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1
 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.;

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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

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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,

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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 in certain circumstances through specified
90 means; providing requirements for the state attorney
91 and witnesses to attend and testify remotely;
92 requiring facilities to make certain clinical records
93 available to a state attorney within a specified
94 timeframe; specifying that such records remain
95 confidential and may not be used for certain purposes;
96 requiring the court to allow certain testimony from
97 specified persons; revising the length of time a court
98 may require a patient to receive services; requiring
99 facilities to discharge patients when they no longer
100 meet the criteria for involuntary inpatient treatment;

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

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126 requirements for children's crisis stabilization
127 unit/juvenile addictions receiving facility services;
128 amending s. 394.875, F.S.; authorizing certain
129 psychiatric nurses to provide certain services;
130 removing a limitation on the size of a crisis
131 stabilization unit; removing a requirement for the
132 department to implement a certain demonstration
133 project; creating s. 394.90826, F.S.; requiring the
134 Department of Health and the Agency for Health Care
135 Administration to jointly establish behavioral health
136 interagency collaboratives throughout the state for
137 specified purposes; providing objectives and
138 membership for each regional collaborative; requiring
139 the department to define the regions to be served;
140 providing requirements for the entities represented in
141 each collaborative; amending s. 394.9085, F.S.;
142 conforming a cross-reference to changes made by the
143 act; amending s. 397.305, F.S.; revising the purpose
144 to include the most appropriate environment for
145 substance abuse services; amending s. 397.311, F.S.;
146 revising definitions; amending s. 397.401, F.S.;
147 prohibiting certain service providers from exceeding
148 their licensed capacity by more than a specified
149 percentage or for more than a specified number of
150 days; amending s. 397.4073, F.S.; providing an

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

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176 indigent; renumbering and amending s. 397.6951, F.S.;

177 revising the information required to be included in a

178 petition for involuntary treatment services;

179 authorizing a petitioner to include a certificate or

180 report of a qualified professional with such petition;

181 requiring such certificate or report to contain

182 certain information; requiring that certain additional

183 information be included if an emergency exists;

184 renumbering and amending s. 397.6955, F.S.; revising

185 when the office of criminal conflict and civil

186 regional counsel represents a person in the filing of

187 a petition for involuntary services and when a hearing

188 must be held on such petition; requiring a law

189 enforcement agency to effect service for initial

190 treatment hearings; providing an exception; amending

191 s. 397.6818, F.S.; authorizing the court to take

192 certain actions and issue certain orders regarding a

193 respondent's involuntary assessment if emergency

194 circumstances exist; providing a specified timeframe

195 for taking such actions; amending s. 397.6957, F.S.;

196 expanding the exemption from the requirement that a

197 respondent be present at a hearing on a petition for

198 involuntary treatment services; authorizing the court

199 to order drug tests and to permit witnesses to attend

200 and testify remotely at the hearing through certain

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

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

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

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276 act; providing an appropriation; providing an
 277 effective date.

278

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

280

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

283 394.4572 Screening of mental health personnel.—

284 (1)

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

291 Section 2. Paragraph (d) of subsection (5) of section
 292 394.459, Florida Statutes, are amended to read:

293 394.459 Rights of patients.—

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

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

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

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

314 394.4598 Guardian advocate.—

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

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

335 Section 4. Paragraph (d) of subsection (2) of section
 336 394.4599, Florida Statutes, is amended to read:

337 394.4599 Notice.—

338 (2) INVOLUNTARY ADMISSION.—

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

342 1. Notice that the petition for:

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

348 ~~b. Involuntary outpatient services pursuant to s. 394.4655~~
 349 ~~has been filed with the criminal county court, as defined in s.~~
 350 ~~394.4655(1), or the circuit court, as applicable, in the county~~

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351 ~~in which the individual is hospitalized and the address of such~~
 352 ~~court.~~

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

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

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

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

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

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

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376 measures. Unless designated by the department, facilities are
 377 not permitted to hold or treat involuntary patients under this
 378 part.

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

395 (4) REPORTING REQUIREMENTS.—

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

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401 ~~Speaker of the House of Representatives.~~

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

404 394.4615 Clinical records; confidentiality.—

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

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

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

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

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

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

438
 439 For the purpose of determining whether a person meets the
 440 criteria for involuntary services ~~outpatient placement~~ or for
 441 preparing the proposed services ~~treatment~~ plan pursuant to s.
 442 394.4655 or s. 394.467 ~~s. 394.4655~~, the clinical record may be
 443 released to the state attorney, the public defender or the
 444 patient's private legal counsel, the court, and to the
 445 appropriate mental health professionals, including the service
 446 provider under s. 394.4655 or s. 394.467 ~~identified in s.~~
 447 ~~394.4655(7)(b)2.~~, in accordance with state and federal law.

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

450 394.462 Transportation.—A transportation plan shall be

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451 developed and implemented by each county in collaboration with
 452 the managing entity in accordance with this section. A county
 453 may enter into a memorandum of understanding with the governing
 454 boards of nearby counties to establish a shared transportation
 455 plan. When multiple counties enter into a memorandum of
 456 understanding for this purpose, the counties shall notify the
 457 managing entity and provide it with a copy of the agreement. The
 458 transportation plan shall describe methods of transport to a
 459 facility within the designated receiving system for individuals
 460 subject to involuntary examination under s. 394.463 or
 461 involuntary admission under s. 397.6772, s. 397.679, s.
 462 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify
 463 responsibility for other transportation to a participating
 464 facility when necessary and agreed to by the facility. The plan
 465 may rely on emergency medical transport services or private
 466 transport companies, as appropriate. The plan shall comply with
 467 the transportation provisions of this section and ss. 397.6772,
 468 397.6795, ~~397.6822~~, and 397.697.

469 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

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

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476 | pursuant to a transportation plan.

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

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

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

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

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

496 | b. From the person receiving the transportation.

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

500 | (c) A company that transports a patient pursuant to this

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501 subsection is considered an independent contractor and is solely
 502 liable for the safe and dignified transport of the patient. Such
 503 company must be insured and provide no less than \$100,000 in
 504 liability insurance with respect to the transport of patients.

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

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

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

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

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

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

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

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551 for emergency medical treatment, regardless of whether the
 552 hospital is a designated receiving facility.

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

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

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

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

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

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

588 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

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

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

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601 patients.

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

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

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

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

619 394.4625 Voluntary admissions.—

620 (1) AUTHORITY TO RECEIVE PATIENTS.—

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

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626 found to show evidence of mental illness and to be suitable for
 627 treatment, and:

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

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

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

645 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary
 646 patient, or an authorized person on the patient's behalf, makes
 647 a request for discharge, the request for discharge, unless
 648 freely and voluntarily rescinded, must be communicated to a
 649 physician, clinical psychologist with at least 3 years of
 650 postdoctoral experience in the practice of clinical psychology,

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651 or psychiatrist as quickly as possible, but not later than 12
652 hours after the request is made. If the patient meets the
653 criteria for involuntary placement, the administrator of the
654 facility must file with the court a petition for involuntary
655 placement, within 2 court working days after the request for
656 discharge is made. If the petition is not filed within 2 court
657 working days, the patient shall be discharged. Pending the
658 filing of the petition, the patient may be held and emergency
659 treatment rendered in the least restrictive manner, upon the
660 ~~written~~ order of a physician or psychiatric nurse practicing
661 within the framework of an established protocol with a
662 psychiatrist, if it is determined that such treatment is
663 necessary for the safety of the patient or others.

664 Section 9. Subsection (1), paragraphs (a), (e), (f), (g),
665 and (h) of subsection (2), and subsection (4) of section
666 394.463, Florida Statutes, are amended to read:

667 394.463 Involuntary examination.—

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

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

675 2. The person is unable to determine for himself or

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676 herself whether examination is necessary; and

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

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

688 (2) INVOLUNTARY EXAMINATION.—

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

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

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

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

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

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

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

772

773 When sending the order, report, or certificate to the
774 department, a facility shall, at a minimum, provide information
775 about which action was taken regarding the patient under

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776 paragraph (g), which information shall also be made a part of
 777 the patient's clinical record.

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

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

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

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

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

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

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

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

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

875 a. Intends to file a petition for involuntary services,

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

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

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

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901 services pursuant to s. 394.467 ~~s. 394.4655(2) or involuntary~~
 902 ~~inpatient placement pursuant to s. 394.467(1)~~, the patient may
 903 be offered voluntary outpatient or inpatient services ~~or~~
 904 ~~placement~~, if appropriate, or released directly from the
 905 hospital providing emergency medical services. The finding by
 906 the professional that the patient has been examined and does not
 907 meet the criteria for involuntary ~~inpatient~~ services ~~or~~
 908 ~~involuntary outpatient placement~~ must be entered into the
 909 patient's clinical record. This paragraph is not intended to
 910 prevent a hospital providing emergency medical services from
 911 appropriately transferring a patient to another hospital before
 912 stabilization if the requirements of s. 395.1041(3)(c) have been
 913 met.

914 (4) DATA ANALYSIS.—

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

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

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

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

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

950 Section 10. Section 394.4655, Florida Statutes, is amended

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951 to read:

952 394.4655 Orders to involuntary outpatient placement
 953 ~~services.~~

954 (1) ~~DEFINITIONS.~~As used in this section, the term
 955 "involuntary outpatient placement" means involuntary outpatient
 956 services as defined in s. 394.467.

957 ~~(a) "Court" means a circuit court or a criminal county~~
 958 ~~court.~~

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

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

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

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

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

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

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

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

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

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

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

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

999 (i) ~~All available, less restrictive alternatives that~~
 1000 ~~would offer an opportunity for improvement of his or her~~

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1001 ~~condition have been judged to be inappropriate or unavailable.~~
 1002 ~~(3) INVOLUNTARY OUTPATIENT SERVICES.—~~
 1003 ~~(a)1. A patient who is being recommended for involuntary~~
 1004 ~~outpatient services by the administrator of the facility where~~
 1005 ~~the patient has been examined may be retained by the facility~~
 1006 ~~after adherence to the notice procedures provided in s.~~
 1007 ~~394.4599. The recommendation must be supported by the opinion of~~
 1008 ~~a psychiatrist and the second opinion of a clinical psychologist~~
 1009 ~~or another psychiatrist, both of whom have personally examined~~
 1010 ~~the patient within the preceding 72 hours, that the criteria for~~
 1011 ~~involuntary outpatient services are met. However, if the~~
 1012 ~~administrator certifies that a psychiatrist or clinical~~
 1013 ~~psychologist is not available to provide the second opinion, the~~
 1014 ~~second opinion may be provided by a licensed physician who has~~
 1015 ~~postgraduate training and experience in diagnosis and treatment~~
 1016 ~~of mental illness, a physician assistant who has at least 3~~
 1017 ~~years' experience and is supervised by such licensed physician~~
 1018 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~
 1019 ~~nurse. Any second opinion authorized in this subparagraph may be~~
 1020 ~~conducted through a face-to-face examination, in person or by~~
 1021 ~~electronic means. Such recommendation must be entered on an~~
 1022 ~~involuntary outpatient services certificate that authorizes the~~
 1023 ~~facility to retain the patient pending completion of a hearing.~~
 1024 ~~The certificate must be made a part of the patient's clinical~~
 1025 ~~record.~~

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1026 ~~2. If the patient has been stabilized and no longer meets~~
 1027 ~~the criteria for involuntary examination pursuant to s.~~
 1028 ~~394.463(1), the patient must be released from the facility while~~
 1029 ~~awaiting the hearing for involuntary outpatient services. Before~~
 1030 ~~filing a petition for involuntary outpatient services, the~~
 1031 ~~administrator of the facility or a designated department~~
 1032 ~~representative must identify the service provider that will have~~
 1033 ~~primary responsibility for service provision under an order for~~
 1034 ~~involuntary outpatient services, unless the person is otherwise~~
 1035 ~~participating in outpatient psychiatric treatment and is not in~~
 1036 ~~need of public financing for that treatment, in which case the~~
 1037 ~~individual, if eligible, may be ordered to involuntary treatment~~
 1038 ~~pursuant to the existing psychiatric treatment relationship.~~

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

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1051 ~~by a physician, clinical psychologist, psychiatric nurse, mental~~
1052 ~~health counselor, marriage and family therapist, or clinical~~
1053 ~~social worker who consults with, or is employed or contracted~~
1054 ~~by, the service provider. The service provider must certify to~~
1055 ~~the court in the proposed plan whether sufficient services for~~
1056 ~~improvement and stabilization are currently available and~~
1057 ~~whether the service provider agrees to provide those services.~~
1058 ~~If the service provider certifies that the services in the~~
1059 ~~proposed treatment plan are not available, the petitioner may~~
1060 ~~not file the petition. The service provider must notify the~~
1061 ~~managing entity if the requested services are not available. The~~
1062 ~~managing entity must document such efforts to obtain the~~
1063 ~~requested services.~~

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

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1076 ~~second opinion may be provided by a licensed physician who has~~
1077 ~~postgraduate training and experience in diagnosis and treatment~~
1078 ~~of mental illness, a physician assistant who has at least 3~~
1079 ~~years' experience and is supervised by such licensed physician~~
1080 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~
1081 ~~nurse. Any second opinion authorized in this subparagraph may be~~
1082 ~~conducted through a face-to-face examination, in person or by~~
1083 ~~electronic means. Such recommendation must be entered on an~~
1084 ~~involuntary outpatient services certificate, and the certificate~~
1085 ~~must be made a part of the patient's clinical record.~~

1086 ~~(c)1. The administrator of the treatment facility shall~~
1087 ~~provide a copy of the involuntary outpatient services~~
1088 ~~certificate and a copy of the state mental health discharge form~~
1089 ~~to the managing entity in the county where the patient will be~~
1090 ~~residing. For persons who are leaving a state mental health~~
1091 ~~treatment facility, the petition for involuntary outpatient~~
1092 ~~services must be filed in the county where the patient will be~~
1093 ~~residing.~~

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

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1101 ~~agrees to provide those services. The service provider must~~
 1102 ~~develop with the patient, or the patient's guardian advocate, if~~
 1103 ~~appointed, a treatment or service plan that addresses the needs~~
 1104 ~~identified in the discharge plan. The plan must be deemed to be~~
 1105 ~~clinically appropriate by a physician, clinical psychologist,~~
 1106 ~~psychiatric nurse, mental health counselor, marriage and family~~
 1107 ~~therapist, or clinical social worker, as defined in this~~
 1108 ~~chapter, who consults with, or is employed or contracted by, the~~
 1109 ~~service provider.~~

1110 ~~3. If the service provider certifies that the services in~~
 1111 ~~the proposed treatment or service plan are not available, the~~
 1112 ~~petitioner may not file the petition. The service provider must~~
 1113 ~~notify the managing entity if the requested services are not~~
 1114 ~~available. The managing entity must document such efforts to~~
 1115 ~~obtain the requested services.~~

