

By Senator Rodriguez

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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

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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

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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

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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

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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

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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

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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

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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



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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

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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

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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

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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

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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

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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.

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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

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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



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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

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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.; conforming  
512 provisions to changes made by the act; reenacting s.  
513 743.067(5), F.S., relating to medical and other care  
514 for certified unaccompanied homeless youths, to  
515 incorporate the amendment made to s. 394.4625, F.S.,  
516 in a reference thereto; reenacting ss. 39.407(4)(b)  
517 and (5), 119.0712(2)(d), 945.46(2), 984.19(3) and (4),  
518 and 985.115(2)(d), F.S., relating to medical,  
519 psychiatric, and psychological examination and  
520 treatment of a child; executive branch agency-specific  
521 exemptions from inspection or copying of public  
522 records; initiation of involuntary placement

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523 proceedings with respect to a mentally ill inmate  
524 scheduled for release; medical screening and treatment  
525 of a child; and the release or delivery of a child  
526 from custody, respectively, to incorporate the  
527 amendment made to s. 394.463, F.S., in references  
528 thereto; reenacting s. 394.492(5), (6), and (7), F.S.,  
529 relating to definitions, to incorporate the amendments  
530 made to ss. 394.463 and 394.467, F.S., in references  
531 thereto; reenacting ss. 394.67(18) and (19) and  
532 394.674(2), F.S., relating to definitions and  
533 eligibility for publicly funded substance abuse and  
534 mental health services, respectively, to incorporate  
535 the amendments made to ss. 394.463 and 397.675, F.S.,  
536 in references thereto; reenacting s. 397.702(2)(b),  
537 (c), and (e), F.S., relating to authorization of local  
538 ordinances for treatment of habitual users in licensed  
539 secure facilities, to incorporate the amendments made  
540 to ss. 397.501 and 397.675, F.S., in references  
541 thereto; reenacting ss. 394.4612(2)(d), 397.6751(1),  
542 397.6759, 397.677, 397.6773(1), and 397.679, F.S.,  
543 relating to integrated adult mental health crisis  
544 stabilization and addictions receiving facilities,  
545 service provider responsibilities regarding  
546 involuntary admissions, parental participation in  
547 treatment, circumstances justifying protective  
548 custody, dispositional alternatives after protective  
549 custody, and circumstances justifying emergency  
550 admission, respectively, to incorporate the amendments  
551 made to s. 397.675, F.S., in references thereto;

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552 reenacting s. 394.462, F.S., relating to  
553 transportation, to incorporate the amendments made in  
554 ss. 397.675 and 397.697, F.S., in references thereto;  
555 providing an effective date.

556  
557 Be It Enacted by the Legislature of the State of Florida:

558  
559 Section 1. Subsection (2) of section 27.51, Florida  
560 Statutes, is amended to read:

561 27.51 Duties of public defender.—

562 (2) Except for involuntary admission or commitment cases  
563 under chapter 393 or part I or part V of chapter 394, the court  
564 may not appoint the public defender to represent, even on a  
565 temporary basis, any person who is not indigent. If a defendant  
566 has retained private counsel, the court may not appoint the  
567 public defender to represent that defendant simultaneously on  
568 the same case. The court, however, may appoint private counsel  
569 in capital cases as provided in ss. 27.40 and 27.5303.

570 Section 2. Subsection (7) of section 27.511, Florida  
571 Statutes, is amended to read:

572 27.511 Offices of criminal conflict and civil regional  
573 counsel; legislative intent; qualifications; appointment;  
574 duties.—

575 (7) The court may not appoint the office of criminal  
576 conflict and civil regional counsel to represent, even on a  
577 temporary basis, any person who is not indigent, except to the  
578 extent that appointment of counsel is specifically provided for  
579 in chapters 390, 397 ~~394~~, 415, 743, and 744 without regard to  
580 the indigent status of the person entitled to representation. If

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581 a defendant has retained private counsel, the court may not  
582 appoint the office of criminal conflict and civil regional  
583 counsel to represent that defendant simultaneously on the same  
584 case.

585 Section 3. Present subsections (24) through (31), (32)  
586 through (39), and (40) through (50) of section 394.455, Florida  
587 Statutes, are redesignated as subsections (26) through (33),  
588 (35) through (42), and (44) through (54), respectively, new  
589 subsections (24), (25), (34), and (43) are added to that  
590 section, and present subsections (24), (34), and (39) of that  
591 section are amended, to read:

592 394.455 Definitions.—As used in this part, the term:

593 (24) "Involuntary inpatient placement" means placement in a  
594 secure receiving or treatment facility providing stabilization  
595 and treatment services to a person who does not voluntarily  
596 consent, or to a minor who does not voluntarily assent, to or  
597 participate in services under this chapter.

598 (25) "Involuntary outpatient services" means services  
599 provided in the community to a person who does not voluntarily  
600 consent, or to a minor who does not voluntarily assent, to or  
601 participate in services under this chapter.

602 (26) ~~(24)~~ "Involuntary services" means court-ordered  
603 outpatient services or inpatient placement for mental health  
604 treatment pursuant to s. 394.4655 or s. 394.467. The term  
605 includes involuntary inpatient placement and involuntary  
606 outpatient services.

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

609 (a) Is, for a reason other than indigence, unable to

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610 satisfy basic needs for nourishment, clothing, medical care,  
611 shelter, or safety, thereby creating a substantial probability  
612 of imminent death, serious physical debilitation, or disease; or

613 (b) Is substantially unable to make an informed treatment  
614 choice, after an explanation of the advantages and disadvantages  
615 of, and alternatives to, treatment, and needs care or treatment  
616 to prevent relapse or deterioration. However, none of the  
617 following constitutes a refusal to accept treatment:

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

621 2. A good faith effort to follow a reasonable services  
622 plan;

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

626 4. An inability to obtain access to needed services because  
627 the provider has no available treatment beds or qualified  
628 professionals, the provider will only accept patients who are  
629 under court order, or the provider gives persons under court  
630 order priority over voluntary patients in obtaining treatment  
631 and services.

632 (37)-(34) "Physician assistant in psychiatry" means a person  
633 licensed under chapter 458 or chapter 459 who holds a psychiatry  
634 certificate has experience in the diagnosis and treatment of  
635 mental disorders.

636 (42)-(39) "Qualified professional" means a physician or a  
637 psychiatrist physician assistant licensed under chapter 458 or  
638 chapter 459; a physician assistant in psychiatry as defined in

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639 subsection (37) psychiatrist licensed under chapter 458 or  
640 chapter 459; a psychologist as defined in s. 490.003(7); a  
641 clinical psychologist as defined in subsection (5); or a  
642 psychiatric nurse as defined in subsection (39) this section. A  
643 physician assistant in psychiatry or psychiatric nurse may only  
644 serve as a qualified professional pursuant to an established  
645 protocol with a psychiatrist or as authorized by ss. 458.347,  
646 458.348, and 464.012.

647 (43) "Real and present threat of substantial harm" means  
648 evidence of a substantial probability that, in view of his or  
649 her treatment history and current behavior, an untreated person  
650 will:

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

655 (b) Suffer severe mental, emotional, or physical harm that  
656 will result in the loss of his or her ability to function in the  
657 community or in the loss of cognitive or volitional control over  
658 thoughts or actions.

659 Section 4. Subsections (1), (3), and (8) of section  
660 394.4598, Florida Statutes, are amended to read:

661 394.4598 Guardian advocate.—

662 (1) The administrator may petition the court for the  
663 appointment of a guardian advocate based upon the opinion of a  
664 qualified professional ~~psychiatrist or psychiatric nurse~~  
665 ~~practicing within the framework of an established protocol with~~  
666 ~~a psychiatrist~~ that the patient is incompetent to consent to  
667 treatment. If the court finds that a patient is incompetent to

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668 consent to treatment and has not been adjudicated incapacitated  
669 and had a guardian with the authority to consent to mental  
670 health treatment appointed, the court must appoint a guardian  
671 advocate. The patient has the right to have an attorney  
672 represent him or her at the hearing. ~~If the person is indigent,~~  
673 ~~the court must appoint the office of the public defender to~~  
674 ~~represent him or her at the hearing.~~ The patient has the right  
675 to testify, cross-examine witnesses, and present witnesses. The  
676 proceeding must be recorded, either electronically or  
677 stenographically, and testimony must be provided under oath. One  
678 of the professionals authorized to give an opinion in support of  
679 a petition for involuntary services placement, as described in  
680 ~~s. 394.4655 or~~ s. 394.467, must testify. A guardian advocate  
681 must meet the qualifications of a guardian contained in part IV  
682 of chapter 744, except that a professional referred to in this  
683 part, an employee of the facility providing direct services to  
684 the patient under this part, a departmental employee, a facility  
685 administrator, or member of the Florida local advocacy council  
686 may not be appointed. A person appointed as a guardian advocate  
687 must agree to the appointment.

688 (3) A facility requesting appointment of a guardian  
689 advocate must, before the appointment, provide the prospective  
690 guardian advocate with information about the duties and  
691 responsibilities of guardian advocates, including the  
692 information about the ethics of medical decisionmaking. Before  
693 asking a guardian advocate to give consent to treatment for a  
694 patient, the facility shall provide to the guardian advocate  
695 sufficient information so that the guardian advocate can decide  
696 whether to give express and informed consent to the treatment,



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697 including information that the treatment is essential to the  
698 care of the patient, and that the treatment does not present an  
699 unreasonable risk of serious, hazardous, or irreversible side  
700 effects. Before giving consent to treatment, the guardian  
701 advocate must meet and talk with the patient and the patient's  
702 qualified professional ~~physician or psychiatric nurse practicing~~  
703 ~~within the framework of an established protocol with a~~  
704 ~~psychiatrist~~ in person, if at all possible, and by telephone, if  
705 not. The decision of the guardian advocate may be reviewed by  
706 the court, upon petition of the patient's attorney, the  
707 patient's family, or the facility administrator.

708 (8) The guardian advocate must ~~shall~~ be discharged when the  
709 respondent patient is discharged from an order for involuntary  
710 services, which includes an order under s. 394.467(7),  
711 ~~outpatient placement or involuntary inpatient placement~~ or when  
712 the respondent patient is transferred from involuntary to  
713 voluntary status. The court or an administrative law judge ~~a~~  
714 ~~hearing officer~~ shall consider the competence of the patient  
715 ~~pursuant to subsection (1) and~~ may consider an involuntarily  
716 placed respondent's ~~patient's~~ competence to consent to treatment  
717 at any hearing. Upon sufficient evidence, the court may restore,  
718 or the administrative law judge ~~hearing officer~~ may recommend  
719 that the court restore, the respondent's ~~patient's~~ competence. A  
720 copy of the order restoring competence or the certificate of  
721 discharge containing the restoration of competence shall be  
722 provided to the respondent patient and the guardian advocate.

