

1                   A bill to be entitled  
2           An act relating to mental health and substance abuse;  
3           amending s. 27.51, F.S.; providing exceptions to a  
4           provision prohibiting the court from appointing the  
5           public defender to represent certain persons who are  
6           not indigent; amending s. 27.511, F.S.; revising a  
7           cross-reference; amending s. 394.455, F.S.; providing  
8           and revising definitions; amending s. 394.4598, F.S.;  
9           providing that the opinion of a qualified  
10          professional, rather than that of a psychiatrist or  
11          psychiatric nurse practicing within the framework of  
12          an established protocol with a psychiatrist, may be  
13          the basis for the court to grant a petition for the  
14          appointment of a guardian advocate; deleting a  
15          requirement that the court appoint the office of the  
16          public defender to represent an indigent person for a  
17          hearing on such petition; revising a cross-reference;  
18          requiring a guardian advocate to meet and talk with  
19          the patient and the patient's qualified professional,  
20          rather than the patient's physician or psychiatric  
21          nurse practicing within the framework or an  
22          established protocol with a psychiatrist, in person,  
23          if at all possible, and by telephone, if not possible,  
24          before giving consent to treatment; authorizing an  
25          administrative law judge, rather than requiring a

26 hearing officer, to consider an involuntarily placed  
27 respondent's competence to consent to treatment at any  
28 hearing; authorizing an administrative law judge,  
29 rather than requiring a hearing officer, to recommend  
30 restoring a respondent's competence upon sufficient  
31 evidence; conforming a provision to changes made by  
32 the act; making technical changes; amending s.  
33 394.4599, F.S.; providing that notice for matters  
34 involving involuntary admissions may be sent by e-mail  
35 instead of regular mail if the recipient's e-mail  
36 address is known; making technical changes; amending  
37 s. 394.4615, F.S.; authorizing a qualified  
38 professional, rather than a physician or the patient's  
39 psychiatric nurse, to restrict a patient's access to  
40 his or her clinical records if the qualified  
41 professional believes such access to the records is  
42 harmful to the patient; revising the timeframe in  
43 which the restriction of a patient's access to his or  
44 her clinical records expires; revising the timeframe  
45 for which the restriction of a patient's access to  
46 clinical records may be renewed; amending s. 394.4625,  
47 F.S.; requiring the qualified professional who  
48 assessed the patient, rather than the treating  
49 physician or psychiatric nurse practicing within the  
50 framework of an established protocol with a

51 | psychiatrist, to document in the patient's clinical  
52 | record that the patient is able to give express and  
53 | informed consent for admission; requiring that when a  
54 | voluntary patient, or an authorized person on the  
55 | patient's behalf, makes a request for discharge, the  
56 | request be communicated as quickly as possible to a  
57 | qualified professional, rather than a physician, a  
58 | clinical psychologist with at least 3 years of  
59 | postdoctoral experience in the practice of clinical  
60 | psychology, or a psychiatrist; revising who may order  
61 | a patient held and emergency treatment rendered in the  
62 | least restrictive manner pending the filing of a  
63 | petition for involuntary placement; amending s.  
64 | 394.463, F.S.; revising the criteria by which a person  
65 | may be taken to a receiving facility for an  
66 | involuntary examination; revising the means by which  
67 | an involuntary examination may be initiated; requiring  
68 | a facility admitting certain persons for involuntary  
69 | examination to notify the Agency for Health Care  
70 | Administration of such admission; deleting a  
71 | requirement that certain reports be provided to the  
72 | department and the Legislature; revising the evidence  
73 | by which certain criteria are met; revising who may  
74 | order emergency treatment under specified  
75 | circumstances; revising the actions a hospital must

76 complete within a specified timeframe after the  
77 attending physician documents that a patient's  
78 condition has been stabilized or that an emergency  
79 medical condition does not exist; providing the  
80 timeframe in which the 72-hour examination period  
81 ceases or is extended; providing that the treating  
82 facility is responsible for transporting a patient  
83 back to the receiving facility upon discharge from the  
84 hospital; making technical changes; conforming  
85 provisions to changes made by the act; amending s.  
86 394.4655, F.S.; authorizing the court to order a  
87 respondent to receive involuntary outpatient services  
88 for a specified period of time if certain criteria are  
89 met; authorizing the court to order a respondent in a  
90 receiving or treatment facility to receive outpatient  
91 services upon the facility administrator's petition,  
92 provided the court and parties receive certain notice  
93 of such petition and certain conditions are met;  
94 providing requirements for a service provider's  
95 petition to be heard for involuntary services for a  
96 respondent not in a receiving or treatment facility;  
97 providing exceptions; requiring that a services plan  
98 be entered into a respondent's clinical and court  
99 files and be considered part of the court order;  
100 defining the term "services plan"; requiring that a

101 services plan identify the service provider that has  
102 agreed to provide court-ordered outpatient services  
103 under certain circumstances; requiring the service  
104 provider to develop the services plan in consultation  
105 with the respondent and certain other individuals;  
106 requiring certain criteria to be included in the  
107 services plan; requiring that a social worker, case  
108 manager, or other specified individual support a  
109 respondent during his or her treatment and inform the  
110 court, state attorney, and respondent's counsel of any  
111 failure by the respondent to comply with the treatment  
112 program; requiring the court to retain jurisdiction  
113 over the case and its parties for further orders as  
114 the circumstances may require; specifying the  
115 jurisdiction the court possesses during the pendency  
116 of the case; specifying the procedures by which the  
117 court may extend, modify, or end outpatient services;  
118 specifying that existing involuntary services orders  
119 must remain in effect until a motion for continued  
120 treatment is adjudicated; requiring that any extension  
121 or modification for services be supported by an  
122 explanation from the service provider and an  
123 individualized continued services plan that must be  
124 developed in consultation with the respondent and his  
125 or her attorney, guardian, guardian advocate, or legal

126 | custodian, as deemed applicable and appropriate;  
127 | requiring the court to evaluate the respondent's need  
128 | for a guardian advocate; authorizing the respondent to  
129 | agree to additional outpatient services without a  
130 | court hearing if a certain condition is met; requiring  
131 | the service provider to inform the court and parties  
132 | of any such agreement; requiring the clerk of the  
133 | court to provide copies of any petition, motion, and  
134 | services plan to specified parties; specifying  
135 | requirements for the service provider to discharge a  
136 | respondent who has not been transferred to voluntary  
137 | status and no longer meets the criteria for  
138 | involuntary services and to send certain documentation  
139 | to specified parties upon discharge; authorizing a  
140 | criminal county court to order a respondent into  
141 | involuntary outpatient services under certain  
142 | circumstances; prohibiting the court from using  
143 | incarceration as a sanction for a respondent's  
144 | noncompliance with the services plan; authorizing the  
145 | court to order that a respondent be evaluated for  
146 | inpatient placement if certain conditions are met;  
147 | specifying requirements for a treatment facility  
148 | administrator to petition to have a respondent placed  
149 | in involuntary outpatient services as part of a  
150 | discharge plan; requiring that such petition be filed

151 with the clerk of the court for the county in which  
152 the respondent will reside, with notice provided to  
153 specified parties; prohibiting a fee for filing such  
154 petition; requiring the department to adopt specified  
155 rules; deleting a definition; amending s. 394.467,  
156 F.S.; providing the criteria by which a court may  
157 order a person into involuntary inpatient placement  
158 for treatment; authorizing a person to be recommended  
159 for involuntary inpatient placement, involuntary  
160 outpatient services, or a combination of both,  
161 provided such recommendation is supported by the  
162 opinion of a psychiatrist and seconded by a qualified  
163 professional, both of whom have examined the person  
164 being recommended within specified timeframes;  
165 providing that a second recommendation may be made by  
166 a physician with specified postgraduate training and  
167 experience, a clinical social worker, or a mental  
168 health counselor if a psychiatrist or a qualified  
169 professional is not available; providing that such  
170 examinations may be completed by in-person or  
171 electronic means if done in a face-to-face manner;  
172 requiring that such recommendations be included in a  
173 petition for involuntary outpatient services and  
174 entered into the person's clinical record; authorizing  
175 the examining facility to hold the person until the

176 court's final order; requiring a facility  
177 administrator or service provider to file a petition  
178 for involuntary services in the county in which the  
179 respondent is located; requiring the court to accept  
180 petitions and related documentation with electronic  
181 signatures; providing criteria for such petitions;  
182 requiring the clerk of the court to provide copies of  
183 the petition and recommended services plan, if  
184 applicable, to specified parties; prohibiting a fee  
185 for filing such petition; providing that a respondent  
186 has a right to counsel at every stage of a judicial  
187 proceeding relating to involuntary treatment;  
188 requiring the court to appoint the public defender to  
189 represent the respondent within a specified timeframe  
190 after the filing of such petition if the respondent is  
191 not already represented by counsel; requiring the  
192 clerk of the court to immediately notify the public  
193 defender of such appointment; providing the length of  
194 such appointment; requiring that counsel for the  
195 respondent be provided access to the respondent,  
196 witnesses, and records relevant to the proceeding;  
197 requiring the attorney to represent the interests of  
198 the respondent, regardless of the source of payment to  
199 the attorney; authorizing the respondent to waive his  
200 or her right to counsel if certain criteria are met;



201 providing that the respondent and the state are each  
202 entitled to at least one continuance if certain  
203 criteria are met; providing timeframes for such  
204 continuance; providing that the state's failure to  
205 timely review readily available documents or attempt  
206 to contact known witnesses does not warrant a  
207 continuance; requiring that a hearing for a petition  
208 for involuntary services be held within a specified  
209 timeframe; requiring that the hearing be held in the  
210 county or the facility where the respondent is  
211 located, as deemed appropriate by the court; requiring  
212 that the hearing be as convenient to the respondent as  
213 is consistent with orderly procedure; requiring that  
214 the hearing be conducted in a physical setting not  
215 likely to be injurious to the respondent's condition;  
216 authorizing the court to waive the respondent's  
217 attendance from all or any portion of the hearing if  
218 certain conditions are met; requiring all testimony be  
219 given under oath; requiring that the proceedings be  
220 recorded; authorizing the respondent to refuse to  
221 testify at the hearing; requiring that the hearing be  
222 held in person unless all parties agree otherwise;  
223 authorizing the court to permit witnesses to testify  
224 under oath remotely; requiring a witness testifying  
225 remotely to provide the parties with all relevant

226 documents on which he or she is relying for such  
227 testimony within a specified timeframe; requiring the  
228 court to inform the respondent and the respondent's  
229 guardian or representative of the right to an  
230 independent expert examination by their own qualified  
231 expert; requiring the court to ensure that such an  
232 independent expert is provided to a respondent who  
233 cannot afford one; requiring that the independent  
234 expert's report is confidential and not discoverable  
235 for the hearing, unless the expert is called as a  
236 witness for the respondent; requiring the state  
237 attorney to represent the state, rather than the  
238 petitioning facility administrator or service  
239 provider, as the real party in interest in the  
240 proceeding; requiring the facility or service provider  
241 to make the respondent's clinical records available to  
242 the state attorney before the hearing; prohibiting the  
243 state attorney from using such records for matters  
244 outside the scope of the petition and hearing;  
245 authorizing the court to appoint a magistrate to  
246 preside at the hearing on the petition and any  
247 ancillary proceedings; requiring that at least one of  
248 the professionals who executed the petition for  
249 involuntary services testify at the hearing; requiring  
250 the court to consider testimony and evidence from

251 specified individuals regarding the respondent's  
252 competence to consent to treatment; requiring the  
253 court to appoint a guardian advocate if it finds the  
254 respondent is incompetent to consent to treatment;  
255 requiring the court to make written findings to  
256 support such appointment; requiring the court, upon a  
257 finding that the respondent meets the criteria for  
258 involuntary services, to order in writing that the  
259 respondent receive involuntary inpatient placement or  
260 outpatient services or some combination of both for up  
261 to a specified timeframe; requiring the court to make  
262 certain findings in its written order; authorizing the  
263 court to order that the respondent be retained at a  
264 receiving facility while awaiting transfer to a  
265 treatment facility, or, if the respondent is at a  
266 treatment facility, that the respondent be retained  
267 there or be treated at another appropriate facility  
268 involuntarily for a specified timeframe; prohibiting  
269 the court from ordering that respondents who suffer  
270 from certain developmental disabilities, traumatic  
271 brain injuries, or dementia be involuntarily placed in  
272 a state treatment facility; authorizing the court to  
273 order involuntary assessments if the respondent meets  
274 the criteria for substance abuse services; authorizing  
275 the court to have the respondent evaluated by the

276 Agency for Persons with Disabilities if the respondent  
277 has an intellectual disability or autism and  
278 reasonably appears to meet commitment criteria for  
279 developmental disabilities; requiring an administrator  
280 of a petitioning facility or the designated  
281 representative of the department to provide a copy of  
282 the written order and adequate documentation of the  
283 respondent's mental illness to the involuntary  
284 outpatient services provider or inpatient services  
285 provider under certain circumstances; requiring that  
286 specified information be included in such  
287 documentation; authorizing a treatment facility  
288 administrator to refuse admission to the respondent  
289 ordered to a facility on an involuntary basis if the  
290 court order for admission is not accompanied by  
291 certain documentation; requiring the facility  
292 administrator to file a petition for continued  
293 involuntary services under certain circumstances;  
294 requiring the court to appoint counsel for the  
295 respondent for such petition; providing that hearings  
296 on petitions for continued involuntary inpatient  
297 placement at a treatment facility are administrative  
298 hearings and must be conducted in a specified manner;  
299 providing that any order entered by the administrative  
300 law judge is final and subject to judicial review;

301 providing applicability; requiring a treatment  
302 facility administrator treating a respondent under  
303 involuntary inpatient placement to file a petition for  
304 continued involuntary inpatient placement before the  
305 treatment period's expiration if certain conditions  
306 are met; requiring the administrative law judge to  
307 hold a hearing as soon as practicable; specifying that  
308 the existing commitment remains in effect until the  
309 disposition of the petition; requiring that such  
310 petition include certain documentation; providing  
311 procedures for the hearing on continued involuntary  
312 inpatient treatment; requiring the administrative law  
313 judge to issue an order for continued involuntary  
314 inpatient placement for up to 6 months if it is shown  
315 that the respondent continues to meet the criteria for  
316 involuntary inpatient placement; authorizing the  
317 administrative law judge to consider certain testimony  
318 and evidence regarding the respondent's competence or  
319 incompetence to consent to treatment under certain  
320 circumstances; authorizing the administrative law  
321 judge to issue an order to the court that previously  
322 found the respondent incompetent to consent to  
323 treatment which recommends that the respondent's  
324 competence be restored and the appointed guardian  
325 advocate be discharged; requiring the treatment

326 facility administrator to petition the administrative  
327 law judge for continued involuntary inpatient  
328 placement for specified respondents; providing  
329 construction; authorizing the treatment facility  
330 administrator to search for, and seek the assistance  
331 of a law enforcement agency in finding, a person  
332 receiving involuntary inpatient services who leaves  
333 the facility without authorization; requiring that a  
334 patient be discharged from involuntary inpatient  
335 services if certain conditions are met; requiring a  
336 service provider or facility to send a certificate of  
337 discharge to specified parties; providing construction  
338 and applicability; amending s. 394.468, F.S.;

339 requiring that certain discharge plans include  
340 information on resources offered through the Agency  
341 for Persons with Disabilities, the Department of  
342 Elderly Affairs, and the Department of Veterans'  
343 Affairs, when applicable, for patients being released  
344 from a receiving facility or a treatment facility;  
345 requiring that the plans include referral to other  
346 specified resources, when appropriate; amending s.  
347 394.4785, F.S.; providing that a person 14 years of  
348 age or older being assessed for admission and  
349 placement in an adult mental health facility may be  
350 assessed by a qualified professional, rather than an

351 admitting physician or psychiatric nurse; amending s.  
352 394.495, F.S.; providing that a qualified  
353 professional, rather than a clinical psychologist,  
354 clinical social worker, physician, psychiatric nurse,  
355 or psychiatrist, may perform assessments for child and  
356 adolescent mental health services; conforming  
357 provisions to changes made by the act; amending s.  
358 394.496, F.S.; requiring that a qualified  
359 professional, rather than a clinical psychologist,  
360 clinical social worker, physician, psychiatric nurse,  
361 or psychiatrist, be included among the persons  
362 developing services plans; amending s. 394.499, F.S.;  
363 authorizing the legal guardian of a minor who is  
364 eligible to receive specified services to provide  
365 consent for certain voluntary admission; revising the  
366 criteria for a person under 18 years of age to be  
367 involuntarily admitted; making a technical change;  
368 amending s. 394.676, F.S.; providing that a  
369 psychiatrist, psychiatric nurse, or physician  
370 assistant in psychiatry may determine substitutions of  
371 medications for non-Medicaid-eligible indigent  
372 individuals who are discharged from mental health  
373 treatment facilities; amending s. 394.875, F.S.;  
374 revising who may provide medication to patients at  
375 crisis stabilization units; making technical changes;