1116 ~~(4) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES.—~~

1117 ~~(a) A petition for involuntary outpatient services may be~~
 1118 ~~filed by:~~

1119 ~~1. The administrator of a receiving facility; or~~

1120 ~~2. The administrator of a treatment facility.~~

1121 ~~(b) Each required criterion for involuntary outpatient~~
 1122 ~~services must be alleged and substantiated in the petition for~~
 1123 ~~involuntary outpatient services. A copy of the certificate~~
 1124 ~~recommending involuntary outpatient services completed by a~~
 1125 ~~qualified professional specified in subsection (3) must be~~

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1126 ~~attached to the petition. A copy of the proposed treatment plan~~
 1127 ~~must be attached to the petition. Before the petition is filed,~~
 1128 ~~the service provider shall certify that the services in the~~
 1129 ~~proposed plan are available. If the necessary services are not~~
 1130 ~~available, the petition may not be filed. The service provider~~
 1131 ~~must notify the managing entity if the requested services are~~
 1132 ~~not available. The managing entity must document such efforts to~~
 1133 ~~obtain the requested services.~~

1134 ~~(c) The petition for involuntary outpatient services must~~
 1135 ~~be filed in the county where the patient is located, unless the~~
 1136 ~~patient is being placed from a state treatment facility, in~~
 1137 ~~which case the petition must be filed in the county where the~~
 1138 ~~patient will reside. When the petition has been filed, the clerk~~
 1139 ~~of the court shall provide copies of the petition and the~~
 1140 ~~proposed treatment plan to the department, the managing entity,~~
 1141 ~~the patient, the patient's guardian or representative, the state~~
 1142 ~~attorney, and the public defender or the patient's private~~
 1143 ~~counsel. A fee may not be charged for filing a petition under~~
 1144 ~~this subsection.~~

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

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1151 ~~appointment. The public defender shall represent the person~~
1152 ~~until the petition is dismissed, the court order expires, or the~~
1153 ~~patient is discharged from involuntary outpatient services. An~~
1154 ~~attorney who represents the patient must be provided access to~~
1155 ~~the patient, witnesses, and records relevant to the presentation~~
1156 ~~of the patient's case and shall represent the interests of the~~
1157 ~~patient, regardless of the source of payment to the attorney.~~

1158 ~~(6) CONTINUANCE OF HEARING. The patient is entitled, with~~
1159 ~~the concurrence of the patient's counsel, to at least one~~
1160 ~~continuance of the hearing. The continuance shall be for a~~
1161 ~~period of up to 4 weeks.~~

1162 ~~(7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—~~

1163 ~~(a)1. The court shall hold the hearing on involuntary~~
1164 ~~outpatient services within 5 working days after the filing of~~
1165 ~~the petition, unless a continuance is granted. The hearing must~~
1166 ~~be held in the county where the petition is filed, must be as~~
1167 ~~convenient to the patient as is consistent with orderly~~
1168 ~~procedure, and must be conducted in physical settings not likely~~
1169 ~~to be injurious to the patient's condition. If the court finds~~
1170 ~~that the patient's attendance at the hearing is not consistent~~
1171 ~~with the best interests of the patient and if the patient's~~
1172 ~~counsel does not object, the court may waive the presence of the~~
1173 ~~patient from all or any portion of the hearing. The state~~
1174 ~~attorney for the circuit in which the patient is located shall~~
1175 ~~represent the state, rather than the petitioner, as the real~~

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1176 ~~party in interest in the proceeding.~~

1177 ~~2. The court may appoint a magistrate to preside at the~~
1178 ~~hearing. One of the professionals who executed the involuntary~~
1179 ~~outpatient services certificate shall be a witness. The patient~~
1180 ~~and the patient's guardian or representative shall be informed~~
1181 ~~by the court of the right to an independent expert examination.~~
1182 ~~If the patient cannot afford such an examination, the court~~
1183 ~~shall ensure that one is provided, as otherwise provided by law.~~
1184 ~~The independent expert's report is confidential and not~~
1185 ~~discoverable, unless the expert is to be called as a witness for~~
1186 ~~the patient at the hearing. The court shall allow testimony from~~
1187 ~~individuals, including family members, deemed by the court to be~~
1188 ~~relevant under state law, regarding the person's prior history~~
1189 ~~and how that prior history relates to the person's current~~
1190 ~~condition. The testimony in the hearing must be given under~~
1191 ~~oath, and the proceedings must be recorded. The patient may~~
1192 ~~refuse to testify at the hearing.~~

1193 ~~(b)1. If the court concludes that the patient meets the~~
1194 ~~criteria for involuntary outpatient services pursuant to~~
1195 ~~subsection (2), the court shall issue an order for involuntary~~
1196 ~~outpatient services. The court order shall be for a period of up~~
1197 ~~to 90 days. The order must specify the nature and extent of the~~
1198 ~~patient's mental illness. The order of the court and the~~
1199 ~~treatment plan must be made part of the patient's clinical~~
1200 ~~record. The service provider shall discharge a patient from~~

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1201 ~~involuntary outpatient services when the order expires or any~~
 1202 ~~time the patient no longer meets the criteria for involuntary~~
 1203 ~~placement. Upon discharge, the service provider shall send a~~
 1204 ~~certificate of discharge to the court.~~

1205 ~~2. The court may not order the department or the service~~
 1206 ~~provider to provide services if the program or service is not~~
 1207 ~~available in the patient's local community, if there is no space~~
 1208 ~~available in the program or service for the patient, or if~~
 1209 ~~funding is not available for the program or service. The service~~
 1210 ~~provider must notify the managing entity if the requested~~
 1211 ~~services are not available. The managing entity must document~~
 1212 ~~such efforts to obtain the requested services. A copy of the~~
 1213 ~~order must be sent to the managing entity by the service~~
 1214 ~~provider within 1 working day after it is received from the~~
 1215 ~~court. The order may be submitted electronically through~~
 1216 ~~existing data systems. After the order for involuntary services~~
 1217 ~~is issued, the service provider and the patient may modify the~~
 1218 ~~treatment plan. For any material modification of the treatment~~
 1219 ~~plan to which the patient or, if one is appointed, the patient's~~
 1220 ~~guardian advocate agrees, the service provider shall send notice~~
 1221 ~~of the modification to the court. Any material modifications of~~
 1222 ~~the treatment plan which are contested by the patient or the~~
 1223 ~~patient's guardian advocate, if applicable, must be approved or~~
 1224 ~~disapproved by the court consistent with subsection (3).~~

1225 ~~3. If, in the clinical judgment of a physician, the~~

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1226 ~~patient has failed or has refused to comply with the treatment~~
1227 ~~ordered by the court, and, in the clinical judgment of the~~
1228 ~~physician, efforts were made to solicit compliance and the~~
1229 ~~patient may meet the criteria for involuntary examination, a~~
1230 ~~person may be brought to a receiving facility pursuant to s.~~
1231 ~~394.463. If, after examination, the patient does not meet the~~
1232 ~~criteria for involuntary inpatient placement pursuant to s.~~
1233 ~~394.467, the patient must be discharged from the facility. The~~
1234 ~~involuntary outpatient services order shall remain in effect~~
1235 ~~unless the service provider determines that the patient no~~
1236 ~~longer meets the criteria for involuntary outpatient services or~~
1237 ~~until the order expires. The service provider must determine~~
1238 ~~whether modifications should be made to the existing treatment~~
1239 ~~plan and must attempt to continue to engage the patient in~~
1240 ~~treatment. For any material modification of the treatment plan~~
1241 ~~to which the patient or the patient's guardian advocate, if~~
1242 ~~applicable, agrees, the service provider shall send notice of~~
1243 ~~the modification to the court. Any material modifications of the~~
1244 ~~treatment plan which are contested by the patient or the~~
1245 ~~patient's guardian advocate, if applicable, must be approved or~~
1246 ~~disapproved by the court consistent with subsection (3).~~
1247 ~~(c) If, at any time before the conclusion of the initial~~
1248 ~~hearing on involuntary outpatient services, it appears to the~~
1249 ~~court that the person does not meet the criteria for involuntary~~
1250 ~~outpatient services under this section but, instead, meets the~~

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1251 ~~criteria for involuntary inpatient placement, the court may~~
 1252 ~~order the person admitted for involuntary inpatient examination~~
 1253 ~~under s. 394.463. If the person instead meets the criteria for~~
 1254 ~~involuntary assessment, protective custody, or involuntary~~
 1255 ~~admission pursuant to s. 397.675, the court may order the person~~
 1256 ~~to be admitted for involuntary assessment for a period of 5 days~~
 1257 ~~pursuant to s. 397.6811. Thereafter, all proceedings are~~
 1258 ~~governed by chapter 397.~~

1259 ~~(d) At the hearing on involuntary outpatient services, the~~
 1260 ~~court shall consider testimony and evidence regarding the~~
 1261 ~~patient's competence to consent to services. If the court finds~~
 1262 ~~that the patient is incompetent to consent to treatment, it~~
 1263 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~
 1264 ~~The guardian advocate shall be appointed or discharged in~~
 1265 ~~accordance with s. 394.4598.~~

1266 ~~(e) The administrator of the receiving facility or the~~
 1267 ~~designated department representative shall provide a copy of the~~
 1268 ~~court order and adequate documentation of a patient's mental~~
 1269 ~~illness to the service provider for involuntary outpatient~~
 1270 ~~services. Such documentation must include any advance directives~~
 1271 ~~made by the patient, a psychiatric evaluation of the patient,~~
 1272 ~~and any evaluations of the patient performed by a psychologist~~
 1273 ~~or a clinical social worker.~~

1274 ~~(8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~
 1275 ~~SERVICES.—~~

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1276 ~~(a)1. If the person continues to meet the criteria for~~
1277 ~~involuntary outpatient services, the service provider shall, at~~
1278 ~~least 10 days before the expiration of the period during which~~
1279 ~~the treatment is ordered for the person, file in the court that~~
1280 ~~issued the order for involuntary outpatient services a petition~~
1281 ~~for continued involuntary outpatient services. The court shall~~
1282 ~~immediately schedule a hearing on the petition to be held within~~
1283 ~~15 days after the petition is filed.~~

1284 ~~2. The existing involuntary outpatient services order~~
1285 ~~remains in effect until disposition on the petition for~~
1286 ~~continued involuntary outpatient services.~~

1287 ~~3. A certificate shall be attached to the petition which~~
1288 ~~includes a statement from the person's physician or clinical~~
1289 ~~psychologist justifying the request, a brief description of the~~
1290 ~~patient's treatment during the time he or she was receiving~~
1291 ~~involuntary services, and an individualized plan of continued~~
1292 ~~treatment.~~

1293 ~~4. The service provider shall develop the individualized~~
1294 ~~plan of continued treatment in consultation with the patient or~~
1295 ~~the patient's guardian advocate, if applicable. When the~~
1296 ~~petition has been filed, the clerk of the court shall provide~~
1297 ~~copies of the certificate and the individualized plan of~~
1298 ~~continued services to the department, the patient, the patient's~~
1299 ~~guardian advocate, the state attorney, and the patient's private~~
1300 ~~counsel or the public defender.~~

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1301 ~~(b) Within 1 court working day after the filing of a~~
 1302 ~~petition for continued involuntary outpatient services, the~~
 1303 ~~court shall appoint the public defender to represent the person~~
 1304 ~~who is the subject of the petition, unless the person is~~
 1305 ~~otherwise represented by counsel. The clerk of the court shall~~
 1306 ~~immediately notify the public defender of such appointment. The~~
 1307 ~~public defender shall represent the person until the petition is~~
 1308 ~~dismissed or the court order expires or the patient is~~
 1309 ~~discharged from involuntary outpatient services. Any attorney~~
 1310 ~~representing the patient shall have access to the patient,~~
 1311 ~~witnesses, and records relevant to the presentation of the~~
 1312 ~~patient's case and shall represent the interests of the patient,~~
 1313 ~~regardless of the source of payment to the attorney.~~

1314 ~~(c) Hearings on petitions for continued involuntary~~
 1315 ~~outpatient services must be before the court that issued the~~
 1316 ~~order for involuntary outpatient services. The court may appoint~~
 1317 ~~a magistrate to preside at the hearing. The procedures for~~
 1318 ~~obtaining an order pursuant to this paragraph must meet the~~
 1319 ~~requirements of subsection (7), except that the time period~~
 1320 ~~included in paragraph (2) (c) is not applicable in determining~~
 1321 ~~the appropriateness of additional periods of involuntary~~
 1322 ~~outpatient placement.~~

1323 ~~(d) Notice of the hearing must be provided as set forth in~~
 1324 ~~s. 394.4599. The patient and the patient's attorney may agree to~~
 1325 ~~a period of continued outpatient services without a court~~

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1326 hearing.

1327 ~~(c) The same procedure must be repeated before the~~
 1328 ~~expiration of each additional period the patient is placed in~~
 1329 ~~treatment.~~

1330 ~~(f) If the patient has previously been found incompetent~~
 1331 ~~to consent to treatment, the court shall consider testimony and~~
 1332 ~~evidence regarding the patient's competence. Section 394.4598~~
 1333 ~~governs the discharge of the guardian advocate if the patient's~~
 1334 ~~competency to consent to treatment has been restored.~~

1335 Section 11. Section 394.467, Florida Statutes, is amended
 1336 to read:

1337 394.467 Involuntary inpatient placement and involuntary
 1338 outpatient services.-

1339 (1) DEFINITIONS.—As used in this section, the term:

1340 (a) "Court" means a circuit court or, for commitments only
 1341 to involuntary outpatient services as defined in s. 394.4655, a
 1342 county court.

1343 (b) "Involuntary inpatient placement" means placement in a
 1344 secure receiving or treatment facility providing stabilization
 1345 and treatment services to a person 18 years of age or older who
 1346 does not voluntarily consent to services under this chapter, or
 1347 a minor who does not voluntarily assent to services under this
 1348 chapter.

1349 (c) "Involuntary outpatient services" means services
 1350 provided in the community to a person who does not voluntarily

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1351 consent to or participate in services under this chapter.

1352 (d) "Services plan" means an individualized plan detailing
 1353 the recommended behavioral health services and supports based on
 1354 a thorough assessment of the needs of the patient, to safeguard
 1355 and enhance the patient's health and well-being in the
 1356 community.

1357 (2)(1) CRITERIA FOR INVOLUNTARY SERVICES.—A person may be
 1358 ordered by a court to be provided for involuntary services
 1359 inpatient placement for treatment upon a finding of the court,
 1360 by clear and convincing evidence, that the person meets the
 1361 following criteria:

1362 (a) Involuntary outpatient services.—A person ordered to
 1363 involuntary outpatient services must meet the following
 1364 criteria:

1365 1. The person has a mental illness and, because of his or
 1366 her mental illness:

1367 a. He or she is unlikely to voluntarily participate in a
 1368 recommended services plan and has refused voluntary services for
 1369 treatment after sufficient and conscientious explanation and
 1370 disclosure of why the services are necessary; or

1371 b. Is unable to determine for himself or herself whether
 1372 services are necessary.