723 Section 5. Paragraph (a) of subsection (2) of section  
724 394.4599, Florida Statutes, is amended, and paragraphs (b) and  
725 (c) of that section are republished, to read:

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726 394.4599 Notice.—

727 (2) INVOLUNTARY ADMISSION.—

728 (a) Whenever notice is required to be given under this  
729 part, such notice must ~~shall~~ be given to the individual and the  
730 individual's guardian, guardian advocate, health care surrogate  
731 or proxy, attorney, and representative. The notice may be sent  
732 by e-mail instead of regular mail if the recipient's e-mail  
733 address is known.

734 1. When notice is required to be given to an individual, it  
735 must ~~shall~~ be given both orally and in writing, in the language  
736 and terminology that the individual can understand, and, if  
737 needed, the facility shall provide an interpreter for the  
738 individual.

739 2. Notice to an individual's guardian, guardian advocate,  
740 health care surrogate or proxy, attorney, and representative  
741 must ~~shall~~ be given by mail with the date, time, and method of  
742 notice delivery documented in the clinical record. Hand delivery  
743 by a facility employee may be used as an alternative, with the  
744 date and time of delivery documented in the clinical record. If  
745 notice is given by a state attorney or an attorney for the  
746 department, a certificate of service is sufficient to document  
747 service.

748 (b) A receiving facility shall give prompt notice of the  
749 whereabouts of an individual who is being involuntarily held for  
750 examination to the individual's guardian, guardian advocate,  
751 health care surrogate or proxy, attorney or representative, or  
752 other emergency contact identified through electronic databases  
753 pursuant to s. 394.463(2)(a), by telephone or in person within  
754 24 hours after the individual's arrival at the facility. Contact

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755 attempts shall be documented in the individual's clinical record  
756 and shall begin as soon as reasonably possible after the  
757 individual's arrival.

758 (c)1. A receiving facility shall give notice of the  
759 whereabouts of a minor who is being involuntarily held for  
760 examination pursuant to s. 394.463 to the minor's parent,  
761 guardian, caregiver, or guardian advocate, in person or by  
762 telephone or other form of electronic communication, immediately  
763 after the minor's arrival at the facility. The facility may  
764 delay notification for no more than 24 hours after the minor's  
765 arrival if the facility has submitted a report to the central  
766 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
767 suspicion of abuse, abandonment, or neglect and if the facility  
768 deems a delay in notification to be in the minor's best  
769 interest.

770 2. The receiving facility shall attempt to notify the  
771 minor's parent, guardian, caregiver, or guardian advocate until  
772 the receiving facility receives confirmation from the parent,  
773 guardian, caregiver, or guardian advocate, verbally, by  
774 telephone or other form of electronic communication, or by  
775 recorded message, that notification has been received. Attempts  
776 to notify the parent, guardian, caregiver, or guardian advocate  
777 must be repeated at least once every hour during the first 12  
778 hours after the minor's arrival and once every 24 hours  
779 thereafter and must continue until such confirmation is  
780 received, unless the minor is released at the end of the 72-hour  
781 examination period, or until a petition for involuntary services  
782 is filed with the court pursuant to s. 394.463(2)(g). The  
783 receiving facility may seek assistance from a law enforcement

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784 agency to notify the minor's parent, guardian, caregiver, or  
785 guardian advocate if the facility has not received within the  
786 first 24 hours after the minor's arrival a confirmation by the  
787 parent, guardian, caregiver, or guardian advocate that  
788 notification has been received. The receiving facility must  
789 document notification attempts in the minor's clinical record.

790 Section 6. Subsection (11) of section 394.4615, Florida  
791 Statutes, is amended to read:

792 394.4615 Clinical records; confidentiality.—

793 (11) Patients must have reasonable access to their clinical  
794 records, unless such access is determined by the patient's  
795 qualified professional ~~physician or the patient's psychiatric~~  
796 ~~nurse~~ to be harmful to the patient. If the patient's right to  
797 inspect his or her clinical record is restricted by the  
798 facility, written notice of such restriction must be given to  
799 the patient and the patient's guardian, guardian advocate,  
800 attorney, and representative. In addition, the restriction must  
801 be recorded in the clinical record, together with the reasons  
802 for it. The restriction of a patient's right to inspect his or  
803 her clinical record expires after 3 ~~7~~ days but may be renewed,  
804 after review, for subsequent 3-day ~~7-day~~ periods.

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

807 394.4625 Voluntary admissions.—

808 (1) AUTHORITY TO RECEIVE PATIENTS.—

809 (f) Within 24 hours after admission of a voluntary patient,  
810 the qualified professional who assessed the patient ~~treating~~  
811 ~~physician or psychiatric nurse practicing within the framework~~  
812 ~~of an established protocol with a psychiatrist~~ shall document in

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813 the patient's clinical record that the patient is able to give  
814 express and informed consent for admission. If the patient is  
815 not able to give express and informed consent for admission, the  
816 facility must either discharge the patient or transfer the  
817 patient to involuntary status pursuant to subsection (5).

818 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary  
819 patient, or an authorized person on the patient's behalf, makes  
820 a request for discharge, the request for discharge, unless  
821 freely and voluntarily rescinded, must be communicated to a  
822 qualified professional physician, ~~a clinical psychologist with~~  
823 ~~at least 3 years of postdoctoral experience in the practice of~~  
824 ~~clinical psychology, or a psychiatrist~~ as quickly as possible,  
825 but not later than 12 hours after the request is made. If the  
826 patient meets the criteria for involuntary placement, the  
827 administrator of the facility must file with the court a  
828 petition for involuntary placement, within 2 court working days  
829 after the request for discharge is made. If the petition is not  
830 filed within 2 court working days, the patient must be  
831 discharged. Pending the filing of the petition, the patient may  
832 be held and emergency treatment rendered in the least  
833 restrictive manner, upon the order of a physician, a  
834 psychiatrist, ~~or a psychiatric nurse practicing within the~~  
835 ~~framework of an established protocol with a psychiatrist, or a~~  
836 physician assistant in psychiatry, if it is determined that such  
837 treatment is necessary for the safety of the patient or others.

838 Section 8. Subsection (1), paragraphs (a), (b), and (e)  
839 through (h) of subsection (2), and subsection (3) of section  
840 394.463, Florida Statutes, are amended to read:

841 394.463 Involuntary examination.—

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

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

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

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

858 2. There is a substantial likelihood that in the near  
859 future and without care or treatment, the person will inflict  
860 ~~cause~~ serious ~~bodily~~ harm to self ~~himself or herself~~ or others  
861 ~~in the near future~~, as evidenced by recent behavior causing,  
862 attempting, or threatening such harm.

863 (2) INVOLUNTARY EXAMINATION.—

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

866 1. A circuit or county court may enter an ex parte order  
867 stating that a person appears to meet the criteria for  
868 involuntary examination and specifying the findings on which  
869 that conclusion is based. The ex parte order for involuntary  
870 examination must be based on written or oral sworn testimony

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871 that includes specific facts that support the findings. If other  
872 less restrictive means are not available, such as voluntary  
873 appearance for outpatient evaluation, a law enforcement officer,  
874 or other designated agent of the court, shall take the person  
875 into custody and deliver him or her to an appropriate, or the  
876 nearest, facility within the designated receiving system  
877 pursuant to s. 394.462 for involuntary examination. The order of  
878 the court shall be made a part of the patient's clinical record.  
879 A fee may not be charged for the filing of an order under this  
880 subsection. A facility accepting the patient based on this order  
881 must send a copy of the order to the department within 5 working  
882 days. The order may be submitted electronically through existing  
883 data systems, if available. The order shall be valid only until  
884 the person is delivered to the facility or for the period  
885 specified in the order itself, whichever comes first. If a time  
886 limit is not specified in the order, the order is valid for 7  
887 days after the date that the order was signed.

888       2. A law enforcement officer may take a person who appears  
889 to meet the criteria for involuntary examination into custody  
890 and deliver the person or have him or her delivered to an  
891 appropriate, or the nearest, facility within the designated  
892 receiving system pursuant to s. 394.462 for examination. A law  
893 enforcement officer transporting a person pursuant to this  
894 section shall restrain the person in the least restrictive  
895 manner available and appropriate under the circumstances. If  
896 transporting a minor and the parent or legal guardian of the  
897 minor is present, before departing, the law enforcement officer  
898 shall provide the parent or legal guardian of the minor with the  
899 name, address, and contact information for the facility within

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900 the designated receiving system to which the law enforcement  
901 officer is transporting the minor, subject to any safety and  
902 welfare concerns for the minor. The officer shall execute a  
903 written report detailing the circumstances under which the  
904 person was taken into custody, which must be made a part of the  
905 patient's clinical record. The report must include all emergency  
906 contact information for the person that is readily accessible to  
907 the law enforcement officer, including information available  
908 through electronic databases maintained by the Department of Law  
909 Enforcement or by the Department of Highway Safety and Motor  
910 Vehicles. Such emergency contact information may be used by a  
911 receiving facility only for the purpose of informing listed  
912 emergency contacts of a patient's whereabouts pursuant to s.  
913 119.0712(2)(d). Any facility accepting the patient based on this  
914 report must send a copy of the report to the department within 5  
915 working days.

916 3. A physician, a physician assistant, a clinical  
917 psychologist, a psychiatric nurse, an advanced practice  
918 registered nurse licensed under s. 464.012 ~~registered under s.~~  
919 ~~464.0123~~, a mental health counselor, a marriage and family  
920 therapist, or a clinical social worker may execute a certificate  
921 stating that he or she has examined a person within the  
922 preceding 48 hours and finds that the person appears to meet the  
923 criteria for involuntary examination and stating the  
924 observations upon which that conclusion is based. If other less  
925 restrictive means, such as voluntary appearance for outpatient  
926 evaluation, are not available, a law enforcement officer shall  
927 take into custody the person named in the certificate and  
928 deliver him or her to the appropriate, or nearest, facility



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929 within the designated receiving system pursuant to s. 394.462  
930 for involuntary examination. The law enforcement officer shall  
931 execute a written report detailing the circumstances under which  
932 the person was taken into custody and include all emergency  
933 contact information required under subparagraph 2. Such  
934 emergency contact information may be used by a receiving  
935 facility only for the purpose of informing listed emergency  
936 contacts of a patient's whereabouts pursuant to s.  
937 119.0712(2)(d). The report and certificate shall be made a part  
938 of the patient's clinical record. Any facility accepting the  
939 patient based on this certificate must electronically send a  
940 copy of the certificate to the department within 5 working days.  
941 ~~The document may be submitted electronically through existing~~  
942 ~~data systems, if applicable.~~

943  
944 When sending the order, report, or certificate to the  
945 department, a facility shall, at a minimum, provide information  
946 about which action was taken regarding the patient under  
947 paragraph (g), which information shall also be made a part of  
948 the patient's clinical record.