376 amending s. 397.311, F.S.; defining the terms "neglect  
377 or refuse to care for himself or herself" and "real  
378 and present threat of substantial harm"; amending s.  
379 397.416, F.S.; conforming a cross-reference; amending  
380 s. 397.501, F.S.; making a technical change; amending  
381 s. 397.675, F.S.; revising the criteria certain  
382 persons must meet to be eligible for involuntary  
383 admission; making a technical change; amending s.  
384 397.681, F.S.; revising a provision requiring that an  
385 involuntary treatment petition for a substance abuse  
386 impaired person be filed with a certain clerk of the  
387 court; revising the proceedings over which a  
388 magistrate appointed by the chief judge may preside in  
389 involuntary treatment petitions; making a technical  
390 change; requiring the state attorney in the circuit in  
391 which the petition for involuntary treatment is filed  
392 to represent the state as the real party in interest  
393 in the proceeding; specifying that the petitioner has  
394 a right to be heard at the hearing; requiring that the  
395 state attorney have access to the respondent's  
396 clinical records; prohibiting the state attorney from  
397 using such records for purposes other than the  
398 respondent's civil commitment; requiring that such  
399 records remain confidential; making technical changes;  
400 repealing s. 397.6818, F.S., relating to court



401 determinations; renumbering s. 397.68111, F.S., and  
402 reviving and reenacting s. 397.693, F.S., relating to  
403 involuntary treatment; renumbering s. 397.68112, F.S.,  
404 and reviving and reenacting s. 397.695, F.S., relating  
405 to involuntary services; renumbering s. 397.68141,  
406 F.S., and reviving, reenacting, and amending s.  
407 397.6951, F.S.; providing the factual allegations  
408 required to demonstrate the reasons for a petitioner's  
409 belief that the respondent requires involuntary  
410 services; providing that a petition may be accompanied  
411 by a certificate or report by a qualified professional  
412 who examined the respondent within a specified  
413 timeframe before the petition's filing; requiring that  
414 specified information be included in the qualified  
415 professional's certificate or report; requiring that  
416 it be noted in a petition if a respondent had not been  
417 assessed before the petition's filing or if a  
418 respondent refused to submit to an evaluation;  
419 conforming a provision to changes made by the act;  
420 renumbering s. 397.68151, F.S., and reviving,  
421 reenacting, and amending s. 397.6955, F.S.; requiring  
422 the clerk of the court to notify the state attorney's  
423 office upon the filing of a petition for involuntary  
424 services for a substance abuse impaired person;  
425 requiring the court to appoint counsel for such person

426 based on information contained in the petition;  
427 deleting a provision enabling the court to appoint a  
428 magistrate to preside at the hearing on such petition;  
429 authorizing the court to rely solely on the contents  
430 of the petition to enter an ex parte order, without  
431 the appointment of an attorney, for a respondent's  
432 involuntary assessment under certain circumstances;  
433 requiring that the petition be executed within a  
434 certain timeframe; authorizing the court to order a  
435 law enforcement officer or other designated agent of  
436 the court to take specified actions; prohibiting a  
437 service provider from holding a respondent for  
438 observation for longer than a specified timeframe;  
439 providing exceptions; providing that an ex parte order  
440 is void if not executed by the initial hearing date;  
441 providing exceptions; authorizing the court to issue  
442 or reissue an ex parte assessment and stabilization  
443 order that is valid for a specified timeframe if  
444 certain conditions are met; requiring the court to  
445 continue the case for no more than a specified  
446 timeframe under certain circumstances; authorizing the  
447 court to order a law enforcement officer or other  
448 designated agent of the court to take specified  
449 actions if the respondent's whereabouts are known by  
450 the court; requiring the state to otherwise inform the

451 court that the respondent has been assessed;  
452 authorizing the court to schedule a hearing as soon as  
453 practicable; requiring the court to dismiss the case  
454 if the respondent has not been assessed within a  
455 specified timeframe; amending s. 397.6957, F.S.;  
456 revising the evidence that may be heard and reviewed  
457 by the court in a hearing on a petition for  
458 involuntary treatment services; requiring such hearing  
459 to be held in person unless all parties agree  
460 otherwise; authorizing the court to permit witnesses  
461 to testify remotely for good cause; revising the  
462 relevant documents to be provided to the parties by a  
463 witness who testifies remotely; authorizing a  
464 respondent to request, or the court to order, an  
465 independent assessment if there is a possibility of  
466 bias in an assessment attached to the petition for  
467 involuntary treatment; deleting a requirement that the  
468 respondent be informed by the court of the right to an  
469 independent assessment; requiring the state, rather  
470 than the petitioner, to inform the court that the  
471 respondent has been assessed so that the court may  
472 schedule a hearing as soon as practicable; providing  
473 that involuntary assessments may be performed at  
474 specified locations; making a technical change;  
475 authorizing the court to order a law enforcement

476 officer or other designated agent of the court to take  
477 the respondent into custody and transport him or her  
478 to the treatment facility or the assessing service  
479 provider; specifying that the state, rather than the  
480 petitioner, has the burden of proof that certain  
481 involuntary services are warranted; revising the  
482 requirements for meeting the burden of proof;  
483 authorizing the court to have the respondent evaluated  
484 by the Agency for Persons with Disabilities if the  
485 respondent has an intellectual disability or autism  
486 and reasonably appears to meet specified commitment  
487 criteria; amending s. 397.697, F.S.; deleting a  
488 requirement that a respondent for involuntary  
489 outpatient treatment appear likely to follow a  
490 prescribed outpatient care plan; specifying that a  
491 service provider's authority is separate and distinct  
492 from the court's continuing jurisdiction; requiring  
493 that the service provider be subject to the court's  
494 oversight; providing construction; deleting a  
495 requirement that the Louis de la Parte Florida Mental  
496 Health Institute provide copies of certain reports to  
497 the Department of Children and Families and the  
498 Legislature; making technical changes; conforming  
499 provisions to changes made by the act; amending s.  
500 397.6971, F.S.; making a technical change; amending s.

501 397.6975, F.S.; providing that an existing involuntary  
 502 services order remains in effect until any continued  
 503 treatment order is complete; providing construction;  
 504 making technical changes; conforming provisions to  
 505 changes made by the act; amending s. 397.6977, F.S.;  
 506 revising the discharge planning and procedures for a  
 507 respondent's release from involuntary treatment  
 508 services; making a technical change; amending s.  
 509 394.9085, F.S.; conforming a cross-reference; amending  
 510 s. 397.6798, F.S.; conforming a provision to changes  
 511 made by the act; amending s. 790.065, F.S.;  
 512 authorizing the Department of Law Enforcement to  
 513 disclose certain data to local law enforcement;  
 514 conforming provisions to changes made by the act;  
 515 providing an effective date.

516  
 517 Be It Enacted by the Legislature of the State of Florida:

518  
 519 **Section 1. Subsection (2) of section 27.51, Florida**  
 520 **Statutes, is amended to read:**

521 27.51 Duties of public defender.—

522 (2) Except for involuntary admission or commitment cases  
 523 under chapter 393 or part I or part V of chapter 394, the court  
 524 may not appoint the public defender to represent, even on a  
 525 temporary basis, any person who is not indigent. If a defendant

526 has retained private counsel, the court may not appoint the  
527 public defender to represent that defendant simultaneously on  
528 the same case. The court, however, may appoint private counsel  
529 in capital cases as provided in ss. 27.40 and 27.5303.

530 **Section 2. Subsection (7) of section 27.511, Florida**  
531 **Statutes, is amended to read:**

532 27.511 Offices of criminal conflict and civil regional  
533 counsel; legislative intent; qualifications; appointment;  
534 duties.—

535 (7) The court may not appoint the office of criminal  
536 conflict and civil regional counsel to represent, even on a  
537 temporary basis, any person who is not indigent, except to the  
538 extent that appointment of counsel is specifically provided for  
539 in chapters 390, 397 ~~394~~, 415, 743, and 744 without regard to  
540 the indigent status of the person entitled to representation. If  
541 a defendant has retained private counsel, the court may not  
542 appoint the office of criminal conflict and civil regional  
543 counsel to represent that defendant simultaneously on the same  
544 case.

545 **Section 3. Present subsections (24) through (31), (32)**  
546 **through (39), and (40) through (50) of section 394.455, Florida**  
547 **Statutes, are redesignated as subsections (26) through (33),**  
548 **(35) through (42), and (44) through (54), respectively, new**  
549 **subsections (24), (25), (34), and (43) are added to that**  
550 **section, and present subsections (23), (24), (34), and (39) of**

551 **that section are amended, to read:**

552 394.455 Definitions.—As used in this part, the term:

553 (23) "Involuntary examination" means the process of  
 554 gathering and analyzing patient-specific information through  
 555 various assessments ~~an examination~~ performed under s. 394.463,  
 556 s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6957 to  
 557 determine whether a person qualifies for involuntary services.

558 (24) "Involuntary inpatient placement" means placement in  
 559 a secure receiving or treatment facility providing stabilization  
 560 and treatment services to a person who does not voluntarily  
 561 consent, or to a minor who does not voluntarily assent, to or  
 562 participate in services under this chapter.

563 (25) "Involuntary outpatient services" means services  
 564 provided in the community to a person who does not voluntarily  
 565 consent, or to a minor who does not voluntarily assent, to or  
 566 participate in services under this chapter.

567 ~~(26)~~ (24) "Involuntary services" means court-ordered  
 568 outpatient services or inpatient placement for mental health  
 569 treatment pursuant to s. 394.4655 or s. 394.467. The term  
 570 includes involuntary inpatient placement and involuntary  
 571 outpatient services.

572 (34) "Neglect or refuse to care for himself or herself"  
 573 includes, but is not limited to, evidence that a person:

574 (a) Is, for a reason other than indigence, unable to  
 575 satisfy basic needs for nourishment, clothing, medical care,

576 shelter, or safety, thereby creating a substantial probability  
577 of imminent death, serious physical debilitation, or disease; or

578 (b) Is substantially unable to make an informed treatment  
579 choice, after an explanation of the advantages and disadvantages  
580 of, and alternatives to, treatment, and needs care or treatment  
581 to prevent relapse or deterioration. However, none of the  
582 following constitutes a refusal to accept treatment:

583 1. A willingness to take medication appropriate for the  
584 person's condition, but a reasonable disagreement about  
585 medication type or dosage;

586 2. A good faith effort to follow a reasonable services  
587 plan;

588 3. An inability to obtain access to appropriate treatment  
589 because of inadequate health care coverage or an insurer's  
590 refusal or delay in providing coverage for treatment; or

591 4. An inability to obtain access to needed services  
592 because the provider has no available treatment beds or  
593 qualified professionals, the provider will only accept patients  
594 who are under court order, or the provider gives persons under  
595 court order priority over voluntary patients in obtaining  
596 treatment and services.

597 (37)-(34) "Physician assistant in psychiatry" means a  
598 person licensed under chapter 458 or chapter 459 who holds a  
599 psychiatry certificate has experience in the diagnosis and  
600 treatment of mental disorders.



601        ~~(42)-(39)~~ "Qualified professional" means a physician or a  
602 psychiatrist ~~physician assistant~~ licensed under chapter 458 or  
603 chapter 459; a physician assistant in psychiatry as defined in  
604 subsection (37) ~~psychiatrist licensed under chapter 458 or~~  
605 ~~chapter 459~~; a psychologist as defined in s. 490.003(7); a  
606 clinical psychologist as defined in subsection (5); or a  
607 psychiatric nurse as defined in subsection (39) ~~this section~~. A  
608 physician assistant in psychiatry or psychiatric nurse may only  
609 serve as a qualified professional pursuant to an established  
610 protocol with a psychiatrist or as authorized by ss. 458.347,  
611 458.348, and 464.012.

612        (43) "Real and present threat of substantial harm" means  
613 evidence of a substantial probability that, in view of his or  
614 her treatment history and current behavior, an untreated person  
615 will:

616        (a) Lack, refuse, or not receive services for health and  
617 safety which are available in the community and would, based on  
618 a clinical determination, be unable to survive without  
619 supervision; or

620        (b) Suffer severe mental, emotional, or physical harm that  
621 will result in the loss of his or her ability to function in the  
622 community or in the loss of cognitive or volitional control over  
623 thoughts or actions.

624        **Section 4. Subsections (1), (3), and (8) of section**  
625 **394.4598, Florida Statutes, are amended to read:**

626 394.4598 Guardian advocate.—

627 (1) The administrator may petition the court for the  
628 appointment of a guardian advocate based upon the opinion of a  
629 qualified professional ~~psychiatrist or psychiatric nurse~~  
630 ~~practicing within the framework of an established protocol with~~  
631 ~~a psychiatrist~~ that the patient is incompetent to consent to  
632 treatment. If the court finds that a patient is incompetent to  
633 consent to treatment and has not been adjudicated incapacitated  
634 and had a guardian with the authority to consent to mental  
635 health treatment appointed, the court must appoint a guardian  
636 advocate. The patient has the right to have an attorney  
637 represent him or her at the hearing. ~~If the person is indigent,~~  
638 ~~the court must appoint the office of the public defender to~~  
639 ~~represent him or her at the hearing.~~ The patient has the right  
640 to testify, cross-examine witnesses, and present witnesses. The  
641 proceeding must be recorded, either electronically or  
642 stenographically, and testimony must be provided under oath. One  
643 of the professionals authorized to give an opinion in support of  
644 a petition for involuntary services placement, as described in  
645 ~~s. 394.4655 or~~ s. 394.467, must testify. A guardian advocate  
646 must meet the qualifications of a guardian contained in part IV  
647 of chapter 744, except that a professional referred to in this  
648 part, an employee of the facility providing direct services to  
649 the patient under this part, a departmental employee, a facility  
650 administrator, or member of the Florida local advocacy council

651 may not be appointed. A person appointed as a guardian advocate  
652 must agree to the appointment.

653 (3) A facility requesting appointment of a guardian  
654 advocate must, before the appointment, provide the prospective  
655 guardian advocate with information about the duties and  
656 responsibilities of guardian advocates, including the  
657 information about the ethics of medical decisionmaking. Before  
658 asking a guardian advocate to give consent to treatment for a  
659 patient, the facility shall provide to the guardian advocate  
660 sufficient information so that the guardian advocate can decide  
661 whether to give express and informed consent to the treatment,  
662 including information that the treatment is essential to the  
663 care of the patient, and that the treatment does not present an  
664 unreasonable risk of serious, hazardous, or irreversible side  
665 effects. Before giving consent to treatment, the guardian  
666 advocate must meet and talk with the patient and the patient's  
667 qualified professional ~~physician or psychiatric nurse practicing~~  
668 ~~within the framework of an established protocol with a~~  
669 ~~psychiatrist~~ in person, if at all possible, and by telephone, if  
670 not. The decision of the guardian advocate may be reviewed by  
671 the court, upon petition of the patient's attorney, the  
672 patient's family, or the facility administrator.

673 (8) The guardian advocate must ~~shall~~ be discharged when  
674 the respondent ~~patient~~ is discharged from an order for  
675 involuntary services, which includes an order under s.

676 394.467(7), ~~outpatient placement or involuntary inpatient~~  
677 ~~placement~~ or when the respondent patient is transferred from  
678 involuntary to voluntary status. The court or an administrative  
679 law judge ~~a hearing officer shall consider the competence of the~~  
680 ~~patient pursuant to subsection (1) and may consider an~~  
681 involuntarily placed respondent's ~~patient's~~ competence to  
682 consent to treatment at any hearing. Upon sufficient evidence,  
683 the court may restore, or the administrative law judge ~~hearing~~  
684 ~~officer~~ may recommend that the court restore, the respondent's  
685 ~~patient's~~ competence. A copy of the order restoring competence  
686 or the certificate of discharge containing the restoration of  
687 competence shall be provided to the respondent patient and the  
688 guardian advocate.

689 **Section 5. Paragraph (a) of subsection (2) of section**  
690 **394.4599, Florida Statutes, is amended, and paragraphs (b) and**  
691 **(c) of that section are republished, to read:**

692 394.4599 Notice.—

693 (2) INVOLUNTARY ADMISSION.—

694 (a) Whenever notice is required to be given under this  
695 part, such notice must ~~shall~~ be given to the individual and the  
696 individual's guardian, guardian advocate, health care surrogate  
697 or proxy, attorney, and representative. The notice may be sent  
698 by e-mail instead of regular mail if the recipient's e-mail  
699 address is known.

700 1. When notice is required to be given to an individual,

701 | it must ~~shall~~ be given both orally and in writing, in the  
702 | language and terminology that the individual can understand,  
703 | and, if needed, the facility shall provide an interpreter for  
704 | the individual.