1373 2. The person is unlikely to survive safely in the
 1374 community without supervision, based on a clinical
 1375 determination.

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1376 3. The person has a history of lack of compliance with
 1377 treatment for mental illness.

1378 4. In view of the person's treatment history and current
 1379 behavior, the person is in need of involuntary outpatient
 1380 services in order to prevent a relapse or deterioration that
 1381 would be likely to result in serious bodily harm to himself or
 1382 herself or others, or a substantial harm to his or her well-
 1383 being as set forth in s. 394.463(1).

1384 5. It is likely that the person will benefit from
 1385 involuntary outpatient services.

1386 6. All available less restrictive alternatives that would
 1387 offer an opportunity for improvement of the person's condition
 1388 have been deemed to be inappropriate or unavailable.

1389 (b) Involuntary inpatient placement.—A person ordered to
 1390 involuntary inpatient placement must meet the following
 1391 criteria:

1392 1.(a) The person ~~He or she~~ has a mental illness and,
 1393 because of his or her mental illness:

1394 ~~a.1.a.~~ He or she has refused voluntary inpatient placement
 1395 for treatment after sufficient and conscientious explanation and
 1396 disclosure of the purpose of ~~inpatient placement for~~ treatment;
 1397 or

1398 ~~b.~~ He or she ~~is~~ unable to determine for himself or herself
 1399 whether inpatient placement is necessary; and

1400 2.a. He or she is incapable of surviving alone or with the

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1401 help of willing, able, and responsible family or friends,
 1402 including available alternative services, and, without
 1403 treatment, is likely to suffer from neglect or refuse to care
 1404 for himself or herself, and such neglect or refusal poses a real
 1405 and present threat of substantial harm to his or her well-being;
 1406 or

1407 b. Without treatment, there is a substantial likelihood
 1408 that in the near future the person ~~he or she~~ will inflict
 1409 serious bodily harm on self or others, as evidenced by recent
 1410 behavior causing, attempting to cause, or threatening to cause
 1411 such harm; and

1412 3.(b) All available less restrictive treatment
 1413 alternatives that would offer an opportunity for improvement of
 1414 the person's ~~his or her~~ condition have been deemed ~~judged~~ to be
 1415 inappropriate or unavailable.

1416 (3)-(2) RECOMMENDATION FOR INVOLUNTARY SERVICES AND
 1417 ADMISSION TO A TREATMENT FACILITY.—A patient may be recommended
 1418 for involuntary inpatient placement, involuntary outpatient
 1419 services, or a combination of both.

1420 (a) A patient may be retained by the a facility that
 1421 examined the patient for involuntary services until the
 1422 completion of the patient's court hearing ~~or involuntarily~~
 1423 ~~placed in a treatment facility~~ upon the recommendation of the
 1424 administrator of the facility where the patient has been
 1425 examined and after adherence to the notice and hearing

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1426 | procedures provided in s. 394.4599. However, if a patient who is
1427 | being recommended for only involuntary outpatient services has
1428 | been stabilized and no longer meets the criteria for involuntary
1429 | examination pursuant to s. 394.463(1), the patient must be
1430 | released from the facility while awaiting the hearing for
1431 | involuntary outpatient services.

1432 | (b) The recommendation that the involuntary services
1433 | criteria reasonably appear to have been met must be supported by
1434 | the opinion of a psychiatrist and the second opinion of a
1435 | clinical psychologist with at least 3 years of clinical
1436 | experience, ~~or~~ another psychiatrist, or a psychiatric nurse
1437 | practicing within the framework of an established protocol with
1438 | a psychiatrist, who ~~both of whom have~~ personally examined the
1439 | patient within the preceding 72 hours, that the criteria for
1440 | involuntary inpatient placement are met. For involuntary
1441 | inpatient placement, the patient must have been examined within
1442 | the preceding 72 hours. For involuntary outpatient services the
1443 | patient must have been examined within the preceding 30 days.

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

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1451 in diagnosis and treatment of mental illness, a clinical
 1452 psychologist, or ~~by~~ a psychiatric nurse.

1453 (d) Any opinion authorized in this subsection may be
 1454 conducted through a face-to-face or in-person examination, ~~in~~
 1455 ~~person~~, or by electronic means. Recommendations for involuntary
 1456 services must be ~~Such recommendation shall be~~ entered on a
 1457 petition for involuntary services ~~inpatient placement~~
 1458 ~~certificate~~, which shall be made a part of the patient's
 1459 clinical record. The filing of the petition ~~that~~ authorizes the
 1460 facility to retain the patient pending transfer to a treatment
 1461 facility or completion of a hearing.

1462 (4)(3) PETITION FOR INVOLUNTARY SERVICES ~~INPATIENT~~
 1463 ~~PLACEMENT~~.—

1464 (a) A petition for involuntary services may be filed by:
 1465 1. The administrator of a receiving ~~the~~ facility;
 1466 2. The administrator of a treatment facility; or
 1467 3. A service provider who is treating the person being
 1468 petitioned.

1469 (b) ~~A shall file a~~ petition for involuntary inpatient
 1470 placement, or inpatient placement followed by outpatient
 1471 services, must be filed in the court in the county where the
 1472 patient is located.

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

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1476 which case the petition must be filed in the county where the
 1477 patient will reside.

1478 (d)1. The petitioner must state in the petition:

1479 a. Whether the petitioner is recommending inpatient
 1480 placement, outpatient services, or both.

1481 b. The length of time recommended for each type of
 1482 involuntary services.

1483 c. The reasons for the recommendation.

1484 2. If recommending involuntary outpatient services, or a
 1485 combination of involuntary inpatient placement and outpatient
 1486 services, the petitioner must identify the service provider that
 1487 has agreed to provide services for the person under an order for
 1488 involuntary outpatient services, unless he or she is otherwise
 1489 participating in outpatient psychiatric treatment and is not in
 1490 need of public financing for that treatment, in which case the
 1491 individual, if eligible, may be ordered to involuntary treatment
 1492 pursuant to the existing psychiatric treatment relationship.

1493 3. When recommending an order to involuntary outpatient
 1494 services, the petitioner shall prepare a written proposed
 1495 services plan in consultation with the patient or the patient's
 1496 guardian advocate, if appointed, for the court's consideration
 1497 for inclusion in the involuntary outpatient services order that
 1498 addresses the nature and extent of the mental illness and any
 1499 co-occurring substance use disorder that necessitate involuntary
 1500 outpatient services. The services plan must specify the likely

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1501 needed level of care, including the use of medication, and
1502 anticipated discharge criteria for terminating involuntary
1503 outpatient services. The services in the plan must be deemed
1504 clinically appropriate by a physician, clinical psychologist,
1505 psychiatric nurse, mental health counselor, marriage and family
1506 therapist, or clinical social worker who consults with, or is
1507 employed or contracted by, the service provider. If the services
1508 in the proposed services plan are not available, the petitioner
1509 may not file the petition. The petitioner must notify the
1510 managing entity if the requested services are not available. The
1511 managing entity must document such efforts to obtain the
1512 requested service. The service provider who accepts the patient
1513 for involuntary outpatient services is responsible for the
1514 development of a comprehensive treatment plan.

1515 (e) Each required criterion for the recommended
1516 involuntary services must be alleged and substantiated in the
1517 petition. A copy of the recommended services plan, if
1518 applicable, must be attached to the petition. The court must
1519 accept petitions and other documentation with electronic
1520 signatures.

1521 (f) When the petition has been filed ~~Upon filing,~~ the
1522 clerk of the court shall provide copies of the petition and the
1523 recommended services plan, if applicable, to the department, the
1524 managing entity, the patient, the patient's guardian or
1525 representative, and the state attorney, and the public defender

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1526 or the patient's private counsel of the judicial circuit in
 1527 which the patient is located. A fee may not be charged for the
 1528 filing of a petition under this subsection.

1529 (5)(4) APPOINTMENT OF COUNSEL.—Within 1 court working day
 1530 after the filing of a petition for involuntary services
 1531 ~~inpatient placement,~~ the court shall appoint the public defender
 1532 to represent the person who is the subject of the petition,
 1533 unless the person is otherwise represented by counsel or
 1534 ineligible. The clerk of the court shall immediately notify the
 1535 public defender of such appointment. The public defender shall
 1536 represent the person until the petition is dismissed, the court
 1537 order expires, the patient is discharged from involuntary
 1538 services, or the public defender is otherwise discharged by the
 1539 court. Any attorney who represents ~~representing~~ the patient
 1540 shall be provided ~~have~~ access to the patient, witnesses, and
 1541 records relevant to the presentation of the patient's case and
 1542 shall represent the interests of the patient, regardless of the
 1543 source of payment to the attorney.

1544 (6)(5) CONTINUANCE OF HEARING.—The patient and the state
 1545 are independently ~~is entitled, with the concurrence of the~~
 1546 ~~patient's counsel,~~ to seek a at least one continuance of the
 1547 hearing. The patient shall be granted a request for an initial
 1548 continuance for up to 7 calendar days. The patient may request
 1549 additional continuances for up to 21 calendar days in total,
 1550 which shall only be granted by a showing of good cause and due

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1551 diligence by the patient and the patient's counsel before
 1552 requesting the continuance. The state may request one
 1553 continuance of up to 7 calendar days, which shall only be
 1554 granted by a showing of good cause and due diligence by the
 1555 state before requesting the continuance. The state's failure to
 1556 timely review any readily available document or failure to
 1557 attempt to contact a known witness does not warrant a
 1558 continuance 4 weeks.

1559 (7)-(6) HEARING ON INVOLUNTARY SERVICES INPATIENT
 1560 PLACEMENT.—

1561 (a)1. The court shall hold a ~~the~~ hearing on the
 1562 involuntary services petition inpatient placement within 5 court
 1563 working days after the filing of the petition, unless a
 1564 continuance is granted.

1565 2. The court must hold any hearing on involuntary
 1566 outpatient services in the county where the petition is filed. A
 1567 hearing on involuntary inpatient placement, or a combination of
 1568 involuntary inpatient placement and involuntary outpatient
 1569 services, ~~Except for good cause documented in the court file,~~
 1570 the hearing must be held in the county or the facility, as
 1571 appropriate, where the patient is located, except for good cause
 1572 documented in the court file.

1573 3. A hearing on involuntary services must be as convenient
 1574 to the patient as is consistent with orderly procedure, and
 1575 shall be conducted in physical settings not likely to be

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1576 injurious to the patient's condition. If the court finds that
1577 the patient's attendance at the hearing is not consistent with
1578 the best interests of the patient, or the patient knowingly,
1579 intelligently, and voluntarily waives his or her right to be
1580 present, and if the patient's counsel does not object, the court
1581 may waive the attendance presence of the patient from all or any
1582 portion of the hearing. The state attorney for the circuit in
1583 which the patient is located shall represent the state, rather
1584 than the petitioner, as the real party in interest in the
1585 proceeding. The facility or service provider shall make the
1586 patient's clinical records available to the state attorney and
1587 the patient's attorney so that the state can evaluate and
1588 prepare its case. However, these records shall remain
1589 confidential, and the state attorney may not use any record
1590 obtained under this part for criminal investigation or
1591 prosecution purposes, or for any purpose other than the
1592 patient's civil commitment under this chapter petitioning
1593 facility administrator, as the real party in interest in the
1594 proceeding.

1595 (b)3- The court may appoint a magistrate to preside at the
1596 hearing. The state attorney and witnesses may remotely attend
1597 and, as appropriate, testify at the hearing under oath via
1598 audio-video teleconference. A witness intending to attend
1599 remotely and testify must provide the parties with all relevant
1600 documents by the close of business on the day before the

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1601 hearing. One of the professionals who executed the ~~petition for~~
 1602 involuntary services ~~inpatient placement~~ certificate shall be a
 1603 witness. The patient and the patient's guardian or
 1604 representative shall be informed by the court of the right to an
 1605 independent expert examination. If the patient cannot afford
 1606 such an examination, the court shall ensure that one is
 1607 provided, as otherwise provided for by law. The independent
 1608 expert's report is confidential and not discoverable, unless the
 1609 expert is to be called as a witness for the patient at the
 1610 hearing. The court shall allow testimony from persons, including
 1611 family members, deemed by the court to be relevant under state
 1612 law, regarding the person's prior history and how that prior
 1613 history relates to the person's current condition. The testimony
 1614 in the hearing must be given under oath, and the proceedings
 1615 must be recorded. The patient may refuse to testify at the
 1616 hearing.

1617 (c)(b) At the hearing, the court shall consider testimony
 1618 and evidence regarding the patient's competence to consent to
 1619 services and treatment. If the court finds that the patient is
 1620 incompetent to consent to treatment, it must appoint a guardian
 1621 advocate as provided in s. 394.4598.

1622 (8) ORDERS OF THE COURT.—

1623 (a)1. If the court concludes that the patient meets the
 1624 criteria for involuntary services, the court may order a patient
 1625 to involuntary inpatient placement, involuntary outpatient

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1626 services, or a combination of involuntary services depending on
1627 the criteria met and which type of involuntary services best
1628 meet the needs of the patient. However, if the court orders the
1629 patient to involuntary outpatient services, the court may not
1630 order the department or the service provider to provide services
1631 if the program or service is not available in the patient's
1632 local community, if there is no space available in the program
1633 or service for the patient, or if funding is not available for
1634 the program or service. The petitioner must notify the managing
1635 entity if the requested services are not available. The managing
1636 entity must document such efforts to obtain the requested
1637 services. A copy of the order must be sent to the managing
1638 entity by the service provider within 1 working day after it is
1639 received from the court.

1640 2. The order must specify the nature and extent of the
1641 patient's mental illness and the reasons the appropriate
1642 involuntary services criteria are satisfied.

1643 3. An order for only involuntary outpatient services,
1644 involuntary inpatient placement, or of a combination of
1645 involuntary services may be for a period of up to 6 months.

1646 4. An order for a combination of involuntary services must
1647 specify the length of time the patient shall be ordered for
1648 involuntary inpatient placement and involuntary outpatient
1649 services.

1650 5. The order of the court and the patient's services plan,

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1651 if applicable, must be made part of the patient's clinical
 1652 record.