949 (b) A person may not be removed from any program or  
950 residential placement licensed under chapter 400 or chapter 429  
951 and transported to a receiving facility for involuntary  
952 examination unless an ex parte order, a professional  
953 certificate, or a law enforcement officer's report is first  
954 prepared. If the condition of the person is such that  
955 preparation of an ex parte order, a professional certificate, or  
956 a law enforcement officer's report is not practicable before  
957 removal, the report shall be completed as soon as possible after

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958 removal, but in any case before the person is transported to a  
959 receiving facility. A facility admitting a person for  
960 involuntary examination who is not accompanied by the required  
961 ex parte order, professional certificate, or law enforcement  
962 officer's report shall notify the department and the Agency for  
963 Health Care Administration of such admission by certified mail  
964 or by e-mail, if available, by the next working day. The  
965 provisions of this paragraph do not apply when transportation is  
966 provided by the patient's family or guardian.

967 (e) The department shall receive and maintain the copies of  
968 ex parte orders, involuntary services orders issued pursuant to  
969 ss. 394.4655 and 394.467, professional certificates, law  
970 enforcement officers' reports, and reports relating to the  
971 transportation of patients. These documents shall be considered  
972 part of the clinical record, governed by the provisions of s.  
973 394.4615. These documents shall be provided to the Louis de la  
974 Parte Florida Mental Health Institute established under s.  
975 1004.44 by the department and used by the institute to prepare  
976 annual reports analyzing the data obtained from these documents,  
977 without including the personal identifying information of the  
978 patient. The information in the reports may include, but need  
979 not be limited to, a state level analysis of involuntary  
980 examinations, including a description of demographic  
981 characteristics of individuals and the geographic locations of  
982 involuntary examinations; counts of the number of involuntary  
983 examinations at each receiving facility; and reporting and  
984 analysis of trends for involuntary examinations within this ~~the~~  
985 state. The report must ~~shall~~ also include counts of and provide  
986 demographic, geographic, and other relevant information about

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987 individuals with a developmental disability, as defined in s.  
988 393.063, or a traumatic brain injury or dementia who were taken  
989 to a receiving facility for involuntary examination pursuant to  
990 this section and determined not to have a co-occurring mental  
991 illness. The institute shall post the reports on its website ~~and~~  
992 ~~provide copies of such reports to the department, the President~~  
993 ~~of the Senate, the Speaker of the House of Representatives, and~~  
994 ~~the minority leaders of the Senate and the House of~~  
995 Representatives by December 31 ~~November 30~~ of each year.

996 (f) A patient must be examined by a qualified professional  
997 ~~physician or a clinical psychologist, or by a psychiatric nurse~~  
998 ~~performing within the framework of an established protocol with~~  
999 ~~a psychiatrist at the~~ a facility without unnecessary delay to  
1000 determine whether ~~if~~ the criteria for involuntary services are  
1001 met. Such examination must ~~shall~~ include, but is not ~~be~~ limited  
1002 to, consideration of the patient's treatment history at the  
1003 facility and any information regarding the patient's condition  
1004 and behavior provided by knowledgeable individuals. Evidence  
1005 that criteria under subparagraph (1)(b)1. are met may include,  
1006 but need not be limited to, three or more admissions into a  
1007 facility within the last 12 months, and a facility's provision  
1008 of a patient's basic needs may not be interpreted as the person  
1009 no longer being at risk of self-neglect ~~repeated admittance for~~  
1010 ~~involuntary examination despite implementation of appropriate~~  
1011 ~~discharge plans. For purposes of this paragraph, the term~~  
1012 ~~"repeated admittance" means three or more admissions into the~~  
1013 ~~facility within the immediately preceding 12 months. An~~  
1014 ~~individual's basic needs being served while admitted to the~~  
1015 ~~facility may not be considered evidence that criteria under~~

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1016 ~~subparagraph (1)(b)1. are met.~~ Emergency treatment may be  
 1017 provided upon the order of a physician, ~~or~~ a psychiatric nurse,  
 1018 or a physician assistant in psychiatry practicing within the  
 1019 ~~framework of an established protocol with a psychiatrist~~ if he  
 1020 or she ~~the physician or psychiatric nurse~~ determines that such  
 1021 treatment is necessary for the safety of the patient or others.  
 1022 The patient may not be released by the receiving facility or its  
 1023 contractor without the documented approval of a psychiatrist, ~~or~~  
 1024 a clinical psychologist, a physician assistant, ~~with at least 3~~  
 1025 ~~years of clinical experience or, if the receiving facility is~~  
 1026 ~~owned or operated by a hospital, health system, or nationally~~  
 1027 ~~accredited community mental health center,~~ the release may also  
 1028 be approved by a psychiatric nurse ~~performing within the~~  
 1029 ~~framework of an established protocol with a psychiatrist,~~ or an  
 1030 attending emergency department physician with experience in the  
 1031 diagnosis and treatment of mental illness after completion of an  
 1032 involuntary examination pursuant to this subsection. A  
 1033 ~~psychiatric nurse may not approve the release of a patient if~~  
 1034 ~~the involuntary examination was initiated by a psychiatrist~~  
 1035 ~~unless the release is approved by the initiating psychiatrist.~~  
 1036 The release may be approved through telehealth.

1037 (g) Unless the provisions of paragraphs (h) through (i)  
 1038 apply, the examination period may not exceed ~~must be for up to~~  
 1039 72 hours and begins when a patient arrives at the receiving  
 1040 facility. For a minor, the examination must ~~shall~~ be initiated  
 1041 within 12 hours after the patient's arrival at the facility.  
 1042 Within the examination period, one of the following actions must  
 1043 be taken, based on the individual needs of the patient:

- 1044 1. The patient must ~~shall~~ be released, unless he or she is

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1045 charged with a crime, in which case the patient must ~~shall~~ be  
1046 returned to the custody of a law enforcement officer;

1047 2. The patient must ~~shall~~ be released, subject to  
1048 subparagraph 1., for voluntary outpatient treatment;

1049 3. The patient, unless he or she is charged with a crime,  
1050 must ~~shall~~ be asked to give express and informed consent to  
1051 placement as a voluntary patient and, if such consent is given,  
1052 the patient must ~~shall~~ be admitted as a voluntary patient; or

1053 4. A petition for involuntary services must ~~shall~~ be filed  
1054 in the circuit court or with the criminal county court, as  
1055 applicable. When inpatient treatment is deemed necessary, the  
1056 least restrictive treatment consistent with the optimum  
1057 improvement of the patient's condition shall be made available.  
1058 The petition must ~~shall~~ be filed by the facility administrator  
1059 ~~one of the petitioners specified in s. 394.467~~, and the court  
1060 shall dismiss an untimely filed petition. If a patient's 72-hour  
1061 examination period ends on a weekend or holiday, including the  
1062 hours before the ordinary business hours on the morning of the  
1063 next working day, and the receiving facility:

1064 a. Intends to file a petition for involuntary services,  
1065 such patient may be held at the facility through the next  
1066 working day thereafter and the petition must be filed no later  
1067 than such date. If the facility fails to file the petition by  
1068 the ordinary close of business on the next working day, the  
1069 patient must ~~shall~~ be released from the receiving facility  
1070 following approval pursuant to paragraph (f).

1071 b. Does not intend to file a petition for involuntary  
1072 services, the ~~receiving~~ facility may postpone release of a  
1073 patient until the next working day thereafter only if a

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1074 qualified professional documents that adequate discharge  
1075 planning and procedures in accordance with s. 394.468, and  
1076 approval pursuant to paragraph (f), are not possible until the  
1077 next working day.

1078 (h) When a person for whom an involuntary examination has  
1079 been initiated who is transported to being evaluated or treated  
1080 at a hospital for an emergency medical services before being  
1081 transported to a receiving facility, the hospital must complete  
1082 one of the following within 12 hours after the attending  
1083 physician documents that the patient's condition has been  
1084 stabilized or that an emergency medical condition does not  
1085 exist: condition specified in s. 395.002 must be examined by a  
1086 facility within the examination period specified in paragraph  
1087 (g). The examination period begins when the patient arrives at  
1088 the hospital and ceases when the attending physician documents  
1089 that the patient has an emergency medical condition.

1090 1. ~~If~~ The patient is examined at the a hospital providing  
1091 emergency medical services by a professional qualified to  
1092 perform an involuntary examination. If the patient and is found  
1093 as a result of that examination not to meet the criteria for  
1094 involuntary services pursuant to s. 394.4655 or s. 394.467, the  
1095 patient may be offered voluntary outpatient or inpatient  
1096 services, as ~~if~~ appropriate, or released directly from the  
1097 hospital providing emergency medical services. The finding by  
1098 the professional that the patient has been examined and does not  
1099 meet the criteria for involuntary services must be entered into  
1100 the patient's clinical record.

1101 2. The patient is transferred to a receiving facility in  
1102 which appropriate medical treatment is available and the patient

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1103 has been accepted. The receiving facility must be notified of  
1104 the transfer within 2 hours after the patient's condition has  
1105 been stabilized or after determination that an emergency medical  
1106 condition does not exist.

1107  
1108 This paragraph does ~~is~~ not ~~intended to~~ prevent a hospital  
1109 providing emergency medical services from appropriately  
1110 transferring a patient to another hospital before stabilization  
1111 if the requirements of s. 395.1041(3)(c) have been met.