705 |         2. Notice to an individual's guardian, guardian advocate,  
706 | health care surrogate or proxy, attorney, and representative  
707 | must ~~shall~~ be given by mail with the date, time, and method of  
708 | notice delivery documented in the clinical record. Hand delivery  
709 | by a facility employee may be used as an alternative, with the  
710 | date and time of delivery documented in the clinical record. If  
711 | notice is given by a state attorney or an attorney for the  
712 | department, a certificate of service is sufficient to document  
713 | service.

714 |         (b) A receiving facility shall give prompt notice of the  
715 | whereabouts of an individual who is being involuntarily held for  
716 | examination to the individual's guardian, guardian advocate,  
717 | health care surrogate or proxy, attorney or representative, or  
718 | other emergency contact identified through electronic databases  
719 | pursuant to s. 394.463(2)(a), by telephone or in person within  
720 | 24 hours after the individual's arrival at the facility. Contact  
721 | attempts shall be documented in the individual's clinical record  
722 | and shall begin as soon as reasonably possible after the  
723 | individual's arrival.

724 |         (c)1. A receiving facility shall give notice of the  
725 | whereabouts of a minor who is being involuntarily held for

726 examination pursuant to s. 394.463 to the minor's parent,  
727 guardian, caregiver, or guardian advocate, in person or by  
728 telephone or other form of electronic communication, immediately  
729 after the minor's arrival at the facility. The facility may  
730 delay notification for no more than 24 hours after the minor's  
731 arrival if the facility has submitted a report to the central  
732 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
733 suspicion of abuse, abandonment, or neglect and if the facility  
734 deems a delay in notification to be in the minor's best  
735 interest.

736         2. The receiving facility shall attempt to notify the  
737 minor's parent, guardian, caregiver, or guardian advocate until  
738 the receiving facility receives confirmation from the parent,  
739 guardian, caregiver, or guardian advocate, verbally, by  
740 telephone or other form of electronic communication, or by  
741 recorded message, that notification has been received. Attempts  
742 to notify the parent, guardian, caregiver, or guardian advocate  
743 must be repeated at least once every hour during the first 12  
744 hours after the minor's arrival and once every 24 hours  
745 thereafter and must continue until such confirmation is  
746 received, unless the minor is released at the end of the 72-hour  
747 examination period, or until a petition for involuntary services  
748 is filed with the court pursuant to s. 394.463(2)(g). The  
749 receiving facility may seek assistance from a law enforcement  
750 agency to notify the minor's parent, guardian, caregiver, or

751 guardian advocate if the facility has not received within the  
752 first 24 hours after the minor's arrival a confirmation by the  
753 parent, guardian, caregiver, or guardian advocate that  
754 notification has been received. The receiving facility must  
755 document notification attempts in the minor's clinical record.

756 **Section 6. Subsection (11) of section 394.4615, Florida**  
757 **Statutes, is amended to read:**

758 394.4615 Clinical records; confidentiality.—

759 (11) Patients must have reasonable access to their  
760 clinical records, unless such access is determined by the  
761 patient's qualified professional ~~physician or the patient's~~  
762 ~~psychiatric nurse~~ to be harmful to the patient. If the patient's  
763 right to inspect his or her clinical record is restricted by the  
764 facility, written notice of such restriction must be given to  
765 the patient and the patient's guardian, guardian advocate,  
766 attorney, and representative. In addition, the restriction must  
767 be recorded in the clinical record, together with the reasons  
768 for it. The restriction of a patient's right to inspect his or  
769 her clinical record expires after 3 ~~7~~ days but may be renewed,  
770 after review, for subsequent 3-day ~~7-day~~ periods.

771 **Section 7. Paragraph (f) of subsection (1) and subsection**  
772 **(5) of section 394.4625, Florida Statutes, are amended to read:**

773 394.4625 Voluntary admissions.—

774 (1) AUTHORITY TO RECEIVE PATIENTS.—

775 (f) Within 24 hours after admission of a voluntary

776 patient, the qualified professional who assessed the patient  
777 ~~treating physician or psychiatric nurse practicing within the~~  
778 ~~framework of an established protocol with a psychiatrist~~ shall  
779 document in the patient's clinical record that the patient is  
780 able to give express and informed consent for admission. If the  
781 patient is not able to give express and informed consent for  
782 admission, the facility must either discharge the patient or  
783 transfer the patient to involuntary status pursuant to  
784 subsection (5).

785 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary  
786 patient, or an authorized person on the patient's behalf, makes  
787 a request for discharge, the request for discharge, unless  
788 freely and voluntarily rescinded, must be communicated to a  
789 qualified professional physician, ~~a clinical psychologist with~~  
790 ~~at least 3 years of postdoctoral experience in the practice of~~  
791 ~~clinical psychology, or a psychiatrist~~ as quickly as possible,  
792 but not later than 12 hours after the request is made. If the  
793 patient meets the criteria for involuntary placement, the  
794 administrator of the facility must file with the court a  
795 petition for involuntary placement, within 2 court working days  
796 after the request for discharge is made. If the petition is not  
797 filed within 2 court working days, the patient must be  
798 discharged. Pending the filing of the petition, the patient may  
799 be held and emergency treatment rendered in the least  
800 restrictive manner, upon the order of a physician, a



801 psychiatrist, or a psychiatric nurse ~~practicing within the~~  
802 ~~framework of an established protocol with a psychiatrist, or a~~  
803 physician assistant in psychiatry, if it is determined that such  
804 treatment is necessary for the safety of the patient or others.

805 **Section 8. Subsection (1), paragraphs (a), (b), and (e)**  
806 **through (i) of subsection (2), and subsection (3) of section**  
807 **394.463, Florida Statutes, are amended to read:**

808 394.463 Involuntary examination.—

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

813 (a)1. The person has refused voluntary examination after  
814 conscientious explanation and disclosure of the examination's  
815 ~~purpose of the examination;~~ or

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

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

825 2. There is a substantial likelihood that in the near

826 future and without care or treatment the person will inflict  
827 cause serious bodily harm to self himself or herself or others  
828 ~~in the near future~~, as evidenced by recent behavior causing,  
829 attempting, or threatening such harm.

830 (2) INVOLUNTARY EXAMINATION.—

831 (a) An involuntary examination may be initiated by any ~~one~~  
832 of the following means:

833 1. A circuit or county court may enter an ex parte order  
834 stating that a person appears to meet the criteria for  
835 involuntary examination and specifying the findings on which  
836 that conclusion is based. The ex parte order for involuntary  
837 examination must be based on written or oral sworn testimony  
838 that includes specific facts that support the findings. If other  
839 less restrictive means are not available, such as voluntary  
840 appearance for outpatient evaluation, a law enforcement officer,  
841 or other designated agent of the court, shall take the person  
842 into custody and deliver him or her to an appropriate, or the  
843 nearest, facility within the designated receiving system  
844 pursuant to s. 394.462 for involuntary examination. The order of  
845 the court shall be made a part of the patient's clinical record.  
846 A fee may not be charged for the filing of an order under this  
847 subsection. A facility accepting the patient based on this order  
848 must send a copy of the order to the department within 5 working  
849 days. The order may be submitted electronically through existing  
850 data systems, if available. The order shall be valid only until

851 the person is delivered to the facility or for the period  
852 specified in the order itself, whichever comes first. If a time  
853 limit is not specified in the order, the order is valid for 7  
854 days after the date that the order was signed.

855 2. A law enforcement officer may take a person who appears  
856 to meet the criteria for involuntary examination into custody  
857 and deliver the person or have him or her delivered to an  
858 appropriate, or the nearest, facility within the designated  
859 receiving system pursuant to s. 394.462 for examination. A law  
860 enforcement officer transporting a person pursuant to this  
861 section shall restrain the person in the least restrictive  
862 manner available and appropriate under the circumstances. If  
863 transporting a minor and the parent or legal guardian of the  
864 minor is present, before departing, the law enforcement officer  
865 shall provide the parent or legal guardian of the minor with the  
866 name, address, and contact information for the facility within  
867 the designated receiving system to which the law enforcement  
868 officer is transporting the minor, subject to any safety and  
869 welfare concerns for the minor. The officer shall execute a  
870 written report detailing the circumstances under which the  
871 person was taken into custody, which must be made a part of the  
872 patient's clinical record. The report must include all emergency  
873 contact information for the person that is readily accessible to  
874 the law enforcement officer, including information available  
875 through electronic databases maintained by the Department of Law

876 Enforcement or by the Department of Highway Safety and Motor  
877 Vehicles. Such emergency contact information may be used by a  
878 receiving facility only for the purpose of informing listed  
879 emergency contacts of a patient's whereabouts pursuant to s.  
880 119.0712(2)(d). Any facility accepting the patient based on this  
881 report must send a copy of the report to the department within 5  
882 working days.

883 3. A physician, a physician assistant, a clinical  
884 psychologist, a psychiatric nurse, an advanced practice  
885 registered nurse licensed under s. 464.012 ~~registered under s.~~  
886 ~~464.0123~~, a mental health counselor, a marriage and family  
887 therapist, or a clinical social worker may execute a certificate  
888 stating that he or she has examined a person within the  
889 preceding 48 hours and finds that the person appears to meet the  
890 criteria for involuntary examination and stating the  
891 observations upon which that conclusion is based. If other less  
892 restrictive means, such as voluntary appearance for outpatient  
893 evaluation, are not available, a law enforcement officer shall  
894 take into custody the person named in the certificate and  
895 deliver him or her to the appropriate, or nearest, facility  
896 within the designated receiving system pursuant to s. 394.462  
897 for involuntary examination. The law enforcement officer shall  
898 execute a written report detailing the circumstances under which  
899 the person was taken into custody and include all emergency  
900 contact information required under subparagraph 2. Such

901 emergency contact information may be used by a receiving  
902 facility only for the purpose of informing listed emergency  
903 contacts of a patient's whereabouts pursuant to s.  
904 119.0712(2)(d). The report and certificate shall be made a part  
905 of the patient's clinical record. Any facility accepting the  
906 patient based on this certificate must electronically send a  
907 copy of the certificate to the department within 5 working days.  
908 ~~The document may be submitted electronically through existing~~  
909 ~~data systems, if applicable.~~

910  
911 When sending the order, report, or certificate to the  
912 department, a facility shall, at a minimum, provide information  
913 about which action was taken regarding the patient under  
914 paragraph (g), which information shall also be made a part of  
915 the patient's clinical record.

916 (b) A person may not be removed from any program or  
917 residential placement licensed under chapter 400 or chapter 429  
918 and transported to a receiving facility for involuntary  
919 examination unless an ex parte order, a professional  
920 certificate, or a law enforcement officer's report is first  
921 prepared. If the condition of the person is such that  
922 preparation of an ex parte order, a professional certificate, or  
923 a law enforcement officer's report is not practicable before  
924 removal, the report shall be completed as soon as possible after  
925 removal, but in any case before the person is transported to a

926 receiving facility. A facility admitting a person for  
927 involuntary examination who is not accompanied by the required  
928 ex parte order, professional certificate, or law enforcement  
929 officer's report shall notify the department and the Agency for  
930 Health Care Administration of such admission by certified mail  
931 or by e-mail, if available, by the next working day. The  
932 provisions of this paragraph do not apply when transportation is  
933 provided by the patient's family or guardian.

934 (e) The department shall receive and maintain the copies  
935 of ex parte orders, involuntary services orders issued pursuant  
936 to ss. 394.4655 and 394.467, professional certificates, law  
937 enforcement officers' reports, and reports relating to the  
938 transportation of patients. These documents shall be considered  
939 part of the clinical record, governed by the provisions of s.  
940 394.4615. These documents shall be provided to the Louis de la  
941 Parte Florida Mental Health Institute established under s.  
942 1004.44 by the department and used by the institute to prepare  
943 annual reports analyzing the data obtained from these documents,  
944 without including the personal identifying information of the  
945 patient. The information in the reports may include, but need  
946 not be limited to, a state level analysis of involuntary  
947 examinations, including a description of demographic  
948 characteristics of individuals and the geographic locations of  
949 involuntary examinations; counts of the number of involuntary  
950 examinations at each receiving facility; and reporting and

951 analysis of trends for involuntary examinations within this ~~the~~  
952 state. The report must ~~shall~~ also include counts of and provide  
953 demographic, geographic, and other relevant information about  
954 individuals with a developmental disability, as defined in s.  
955 393.063, or a traumatic brain injury or dementia who were taken  
956 to a receiving facility for involuntary examination pursuant to  
957 this section and determined not to have a co-occurring mental  
958 illness. The institute shall post the reports on its website ~~and~~  
959 ~~provide copies of such reports to the department, the President~~  
960 ~~of the Senate, the Speaker of the House of Representatives, and~~  
961 ~~the minority leaders of the Senate and the House of~~  
962 Representatives by December 31 ~~November 30~~ of each year.

963 (f) A patient must be examined by a qualified professional  
964 ~~physician or a clinical psychologist, or by a psychiatric nurse~~  
965 ~~performing within the framework of an established protocol with~~  
966 ~~a psychiatrist~~ at the ~~a~~ facility without unnecessary delay to  
967 determine whether ~~if~~ the criteria for involuntary services are  
968 met. Such examination must ~~shall~~ include, but is ~~be~~ limited  
969 to, consideration of the patient's treatment history at the  
970 facility and any information regarding the patient's condition  
971 and behavior provided by knowledgeable individuals. Evidence  
972 that criteria under subparagraph (1)(b)1. are met may include,  
973 but need not be limited to, three or more admissions into a  
974 facility within the last 12 months, and a facility's provision  
975 of a patient's basic needs may not be interpreted as the person

976 no longer being at risk of self-neglect ~~repeated admittance for~~  
977 ~~involuntary examination despite implementation of appropriate~~  
978 ~~discharge plans. For purposes of this paragraph, the term~~  
979 ~~"repeated admittance" means three or more admissions into the~~  
980 ~~facility within the immediately preceding 12 months. An~~  
981 ~~individual's basic needs being served while admitted to the~~  
982 ~~facility may not be considered evidence that criteria under~~  
983 ~~subparagraph (1)(b)1. are met. Emergency treatment may be~~  
984 ~~provided upon the order of a physician, or a psychiatric nurse,~~  
985 ~~or a physician assistant in psychiatry practicing within the~~  
986 ~~framework of an established protocol with a psychiatrist if he~~  
987 ~~or she the physician or psychiatric nurse determines that such~~  
988 ~~treatment is necessary for the safety of the patient or others.~~  
989 ~~The patient may not be released by the receiving facility or its~~  
990 ~~contractor without the documented approval of a psychiatrist, or~~  
991 ~~a clinical psychologist, a physician assistant, with at least 3~~  
992 ~~years of clinical experience or, if the receiving facility is~~  
993 ~~owned or operated by a hospital, health system, or nationally~~  
994 ~~accredited community mental health center, the release may also~~  
995 ~~be approved by a psychiatric nurse performing within the~~  
996 ~~framework of an established protocol with a psychiatrist, or an~~  
997 ~~attending emergency department physician with experience in the~~  
998 ~~diagnosis and treatment of mental illness after completion of an~~  
999 ~~involuntary examination pursuant to this subsection. A~~  
1000 ~~psychiatric nurse may not approve the release of a patient if~~



1001 ~~the involuntary examination was initiated by a psychiatrist~~  
1002 ~~unless the release is approved by the initiating psychiatrist.~~  
1003 The release may be approved through telehealth.

1004 (g) Unless the provisions of paragraphs (h) through (i)  
1005 apply, the examination period may not exceed ~~must be for up to~~  
1006 72 hours and begins when a patient arrives at the receiving  
1007 facility. For a minor, the examination must ~~shall~~ be initiated  
1008 within 12 hours after the patient's arrival at the facility.  
1009 Within the examination period, one of the following actions must  
1010 be taken, based on the individual needs of the patient:

1011 1. The patient must ~~shall~~ be released, unless he or she is  
1012 charged with a crime, in which case the patient must ~~shall~~ be  
1013 returned to the custody of a law enforcement officer;

1014 2. The patient must ~~shall~~ be released, subject to  
1015 subparagraph 1., for voluntary outpatient treatment;

1016 3. The patient, unless he or she is charged with a crime,  
1017 must ~~shall~~ be asked to give express and informed consent to  
1018 placement as a voluntary patient and, if such consent is given,  
1019 the patient must ~~shall~~ be admitted as a voluntary patient; or

1020 4. A petition for involuntary services must ~~shall~~ be filed  
1021 in the circuit court or with the criminal county court, as  
1022 applicable. When inpatient treatment is deemed necessary, the  
1023 least restrictive treatment consistent with the optimum  
1024 improvement of the patient's condition shall be made available.  
1025 The petition must ~~shall~~ be filed by the facility administrator

1026 ~~one of the petitioners specified in s. 394.467,~~ and the court  
1027 shall dismiss an untimely filed petition. If a patient's 72-hour  
1028 examination period ends on a weekend or holiday, including the  
1029 hours before the ordinary business hours on the morning of the  
1030 next working day, and the receiving facility:

1031 a. Intends to file a petition for involuntary services,  
1032 such patient may be held at the facility through the next  
1033 working day thereafter and the petition must be filed no later  
1034 than such date. If the facility fails to file the petition by  
1035 the ordinary close of business on the next working day, the  
1036 patient must ~~shall~~ be released from the receiving facility  
1037 following approval pursuant to paragraph (f).