1653 (b) If the court orders a patient into involuntary
 1654 inpatient placement, the court ~~it~~ may order that the patient be
 1655 retained at a receiving facility while awaiting transfer
 1656 transferred to a treatment facility, ~~or~~ if the patient is at a
 1657 treatment facility, that the patient be retained there or be
 1658 treated at any other appropriate facility, or that the patient
 1659 receive services, ~~on an involuntary basis, for up to 90 days.~~
 1660 ~~However, any order for involuntary mental health services in a~~
 1661 ~~treatment facility may be for up to 6 months. The order shall~~
 1662 ~~specify the nature and extent of the patient's mental illness.~~
 1663 The court may not order an individual with a developmental
 1664 disability as defined in s. 393.063 or a traumatic brain injury
 1665 or dementia who lacks a co-occurring mental illness to be
 1666 involuntarily placed in a state treatment facility. The facility
 1667 ~~shall discharge a patient any time the patient no longer meets~~
 1668 ~~the criteria for involuntary inpatient placement, unless the~~
 1669 ~~patient has transferred to voluntary status.~~

1670 (c) If at any time before the conclusion of a ~~the~~ hearing
 1671 on involuntary services, ~~inpatient placement~~ it appears to the
 1672 court that the patient ~~person does not meet the criteria for~~
 1673 ~~involuntary inpatient placement under this section, but instead~~
 1674 meets the criteria for involuntary ~~outpatient services,~~ the
 1675 court may order the person evaluated for involuntary outpatient

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1676 ~~services pursuant to s. 394.4655. The petition and hearing~~
1677 ~~procedures set forth in s. 394.4655 shall apply. If the person~~
1678 ~~instead meets the criteria for involuntary assessment,~~
1679 ~~protective custody, or involuntary admission or treatment~~
1680 ~~pursuant to s. 397.675, then the court may order the person to~~
1681 ~~be admitted for involuntary assessment ~~for a period of 5 days~~~~
1682 ~~pursuant to s. 397.6757 ~~s. 397.6811~~. Thereafter, all proceedings~~
1683 ~~are governed by chapter 397.~~

1684 ~~(d) At the hearing on involuntary inpatient placement, the~~
1685 ~~court shall consider testimony and evidence regarding the~~
1686 ~~patient's competence to consent to treatment. If the court finds~~
1687 ~~that the patient is incompetent to consent to treatment, it~~
1688 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~

1689 ~~(d)(e)~~ The administrator of the petitioning facility or
1690 the designated department representative shall provide a copy of
1691 the court order and adequate documentation of a patient's mental
1692 illness to the service provider for involuntary outpatient
1693 services or the administrator of a treatment facility if the
1694 patient is ordered for involuntary inpatient placement, ~~whether~~
1695 ~~by civil or criminal court~~. The documentation must include any
1696 advance directives made by the patient, a psychiatric evaluation
1697 of the patient, and any evaluations of the patient performed by
1698 a psychiatric nurse, a clinical psychologist, a marriage and
1699 family therapist, a mental health counselor, or a clinical
1700 social worker. The administrator of a treatment facility may

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1701 refuse admission to any patient directed to its facilities on an
 1702 involuntary basis, whether by civil or criminal court order, who
 1703 is not accompanied by adequate orders and documentation.

1704 (e) In cases resulting in an order for involuntary
 1705 outpatient services, the court shall retain jurisdiction over
 1706 the case and the parties for entry of further orders as
 1707 circumstances may require, including, but not limited to,
 1708 monitoring compliance with treatment or ordering inpatient
 1709 treatment to stabilize a person who decompensates while under
 1710 court-ordered outpatient treatment and meets the commitment
 1711 criteria of s. 394.467.

1712 (9) SERVICES PLAN MODIFICATION.—After the order for
 1713 involuntary outpatient services is issued, the service provider
 1714 and the patient may modify the services plan as provided by
 1715 department rule.

1716 (10) NONCOMPLIANCE WITH INVOLUNTARY OUTPATIENT SERVICES.—

1717 (a) If, in the clinical judgment of a physician, a
 1718 psychiatrist, a clinical psychologist with at least 3 years of
 1719 clinical experience, or a psychiatric nurse practicing within
 1720 the framework of an established protocol with a psychiatrist, a
 1721 patient receiving involuntary outpatient services has failed or
 1722 has refused to comply with the services plan ordered by the
 1723 court, and efforts were made to solicit compliance, the service
 1724 provider must report such noncompliance to the court. The
 1725 involuntary outpatient services order shall remain in effect

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1726 unless the service provider determines that the patient no
 1727 longer meets the criteria for involuntary outpatient services or
 1728 until the order expires. The service provider must determine
 1729 whether modifications should be made to the existing services
 1730 plan and must attempt to continue to engage the patient in
 1731 treatment. For any material modification of the services plan to
 1732 which the patient or the patient's guardian advocate, if
 1733 applicable, agrees, the service provider shall send notice of
 1734 the modification to the court. Any material modifications of the
 1735 services plan which are contested by the patient or the
 1736 patient's guardian advocate, if applicable, must be approved or
 1737 disapproved by the court.

1738 (b) A county court may not use incarceration as a sanction
 1739 for noncompliance with the services plan, but it may order an
 1740 individual evaluated for possible inpatient placement if there
 1741 is significant, or are multiple instances of, noncompliance.

1742 (11)-(7) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES
 1743 INPATIENT PLACEMENT.-

1744 (a) A petition for continued involuntary services must be
 1745 filed if the patient continues to meets the criteria for
 1746 involuntary services.

1747 (b)1. If a patient receiving involuntary outpatient
 1748 services continues to meet the criteria for involuntary
 1749 outpatient services, the service provider must file in the court
 1750 that issued the initial order for involuntary outpatient

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1751 services a petition for continued involuntary outpatient
 1752 services.

1753 2. If a patient in involuntary inpatient placement

1754 ~~(a) Hearings on petitions for continued involuntary~~
 1755 ~~inpatient placement of an individual placed at any treatment~~
 1756 ~~facility are administrative hearings and must be conducted in~~
 1757 ~~accordance with s. 120.57(1), except that any order entered by~~
 1758 ~~the administrative law judge is final and subject to judicial~~
 1759 ~~review in accordance with s. 120.68. Orders concerning patients~~
 1760 ~~committed after successfully pleading not guilty by reason of~~
 1761 ~~insanity are governed by s. 916.15.~~

1762 ~~(b) If the patient continues to meet the criteria for~~
 1763 ~~involuntary services inpatient placement and is being treated at~~
 1764 ~~a receiving treatment facility, the administrator must ~~shall,~~~~
 1765 ~~before the expiration of the period the receiving treatment~~
 1766 ~~facility is authorized to retain the patient, file in the court~~
 1767 ~~that issued the initial order for involuntary inpatient~~
 1768 ~~placement, a petition requesting authorization for continued~~
 1769 ~~involuntary services inpatient placement. The administrator may~~
 1770 ~~petition for inpatient or outpatient services.~~

1771 3. If a patient in inpatient placement continues to meet
 1772 the criteria for involuntary services and is being treated at a
 1773 treatment facility, the administrator must, before expiration of
 1774 the period the treatment facility is authorized to retain the
 1775 patient, file a petition requesting authorization for continued

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1776 involuntary services. The administrator may petition for
1777 inpatient or outpatient services. Hearings on petitions for
1778 continued involuntary services of an individual placed at any
1779 treatment facility are administrative hearings and must be
1780 conducted in accordance with s. 120.57(1), except that any order
1781 entered by the judge is final and subject to judicial review in
1782 accordance with s. 120.68. Orders concerning patients committed
1783 after successfully pleading not guilty by reason of insanity are
1784 governed by s. 916.15.

1785 4. The court shall immediately schedule a hearing on the
1786 petition to be held within 15 days after the petition is filed.

1787 5. The existing involuntary services order shall remain in
1788 effect until disposition on the petition for continued
1789 involuntary services.

1790 (c) The ~~petition request~~ must be accompanied by a
1791 statement from the patient's physician, psychiatrist,
1792 psychiatric nurse, or clinical psychologist justifying the
1793 request, a brief description of the patient's treatment during
1794 the time he or she was receiving involuntary services
1795 ~~involuntarily placed~~, and an individualized plan of continued
1796 treatment developed in consultation with the patient or the
1797 patient's guardian advocate, if applicable. If the petition is
1798 for involuntary outpatient services, it must comply with the
1799 requirements of subparagraph (4) (d) 3. When the petition has been
1800 filed, the clerk of the court shall provide copies of the

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1801 petition and the individualized plan of continued services to
1802 the department, the patient, the patient's guardian advocate,
1803 the state attorney, and the patient's private counsel or the
1804 public defender.

1805 (d) The court shall appoint counsel to represent the
1806 person who is the subject of the petition for continued
1807 involuntary services in accordance to the provisions set forth
1808 in subsection (5), unless the person is otherwise represented by
1809 counsel or ineligible.

1810 (e) Hearings on petitions for continued involuntary
1811 outpatient services must be before the court that issued the
1812 order for involuntary outpatient services. However, the patient
1813 and the patient's attorney may agree to a period of continued
1814 outpatient services without a court hearing.

1815 (f) Hearings on petitions for continued involuntary
1816 inpatient placement in receiving facilities, or involuntary
1817 outpatient services following involuntary inpatient services,
1818 must be held in the county or the facility, as appropriate,
1819 where the patient is located.

1820 (g) The court may appoint a magistrate to preside at the
1821 hearing. The procedures for obtaining an order pursuant to this
1822 paragraph must meet the requirements of subsection (7).

1823 (h) Notice of the hearing must be provided as set forth
1824 ~~provided~~ in s. 394.4599.

1825 (i) If a patient's attendance at the hearing is

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1826 voluntarily waived, the ~~administrative law~~ judge must determine
1827 that the patient knowingly, intelligently, and voluntarily
1828 waived his or her right to be present, ~~waiver is knowing and~~
1829 ~~voluntary~~ before waiving the presence of the patient from all or
1830 a portion of the hearing. Alternatively, if at the hearing the
1831 ~~administrative law~~ judge finds that attendance at the hearing is
1832 not consistent with the best interests of the patient, the
1833 ~~administrative law~~ judge may waive the presence of the patient
1834 from all or any portion of the hearing, unless the patient,
1835 through counsel, objects to the waiver of presence. The
1836 testimony in the hearing must be under oath, and the proceedings
1837 must be recorded.

1838 ~~(c) Unless the patient is otherwise represented or is~~
1839 ~~ineligible, he or she shall be represented at the hearing on the~~
1840 ~~petition for continued involuntary inpatient placement by the~~
1841 ~~public defender of the circuit in which the facility is located.~~

1842 (j)(d) If at a hearing it is shown that the patient
1843 continues to meet the criteria for involuntary services
1844 ~~inpatient placement,~~ the court ~~administrative law judge~~ shall
1845 issue an ~~sign the~~ order for continued involuntary outpatient
1846 services, ~~inpatient placement for up to 90 days. However, any~~
1847 ~~order for~~ involuntary inpatient placement, or mental health
1848 ~~services in a combination of involuntary services treatment~~
1849 ~~facility may be~~ for up to 6 months. The same procedure shall be
1850 repeated before the expiration of each additional period the

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1851 patient is retained.

1852 (k) If the patient has been ordered to undergo involuntary
 1853 services and has previously been found incompetent to consent to
 1854 treatment, the court shall consider testimony and evidence
 1855 regarding the patient's competence. If the patient's competency
 1856 to consent to treatment is restored, the discharge of the
 1857 guardian advocate is governed by s. 394.4598. If the patient has
 1858 been ordered to undergo involuntary inpatient placement only and
 1859 the patient's competency to consent to treatment is restored,
 1860 the administrative law judge may issue a recommended order, to
 1861 the court that found the patient incompetent to consent to
 1862 treatment, that the patient's competence be restored and that
 1863 any guardian advocate previously appointed be discharged.

1864 (l)-(e) If continued involuntary inpatient placement is
 1865 necessary for a patient in involuntary inpatient placement who
 1866 was admitted while serving a criminal sentence, but his or her
 1867 sentence is about to expire, or for a minor involuntarily
 1868 placed, but who is about to reach the age of 18, the
 1869 administrator shall petition the administrative law judge for an
 1870 order authorizing continued involuntary inpatient placement.
 1871 The procedure required in this subsection must be followed
 1872 before the expiration of each additional period the patient is
 1873 involuntarily receiving services.

1874 (12)-(8) RETURN TO FACILITY.-If a patient has been ordered
 1875 to undergo involuntary inpatient placement ~~involuntarily held at~~

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1876 a receiving or treatment facility under this part and leaves the
 1877 facility without the administrator's authorization, the
 1878 administrator may authorize a search for the patient and his or
 1879 her return to the facility. The administrator may request the
 1880 assistance of a law enforcement agency in this regard.

1881 (13) DISCHARGE.—The patient shall be discharged upon
 1882 expiration of the court order or at any time the patient no
 1883 longer meets the criteria for involuntary services, unless the
 1884 patient has transferred to voluntary status. Upon discharge, the
 1885 service provider or facility shall send a certificate of
 1886 discharge to the court.

1887 Section 12. Subsection (2) of section 394.468, Florida
 1888 Statutes, is amended, and subsection (3) is added to that
 1889 section, to read:

1890 394.468 Admission and discharge procedures.—

1891 (2) Discharge planning and procedures for any patient's
 1892 release from a receiving facility or treatment facility must
 1893 include and document the patient's needs, and actions to address
 1894 such needs, for ~~consideration of~~, at a minimum:

- 1895 (a) Follow-up behavioral health appointments;
- 1896 (b) Information on how to obtain prescribed medications;
- 1897 and
- 1898 (c) Information pertaining to:
 - 1899 1. Available living arrangements;
 - 1900 2. Transportation; and

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1901 (d) Referral to:
 1902 1. Care coordination services. The patient must be
 1903 referred for care coordination services if the patient meets the
 1904 criteria as a member of a priority population as determined by
 1905 the department under s. 394.9082(3)(c) and is in need of such
 1906 services.
 1907 ~~2.3.~~ Recovery support opportunities under s.
 1908 394.4573(2)(1), including, but not limited to, connection to a
 1909 peer specialist.
 1910 (3) During the discharge transition process and while the
 1911 patient is present unless determined inappropriate by a
 1912 physician or psychiatric nurse practicing within the framework
 1913 of an established protocol with a psychiatrist a receiving
 1914 facility shall coordinate, face-to-face or through electronic
 1915 means, discharge plans to a less restrictive community
 1916 behavioral health provider, a peer specialist, a case manager,
 1917 or a care coordination service. The transition process must, at
 1918 a minimum, include all of the following criteria:
 1919 (a) Implementation of policies and procedures outlining
 1920 strategies for how the receiving facility will comprehensively
 1921 address the needs of patients who demonstrate a high use of
 1922 receiving facility services to avoid or reduce future use of
 1923 crisis stabilization services. For any such patient, policies
 1924 and procedures must include, at a minimum, a review of the
 1925 effectiveness of previous discharge plans created by the

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1926 facility for the patient, and the new discharge plan must
1927 address problems experienced with implementation of previous
1928 discharge plans.

1929 (b) Developing and including in discharge paperwork a
1930 personalized crisis prevention plan that identifies stressors,
1931 early warning signs or symptoms, and strategies to deal with
1932 crisis.