1112 (i) If a patient undergoing an involuntary examination is  
1113 transported to a hospital from a receiving facility for an  
1114 emergency medical condition as defined in s. 395.002, the 72-  
1115 hour examination period ceases when the attending physician  
1116 documents that the patient has an emergency medical condition  
1117 and continues when the attending physician documents that the  
1118 patient's condition has been stabilized or after determination  
1119 that an emergency medical condition does not exist and the  
1120 attending physician discharges the patient. The treating  
1121 facility is responsible for transporting the patient back to the  
1122 receiving facility upon discharge from the hospital ~~One of the~~  
1123 ~~following must occur within 12 hours after the patient's~~  
1124 ~~attending physician documents that the patient's medical~~  
1125 ~~condition has stabilized or that an emergency medical condition~~  
1126 ~~does not exist:~~

1127 1. ~~The patient must be examined by a facility and released,~~  
1128 ~~or~~

1129 2. ~~The patient must be transferred to a designated facility~~  
1130 ~~in which appropriate medical treatment is available. However,~~  
1131 ~~the facility must be notified of the transfer within 2 hours~~

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1132 ~~after the patient's condition has been stabilized or after~~  
1133 ~~determination that an emergency medical condition does not~~  
1134 ~~exist.~~

1135 (3) NOTICE OF RELEASE.—Notice of the release must ~~shall~~ be  
1136 given to the patient's guardian or representative, to any person  
1137 who executed a certificate admitting the patient to the  
1138 receiving facility, and to any court which ordered the patient's  
1139 evaluation. The receiving facility must provide ~~If the patient~~  
1140 ~~is a minor,~~ information regarding the availability of a local  
1141 mobile response service, suicide prevention resources, social  
1142 supports, and local self-help groups ~~must also be provided~~ to  
1143 the patient's guardian or representative along with the notice  
1144 of the release.

1145 Section 9. Section 394.4655, Florida Statutes, is amended  
1146 to read:

1147 394.4655 ~~Orders to~~ Involuntary outpatient services  
1148 placement.—

1149 (1) (a) The court may order a respondent to receive  
1150 involuntary outpatient services for up to 6 months if it is  
1151 established that he or she meets the criteria in s. 394.467 and:

1152 1. The respondent has a history of noncompliance with  
1153 treatment for mental illness, including, but not limited to,  
1154 having been jailed or incarcerated, having been involuntarily  
1155 admitted to a receiving or treatment facility as those terms are  
1156 defined in s. 394.455, or having received mental health services  
1157 in a forensic or correctional facility at least twice during the  
1158 previous 36 months;

1159 2. The outpatient services are provided and available in  
1160 the county in which the respondent resides or, if being placed



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1161 by a state treatment facility, will reside; and

1162 3. The respondent's treating qualified professional  
1163 believes, within a reasonable degree of medical probability,  
1164 that the respondent:

1165 a. Can be appropriately treated on an outpatient basis;

1166 b. Can follow, and will benefit from, the prescribed  
1167 services plan; and

1168 c. Needs outpatient services in order to prevent relapse or  
1169 deterioration.

1170 (b)1. If the respondent is in a receiving or treatment  
1171 facility, the court may order the respondent to receive  
1172 outpatient services during his or her hearing under s.  
1173 394.467(6) or, upon the facility administrator's petition, at a  
1174 subsequent proceeding before the respondent's anticipated  
1175 discharge from inpatient placement so long as the court and  
1176 parties receive at least 1 week's notice that the facility  
1177 believes that the requirements of paragraph (a) are satisfied.

1178 2. If a service provider is petitioning for involuntary  
1179 outpatient services, and the respondent is not in a receiving or  
1180 treatment facility, the petition must be heard and processed in  
1181 accordance with s. 394.467, subject to the following exceptions:

1182 a. Unless a continuance is granted, the petition must be  
1183 heard no later than 10 court working days after its filing;

1184 b. The service provider must provide a copy of the  
1185 respondent's clinical records, examination report recommending  
1186 outpatient services, and services plan as defined in paragraph  
1187 (c) to the court, the state attorney, and the respondent's  
1188 counsel; and

1189 c. The court may continue the case if there is no proof

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1190 that the respondent has been served.

1191 (c) The services plan shall be entered into the  
1192 respondent's clinical and court files and shall be considered  
1193 part of the court order. For purposes of this section, "services  
1194 plan" means an individualized, written plan detailing the  
1195 recommended behavioral health services and supports, based on a  
1196 thorough assessment of the respondent's needs, to safeguard and  
1197 enhance the respondent's health and well-being in the community.  
1198 The plan must identify the service provider that has agreed to  
1199 provide the court-ordered outpatient services, unless the  
1200 respondent is otherwise participating in outpatient psychiatric  
1201 treatment and is not in need of public financing for that  
1202 treatment, in which case the individual, if eligible, may be  
1203 ordered into treatment pursuant to this existing relationship.

1204 (d) The service provider must develop the services plan in  
1205 consultation with the respondent and his or her treating  
1206 qualified professional, attorney, guardian, guardian advocate,  
1207 or legal custodian, as applicable and appropriate. The plan  
1208 must, at a minimum, address the nature and extent of the  
1209 respondent's mental illness, any co-occurring issues such as  
1210 substance use disorders, and the level of care, including  
1211 medications and anticipated criteria to be discharged from  
1212 outpatient services.

1213 (e) For the duration of his or her treatment, the  
1214 respondent must be supported by a social worker or a case  
1215 manager of the service provider, or a willing, able, and  
1216 responsible individual appointed by the court who shall inform  
1217 the court, state attorney, and respondent's counsel of any  
1218 failure by the respondent to comply with the outpatient program.

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1219       (2) (a) The court shall retain jurisdiction over the case  
1220 and its parties for the entry of further orders after a hearing  
1221 as the circumstances may require. Such jurisdiction includes,  
1222 but is not limited to, ordering inpatient treatment to stabilize  
1223 a respondent who decompensates while under court-ordered  
1224 outpatient treatment and meets the commitment criteria in s.  
1225 394.467, and orders extending, modifying, or ending outpatient  
1226 services. For the court to extend, modify, or end outpatient  
1227 services, the appropriate motion must be filed with the court  
1228 before the order expires, and the court must schedule a hearing  
1229 no later than 15 court working days after the motion's filing to  
1230 determine whether the respondent still meets commitment criteria  
1231 and to assess the appropriateness of any treatment modification.  
1232 The existing involuntary services order must remain in effect  
1233 until any motion for continued treatment is adjudicated, and, at  
1234 a minimum, any extension or modification motion must be  
1235 supported by an explanation from the service provider and an  
1236 individualized continued services plan that, as applicable and  
1237 appropriate, must be developed in consultation with the  
1238 respondent and his or her attorney, guardian, guardian advocate,  
1239 or legal custodian. At the hearing, the court shall also  
1240 evaluate the respondent's need for a guardian advocate pursuant  
1241 to s. 394.4598. This paragraph does not prohibit the respondent  
1242 from agreeing to additional outpatient services without a court  
1243 hearing, but the service provider must inform the court and  
1244 parties of any such agreement.

1245       (b) The clerk of the court must provide copies of any  
1246 petition, motion, or services plan to the department, the  
1247 managing entity, the state attorney, the respondent's counsel,

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1248 and, as applicable, the respondent's guardian, guardian  
1249 advocate, or legal custodian.

1250 (c) Unless the respondent has been transferred to voluntary  
1251 status, the service provider must discharge the respondent at  
1252 any time he or she no longer meets the criteria for involuntary  
1253 services, and upon discharge, the provider must send a  
1254 certificate of discharge to the court, the state attorney, the  
1255 respondent's counsel, and, as applicable, the respondent's  
1256 guardian, guardian advocate, or legal custodian.

1257 (3) (a) A criminal county court exercising its original  
1258 jurisdiction in a misdemeanor case under s. 34.01 may order a  
1259 respondent who meets the commitment criteria in paragraph (1) (a)  
1260 into involuntary outpatient services. The court may not use  
1261 incarceration as a sanction for noncompliance with the services  
1262 plan, but it may order a respondent to be evaluated for possible  
1263 inpatient placement if there is significant, or there are  
1264 multiple instances of, noncompliance, and it reasonably appears  
1265 that the respondent meets the criteria of s. 394.463.

1266 (b) If a treatment facility administrator reasonably  
1267 believes a respondent meets the criteria in paragraph (1) (a), he  
1268 or she may petition to have the respondent placed in involuntary  
1269 outpatient services as part of a discharge plan. Such petition  
1270 shall be filed with the clerk of the court for the county in  
1271 which the respondent will reside with notice to the department;  
1272 the respondent; the respondent's guardian, guardian advocate, or  
1273 legal custodian, if applicable; the public defender if the  
1274 respondent is not otherwise represented by private counsel; and  
1275 the state attorney. A fee may not be charged for filing a  
1276 petition under this paragraph.

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1277 (4) The department shall adopt rules that, at a minimum,  
 1278 establish:

1279 (a) The requirements of an outpatient services plan;

1280 (b) The procedures that a service provider may use to  
 1281 modify a services plan with and without court involvement; and

1282 (c) The duties of, and processes for, service providers to  
 1283 inform the department about the unavailability of a needed  
 1284 treatment program or service in a particular community, and the  
 1285 funding or capacity deficiencies of an existing service

1286 ~~(1) As used in this section, the term "involuntary~~  
 1287 ~~outpatient placement" means involuntary outpatient services as~~  
 1288 ~~defined in s. 394.467.~~

1289 ~~(2) A court or a county court may order an individual to~~  
 1290 ~~involuntary outpatient placement under s. 394.467.~~

1291 Section 10. Section 394.467, Florida Statutes, is amended  
 1292 to read:

1293 (Substantial rewording of section. See  
 1294 s. 394.467, F.S., for present text.)

1295 394.467 Involuntary services and placement.-

1296 (1) CRITERIA.-A person may be ordered into involuntary  
 1297 inpatient placement for treatment upon a finding of the court,  
 1298 by clear and convincing evidence, that:

1299 (a) The person has a mental illness, and because of such  
 1300 mental illness:

1301 1.a. He or she has refused voluntary treatment after  
 1302 sufficient and conscientious explanation and disclosure of the  
 1303 treatment's purpose; or

1304 b. He or she is unable to determine for himself or herself  
 1305 whether treatment is necessary; and

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1306       2.a. He or she is incapable of surviving alone or with the  
1307 help of willing, able, and responsible family or friends or  
1308 available alternative services, and, without treatment, is  
1309 likely to suffer from neglect or refuse to care for himself or  
1310 herself, and such neglect or refusal poses a real and present  
1311 threat of substantial harm to his or her well-being; or

1312       b. There is a substantial likelihood that in the near  
1313 future and without services, he or she will inflict serious harm  
1314 to self or others, as evidenced by recent behavior causing,  
1315 attempting, or threatening such harm; and

1316       (b) All less restrictive treatment alternatives that would  
1317 offer an opportunity for improvement of the person's condition  
1318 have been deemed inappropriate or unavailable.

