpatient services is responsible for the  
1512 development of a comprehensive treatment plan.

1513 (e) Each required criterion for the recommended  
1514 involuntary services must be alleged and substantiated in the  
1515 petition. A copy of the recommended services plan, if  
1516 applicable, must be attached to the petition. The court must  
1517 accept petitions and other documentation with electronic  
1518 signatures.

1519 (f) When the petition has been filed ~~Upon filing,~~ the  
1520 clerk of the court shall provide copies of the petition and the  
1521 recommended services plan, if applicable, to the department, the  
1522 managing entity, the patient, the patient's guardian or  
1523 representative, and the state attorney, and the public defender  
1524 or the patient's private counsel of the judicial circuit in  
1525 which the patient is located. A fee may not be charged for the

1526 filing of a petition under this subsection.

1527 (g) If the service provider is petitioning for involuntary  
1528 outpatient services, and the provider's patient is not in a  
1529 receiving or treatment facility, the petition shall be heard and  
1530 processed in accordance with the requirements of this section,  
1531 subject to the following exceptions:

1532 1. Unless a continuance is granted, the petition must be  
1533 heard no later than 10 court working days after its filing;

1534 2. The service provider must provide a copy of its  
1535 patient's clinical records, examination report recommending  
1536 outpatient services, and services plan to the court, state  
1537 attorney, and the patient's attorney; and

1538 3. There is proof that the respondent has been served, and  
1539 the court may continue the case for lack of service.

1540 (5)-(4) APPOINTMENT OF COUNSEL.—Within 1 court working day  
1541 after the filing of a petition for involuntary services  
1542 ~~inpatient placement~~, the court shall appoint the public defender  
1543 to represent the person who is the subject of the petition,  
1544 unless the person is otherwise represented by counsel or  
1545 ineligible. The clerk of the court shall immediately notify the  
1546 public defender of such appointment. The public defender shall  
1547 represent the person until the petition is dismissed, the court  
1548 order expires, the patient is discharged from involuntary  
1549 services, or the public defender is otherwise discharged by the  
1550 court. Any attorney who represents ~~representing~~ the patient

1551 shall be provided ~~have~~ access to the patient, witnesses, and  
 1552 records relevant to the presentation of the patient's case and  
 1553 shall represent the interests of the patient, regardless of the  
 1554 source of payment to the attorney.

1555 (6)-(5) CONTINUANCE OF HEARING.—The patient and the state  
 1556 are independently ~~is~~ entitled, ~~with the concurrence of the~~  
 1557 ~~patient's counsel,~~ to seek a ~~at least one~~ continuance of the  
 1558 hearing. The patient shall be granted a request for an initial  
 1559 continuance for up to 7 calendar days. The patient may request  
 1560 additional continuances for up to 21 calendar days in total,  
 1561 which shall only be granted by a showing of good cause and due  
 1562 diligence by the patient and the patient's counsel before  
 1563 requesting the continuance. The state may request one  
 1564 continuance of up to 7 calendar days, which shall only be  
 1565 granted by a showing of good cause and due diligence by the  
 1566 state before requesting the continuance. The state's failure to  
 1567 timely review any readily available document or failure to  
 1568 attempt to contact a known witness does not warrant a  
 1569 continuance ~~4 weeks.~~

1570 (7)-(6) HEARING ON INVOLUNTARY SERVICES ~~INPATIENT~~  
 1571 PLACEMENT.—

1572 (a)1. The court shall hold a ~~the~~ hearing on the  
 1573 involuntary services petition ~~inpatient placement~~ within 5 court  
 1574 working days after the filing of the petition, unless a  
 1575 continuance is granted.

1576           2. The court must hold any hearing on involuntary  
1577 outpatient services in the county where the petition is filed. A  
1578 hearing on involuntary inpatient placement, or a combination of  
1579 involuntary inpatient placement and involuntary outpatient  
1580 services, ~~Except for good cause documented in the court file,~~  
1581 ~~the hearing~~ must be held in the county or the facility, as  
1582 appropriate, where the patient is located, except for good cause  
1583 documented in the court file.

1584           3. A hearing on involuntary services must be as convenient  
1585 to the patient as is consistent with orderly procedure, and  
1586 shall be conducted in physical settings not likely to be  
1587 injurious to the patient's condition. If the court finds that  
1588 the patient's attendance at the hearing is not consistent with  
1589 the best interests of the patient, or the patient knowingly,  
1590 intelligently, and voluntarily waives his or her right to be  
1591 present, and if the patient's counsel does not object, the court  
1592 may waive the attendance ~~presence~~ of the patient from all or any  
1593 portion of the hearing. The state attorney for the circuit in  
1594 which the patient is located shall represent the state, rather  
1595 than the petitioner, as the real party in interest in the  
1596 proceeding. The facility or service provider shall make the  
1597 patient's clinical records available to the state attorney and  
1598 the patient's attorney so that the state can evaluate and  
1599 prepare its case. However, these records shall remain  
1600 confidential, and the state attorney may not use any record

1601 obtained under this part for criminal investigation or  
1602 prosecution purposes, or for any purpose other than the  
1603 patient's civil commitment under this chapter ~~petitioning~~  
1604 ~~facility administrator, as the real party in interest in the~~  
1605 ~~proceeding.~~

1606 (b)3. The court may appoint a magistrate to preside at the  
1607 hearing. The state attorney and witnesses may remotely attend  
1608 and, as appropriate, testify at the hearing under oath via  
1609 audio-video teleconference. A witness intending to remotely  
1610 attend and testify must provide the parties with all relevant  
1611 documents by the close of business on the day before the  
1612 hearing. One of the professionals who executed the ~~petition for~~  
1613 ~~involuntary services inpatient placement~~ certificate shall be a  
1614 witness. The patient and the patient's guardian or  
1615 representative shall be informed by the court of the right to an  
1616 independent expert examination. If the patient cannot afford  
1617 such an examination, the court shall ensure that one is  
1618 provided, as otherwise provided for by law. The independent  
1619 expert's report is confidential and not discoverable, unless the  
1620 expert is to be called as a witness for the patient at the  
1621 hearing. The court shall allow testimony from persons, including  
1622 family members, deemed by the court to be relevant under state  
1623 law, regarding the person's prior history and how that prior  
1624 history relates to the person's current condition. The testimony  
1625 in the hearing must be given under oath, and the proceedings

1626 must be recorded. The patient may refuse to testify at the  
1627 hearing.

1628 ~~(c)-(b)~~ At the hearing, the court shall consider testimony  
1629 and evidence regarding the patient's competence to consent to  
1630 services and treatment. If the court finds that the patient is  
1631 incompetent to consent to treatment, it shall appoint a guardian  
1632 advocate as provided in s. 394.4598.

1633 (8) ORDERS OF THE COURT.—

1634 (a)1. If the court concludes that the patient meets the  
1635 criteria for involuntary services, the court may order a patient  
1636 to involuntary inpatient placement, involuntary outpatient  
1637 services, or a combination of involuntary services depending on  
1638 the criteria met and which type of involuntary services best  
1639 meet the needs of the patient. However, if the court orders the  
1640 patient to involuntary outpatient services, the court may not  
1641 order the department or the service provider to provide services  
1642 if the program or service is not available in the patient's  
1643 local community, if there is no space available in the program  
1644 or service for the patient, or if funding is not available for  
1645 the program or service. The petitioner must notify the managing  
1646 entity if the requested services are not available. The managing  
1647 entity must document such efforts to obtain the requested  
1648 services. A copy of the order must be sent to the managing  
1649 entity by the service provider within 1 working day after it is  
1650 received from the court.

1651        2. If the court orders the patient to involuntary  
1652 outpatient services, the patient must be monitored by a social  
1653 worker or case manager of the outpatient provider, or a willing,  
1654 able, and responsible individual appointed by the court who must  
1655 inform the court, the state attorney, and the patient's attorney  
1656 of any failure by the patient to comply with his or her  
1657 outpatient treatment.

1658        3. The order must specify the nature and extent of the  
1659 patient's mental illness and the reasons the appropriate  
1660 involuntary services criteria are satisfied.

1661        4. An order for only involuntary outpatient services,  
1662 involuntary inpatient placement, or of a combination of  
1663 involuntary services may be for a period of up to 6 months.

1664        5. An order for a combination of involuntary services  
1665 shall specify the length of time the patient shall be ordered  
1666 for involuntary inpatient placement and involuntary outpatient  
1667 services.

1668        6. The order of the court and the patient's services plan,  
1669 if applicable, must be made part of the patient's clinical  
1670 record.

1671        (b) If the court orders a patient into involuntary  
1672 inpatient placement, the court ~~it~~ may order that the patient be  
1673 retained at a receiving facility while awaiting transfer  
1674 transferred to a treatment facility, ~~or,~~ if the patient is at a  
1675 treatment facility, that the patient be retained there or be

1676 treated at any other appropriate facility, or that the patient  
1677 receive services, on an involuntary basis, for up to ~~90~~ days.  
1678 ~~However, any order for involuntary mental health services in a~~  
1679 ~~treatment facility may be for up to 6 months. The order shall~~  
1680 ~~specify the nature and extent of the patient's mental illness.~~  
1681 The court may not order an individual with a developmental  
1682 disability as defined in s. 393.063 or a traumatic brain injury  
1683 or dementia who lacks a co-occurring mental illness to be  
1684 involuntarily placed in a state treatment facility. ~~The facility~~  
1685 ~~shall discharge a patient any time the patient no longer meets~~  
1686 ~~the criteria for involuntary inpatient placement, unless the~~  
1687 ~~patient has transferred to voluntary status.~~

1688 (c) If at any time before the conclusion of ~~a~~ the hearing  
1689 on involuntary services, ~~inpatient placement~~ it appears to the  
1690 court that the patient ~~person does not meet the criteria for~~  
1691 ~~involuntary inpatient placement under this section, but instead~~  
1692 meets the criteria for involuntary ~~outpatient services~~, the  
1693 court may order the person evaluated for involuntary outpatient  
1694 ~~services pursuant to s. 394.4655. The petition and hearing~~  
1695 ~~procedures set forth in s. 394.4655 shall apply. If the person~~  
1696 ~~instead meets the criteria for involuntary assessment,~~  
1697 ~~protective custody, or involuntary admission~~ or treatment  
1698 pursuant to s. 397.675, then the court may order the person to  
1699 be admitted for involuntary assessment ~~for a period of 5 days~~  
1700 pursuant to s. 397.675 ~~s. 397.6811~~. Thereafter, all proceedings

1701 are governed by chapter 397.