1933 (c) Requiring a staff member to seek to engage a family
1934 member, legal guardian, legal representative, or natural support
1935 in discharge planning and meet face to face or through
1936 electronic means to review the discharge instructions, including
1937 prescribed medications, follow-up appointments, and any other
1938 recommended services or follow-up resources, and document the
1939 outcome of such meeting.

1940 (d) When the recommended level of care at discharge is not
1941 immediately available to the patient, the receiving facility
1942 must, at a minimum, initiate a referral to an appropriate
1943 provider to meet the needs of the patient to continue care until
1944 the recommended level of care is available.

1945 Section 13. Section 394.4915, Florida Statutes, is created
1946 to read:

1947 394.4915 Office of Children's Behavioral Health
1948 Ombudsman.—The Office of Children's Behavioral Health Ombudsman
1949 is established within the department for the purpose of being a
1950 central point to receive complaints on behalf of children and

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1951 adolescents with behavioral health disorders receiving state-
1952 funded services and use such information to improve the child
1953 and adolescent mental health treatment and support system. The
1954 department and managing entities shall include information about
1955 and contact information for the office placed prominently on
1956 their websites on easily accessible web pages related to
1957 children and adolescent behavioral health services. To the
1958 extent permitted by available resources, the office shall, at a
1959 minimum:

1960 (1) Receive and direct to the appropriate contact within
1961 the department, the Agency for Health Care Administration, or
1962 the appropriate organizations providing behavioral health
1963 services complaints from children and adolescents and their
1964 families about the child and adolescent mental health treatment
1965 and support system.

1966 (2) Maintain records of complaints received and the
1967 actions taken.

1968 (3) Be a resource to identify and explain relevant
1969 policies or procedures to children, adolescents, and their
1970 families about the child and adolescent mental health treatment
1971 and support system.

1972 (4) Provide recommendations to the department to address
1973 systemic problems within the child and adolescent mental health
1974 treatment and support system that are leading to complaints. The
1975 department shall include an analysis of complaints and

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1976 recommendations in the report required under s. 394.4573.

1977 (5) Engage in functions that may improve the child and
 1978 adolescent mental health treatment and support system.

1979 Section 14. Subsection (3) of section 394.495, Florida
 1980 Statutes, is amended to read:

1981 394.495 Child and adolescent mental health system of care;
 1982 programs and services.—

1983 (3) Assessments must be performed by:

1984 (a) A clinical psychologist, clinical social worker,
 1985 physician, psychiatric nurse, or psychiatrist, as those terms
 1986 are defined in s. 394.455 ~~professional as defined in s.~~
 1987 ~~394.455(5), (7), (33), (36), or (37);~~

1988 (b) A professional licensed under chapter 491; or

1989 (c) A person who is under the direct supervision of a
 1990 clinical psychologist, clinical social worker, physician,
 1991 psychiatric nurse, or psychiatrist, as those terms are defined
 1992 in s. 394.455, ~~qualified professional as defined in s.~~
 1993 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed
 1994 under chapter 491.

1995 Section 15. Subsection (5) of section 394.496, Florida
 1996 Statutes, is amended to read:

1997 394.496 Service planning.—

1998 (5) A clinical psychologist, clinical social worker,
 1999 physician, psychiatric nurse, or psychiatrist, as those terms
 2000 are defined in s. 394.455, ~~professional as defined in s.~~

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2001 ~~394.455 (5), (7), (33), (36), or (37)~~ or a professional licensed
 2002 under chapter 491 must be included among those persons
 2003 developing the services plan.

2004 Section 16. Paragraph (a) of subsection (2) of section
 2005 394.499, Florida Statutes, is amended to read:

2006 394.499 Integrated children's crisis stabilization
 2007 unit/juvenile addictions receiving facility services.—

2008 (2) Children eligible to receive integrated children's
 2009 crisis stabilization unit/juvenile addictions receiving facility
 2010 services include:

2011 (a) A minor whose parent makes ~~person under 18 years of~~
 2012 ~~age for whom~~ voluntary application based on the parent's express
 2013 and informed consent, and the requirements of s. 394.4625(1) (a)
 2014 are met ~~is made by his or her guardian, if such person is found~~
 2015 ~~to show evidence of mental illness and to be suitable for~~
 2016 ~~treatment pursuant to s. 394.4625. A person under 18 years of~~
 2017 ~~age may be admitted for integrated facility services only after~~
 2018 ~~a hearing to verify that the consent to admission is voluntary.~~

2019 Section 17. Paragraphs (a) and (d) of subsection (1) of
 2020 section 394.875, Florida Statutes, are amended to read:

2021 394.875 Crisis stabilization units, residential treatment
 2022 facilities, and residential treatment centers for children and
 2023 adolescents; authorized services; license required.—

2024 (1) (a) The purpose of a crisis stabilization unit is to
 2025 stabilize and redirect a client to the most appropriate and

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2026 | least restrictive community setting available, consistent with
 2027 | the client's needs. Crisis stabilization units may screen,
 2028 | assess, and admit for stabilization persons who present
 2029 | themselves to the unit and persons who are brought to the unit
 2030 | under s. 394.463. Clients may be provided 24-hour observation,
 2031 | medication prescribed by a physician, ~~or~~ psychiatrist, or
 2032 | psychiatric nurse practicing within the framework of an
 2033 | established protocol with a psychiatrist, and other appropriate
 2034 | services. Crisis stabilization units shall provide services
 2035 | regardless of the client's ability to pay ~~and shall be limited~~
 2036 | ~~in size to a maximum of 30 beds.~~

2037 | ~~(d) The department is directed to implement a~~
 2038 | ~~demonstration project in circuit 18 to test the impact of~~
 2039 | ~~expanding beds authorized in crisis stabilization units from 30~~
 2040 | ~~to 50 beds. Specifically, the department is directed to~~
 2041 | ~~authorize existing public or private crisis stabilization units~~
 2042 | ~~in circuit 18 to expand bed capacity to a maximum of 50 beds and~~
 2043 | ~~to assess the impact such expansion would have on the~~
 2044 | ~~availability of crisis stabilization services to clients.~~

2045 | Section 18. Section 394.90826, Florida Statutes, is
 2046 | created to read:

2047 | 394.90826 Behavioral Health Interagency Collaboration.—

2048 | (1) The department and the Agency for Health Care
 2049 | Administration shall jointly establish behavioral health
 2050 | interagency collaboratives throughout the state with the goal of

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2051 identifying and addressing ongoing challenges within the
 2052 behavioral health system at the local level to improve the
 2053 accessibility, availability, and quality of behavioral health
 2054 services. The objectives of the regional collaboratives are to:
 2055 (a) Facilitate enhanced interagency communication and
 2056 collaboration.
 2057 (b) Develop and promote regional strategies tailored to
 2058 address community-level challenges in the behavioral health
 2059 system.
 2060 (2) The regional collaborative membership shall at a
 2061 minimum be composed of representatives from all of the
 2062 following, serving the region:
 2063 (a) Department of Children and Families.
 2064 (b) Agency for Health Care Administration.
 2065 (c) Agency for Persons with Disabilities.
 2066 (d) Department of Elder Affairs.
 2067 (e) Department of Health.
 2068 (f) Department of Education.
 2069 (g) School districts.
 2070 (h) Area agencies on aging.
 2071 (i) Community-based care lead agencies, as defined in s.
 2072 409.986(3)(d).
 2073 (j) Managing entities, as defined in s. 394.9082(2).
 2074 (k) Behavioral health services providers.
 2075 (l) Hospitals.

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2076 (m) Medicaid Managed Medical Assistance Plans.
 2077 (n) Police departments.
 2078 (o) Sheriffs' offices.
 2079 (3) Each regional collaborative shall define the
 2080 objectives of that collaborative based upon the specific needs
 2081 of the region and local communities located within the region,
 2082 to achieve the specified goals.

2083 (4) The department shall define the region to be served by
 2084 each collaborative and shall be responsible for facilitating
 2085 meetings.

2086 (5) All entities represented on the regional
 2087 collaboratives shall provide assistance as appropriate and
 2088 reasonably necessary to fulfill the goals of the regional
 2089 collaboratives.

2090 Section 19. Subsection (6) of section 394.9085, Florida
 2091 Statutes, is amended to read:

2092 394.9085 Behavioral provider liability.—

2093 (6) For purposes of this section, the terms
 2094 "detoxification ~~services,~~" "addictions receiving facility," and
 2095 "receiving facility" have the same meanings as those provided in
 2096 ss. 397.311(26) (a) 4. ~~397.311(26) (a) 3.,~~ 397.311(26) (a) 1., and
 2097 394.455(40), respectively.

2098 Section 20. Subsection (3) of section 397.305, Florida
 2099 Statutes, is amended to read:

2100 397.305 Legislative findings, intent, and purpose.—

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2101 (3) It is the purpose of this chapter to provide for a
 2102 comprehensive continuum of accessible and quality substance
 2103 abuse prevention, intervention, clinical treatment, and recovery
 2104 support services in the most appropriate and least restrictive
 2105 environment which promotes long-term recovery while protecting
 2106 and respecting the rights of individuals, primarily through
 2107 community-based private not-for-profit providers working with
 2108 local governmental programs involving a wide range of agencies
 2109 from both the public and private sectors.

2110 Section 21. Subsections (19) and (23) of section 397.311,
 2111 Florida Statutes, are amended to read:

2112 397.311 Definitions.—As used in this chapter, except part
 2113 VIII, the term:

2114 (19) "Impaired" or "substance abuse impaired" means having
 2115 a substance use disorder or a condition involving the use of
 2116 alcoholic beverages, illicit or prescription drugs, or any
 2117 psychoactive or mood-altering substance in such a manner as to
 2118 induce mental, emotional, or physical problems or ~~and~~ cause
 2119 socially dysfunctional behavior.

2120 (23) "Involuntary treatment services" means an array of
 2121 behavioral health services that may be ordered by the court for
 2122 persons with substance abuse impairment or co-occurring
 2123 substance abuse impairment and mental health disorders.

2124 Section 22. Subsection (6) is added to section 397.401,
 2125 Florida Statutes, to read:

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2126 397.401 License required; penalty; injunction; rules
 2127 waivers.—

2128 (6) A service provider operating an addictions receiving
 2129 facility or providing detoxification on a nonhospital inpatient
 2130 basis may not exceed its licensed capacity by more than 10
 2131 percent and may not exceed their licensed capacity for more than
 2132 3 consecutive working days or for more than 7 days in 1 month.

2133 Section 23. Paragraph (i) is added to subsection (1) of
 2134 section 397.4073, Florida Statutes, to read:

2135 397.4073 Background checks of service provider personnel.—

2136 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
 2137 EXCEPTIONS.—

2138 (i) Any physician licensed under chapter 458 or chapter
 2139 459 or a nurse licensed under chapter 464 who was required to
 2140 undergo background screening by the Department of Health as part
 2141 of his or her initial licensure or the renewal of licensure, and
 2142 who has an active and unencumbered license, is not subject to
 2143 background screening pursuant to this section.

2144 Section 24. Subsection (8) of section 397.501, Florida
 2145 Statutes, is amended to read:

2146 397.501 Rights of individuals.—Individuals receiving
 2147 substance abuse services from any service provider are
 2148 guaranteed protection of the rights specified in this section,
 2149 unless otherwise expressly provided, and service providers must
 2150 ensure the protection of such rights.

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2151 (8) RIGHT TO COUNSEL.—Each individual must be informed
 2152 that he or she has the right to be represented by counsel in any
 2153 judicial ~~involuntary~~ proceeding for involuntary ~~assessment,~~
 2154 ~~stabilization,~~ or treatment services and that he or she, or if
 2155 the individual is a minor his or her parent, legal guardian, or
 2156 legal custodian, may apply immediately to the court to have an
 2157 attorney appointed if he or she cannot afford one.

2158 Section 25. Section 397.581, Florida Statutes, is amended
 2159 to read:

2160 397.581 Unlawful activities relating to assessment and
 2161 treatment; penalties.—

2162 (1) A person may not knowingly and willfully:

2163 (a) Furnish ~~furnishing~~ false information for the purpose
 2164 of obtaining emergency or other involuntary admission of another
 2165 person ~~for any person is a misdemeanor of the first degree,~~
 2166 ~~punishable as provided in s. 775.082 and by a fine not exceeding~~
 2167 ~~\$5,000.~~

2168 (b) ~~(2)~~ Cause or otherwise secure, or conspire with or
 2169 assist another to cause or secure ~~Causing or otherwise securing,~~
 2170 ~~or conspiring with or assisting another to cause or secure,~~
 2171 ~~without reason for believing a person to be impaired, any~~
 2172 emergency or other involuntary procedure of another ~~for the~~
 2173 person under false pretenses ~~is a misdemeanor of the first~~
 2174 ~~degree, punishable as provided in s. 775.082 and by a fine not~~
 2175 ~~exceeding \$5,000.~~

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2176 (c)(3) Cause, or conspire with or assist another to cause,
 2177 without lawful justification ~~Causing, or conspiring with or~~
 2178 ~~assisting another to cause,~~ the denial to any person of any
 2179 right accorded pursuant to this chapter.

2180 (2) A person who violates subsection (1) commits ~~is~~ a
 2181 misdemeanor of the first degree, punishable as provided in s.
 2182 775.082 and by a fine not exceeding \$5,000.

2183 Section 26. Section 397.675, Florida Statutes, is amended
 2184 to read:

2185 397.675 Criteria for involuntary admissions, including
 2186 protective custody, emergency admission, and other involuntary
 2187 assessment, involuntary treatment, and alternative involuntary
 2188 assessment for minors, for purposes of assessment and
 2189 stabilization, and for involuntary treatment.—A person meets the
 2190 criteria for involuntary admission if there is good faith reason
 2191 to believe that the person is substance abuse impaired or has a
 2192 substance use disorder and a co-occurring mental health disorder
 2193 and, because of such impairment or disorder:

2194 (1) Has lost the power of self-control with respect to
 2195 substance abuse; and

2196 (2) (a) Is in need of substance abuse services and, by
 2197 reason of substance abuse impairment, his or her judgment has
 2198 been so impaired that he or she is incapable of appreciating his
 2199 or her need for such services and of making a rational decision
 2200 in that regard, although mere refusal to receive such services

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2201 does not constitute evidence of lack of judgment with respect to
 2202 his or her need for such services; or

2203 (b) Without care or treatment, is likely to suffer from
 2204 neglect or refuse to care for himself or herself; that such
 2205 neglect or refusal poses a real and present threat of
 2206 substantial harm to his or her well-being; and that it is not
 2207 apparent that such harm may be avoided through the help of
 2208 willing, able, and responsible family members or friends or the
 2209 provision of other services, or there is substantial likelihood
 2210 that the person has inflicted, or threatened to or attempted to
 2211 inflict, or, unless admitted, is likely to inflict, physical
 2212 harm on himself, herself, or another.