1038 b. Does not intend to file a petition for involuntary  
1039 services, the ~~receiving~~ facility may postpone release of a  
1040 patient until the next working day thereafter only if a  
1041 qualified professional documents that adequate discharge  
1042 planning and procedures in accordance with s. 394.468, and  
1043 approval pursuant to paragraph (f), are not possible until the  
1044 next working day.

1045 (h) When a person for whom an involuntary examination has  
1046 been initiated ~~who is transported to being evaluated or treated~~  
1047 ~~at~~ a hospital for ~~an~~ emergency medical services before being  
1048 transported to a receiving facility, the hospital must complete  
1049 one of the following within 12 hours after the attending  
1050 physician documents that the patient's condition has been

1051 stabilized or that an emergency medical condition does not  
1052 exist: condition specified in s. 395.002 must be examined by a  
1053 facility within the examination period specified in paragraph  
1054 (g). The examination period begins when the patient arrives at  
1055 the hospital and ceases when the attending physician documents  
1056 that the patient has an emergency medical condition.

1057 1. If The patient is examined at the a hospital providing  
1058 emergency medical services by a professional qualified to  
1059 perform an involuntary examination. If the patient ~~and~~ is found  
1060 as a result of that examination not to meet the criteria for  
1061 involuntary services pursuant to s. 394.4655 or s. 394.467, the  
1062 patient may be offered voluntary outpatient or inpatient  
1063 services, as if appropriate, or released directly from the  
1064 hospital providing emergency medical services. The finding by  
1065 the professional that the patient has been examined and does not  
1066 meet the criteria for involuntary services must be entered into  
1067 the patient's clinical record.

1068 2. The patient is transferred to a receiving facility in  
1069 which appropriate medical treatment is available and the patient  
1070 has been accepted. The receiving facility must be notified of  
1071 the transfer within 2 hours after the patient's condition has  
1072 been stabilized or after determination that an emergency medical  
1073 condition does not exist.

1074  
1075 This paragraph does ~~is~~ not ~~intended to~~ prevent a hospital

1076 providing emergency medical services from appropriately  
1077 transferring a patient to another hospital before stabilization  
1078 if the requirements of s. 395.1041(3)(c) have been met.

1079 (i) If a patient undergoing an involuntary examination is  
1080 transported to a hospital from a receiving facility for an  
1081 emergency medical condition as defined in s. 395.002, the 72-  
1082 hour examination period ceases when the attending physician  
1083 documents that the patient has an emergency medical condition  
1084 and continues when the attending physician documents that the  
1085 patient's condition has been stabilized or after determination  
1086 that an emergency medical condition does not exist and the  
1087 attending physician discharges the patient. The treating  
1088 facility is responsible for transporting the patient back to the  
1089 receiving facility upon discharge from the hospital ~~One of the~~  
1090 ~~following must occur within 12 hours after the patient's~~  
1091 ~~attending physician documents that the patient's medical~~  
1092 ~~condition has stabilized or that an emergency medical condition~~  
1093 ~~does not exist:~~

1094 ~~1. The patient must be examined by a facility and~~  
1095 ~~released; or~~

1096 ~~2. The patient must be transferred to a designated~~  
1097 ~~facility in which appropriate medical treatment is available.~~  
1098 ~~However, the facility must be notified of the transfer within 2~~  
1099 ~~hours after the patient's condition has been stabilized or after~~  
1100 ~~determination that an emergency medical condition does not~~

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2025

1101 ~~exist.~~

1102 (3) NOTICE OF RELEASE.—Notice of the release must ~~shall~~ be  
1103 given to the patient's guardian or representative, to any person  
1104 who executed a certificate admitting the patient to the  
1105 receiving facility, and to any court which ordered the patient's  
1106 evaluation. The receiving facility must provide ~~If the patient~~  
1107 ~~is a minor,~~ information regarding the availability of a local  
1108 mobile response service, suicide prevention resources, social  
1109 supports, and local self-help groups ~~must also be provided~~ to  
1110 the patient's guardian or representative along with the notice  
1111 of the release.

1112 **Section 9. Section 394.4655, Florida Statutes, is amended**  
1113 **to read:**

1114 394.4655 ~~Orders to~~ Involuntary outpatient services  
1115 placement.—

1116 (1) (a) The court may order a respondent to receive  
1117 involuntary outpatient services for up to 6 months if it is  
1118 established that he or she meets the criteria in s. 394.467 and:

1119 1. The respondent has a history of noncompliance with  
1120 treatment for mental illness, including, but not limited to,  
1121 having been jailed or incarcerated, having been involuntarily  
1122 admitted to a receiving or treatment facility as those terms are  
1123 defined in s. 394.455, or having received mental health services  
1124 in a forensic or correctional facility at least twice during the  
1125 previous 36 months;

1126 2. The outpatient services are provided and available in  
1127 the county in which the respondent resides or, if being placed  
1128 by a state treatment facility, will reside; and

1129 3. The respondent's treating qualified professional  
1130 believes, within a reasonable degree of medical probability,  
1131 that the respondent:

1132 a. Can be appropriately treated on an outpatient basis;

1133 b. Can follow, and will benefit from, the prescribed  
1134 services plan; and

1135 c. Needs outpatient services in order to prevent relapse  
1136 or deterioration.

1137 (b)1. If the respondent is in a receiving or treatment  
1138 facility, the court may order the respondent to receive  
1139 outpatient services during his or her hearing under s.  
1140 394.467(6) or, upon the facility administrator's petition, at a  
1141 subsequent proceeding before the respondent's anticipated  
1142 discharge from inpatient placement so long as the court and  
1143 parties receive at least 1 week's notice that the facility  
1144 believes that the requirements of paragraph (a) are satisfied.

1145 2. If a service provider is petitioning for involuntary  
1146 outpatient services, and the respondent is not in a receiving or  
1147 treatment facility, the petition must be heard and processed in  
1148 accordance with s. 394.467, subject to the following exceptions:

1149 a. Unless a continuance is granted, the petition must be  
1150 heard no later than 10 court working days after its filing;

1151 b. The service provider must provide a copy of the  
1152 respondent's clinical records, examination report recommending  
1153 outpatient services, and services plan as defined in paragraph  
1154 (c) to the court, the state attorney, and the respondent's  
1155 counsel; and

1156 c. The court may continue the case if there is no proof  
1157 that the respondent has been served.

1158 (c) The services plan shall be entered into the  
1159 respondent's clinical and court files and shall be considered  
1160 part of the court order. For purposes of this section, "services  
1161 plan" means an individualized, written plan detailing the  
1162 recommended behavioral health services and supports, based on a  
1163 thorough assessment of the respondent's needs, to safeguard and  
1164 enhance the respondent's health and well-being in the community.  
1165 The plan must identify the service provider that has agreed to  
1166 provide the court-ordered outpatient services, unless the  
1167 respondent is otherwise participating in outpatient psychiatric  
1168 treatment and is not in need of public financing for that  
1169 treatment, in which case the individual, if eligible, may be  
1170 ordered into treatment pursuant to this existing relationship.

1171 (d) The service provider must develop the services plan in  
1172 consultation with the respondent and his or her treating  
1173 qualified professional, attorney, guardian, guardian advocate,  
1174 or legal custodian, as applicable and appropriate. The plan  
1175 must, at a minimum, address the nature and extent of the

1176 respondent's mental illness, any co-occurring issues such as  
1177 substance use disorders, and the level of care, including  
1178 medications and anticipated criteria to be discharged from  
1179 outpatient services.

1180 (e) For the duration of his or her treatment, the  
1181 respondent must be supported by a social worker or a case  
1182 manager of the service provider, or a willing, able, and  
1183 responsible individual appointed by the court who shall inform  
1184 the court, state attorney, and respondent's counsel of any  
1185 failure by the respondent to comply with the outpatient program.

1186 (2) (a) The court shall retain jurisdiction over the case  
1187 and its parties for the entry of further orders after a hearing  
1188 as the circumstances may require. Such jurisdiction includes,  
1189 but is not limited to, ordering inpatient treatment to stabilize  
1190 a respondent who decompensates while under court-ordered  
1191 outpatient treatment and meets the commitment criteria in s.  
1192 394.467, and orders extending, modifying, or ending outpatient  
1193 services. For the court to extend, modify, or end outpatient  
1194 services, the appropriate motion must be filed with the court  
1195 before the order expires, and the court must schedule a hearing  
1196 no later than 15 court working days after the motion's filing to  
1197 determine whether the respondent still meets commitment criteria  
1198 and to assess the appropriateness of any treatment modification.  
1199 The existing involuntary services order must remain in effect  
1200 until any motion for continued treatment is adjudicated, and, at



1201 a minimum, any extension or modification motion must be  
1202 supported by an explanation from the service provider and an  
1203 individualized continued services plan that, as applicable and  
1204 appropriate, must be developed in consultation with the  
1205 respondent and his or her attorney, guardian, guardian advocate,  
1206 or legal custodian. At the hearing, the court shall also  
1207 evaluate the respondent's need for a guardian advocate pursuant  
1208 to s. 394.4598. This paragraph does not prohibit the respondent  
1209 from agreeing to additional outpatient services without a court  
1210 hearing, but the service provider must inform the court and  
1211 parties of any such agreement.

1212 (b) The clerk of the court must provide copies of any  
1213 petition, motion, or services plan to the department, the  
1214 managing entity, the state attorney, the respondent's counsel,  
1215 and, as applicable, the respondent's guardian, guardian  
1216 advocate, or legal custodian.

1217 (c) Unless the respondent has been transferred to  
1218 voluntary status, the service provider must discharge the  
1219 respondent at any time he or she no longer meets the criteria  
1220 for involuntary services, and upon discharge, the provider must  
1221 send a certificate of discharge to the court, the state  
1222 attorney, the respondent's counsel, and, as applicable, the  
1223 respondent's guardian, guardian advocate, or legal custodian.

1224 (3) (a) A criminal county court exercising its original  
1225 jurisdiction in a misdemeanor case under s. 34.01 may order a

1226 respondent who meets the commitment criteria in paragraph (1)(a)  
1227 into involuntary outpatient services. The court may not use  
1228 incarceration as a sanction for noncompliance with the services  
1229 plan, but it may order a respondent to be evaluated for possible  
1230 inpatient placement if there is significant, or there are  
1231 multiple instances of, noncompliance, and it reasonably appears  
1232 that the respondent meets the criteria of s. 394.463.

1233 (b) If a treatment facility administrator reasonably  
1234 believes a respondent meets the criteria in paragraph (1)(a), he  
1235 or she may petition to have the respondent placed in involuntary  
1236 outpatient services as part of a discharge plan. Such petition  
1237 shall be filed with the clerk of the court for the county in  
1238 which the respondent will reside with notice to the department;  
1239 the respondent; the respondent's guardian, guardian advocate, or  
1240 legal custodian, if applicable; the public defender if the  
1241 respondent is not otherwise represented by private counsel; and  
1242 the state attorney. A fee may not be charged for filing a  
1243 petition under this paragraph.

1244 (4) The department shall adopt rules that, at a minimum,  
1245 establish:

1246 (a) The requirements of an outpatient services plan;

1247 (b) The procedures that a service provider may use to  
1248 modify a services plan with and without court involvement; and

1249 (c) The duties of, and processes for, service providers to  
1250 inform the department about the unavailability of a needed

1251 treatment program or service in a particular community, and the  
 1252 funding or capacity deficiencies of an existing service

1253 ~~(1) As used in this section, the term "involuntary~~  
 1254 ~~outpatient placement" means involuntary outpatient services as~~  
 1255 ~~defined in s. 394.467.~~

1256 ~~(2) A court or a county court may order an individual to~~  
 1257 ~~involuntary outpatient placement under s. 394.467.~~

1258 **Section 10. Section 394.467, Florida Statutes, is amended**  
 1259 **to read:**

1260 (Substantial rewording of section. See  
 1261 s. 394.467, F.S., for present text.)

1262 394.467 Involuntary services and placement.—

1263 (1) CRITERIA.—A person may be ordered into involuntary  
 1264 inpatient placement for treatment upon a finding of the court,  
 1265 by clear and convincing evidence, that:

1266 (a) The person has a mental illness, and because of such  
 1267 mental illness:

1268 1.a. He or she has refused voluntary treatment after  
 1269 sufficient and conscientious explanation and disclosure of the  
 1270 treatment's purpose; or

1271 b. He or she is unable to determine for himself or herself  
 1272 whether treatment is necessary; and

1273 2.a. He or she is incapable of surviving alone or with the  
 1274 help of willing, able, and responsible family or friends or  
 1275 available alternative services, and, without treatment, is

1276 likely to suffer from neglect or refuse to care for himself or  
1277 herself, and such neglect or refusal poses a real and present  
1278 threat of substantial harm to his or her well-being; or

1279 b. There is a substantial likelihood that in the near  
1280 future and without services, he or she will inflict serious harm  
1281 to self or others, as evidenced by recent behavior causing,  
1282 attempting, or threatening such harm; and

1283 (b) All less restrictive treatment alternatives that would  
1284 offer an opportunity for improvement of the person's condition  
1285 have been deemed inappropriate or unavailable.

1286 (2) RECOMMENDATION FOR INVOLUNTARY SERVICES AND  
1287 TREATMENT.—A person may be recommended for involuntary inpatient  
1288 placement, involuntary outpatient services, or a combination of  
1289 both.

1290 (a) The recommendation that the involuntary services  
1291 criteria reasonably appear to have been met must be supported by  
1292 the opinion of a psychiatrist and the second opinion of a  
1293 qualified professional, both of whom have personally examined  
1294 the person within the preceding 72 hours for involuntary  
1295 inpatient placement, or within the preceding 30 days for  
1296 involuntary outpatient services. However, if the facility  
1297 administrator or service provider certifies that a psychiatrist  
1298 or qualified professional is not available to provide the second  
1299 opinion, the second opinion may be provided by a licensed  
1300 physician with postgraduate training and experience in diagnosis

1301 and treatment of mental illness, a clinical social worker, or a  
1302 mental health counselor.

1303 (b) Any examination performed pursuant to this subsection  
1304 may be completed by in-person or electronic means, so long as it  
1305 is done in a face-to-face manner. The resulting opinion must be  
1306 included in the involuntary services petition and must be  
1307 entered into the person's clinical record. Upon adherence to the  
1308 notice and hearing procedures of s. 394.4599, the petition's  
1309 filing with the court authorizes the examining facility to hold  
1310 the person until the court adjudicates the petition.

1311 (3) PETITION.—

1312 (a) Except as provided in s. 394.4655, the facility  
1313 administrator, or a service provider seeking involuntary  
1314 outpatient services for a person it is treating, must file a  
1315 petition for involuntary services in the court for the county in  
1316 which the respondent is located. The court shall accept  
1317 petitions and related documentation with electronic signatures.

1318 (b) The petition must state whether inpatient placement,  
1319 outpatient services, or some combination of both is required;  
1320 the reasons each commitment criterion is satisfied; and an  
1321 estimate of the length of time the respondent needs in each type  
1322 of involuntary treatment which is not to exceed 6 months.

1323 (c) Upon the petition's filing, the clerk of the court  
1324 shall provide copies of the petition and, if applicable, the  
1325 recommended services plan to the department, the managing

1326 entity, the respondent, the respondent's guardian or  
1327 representative, the state attorney, and the respondent's private  
1328 counsel or the public defender of the judicial circuit in which  
1329 the respondent is located. A fee may not be charged for the  
1330 filing of a petition under this subsection.

1331 (4) APPOINTMENT OF COUNSEL.—A respondent has a right to  
1332 counsel at every stage of a judicial proceeding relating to his  
1333 or her involuntary treatment, and within 1 court working day of  
1334 an involuntary services petition's filing, the court shall  
1335 appoint the office of the public defender to represent the  
1336 respondent, unless the respondent is otherwise represented by  
1337 counsel. The clerk of the court shall immediately notify the  
1338 public defender of such appointment, which shall last until the  
1339 petition is dismissed, the court order expires, the respondent  
1340 is discharged from involuntary services, or the public defender  
1341 is otherwise discharged by the court. Any attorney who  
1342 represents the respondent must be provided access to the  
1343 respondent, witnesses, and records relevant to the presentation  
1344 of the respondent's case and shall represent the respondent's  
1345 interests regardless of the source of payment to the attorney.  
1346 The respondent, however, may waive his or her right to counsel  
1347 if he or she is present for the hearing and the court finds that  
1348 such waiver is made knowingly, intelligently, and voluntarily.

1349 (5) CONTINUANCE OF HEARING.—The respondent and the state  
1350 are each entitled to at least one continuance of the hearing.