1319       (2) RECOMMENDATION FOR INVOLUNTARY SERVICES AND TREATMENT.-  
1320 A person may be recommended for involuntary inpatient placement,  
1321 involuntary outpatient services, or a combination of both.

1322       (a) The recommendation that the involuntary services  
1323 criteria reasonably appear to have been met must be supported by  
1324 the opinion of a psychiatrist and the second opinion of a  
1325 qualified professional, both of whom have personally examined  
1326 the person within the preceding 72 hours for involuntary  
1327 inpatient placement, or within the preceding 30 days for  
1328 involuntary outpatient services. However, if the facility  
1329 administrator or service provider certifies that a psychiatrist  
1330 or qualified professional is not available to provide the second  
1331 opinion, the second opinion may be provided by a licensed  
1332 physician with postgraduate training and experience in diagnosis  
1333 and treatment of mental illness, a clinical social worker, or a  
1334 mental health counselor.

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1335       (b) Any examination performed pursuant to this subsection  
1336 may be completed by in-person or electronic means, so long as it  
1337 is done in a face-to-face manner. The resulting opinion must be  
1338 included in the involuntary services petition and must be  
1339 entered into the person's clinical record. Upon adherence to the  
1340 notice and hearing procedures of s. 394.4599, the petition's  
1341 filing with the court authorizes the examining facility to hold  
1342 the person until the court adjudicates the petition.

1343       (3) PETITION.-

1344       (a) Except as provided in s. 394.4655, the facility  
1345 administrator, or a service provider seeking involuntary  
1346 outpatient services for a person it is treating, must file a  
1347 petition for involuntary services in the court for the county in  
1348 which the respondent is located. The court shall accept  
1349 petitions and related documentation with electronic signatures.

1350       (b) The petition must state whether inpatient placement,  
1351 outpatient services, or some combination of both is required;  
1352 the reasons each commitment criterion is satisfied; and an  
1353 estimate of the length of time the respondent needs in each type  
1354 of involuntary treatment which is not to exceed 6 months.

1355       (c) Upon the petition's filing, the clerk of the court  
1356 shall provide copies of the petition and, if applicable, the  
1357 recommended services plan to the department, the managing  
1358 entity, the respondent, the respondent's guardian or  
1359 representative, the state attorney, and the respondent's private  
1360 counsel or the public defender of the judicial circuit in which  
1361 the respondent is located. A fee may not be charged for the  
1362 filing of a petition under this subsection.

1363       (4) APPOINTMENT OF COUNSEL.-A respondent has a right to

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1364 counsel at every stage of a judicial proceeding relating to his  
1365 or her involuntary treatment, and within 1 court working day of  
1366 an involuntary services petition's filing, the court shall  
1367 appoint the office of the public defender to represent the  
1368 respondent, unless the respondent is otherwise represented by  
1369 counsel. The clerk of the court shall immediately notify the  
1370 public defender of such appointment, which shall last until the  
1371 petition is dismissed, the court order expires, the respondent  
1372 is discharged from involuntary services, or the public defender  
1373 is otherwise discharged by the court. Any attorney who  
1374 represents the respondent must be provided access to the  
1375 respondent, witnesses, and records relevant to the presentation  
1376 of the respondent's case and shall represent the respondent's  
1377 interests regardless of the source of payment to the attorney.  
1378 The respondent, however, may waive his or her right to counsel  
1379 if he or she is present for the hearing and the court finds that  
1380 such waiver is made knowingly, intelligently, and voluntarily.

1381 (5) CONTINUANCE OF HEARING.—The respondent and the state  
1382 are each entitled to at least one continuance of the hearing.  
1383 The respondent's continuance may be for a period of up to 4  
1384 weeks and requires the concurrence of the respondent's counsel.  
1385 The state's continuance may be for a period of up to 5 court  
1386 working days and requires a showing of good cause and due  
1387 diligence by the state before requesting the continuance. The  
1388 state's failure to timely review any readily available document  
1389 or failure to attempt to contact a known witness does not  
1390 warrant a continuance.

1391 (6) HEARING AND COURT ORDER.—

1392 (a) Unless a continuance is granted, the court must hear



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1393 the involuntary services petition within 5 court working days  
1394 after its filing.

1395 (b)1. Except for good cause documented in the court file or  
1396 as provided in s. 394.4655, the hearing must be held in the  
1397 county or the facility where the respondent is located, as  
1398 deemed appropriate by the court.

1399 2. The hearing must be as convenient to the respondent as  
1400 is consistent with orderly procedure and must be conducted in a  
1401 physical setting not likely to be injurious to the respondent's  
1402 condition. If the court finds that the respondent's attendance  
1403 at the hearing is inconsistent with his or her best interests or  
1404 is likely to be injurious to self or others, or the respondent  
1405 knowingly, intelligently, and voluntarily waives his or her  
1406 right to be present, the court may waive the respondent's  
1407 attendance from all or any portion of the hearing. All testimony  
1408 must be given under oath, and the proceedings must be recorded.  
1409 The respondent may refuse to testify at the hearing.

1410 3. The hearing must be held in person unless all parties  
1411 agree otherwise. However, upon a finding of good cause, the  
1412 court may permit witnesses to testify under oath remotely using  
1413 audio-video technology satisfactory to the court. A witness  
1414 intending to testify remotely must provide the parties with all  
1415 relevant documents he or she will rely on for such testimony by  
1416 the close of business on the day before the hearing.

1417 (c) The court must inform the respondent and the  
1418 respondent's guardian or representative of the right to an  
1419 independent expert examination by their own qualified  
1420 professional. If the respondent cannot afford such an  
1421 examination, the court must ensure that one is provided, as

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1422 otherwise provided for by law. The independent expert's report  
1423 is confidential and not discoverable, unless the expert is to be  
1424 called as a witness for the respondent at the hearing.

1425 (d) The state, as represented by the state attorney for the  
1426 circuit in which the respondent is located rather than the  
1427 petitioning facility or service provider, is the real party of  
1428 interest in the proceeding. The facility or service provider  
1429 must make the respondent's clinical records available to the  
1430 state attorney so that the state can evaluate and prepare its  
1431 case. However, such records must remain confidential, and the  
1432 state attorney may not use any record obtained under this part  
1433 for criminal investigation or prosecution purposes or for any  
1434 purpose other than the respondent's civil commitment under this  
1435 chapter.

1436 (e) The court may appoint a magistrate to preside at the  
1437 hearing on the petition and any ancillary proceedings, which may  
1438 include, but are not limited to, writs of habeas corpus issued  
1439 pursuant to s. 394.459. At least one of the professionals who  
1440 executed the involuntary services petition certificate must  
1441 testify at the hearing, and the court must allow individuals,  
1442 such as family members, to testify about the respondent's prior  
1443 history and how that history relates to his or her current  
1444 condition if such individual is called as a party's witness and  
1445 the information is relevant and admissible under state law. The  
1446 court must also consider testimony and evidence regarding the  
1447 respondent's competence to consent to treatment, and if the  
1448 court concludes that the respondent is incompetent to consent to  
1449 treatment, the court must appoint a guardian advocate as  
1450 provided in s. 394.4598 and state the reasons for the

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1451 appointment in the order.

1452 (f)1. If the court concludes that the respondent meets the  
1453 criteria for involuntary services, it may order in writing that  
1454 the person receive up to 6 months of involuntary inpatient  
1455 placement, involuntary outpatient services if the requirements  
1456 of s. 394.4655 are met and such services are available in the  
1457 local community, or some combination of both services which best  
1458 meets the respondent's needs. The written order must specify the  
1459 nature and extent of the respondent's mental illness as well as  
1460 any co-occurring issues, the reasons the commitment criteria are  
1461 satisfied, and the length of time the respondent is to be  
1462 ordered into inpatient or outpatient services. If the respondent  
1463 is recommended for inpatient placement in a treatment facility,  
1464 the court may also order that the respondent be retained at a  
1465 receiving facility while awaiting transfer to a treatment  
1466 facility or, if the respondent is at a treatment facility, that  
1467 the respondent be retained there or be treated at another  
1468 appropriate facility for up to 6 months on an involuntary basis.

1469 2. The court may not order a respondent with a  
1470 developmental disability as defined in s. 393.063, a traumatic  
1471 brain injury, or dementia who lacks a co-occurring mental  
1472 illness to be involuntarily placed in a state treatment  
1473 facility.

1474 (g)1. If at any time before the conclusion of the hearing  
1475 the court determines that the respondent does not meet the  
1476 criteria of this section, but instead meets the criteria for  
1477 involuntary admission or treatment for substance use disorder  
1478 pursuant to s. 397.675, the court may order that the respondent  
1479 be admitted for involuntary assessment pursuant to s. 397.6957.

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1480 Thereafter, all proceedings are governed by chapter 397.

1481 2. The court may also have the respondent evaluated by the  
1482 Agency for Persons with Disabilities if he or she has an  
1483 intellectual disability or autism and reasonably appears to meet  
1484 the commitment criteria of s. 393.11, and any subsequent  
1485 proceedings shall be governed by that section.

1486 (h)1. The petitioning facility's administrator or the  
1487 designated department representative must provide a copy of the  
1488 written order and adequate documentation of a respondent's  
1489 mental illness and co-occurring issues to the involuntary  
1490 outpatient services provider or the treatment facility  
1491 administrator if the respondent is ordered for involuntary  
1492 inpatient placement, whether by a civil or a criminal court.  
1493 Such documentation must include any advance directives made by  
1494 the respondent, a psychiatric evaluation of the respondent, and  
1495 any evaluations of the respondent performed by a psychiatric  
1496 nurse, a clinical psychologist, a marriage and family therapist,  
1497 a mental health counselor, or a clinical social worker.

1498 2. The treatment facility administrator may refuse  
1499 admission of the respondent who is involuntarily ordered to a  
1500 facility if the court order for admission is not accompanied by  
1501 the documentation specified in subparagraph 1.

1502 (i) If a person in involuntary inpatient placement is being  
1503 treated at a receiving facility and continues to meet the  
1504 criteria of subsection (1) but the court order authorizing  
1505 involuntary services is set to expire, the receiving facility  
1506 administrator must, before the court order expires, file a  
1507 petition for continued involuntary services in accordance with  
1508 subsections (2) and (3). The court shall appoint counsel for the

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1509 respondent and hear such petition pursuant to subsections (4)  
1510 and this subsection.