2213 Section 27. Subsection (1) of section 397.6751, Florida
 2214 Statutes, is amended to read:

2215 397.6751 Service provider responsibilities regarding
 2216 involuntary admissions.—

2217 (1) It is the responsibility of the service provider to:

2218 (a) Ensure that a person who is admitted to a licensed
 2219 service component meets the admission criteria specified in s.
 2220 397.675;

2221 (b) Ascertain whether the medical and behavioral
 2222 conditions of the person, as presented, are beyond the safe
 2223 management capabilities of the service provider;

2224 (c) Provide for the admission of the person to the service
 2225 component that represents the most appropriate and least

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2226 restrictive available setting that is responsive to the person's
 2227 treatment needs;

2228 (d) Verify that the admission of the person to the service
 2229 component does not result in a census in excess of its licensed
 2230 service capacity;

2231 (e) Determine whether the cost of services is within the
 2232 financial means of the person or those who are financially
 2233 responsible for the person's care; and

2234 (f) Take all necessary measures to ensure that each
 2235 individual in treatment is provided with a safe environment, and
 2236 to ensure that each individual whose medical condition or
 2237 behavioral problem becomes such that he or she cannot be safely
 2238 managed by the service component is discharged and referred to a
 2239 more appropriate setting for care.

2240 Section 28. Section 397.681, Florida Statutes, is amended
 2241 to read:

2242 397.681 Involuntary petitions; general provisions; court
 2243 jurisdiction and right to counsel.—

2244 (1) JURISDICTION.—The courts have jurisdiction of
 2245 ~~involuntary assessment and stabilization petitions and~~
 2246 involuntary treatment petitions for substance abuse impaired
 2247 persons, and such petitions must be filed with the clerk of the
 2248 court in the county where the person is located. The clerk of
 2249 the court may not charge a fee for the filing of a petition
 2250 under this section. The chief judge may appoint a general or

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2251 special magistrate to preside over all or part of the
 2252 proceedings. The alleged impaired person is named as the
 2253 respondent.

2254 (2) RIGHT TO COUNSEL.—A respondent has the right to
 2255 counsel at every stage of a judicial proceeding relating to a
 2256 petition for his or her ~~involuntary assessment and a petition~~
 2257 ~~for his or her~~ involuntary treatment for substance abuse
 2258 impairment; however, the respondent may waive that right if the
 2259 respondent is present and the court finds that such waiver is
 2260 made knowingly, intelligently, and voluntarily. A respondent who
 2261 desires counsel and is unable to afford private counsel has the
 2262 right to court-appointed counsel and to the benefits of s.
 2263 57.081. If the court believes that the respondent needs or
 2264 desires the assistance of counsel, the court shall appoint such
 2265 counsel for the respondent without regard to the respondent's
 2266 wishes. If the respondent is a minor not otherwise represented
 2267 in the proceeding, the court shall immediately appoint a
 2268 guardian ad litem to act on the minor's behalf.

2269 Section 29. Section 397.693, Florida Statutes, is
 2270 renumbered as section 397.68111, Florida Statutes, and amended
 2271 to read:

2272 397.68111 ~~397.693~~ Involuntary treatment.—A person may be
 2273 the subject of a petition for court-ordered involuntary
 2274 treatment pursuant to this part, if that person:

2275 (1) Reasonably appears to meet ~~meets~~ the criteria for

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2276 involuntary admission provided in s. 397.675; ~~and:~~
 2277 (2)~~(1)~~ Has been placed under protective custody pursuant
 2278 to s. 397.677 within the previous 10 days;
 2279 (3)~~(2)~~ Has been subject to an emergency admission pursuant
 2280 to s. 397.679 within the previous 10 days; or
 2281 (4)~~(3)~~ Has been assessed by a qualified professional
 2282 within 30 ~~5~~ days;
 2283 ~~(4) Has been subject to involuntary assessment and~~
 2284 ~~stabilization pursuant to s. 397.6818 within the previous 12~~
 2285 ~~days; or~~
 2286 ~~(5) Has been subject to alternative involuntary admission~~
 2287 ~~pursuant to s. 397.6822 within the previous 12 days.~~
 2288 Section 30. Section 397.695, Florida Statutes, is
 2289 renumbered as section 397.68112, Florida Statutes, and amended
 2290 to read:
 2291 397.68112 ~~397.695~~ Involuntary services; persons who may
 2292 petition.—
 2293 (1) If the respondent is an adult, a petition for
 2294 involuntary treatment services may be filed by the respondent's
 2295 spouse or legal guardian, any relative, a service provider, or
 2296 an adult who has direct personal knowledge of the respondent's
 2297 substance abuse impairment and his or her prior course of
 2298 assessment and treatment.
 2299 (2) If the respondent is a minor, a petition for
 2300 involuntary treatment services may be filed by a parent, legal

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2301 guardian, or service provider.

2302 (3) The court may prohibit, or a law enforcement agency
 2303 may waive, any service of process fees if a petitioner is
 2304 determined to be indigent.

2305 Section 31. Section 397.6951, Florida Statutes, is
 2306 renumbered as section 397.68141, Florida Statutes, and amended
 2307 to read:

2308 397.68141 ~~397.6951~~ Contents of petition for involuntary
 2309 treatment services.—A petition for involuntary services must
 2310 contain the name of the respondent; the name of the petitioner
 2311 ~~or petitioners~~; the relationship between the respondent and the
 2312 petitioner; the name of the respondent's attorney, if known; ~~the~~
 2313 ~~findings and recommendations of the assessment performed by the~~
 2314 ~~qualified professional~~; and the factual allegations presented by
 2315 the petitioner establishing the need for involuntary ~~outpatient~~
 2316 services for substance abuse impairment. The factual allegations
 2317 must demonstrate:

2318 (1) The reason for the petitioner's belief that the
 2319 respondent is substance abuse impaired;

2320 (2) The reason for the petitioner's belief that because of
 2321 such impairment the respondent has lost the power of self-
 2322 control with respect to substance abuse; and

2323 (3)(a) The reason the petitioner believes that the
 2324 respondent has inflicted or is likely to inflict physical harm
 2325 on himself or herself or others unless the court orders the

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2326 involuntary services; or

2327 (b) The reason the petitioner believes that the
 2328 respondent's refusal to voluntarily receive care is based on
 2329 judgment so impaired by reason of substance abuse that the
 2330 respondent is incapable of appreciating his or her need for care
 2331 and of making a rational decision regarding that need for care.

2332 (4) The petition may be accompanied by a certificate or
 2333 report of a qualified professional who examined the respondent
 2334 within 30 days before the petition was filed. The certificate or
 2335 report must include the qualified professional's findings
 2336 relating to his or her assessment of the patient and his or her
 2337 treatment recommendations. If the respondent was not assessed
 2338 before the filing of a treatment petition or refused to submit
 2339 to an evaluation, the lack of assessment or refusal must be
 2340 noted in the petition.

2341 (5) If there is an emergency, the petition must also
 2342 describe the respondent's exigent circumstances and include a
 2343 request for an ex parte assessment and stabilization order that
 2344 must be executed pursuant to s. 397.68151.

2345 Section 32. Section 397.6955, Florida Statutes, is
 2346 renumbered as section 397.68151, Florida Statutes, and amended
 2347 to read:

2348 397.68151 ~~397.6955~~ Duties of court upon filing of petition
 2349 for involuntary services.—

2350 (1) Upon the filing of a petition for involuntary services

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2351 for a substance abuse impaired person with the clerk of the
2352 court, the court shall immediately determine whether the
2353 respondent is represented by an attorney or whether the
2354 appointment of counsel for the respondent is appropriate. If the
2355 court appoints counsel for the person, the clerk of the court
2356 shall immediately notify the office of criminal conflict and
2357 civil regional counsel, created pursuant to s. 27.511, of the
2358 appointment. The office of criminal conflict and civil regional
2359 counsel shall represent the person until the petition is
2360 dismissed, the court order expires, ~~or~~ the person is discharged
2361 from involuntary treatment services, or the office is otherwise
2362 discharged by the court. An attorney that represents the person
2363 named in the petition shall have access to the person,
2364 witnesses, and records relevant to the presentation of the
2365 person's case and shall represent the interests of the person,
2366 regardless of the source of payment to the attorney.

2367 (2) The court shall schedule a hearing to be held on the
2368 petition within 10 court working ~~5~~ days unless a continuance is
2369 granted. The court may appoint a magistrate to preside at the
2370 hearing.

2371 (3) A copy of the petition and notice of the hearing must
2372 be provided to the respondent; the respondent's parent,
2373 guardian, or legal custodian, in the case of a minor; the
2374 respondent's attorney, if known; the petitioner; the
2375 respondent's spouse or guardian, if applicable; and such other

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2376 persons as the court may direct. If the respondent is a minor, a
 2377 copy of the petition and notice of the hearing must be
 2378 personally delivered to the respondent. The clerk ~~court~~ shall
 2379 also issue a summons to the person whose admission is sought and
 2380 unless a circuit court's chief judge authorizes disinterested
 2381 private process servers to serve parties under this chapter, a
 2382 law enforcement agency must effect such service on the person
 2383 whose admission is sought for the initial treatment hearing.

2384 Section 33. Section 397.6818, Florida Statutes, is amended
 2385 to read:

2386 397.6818 Court determination.—

2387 (1) When the petitioner asserts that emergency
 2388 circumstances exist, or when upon review of the petition the
 2389 court determines that an emergency exists, the court may rely
 2390 solely on the contents of the petition and, without the
 2391 appointment of an attorney, enter an ex parte order for the
 2392 respondent's involuntary assessment and stabilization which must
 2393 be executed during the period when the hearing on the petition
 2394 for treatment is pending.

2395 (2) The court may further order a law enforcement officer
 2396 or another designated agent of the court to:

2397 (a) Take the respondent into custody and deliver him or
 2398 her for evaluation to either the nearest appropriate licensed
 2399 service provider or a licensed service provider designated by
 2400 the court.

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2401 (b) Serve the respondent with the notice of hearing and a
 2402 copy of the petition.

2403 (3) The service provider may not hold the respondent for
 2404 longer than 72 hours of observation, unless:

2405 (a) The service provider seeks additional time under s.
 2406 397.6957(1)(c) and the court, after a hearing, grants that
 2407 motion;

2408 (b) The respondent shows signs of withdrawal, or a need to
 2409 be either detoxified or treated for a medical condition, which
 2410 shall extend the amount of time the respondent may be held for
 2411 observation until the issue is resolved but no later than the
 2412 scheduled hearing date, absent a court-approved extension; or

2413 (c) The original or extended observation period ends on a
 2414 weekend or holiday, including the hours before the ordinary
 2415 business hours of the following workday morning, in which case
 2416 the provider may hold the respondent until the next court
 2417 working day.

2418 (4) If the ex parte order was not executed by the initial
 2419 hearing date, it is deemed void. However, if the respondent does
 2420 not appear at the hearing for any reason, including lack of
 2421 service, and upon reviewing the petition, testimony, and
 2422 evidence presented, the court reasonably believes the respondent
 2423 meets this chapter's commitment criteria and that a substance
 2424 abuse emergency exists, the court may issue or reissue an ex
 2425 parte assessment and stabilization order that is valid for 90

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2426 days. If the respondent's location is known at the time of the
 2427 hearing, the court:

2428 (a) Must continue the case for no more than 10 court
 2429 working days; and

2430 (b) May order a law enforcement officer or another
 2431 designated agent of the court to:

2432 1. Take the respondent into custody and deliver him or her
 2433 for evaluation to either the nearest appropriate licensed
 2434 service provider or a licensed service provider designated by
 2435 the court; and

2436 2. If a hearing date is set, serve the respondent with
 2437 notice of the rescheduled hearing and a copy of the involuntary
 2438 treatment petition if the respondent has not already been
 2439 served.

2440
 2441 Otherwise, the petitioner must inform the court that the
 2442 respondent has been assessed so that the court may schedule a
 2443 hearing as soon as is practicable. However, if the respondent
 2444 has not been assessed within 90 days, the court must dismiss the
 2445 case. At the hearing initiated in accordance with s.
 2446 397.6811(1), the court shall hear all relevant testimony. The
 2447 respondent must be present unless the court has reason to
 2448 believe that his or her presence is likely to be injurious to
 2449 him or her, in which event the court shall appoint a guardian
 2450 advocate to represent the respondent. The respondent has the

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2451 ~~right to examination by a court-appointed qualified~~
 2452 ~~professional. After hearing all the evidence, the court shall~~
 2453 ~~determine whether there is a reasonable basis to believe the~~
 2454 ~~respondent meets the involuntary admission criteria of s.~~
 2455 ~~397.675.~~

2456 ~~(1) Based on its determination, the court shall either~~
 2457 ~~dismiss the petition or immediately enter an order authorizing~~
 2458 ~~the involuntary assessment and stabilization of the respondent;~~
 2459 ~~or, if in the course of the hearing the court has reason to~~
 2460 ~~believe that the respondent, due to mental illness other than or~~
 2461 ~~in addition to substance abuse impairment, is likely to injure~~
 2462 ~~himself or herself or another if allowed to remain at liberty,~~
 2463 ~~the court may initiate involuntary proceedings under the~~
 2464 ~~provisions of part I of chapter 394.~~

2465 ~~(2) If the court enters an order authorizing involuntary~~
 2466 ~~assessment and stabilization, the order shall include the~~
 2467 ~~court's findings with respect to the availability and~~
 2468 ~~appropriateness of the least restrictive alternatives and the~~
 2469 ~~need for the appointment of an attorney to represent the~~
 2470 ~~respondent, and may designate the specific licensed service~~
 2471 ~~provider to perform the involuntary assessment and stabilization~~
 2472 ~~of the respondent. The respondent may choose the licensed~~
 2473 ~~service provider to deliver the involuntary assessment where~~
 2474 ~~possible and appropriate.~~

2475 ~~(3) If the court finds it necessary, it may order the~~

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2476 ~~sheriff to take the respondent into custody and deliver him or~~
 2477 ~~her to the licensed service provider specified in the court~~
 2478 ~~order or, if none is specified, to the nearest appropriate~~
 2479 ~~licensed service provider for involuntary assessment.~~

2480 ~~(4) The order is valid only for the period specified in~~
 2481 ~~the order or, if a period is not specified, for 7 days after the~~
 2482 ~~order is signed.~~