1351 The respondent's continuance may be for a period of up to 4  
1352 weeks and requires the concurrence of the respondent's counsel.  
1353 The state's continuance may be for a period of up to 5 court  
1354 working days and requires a showing of good cause and due  
1355 diligence by the state before requesting the continuance. The  
1356 state's failure to timely review any readily available document  
1357 or failure to attempt to contact a known witness does not  
1358 warrant a continuance.

1359 (6) HEARING AND COURT ORDER.—

1360 (a) Unless a continuance is granted, the court must hear  
1361 the involuntary services petition within 5 court working days  
1362 after its filing.

1363 (b)1. Except for good cause documented in the court file  
1364 or as provided in s. 394.4655, the hearing must be held in the  
1365 county or the facility where the respondent is located, as  
1366 deemed appropriate by the court.

1367 2. The hearing must be as convenient to the respondent as  
1368 is consistent with orderly procedure and must be conducted in a  
1369 physical setting not likely to be injurious to the respondent's  
1370 condition. If the court finds that the respondent's attendance  
1371 at the hearing is inconsistent with his or her best interests or  
1372 is likely to be injurious to self or others, or the respondent  
1373 knowingly, intelligently, and voluntarily waives his or her  
1374 right to be present, the court may waive the respondent's  
1375 attendance from all or any portion of the hearing. All testimony

1376 must be given under oath, and the proceedings must be recorded.  
1377 The respondent may refuse to testify at the hearing.

1378 3. The hearing must be held in person unless all parties  
1379 agree otherwise. However, upon a finding of good cause, the  
1380 court may permit witnesses to testify under oath remotely using  
1381 audio-video technology satisfactory to the court. A witness  
1382 intending to testify remotely must provide the parties with all  
1383 relevant documents he or she will rely on for such testimony by  
1384 the close of business on the day before the hearing.

1385 (c) The court must inform the respondent and the  
1386 respondent's guardian or representative of the right to an  
1387 independent expert examination by their own qualified  
1388 professional. If the respondent cannot afford such an  
1389 examination, the court must ensure that one is provided, as  
1390 otherwise provided for by law. The independent expert's report  
1391 is confidential and not discoverable, unless the expert is to be  
1392 called as a witness for the respondent at the hearing.

1393 (d) The state, as represented by the state attorney for  
1394 the circuit in which the respondent is located rather than the  
1395 petitioning facility or service provider, is the real party of  
1396 interest in the proceeding. The facility or service provider  
1397 must make the respondent's clinical records available to the  
1398 state attorney so that the state can evaluate and prepare its  
1399 case. However, such records must remain confidential, and the  
1400 state attorney may not use any record obtained under this part



1401 for criminal investigation or prosecution purposes or for any  
1402 purpose other than the respondent's civil commitment under this  
1403 chapter.

1404 (e) The court may appoint a magistrate to preside at the  
1405 hearing on the petition and any ancillary proceedings, which may  
1406 include, but are not limited to, writs of habeas corpus issued  
1407 pursuant to s. 394.459. At least one of the professionals who  
1408 executed the involuntary services petition certificate must  
1409 testify at the hearing, and the court must allow individuals,  
1410 such as family members, to testify about the respondent's prior  
1411 history and how that history relates to his or her current  
1412 condition if such individual is called as a party's witness and  
1413 the information is relevant and admissible under state law. The  
1414 court must also consider testimony and evidence regarding the  
1415 respondent's competence to consent to treatment, and if the  
1416 court concludes that the respondent is incompetent to consent to  
1417 treatment, the court must appoint a guardian advocate as  
1418 provided in s. 394.4598 and state the reasons for the  
1419 appointment in the order.

1420 (f)1. If the court concludes that the respondent meets the  
1421 criteria for involuntary services, it may order in writing that  
1422 the person receive up to 6 months of involuntary inpatient  
1423 placement, involuntary outpatient services if the requirements  
1424 of s. 394.4655 are met and such services are available in the  
1425 local community, or some combination of both services which best

1426 meets the respondent's needs. The written order must specify the  
1427 nature and extent of the respondent's mental illness as well as  
1428 any co-occurring issues, the reasons the commitment criteria are  
1429 satisfied, and the length of time the respondent is to be  
1430 ordered into inpatient or outpatient services. If the respondent  
1431 is recommended for inpatient placement in a treatment facility,  
1432 the court may also order that the respondent be retained at a  
1433 receiving facility while awaiting transfer to a treatment  
1434 facility or, if the respondent is at a treatment facility, that  
1435 the respondent be retained there or be treated at another  
1436 appropriate facility for up to 6 months on an involuntary basis.

1437 2. The court may not order a respondent with a  
1438 developmental disability as defined in s. 393.063, a traumatic  
1439 brain injury, or dementia who lacks a co-occurring mental  
1440 illness to be involuntarily placed in a state treatment  
1441 facility.

1442 (g)1. If at any time before the conclusion of the hearing  
1443 the court determines that the respondent does not meet the  
1444 criteria of this section, but instead meets the criteria for  
1445 involuntary admission or treatment for substance use disorder  
1446 pursuant to s. 397.675, the court may order that the respondent  
1447 be admitted for involuntary assessment pursuant to s. 397.6957.  
1448 Thereafter, all proceedings are governed by chapter 397.

1449 2. The court may also have the respondent evaluated by the  
1450 Agency for Persons with Disabilities if he or she has an

1451 intellectual disability or autism and reasonably appears to meet  
1452 the commitment criteria of s. 393.11, and any subsequent  
1453 proceedings shall be governed by that section.

1454 (h)1. The petitioning facility's administrator or the  
1455 designated department representative must provide a copy of the  
1456 written order and adequate documentation of a respondent's  
1457 mental illness and co-occurring issues to the involuntary  
1458 outpatient services provider or the treatment facility  
1459 administrator if the respondent is ordered for involuntary  
1460 inpatient placement, whether by a civil or a criminal court.  
1461 Such documentation must include any advance directives made by  
1462 the respondent, a psychiatric evaluation of the respondent, and  
1463 any evaluations of the respondent performed by a psychiatric  
1464 nurse, a clinical psychologist, a marriage and family therapist,  
1465 a mental health counselor, or a clinical social worker.

1466 2. The treatment facility administrator may refuse  
1467 admission of the respondent who is involuntarily ordered to a  
1468 facility if the court order for admission is not accompanied by  
1469 the documentation specified in subparagraph 1.

1470 (i) If a person in involuntary inpatient placement is  
1471 being treated at a receiving facility and continues to meet the  
1472 criteria of subsection (1) but the court order authorizing  
1473 involuntary services is set to expire, the receiving facility  
1474 administrator must, before the court order expires, file a  
1475 petition for continued involuntary services in accordance with

1476 subsections (2) and (3). The court shall appoint counsel for the  
1477 respondent and hear such petition pursuant to subsections (4)  
1478 and this subsection.

1479 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT  
1480 PLACEMENT AT A TREATMENT FACILITY.—

1481 (a) Hearings on petitions for continued involuntary  
1482 inpatient placement of an individual placed at a treatment  
1483 facility are administrative hearings and must be conducted in  
1484 accordance with s. 120.57, except that any order entered by the  
1485 administrative law judge is final and subject to judicial review  
1486 in accordance with s. 120.68. Testimony must be given under  
1487 oath, and the proceedings must be recorded. Orders concerning  
1488 respondents committed after successfully pleading not guilty by  
1489 reason of insanity are governed by s. 916.15.

1490 (b)1. If it reasonably appears that the respondent  
1491 continues to meet the criteria for involuntary inpatient  
1492 placement and is being treated at a treatment facility, the  
1493 treatment facility administrator must, before the expiration of  
1494 the period the treatment facility is authorized to retain the  
1495 patient, file a petition for continued involuntary inpatient  
1496 placement. The administrative law judge shall schedule the  
1497 hearing as soon as practicable, and the existing commitment  
1498 order shall remain in effect until the disposition of the  
1499 petition. The petition must be accompanied by a statement from  
1500 the respondent's qualified professional justifying the request,

1501 a brief description of the respondent's treatment during the  
1502 time he or she has been involuntarily placed, and an  
1503 individualized plan of continued treatment which was developed  
1504 in consultation with the respondent and his or her guardian or  
1505 guardian advocate, if applicable and appropriate.

1506 2. Unless the respondent is otherwise represented, the  
1507 public defender of the circuit in which the facility is located  
1508 must represent the respondent.

1509 3. Notwithstanding the requirement that notice of the  
1510 hearing must be provided pursuant to s. 394.4599, notice  
1511 required under this subsection must be given pursuant to this  
1512 subparagraph. Except as otherwise provided, a treatment facility  
1513 that files a petition under this paragraph must serve a copy of  
1514 the petition, notice of hearing, order, and any motions by mail,  
1515 with the date, time, and method of delivery documented in the  
1516 clinical record, on all of the following:

1517 a. The respondent, but the treatment facility may have an  
1518 employee serve its patient by hand delivery.

1519 b. The respondent's attorney, unless he or she  
1520 electronically receives service of the document through an  
1521 existing data system of the Division of Administrative Hearings.

1522 c. The respondent's guardian, guardian advocate, health  
1523 care surrogate or proxy, and representative, but such  
1524 individuals may be served electronically if they provide the  
1525 facility with an e-mail address.

1526  
1527 Any person who is also a member of The Florida Bar may be served  
1528 under this subparagraph by e-mail.

1529 4. The hearing must be held in person unless all parties  
1530 agree otherwise. However, upon a finding of good cause, the  
1531 administrative law judge may permit witnesses to testify under  
1532 oath remotely using audio-video technology satisfactory to the  
1533 administrative law judge. A witness intending to testify  
1534 remotely must provide the parties with all relevant documents he  
1535 or she will rely on for such testimony by the close of business  
1536 on the day before the hearing. The respondent must be present  
1537 for, but may refuse to testify at, the hearing. However, if the  
1538 administrative law judge finds that the respondent's attendance  
1539 at the hearing is inconsistent with his or her best interests or  
1540 is likely to be injurious to self or others, or the respondent  
1541 knowingly, intelligently, and voluntarily waives his or her  
1542 right to be present, the administrative law judge may waive the  
1543 respondent's attendance from all or any portion of the hearing.

1544 (c)1. If, at a hearing, it is shown that the respondent  
1545 continues to meet the criteria for involuntary inpatient  
1546 placement by clear and convincing evidence, the administrative  
1547 law judge must issue an order for continued involuntary  
1548 inpatient placement for no more than 6 months.

1549 2. If the respondent was previously found incompetent to  
1550 consent to treatment, the administrative law judge may consider

1551 testimony and evidence regarding the respondent's competence.  
1552 Upon determining that the respondent is now competent to consent  
1553 to treatment, the administrative law judge may issue an order to  
1554 the court that found the respondent incompetent to consent to  
1555 treatment which recommends that the respondent's competence be  
1556 restored and that any previously appointed guardian advocate be  
1557 discharged. The guardian advocate's discharge is governed by s.  
1558 394.4598(8).

1559 (d) If continued involuntary inpatient placement is  
1560 necessary for a respondent admitted while serving a criminal  
1561 sentence but such sentence is about to expire, or for a minor  
1562 involuntarily placed who is about to reach the age of 18, the  
1563 treatment facility administrator must petition the  
1564 administrative law judge for an order authorizing the continued  
1565 involuntary inpatient placement.

1566  
1567 The procedure required in this subsection must be followed  
1568 before the expiration of each additional period the respondent  
1569 is receiving involuntarily services.

1570 (8) RETURN TO FACILITY.—If a respondent involuntarily held  
1571 at a receiving or treatment facility under this section leaves  
1572 the facility without the facility administrator's authorization,  
1573 the administrator may authorize a search for the person and  
1574 return him or her to the facility. The administrator may request  
1575 the assistance of a law enforcement agency in this regard.

1576        (9) DISCHARGE.—The respondent must be discharged upon  
 1577 expiration of the commitment order or at any time he or she no  
 1578 longer meets the criteria for involuntary services, unless the  
 1579 person has been transferred to voluntary status. Upon discharge,  
 1580 the service provider or facility shall send a certificate of  
 1581 discharge to the court, the state attorney, and, as applicable,  
 1582 the respondent's counsel, guardian, guardian advocate, or legal  
 1583 custodian.

1584            **Section 11. Subsection (2) of section 394.468, Florida**  
 1585 **Statutes, is amended to read:**

1586            394.468 Admission and discharge procedures.—

1587            (2) Discharge planning and procedures for any patient's  
 1588 release from a receiving facility or a treatment facility must  
 1589 include and document the patient's needs, and actions to address  
 1590 such needs, for, at a minimum:

- 1591            (a) Follow-up behavioral health appointments;
- 1592            (b) Information on how to obtain prescribed medications;
- 1593 ~~and~~

- 1594            (c) Information pertaining to:
  - 1595            1. Available living arrangements;
  - 1596            2. Transportation; and
  - 1597            3. Resources offered through the Agency for Persons with  
 1598 Disabilities, the Department of Elderly Affairs, and the  
 1599 Department of Veterans' Affairs, when applicable; and

- 1600            (d) Referral to, when appropriate:



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2025

1601 1. Care coordination services. The patient must be  
1602 referred for care coordination services if the patient meets the  
1603 criteria as a member of a priority population as determined by  
1604 the department under s. 394.9082(3)(c) and is in need of such  
1605 services;—

1606 2. Recovery support opportunities under s. 394.4573(2)(1),  
1607 including, but not limited to, connection to a peer specialist;  
1608 and

1609 3. Resources to address co-occurring issues, such as  
1610 medical conditions, developmental disabilities, or substance use  
1611 disorders.

1612 **Section 12. Subsection (2) of section 394.4785, Florida**  
1613 **Statutes, is amended to read:**

1614 394.4785 Children and adolescents; admission and placement  
1615 in mental facilities.—

1616 (2) A person under the age of 14 who is admitted to any  
1617 hospital licensed pursuant to chapter 395 may not be admitted to  
1618 a bed in a room or ward with an adult patient in a mental health  
1619 unit or share common areas with an adult patient in a mental  
1620 health unit. However, a person 14 years of age or older may be  
1621 admitted to a bed in a room or ward in the mental health unit  
1622 with an adult if the qualified professional who assessed the  
1623 person ~~admitting physician or psychiatric nurse~~ documents in the  
1624 case record that such placement is medically indicated or for  
1625 reasons of safety. Such placement must be reviewed by the

1626 attending physician or a designee or on-call physician each day  
 1627 and documented in the case record.

1628 **Section 13. Subsection (3) of section 394.495, Florida**  
 1629 **Statutes, is amended to read:**

1630 394.495 Child and adolescent mental health system of care;  
 1631 programs and services.—

1632 (3) Assessments must be performed by:

1633 (a) A qualified professional as ~~clinical psychologist,~~  
 1634 ~~clinical social worker, physician, psychiatric nurse, or~~  
 1635 ~~psychiatrist, as those terms are defined in s. 394.455;~~

1636 (b) A professional licensed under chapter 491, such as a  
 1637 clinical social worker; or

1638 (c) A person who is under the direct supervision of a  
 1639 qualified professional, as the term is ~~clinical psychologist,~~  
 1640 ~~clinical social worker, physician, psychiatric nurse, or~~  
 1641 ~~psychiatrist, as those terms are defined in s. 394.455, or a~~  
 1642 professional licensed under chapter 491.

1643 **Section 14. Subsection (5) of section 394.496, Florida**  
 1644 **Statutes, is amended to read:**

1645 394.496 Service planning.—

1646 (5) A qualified professional as ~~clinical psychologist,~~  
 1647 ~~clinical social worker, physician, psychiatric nurse, or~~  
 1648 ~~psychiatrist, as those terms are defined in s. 394.455,~~ or a  
 1649 professional licensed under chapter 491 must be included among  
 1650 those persons developing the services plan.

1651           **Section 15. Paragraph (a) and (d) of subsection (2) of**  
 1652 **section 394.499, Florida Statutes, are amended to read:**

1653           394.499 Integrated children's crisis stabilization  
 1654 unit/juvenile addictions receiving facility services.—

1655           (2) Children eligible to receive integrated children's  
 1656 crisis stabilization unit/juvenile addictions receiving facility  
 1657 services include:

1658           (a) A minor whose parent or legal guardian provides  
 1659 express and informed consent for the ~~makes~~ voluntary admission  
 1660 ~~application based on the parent's express and informed consent,~~  
 1661 and the requirements of s. 394.4625(1) (a) are met.

1662           (d) A person under 18 years of age who meets the criteria  
 1663 for involuntary admission because there is good faith reason to  
 1664 believe the person is substance abuse impaired pursuant to s.  
 1665 397.675 and, because of such impairment:

1666           1. Has lost the power of self-control with respect to  
 1667 substance use; and

1668           2.a. Has inflicted, or threatened or attempted to inflict,  
 1669 or unless admitted is likely to inflict, ~~physical~~ harm on  
 1670 himself or herself or another; or

1671           b. Is in need of substance abuse services and, by reason  
 1672 of substance abuse impairment, his or her judgment has been so  
 1673 impaired that the person is incapable of appreciating his or her  
 1674 need for such services and of making a rational decision in  
 1675 regard thereto; however, mere refusal to receive such services

1676 | does not constitute evidence of lack of judgment with respect to  
 1677 | his or her need for such services.