1511 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT PLACEMENT  
1512 AT A TREATMENT FACILITY.—

1513 (a) Hearings on petitions for continued involuntary  
1514 inpatient placement of an individual placed at a treatment  
1515 facility are administrative hearings and must be conducted in  
1516 accordance with s. 120.57, except that any order entered by the  
1517 administrative law judge is final and subject to judicial review  
1518 in accordance with s. 120.68. Testimony must be given under  
1519 oath, and the proceedings must be recorded. Orders concerning  
1520 respondents committed after successfully pleading not guilty by  
1521 reason of insanity are governed by s. 916.15.

1522 (b)1. If it reasonably appears that the respondent  
1523 continues to meet the criteria for involuntary inpatient  
1524 placement and is being treated at a treatment facility, the  
1525 treatment facility administrator must, before the expiration of  
1526 the period the treatment facility is authorized to retain the  
1527 patient, file a petition for continued involuntary inpatient  
1528 placement. The administrative law judge shall schedule the  
1529 hearing as soon as practicable, and the existing commitment  
1530 order shall remain in effect until the disposition of the  
1531 petition. The petition must be accompanied by a statement from  
1532 the respondent's qualified professional justifying the request,  
1533 a brief description of the respondent's treatment during the  
1534 time he or she has been involuntarily placed, and an  
1535 individualized plan of continued treatment which was developed  
1536 in consultation with the respondent and his or her guardian or  
1537 guardian advocate, if applicable and appropriate.

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1538 2. Unless the respondent is otherwise represented, the  
1539 public defender of the circuit in which the facility is located  
1540 must represent the respondent.

1541 3. Notwithstanding the requirement that notice of the  
1542 hearing must be provided pursuant to s. 394.4599, notice  
1543 required under this subsection must be given pursuant to this  
1544 subparagraph. Except as otherwise provided, a treatment facility  
1545 that files a petition under this paragraph must serve a copy of  
1546 the petition, notice of hearing, order, and any motions by mail,  
1547 with the date, time, and method of delivery documented in the  
1548 clinical record, on all of the following:

1549 a. The respondent, but the treatment facility may have an  
1550 employee serve its patient by hand delivery.

1551 b. The respondent's attorney, unless he or she  
1552 electronically receives service of the document through an  
1553 existing data system of the Division of Administrative Hearings.

1554 c. The respondent's guardian, guardian advocate, health  
1555 care surrogate or proxy, and representative, but such  
1556 individuals may be served electronically if they provide the  
1557 facility with an e-mail address.

1558  
1559 Any person who is also a member of The Florida Bar may be served  
1560 under this subparagraph by e-mail.

1561 4. The hearing must be held in person unless all parties  
1562 agree otherwise. However, upon a finding of good cause, the  
1563 administrative law judge may permit witnesses to testify under  
1564 oath remotely using audio-video technology satisfactory to the  
1565 administrative law judge. A witness intending to testify  
1566 remotely must provide the parties with all relevant documents he

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1567 or she will rely on for such testimony by the close of business  
1568 on the day before the hearing. The respondent must be present  
1569 for, but may refuse to testify at, the hearing. However, if the  
1570 administrative law judge finds that the respondent's attendance  
1571 at the hearing is inconsistent with his or her best interests or  
1572 is likely to be injurious to self or others, or the respondent  
1573 knowingly, intelligently, and voluntarily waives his or her  
1574 right to be present, the administrative law judge may waive the  
1575 respondent's attendance from all or any portion of the hearing.

1576 (c)1. If, at a hearing, it is shown that the respondent  
1577 continues to meet the criteria for involuntary inpatient  
1578 placement by clear and convincing evidence, the administrative  
1579 law judge must issue an order for continued involuntary  
1580 inpatient placement for no more than 6 months.

1581 2. If the respondent was previously found incompetent to  
1582 consent to treatment, the administrative law judge may consider  
1583 testimony and evidence regarding the respondent's competence.  
1584 Upon determining that the respondent is now competent to consent  
1585 to treatment, the administrative law judge may issue an order to  
1586 the court that found the respondent incompetent to consent to  
1587 treatment which recommends that the respondent's competence be  
1588 restored and that any previously appointed guardian advocate be  
1589 discharged. The guardian advocate's discharge is governed by s.  
1590 394.4598(8).

1591 (d) If continued involuntary inpatient placement is  
1592 necessary for a respondent admitted while serving a criminal  
1593 sentence but such sentence is about to expire, or for a minor  
1594 involuntarily placed who is about to reach the age of 18, the  
1595 treatment facility administrator must petition the

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1596 administrative law judge for an order authorizing the continued  
1597 involuntary inpatient placement.

1599 The procedure required in this subsection must be followed  
1600 before the expiration of each additional period the respondent  
1601 is receiving involuntarily services.

1602 (8) RETURN TO FACILITY.—If a respondent involuntarily held  
1603 at a receiving or treatment facility under this section leaves  
1604 the facility without the facility administrator's authorization,  
1605 the administrator may authorize a search for the person and  
1606 return him or her to the facility. The administrator may request  
1607 the assistance of a law enforcement agency in this regard.

1608 (9) DISCHARGE.—The respondent must be discharged upon  
1609 expiration of the commitment order or at any time he or she no  
1610 longer meets the criteria for involuntary services, unless the  
1611 person has been transferred to voluntary status. Upon discharge,  
1612 the service provider or facility shall send a certificate of  
1613 discharge to the court, the state attorney, and, as applicable,  
1614 the respondent's counsel, guardian, guardian advocate, or legal  
1615 custodian.

1616 Section 11. Subsection (2) of section 394.468, Florida  
1617 Statutes, is amended to read:

1618 394.468 Admission and discharge procedures.—

1619 (2) Discharge planning and procedures for any patient's  
1620 release from a receiving facility or a treatment facility must  
1621 include and document the patient's needs, and actions to address  
1622 such needs, for, at a minimum:

1623 (a) Follow-up behavioral health appointments;

1624 (b) Information on how to obtain prescribed medications;



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1625 and

1626 (c) Information pertaining to:

1627 1. Available living arrangements;

1628 2. Transportation; and

1629 3. Resources offered through the Agency for Persons with

1630 Disabilities, the Department of Elderly Affairs, and the

1631 Department of Veterans' Affairs, when applicable; and

1632 (d) Referral to, when appropriate:

1633 1. Care coordination services. The patient must be referred

1634 for care coordination services if the patient meets the criteria

1635 as a member of a priority population as determined by the

1636 department under s. 394.9082(3)(c) and is in need of such

1637 services;~~-~~

1638 2. Recovery support opportunities under s. 394.4573(2)(1),

1639 including, but not limited to, connection to a peer specialist;

1640 and

1641 3. Resources to address co-occurring issues, such as

1642 medical conditions, developmental disabilities, or substance use

1643 disorders.

1644 Section 12. Subsection (2) of section 394.4785, Florida

1645 Statutes, is amended to read:

1646 394.4785 Children and adolescents; admission and placement

1647 in mental facilities.-

1648 (2) A person under the age of 14 who is admitted to any

1649 hospital licensed pursuant to chapter 395 may not be admitted to

1650 a bed in a room or ward with an adult patient in a mental health

1651 unit or share common areas with an adult patient in a mental

1652 health unit. However, a person 14 years of age or older may be

1653 admitted to a bed in a room or ward in the mental health unit

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1654 with an adult if the qualified professional who assessed the  
1655 person ~~admitting physician or psychiatric nurse~~ documents in the  
1656 case record that such placement is medically indicated or for  
1657 reasons of safety. Such placement must be reviewed by the  
1658 attending physician or a designee or on-call physician each day  
1659 and documented in the case record.

1660 Section 13. Subsection (3) of section 394.495, Florida  
1661 Statutes, is amended to read:

1662 394.495 Child and adolescent mental health system of care;  
1663 programs and services.—

1664 (3) Assessments must be performed by:

1665 (a) A qualified professional as ~~clinical psychologist,~~  
1666 ~~clinical social worker, physician, psychiatric nurse, or~~  
1667 ~~psychiatrist, as those terms are defined in s. 394.455;~~

1668 (b) A professional licensed under chapter 491, such as a  
1669 clinical social worker; or

1670 (c) A person who is under the direct supervision of a  
1671 qualified professional, as the term is ~~clinical psychologist,~~  
1672 ~~clinical social worker, physician, psychiatric nurse, or~~  
1673 ~~psychiatrist, as those terms are defined in s. 394.455, or a~~  
1674 professional licensed under chapter 491.

1675 Section 14. Subsection (5) of section 394.496, Florida  
1676 Statutes, is amended to read:

1677 394.496 Service planning.—

1678 (5) A qualified professional as ~~clinical psychologist,~~  
1679 ~~clinical social worker, physician, psychiatric nurse, or~~  
1680 ~~psychiatrist, as those terms are defined in s. 394.455,~~ or a  
1681 professional licensed under chapter 491 must be included among  
1682 those persons developing the services plan.

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1683 Section 15. Paragraph (a) and (d) of subsection (2) of  
1684 section 394.499, Florida Statutes, are amended to read:

1685 394.499 Integrated children's crisis stabilization  
1686 unit/juvenile addictions receiving facility services.—

1687 (2) Children eligible to receive integrated children's  
1688 crisis stabilization unit/juvenile addictions receiving facility  
1689 services include:

1690 (a) A minor whose parent or legal guardian provides express  
1691 and informed consent for the ~~makes~~ voluntary admission  
1692 ~~application based on the parent's express and informed consent,~~  
1693 and the requirements of s. 394.4625(1) (a) are met.

1694 (d) A person under 18 years of age who meets the criteria  
1695 for involuntary admission because there is good faith reason to  
1696 believe the person is substance abuse impaired pursuant to s.  
1697 397.675 and, because of such impairment:

1698 1. Has lost the power of self-control with respect to  
1699 substance use; and

1700 2.a. Has inflicted, or threatened or attempted to inflict,  
1701 or unless admitted is likely to inflict, ~~physical~~ harm on  
1702 himself or herself or another; or

1703 b. Is in need of substance abuse services and, by reason of  
1704 substance abuse impairment, his or her judgment has been so  
1705 impaired that the person is incapable of appreciating his or her  
1706 need for such services and of making a rational decision in  
1707 regard thereto; however, mere refusal to receive such services  
1708 does not constitute evidence of lack of judgment with respect to  
1709 his or her need for such services.