1702 ~~(d) At the hearing on involuntary inpatient placement, the~~  
1703 ~~court shall consider testimony and evidence regarding the~~  
1704 ~~patient's competence to consent to treatment. If the court finds~~  
1705 ~~that the patient is incompetent to consent to treatment, it~~  
1706 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~

1707 (d)(e) The administrator of the petitioning facility or  
1708 the designated department representative shall provide a copy of  
1709 the court order and adequate documentation of a patient's mental  
1710 illness to the service provider for involuntary outpatient  
1711 services or the administrator of a treatment facility if the  
1712 patient is ordered for involuntary inpatient placement, ~~whether~~  
1713 ~~by civil or criminal court~~. The documentation must include any  
1714 advance directives made by the patient, a psychiatric evaluation  
1715 of the patient, and any evaluations of the patient performed by  
1716 a psychiatric nurse, a clinical psychologist, a marriage and  
1717 family therapist, a mental health counselor, or a clinical  
1718 social worker. The administrator of a treatment facility may  
1719 refuse admission to any patient directed to its facilities on an  
1720 involuntary basis, whether by civil or criminal court order, who  
1721 is not accompanied by adequate orders and documentation.

1722 (e) In cases resulting in an order for involuntary  
1723 outpatient services, the court shall retain jurisdiction over  
1724 the case and the parties for entry of further orders as  
1725 circumstances may require, including, but not limited to,

1726 monitoring compliance with treatment or ordering inpatient  
1727 treatment to stabilize a person who decompensates while under  
1728 court-ordered outpatient treatment and meets the commitment  
1729 criteria of s. 394.467.

1730 (9) SERVICES PLAN MODIFICATION—After the order for  
1731 involuntary outpatient services is issued, the service provider  
1732 and the patient may modify the services plan as provided by  
1733 department rule.

1734 (10) NONCOMPLIANCE WITH INVOLUNTARY OUTPATIENT SERVICES.—

1735 (a) If, in the clinical judgment of a physician, a  
1736 psychiatrist, a clinical psychologist with at least 3 years of  
1737 clinical experience, or a psychiatric nurse practicing within  
1738 the framework of an established protocol with a psychiatrist, a  
1739 patient receiving involuntary outpatient services has failed or  
1740 has refused to comply with the services plan ordered by the  
1741 court, and efforts were made to solicit compliance, the service  
1742 provider must report such noncompliance to the court. The  
1743 involuntary outpatient services order shall remain in effect  
1744 unless the service provider determines that the patient no  
1745 longer meets the criteria for involuntary outpatient services or  
1746 until the order expires. The service provider must determine  
1747 whether modifications should be made to the existing services  
1748 plan and must attempt to continue to engage the patient in  
1749 treatment. For any material modification of the services plan to  
1750 which the patient or the patient's guardian advocate, if

1751 applicable, agrees, the service provider shall send notice of  
1752 the modification to the court. Any material modifications of the  
1753 services plan which are contested by the patient or the  
1754 patient's guardian advocate, if applicable, must be approved or  
1755 disapproved by the court consistent with subsection (4).

1756 (b) A county court may not use incarceration as a sanction  
1757 for noncompliance with the services plan, but it may order an  
1758 individual evaluated for possible inpatient placement if there  
1759 is significant, or are multiple instances of, noncompliance.

1760 (11)-(7) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES  
1761 INPATIENT PLACEMENT.-

1762 (a) A petition for continued involuntary services shall be  
1763 filed if the patient continues to meets the criteria for  
1764 involuntary services.

1765 (b)1. If a patient receiving involuntary outpatient  
1766 services continues to meet the criteria for involuntary  
1767 outpatient services, the service provider shall file in the  
1768 court that issued the initial order for involuntary outpatient  
1769 services a petition for continued involuntary outpatient  
1770 services.

1771 2. If a patient in involuntary inpatient placement

1772 ~~(a) Hearings on petitions for continued involuntary~~  
1773 ~~inpatient placement of an individual placed at any treatment~~  
1774 ~~facility are administrative hearings and must be conducted in~~  
1775 ~~accordance with s. 120.57(1), except that any order entered by~~

1776 ~~the administrative law judge is final and subject to judicial~~  
1777 ~~review in accordance with s. 120.68. Orders concerning patients~~  
1778 ~~committed after successfully pleading not guilty by reason of~~  
1779 ~~insanity are governed by s. 916.15.~~

1780 ~~(b) If the patient continues to meet the criteria for~~  
1781 ~~involuntary services ~~inpatient placement~~ and is being treated at~~  
1782 ~~a receiving ~~treatment~~ facility, the administrator shall, before~~  
1783 ~~the expiration of the period the receiving ~~treatment~~ facility is~~  
1784 ~~authorized to retain the patient, file in the court that issued~~  
1785 ~~the initial order for involuntary inpatient placement, a~~  
1786 ~~petition requesting authorization for continued involuntary~~  
1787 ~~services ~~inpatient placement~~. The administrator may petition for~~  
1788 ~~inpatient or outpatient services.~~

1789 3. If a patient in inpatient placement continues to meet  
1790 the criteria for involuntary services and is being treated at a  
1791 treatment facility, the administrator shall, before expiration  
1792 of the period the treatment facility is authorized to retain the  
1793 patient, file a petition requesting authorization for continued  
1794 involuntary services. The administrator may petition for  
1795 inpatient or outpatient services. Hearings on petitions for  
1796 continued involuntary services of an individual placed at any  
1797 treatment facility are administrative hearings and must be  
1798 conducted in accordance with s. 120.57(1), except that any order  
1799 entered by the judge is final and subject to judicial review in  
1800 accordance with s. 120.68. Orders concerning patients committed

1801 after successfully pleading not guilty by reason of insanity are  
1802 governed by s. 916.15.

1803 4. The court shall immediately schedule a hearing on the  
1804 petition to be held within 15 days after the petition is filed.

1805 5. The existing involuntary services order shall remain in  
1806 effect until disposition on the petition for continued  
1807 involuntary services.

1808 (c) The ~~petition request~~ must be accompanied by a  
1809 statement from the patient's physician, psychiatrist,  
1810 psychiatric nurse, or clinical psychologist justifying the  
1811 request, a brief description of the patient's treatment during  
1812 the time he or she was receiving involuntary services  
1813 ~~involuntarily placed~~, and an individualized plan of continued  
1814 treatment developed in consultation with the patient or the  
1815 patient's guardian advocate, if applicable. If the petition is  
1816 for involuntary outpatient services, it must comply with the  
1817 requirements of subparagraph (4) (d) 3. When the petition has been  
1818 filed, the clerk of the court shall provide copies of the  
1819 petition and the individualized plan of continued services to  
1820 the department, the patient, the patient's guardian advocate,  
1821 the state attorney, and the patient's private counsel or the  
1822 public defender.

1823 (d) The court shall appoint counsel to represent the  
1824 person who is the subject of the petition for continued  
1825 involuntary services in accordance to the provisions set forth

1826 in subsection (5), unless the person is otherwise represented by  
1827 counsel or ineligible.

1828 (e) Hearings on petitions for continued involuntary  
1829 outpatient services must be before the court that issued the  
1830 order for involuntary outpatient services. However, the patient  
1831 and the patient's attorney may agree to a period of continued  
1832 outpatient services without a court hearing.

1833 (f) Hearings on petitions for continued involuntary  
1834 inpatient placement in receiving facilities, or involuntary  
1835 outpatient services following involuntary inpatient services,  
1836 must be held in the county or the facility, as appropriate,  
1837 where the patient is located.

1838 (g) The court may appoint a magistrate to preside at the  
1839 hearing. The procedures for obtaining an order pursuant to this  
1840 paragraph must meet the requirements of subsection (7).

1841 (h) Notice of the hearing must be provided as set forth  
1842 provided in s. 394.4599.

1843 (i) If a patient's attendance at the hearing is  
1844 voluntarily waived, the ~~administrative law~~ judge must determine  
1845 that the patient knowingly, intelligently, and voluntarily  
1846 waived his or her right to be present, ~~waiver is knowing and~~  
1847 ~~voluntary~~ before waiving the presence of the patient from all or  
1848 a portion of the hearing. Alternatively, if at the hearing the  
1849 ~~administrative law~~ judge finds that attendance at the hearing is  
1850 not consistent with the best interests of the patient, the

1851 ~~administrative law~~ judge may waive the presence of the patient  
1852 from all or any portion of the hearing, unless the patient,  
1853 through counsel, objects to the waiver of presence. The  
1854 testimony in the hearing must be under oath, and the proceedings  
1855 must be recorded.

1856 ~~(c) Unless the patient is otherwise represented or is~~  
1857 ~~ineligible, he or she shall be represented at the hearing on the~~  
1858 ~~petition for continued involuntary inpatient placement by the~~  
1859 ~~public defender of the circuit in which the facility is located.~~

1860 (j)(d) If at a hearing it is shown that the patient  
1861 continues to meet the criteria for involuntary services  
1862 ~~inpatient placement~~, the court ~~administrative law judge~~ shall  
1863 issue an sign the order for continued involuntary outpatient  
1864 services, inpatient placement for up to 90 days. However, any  
1865 ~~order for~~ involuntary inpatient placement, or mental health  
1866 ~~services in a combination of involuntary services treatment~~  
1867 ~~facility may be~~ for up to 6 months. The same procedure shall be  
1868 repeated before the expiration of each additional period the  
1869 patient is retained.

1870 (k) If the patient has been ordered to undergo involuntary  
1871 services and has previously been found incompetent to consent to  
1872 treatment, the court shall consider testimony and evidence  
1873 regarding the patient's competence. If the patient's competency  
1874 to consent to treatment is restored, the discharge of the  
1875 guardian advocate shall be governed by s. 394.4598. If the

1876 patient has been ordered to undergo involuntary inpatient  
1877 placement only and the patient's competency to consent to  
1878 treatment is restored, the administrative law judge may issue a  
1879 recommended order, to the court that found the patient  
1880 incompetent to consent to treatment, that the patient's  
1881 competence be restored and that any guardian advocate previously  
1882 appointed be discharged.

1883 (1)-(e) If continued involuntary inpatient placement is  
1884 necessary for a patient in involuntary inpatient placement who  
1885 was admitted while serving a criminal sentence, but his or her  
1886 sentence is about to expire, or for a minor involuntarily  
1887 placed, but who is about to reach the age of 18, the  
1888 administrator shall petition the administrative law judge for an  
1889 order authorizing continued involuntary inpatient placement.  
1890 The procedure required in this subsection must be followed  
1891 before the expiration of each additional period the patient is  
1892 involuntarily receiving services.