1678 | **Section 16. Subsection (3) of section 394.676, Florida**  
 1679 | **Statutes, is amended to read:**

1680 | 394.676 Indigent psychiatric medication program.—

1681 | (3) To the extent possible within existing appropriations,  
 1682 | the department must ensure that non-Medicaid-eligible indigent  
 1683 | individuals discharged from mental health treatment facilities  
 1684 | continue to receive the medications which effectively stabilized  
 1685 | their mental illness in the treatment facility, or newer  
 1686 | medications, without substitution by a service provider unless  
 1687 | such substitution is clinically indicated as determined by the  
 1688 | ~~licensed physician, psychiatrist, psychiatric nurse, or~~  
 1689 | physician assistant in psychiatry responsible for such  
 1690 | individual's psychiatric care.

1691 | **Section 17. Paragraph (a) of subsection (1) of section**  
 1692 | **394.875, Florida Statutes, is amended to read:**

1693 | 394.875 Crisis stabilization units, residential treatment  
 1694 | facilities, and residential treatment centers for children and  
 1695 | adolescents; authorized services; license required.—

1696 | (1) (a) The purpose of a crisis stabilization unit is to  
 1697 | stabilize and redirect a client to the most appropriate and  
 1698 | least restrictive community setting available, consistent with  
 1699 | the client's needs. Crisis stabilization units may screen,  
 1700 | assess, and admit for stabilization persons who present

1701 themselves to the unit and persons who are brought to the unit  
 1702 under s. 394.463. Clients may be provided 24-hour observation;~~;~~  
 1703 medication prescribed by a physician, a psychiatrist, a ~~ex~~  
 1704 psychiatric nurse, or a physician assistant in psychiatry;  
 1705 ~~practicing within the framework of an established protocol with~~  
 1706 ~~a psychiatrist,~~ and other appropriate services. Crisis  
 1707 stabilization units shall provide services regardless of the  
 1708 client's ability to pay.

1709 **Section 18. Present subsections (30) through (37) and (38)**  
 1710 **through (51) of section 397.311, Florida Statutes, are**  
 1711 **redesignated as subsections (31) through (38) and (40) through**  
 1712 **(53), respectively, and new subsections (30) and (39) are added**  
 1713 **to that section, to read:**

1714 397.311 Definitions.—As used in this chapter, except part  
 1715 VIII, the term:

1716 (30) "Neglect or refuse to care for himself or herself"  
 1717 includes, but is not limited to, evidence that a person:

1718 (a) Is, for a reason other than indigence, unable to  
 1719 satisfy basic needs for nourishment, clothing, medical care,  
 1720 shelter, or safety, thereby creating a substantial probability  
 1721 of imminent death, serious physical debilitation, or disease; or

1722 (b) Is substantially unable to make an informed treatment  
 1723 choice, after an explanation of the advantages and disadvantages  
 1724 of, and alternatives to, treatment, and needs care or treatment  
 1725 to prevent relapse or deterioration. However, none of the

1726 following constitutes a refusal to accept treatment:

1727 1. A willingness to take medication appropriate for the  
1728 person's condition, but a reasonable disagreement about  
1729 medication type or dosage;

1730 2. A good faith effort to follow a reasonable services  
1731 plan;

1732 3. An inability to obtain access to appropriate treatment  
1733 because of inadequate health care coverage or an insurer's  
1734 refusal or delay in providing coverage for treatment; or

1735 4. An inability to obtain access to needed services  
1736 because the provider has no available treatment beds or  
1737 qualified professionals, the provider will only accept patients  
1738 who are under court order, or the provider gives persons under  
1739 court order priority over voluntary patients in obtaining  
1740 treatment and services.

1741 (39) "Real and present threat of substantial harm" means a  
1742 substantial probability that, in view of his or her treatment  
1743 history and current behavior, the untreated person will:

1744 (a) Lack, refuse, or not receive services for health and  
1745 safety which are available in the community and he or she would,  
1746 based on a clinical determination, be unable to survive without  
1747 supervision; or

1748 (b) Suffer severe mental, emotional, or physical harm that  
1749 will result in the loss of his or her ability to function in the  
1750 community or in the loss of cognitive or volitional control over

1751 thoughts or actions.

1752 **Section 19. Section 397.416, Florida Statutes, is amended**  
1753 **to read:**

1754 397.416 Substance abuse treatment services; qualified  
1755 professional.—Notwithstanding any other provision of law, a  
1756 person who was certified through a certification process  
1757 recognized by the former Department of Health and Rehabilitative  
1758 Services before January 1, 1995, may perform the duties of a  
1759 qualified professional with respect to substance abuse treatment  
1760 services as defined in this chapter, and need not meet the  
1761 certification requirements contained in s. 397.311 ~~s.~~  
1762 ~~397.311(36)~~.

1763 **Section 20. Subsection (8) of section 397.501, Florida**  
1764 **Statutes, is amended to read:**

1765 397.501 Rights of individuals.—Individuals receiving  
1766 substance abuse services from any service provider are  
1767 guaranteed protection of the rights specified in this section,  
1768 unless otherwise expressly provided, and service providers must  
1769 ensure the protection of such rights.

1770 (8) RIGHT TO COUNSEL.—Each individual must be informed  
1771 that he or she has the right to be represented by counsel in any  
1772 judicial proceeding for involuntary treatment services and that  
1773 he or she, or if the individual is a minor his or her parent,  
1774 legal guardian, or legal custodian, may apply immediately to the  
1775 court to have an attorney appointed if he or she has not

1776 retained private counsel ~~cannot afford one.~~

1777 **Section 21. Section 397.675, Florida Statutes, is amended**  
 1778 **to read:**

1779 397.675 Criteria for involuntary admissions, including  
 1780 protective custody, emergency admission, and other involuntary  
 1781 assessment, involuntary treatment, and alternative involuntary  
 1782 assessment for minors, for purposes of assessment and  
 1783 stabilization, and for involuntary treatment.—A person meets the  
 1784 criteria for involuntary admission if there is good faith reason  
 1785 to believe that the person is substance abuse impaired or has a  
 1786 substance use disorder and a co-occurring mental health disorder  
 1787 and, because of such impairment or disorder:

1788 (1) Has lost the power of self-control with respect to  
 1789 substance abuse or has a history of noncompliance with substance  
 1790 abuse treatment with continued substance use; and

1791 (2) ~~(a)~~ Is in need of substance abuse services and, by  
 1792 reason of substance abuse impairment, his or her judgment has  
 1793 been so impaired that he or she is refusing voluntary care after  
 1794 a sufficient and conscientious explanation and disclosure of the  
 1795 services' purpose, or is incapable of appreciating his or her  
 1796 need for such services and of making a rational decision in that  
 1797 regard, although mere refusal to receive such services does not  
 1798 constitute evidence of lack of judgment with respect to his or  
 1799 her need for such services; and ~~or~~

1800 (3) (a) ~~(b)~~ Without care or treatment, is likely to suffer



1801 from neglect or refuse to care for himself or herself; that such  
 1802 neglect or refusal poses a real and present threat of  
 1803 substantial harm to his or her well-being; and that it is not  
 1804 apparent that such harm may be avoided through the help of  
 1805 willing, able, and responsible family members or friends or the  
 1806 provision of other services;~~;~~ or

1807 (b) There is a substantial likelihood that in the near  
 1808 future and without services, the person will inflict serious  
 1809 harm to self or others, as evidenced by recent behavior causing,  
 1810 attempting, or threatening such harm ~~has inflicted, or~~  
 1811 ~~threatened to or attempted to inflict, or, unless admitted, is~~  
 1812 ~~likely to inflict, physical harm on himself, herself, or~~  
 1813 ~~another.~~

1814 **Section 22. Section 397.681, Florida Statutes, is amended**  
 1815 **to read:**

1816 397.681 Involuntary petitions; general provisions; court  
 1817 jurisdiction and right to counsel.—

1818 (1) JURISDICTION.—The courts have jurisdiction of  
 1819 involuntary treatment petitions for substance abuse impaired  
 1820 persons, and such petitions must be filed with the clerk of the  
 1821 court in the county where the person resides or, upon a finding  
 1822 of good cause, is located. The clerk of the court may not charge  
 1823 a fee for the filing of a petition under this section. The chief  
 1824 judge may appoint a ~~general or special~~ magistrate to preside  
 1825 over all or part of the proceedings related to the petition or

1826 any ancillary matters, which include, but are not limited to,  
1827 writs of habeas corpus issued pursuant to s. 397.501. The  
1828 alleged impaired person is named as the respondent.

1829 (2) RIGHT TO COUNSEL.—A respondent has the right to  
1830 counsel at every stage of a judicial proceeding relating to a  
1831 petition for his or her involuntary treatment for substance  
1832 abuse impairment; however, the respondent may waive that right  
1833 if the respondent is present and the court finds that such  
1834 waiver is made knowingly, intelligently, and voluntarily. An  
1835 indigent ~~A respondent who desires counsel and is also entitled~~  
1836 ~~unable to afford private counsel has the right to court-~~  
1837 ~~appointed counsel and to the benefits of s. 57.081.~~ If the court  
1838 believes that the respondent needs or desires the assistance of  
1839 counsel and has not retained private counsel, the court must  
1840 ~~shall~~ appoint such counsel for the respondent without regard to  
1841 the respondent's wishes. If the respondent is a minor not  
1842 otherwise represented in the proceeding, the court must ~~shall~~  
1843 immediately appoint a guardian ad litem to act on the minor's  
1844 behalf.

1845 (3) STATE REPRESENTATIVE.—For all court-involved  
1846 involuntary proceedings under this chapter, the state attorney  
1847 for the circuit in which the petition was filed shall represent  
1848 the state, rather than the petitioner, as the real party in  
1849 interest in the proceeding, but the petitioner, whether pro se  
1850 or through counsel, has the right to be heard. Furthermore,

1851 while the state attorney shall have access to the respondent's  
 1852 clinical records, it may not use any record obtained under this  
 1853 subsection for criminal investigation or prosecution purposes or  
 1854 for any purpose other than the respondent's civil commitment  
 1855 under this chapter. Any record obtained under this subsection  
 1856 must remain confidential.

1857 **Section 23.** Section 397.6818, Florida Statutes, is  
 1858 repealed.

1859 **Section 24. Section 397.68111, Florida Statutes, is**  
 1860 **renumbered as section 397.693, Florida Statutes, and section**  
 1861 **397.693, Florida Statutes, is revived and reenacted, to read:**

1862 397.693 ~~397.68111~~ Involuntary treatment.—A person may be  
 1863 the subject of a petition for court-ordered involuntary  
 1864 treatment pursuant to this part if that person:

- 1865 (1) Reasonably appears to meet the criteria for
- 1866 involuntary admission provided in s. 397.675;
- 1867 (2) Has been placed under protective custody pursuant to
- 1868 s. 397.677 within the previous 10 days;
- 1869 (3) Has been subject to an emergency admission pursuant to
- 1870 s. 397.679 within the previous 10 days; or
- 1871 (4) Has been assessed by a qualified professional within
- 1872 30 days.

1873 **Section 25. Section 397.68112, Florida Statutes, is**  
 1874 **renumbered as section 397.695, Florida Statutes, and section**  
 1875 **397.695, Florida Statutes, is revived and reenacted, to read:**

1876            397.695 ~~397.68112~~ Involuntary services; persons who may  
 1877 petition.—

1878            (1) If the respondent is an adult, a petition for  
 1879 involuntary treatment services may be filed by the respondent's  
 1880 spouse or legal guardian, any relative, a service provider, or  
 1881 an adult who has direct personal knowledge of the respondent's  
 1882 substance abuse impairment and his or her prior course of  
 1883 assessment and treatment.

1884            (2) If the respondent is a minor, a petition for  
 1885 involuntary treatment services may be filed by a parent, legal  
 1886 guardian, or service provider.

1887            (3) The court may prohibit, or a law enforcement agency  
 1888 may waive, any service of process fees if a petitioner is  
 1889 determined to be indigent.

1890            **Section 26. Section 397.68141, Florida Statutes, is**  
 1891 **renumbered as section 397.6951, Florida Statutes, and section**  
 1892 **397.6951, Florida Statutes, is revived, reenacted, and amended,**  
 1893 **to read:**

1894            397.6951 ~~397.68141~~ Contents of petition for involuntary  
 1895 treatment services.—

1896            (1) A petition for involuntary services must contain the  
 1897 name of the respondent; the name of the petitioner; the  
 1898 relationship between the respondent and the petitioner; the name  
 1899 of the respondent's attorney, if known; and the factual  
 1900 allegations presented by the petitioner establishing the need

1901 for involuntary services for substance abuse impairment. The  
1902 factual allegations must demonstrate the reason for the  
1903 petitioner's belief that the respondent:

1904 (a) Has lost the power of self-control with respect to  
1905 substance abuse or has a history of noncompliance with substance  
1906 abuse treatment with continued substance use;

1907 (b) Needs substance abuse services, but his or her  
1908 judgment is so impaired by substance abuse that he or she either  
1909 is refusing voluntary care after a sufficient and conscientious  
1910 explanation and disclosure of the services' purpose, or is  
1911 incapable of appreciating his or her need for such services and  
1912 of making a rational decision in that regard; and

1913 (c)1. Without services, is likely to suffer from neglect  
1914 or refuse to care for himself or herself; that the neglect or  
1915 refusal poses a real and present threat of substantial harm to  
1916 his or her well-being; and that it is not apparent that the harm  
1917 may be avoided through the help of willing, able, and  
1918 responsible family members or friends or the provision of other  
1919 services; or

1920 2. There is a substantial likelihood that in the near  
1921 future and without services, the respondent will inflict serious  
1922 harm to self or others, as evidenced by recent behavior causing,  
1923 attempting, or threatening such harm.

1924 (2) The petition may be accompanied by a certificate or  
1925 report from a qualified professional who examined the respondent

1926 no more than 30 days before the treatment petition's filing. The  
1927 certificate or report must include the qualified professional's  
1928 findings relating to his or her assessment of the patient and  
1929 his or her treatment recommendations. If the respondent was not  
1930 assessed before the treatment petition's filing or refused to  
1931 submit to an evaluation, the lack of assessment or refusal must  
1932 be noted in the petition.

1933 ~~(1) The factual allegations must demonstrate:~~

1934 ~~(a) The reason for the petitioner's belief that the~~  
1935 ~~respondent is substance abuse impaired;~~

1936 ~~(b) The reason for the petitioner's belief that because of~~  
1937 ~~such impairment the respondent has lost the power of self-~~  
1938 ~~control with respect to substance abuse; and~~

1939 ~~(c)1. The reason the petitioner believes that the~~  
1940 ~~respondent has inflicted or is likely to inflict physical harm~~  
1941 ~~on himself or herself or others unless the court orders the~~  
1942 ~~involuntary services; or~~

1943 ~~2. The reason the petitioner believes that the~~  
1944 ~~respondent's refusal to voluntarily receive care is based on~~  
1945 ~~judgment so impaired by reason of substance abuse that the~~  
1946 ~~respondent is incapable of appreciating his or her need for care~~  
1947 ~~and of making a rational decision regarding that need for care.~~

1948 ~~(2) The petition may be accompanied by a certificate or~~  
1949 ~~report of a qualified professional who examined the respondent~~  
1950 ~~within 30 days before the petition was filed. The certificate or~~

1951 ~~report must include the qualified professional's findings~~  
1952 ~~relating to his or her assessment of the patient and his or her~~  
1953 ~~treatment recommendations. If the respondent was not assessed~~  
1954 ~~before the filing of a treatment petition or refused to submit~~  
1955 ~~to an evaluation, the lack of assessment or refusal must be~~  
1956 ~~noted in the petition.~~

1957 (3) If there is an emergency, the petition must also  
1958 describe the respondent's exigent circumstances and include a  
1959 request for an ex parte assessment and stabilization order that  
1960 must be executed pursuant to s. 397.6955 ~~s. 397.68151~~.

1961 **Section 27. Section 397.68151, Florida Statutes, is**  
1962 **renumbered as section 397.6955, Florida Statutes, and section**  
1963 **397.6955, Florida Statutes, is revived, reenacted, and amended,**  
1964 **to read:**

1965 397.6955 ~~397.68151~~ Duties of court upon filing of petition  
1966 for involuntary services.—

1967 (1) Upon the filing of a petition for involuntary services  
1968 for a substance abuse impaired person with the clerk of the  
1969 court, the clerk must notify the state attorney's office. In  
1970 addition, the court shall immediately determine whether the  
1971 respondent is represented by an attorney or whether the  
1972 appointment of counsel for the respondent is appropriate. If,  
1973 based on the contents of the petition, the court appoints  
1974 counsel for the person, the clerk of the court shall immediately  
1975 notify the office of criminal conflict and civil regional

1976 counsel, created pursuant to s. 27.511, of the appointment. The  
1977 office of criminal conflict and civil regional counsel shall  
1978 represent the person until the petition is dismissed, the court  
1979 order expires, the person is discharged from involuntary  
1980 treatment services, or the office is otherwise discharged by the  
1981 court. An attorney that represents the person named in the  
1982 petition shall have access to the person, witnesses, and records  
1983 relevant to the presentation of the person's case and shall  
1984 represent the interests of the person, regardless of the source  
1985 of payment to the attorney.