2483 Section 34. Section 397.6957, Florida Statutes, is amended
 2484 to read:

2485 397.6957 Hearing on petition for involuntary treatment
 2486 services.-

2487 (1)(a) The respondent must be present at a hearing on a
 2488 petition for involuntary treatment services, unless the court
 2489 finds that he or she knowingly, intelligently, and voluntarily
 2490 waives his or her right to be present or, upon receiving proof
 2491 of service and evaluating the circumstances of the case, that
 2492 his or her presence is inconsistent with his or her best
 2493 interests or is likely to be injurious to self or others. The
 2494 court shall hear and review all relevant evidence, including
 2495 testimony from individuals such as family members familiar with
 2496 the respondent's prior history and how it relates to his or her
 2497 current condition, and the review of results of the assessment
 2498 completed by the qualified professional in connection with this
 2499 chapter. The court may also order drug tests. Witnesses may
 2500 remotely attend and, as appropriate, testify at the hearing

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2501 under oath via audio-video telecommunications technology. A
2502 witness intending to remotely attend and testify must provide
2503 the parties with all relevant documents by the close of business
2504 on the day before the hearing ~~the respondent's protective~~
2505 ~~eustody, emergency admission, involuntary assessment, or~~
2506 ~~alternative involuntary admission. The respondent must be~~
2507 ~~present unless the court finds that his or her presence is~~
2508 ~~likely to be injurious to himself or herself or others, in which~~
2509 ~~event the court must appoint a guardian advocate to act in~~
2510 ~~behalf of the respondent throughout the proceedings.~~

2511 (b) A respondent may not be involuntarily ordered into
2512 treatment under this chapter without a clinical assessment being
2513 performed, unless he or she is present in court and expressly
2514 waives the assessment. In nonemergency situations, if the
2515 respondent was not, or had previously refused to be, assessed by
2516 a qualified professional and, based on the petition, testimony,
2517 and evidence presented, it reasonably appears that the
2518 respondent qualifies for involuntary treatment services, the
2519 court shall issue an involuntary assessment and stabilization
2520 order to determine the appropriate level of treatment the
2521 respondent requires. Additionally, in cases where an assessment
2522 was attached to the petition, the respondent may request, or the
2523 court on its own motion may order, an independent assessment by
2524 a court-appointed or otherwise agreed upon qualified
2525 professional. The respondent shall be informed by the court of

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2526 the right to an independent assessment. If an assessment order
2527 is issued, it is valid for 90 days, and if the respondent is
2528 present or there is either proof of service or his or her
2529 location is known, the involuntary treatment hearing shall be
2530 continued for no more than 10 court working days. Otherwise, the
2531 petitioner must inform the court that the respondent has been
2532 assessed so that the court may schedule a hearing as soon as is
2533 practicable. The assessment must occur before the new hearing
2534 date, and if there is evidence indicating that the respondent
2535 will not voluntarily appear at the forthcoming hearing or is a
2536 danger to self or others, the court may enter a preliminary
2537 order committing the respondent to an appropriate treatment
2538 facility for further evaluation until the date of the
2539 rescheduled hearing. However, if after 90 days the respondent
2540 remains unassessed, the court shall dismiss the case.

2541 (c)1. The respondent's assessment by a qualified
2542 professional must occur within 72 hours after his or her arrival
2543 at a licensed service provider unless the respondent shows signs
2544 of withdrawal or a need to be either detoxified or treated for a
2545 medical condition, which shall extend the amount of time the
2546 respondent may be held for observation until such issue is
2547 resolved but no later than the scheduled hearing date, absent a
2548 court-approved extension. If the respondent is a minor, such
2549 assessment must be initiated within the first 12 hours of the
2550 minor's admission to the facility. The service provider may also

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2551 move to extend the 72 hours of observation by petitioning the
2552 court in writing for additional time. The service provider must
2553 furnish copies of such motion to all parties in accordance with
2554 applicable confidentiality requirements, and after a hearing,
2555 the court may grant additional time. If the court grants the
2556 service provider's petition, the service provider may continue
2557 to hold the respondent, and if the original or extended
2558 observation period ends on a weekend or holiday, including the
2559 hours before the ordinary business hours of the following
2560 workday morning, the provider may hold the respondent until the
2561 next court working day.

2562 2. No later than the ordinary close of business on the day
2563 before the hearing, the qualified professional shall transmit,
2564 in accordance with any applicable confidentiality requirements,
2565 his or her clinical assessment to the clerk of the court, who
2566 shall enter it into the court file. The report must contain a
2567 recommendation on the level of substance abuse treatment the
2568 respondent requires, if any, and the relevant information on
2569 which the qualified professional's findings are based. This
2570 document must further note whether the respondent has any co-
2571 occurring mental health or other treatment needs. For adults
2572 subject to an involuntary assessment, the report's filing with
2573 the court satisfies s. 397.6758 if it also contains the
2574 respondent's admission and discharge information. The qualified
2575 professional's failure to include a treatment recommendation,

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2576 much like a recommendation of no treatment, shall result in the
 2577 petition's dismissal.

2578 (2) The petitioner has the burden of proving by clear and
 2579 convincing evidence that:

2580 (a) The respondent is substance abuse impaired and has a
 2581 history of lack of compliance with treatment for substance
 2582 abuse; and

2583 (b) Because of such impairment the respondent is unlikely
 2584 to voluntarily participate in the recommended services or is
 2585 unable to determine for himself or herself whether services are
 2586 necessary and:

2587 1. Without services, the respondent is likely to suffer
 2588 from neglect or refuse to care for himself or herself; that such
 2589 neglect or refusal poses a real and present threat of
 2590 substantial harm to his or her well-being; and that there is a
 2591 substantial likelihood that without services the respondent will
 2592 cause serious bodily harm to himself, herself, or another in the
 2593 near future, as evidenced by recent behavior; or

2594 2. The respondent's refusal to voluntarily receive care is
 2595 based on judgment so impaired by reason of substance abuse that
 2596 the respondent is incapable of appreciating his or her need for
 2597 care and of making a rational decision regarding that need for
 2598 care.

2599 ~~(3) One of the qualified professionals who executed the~~
 2600 ~~involuntary services certificate must be a witness. The court~~

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2601 ~~shall allow testimony from individuals, including family~~
2602 ~~members, deemed by the court to be relevant under state law,~~
2603 ~~regarding the respondent's prior history and how that prior~~
2604 ~~history relates to the person's current condition. The Testimony~~
2605 in the hearing must be taken under oath, and the proceedings
2606 must be recorded. The respondent ~~patient~~ may refuse to testify
2607 at the hearing.

2608 (4) If at any point during the hearing the court has
2609 reason to believe that the respondent, due to mental illness
2610 other than or in addition to substance abuse impairment, meets
2611 the involuntary commitment provisions of part I of chapter 394,
2612 the court may initiate involuntary examination proceedings under
2613 such provisions.

2614 (5)~~(4)~~ At the conclusion of the hearing the court shall
2615 either dismiss the petition or order the respondent to receive
2616 involuntary treatment services from his or her chosen licensed
2617 service provider if possible and appropriate. Any treatment
2618 order must include findings regarding the respondent's need for
2619 treatment and the appropriateness of other less restrictive
2620 alternatives.

2621 Section 35. Section 397.697, Florida Statutes, is amended
2622 to read:

2623 397.697 Court determination; effect of court order for
2624 involuntary services.—

2625 (1) (a) When the court finds that the conditions for

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2626 involuntary treatment services have been proved by clear and
2627 convincing evidence, it may order the respondent to receive
2628 involuntary treatment services from a publicly funded licensed
2629 service provider for a period not to exceed 90 days. The court
2630 may also order a respondent to undergo treatment through a
2631 privately funded licensed service provider if the respondent has
2632 the ability to pay for the treatment, or if any person on the
2633 respondent's behalf voluntarily demonstrates a willingness and
2634 an ability to pay for the treatment. If the court finds it
2635 necessary, it may direct the sheriff to take the respondent into
2636 custody and deliver him or her to the licensed service provider
2637 specified in the court order, or to the nearest appropriate
2638 licensed service provider, for involuntary treatment services.
2639 When the conditions justifying involuntary treatment services no
2640 longer exist, the individual must be released as provided in s.
2641 397.6971. When the conditions justifying involuntary treatment
2642 services are expected to exist after 90 days of treatment
2643 services, a renewal of the involuntary services order may be
2644 requested pursuant to s. 397.6975 before the end of the 90-day
2645 period.

2646 (b) To qualify for involuntary outpatient treatment, an
2647 individual must be supported by a social worker or case manager
2648 of a licensed service provider, or a willing, able, and
2649 responsible individual appointed by the court who shall inform
2650 the court and parties if the respondent fails to comply with his

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2651 or her outpatient program. In addition, unless the respondent
2652 has been involuntarily ordered into inpatient treatment under
2653 this chapter at least twice during the last 36 months, or
2654 demonstrates the ability to substantially comply with the
2655 outpatient treatment while waiting for residential placement to
2656 become available, he or she must receive an assessment from a
2657 qualified professional or licensed physician expressly
2658 recommending outpatient services, such services must be
2659 available in the county in which the respondent is located, and
2660 it must appear likely that the respondent will follow a
2661 prescribed outpatient care plan.

2662 (2) In all cases resulting in an order for involuntary
2663 treatment services, the court shall retain jurisdiction over the
2664 case and the parties for the entry of such further orders as the
2665 circumstances may require, including, but not limited to,
2666 monitoring compliance with treatment, changing the treatment
2667 modality, or initiating contempt of court proceedings for
2668 violating any valid order issued pursuant to this chapter.
2669 Hearings under this section may be set by motion of the parties
2670 or under the court's own authority, and the motion and notice of
2671 hearing for these ancillary proceedings, which include, but are
2672 not limited to, civil contempt, must be served in accordance
2673 with relevant court procedural rules. The court's requirements
2674 for notification of proposed release must be included in the
2675 original order.

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2676 (3) An involuntary treatment services order also
 2677 authorizes the licensed service provider to require the
 2678 individual to receive treatment services that will benefit him
 2679 or her, including treatment services at any licensable service
 2680 component of a licensed service provider.

2681 (4) If the court orders involuntary treatment services, a
 2682 copy of the order must be sent to the managing entity, the
 2683 department, and the Louis de la Parte Florida Institute
 2684 established under s. 1004.44, within 1 working day after it is
 2685 received from the court. Documents may be submitted
 2686 electronically through ~~though~~ existing data systems, if
 2687 applicable.

2688 (5) The department and the institute established under s.
 2689 1004.44, shall also receive and maintain copies of the
 2690 involuntary assessment and treatment orders issued pursuant to
 2691 ss. 397.68151, 397.6818, and 397.6957; the qualified
 2692 professional assessments; the professional certificates; and the
 2693 law enforcement officers' protective custody reports. The
 2694 institute established under s. 1004.44 shall use such documents
 2695 to prepare annual reports analyzing the data the documents
 2696 contain, without including patients' personal identifying
 2697 information, and the institute shall post such reports on its
 2698 website and provide copies of the reports to the department, the
 2699 President of the Senate, and the Speaker of the House of
 2700 Representatives by December 31 of each year.

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2701 Section 36. Section 397.6971, Florida Statutes, is amended
 2702 to read:

2703 397.6971 Early release from involuntary services.—

2704 (1) At any time before the end of the 90-day involuntary
 2705 treatment services period, or before the end of any extension
 2706 granted pursuant to s. 397.6975, an individual receiving
 2707 involuntary treatment services may be determined eligible for
 2708 discharge to the most appropriate referral or disposition for
 2709 the individual when any of the following apply:

2710 (a) The individual no longer meets the criteria for
 2711 involuntary admission and has given his or her informed consent
 2712 to be transferred to voluntary treatment status.

2713 (b) If the individual was admitted on the grounds of
 2714 likelihood of infliction of physical harm upon himself or
 2715 herself or others, such likelihood no longer exists.

2716 (c) If the individual was admitted on the grounds of need
 2717 for assessment and stabilization or treatment, accompanied by
 2718 inability to make a determination respecting such need:

2719 1. Such inability no longer exists; or

2720 2. It is evident that further treatment will not bring
 2721 about further significant improvements in the individual's
 2722 condition.

2723 (d) The individual ~~is~~ no longer needs treatment ~~in need of~~
 2724 services.

2725 (e) The director of the service provider determines that

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2726 | the individual is beyond the safe management capabilities of the
 2727 | provider.

2728 | (2) Whenever a qualified professional determines that an
 2729 | individual admitted for involuntary treatment services qualifies
 2730 | for early release under subsection (1), the service provider
 2731 | shall immediately discharge the individual and must notify all
 2732 | persons specified by the court in the original treatment order.

2733 | Section 37. Section 397.6975, Florida Statutes, is amended
 2734 | to read:

2735 | 397.6975 Extension of involuntary treatment services
 2736 | period.—

2737 | (1) Whenever a service provider believes that an
 2738 | individual who is nearing the scheduled date of his or her
 2739 | release from involuntary treatment services continues to meet
 2740 | the criteria for involuntary services in s. 397.68111 or s.
 2741 | 397.6957 ~~s. 397.693~~, a petition for renewal of the involuntary
 2742 | treatment services order must ~~may~~ be filed with the court ~~at~~
 2743 | ~~least 10 days~~ before the expiration of the court-ordered
 2744 | services period. The petition may be filed by the service
 2745 | provider or by the person who filed the petition for the initial
 2746 | treatment order if the petition is accompanied by supporting
 2747 | documentation from the service provider. The court shall
 2748 | immediately schedule a hearing within 10 court working days to
 2749 | be held not more than 15 days after filing of the petition ~~and~~.
 2750 | the court shall provide the copy of the petition for renewal and

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2751 the notice of the hearing to all parties and counsel to the
2752 proceeding. The hearing is conducted pursuant to ss. 397.6957
2753 and 397.697 and must be held before the circuit court unless
2754 referred to a magistrate s. 397.6957.

2755 (2) If the court finds that the petition for renewal of
2756 the involuntary treatment services order should be granted, it
2757 may order the respondent to receive involuntary treatment
2758 services for a period not to exceed an additional 90 days. When
2759 the conditions justifying involuntary treatment services no
2760 longer exist, the individual must be released as provided in s.
2761 397.6971. When the conditions justifying involuntary services
2762 continue to exist after an additional 90 days of service, a new
2763 petition requesting renewal of the involuntary treatment
2764 services order may be filed pursuant to this section.