1893 (12)-(8) RETURN TO FACILITY.—If a patient has been ordered  
1894 to undergo involuntary inpatient placement ~~involuntarily held~~ at  
1895 a receiving or treatment facility under this part and leaves the  
1896 facility without the administrator's authorization, the  
1897 administrator may authorize a search for the patient and his or  
1898 her return to the facility. The administrator may request the  
1899 assistance of a law enforcement agency in this regard.

1900 (13) DISCHARGE.—The patient shall be discharged upon

1901 expiration of the court order or at any time the patient no  
 1902 longer meets the criteria for involuntary services, unless the  
 1903 patient has transferred to voluntary status. Upon discharge, the  
 1904 service provider or facility shall send a certificate of  
 1905 discharge to the court.

1906 Section 12. Subsection (2) of section 394.468, Florida  
 1907 Statutes, is amended and subsection (3) is added to that section  
 1908 to read:

1909 394.468 Admission and discharge procedures.—

1910 (2) Discharge planning and procedures for any patient's  
 1911 release from a receiving facility or treatment facility must  
 1912 include and document the patient's needs, and actions to address  
 1913 such needs, for consideration of, at a minimum:

- 1914 (a) Follow-up behavioral health appointments;
- 1915 (b) Information on how to obtain prescribed medications;
- 1916 and

- 1917 (c) Information pertaining to:
  - 1918 1. Available living arrangements;
  - 1919 2. Transportation; and

1920 (d) Referral to:  
 1921 1. Care coordination services. The patient must be  
 1922 referred for care coordination services if the patient meets the  
 1923 criteria as a member of a priority population as determined by  
 1924 the department under s. 394.9082 (3) (c) and is in need of such  
 1925 services.

1926 ~~2.3.~~ Recovery support opportunities under s.  
1927 394.4573(2)(1), including, but not limited to, connection to a  
1928 peer specialist.

1929 (3) During the discharge transition process and while the  
1930 patient is present unless determined inappropriate by a  
1931 physician or psychiatric nurse practicing within the framework  
1932 of an established protocol with a psychiatrist a receiving  
1933 facility shall coordinate, face-to-face or through electronic  
1934 means, discharge plans to a less restrictive community  
1935 behavioral health provider, a peer specialist, a case manager,  
1936 or a care coordination service. The transition process must, at  
1937 a minimum, include all of the following criteria:

1938 (a) Implementation of policies and procedures outlining  
1939 strategies for how the receiving facility will comprehensively  
1940 address the needs of patients who demonstrate a high use of  
1941 receiving facility services to avoid or reduce future use of  
1942 crisis stabilization services. For any such patient, policies  
1943 and procedures must include, at a minimum, a review of the  
1944 effectiveness of previous discharge plans created by the  
1945 facility for the patient, and the new discharge plan must  
1946 address problems experienced with implementation of previous  
1947 discharge plans.

1948 (b) Developing and including in discharge paperwork a  
1949 personalized crisis prevention plan that identifies stressors,  
1950 early warning signs or symptoms, and strategies to deal with

1951 crisis.  
 1952 (c) Requiring a staff member to seek to engage a family  
 1953 member, legal guardian, legal representative, or natural support  
 1954 in discharge planning and meet face to face or through  
 1955 electronic means to review the discharge instructions, including  
 1956 prescribed medications, follow-up appointments, and any other  
 1957 recommended services or follow-up resources, and document the  
 1958 outcome of such meeting.

1959 (d) When the recommended level of care at discharge is not  
 1960 immediately available to the patient, the receiving facility  
 1961 must, at a minimum, initiate a referral to an appropriate  
 1962 provider to meet the needs of the patient to continue care until  
 1963 the recommended level of care is available.

1964 Section 13. Section 394.4915, Florida Statutes, is created  
 1965 to read:

1966 394.4915 Office of Children's Behavioral Health  
 1967 Ombudsman.-The Office of Children's Behavioral Health Ombudsman  
 1968 is established within the department for the purpose of being a  
 1969 central point to receive complaints on behalf of children and  
 1970 adolescents with behavioral health disorders receiving state-  
 1971 funded services and use such information to improve the child  
 1972 and adolescent mental health treatment and support system. The  
 1973 department and managing entities shall include information about  
 1974 and contact information for the office placed prominently on  
 1975 their websites on easily accessible web pages related to

1976 | children and adolescent behavioral health services. To the  
 1977 | extent permitted by available resources, the office shall, at a  
 1978 | minimum:

1979 |       (1) Receive and direct to the appropriate contact within  
 1980 | the department, the Agency for Health Care Administration, or  
 1981 | the appropriate organizations providing behavioral health  
 1982 | services complaints from children and adolescents and their  
 1983 | families about the child and adolescent mental health treatment  
 1984 | and support system.

1985 |       (2) Maintain records of complaints received and the  
 1986 | actions taken.

1987 |       (3) Be a resource to identify and explain relevant  
 1988 | policies or procedures to children, adolescents, and their  
 1989 | families about the child and adolescent mental health treatment  
 1990 | and support system.

1991 |       (4) Provide recommendations to the department to address  
 1992 | systemic problems within the child and adolescent mental health  
 1993 | treatment and support system that are leading to complaints. The  
 1994 | department shall include an analysis of complaints and  
 1995 | recommendations in the report required under s. 394.4573.

1996 |       (5) Engage in functions that may improve the child and  
 1997 | adolescent mental health treatment and support system.

1998 |       Section 14. Subsection (3) of section 394.495, Florida  
 1999 | Statutes, is amended to read:

2000 |       394.495 Child and adolescent mental health system of care;

2001 programs and services.—

2002       (3) Assessments must be performed by:

2003       (a) A clinical psychologist, clinical social worker,

2004 physician, psychiatric nurse, or psychiatrist, as those terms

2005 are defined in s. 394.455 ~~professional as defined in s.~~

2006 ~~394.455(5), (7), (33), (36), or (37);~~

2007       (b) A professional licensed under chapter 491; or

2008       (c) A person who is under the direct supervision of a

2009 clinical psychologist, clinical social worker, physician,

2010 psychiatric nurse, or psychiatrist, as those terms are defined

2011 in s. 394.455, ~~qualified professional as defined in s.~~

2012 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed

2013 under chapter 491.

2014       Section 15. Subsection (5) of section 394.496, Florida

2015 Statutes, is amended to read:

2016       394.496 Service planning.—

2017       (5) A clinical psychologist, clinical social worker,

2018 physician, psychiatric nurse, or psychiatrist, as those terms

2019 are defined in s. 394.455, ~~professional as defined in s.~~

2020 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed

2021 under chapter 491 must be included among those persons

2022 developing the services plan.

2023       Section 16. Paragraph (a) of subsection (2) of section

2024 394.499, Florida Statutes, is amended to read:

2025       394.499 Integrated children's crisis stabilization

2026 unit/juvenile addictions receiving facility services.—

2027 (2) Children eligible to receive integrated children's  
 2028 crisis stabilization unit/juvenile addictions receiving facility  
 2029 services include:

2030 (a) A minor whose parent makes ~~person under 18 years of~~  
 2031 ~~age for whom~~ voluntary application based on the parent's express  
 2032 and informed consent, and the requirements of s. 394.4625(1) (a)  
 2033 are met ~~is made by his or her guardian, if such person is found~~  
 2034 ~~to show evidence of mental illness and to be suitable for~~  
 2035 ~~treatment pursuant to s. 394.4625. A person under 18 years of~~  
 2036 ~~age may be admitted for integrated facility services only after~~  
 2037 ~~a hearing to verify that the consent to admission is voluntary.~~

2038 Section 17. Paragraphs (a) and (d) of subsection (1) of  
 2039 section 394.875, Florida Statutes, are amended to read:

2040 394.875 Crisis stabilization units, residential treatment  
 2041 facilities, and residential treatment centers for children and  
 2042 adolescents; authorized services; license required.—

2043 (1) (a) The purpose of a crisis stabilization unit is to  
 2044 stabilize and redirect a client to the most appropriate and  
 2045 least restrictive community setting available, consistent with  
 2046 the client's needs. Crisis stabilization units may screen,  
 2047 assess, and admit for stabilization persons who present  
 2048 themselves to the unit and persons who are brought to the unit  
 2049 under s. 394.463. Clients may be provided 24-hour observation,  
 2050 medication prescribed by a physician, or ~~or~~ psychiatrist, or

2051 psychiatric nurse practicing within the framework of an  
 2052 established protocol with a psychiatrist, and other appropriate  
 2053 services. Crisis stabilization units shall provide services  
 2054 regardless of the client's ability to pay ~~and shall be limited~~  
 2055 ~~in size to a maximum of 30 beds.~~

2056 ~~(d) The department is directed to implement a~~  
 2057 ~~demonstration project in circuit 18 to test the impact of~~  
 2058 ~~expanding beds authorized in crisis stabilization units from 30~~  
 2059 ~~to 50 beds. Specifically, the department is directed to~~  
 2060 ~~authorize existing public or private crisis stabilization units~~  
 2061 ~~in circuit 18 to expand bed capacity to a maximum of 50 beds and~~  
 2062 ~~to assess the impact such expansion would have on the~~  
 2063 ~~availability of crisis stabilization services to clients.~~

2064 Section 18. Section 394.90826, Florida Statutes, is  
 2065 created to read:

2066 394.90826 Behavioral Health Interagency Collaboration.-

2067 (1) The department and the Agency for Health Care  
 2068 Administration shall jointly establish behavioral health  
 2069 interagency collaboratives throughout the state with the goal of  
 2070 identifying and addressing ongoing challenges within the  
 2071 behavioral health system at the local level to improve the  
 2072 accessibility, availability, and quality of behavioral health  
 2073 services. The objectives of the regional collaboratives are to:

2074 (a) Facilitate enhanced interagency communication and  
 2075 collaboration.

2076 (b) Develop and promote regional strategies tailored to  
 2077 address community-level challenges in the behavioral health  
 2078 system.

2079 (2) The regional collaborative membership shall at a  
 2080 minimum be composed of representatives from all of the  
 2081 following, serving the region:

2082 (a) Department of Children and Families.

2083 (b) Agency for Health Care Administration.

2084 (c) Agency for Persons with Disabilities.

2085 (d) Department of Elder Affairs.

2086 (e) Department of Health.

2087 (f) Department of Education.

2088 (g) School districts.

2089 (h) Area Agencies on Aging.

2090 (i) Community-based care lead agencies, as defined in s.  
 2091 409.986(3)(d).

2092 (j) Managing entities, as defined in s. 394.9082(2).

2093 (k) Behavioral health services providers.

2094 (l) Hospitals.