1710 Section 16. Subsection (3) of section 394.676, Florida  
1711 Statutes, is amended to read:

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1712 394.676 Indigent psychiatric medication program.—  
 1713 (3) To the extent possible within existing appropriations,  
 1714 the department must ensure that non-Medicaid-eligible indigent  
 1715 individuals discharged from mental health treatment facilities  
 1716 continue to receive the medications which effectively stabilized  
 1717 their mental illness in the treatment facility, or newer  
 1718 medications, without substitution by a service provider unless  
 1719 such substitution is clinically indicated as determined by the  
 1720 ~~licensed physician, psychiatrist, psychiatric nurse, or~~  
 1721 physician assistant in psychiatry responsible for such  
 1722 individual's psychiatric care.

1723 Section 17. Paragraph (a) of subsection (1) of section  
 1724 394.875, Florida Statutes, is amended to read:

1725 394.875 Crisis stabilization units, residential treatment  
 1726 facilities, and residential treatment centers for children and  
 1727 adolescents; authorized services; license required.—

1728 (1) (a) The purpose of a crisis stabilization unit is to  
 1729 stabilize and redirect a client to the most appropriate and  
 1730 least restrictive community setting available, consistent with  
 1731 the client's needs. Crisis stabilization units may screen,  
 1732 assess, and admit for stabilization persons who present  
 1733 themselves to the unit and persons who are brought to the unit  
 1734 under s. 394.463. Clients may be provided 24-hour observation;  
 1735 medication prescribed by a physician, a psychiatrist, a ~~or~~  
 1736 psychiatric nurse, or a physician assistant in psychiatry;  
 1737 ~~practicing within the framework of an established protocol with~~  
 1738 ~~a psychiatrist,~~ and other appropriate services. Crisis  
 1739 stabilization units shall provide services regardless of the  
 1740 client's ability to pay.

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1741 Section 18. Present subsections (30) through (37) and (38)  
1742 through (51) of section 397.311, Florida Statutes, are  
1743 redesignated as subsections (31) through (38) and (40) through  
1744 (53), respectively, new subsections (30) and (39) are added to  
1745 that section, and subsections (17) and (27) of that section are  
1746 republished, to read:

1747 397.311 Definitions.—As used in this chapter, except part  
1748 VIII, the term:

1749 (17) "Habitual abuser" means a person who is brought to the  
1750 attention of law enforcement for being substance impaired, who  
1751 meets the criteria for involuntary admission in s. 397.675, and  
1752 who has been taken into custody for such impairment three or  
1753 more times during the preceding 12 months.

1754 (27) Licensed service components include a comprehensive  
1755 continuum of accessible and quality substance abuse prevention,  
1756 intervention, and clinical treatment services, including the  
1757 following services:

1758 (a) "Clinical treatment" means a professionally directed,  
1759 deliberate, and planned regimen of services and interventions  
1760 that are designed to reduce or eliminate the misuse of drugs and  
1761 alcohol and promote a healthy, drug-free lifestyle. As defined  
1762 by rule, "clinical treatment services" include, but are not  
1763 limited to, the following licensable service components:

1764 1. "Addictions receiving facility" is a secure, acute care  
1765 facility that provides, at a minimum, detoxification and  
1766 stabilization services; is operated 24 hours per day, 7 days per  
1767 week; and is designated by the department to serve individuals  
1768 found to be substance use impaired as described in s. 397.675  
1769 who meet the placement criteria for this component.

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1770           2. "Day or night treatment" is a service provided in a  
1771 nonresidential environment, with a structured schedule of  
1772 treatment and rehabilitative services.

1773           3. "Day or night treatment with community housing" means a  
1774 program intended for individuals who can benefit from living  
1775 independently in peer community housing while participating in  
1776 treatment services for a minimum of 5 hours a day for a minimum  
1777 of 25 hours per week.

1778           4. "Detoxification" is a service involving subacute care  
1779 that is provided on an inpatient or an outpatient basis to  
1780 assist individuals to withdraw from the physiological and  
1781 psychological effects of substance abuse and who meet the  
1782 placement criteria for this component.

1783           5. "Intensive inpatient treatment" includes a planned  
1784 regimen of evaluation, observation, medical monitoring, and  
1785 clinical protocols delivered through an interdisciplinary team  
1786 approach provided 24 hours per day, 7 days per week, in a highly  
1787 structured, live-in environment.

1788           6. "Intensive outpatient treatment" is a service that  
1789 provides individual or group counseling in a more structured  
1790 environment, is of higher intensity and duration than outpatient  
1791 treatment, and is provided to individuals who meet the placement  
1792 criteria for this component.

1793           7. "Medication-assisted treatment for opioid use disorders"  
1794 is a service that uses methadone or other medication as  
1795 authorized by state and federal law, in combination with  
1796 medical, rehabilitative, supportive, and counseling services in  
1797 the treatment of individuals who are dependent on opioid drugs.

1798           8. "Outpatient treatment" is a service that provides

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1799 individual, group, or family counseling by appointment during  
1800 scheduled operating hours for individuals who meet the placement  
1801 criteria for this component.

1802 9. "Residential treatment" is a service provided in a  
1803 structured live-in environment within a nonhospital setting on a  
1804 24-hours-per-day, 7-days-per-week basis, and is intended for  
1805 individuals who meet the placement criteria for this component.

1806 (b) "Intervention" means structured services directed  
1807 toward individuals or groups at risk of substance abuse and  
1808 focused on reducing or impeding those factors associated with  
1809 the onset or the early stages of substance abuse and related  
1810 problems.

1811 (c) "Prevention" means a process involving strategies that  
1812 are aimed at the individual, family, community, or substance and  
1813 that preclude, forestall, or impede the development of substance  
1814 use problems and promote responsible lifestyles.

1815 (30) "Neglect or refuse to care for himself or herself"  
1816 includes, but is not limited to, evidence that a person:

1817 (a) Is, for a reason other than indigence, unable to  
1818 satisfy basic needs for nourishment, clothing, medical care,  
1819 shelter, or safety, thereby creating a substantial probability  
1820 of imminent death, serious physical debilitation, or disease; or

1821 (b) Is substantially unable to make an informed treatment  
1822 choice, after an explanation of the advantages and disadvantages  
1823 of, and alternatives to, treatment, and needs care or treatment  
1824 to prevent relapse or deterioration. However, none of the  
1825 following constitutes a refusal to accept treatment:

1826 1. A willingness to take medication appropriate for the  
1827 person's condition, but a reasonable disagreement about

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1828 medication type or dosage;

1829 2. A good faith effort to follow a reasonable services  
1830 plan;

1831 3. An inability to obtain access to appropriate treatment  
1832 because of inadequate health care coverage or an insurer's  
1833 refusal or delay in providing coverage for treatment; or

1834 4. An inability to obtain access to needed services because  
1835 the provider has no available treatment beds or qualified  
1836 professionals, the provider will only accept patients who are  
1837 under court order, or the provider gives persons under court  
1838 order priority over voluntary patients in obtaining treatment  
1839 and services.

1840 (39) "Real and present threat of substantial harm" means a  
1841 substantial probability that, in view of his or her treatment  
1842 history and current behavior, the untreated person will:

1843 (a) Lack, refuse, or not receive services for health and  
1844 safety which are available in the community and he or she would,  
1845 based on a clinical determination, be unable to survive without  
1846 supervision; or

1847 (b) Suffer severe mental, emotional, or physical harm that  
1848 will result in the loss of his or her ability to function in the  
1849 community or in the loss of cognitive or volitional control over  
1850 thoughts or actions.

1851 Section 19. Section 397.416, Florida Statutes, is amended  
1852 to read:

1853 397.416 Substance abuse treatment services; qualified  
1854 professional.—Notwithstanding any other provision of law, a  
1855 person who was certified through a certification process  
1856 recognized by the former Department of Health and Rehabilitative



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1857 Services before January 1, 1995, may perform the duties of a  
1858 qualified professional with respect to substance abuse treatment  
1859 services as defined in this chapter, and need not meet the  
1860 certification requirements contained in s. 397.311 ~~s.~~  
1861 ~~397.311(36)~~.

1862 Section 20. Subsection (8) of section 397.501, Florida  
1863 Statutes, is amended to read:

1864 397.501 Rights of individuals.—Individuals receiving  
1865 substance abuse services from any service provider are  
1866 guaranteed protection of the rights specified in this section,  
1867 unless otherwise expressly provided, and service providers must  
1868 ensure the protection of such rights.

1869 (8) RIGHT TO COUNSEL.—Each individual must be informed that  
1870 he or she has the right to be represented by counsel in any  
1871 judicial proceeding for involuntary treatment services and that  
1872 he or she, or if the individual is a minor his or her parent,  
1873 legal guardian, or legal custodian, may apply immediately to the  
1874 court to have an attorney appointed if he or she has not  
1875 retained private counsel ~~cannot afford one~~.

1876 Section 21. Section 397.675, Florida Statutes, is amended  
1877 to read:

1878 397.675 Criteria for involuntary admissions, including  
1879 protective custody, emergency admission, and other involuntary  
1880 assessment, involuntary treatment, and alternative involuntary  
1881 assessment for minors, for purposes of assessment and  
1882 stabilization, and for involuntary treatment.—A person meets the  
1883 criteria for involuntary admission if there is good faith reason  
1884 to believe that the person is substance abuse impaired or has a  
1885 substance use disorder and a co-occurring mental health disorder

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1886 and, because of such impairment or disorder:

1887 (1) Has lost the power of self-control with respect to  
1888 substance abuse or has a history of noncompliance with substance  
1889 abuse treatment with continued substance use; and

1890 (2) ~~(a)~~ Is in need of substance abuse services and, by  
1891 reason of substance abuse impairment, his or her judgment has  
1892 been so impaired that he or she is refusing voluntary care after  
1893 a sufficient and conscientious explanation and disclosure of the  
1894 services' purpose, or is incapable of appreciating his or her  
1895 need for such services and of making a rational decision in that  
1896 regard, although mere refusal to receive such services does not  
1897 constitute evidence of lack of judgment with respect to his or  
1898 her need for such services; and ~~or~~

1899 (3) ~~(a)~~ ~~(b)~~ Without care or treatment, is likely to suffer  
1900 from neglect or refuse to care for himself or herself; that such  
1901 neglect or refusal poses a real and present threat of  
1902 substantial harm to his or her well-being; and that it is not  
1903 apparent that such harm may be avoided through the help of  
1904 willing, able, and responsible family members or friends or the  
1905 provision of other services; ~~or~~

1906 (b) There is a substantial likelihood that in the near  
1907 future and without services, the person will inflict serious  
1908 harm to self or others, as evidenced by recent behavior causing,  
1909 attempting, or threatening such harm ~~has inflicted, or~~  
1910 ~~threatened to or attempted to inflict, or, unless admitted, is~~  
1911 ~~likely to inflict, physical harm on himself, herself, or~~  
1912 ~~another.~~

1913 Section 22. Section 397.681, Florida Statutes, is amended  
1914 to read:

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1915 397.681 Involuntary petitions; general provisions; court  
1916 jurisdiction and right to counsel.—

1917 (1) JURISDICTION.—The courts have jurisdiction of  
1918 involuntary treatment petitions for substance abuse impaired  
1919 persons, and such petitions must be filed with the clerk of the  
1920 court in the county where the person resides or, upon a finding  
1921 of good cause, is located. The clerk of the court may not charge  
1922 a fee for the filing of a petition under this section. The chief  
1923 judge may appoint a ~~general or special~~ magistrate to preside  
1924 over all or part of the proceedings related to the petition or  
1925 any ancillary matters, which include, but are not limited to,  
1926 writs of habeas corpus issued pursuant to s. 397.501. The  
1927 alleged impaired person is named as the respondent.