1986 (2) The court shall schedule a hearing to be held on the  
1987 petition within 10 court working days unless a continuance is  
1988 granted. ~~The court may appoint a magistrate to preside at the~~  
1989 ~~hearing.~~

1990 (3) A copy of the petition and notice of the hearing must  
1991 be provided to the respondent; the respondent's parent,  
1992 guardian, or legal custodian, in the case of a minor; the  
1993 respondent's attorney, if known; the petitioner; the  
1994 respondent's spouse or guardian, if applicable; and such other  
1995 persons as the court may direct. If the respondent is a minor, a  
1996 copy of the petition and notice of the hearing must be  
1997 personally delivered to the respondent. The clerk shall also  
1998 issue a summons to the person whose admission is sought, and,  
1999 unless a circuit court's chief judge authorizes disinterested  
2000 private process servers to serve parties under this chapter, a



2001 law enforcement agency must effect such service on the person  
 2002 whose admission is sought for the initial treatment hearing.

2003 (4) (a) When the petitioner asserts that emergency  
 2004 circumstances exist, or when upon review of the petition the  
 2005 court determines that an emergency exists, the court may rely  
 2006 solely on the contents of the petition and, without the  
 2007 appointment of an attorney, enter an ex parte order for the  
 2008 respondent's involuntary assessment and stabilization which must  
 2009 be executed during the period when the hearing on the petition  
 2010 for treatment is pending. The court may further order a law  
 2011 enforcement officer or another designated agent of the court to:

2012 1. Take the respondent into custody and deliver him or her  
 2013 for evaluation to either the nearest appropriate licensed  
 2014 service provider or a licensed service provider designated by  
 2015 the court; and

2016 2. Serve the respondent with the notice of hearing and a  
 2017 copy of the petition.

2018 (b) The service provider may not hold the respondent for  
 2019 longer than 72 hours of observation, unless:

2020 1. The service provider seeks additional time under s.  
 2021 397.6957(1)(c) and the court, after a hearing, grants such  
 2022 motion providing additional time;

2023 2. The respondent shows signs of withdrawal, or a need to  
 2024 be either detoxified or treated for a medical condition, which  
 2025 shall extend the amount of time the respondent may be held for

2026 observation until the issue is resolved but no later than the  
2027 scheduled hearing date, absent a court-approved extension; or

2028 3. The original or extended observation period ends on a  
2029 weekend or holiday, including the hours before the ordinary  
2030 business hours of the following workday morning, in which case  
2031 the provider may hold the respondent until the next court  
2032 working day.

2033 (c) If the ex parte order has not been executed by the  
2034 initial hearing date, it is deemed void. However, if the  
2035 respondent does not appear at the hearing for any reason,  
2036 including lack of service, and upon reviewing the petition,  
2037 testimony, and evidence presented, the court reasonably believes  
2038 the respondent meets the commitment criteria found in s. 397.675  
2039 and that a substance abuse emergency exists, the court may issue  
2040 or reissue an ex parte assessment and stabilization order that  
2041 is valid for 90 days. If the respondent's whereabouts are known  
2042 at the time of the hearing, the court:

2043 1. Shall continue the case for no more than 10 court  
2044 working days; and

2045 2. May order a law enforcement officer or another  
2046 designated agent of the court to:

2047 a. Take the respondent into custody and deliver him or her  
2048 for evaluation to either the nearest appropriate licensed  
2049 service provider or a licensed service provider designated by  
2050 the court; and

2051 b. If a hearing date is set, serve the respondent with  
 2052 notice of the rescheduled hearing and a copy of the involuntary  
 2053 treatment petition if the respondent has not already been  
 2054 served.

2055  
 2056 Otherwise, the state must inform the court that the respondent  
 2057 has been assessed so that the court may schedule a hearing as  
 2058 soon as is practicable. However, if the respondent has not been  
 2059 assessed within this 90-day period, the court must dismiss the  
 2060 case.

2061 **Section 28. Subsections (1) through (4) of section**  
 2062 **397.6957, Florida Statutes, are amended to read:**

2063 397.6957 Hearing on petition for involuntary treatment  
 2064 services.—

2065 (1) (a) The respondent must be present at a hearing on a  
 2066 petition for involuntary treatment services unless the court  
 2067 finds that he or she knowingly, intelligently, and voluntarily  
 2068 waives his or her right to be present or, upon receiving proof  
 2069 of service and evaluating the circumstances of the case, that  
 2070 his or her presence is inconsistent with his or her best  
 2071 interests or is likely to be injurious to self or others. The  
 2072 court shall hear and review all relevant and admissible  
 2073 evidence, including testimony from a party's witnesses,  
 2074 ~~individuals~~ such as family members familiar with the  
 2075 respondent's prior history and how it relates to his or her

2076 current condition, and the results of the assessment completed  
2077 by the qualified professional in connection with this chapter.  
2078 The court may also order drug tests. The hearing must be held in  
2079 person unless all parties agree otherwise. However, upon a  
2080 finding of good cause, the court may permit witnesses to testify  
2081 under oath remotely using audio-video technology satisfactory to  
2082 the court ~~Witnesses may remotely attend and, as appropriate,~~  
2083 ~~testify at the hearing under oath via audio-video~~  
2084 ~~telecommunications technology.~~ A witness intending to testify  
2085 remotely ~~attend and testify~~ must provide the parties with all  
2086 relevant documents he or she will rely on for such testimony by  
2087 the close of business on the day before the hearing.

2088 (b)1. A respondent may not be involuntarily ordered into  
2089 treatment under this chapter without a clinical assessment being  
2090 performed, unless he or she is present in court and expressly  
2091 waives the assessment. In nonemergency situations, if the  
2092 respondent was not, or had previously refused to be, assessed by  
2093 a qualified professional and, based on the petition, testimony,  
2094 and evidence presented, it reasonably appears that the  
2095 respondent qualifies for involuntary treatment services, the  
2096 court shall issue an involuntary assessment and stabilization  
2097 order to determine the appropriate level of treatment the  
2098 respondent requires. Additionally, in cases where an assessment  
2099 was attached to the petition or there is a possibility of bias,  
2100 the respondent may request, or the court on its own motion may

2101 order, an independent assessment by a court-appointed or  
2102 otherwise agreed upon qualified professional. ~~The respondent~~  
2103 ~~shall be informed by the court of the right to an independent~~  
2104 ~~assessment.~~

2105 2. If an assessment order is issued, it is valid for 90  
2106 days, and if the respondent is present or there is either proof  
2107 of service or his or her location is known, the involuntary  
2108 treatment hearing shall be continued for no more than 10 court  
2109 working days. Otherwise, the state ~~petitioner~~ must inform the  
2110 court that the respondent has been assessed so that the court  
2111 may schedule a hearing as soon as is practicable. The assessment  
2112 must occur before the new hearing date, and if there is evidence  
2113 indicating that the respondent will not voluntarily appear at  
2114 the forthcoming hearing or is a danger to self or others, the  
2115 court may enter a preliminary order committing the respondent to  
2116 an appropriate treatment facility for further evaluation until  
2117 the date of the rescheduled hearing. However, if after 90 days  
2118 the respondent remains unassessed, the court shall dismiss the  
2119 case.

2120 (c)1. Involuntary assessments may be performed at a  
2121 licensed detoxification or addictions receiving facility, a  
2122 licensed service provider or its lesser restrictive component,  
2123 or a hospital. The respondent's assessment by a qualified  
2124 professional must occur within 72 hours after his or her arrival  
2125 at such facility ~~a licensed service provider~~ unless the

2126 | respondent shows signs of withdrawal or a need to be either  
2127 | detoxified or treated for a medical condition, which shall  
2128 | extend the amount of time the respondent may be held for  
2129 | observation until such issue is resolved but no later than the  
2130 | scheduled hearing date, absent a court-approved extension. If  
2131 | the respondent is a minor, such assessment must be initiated  
2132 | within the first 12 hours of the minor's admission to the  
2133 | facility. The service provider may also move to extend the 72  
2134 | hours of observation by petitioning the court in writing for  
2135 | additional time. The service provider must furnish copies of  
2136 | such motion to all parties in accordance with applicable  
2137 | confidentiality requirements, and after a hearing, the court may  
2138 | grant additional time. If the court grants the service  
2139 | provider's petition, the service provider may continue to hold  
2140 | the respondent, and if the original or extended observation  
2141 | period ends on a weekend or holiday, including the hours before  
2142 | the ordinary business hours of the following workday morning,  
2143 | the provider may hold the respondent until the next court  
2144 | working day.

2145 |         2. No later than the ordinary close of business on the day  
2146 | before the hearing, the qualified professional shall transmit,  
2147 | in accordance with any applicable confidentiality requirements,  
2148 | his or her clinical assessment to the clerk of the court, who  
2149 | shall enter it into the court file. The report must contain a  
2150 | recommendation on the level of substance abuse treatment the

2151 respondent requires, if any, and the relevant information on  
2152 which the qualified professional's findings are based. This  
2153 document must further note whether the respondent has any co-  
2154 occurring mental health or other treatment needs. For adults  
2155 subject to an involuntary assessment, the report's filing with  
2156 the court satisfies s. 397.6758 if it also contains the  
2157 respondent's admission and discharge information. The qualified  
2158 professional's failure to include a treatment recommendation,  
2159 much like a recommendation of no treatment, shall result in the  
2160 petition's dismissal.

2161 (d) The court may order a law enforcement officer or  
2162 another designated agent of the court to take the respondent  
2163 into custody and transport him or her to the treatment facility  
2164 or the assessing service provider.

2165 (2) The state ~~petitioner~~ has the burden of proving by  
2166 clear and convincing evidence that:

2167 (a) The respondent is substance abuse impaired, has lost  
2168 the power of self-control with respect to substance abuse, or  
2169 ~~and~~ has a history of lack of compliance with treatment for  
2170 substance abuse with continued substance use; and

2171 (b) Because of such impairment, the respondent is unlikely  
2172 to voluntarily participate in the recommended services after  
2173 sufficient and conscientious explanation and disclosure of their  
2174 purpose, or is unable to determine for himself or herself  
2175 whether services are necessary and make a rational decision in

2176 that regard; and†

2177 (c)1. Without services, the respondent is likely to suffer  
2178 from neglect or refuse to care for himself or herself; that such  
2179 neglect or refusal poses a real and present threat of  
2180 substantial harm to his or her well-being; and that it is not  
2181 apparent that such harm may be avoided through the help of  
2182 willing, able, and responsible family members or friends or the  
2183 provision of other services; or

2184 2. There is a substantial likelihood that in the near  
2185 future and without services, the respondent will inflict serious  
2186 harm to self or others, as evidenced by recent behavior causing,  
2187 attempting, or threatening such harm ~~cause serious bodily harm~~  
2188 ~~to himself, herself, or another in the near future, as evidenced~~  
2189 ~~by recent behavior; or~~

2190 ~~2. The respondent's refusal to voluntarily receive care is~~  
2191 ~~based on judgment so impaired by reason of substance abuse that~~  
2192 ~~the respondent is incapable of appreciating his or her need for~~  
2193 ~~care and of making a rational decision regarding that need for~~  
2194 ~~care.~~

2195 (3) Testimony in the hearing must be taken under oath, and  
2196 the proceedings must be recorded. The respondent may refuse to  
2197 testify at the hearing.

2198 (4) If at any point during the hearing the court has  
2199 reason to believe that the respondent, due to mental illness  
2200 other than or in addition to substance abuse impairment, meets



2201 the involuntary commitment provisions of part I of chapter 394,  
2202 the court may initiate involuntary examination proceedings under  
2203 such provisions. The court may also have the respondent  
2204 evaluated by the Agency for Persons with Disabilities if he or  
2205 she has an intellectual disability or autism and reasonably  
2206 appears to meet the commitment criteria in s. 393.11, and any  
2207 subsequent proceedings shall be governed by that section.

2208 **Section 29. Section 397.697, Florida Statutes, is amended**  
2209 **to read:**

2210 397.697 Court determination; effect of court order for  
2211 involuntary treatment services.-

2212 (1) (a) When the court finds that the conditions for  
2213 involuntary treatment services have been proved by clear and  
2214 convincing evidence, it may order the respondent to receive  
2215 involuntary treatment services from a publicly funded licensed  
2216 service provider for a period not to exceed 90 days. The court  
2217 may also order a respondent to undergo treatment through a  
2218 privately funded licensed service provider if the respondent has  
2219 the ability to pay for the treatment, or if any person on the  
2220 respondent's behalf voluntarily demonstrates a willingness and  
2221 an ability to pay for the treatment. If the court finds it  
2222 necessary, it may direct the sheriff to take the respondent into  
2223 custody and deliver him or her to the licensed service provider  
2224 specified in the court order, or to the nearest appropriate  
2225 licensed service provider, for involuntary treatment services.

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2226 When the conditions justifying involuntary treatment services no  
2227 longer exist, the individual must be released as provided in s.  
2228 397.6971. When the conditions justifying involuntary treatment  
2229 services are expected to exist after 90 days of treatment  
2230 services, a renewal of the involuntary treatment services order  
2231 may be requested pursuant to s. 397.6975 before the end of the  
2232 90-day period.

2233 (b) To qualify for involuntary outpatient treatment, an  
2234 individual must be supported by a social worker or case manager  
2235 of a licensed service provider, or a willing, able, and  
2236 responsible individual appointed by the court who shall inform  
2237 the court and parties if the respondent fails to comply with his  
2238 or her outpatient program. In addition, unless the respondent  
2239 has been involuntarily ordered into residential ~~inpatient~~  
2240 treatment under this chapter at least twice during the last 36  
2241 months, or demonstrates the ability to substantially comply with  
2242 the outpatient treatment while waiting for residential services  
2243 ~~placement~~ to become available, he or she must receive an  
2244 assessment from a qualified professional or licensed physician  
2245 expressly recommending outpatient services. 7 Such services must  
2246 also be available in the county in which the respondent is  
2247 located, ~~and it must appear likely that the respondent will~~  
2248 ~~follow a prescribed outpatient care plan.~~

2249 (2) In all cases resulting in an order for involuntary  
2250 treatment services, the court shall retain jurisdiction over the

2251 case and the parties for the entry of such further orders as the  
2252 circumstances may require, including, but not limited to,  
2253 monitoring compliance with treatment, changing the treatment  
2254 modality, or initiating contempt of court proceedings for  
2255 violating any valid order issued pursuant to this chapter.  
2256 Hearings under this section may be set by motion of the parties  
2257 or under the court's own authority, and the motion and notice of  
2258 hearing for these ancillary proceedings, which include, but are  
2259 not limited to, civil contempt, must be served in accordance  
2260 with relevant court procedural rules. The court's requirements  
2261 for notification of proposed release must be included in the  
2262 original order.

2263 (3) An involuntary treatment services order also  
2264 authorizes the licensed service provider to require the  
2265 individual to receive treatment services that will benefit him  
2266 or her, including treatment services at any licensable service  
2267 component of a licensed service provider. The service provider's  
2268 authority under this section is separate and distinct from the  
2269 court's continuing jurisdiction under subsection (2), and the  
2270 service provider is subject to the court's oversight. Such  
2271 oversight includes, but is not limited to, submitting reports on  
2272 the respondent's progress in treatment or compliance with the  
2273 involuntary treatment services order. The court, however, may  
2274 not oversee program admissions, medication management, or  
2275 clinical decisions.

2276 (4) If the court orders involuntary treatment services, a  
 2277 copy of the order must be sent to the managing entity, the  
 2278 department, and the Louis de la Parte Florida Institute  
 2279 established under s. 1004.44, within 1 working day after it is  
 2280 received from the court. Documents may be submitted  
 2281 electronically through existing data systems, if applicable.

2282 (5) The department and the institute established under s.  
 2283 1004.44, shall also receive and maintain copies of the  
 2284 involuntary assessment and treatment orders issued pursuant to  
 2285 ss. 397.6955 and 397.6957 ~~ss. 397.68151, 397.6818, and 397.6957~~;  
 2286 the qualified professional assessments; the professional  
 2287 certificates; and the law enforcement officers' protective  
 2288 custody reports. The institute established under s. 1004.44  
 2289 shall use such documents to prepare annual reports analyzing the  
 2290 data the documents contain, without including patients' personal  
 2291 identifying information, and the institute shall post such  
 2292 reports on its website ~~and provide copies of the reports to the~~  
 2293 ~~department, the President of the Senate, and the Speaker of the~~  
 2294 ~~House of Representatives~~ by December 31 of each year.