2095 (m) Medicaid Managed Medical Assistance Plans.

2096 (n) Police departments.

2097 (o) Sheriffs' Offices.

2098 (3) Each regional collaborative shall define the  
 2099 objectives of that collaborative based upon the specific needs  
 2100 of the region and local communities located within the region,

2101 to achieve the specified goals.

2102 (4) The department shall define the region to be served by  
 2103 each collaborative and shall be responsible for facilitating  
 2104 meetings.

2105 (5) All entities represented on the regional  
 2106 collaboratives shall provide assistance as appropriate and  
 2107 reasonably necessary to fulfill the goals of the regional  
 2108 collaboratives.

2109 Section 19. Subsection (6) of section 394.9085, Florida  
 2110 Statutes, is amended to read:

2111 394.9085 Behavioral provider liability.—

2112 (6) For purposes of this section, the terms  
 2113 "detoxification ~~services,~~" "addictions receiving facility," and  
 2114 "receiving facility" have the same meanings as those provided in  
 2115 ss. 397.311(26) (a) 4. ~~397.311(26) (a) 3.,~~ 397.311(26) (a) 1., and  
 2116 394.455(40), respectively.

2117 Section 20. Subsection (3) of section 397.305, Florida  
 2118 Statutes, is amended to read:

2119 397.305 Legislative findings, intent, and purpose.—

2120 (3) It is the purpose of this chapter to provide for a  
 2121 comprehensive continuum of accessible and quality substance  
 2122 abuse prevention, intervention, clinical treatment, and recovery  
 2123 support services in the most appropriate and least restrictive  
 2124 environment which promotes long-term recovery while protecting  
 2125 and respecting the rights of individuals, primarily through

2126 community-based private not-for-profit providers working with  
2127 local governmental programs involving a wide range of agencies  
2128 from both the public and private sectors.

2129 Section 21. Subsections (19) and (23) of section 397.311,  
2130 Florida Statutes, are amended to read:

2131 397.311 Definitions.—As used in this chapter, except part  
2132 VIII, the term:

2133 (19) "Impaired" or "substance abuse impaired" means having  
2134 a substance use disorder or a condition involving the use of  
2135 alcoholic beverages, illicit or prescription drugs, or any  
2136 psychoactive or mood-altering substance in such a manner as to  
2137 induce mental, emotional, or physical problems or ~~and~~ cause  
2138 socially dysfunctional behavior.

2139 (23) "Involuntary treatment services" means an array of  
2140 behavioral health services that may be ordered by the court for  
2141 persons with substance abuse impairment or co-occurring  
2142 substance abuse impairment and mental health disorders.

2143 Section 22. Subsection (6) is added to section 397.401,  
2144 Florida Statutes, to read:

2145 397.401 License required; penalty; injunction; rules  
2146 waivers.—

2147 (6) A service provider operating an addictions receiving  
2148 facility or providing detoxification on a nonhospital inpatient  
2149 basis may not exceed its licensed capacity by more than 10  
2150 percent and may not exceed their licensed capacity for more than

2151 | 3 consecutive working days or for more than 7 days in 1 month.

2152 | Section 23. Paragraph (i) is added to subsection (1) of  
 2153 | section 397.4073, Florida Statutes, to read:

2154 | 397.4073 Background checks of service provider personnel.—

2155 | (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND  
 2156 | EXCEPTIONS.—

2157 | (i) Any physician licensed under chapter 458 or chapter  
 2158 | 459 or a nurse licensed under chapter 464 who was required to  
 2159 | undergo background screening by the Department of Health as part  
 2160 | of his or her initial licensure or the renewal of licensure, and  
 2161 | who has an active and unencumbered license, is not subject to  
 2162 | background screening pursuant to this section.

2163 | Section 24. Subsection (8) of section 397.501, Florida  
 2164 | Statutes, is amended to read:

2165 | 397.501 Rights of individuals.—Individuals receiving  
 2166 | substance abuse services from any service provider are  
 2167 | guaranteed protection of the rights specified in this section,  
 2168 | unless otherwise expressly provided, and service providers must  
 2169 | ensure the protection of such rights.

2170 | (8) RIGHT TO COUNSEL.—Each individual must be informed  
 2171 | that he or she has the right to be represented by counsel in any  
 2172 | judicial involuntary proceeding for involuntary assessment,  
 2173 | stabilization, or treatment services and that he or she, or if  
 2174 | the individual is a minor his or her parent, legal guardian, or  
 2175 | legal custodian, may apply immediately to the court to have an

2176 attorney appointed if he or she cannot afford one.

2177 Section 25. Section 397.581, Florida Statutes, is amended  
2178 to read:

2179 397.581 Unlawful activities relating to assessment and  
2180 treatment; penalties.—

2181 (1) A person may not knowingly and willfully:

2182 (a) Furnish ~~furnishing~~ false information for the purpose  
2183 of obtaining emergency or other involuntary admission of another  
2184 person ~~for any person is a misdemeanor of the first degree,~~  
2185 ~~punishable as provided in s. 775.082 and by a fine not exceeding~~  
2186 ~~\$5,000.~~

2187 (b)(2) Cause or otherwise secure, or conspire with or  
2188 assist another to cause or secure ~~Causing or otherwise securing,~~  
2189 ~~or conspiring with or assisting another to cause or secure,~~  
2190 ~~without reason for believing a person to be impaired,~~ any  
2191 emergency or other involuntary procedure of another ~~for the~~  
2192 person under false pretenses ~~is a misdemeanor of the first~~  
2193 ~~degree, punishable as provided in s. 775.082 and by a fine not~~  
2194 ~~exceeding \$5,000.~~

2195 (c)(3) Cause, or conspire with or assist another to cause,  
2196 without lawful justification ~~Causing, or conspiring with or~~  
2197 ~~assisting another to cause,~~ the denial to any person of any  
2198 right accorded pursuant to this chapter.

2199 (2) A person who violates subsection (1) commits ~~is a~~  
2200 ~~misdemeanor of the first degree, punishable as provided in s.~~

2201 775.082 and by a fine not exceeding \$5,000.

2202 Section 26. Section 397.675, Florida Statutes, is amended  
2203 to read:

2204 397.675 Criteria for involuntary admissions, including  
2205 protective custody, emergency admission, and other involuntary  
2206 assessment, involuntary treatment, and alternative involuntary  
2207 assessment for minors, for purposes of assessment and  
2208 stabilization, and for involuntary treatment.—A person meets the  
2209 criteria for involuntary admission if there is good faith reason  
2210 to believe that the person is substance abuse impaired or has a  
2211 substance use disorder and a co-occurring mental health disorder  
2212 and, because of such impairment or disorder:

2213 (1) Has lost the power of self-control with respect to  
2214 substance abuse; and

2215 (2) (a) Is in need of substance abuse services and, by  
2216 reason of substance abuse impairment, his or her judgment has  
2217 been so impaired that he or she is incapable of appreciating his  
2218 or her need for such services and of making a rational decision  
2219 in that regard, although mere refusal to receive such services  
2220 does not constitute evidence of lack of judgment with respect to  
2221 his or her need for such services; or

2222 (b) Without care or treatment, is likely to suffer from  
2223 neglect or refuse to care for himself or herself; that such  
2224 neglect or refusal poses a real and present threat of  
2225 substantial harm to his or her well-being; and that it is not

2226 | apparent that such harm may be avoided through the help of  
2227 | willing, able, and responsible family members or friends or the  
2228 | provision of other services, or there is substantial likelihood  
2229 | that the person has inflicted, or threatened to or attempted to  
2230 | inflict, or, unless admitted, is likely to inflict, physical  
2231 | harm on himself, herself, or another.

2232 |       Section 27. Subsection (1) of section 397.6751, Florida  
2233 | Statutes, is amended to read:

2234 |       397.6751 Service provider responsibilities regarding  
2235 | involuntary admissions.—

2236 |       (1) It is the responsibility of the service provider to:

2237 |       (a) Ensure that a person who is admitted to a licensed  
2238 | service component meets the admission criteria specified in s.  
2239 | 397.675;

2240 |       (b) Ascertain whether the medical and behavioral  
2241 | conditions of the person, as presented, are beyond the safe  
2242 | management capabilities of the service provider;

2243 |       (c) Provide for the admission of the person to the service  
2244 | component that represents the most appropriate and least  
2245 | restrictive available setting that is responsive to the person's  
2246 | treatment needs;

2247 |       (d) Verify that the admission of the person to the service  
2248 | component does not result in a census in excess of its licensed  
2249 | service capacity;

2250 |       (e) Determine whether the cost of services is within the

2251 financial means of the person or those who are financially  
 2252 responsible for the person's care; and

2253 (f) Take all necessary measures to ensure that each  
 2254 individual in treatment is provided with a safe environment, and  
 2255 to ensure that each individual whose medical condition or  
 2256 behavioral problem becomes such that he or she cannot be safely  
 2257 managed by the service component is discharged and referred to a  
 2258 more appropriate setting for care.

2259 Section 28. Section 397.681, Florida Statutes, is amended  
 2260 to read:

2261 397.681 Involuntary petitions; general provisions; court  
 2262 jurisdiction and right to counsel.—

2263 (1) JURISDICTION.—The courts have jurisdiction of  
 2264 ~~involuntary assessment and stabilization petitions and~~  
 2265 involuntary treatment petitions for substance abuse impaired  
 2266 persons, and such petitions must be filed with the clerk of the  
 2267 court in the county where the person is located. The clerk of  
 2268 the court may not charge a fee for the filing of a petition  
 2269 under this section. The chief judge may appoint a general or  
 2270 special magistrate to preside over all or part of the  
 2271 proceedings. The alleged impaired person is named as the  
 2272 respondent.

2273 (2) RIGHT TO COUNSEL.—A respondent has the right to  
 2274 counsel at every stage of a judicial proceeding relating to a  
 2275 petition for his or her ~~involuntary assessment and a petition~~

2276 ~~for his or her~~ involuntary treatment for substance abuse  
 2277 impairment; however, the respondent may waive that right if the  
 2278 respondent is present and the court finds that such waiver is  
 2279 made knowingly, intelligently, and voluntarily. A respondent who  
 2280 desires counsel and is unable to afford private counsel has the  
 2281 right to court-appointed counsel and to the benefits of s.  
 2282 57.081. If the court believes that the respondent needs or  
 2283 desires the assistance of counsel, the court shall appoint such  
 2284 counsel for the respondent without regard to the respondent's  
 2285 wishes. If the respondent is a minor not otherwise represented  
 2286 in the proceeding, the court shall immediately appoint a  
 2287 guardian ad litem to act on the minor's behalf.