2765 ~~(3) Within 1 court working day after the filing of a~~
2766 ~~petition for continued involuntary services, the court shall~~
2767 ~~appoint the office of criminal conflict and civil regional~~
2768 ~~counsel to represent the respondent, unless the respondent is~~
2769 ~~otherwise represented by counsel. The clerk of the court shall~~
2770 ~~immediately notify the office of criminal conflict and civil~~
2771 ~~regional counsel of such appointment. The office of criminal~~
2772 ~~conflict and civil regional counsel shall represent the~~
2773 ~~respondent until the petition is dismissed or the court order~~
2774 ~~expires or the respondent is discharged from involuntary~~
2775 ~~services. Any attorney representing the respondent shall have~~

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2776 ~~access to the respondent, witnesses, and records relevant to the~~
 2777 ~~presentation of the respondent's case and shall represent the~~
 2778 ~~interests of the respondent, regardless of the source of payment~~
 2779 ~~to the attorney.~~

2780 ~~(4) Hearings on petitions for continued involuntary~~
 2781 ~~services shall be before the circuit court. The court may~~
 2782 ~~appoint a magistrate to preside at the hearing. The procedures~~
 2783 ~~for obtaining an order pursuant to this section shall be in~~
 2784 ~~accordance with s. 397.697.~~

2785 ~~(5) Notice of hearing shall be provided to the respondent~~
 2786 ~~or his or her counsel. The respondent and the respondent's~~
 2787 ~~counsel may agree to a period of continued involuntary services~~
 2788 ~~without a court hearing.~~

2789 ~~(6) The same procedure shall be repeated before the~~
 2790 ~~expiration of each additional period of involuntary services.~~

2791 ~~(7) If the respondent has previously been found~~
 2792 ~~incompetent to consent to treatment, the court shall consider~~
 2793 ~~testimony and evidence regarding the respondent's competence.~~

2794 Section 38. Section 397.6977, Florida Statutes, is amended
 2795 to read:

2796 397.6977 Disposition of individual upon completion of
 2797 involuntary services.—

2798 (1) At the conclusion of the 90-day period of court-
 2799 ordered involuntary services, the respondent is automatically
 2800 discharged unless a motion for renewal of the involuntary

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2801 services order has been filed with the court pursuant to s.
 2802 397.6975.

2803 (2) Discharge planning and procedures for any respondent's
 2804 release from involuntary treatment services must include and
 2805 document the respondent's needs, and actions to address such
 2806 needs, for, at a minimum:

2807 (a) Follow-up behavioral health appointments.

2808 (b) Information on how to obtain prescribed medications.

2809 (c) Information pertaining to available living
 2810 arrangements and transportation.

2811 (d) Referral to recovery support opportunities, including,
 2812 but not limited to, connection to a peer specialist.

2813 Section 39. Section 397.6811, Florida Statutes, is
 2814 repealed.

2815 Section 40. Section 397.6814, Florida Statutes, is
 2816 repealed.

2817 Section 41. Section 397.6815, Florida Statutes, is
 2818 repealed.

2819 Section 42. Section 397.6819, Florida Statutes, is
 2820 repealed.

2821 Section 43. Section 397.6821, Florida Statutes, is
 2822 repealed.

2823 Section 44. Section 397.6822, Florida Statutes, is
 2824 repealed.

2825 Section 45. Section 397.6978, Florida Statutes, is

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2826 | repealed.

2827 | Section 46. Section (2) of section 916.13, Florida
 2828 | Statutes, is amended to read:

2829 | 916.13 Involuntary commitment of defendant adjudicated
 2830 | incompetent.—

2831 | (2) A defendant who has been charged with a felony and who
 2832 | has been adjudicated incompetent to proceed due to mental
 2833 | illness, and who meets the criteria for involuntary commitment
 2834 | under this chapter, may be committed to the department, and the
 2835 | department shall retain and treat the defendant.

2836 | (a) Immediately after receipt of a completed copy of the
 2837 | court commitment order containing all documentation required by
 2838 | the applicable Florida Rules of Criminal Procedure, the
 2839 | department shall request all medical information relating to the
 2840 | defendant from the jail. The jail shall provide the department
 2841 | with all medical information relating to the defendant within 3
 2842 | business days after receipt of the department's request or at
 2843 | the time the defendant enters the physical custody of the
 2844 | department, whichever is earlier.

2845 | (b) Within 60 days after the date of admission and at the
 2846 | end of any period of extended commitment, or at any time the
 2847 | administrator or his or her designee determines that the
 2848 | defendant has regained competency to proceed or no longer meets
 2849 | the criteria for continued commitment, the administrator or
 2850 | designee shall file a report with the court pursuant to the

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2851 applicable Florida Rules of Criminal Procedure.

2852 (c)1. If the department determines at any time that a
2853 defendant will not or is unlikely to regain competency to
2854 proceed, the department shall, within 30 days after the
2855 determination, complete and submit a competency evaluation
2856 report to the circuit court to determine if the defendant meets
2857 the criteria for involuntary civil commitment under s. 394.467.
2858 A qualified professional, as defined in s. 394.455, must sign
2859 the competency evaluation report for the circuit court under
2860 penalty of perjury. A copy of the report shall be provided, at a
2861 minimum, to the court, state attorney, and counsel for the
2862 defendant before initiating any transfer of the defendant back
2863 to the committing jurisdiction.

2864 2. For purposes of this paragraph, the term "competency
2865 evaluation report to the circuit court" means a report by the
2866 department regarding a defendant's incompetence to proceed in a
2867 criminal proceeding due to mental illness as set forth in this
2868 section. The report shall include, at a minimum, the following
2869 regarding the defendant:

2870 a. A description of mental, emotional, and behavioral
2871 disturbances.

2872 b. An explanation to support the opinion of incompetence
2873 to proceed.

2874 c. The rationale to support why the defendant is unlikely
2875 to gain competence to proceed in the foreseeable future.

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2876 d. A clinical opinion regarding whether the defendant no
2877 longer meets the criteria for involuntary forensic commitment
2878 pursuant to this section.

2879 e. A recommendation on whether the defendant meets the
2880 criteria for involuntary services pursuant to s. 394.467.

2881 (d)~~(e)~~ The defendant must be transported, in accordance
2882 with s. 916.107, to the committing court's jurisdiction within 7
2883 days after ~~of~~ notification that the defendant is competent to
2884 proceed or no longer meets the criteria for continued
2885 commitment. A determination on the issue of competency must be
2886 made at a hearing within 30 days of the notification. If the
2887 defendant is receiving psychotropic medication at a mental
2888 health facility at the time he or she is discharged and
2889 transferred to the jail, the administering of such medication
2890 must continue unless the jail physician documents the need to
2891 change or discontinue it. To ensure continuity of care, the
2892 referring mental health facility must transfer the patient with
2893 up to 30 days of medications and assist in discharge planning
2894 with medical teams at the receiving county jail. The jail and
2895 department physicians shall collaborate to ensure that
2896 medication changes do not adversely affect the defendant's
2897 mental health status or his or her ability to continue with
2898 court proceedings; however, the final authority regarding the
2899 administering of medication to an inmate in jail rests with the
2900 jail physician. Notwithstanding this paragraph, a defendant who

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2901 meets the criteria for involuntary examination pursuant to s.
 2902 394.463 as determined by an independent clinical opinion shall
 2903 appear remotely for the hearing. Court witnesses may appear
 2904 remotely.

2905 Section 47. Subsection (6) of section 40.29, Florida
 2906 Statutes, is amended to read:

2907 40.29 Payment of due-process costs; reimbursement for
 2908 petitions and orders.—

2909 (6) Subject to legislative appropriation, the clerk of the
 2910 circuit court may, on a quarterly basis, submit to the Justice
 2911 Administrative Commission a certified request for reimbursement
 2912 for petitions and orders filed under ss. 394.459, 394.463,
 2913 394.467, and 394.917, ~~and 397.6814,~~ at the rate of \$40 per
 2914 petition or order. Such request for reimbursement shall be
 2915 submitted in the form and manner prescribed by the Justice
 2916 Administrative Commission pursuant to s. 28.35(2)(i).

2917 Section 48. Subsection (23) of section 394.455, Florida
 2918 Statutes, is amended to read:

2919 394.455 Definitions.—As used in this part, the term:

2920 (23) "Involuntary examination" means an examination
 2921 performed under s. 394.463, s. 397.6772, s. 397.679, s.
 2922 397.6798, or s. 397.6957 ~~s. 397.6811~~ to determine whether a
 2923 person qualifies for involuntary services.

2924 Section 49. Paragraph (b) of subsection (1) of section
 2925 409.972, Florida Statutes, is amended to read:

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2926 | 409.972 Mandatory and voluntary enrollment.—

2927 | (1) The following Medicaid-eligible persons are exempt
 2928 | from mandatory managed care enrollment required by s. 409.965,
 2929 | and may voluntarily choose to participate in the managed medical
 2930 | assistance program:

2931 | (b) Medicaid recipients residing in residential commitment
 2932 | facilities operated through the Department of Juvenile Justice
 2933 | or a treatment facility as defined in s. 394.455 ~~s. 394.455(49)~~.

2934 | Section 50. Paragraph (e) of subsection (4) of section
 2935 | 464.012, Florida Statutes, is amended to read:

2936 | 464.012 Licensure of advanced practice registered nurses;
 2937 | fees; controlled substance prescribing.—

2938 | (4) In addition to the general functions specified in
 2939 | subsection (3), an advanced practice registered nurse may
 2940 | perform the following acts within his or her specialty:

2941 | (e) A psychiatric nurse, who meets the requirements in s.
 2942 | 394.455 ~~s. 394.455(36)~~, within the framework of an established
 2943 | protocol with a psychiatrist, may prescribe psychotropic
 2944 | controlled substances for the treatment of mental disorders.

2945 | Section 51. Subsection (7) of section 744.2007, Florida
 2946 | Statutes, is amended to read:

2947 | 744.2007 Powers and duties.—

2948 | (7) A public guardian may not commit a ward to a treatment
 2949 | facility, as defined in s. 394.455 ~~s. 394.455(49)~~, without an
 2950 | involuntary placement proceeding as provided by law.

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2951 Section 52. Subsection (3) of section 916.107, Florida
 2952 Statutes, is amended to read:
 2953 916.107 Rights of forensic clients.—
 2954 (3) RIGHT TO EXPRESS AND INFORMED CONSENT.—
 2955 (a) A forensic client shall be asked to give express and
 2956 informed written consent for treatment. If a client refuses such
 2957 treatment as is deemed necessary and essential by the client's
 2958 multidisciplinary treatment team for the appropriate care of the
 2959 client, such treatment may be provided under the following
 2960 circumstances:
 2961 1. In an emergency situation in which there is immediate
 2962 danger to the safety of the client or others, such treatment may
 2963 be provided upon the ~~written~~ order of a physician for up to 48
 2964 hours, excluding weekends and legal holidays. If, after the 48-
 2965 hour period, the client has not given express and informed
 2966 consent to the treatment initially refused, the administrator or
 2967 designee of the civil or forensic facility shall, within 48
 2968 hours, excluding weekends and legal holidays, petition the
 2969 committing court or the circuit court serving the county in
 2970 which the facility is located, at the option of the facility
 2971 administrator or designee, for an order authorizing the
 2972 continued treatment of the client. In the interim, the need for
 2973 treatment shall be reviewed every 48 hours and may be continued
 2974 without the consent of the client upon the continued ~~written~~
 2975 order of a physician who has determined that the emergency

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2976 | situation continues to present a danger to the safety of the
 2977 | client or others.

2978 | 2. In a situation other than an emergency situation, the
 2979 | administrator or designee of the facility shall petition the
 2980 | court for an order authorizing necessary and essential treatment
 2981 | for the client.

2982 | a. If the client has been receiving psychotropic
 2983 | medication at the jail at the time of transfer to the forensic
 2984 | or civil facility and lacks the capacity to make an informed
 2985 | decision regarding mental health treatment at the time of
 2986 | admission, the admitting physician shall order continued
 2987 | administration of psychotropic medication if, in the clinical
 2988 | judgment of the physician, abrupt cessation of that psychotropic
 2989 | medication could pose a risk to the health or safety of the
 2990 | client while a court order to medicate is pursued. The
 2991 | administrator or designee of the forensic or civil facility
 2992 | shall, within 5 days after a client's admission, excluding
 2993 | weekends and legal holidays, petition the committing court or
 2994 | the circuit court serving the county in which the facility is
 2995 | located, at the option of the facility administrator or
 2996 | designee, for an order authorizing the continued treatment of a
 2997 | client with psychotropic medication. The jail physician shall
 2998 | provide a current psychotropic medication order at the time of
 2999 | transfer to the forensic or civil facility or upon request of
 3000 | the admitting physician after the client is evaluated.

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3001 b. The court order shall allow such treatment for up to 90
3002 days after the date that the order was entered. Unless the court
3003 is notified in writing that the client has provided express and
3004 informed written consent or that the client has been discharged
3005 by the committing court, the administrator or designee of the
3006 facility shall, before the expiration of the initial 90-day
3007 order, petition the court for an order authorizing the
3008 continuation of treatment for an additional 90 days. This
3009 procedure shall be repeated until the client provides consent or
3010 is discharged by the committing court.

3011 3. At the hearing on the issue of whether the court should
3012 enter an order authorizing treatment for which a client was
3013 unable to or refused to give express and informed consent, the
3014 court shall determine by clear and convincing evidence that the
3015 client has mental illness, intellectual disability, or autism,
3016 that the treatment not consented to is essential to the care of
3017 the client, and that the treatment not consented to is not
3018 experimental and does not present an unreasonable risk of
3019 serious, hazardous, or irreversible side effects. In arriving at
3020 the substitute judgment decision, the court must consider at
3021 least the following factors:

- 3022 a. The client's expressed preference regarding treatment;
3023 b. The probability of adverse side effects;
3024 c. The prognosis without treatment; and
3025 d. The prognosis with treatment.

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3026
3027 The hearing shall be as convenient to the client as may be
3028 consistent with orderly procedure and shall be conducted in
3029 physical settings not likely to be injurious to the client's
3030 condition. The court may appoint a general or special magistrate
3031 to preside at the hearing. The client or the client's guardian,
3032 and the representative, shall be provided with a copy of the
3033 petition and the date, time, and location of the hearing. The
3034 client has the right to have an attorney represent him or her at
3035 the hearing, and, if the client is indigent, the court shall
3036 appoint the office of the public defender to represent the
3037 client at the hearing. The client may testify or not, as he or
3038 she chooses, and has the right to cross-examine witnesses and
3039 may present his or her own witnesses.

3040 (b) In addition to the provisions of paragraph (a), in the
3041 case of surgical procedures requiring the use of a general
3042 anesthetic or electroconvulsive treatment or nonpsychiatric
3043 medical procedures, and prior to performing the procedure,
3044 written permission shall be obtained from the client, if the
3045 client is legally competent, from the parent or guardian of a
3046 minor client, or from the guardian of an incompetent client. The
3047 administrator or designee of the forensic facility or a
3048 designated representative may, with the concurrence of the
3049 client's attending physician, authorize emergency surgical or
3050 nonpsychiatric medical treatment if such treatment is deemed

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3051 lifesaving or for a situation threatening serious bodily harm to
3052 the client and permission of the client or the client's guardian
3053 could not be obtained before provision of the needed treatment.

3054 Section 53. For the 2024-2025 fiscal year, the sum of
3055 \$50,000,000 of recurring funds from the General Revenue Fund are
3056 provided to the Department of Children and Families to implement
3057 the provisions of this act.

3058 Section 54. This act shall take effect July 1, 2024.