2295 **Section 30. Paragraph (b) of subsection (1) of section**  
 2296 **397.6971, Florida Statutes, is amended to read:**

2297 397.6971 Early release from involuntary services.—

2298 (1) At any time before the end of the 90-day involuntary  
 2299 treatment services period, or before the end of any extension  
 2300 granted pursuant to s. 397.6975, an individual receiving

2301 involuntary treatment services may be determined eligible for  
 2302 discharge to the most appropriate referral or disposition for  
 2303 the individual when any of the following apply:

2304 (b) If the individual was admitted on the grounds of  
 2305 likelihood of self-neglect or the infliction of ~~physical~~ harm  
 2306 upon himself or herself or others, such likelihood no longer  
 2307 exists.

2308 **Section 31. Section 397.6975, Florida Statutes, is amended**  
 2309 **to read:**

2310 397.6975 Extension of involuntary treatment services  
 2311 period.—

2312 (1) Whenever a service provider believes that an  
 2313 individual who is nearing the scheduled date of his or her  
 2314 release from involuntary treatment services continues to meet  
 2315 the criteria for involuntary services in s. 397.693 ~~s. 397.68111~~  
 2316 or s. 397.6957, a petition for renewal of the involuntary  
 2317 treatment services order must be filed with the court before the  
 2318 expiration of the court-ordered services period. The petition  
 2319 may be filed by the service provider or by the person who filed  
 2320 the petition for the initial treatment order if the petition is  
 2321 accompanied by supporting documentation from the service  
 2322 provider. The court shall ~~immediately~~ schedule a hearing within  
 2323 10 court working days after ~~to be held not more than 15 days~~  
 2324 ~~after filing of the~~ petition's filing petition, and ~~the court~~  
 2325 shall provide a ~~the~~ copy of the petition for renewal and the

2326 notice of the hearing to all parties and counsel to the  
 2327 proceeding. The hearing is conducted pursuant to ss. 397.6957  
 2328 and 397.697 and must be held before the circuit court unless  
 2329 referred to a magistrate. The existing involuntary treatment  
 2330 services order shall remain in effect until any continued  
 2331 treatment order is complete, but this section does not prohibit  
 2332 the respondent from agreeing to additional treatment without a  
 2333 hearing so long as the service provider informs the court and  
 2334 parties of such agreement.

2335 (2) If the court finds that the petition for renewal of  
 2336 the involuntary treatment services ~~order~~ should be granted, it  
 2337 may order the respondent to receive involuntary treatment  
 2338 services for a period not to exceed an additional 90 days. When  
 2339 the conditions justifying involuntary treatment services no  
 2340 longer exist, the individual must be released as provided in s.  
 2341 397.6971. When the conditions justifying involuntary services  
 2342 continue to exist after an additional 90 days of service, a new  
 2343 petition requesting renewal of the involuntary treatment  
 2344 services order may be filed pursuant to this section.

2345 **Section 32. Section 397.6977, Florida Statutes, is amended**  
 2346 **to read:**

2347 397.6977 Disposition of individual upon completion of  
 2348 involuntary treatment services.-

2349 (1) At the conclusion of the 90-day period of court-  
 2350 ordered involuntary services, the respondent is automatically

2351 discharged unless a motion for renewal of the involuntary  
2352 services order has been filed with the court pursuant to s.  
2353 397.6975.

2354 (2) Discharge planning and procedures for any respondent's  
2355 release from involuntary treatment services must include and  
2356 document the respondent's needs, and actions to address such  
2357 needs, for, at a minimum:

2358 (a) Follow-up behavioral health appointments;~~;~~

2359 (b) Information on how to obtain prescribed medications;~~;~~

2360 (c) Information pertaining to available living  
2361 arrangements and transportation;~~;~~

2362 (d) Information pertaining to resources offered through  
2363 the Agency for Persons with Disabilities, the Department of  
2364 Elderly Affairs, and the Department of Veterans' Affairs, when  
2365 applicable; and

2366 (e) Referral to, when applicable:

2367 1. Recovery support opportunities under s. 394.4573(2)(1),  
2368 including, but not limited to, connection to a peer specialist;

2369 2. Resources to address co-occurring issues, such as  
2370 medical conditions, developmental disabilities, or mental  
2371 illness; and

2372 3. Care coordination services. The respondent must be  
2373 referred for care coordination services if he or she meets the  
2374 criteria as a member of a priority population as determined by  
2375 the department under s. 394.9082(3)(c).

2376           **Section 33. Subsection (6) of section 394.9085, Florida**  
 2377 **Statutes, is amended to read:**

2378           394.9085 Behavioral provider liability.—

2379           (6) For purposes of this section, the terms  
 2380 "detoxification," "addictions receiving facility," and  
 2381 "receiving facility" have the same meanings as those provided in  
 2382 ss. 397.311(27) (a)4., 397.311(27) (a)1., and 394.455 ~~394.455(40)~~,  
 2383 respectively.

2384           **Section 34. Subsection (2) of section 397.6798, Florida**  
 2385 **Statutes, is amended, and subsection (1) of that section is**  
 2386 **republished, to read:**

2387           397.6798 Alternative involuntary assessment procedure for  
 2388 minors.—

2389           (1) In addition to protective custody, emergency  
 2390 admission, and involuntary assessment and stabilization, an  
 2391 addictions receiving facility may admit a minor for involuntary  
 2392 assessment and stabilization upon the filing of an application  
 2393 to an addictions receiving facility by the minor's parent,  
 2394 guardian, or legal custodian. The application must establish the  
 2395 need for involuntary assessment and stabilization based on the  
 2396 criteria for involuntary admission in s. 397.675. Within 72  
 2397 hours after involuntary admission of a minor, the minor must be  
 2398 assessed to determine the need for further services. Assessments  
 2399 must be performed by a qualified professional. If, after the 72-  
 2400 hour period, it is determined by the attending physician that



2401 further services are necessary, the minor may be kept for a  
 2402 period of up to 5 days, inclusive of the 72-hour period.

2403 (2) An application for alternative involuntary assessment  
 2404 for a minor must establish the need for immediate involuntary  
 2405 admission and contain the name of the minor to be admitted, the  
 2406 name and signature of the applicant, the relationship between  
 2407 the minor to be admitted and the applicant, and factual  
 2408 allegations with respect to:

2409 (a) The reason for the applicant's belief that the minor  
 2410 is substance abuse impaired; and

2411 (b) The reason for the applicant's belief that because of  
 2412 such impairment the minor has lost the power of self-control  
 2413 with respect to substance abuse; and either

2414 (c)1. The reason the applicant believes that the minor has  
 2415 inflicted or is likely to inflict ~~physical~~ harm on himself or  
 2416 herself or others unless admitted; or

2417 2. The reason the applicant believes that the minor's refusal  
 2418 to voluntarily receive substance abuse services is based on  
 2419 judgment so impaired by reason of substance abuse that he or she  
 2420 is incapable of appreciating his or her need for such services  
 2421 and of making a rational decision regarding his or her need for  
 2422 services.

2423 **Section 35. Paragraph (a) of subsection (2) of section**  
 2424 **790.065, Florida Statutes, is amended to read:**

2425 790.065 Sale and delivery of firearms.—

2426 (2) Upon receipt of a request for a criminal history  
 2427 record check, the Department of Law Enforcement shall, during  
 2428 the licensee's call or by return call, forthwith:

2429 (a) Review any records available to determine if the  
 2430 potential buyer or transferee:

2431 1. Has been convicted of a felony and is prohibited from  
 2432 receipt or possession of a firearm pursuant to s. 790.23;

2433 2. Has been convicted of a misdemeanor crime of domestic  
 2434 violence, and therefore is prohibited from purchasing a firearm;

2435 3. Has had adjudication of guilt withheld or imposition of  
 2436 sentence suspended on any felony or misdemeanor crime of  
 2437 domestic violence unless 3 years have elapsed since probation or  
 2438 any other conditions set by the court have been fulfilled or  
 2439 expunction has occurred; or

2440 4. Has been adjudicated mentally defective or has been  
 2441 committed to a mental institution by a court or as provided in  
 2442 sub-sub-subparagraph b.(II), and as a result is prohibited by  
 2443 state or federal law from purchasing a firearm.

2444 a. As used in this subparagraph, "adjudicated mentally  
 2445 defective" means a determination by a court that a person, as a  
 2446 result of marked subnormal intelligence, or mental illness,  
 2447 incompetency, condition, or disease, is a danger to himself or  
 2448 herself or to others or lacks the mental capacity to contract or  
 2449 manage his or her own affairs. The phrase includes a judicial  
 2450 finding of incapacity under s. 744.331(6)(a), an acquittal by

2451 | reason of insanity of a person charged with a criminal offense,  
 2452 | and a judicial finding that a criminal defendant is not  
 2453 | competent to stand trial.

2454 |         b. As used in this subparagraph, "committed to a mental  
 2455 | institution" means:

2456 |             (I) Involuntary commitment, commitment for mental  
 2457 | defectiveness or mental illness, and commitment for substance  
 2458 | abuse. The phrase includes involuntary inpatient placement and  
 2459 | involuntary outpatient services under ~~as defined in s. 394.467,~~  
 2460 | ~~involuntary outpatient placement as defined in s. 394.4655,~~  
 2461 | involuntary assessment and stabilization under s. 397.6955 ~~s.~~  
 2462 | ~~397.6818,~~ and involuntary substance abuse treatment under s.  
 2463 | 397.6957, but does not include a person in a mental institution  
 2464 | for observation or discharged from a mental institution based  
 2465 | upon the initial review by the physician or a voluntary  
 2466 | admission to a mental institution; or

2467 |             (II) Notwithstanding sub-sub-subparagraph (I), voluntary  
 2468 | admission to a mental institution for outpatient or inpatient  
 2469 | treatment of a person who had an involuntary examination under  
 2470 | s. 394.463, where each of the following conditions have been  
 2471 | met:

2472 |                 (A) An examining physician found that the person is an  
 2473 | imminent danger to himself or herself or others.

2474 |                 (B) The examining physician certified that if the person  
 2475 | did not agree to voluntary treatment, a petition for involuntary

2476 outpatient or inpatient treatment would have been filed under s.  
2477 394.463(2)(g)4., or the examining physician certified that a  
2478 petition was filed and the person subsequently agreed to  
2479 voluntary treatment prior to a court hearing on the petition.

2480 (C) Before agreeing to voluntary treatment, the person  
2481 received written notice of that finding and certification, and  
2482 written notice that as a result of such finding, he or she may  
2483 be prohibited from purchasing a firearm, and may not be eligible  
2484 to apply for or retain a concealed weapon or firearms license  
2485 under s. 790.06 and the person acknowledged such notice in  
2486 writing, in substantially the following form:

2487  
2488 "I understand that the doctor who examined me believes I am a  
2489 danger to myself or to others. I understand that if I do not  
2490 agree to voluntary treatment, a petition will be filed in court  
2491 to require me to receive involuntary treatment. I understand  
2492 that if that petition is filed, I have the right to contest it.  
2493 In the event a petition has been filed, I understand that I can  
2494 subsequently agree to voluntary treatment prior to a court  
2495 hearing. I understand that by agreeing to voluntary treatment in  
2496 either of these situations, I may be prohibited from buying  
2497 firearms and from applying for or retaining a concealed weapons  
2498 or firearms license until I apply for and receive relief from  
2499 that restriction under Florida law."

2500

2501 (D) A judge or a magistrate has, pursuant to sub-sub-  
2502 subparagraph c.(II), reviewed the record of the finding,  
2503 certification, notice, and written acknowledgment classifying  
2504 the person as an imminent danger to himself or herself or  
2505 others, and ordered that such record be submitted to the  
2506 department.

2507 c. In order to check for these conditions, the department  
2508 shall compile and maintain an automated database of persons who  
2509 are prohibited from purchasing a firearm based on court records  
2510 of adjudications of mental defectiveness or commitments to  
2511 mental institutions.

2512 (I) Except as provided in sub-sub-subparagraph (II),  
2513 clerks of court shall submit these records to the department  
2514 within 1 month after the rendition of the adjudication or  
2515 commitment. Reports shall be submitted in an automated format.  
2516 The reports must, at a minimum, include the name, along with any  
2517 known alias or former name, the sex, and the date of birth of  
2518 the subject.

2519 (II) For persons committed to a mental institution  
2520 pursuant to sub-sub-subparagraph b.(II), within 24 hours after  
2521 the person's agreement to voluntary admission, a record of the  
2522 finding, certification, notice, and written acknowledgment must  
2523 be filed by the administrator of the receiving or treatment  
2524 facility, as defined in s. 394.455, with the clerk of the court  
2525 for the county in which the involuntary examination under s.

2526 394.463 occurred. No fee shall be charged for the filing under  
2527 this sub-sub-subparagraph. The clerk must present the records to  
2528 a judge or magistrate within 24 hours after receipt of the  
2529 records. A judge or magistrate is required and has the lawful  
2530 authority to review the records ex parte and, if the judge or  
2531 magistrate determines that the record supports the classifying  
2532 of the person as an imminent danger to himself or herself or  
2533 others, to order that the record be submitted to the department.  
2534 If a judge or magistrate orders the submittal of the record to  
2535 the department, the record must be submitted to the department  
2536 within 24 hours.

2537 d. A person who has been adjudicated mentally defective or  
2538 committed to a mental institution, as those terms are defined in  
2539 this paragraph, may petition the court that made the  
2540 adjudication or commitment, or the court that ordered that the  
2541 record be submitted to the department pursuant to sub-sub-  
2542 subparagraph c.(II), for relief from the firearm disabilities  
2543 imposed by such adjudication or commitment. A copy of the  
2544 petition shall be served on the state attorney for the county in  
2545 which the person was adjudicated or committed. The state  
2546 attorney may object to and present evidence relevant to the  
2547 relief sought by the petition. The hearing on the petition may  
2548 be open or closed as the petitioner may choose. The petitioner  
2549 may present evidence and subpoena witnesses to appear at the  
2550 hearing on the petition. The petitioner may confront and cross-

2551 examine witnesses called by the state attorney. A record of the  
2552 hearing shall be made by a certified court reporter or by court-  
2553 approved electronic means. The court shall make written findings  
2554 of fact and conclusions of law on the issues before it and issue  
2555 a final order. The court shall grant the relief requested in the  
2556 petition if the court finds, based on the evidence presented  
2557 with respect to the petitioner's reputation, the petitioner's  
2558 mental health record and, if applicable, criminal history  
2559 record, the circumstances surrounding the firearm disability,  
2560 and any other evidence in the record, that the petitioner will  
2561 not be likely to act in a manner that is dangerous to public  
2562 safety and that granting the relief would not be contrary to the  
2563 public interest. If the final order denies relief, the  
2564 petitioner may not petition again for relief from firearm  
2565 disabilities until 1 year after the date of the final order. The  
2566 petitioner may seek judicial review of a final order denying  
2567 relief in the district court of appeal having jurisdiction over  
2568 the court that issued the order. The review shall be conducted  
2569 de novo. Relief from a firearm disability granted under this  
2570 sub-subparagraph has no effect on the loss of civil rights,  
2571 including firearm rights, for any reason other than the  
2572 particular adjudication of mental defectiveness or commitment to  
2573 a mental institution from which relief is granted.

2574 e. Upon receipt of proper notice of relief from firearm  
2575 disabilities granted under sub-subparagraph d., the department

2576 shall delete any mental health record of the person granted  
2577 relief from the automated database of persons who are prohibited  
2578 from purchasing a firearm based on court records of  
2579 adjudications of mental defectiveness or commitments to mental  
2580 institutions.

2581 f. The department is authorized to disclose data collected  
2582 pursuant to this subparagraph to agencies of the Federal  
2583 Government, ~~and other states,~~ and local law enforcement for use  
2584 exclusively in determining the lawfulness of a firearm sale or  
2585 transfer, or as otherwise needed by law to ensure the safety of  
2586 the community. The department is also authorized to disclose  
2587 this data to the Department of Agriculture and Consumer Services  
2588 for purposes of determining eligibility for issuance of a  
2589 concealed weapons or concealed firearms license and for  
2590 determining whether a basis exists for revoking or suspending a  
2591 previously issued license pursuant to s. 790.06(10). When a  
2592 potential buyer or transferee appeals a nonapproval based on  
2593 these records, the clerks of court and mental institutions  
2594 shall, upon request by the department, provide information to  
2595 help determine whether the potential buyer or transferee is the  
2596 same person as the subject of the record. Photographs and any  
2597 other data that could confirm or negate identity must be made  
2598 available to the department for such purposes, notwithstanding  
2599 any other provision of state law to the contrary. Any such  
2600 information that is made confidential or exempt from disclosure



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2601 | by law shall retain such confidential or exempt status when  
2602 | transferred to the department.

2603 |       **Section 36.** This act shall take effect July 1, 2025.