2288 Section 29. Section 397.693, Florida Statutes, is  
 2289 renumbered as 397.68111, Florida Statutes, and amended to read:

2290 397.68111 ~~397.693~~ Involuntary treatment.—A person may be  
 2291 the subject of a petition for court-ordered involuntary  
 2292 treatment pursuant to this part, if that person:

2293 (1) Reasonably appears to meet ~~meets~~ the criteria for  
 2294 involuntary admission provided in s. 397.675; ~~and:~~

2295 (2) ~~(1)~~ Has been placed under protective custody pursuant  
 2296 to s. 397.677 within the previous 10 days;

2297 (3) ~~(2)~~ Has been subject to an emergency admission pursuant  
 2298 to s. 397.679 within the previous 10 days; or

2299 (4) ~~(3)~~ Has been assessed by a qualified professional  
 2300 within 30 ~~5~~ days;

2301 ~~(4) Has been subject to involuntary assessment and~~  
 2302 ~~stabilization pursuant to s. 397.6818 within the previous 12~~  
 2303 ~~days; or~~

2304 ~~(5) Has been subject to alternative involuntary admission~~  
 2305 ~~pursuant to s. 397.6822 within the previous 12 days.~~

2306 Section 30. Section 397.695, Florida Statutes, is  
 2307 renumbered as section 397.68112, Florida Statutes, and amended  
 2308 to read:

2309 397.68112 ~~397.695~~ Involuntary services; persons who may  
 2310 petition.—

2311 (1) If the respondent is an adult, a petition for  
 2312 involuntary treatment services may be filed by the respondent's  
 2313 spouse or legal guardian, any relative, a service provider, or  
 2314 an adult who has direct personal knowledge of the respondent's  
 2315 substance abuse impairment and his or her prior course of  
 2316 assessment and treatment.

2317 (2) If the respondent is a minor, a petition for  
 2318 involuntary treatment services may be filed by a parent, legal  
 2319 guardian, or service provider.

2320 (3) The court may prohibit, or a law enforcement agency  
 2321 may waive, any service of process fees if a petitioner is  
 2322 determined to be indigent.

2323 Section 31. Section 397.6951, Florida Statutes, is  
 2324 renumbered as 397.68141, Florida Statutes, and amended to read:  
 2325 397.68141 ~~397.6951~~ Contents of petition for involuntary

2326 treatment services.—A petition for involuntary services must  
2327 contain the name of the respondent; the name of the petitioner  
2328 ~~or petitioners;~~ the relationship between the respondent and the  
2329 petitioner; the name of the respondent's attorney, if known; ~~the~~  
2330 ~~findings and recommendations of the assessment performed by the~~  
2331 ~~qualified professional;~~ and the factual allegations presented by  
2332 the petitioner establishing the need for involuntary ~~outpatient~~  
2333 services for substance abuse impairment. The factual allegations  
2334 must demonstrate:

2335 (1) The reason for the petitioner's belief that the  
2336 respondent is substance abuse impaired;

2337 (2) The reason for the petitioner's belief that because of  
2338 such impairment the respondent has lost the power of self-  
2339 control with respect to substance abuse; and

2340 (3) (a) The reason the petitioner believes that the  
2341 respondent has inflicted or is likely to inflict physical harm  
2342 on himself or herself or others unless the court orders the  
2343 involuntary services; or

2344 (b) The reason the petitioner believes that the  
2345 respondent's refusal to voluntarily receive care is based on  
2346 judgment so impaired by reason of substance abuse that the  
2347 respondent is incapable of appreciating his or her need for care  
2348 and of making a rational decision regarding that need for care.

2349 (4) The petition may be accompanied by a certificate or  
2350 report of a qualified professional who examined the respondent

2351 within 30 days before the petition was filed. The certificate or  
2352 report must include the qualified professional's findings  
2353 relating to his or her assessment of the patient and his or her  
2354 treatment recommendations. If the respondent was not assessed  
2355 before the filing of a treatment petition or refused to submit  
2356 to an evaluation, the lack of assessment or refusal must be  
2357 noted in the petition.

2358 (5) If there is an emergency, the petition must also  
2359 describe the respondent's exigent circumstances and include a  
2360 request for an ex parte assessment and stabilization order that  
2361 must be executed pursuant to s. 397.68151.

2362 Section 32. Section 397.6955, Florida Statutes, is  
2363 renumbered as section 397.68151, Florida Statutes, and amended  
2364 to read:

2365 397.68151 ~~397.6955~~ Duties of court upon filing of petition  
2366 for involuntary services.—

2367 (1) Upon the filing of a petition for involuntary services  
2368 for a substance abuse impaired person with the clerk of the  
2369 court, the court shall immediately determine whether the  
2370 respondent is represented by an attorney or whether the  
2371 appointment of counsel for the respondent is appropriate. If the  
2372 court appoints counsel for the person, the clerk of the court  
2373 shall immediately notify the office of criminal conflict and  
2374 civil regional counsel, created pursuant to s. 27.511, of the  
2375 appointment. The office of criminal conflict and civil regional

2376 counsel shall represent the person until the petition is  
 2377 dismissed, the court order expires, ~~or~~ the person is discharged  
 2378 from involuntary treatment services, or the office is otherwise  
 2379 discharged by the court. An attorney that represents the person  
 2380 named in the petition shall have access to the person,  
 2381 witnesses, and records relevant to the presentation of the  
 2382 person's case and shall represent the interests of the person,  
 2383 regardless of the source of payment to the attorney.

2384 (2) The court shall schedule a hearing to be held on the  
 2385 petition within 10 court working 5 days unless a continuance is  
 2386 granted. The court may appoint a magistrate to preside at the  
 2387 hearing.

2388 (3) A copy of the petition and notice of the hearing must  
 2389 be provided to the respondent; the respondent's parent,  
 2390 guardian, or legal custodian, in the case of a minor; the  
 2391 respondent's attorney, if known; the petitioner; the  
 2392 respondent's spouse or guardian, if applicable; and such other  
 2393 persons as the court may direct. If the respondent is a minor, a  
 2394 copy of the petition and notice of the hearing must be  
 2395 personally delivered to the respondent. The clerk ~~court~~ shall  
 2396 also issue a summons to the person whose admission is sought and  
 2397 unless a circuit court's chief judge authorizes disinterested  
 2398 private process servers to serve parties under this chapter, a  
 2399 law enforcement agency must effect such service on the person  
 2400 whose admission is sought for the initial treatment hearing.

2401 Section 33. Section 397.6818, Florida Statutes, is amended  
2402 to read:

2403 397.6818 Court determination.—

2404 (1) When the petitioner asserts that emergency  
2405 circumstances exist, or when upon review of the petition the  
2406 court determines that an emergency exists, the court may rely  
2407 solely on the contents of the petition and, without the  
2408 appointment of an attorney, enter an ex parte order for the  
2409 respondent's involuntary assessment and stabilization which must  
2410 be executed during the period when the hearing on the petition  
2411 for treatment is pending.

2412 (2) The court may further order a law enforcement officer  
2413 or another designated agent of the court to:

2414 (a) Take the respondent into custody and deliver him or  
2415 her for evaluation to either the nearest appropriate licensed  
2416 service provider or a licensed service provider designated by  
2417 the court.

2418 (b) Serve the respondent with the notice of hearing and a  
2419 copy of the petition.

2420 (3) The service provider may not hold the respondent for  
2421 longer than 72 hours of observation, unless:

2422 (a) The service provider seeks additional time under s.  
2423 397.6957(1)(c) and the court, after a hearing, grants that  
2424 motion;

2425 (b) The respondent shows signs of withdrawal, or a need to

2426 be either detoxified or treated for a medical condition, which  
2427 shall extend the amount of time the respondent may be held for  
2428 observation until the issue is resolved but no later than the  
2429 scheduled hearing date, absent a court-approved extension; or

2430 (c) The original or extended observation period ends on a  
2431 weekend or holiday, including the hours before the ordinary  
2432 business hours of the following workday morning, in which case  
2433 the provider may hold the respondent until the next court  
2434 working day.

2435 (4) If the ex parte order was not executed by the initial  
2436 hearing date, it shall be deemed void. However, should the  
2437 respondent not appear at the hearing for any reason, including  
2438 lack of service, and upon reviewing the petition, testimony, and  
2439 evidence presented, the court reasonably believes the respondent  
2440 meets this chapter's commitment criteria and that a substance  
2441 abuse emergency exists, the court may issue or reissue an ex  
2442 parte assessment and stabilization order that is valid for 90  
2443 days. If the respondent's location is known at the time of the  
2444 hearing, the court:

2445 (a) Shall continue the case for no more than 10 court  
2446 working days; and

2447 (b) May order a law enforcement officer or another  
2448 designated agent of the court to:

2449 1. Take the respondent into custody and deliver him or her  
2450 for evaluation to either the nearest appropriate licensed

2451 service provider or a licensed service provider designated by  
2452 the court; and

2453 2. If a hearing date is set, serve the respondent with  
2454 notice of the rescheduled hearing and a copy of the involuntary  
2455 treatment petition if the respondent has not already been  
2456 served.

2457  
2458 Otherwise, the petitioner must inform the court that the  
2459 respondent has been assessed so that the court may schedule a  
2460 hearing as soon as is practicable. However, if the respondent  
2461 has not been assessed within 90 days, the court must dismiss the  
2462 case. At the hearing initiated in accordance with s.

2463 ~~397.6811(1), the court shall hear all relevant testimony. The~~  
2464 ~~respondent must be present unless the court has reason to~~  
2465 ~~believe that his or her presence is likely to be injurious to~~  
2466 ~~him or her, in which event the court shall appoint a guardian~~  
2467 ~~advocate to represent the respondent. The respondent has the~~  
2468 ~~right to examination by a court-appointed qualified~~  
2469 ~~professional. After hearing all the evidence, the court shall~~  
2470 ~~determine whether there is a reasonable basis to believe the~~  
2471 ~~respondent meets the involuntary admission criteria of s.~~  
2472 ~~397.675.~~

2473 ~~(1) Based on its determination, the court shall either~~  
2474 ~~dismiss the petition or immediately enter an order authorizing~~  
2475 ~~the involuntary assessment and stabilization of the respondent;~~

2476 ~~or, if in the course of the hearing the court has reason to~~  
2477 ~~believe that the respondent, due to mental illness other than or~~  
2478 ~~in addition to substance abuse impairment, is likely to injure~~  
2479 ~~himself or herself or another if allowed to remain at liberty,~~  
2480 ~~the court may initiate involuntary proceedings under the~~  
2481 ~~provisions of part I of chapter 394.~~

2482 ~~(2) If the court enters an order authorizing involuntary~~  
2483 ~~assessment and stabilization, the order shall include the~~  
2484 ~~court's findings with respect to the availability and~~  
2485 ~~appropriateness of the least restrictive alternatives and the~~  
2486 ~~need for the appointment of an attorney to represent the~~  
2487 ~~respondent, and may designate the specific licensed service~~  
2488 ~~provider to perform the involuntary assessment and stabilization~~  
2489 ~~of the respondent. The respondent may choose the licensed~~  
2490 ~~service provider to deliver the involuntary assessment where~~  
2491 ~~possible and appropriate.~~

2492 ~~(3) If the court finds it necessary, it may order the~~  
2493 ~~sheriff to take the respondent into custody and deliver him or~~  
2494 ~~her to the licensed service provider specified in the court~~  
2495 ~~order or, if none is specified, to the nearest appropriate~~  
2496 ~~licensed service provider for involuntary assessment.~~

2497 ~~(4) The order is valid only for the period specified in~~  
2498 ~~the order or, if a period is not specified, for 7 days after the~~  
2499 ~~order is signed.~~

2500 Section 34. Section 397.6957, Florida Statutes, is amended

2501 to read:

2502       397.6957 Hearing on petition for involuntary treatment  
2503 services.—

2504       (1) (a) The respondent must be present at a hearing on a  
2505 petition for involuntary treatment services, unless the court  
2506 finds that he or she knowingly, intelligently, and voluntarily  
2507 waives his or her right to be present or, upon receiving proof  
2508 of service and evaluating the circumstances of the case, that  
2509 his or her presence is inconsistent with his or her best  
2510 interests or is likely to be injurious to self or others. The  
2511 court shall hear and review all relevant evidence, including  
2512 testimony from individuals such as family members familiar with  
2513 the respondent's prior history and how it relates to his or her  
2514 current condition, and the ~~review of~~ results of the assessment  
2515 completed by the qualified professional in connection with this  
2516 chapter. The court may also order drug tests. The state attorney  
2517 and witnesses may remotely attend and, as appropriate, testify  
2518 at the hearing under oath via audio-video telecommunications  
2519 technology. A witness intending to remotely attend and testify  
2520 must provide the parties with all relevant documents by the  
2521 close of business on the day before the hearing ~~the respondent's~~  
2522 protective custody, emergency admission, involuntary assessment,  
2523 or alternative involuntary admission. ~~The respondent must be~~  
2524 present unless the court finds that his or her presence is  
2525 likely to be injurious to himself or herself or others, in which

2526 ~~event the court must appoint a guardian advocate to act in~~  
2527 ~~behalf of the respondent throughout the proceedings.~~

2528 (b) A respondent may not be involuntarily ordered into  
2529 treatment under this chapter without a clinical assessment being  
2530 performed, unless he or she is present in court and expressly  
2531 waives the assessment. In nonemergency situations, if the  
2532 respondent was not, or had previously refused to be, assessed by  
2533 a qualified professional and, based on the petition, testimony,  
2534 and evidence presented, it reasonably appears that the  
2535 respondent qualifies for involuntary treatment services, the  
2536 court shall issue an involuntary assessment and stabilization  
2537 order to determine the appropriate level of treatment the  
2538 respondent requires. Additionally, in cases where an assessment  
2539 was attached to the petition, the respondent may request, or the  
2540 court on its own motion may order, an independent assessment by  
2541 a court-appointed or otherwise agreed upon qualified  
2542 professional. The respondent shall be informed by the court of  
2543 the right to an independent assessment. If an assessment order  
2544 is issued, it is valid for 90 days, and if the respondent is  
2545 present or there is either proof of service or his or her  
2546 location is known, the involuntary treatment hearing shall be  
2547 continued for no more than 10 court working days. Otherwise, the  
2548 petitioner must inform the court that the respondent has been  
2549 assessed so that the court may schedule a hearing as soon as is  
2550 practicable. The assessment must occur before the new hearing

2551 date, and if there is evidence indicating that the respondent  
2552 will not voluntarily appear at the forthcoming hearing or is a  
2553 danger to self or others, the court may enter a preliminary  
2554 order committing the respondent to an appropriate treatment  
2555 facility for further evaluation until the date of the  
2556 rescheduled hearing. However, if after 90 days the respondent  
2557 remains unassessed, the court shall dismiss the case.

2558 (c)1. The respondent's assessment by a qualified  
2559 professional must occur within 72 hours after his or her arrival  
2560 at a licensed service provider unless the respondent shows signs  
2561 of withdrawal or a need to be either detoxified or treated for a  
2562 medical condition, which shall extend the amount of time the  
2563 respondent may be held for observation until such issue is  
2564 resolved but no later than the scheduled hearing date, absent a  
2565 court-approved extension. If the respondent is a minor, such  
2566 assessment must be initiated within the first 12 hours of the  
2567 minor's admission to the facility. The service provider may also  
2568 move to extend the 72 hours of observation by petitioning the  
2569 court in writing for additional time. The service provider must  
2570 furnish copies of such motion to all parties in accordance with  
2571 applicable confidentiality requirements, and after a hearing,  
2572 the court may grant additional time. If the court grants the  
2573 service provider's petition, the service provider may continue  
2574 to hold the respondent, and if the original or extended  
2575 observation period ends on a weekend or holiday, including the

2576 hours before the ordinary business hours of the following  
2577 workday morning, the provider may hold the respondent until the  
2578 next court working day.

2579 2. No later than the ordinary close of business on the day  
2580 before the hearing, the qualified professional shall transmit,  
2581 in accordance with any applicable confidentiality requirements,  
2582 his or her clinical assessment to the clerk of the court, who  
2583 shall enter it into the court file. The report must contain a  
2584 recommendation on the level of substance abuse treatment the  
2585 respondent requires, if any, and the relevant information on  
2586 which the qualified professional's findings are based. This  
2587 document must further note whether the respondent has any co-  
2588 occurring mental health or other treatment needs. For adults  
2589 subject to an involuntary assessment, the report's filing with  
2590 the court satisfies s. 397.6758 if it also contains the  
2591 respondent's admission and discharge information. The qualified  
2592 professional's failure to include a treatment recommendation,  
2593 much like a recommendation of no treatment, shall result in the  
2594 petition's dismissal.

2595 (2) The petitioner has the burden of proving by clear and  
2596 convincing evidence that:

2597 (a) The respondent is substance abuse impaired and has a  
2598 history of lack of compliance with treatment for substance  
2599 abuse; and

2600 (b) Because of such impairment the respondent is unlikely

2601 to voluntarily participate in the recommended services or is  
2602 unable to determine for himself or herself whether services are  
2603 necessary and:

2604 1. Without services, the respondent is likely to suffer  
2605 from neglect or refuse to care for himself or herself; that such  
2606 neglect or refusal poses a real and present threat of  
2607 substantial harm to his or her well-being; and that there is a  
2608 substantial likelihood that without services the respondent will  
2609 cause serious bodily harm to himself, herself, or another in the  
2610 near future, as evidenced by recent behavior; or

2611 2. The respondent's refusal to voluntarily receive care is  
2612 based on judgment so impaired by reason of substance abuse that  
2613 the respondent is incapable of appreciating his or her need for  
2614 care and of making a rational decision regarding that need for  
2615 care.

2616 (3) ~~One of the qualified professionals who executed the~~  
2617 ~~involuntary services certificate must be a witness. The court~~  
2618 ~~shall allow testimony from individuals, including family~~  
2619 ~~members, deemed by the court to be relevant under state law,~~  
2620 ~~regarding the respondent's prior history and how that prior~~  
2621 ~~history relates to the person's current condition. The Testimony~~  
2622 in the hearing must be taken under oath, and the proceedings  
2623 must be recorded. The respondent ~~patient~~ may refuse to testify  
2624 at the hearing.

2625 (4) If at any point during the hearing the court has

2626 reason to believe that the respondent, due to mental illness  
2627 other than or in addition to substance abuse impairment, meets  
2628 the involuntary commitment provisions of part I of chapter 394,  
2629 the court may initiate involuntary examination proceedings under  
2630 such provisions.

2631 (5)~~(4)~~ At the conclusion of the hearing the court shall  
2632 either dismiss the petition or order the respondent to receive  
2633 involuntary treatment services from his or her chosen licensed  
2634 service provider if possible and appropriate. Any treatment  
2635 order must include findings regarding the respondent's need for  
2636 treatment and the appropriateness of other less restrictive  
2637 alternatives.

2638 Section 35. Section 397.697, Florida Statutes, is amended  
2639 to read:

2640 397.697 Court determination; effect of court order for  
2641 involuntary services.—

2642 (1)(a) When the court finds that the conditions for  
2643 involuntary treatment services have been proved by clear and  
2644 convincing evidence, it may order the respondent to receive  
2645 involuntary treatment services from a publicly funded licensed  
2646 service provider for a period not to exceed 90 days. The court  
2647 may also order a respondent to undergo treatment through a  
2648 privately funded licensed service provider if the respondent has  
2649 the ability to pay for the treatment, or if any person on the  
2650 respondent's behalf voluntarily demonstrates a willingness and

2651 an ability to pay for the treatment. If the court finds it  
2652 necessary, it may direct the sheriff to take the respondent into  
2653 custody and deliver him or her to the licensed service provider  
2654 specified in the court order, or to the nearest appropriate  
2655 licensed service provider, for involuntary treatment services.  
2656 When the conditions justifying involuntary treatment services no  
2657 longer exist, the individual must be released as provided in s.  
2658 397.6971. When the conditions justifying involuntary treatment  
2659 services are expected to exist after 90 days of treatment  
2660 services, a renewal of the involuntary services order may be  
2661 requested pursuant to s. 397.6975 before the end of the 90-day  
2662 period.

2663 (b) To qualify for involuntary outpatient treatment, an  
2664 individual must be supported by a social worker or case manager  
2665 of a licensed service provider, or a willing, able, and  
2666 responsible individual appointed by the court who shall inform  
2667 the court and parties if the respondent fails to comply with his  
2668 or her outpatient program. In addition, unless the respondent  
2669 has been involuntarily ordered into inpatient treatment under  
2670 this chapter at least twice during the last 36 months, or  
2671 demonstrates the ability to substantially comply with the  
2672 outpatient treatment while waiting for residential placement to  
2673 become available, he or she must receive an assessment from a  
2674 qualified professional or licensed physician expressly  
2675 recommending outpatient services, such services must be

2676 available in the county in which the respondent is located, and  
2677 it must appear likely that the respondent will follow a  
2678 prescribed outpatient care plan.

2679 (2) In all cases resulting in an order for involuntary  
2680 treatment services, the court shall retain jurisdiction over the  
2681 case and the parties for the entry of such further orders as the  
2682 circumstances may require, including, but not limited to,  
2683 monitoring compliance with treatment, changing the treatment  
2684 modality, or initiating contempt of court proceedings for  
2685 violating any valid order issued pursuant to this chapter.  
2686 Hearings under this section may be set by motion of the parties  
2687 or under the court's own authority, and the motion and notice of  
2688 hearing for these ancillary proceedings, which include, but are  
2689 not limited to, civil contempt, must be served in accordance  
2690 with relevant court procedural rules. The court's requirements  
2691 for notification of proposed release must be included in the  
2692 original order.

2693 (3) An involuntary treatment services order also  
2694 authorizes the licensed service provider to require the  
2695 individual to receive treatment services that will benefit him  
2696 or her, including treatment services at any licensable service  
2697 component of a licensed service provider.

2698 (4) If the court orders involuntary treatment services, a  
2699 copy of the order must be sent to the managing entity, the  
2700 department, and the Louis de la Parte Florida Institute

2701 established under s. 1004.44, within 1 working day after it is  
2702 received from the court. Documents may be submitted  
2703 electronically through ~~through~~ existing data systems, if  
2704 applicable.

2705 (5) The department and the institute established under s.  
2706 1004.44, shall also receive and maintain copies of the  
2707 involuntary assessment and treatment orders issued pursuant to  
2708 ss. 397.68151, 397.6818, and 397.6957; the qualified  
2709 professional assessments; the professional certificates; and the  
2710 law enforcement officers' protective custody reports. The  
2711 institute established under s. 1004.44 shall use such documents  
2712 to prepare annual reports analyzing the data the documents  
2713 contain, without including patients' personal identifying  
2714 information, and the institute shall post such reports on its  
2715 website and provide copies of the reports to the department, the  
2716 President of the Senate, and the Speaker of the House of  
2717 Representatives by December 31 of each year.

2718 Section 36. Section 397.6971, Florida Statutes, is amended  
2719 to read:

2720 397.6971 Early release from involuntary services.—

2721 (1) At any time before the end of the 90-day involuntary  
2722 treatment services period, or before the end of any extension  
2723 granted pursuant to s. 397.6975, an individual receiving  
2724 involuntary treatment services may be determined eligible for  
2725 discharge to the most appropriate referral or disposition for

2726 the individual when any of the following apply:

2727 (a) The individual no longer meets the criteria for  
2728 involuntary admission and has given his or her informed consent  
2729 to be transferred to voluntary treatment status.

2730 (b) If the individual was admitted on the grounds of  
2731 likelihood of infliction of physical harm upon himself or  
2732 herself or others, such likelihood no longer exists.

2733 (c) If the individual was admitted on the grounds of need  
2734 for assessment and stabilization or treatment, accompanied by  
2735 inability to make a determination respecting such need:

2736 1. Such inability no longer exists; or

2737 2. It is evident that further treatment will not bring  
2738 about further significant improvements in the individual's  
2739 condition.

2740 (d) The individual ~~is~~ no longer needs treatment ~~in need of~~  
2741 services.

2742 (e) The director of the service provider determines that  
2743 the individual is beyond the safe management capabilities of the  
2744 provider.

2745 (2) Whenever a qualified professional determines that an  
2746 individual admitted for involuntary treatment services qualifies  
2747 for early release under subsection (1), the service provider  
2748 shall immediately discharge the individual and must notify all  
2749 persons specified by the court in the original treatment order.

2750 Section 37. Section 397.6975, Florida Statutes, is amended

2751 to read:

2752 397.6975 Extension of involuntary treatment services  
2753 period.—

2754 (1) Whenever a service provider believes that an  
2755 individual who is nearing the scheduled date of his or her  
2756 release from involuntary treatment services continues to meet  
2757 the criteria for involuntary services in s. 397.68111 or s.  
2758 397.6957 ~~s. 397.693~~, a petition for renewal of the involuntary  
2759 treatment services order must ~~may~~ be filed with the court ~~at~~  
2760 ~~least 10 days~~ before the expiration of the court-ordered  
2761 services period. The petition may be filed by the service  
2762 provider or by the person who filed the petition for the initial  
2763 treatment order if the petition is accompanied by supporting  
2764 documentation from the service provider. The court shall  
2765 immediately schedule a hearing within 10 court working days to  
2766 be held not more than 15 days after filing of the petition ~~and~~.  
2767 the court shall provide the copy of the petition for renewal and  
2768 the notice of the hearing to all parties and counsel to the  
2769 proceeding. The hearing is conducted pursuant to ss. 397.6957  
2770 and 397.697 and must be held before the circuit court unless  
2771 referred to a magistrate ~~s. 397.6957~~.

2772 (2) If the court finds that the petition for renewal of  
2773 the involuntary treatment services order should be granted, it  
2774 may order the respondent to receive involuntary treatment  
2775 services for a period not to exceed an additional 90 days. When

2776 the conditions justifying involuntary treatment services no  
2777 longer exist, the individual must be released as provided in s.  
2778 397.6971. When the conditions justifying involuntary services  
2779 continue to exist after an additional 90 days of service, a new  
2780 petition requesting renewal of the involuntary treatment  
2781 services order may be filed pursuant to this section.

2782 ~~(3) Within 1 court working day after the filing of a~~  
2783 ~~petition for continued involuntary services, the court shall~~  
2784 ~~appoint the office of criminal conflict and civil regional~~  
2785 ~~counsel to represent the respondent, unless the respondent is~~  
2786 ~~otherwise represented by counsel. The clerk of the court shall~~  
2787 ~~immediately notify the office of criminal conflict and civil~~  
2788 ~~regional counsel of such appointment. The office of criminal~~  
2789 ~~conflict and civil regional counsel shall represent the~~  
2790 ~~respondent until the petition is dismissed or the court order~~  
2791 ~~expires or the respondent is discharged from involuntary~~  
2792 ~~services. Any attorney representing the respondent shall have~~  
2793 ~~access to the respondent, witnesses, and records relevant to the~~  
2794 ~~presentation of the respondent's case and shall represent the~~  
2795 ~~interests of the respondent, regardless of the source of payment~~  
2796 ~~to the attorney.~~

2797 ~~(4) Hearings on petitions for continued involuntary~~  
2798 ~~services shall be before the circuit court. The court may~~  
2799 ~~appoint a magistrate to preside at the hearing. The procedures~~  
2800 ~~for obtaining an order pursuant to this section shall be in~~

2801 ~~accordance with s. 397.697.~~

2802 ~~(5) Notice of hearing shall be provided to the respondent~~  
 2803 ~~or his or her counsel. The respondent and the respondent's~~  
 2804 ~~counsel may agree to a period of continued involuntary services~~  
 2805 ~~without a court hearing.~~

2806 ~~(6) The same procedure shall be repeated before the~~  
 2807 ~~expiration of each additional period of involuntary services.~~

2808 ~~(7) If the respondent has previously been found~~  
 2809 ~~incompetent to consent to treatment, the court shall consider~~  
 2810 ~~testimony and evidence regarding the respondent's competence.~~

2811 Section 38. Section 397.6977, Florida Statutes, is amended  
 2812 to read:

2813 397.6977 Disposition of individual upon completion of  
 2814 involuntary services.—

2815 (1) At the conclusion of the 90-day period of court-  
 2816 ordered involuntary services, the respondent is automatically  
 2817 discharged unless a motion for renewal of the involuntary  
 2818 services order has been filed with the court pursuant to s.  
 2819 397.6975.

2820 (2) Discharge planning and procedures for any respondent's  
 2821 release from involuntary treatment services must include and  
 2822 document the respondent's needs, and actions to address such  
 2823 needs, for, at a minimum:

2824 (a) Follow-up behavioral health appointments.

2825 (b) Information on how to obtain prescribed medications.

2826           (c) Information pertaining to available living  
 2827 arrangements and transportation.

2828           (d) Referral to recovery support opportunities, including,  
 2829 but not limited to, connection to a peer specialist.

2830           Section 39. Section 397.6811, Florida Statutes, is  
 2831 repealed.

2832           Section 40. Section 397.6814, Florida Statutes, is  
 2833 repealed.

2834           Section 41. Section 397.6815, Florida Statutes, is  
 2835 repealed.

2836           Section 42. Section 397.6819, Florida Statutes, is  
 2837 repealed.

2838           Section 43. Section 397.6821, Florida Statutes, is  
 2839 repealed.

2840           Section 44. Section 397.6822, Florida Statutes, is  
 2841 repealed.

2842           Section 45. Section 397.6978, Florida Statutes, is  
 2843 repealed.

2844           Section 46. Section (2) of section 916.13, Florida  
 2845 Statutes, is amended to read:

2846           916.13 Involuntary commitment of defendant adjudicated  
 2847 incompetent.—

2848           (2) A defendant who has been charged with a felony and who  
 2849 has been adjudicated incompetent to proceed due to mental  
 2850 illness, and who meets the criteria for involuntary commitment

2851 under this chapter, may be committed to the department, and the  
2852 department shall retain and treat the defendant.

2853 (a) Immediately after receipt of a completed copy of the  
2854 court commitment order containing all documentation required by  
2855 the applicable Florida Rules of Criminal Procedure, the  
2856 department shall request all medical information relating to the  
2857 defendant from the jail. The jail shall provide the department  
2858 with all medical information relating to the defendant within 3  
2859 business days after receipt of the department's request or at  
2860 the time the defendant enters the physical custody of the  
2861 department, whichever is earlier.

2862 (b) Within 60 days after the date of admission and at the  
2863 end of any period of extended commitment, or at any time the  
2864 administrator or his or her designee determines that the  
2865 defendant has regained competency to proceed or no longer meets  
2866 the criteria for continued commitment, the administrator or  
2867 designee shall file a report with the court pursuant to the  
2868 applicable Florida Rules of Criminal Procedure.

2869 (c)1. If the department determines at any time that a  
2870 defendant will not or is unlikely to regain competency to  
2871 proceed, the department shall, within 30 days after the  
2872 determination, complete and submit a competency evaluation  
2873 report to the circuit court to determine if the defendant meets  
2874 the criteria for involuntary civil commitment under s. 394.467.  
2875 A qualified professional, as defined in s. 394.455, must sign

2876 the competency evaluation report for the circuit court under  
2877 penalty of perjury. A copy of the report shall be provided, at a  
2878 minimum, to the court, state attorney, and counsel for the  
2879 defendant before initiating any transfer of the defendant back  
2880 to the committing jurisdiction.

2881 2. For purposes of this paragraph, the term "competency  
2882 evaluation report to the circuit court" means a report by the  
2883 department regarding a defendant's incompetence to proceed in a  
2884 criminal proceeding due to mental illness as set forth in this  
2885 section. The report shall include, at a minimum, the following  
2886 regarding the defendant:

2887 a. A description of mental, emotional, and behavioral  
2888 disturbances.

2889 b. An explanation to support the opinion of incompetence  
2890 to proceed.

2891 c. The rationale to support why the defendant is unlikely  
2892 to gain competence to proceed in the foreseeable future.

2893 d. A clinical opinion regarding whether the defendant no  
2894 longer meets the criteria for involuntary forensic commitment  
2895 pursuant to this section.

2896 e. A recommendation on whether the defendant meets the  
2897 criteria for involuntary services pursuant to s. 394.467.

2898 (d)-(e) The defendant must be transported, in accordance  
2899 with s. 916.107, to the committing court's jurisdiction within 7  
2900 days after ~~of~~ notification that the defendant is competent to

2901 proceed or no longer meets the criteria for continued  
2902 commitment. A determination on the issue of competency must be  
2903 made at a hearing within 30 days of the notification. If the  
2904 defendant is receiving psychotropic medication at a mental  
2905 health facility at the time he or she is discharged and  
2906 transferred to the jail, the administering of such medication  
2907 must continue unless the jail physician documents the need to  
2908 change or discontinue it. To ensure continuity of care, the  
2909 referring mental health facility must transfer the patient with  
2910 up to 30 days of medications and assist in discharge planning  
2911 with medical teams at the receiving county jail. The jail and  
2912 department physicians shall collaborate to ensure that  
2913 medication changes do not adversely affect the defendant's  
2914 mental health status or his or her ability to continue with  
2915 court proceedings; however, the final authority regarding the  
2916 administering of medication to an inmate in jail rests with the  
2917 jail physician. Notwithstanding this paragraph, a defendant who  
2918 meets the criteria for involuntary examination pursuant to s.  
2919 394.463 as determined by an independent clinical opinion shall  
2920 appear remotely for the hearing. Court witnesses may appear  
2921 remotely.

2922 Section 47. Subsection (6) of section 40.29, Florida  
2923 Statutes, is amended to read:

2924 40.29 Payment of due-process costs; reimbursement for  
2925 petitions and orders.-

2926 (6) Subject to legislative appropriation, the clerk of the  
 2927 circuit court may, on a quarterly basis, submit to the Justice  
 2928 Administrative Commission a certified request for reimbursement  
 2929 for petitions and orders filed under ss. 394.459, 394.463,  
 2930 394.467, and 394.917, ~~and 397.6814,~~ at the rate of \$40 per  
 2931 petition or order. Such request for reimbursement shall be  
 2932 submitted in the form and manner prescribed by the Justice  
 2933 Administrative Commission pursuant to s. 28.35(2)(i).

2934 Section 48. Subsection (23) of section 394.455, Florida  
 2935 Statutes, is amended to read:

2936 394.455 Definitions.—As used in this part, the term:

2937 (23) "Involuntary examination" means an examination  
 2938 performed under s. 394.463, s. 397.6772, s. 397.679, s.  
 2939 397.6798, or s. 397.6957 ~~s. 397.6811~~ to determine whether a  
 2940 person qualifies for involuntary services.

2941 Section 49. Paragraph (b) of subsection (1) of section  
 2942 409.972, Florida Statutes, is amended to read:

2943 409.972 Mandatory and voluntary enrollment.—

2944 (1) The following Medicaid-eligible persons are exempt  
 2945 from mandatory managed care enrollment required by s. 409.965,  
 2946 and may voluntarily choose to participate in the managed medical  
 2947 assistance program:

2948 (b) Medicaid recipients residing in residential commitment  
 2949 facilities operated through the Department of Juvenile Justice  
 2950 or a treatment facility as defined in s. 394.455 ~~s. 394.455(49)~~.

2951           Section 50. Paragraph (e) of subsection (4) of section  
 2952 464.012, Florida Statutes, is amended to read:

2953           464.012 Licensure of advanced practice registered nurses;  
 2954 fees; controlled substance prescribing.—

2955           (4) In addition to the general functions specified in  
 2956 subsection (3), an advanced practice registered nurse may  
 2957 perform the following acts within his or her specialty:

2958           (e) A psychiatric nurse, who meets the requirements in s.  
 2959 394.455 ~~s. 394.455(36)~~, within the framework of an established  
 2960 protocol with a psychiatrist, may prescribe psychotropic  
 2961 controlled substances for the treatment of mental disorders.

2962           Section 51. Subsection (7) of section 744.2007, Florida  
 2963 Statutes, is amended to read:

2964           744.2007 Powers and duties.—

2965           (7) A public guardian may not commit a ward to a treatment  
 2966 facility, as defined in s. 394.455 ~~s. 394.455(49)~~, without an  
 2967 involuntary placement proceeding as provided by law.

2968           Section 52. Subsection (3) of section 916.107, Florida  
 2969 Statutes, is amended to read:

2970           916.107 Rights of forensic clients.—

2971           (3) RIGHT TO EXPRESS AND INFORMED CONSENT.—

2972           (a) A forensic client shall be asked to give express and  
 2973 informed written consent for treatment. If a client refuses such  
 2974 treatment as is deemed necessary and essential by the client's  
 2975 multidisciplinary treatment team for the appropriate care of the

2976 client, such treatment may be provided under the following  
2977 circumstances:

2978 1. In an emergency situation in which there is immediate  
2979 danger to the safety of the client or others, such treatment may  
2980 be provided upon the ~~written~~ order of a physician for up to 48  
2981 hours, excluding weekends and legal holidays. If, after the 48-  
2982 hour period, the client has not given express and informed  
2983 consent to the treatment initially refused, the administrator or  
2984 designee of the civil or forensic facility shall, within 48  
2985 hours, excluding weekends and legal holidays, petition the  
2986 committing court or the circuit court serving the county in  
2987 which the facility is located, at the option of the facility  
2988 administrator or designee, for an order authorizing the  
2989 continued treatment of the client. In the interim, the need for  
2990 treatment shall be reviewed every 48 hours and may be continued  
2991 without the consent of the client upon the continued ~~written~~  
2992 order of a physician who has determined that the emergency  
2993 situation continues to present a danger to the safety of the  
2994 client or others.

2995 2. In a situation other than an emergency situation, the  
2996 administrator or designee of the facility shall petition the  
2997 court for an order authorizing necessary and essential treatment  
2998 for the client.

2999 a. If the client has been receiving psychotropic  
3000 medication at the jail at the time of transfer to the forensic

3001 or civil facility and lacks the capacity to make an informed  
3002 decision regarding mental health treatment at the time of  
3003 admission, the admitting physician shall order continued  
3004 administration of psychotropic medication if, in the clinical  
3005 judgment of the physician, abrupt cessation of that psychotropic  
3006 medication could pose a risk to the health or safety of the  
3007 client while a court order to medicate is pursued. The  
3008 administrator or designee of the forensic or civil facility  
3009 shall, within 5 days after a client's admission, excluding  
3010 weekends and legal holidays, petition the committing court or  
3011 the circuit court serving the county in which the facility is  
3012 located, at the option of the facility administrator or  
3013 designee, for an order authorizing the continued treatment of a  
3014 client with psychotropic medication. The jail physician shall  
3015 provide a current psychotropic medication order at the time of  
3016 transfer to the forensic or civil facility or upon request of  
3017 the admitting physician after the client is evaluated.

3018       b. The court order shall allow such treatment for up to 90  
3019 days after the date that the order was entered. Unless the court  
3020 is notified in writing that the client has provided express and  
3021 informed written consent or that the client has been discharged  
3022 by the committing court, the administrator or designee of the  
3023 facility shall, before the expiration of the initial 90-day  
3024 order, petition the court for an order authorizing the  
3025 continuation of treatment for an additional 90 days. This

3026 procedure shall be repeated until the client provides consent or  
3027 is discharged by the committing court.

3028 3. At the hearing on the issue of whether the court should  
3029 enter an order authorizing treatment for which a client was  
3030 unable to or refused to give express and informed consent, the  
3031 court shall determine by clear and convincing evidence that the  
3032 client has mental illness, intellectual disability, or autism,  
3033 that the treatment not consented to is essential to the care of  
3034 the client, and that the treatment not consented to is not  
3035 experimental and does not present an unreasonable risk of  
3036 serious, hazardous, or irreversible side effects. In arriving at  
3037 the substitute judgment decision, the court must consider at  
3038 least the following factors:

- 3039 a. The client's expressed preference regarding treatment;  
3040 b. The probability of adverse side effects;  
3041 c. The prognosis without treatment; and  
3042 d. The prognosis with treatment.

3043  
3044 The hearing shall be as convenient to the client as may be  
3045 consistent with orderly procedure and shall be conducted in  
3046 physical settings not likely to be injurious to the client's  
3047 condition. The court may appoint a general or special magistrate  
3048 to preside at the hearing. The client or the client's guardian,  
3049 and the representative, shall be provided with a copy of the  
3050 petition and the date, time, and location of the hearing. The

3051 client has the right to have an attorney represent him or her at  
3052 the hearing, and, if the client is indigent, the court shall  
3053 appoint the office of the public defender to represent the  
3054 client at the hearing. The client may testify or not, as he or  
3055 she chooses, and has the right to cross-examine witnesses and  
3056 may present his or her own witnesses.

3057 (b) In addition to the provisions of paragraph (a), in the  
3058 case of surgical procedures requiring the use of a general  
3059 anesthetic or electroconvulsive treatment or nonpsychiatric  
3060 medical procedures, and prior to performing the procedure,  
3061 written permission shall be obtained from the client, if the  
3062 client is legally competent, from the parent or guardian of a  
3063 minor client, or from the guardian of an incompetent client. The  
3064 administrator or designee of the forensic facility or a  
3065 designated representative may, with the concurrence of the  
3066 client's attending physician, authorize emergency surgical or  
3067 nonpsychiatric medical treatment if such treatment is deemed  
3068 lifesaving or for a situation threatening serious bodily harm to  
3069 the client and permission of the client or the client's guardian  
3070 could not be obtained before provision of the needed treatment.

3071 Section 53. For the 2024-2025 fiscal year, the sum of  
3072 \$50,000,000 of recurring funds from the General Revenue Fund are  
3073 provided to the Department of Children and Families to implement  
3074 the provisions of this act.

3075 Section 54. This act shall take effect July 1, 2024.