1928 (2) RIGHT TO COUNSEL.—A respondent has the right to counsel  
1929 at every stage of a judicial proceeding relating to a petition  
1930 for his or her involuntary treatment for substance abuse  
1931 impairment; however, the respondent may waive that right if the  
1932 respondent is present and the court finds that such waiver is  
1933 made knowingly, intelligently, and voluntarily. An indigent A  
1934 respondent who desires counsel and is also entitled unable to  
1935 afford private counsel has the right to court-appointed counsel  
1936 and to the benefits of s. 57.081. If the court believes that the  
1937 respondent needs or desires the assistance of counsel and has  
1938 not retained private counsel, the court must shall appoint such  
1939 counsel for the respondent without regard to the respondent's  
1940 wishes. If the respondent is a minor not otherwise represented  
1941 in the proceeding, the court must shall immediately appoint a  
1942 guardian ad litem to act on the minor's behalf.

1943 (3) STATE REPRESENTATIVE.—For all court-involved

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1944 involuntary proceedings under this chapter, the state attorney  
1945 for the circuit in which the petition was filed shall represent  
1946 the state, rather than the petitioner, as the real party in  
1947 interest in the proceeding, but the petitioner, whether pro se  
1948 or through counsel, has the right to be heard. Furthermore,  
1949 while the state attorney shall have access to the respondent's  
1950 clinical records, it may not use any record obtained under this  
1951 subsection for criminal investigation or prosecution purposes or  
1952 for any purpose other than the respondent's civil commitment  
1953 under this chapter. Any record obtained under this subsection  
1954 must remain confidential.

1955 Section 23. Section 397.6818, Florida Statutes, is  
1956 repealed.

1957 Section 24. Section 397.68111, Florida Statutes, is  
1958 renumbered as section 397.693, Florida Statutes, and section  
1959 397.693, Florida Statutes, is revived and reenacted, to read:

1960 397.693 ~~397.68111~~ Involuntary treatment.—A person may be  
1961 the subject of a petition for court-ordered involuntary  
1962 treatment pursuant to this part if that person:

1963 (1) Reasonably appears to meet the criteria for involuntary  
1964 admission provided in s. 397.675;

1965 (2) Has been placed under protective custody pursuant to s.  
1966 397.677 within the previous 10 days;

1967 (3) Has been subject to an emergency admission pursuant to  
1968 s. 397.679 within the previous 10 days; or

1969 (4) Has been assessed by a qualified professional within 30  
1970 days.

1971 Section 25. Section 397.68112, Florida Statutes, is  
1972 renumbered as section 397.695, Florida Statutes, and section

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1973 397.695, Florida Statutes, is revived and reenacted, to read:

1974 397.695 ~~397.68112~~ Involuntary services; persons who may  
 1975 petition.-

1976 (1) If the respondent is an adult, a petition for  
 1977 involuntary treatment services may be filed by the respondent's  
 1978 spouse or legal guardian, any relative, a service provider, or  
 1979 an adult who has direct personal knowledge of the respondent's  
 1980 substance abuse impairment and his or her prior course of  
 1981 assessment and treatment.

1982 (2) If the respondent is a minor, a petition for  
 1983 involuntary treatment services may be filed by a parent, legal  
 1984 guardian, or service provider.

1985 (3) The court may prohibit, or a law enforcement agency may  
 1986 waive, any service of process fees if a petitioner is determined  
 1987 to be indigent.

1988 Section 26. Section 397.68141, Florida Statutes, is  
 1989 renumbered as section 397.6951, Florida Statutes, and section  
 1990 397.6951, Florida Statutes, is revived, reenacted, and amended,  
 1991 to read:

1992 397.6951 ~~397.68141~~ Contents of petition for involuntary  
 1993 treatment services.-

1994 (1) A petition for involuntary services must contain the  
 1995 name of the respondent; the name of the petitioner; the  
 1996 relationship between the respondent and the petitioner; the name  
 1997 of the respondent's attorney, if known; and the factual  
 1998 allegations presented by the petitioner establishing the need  
 1999 for involuntary services for substance abuse impairment. The  
 2000 factual allegations must demonstrate the reason for the  
 2001 petitioner's belief that the respondent:

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2002       (a) Has lost the power of self-control with respect to  
2003 substance abuse or has a history of noncompliance with substance  
2004 abuse treatment with continued substance use;

2005       (b) Needs substance abuse services, but his or her judgment  
2006 is so impaired by substance abuse that he or she either is  
2007 refusing voluntary care after a sufficient and conscientious  
2008 explanation and disclosure of the services' purpose, or is  
2009 incapable of appreciating his or her need for such services and  
2010 of making a rational decision in that regard; and

2011       (c)1. Without services, is likely to suffer from neglect or  
2012 refuse to care for himself or herself; that the neglect or  
2013 refusal poses a real and present threat of substantial harm to  
2014 his or her well-being; and that it is not apparent that the harm  
2015 may be avoided through the help of willing, able, and  
2016 responsible family members or friends or the provision of other  
2017 services; or

2018       2. There is a substantial likelihood that in the near  
2019 future and without services, the respondent will inflict serious  
2020 harm to self or others, as evidenced by recent behavior causing,  
2021 attempting, or threatening such harm.

2022       (2) The petition may be accompanied by a certificate or  
2023 report from a qualified professional who examined the respondent  
2024 no more than 30 days before the treatment petition's filing. The  
2025 certificate or report must include the qualified professional's  
2026 findings relating to his or her assessment of the patient and  
2027 his or her treatment recommendations. If the respondent was not  
2028 assessed before the treatment petition's filing or refused to  
2029 submit to an evaluation, the lack of assessment or refusal must  
2030 be noted in the petition.

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

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

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

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

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

~~(2) The petition may be accompanied by a certificate or report of a qualified professional who examined the respondent within 30 days before the petition was filed. The certificate or report must include the qualified professional's findings relating to his or her assessment of the patient and his or her treatment recommendations. If the respondent was not assessed before the filing of a treatment petition or refused to submit to an evaluation, the lack of assessment or refusal must be noted in the petition.~~

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

Section 27. Section 397.68151, Florida Statutes, is

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2060 renumbered as section 397.6955, Florida Statutes, and section  
2061 397.6955, Florida Statutes, is revived, reenacted, and amended,  
2062 to read:

2063 397.6955 ~~397.68151~~ Duties of court upon filing of petition  
2064 for involuntary services.—

2065 (1) Upon the filing of a petition for involuntary services  
2066 for a substance abuse impaired person with the clerk of the  
2067 court, the clerk must notify the state attorney's office. In  
2068 addition, the court shall immediately determine whether the  
2069 respondent is represented by an attorney or whether the  
2070 appointment of counsel for the respondent is appropriate. If,  
2071 based on the contents of the petition, the court appoints  
2072 counsel for the person, the clerk of the court shall immediately  
2073 notify the office of criminal conflict and civil regional  
2074 counsel, created pursuant to s. 27.511, of the appointment. The  
2075 office of criminal conflict and civil regional counsel shall  
2076 represent the person until the petition is dismissed, the court  
2077 order expires, the person is discharged from involuntary  
2078 treatment services, or the office is otherwise discharged by the  
2079 court. An attorney that represents the person named in the  
2080 petition shall have access to the person, witnesses, and records  
2081 relevant to the presentation of the person's case and shall  
2082 represent the interests of the person, regardless of the source  
2083 of payment to the attorney.

2084 (2) The court shall schedule a hearing to be held on the  
2085 petition within 10 court working days unless a continuance is  
2086 granted. ~~The court may appoint a magistrate to preside at the~~  
2087 ~~hearing.~~

2088 (3) A copy of the petition and notice of the hearing must



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2089 be provided to the respondent; the respondent's parent,  
2090 guardian, or legal custodian, in the case of a minor; the  
2091 respondent's attorney, if known; the petitioner; the  
2092 respondent's spouse or guardian, if applicable; and such other  
2093 persons as the court may direct. If the respondent is a minor, a  
2094 copy of the petition and notice of the hearing must be  
2095 personally delivered to the respondent. The clerk shall also  
2096 issue a summons to the person whose admission is sought, and,  
2097 unless a circuit court's chief judge authorizes disinterested  
2098 private process servers to serve parties under this chapter, a  
2099 law enforcement agency must effect such service on the person  
2100 whose admission is sought for the initial treatment hearing.

2101 (4) (a) When the petitioner asserts that emergency  
2102 circumstances exist, or when upon review of the petition the  
2103 court determines that an emergency exists, the court may rely  
2104 solely on the contents of the petition and, without the  
2105 appointment of an attorney, enter an ex parte order for the  
2106 respondent's involuntary assessment and stabilization which must  
2107 be executed during the period when the hearing on the petition  
2108 for treatment is pending. The court may further order a law  
2109 enforcement officer or another designated agent of the court to:

2110 1. Take the respondent into custody and deliver him or her  
2111 for evaluation to either the nearest appropriate licensed  
2112 service provider or a licensed service provider designated by  
2113 the court; and

2114 2. Serve the respondent with the notice of hearing and a  
2115 copy of the petition.

2116 (b) The service provider may not hold the respondent for  
2117 longer than 72 hours of observation, unless:

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2118 1. The service provider seeks additional time under s.  
2119 397.6957(1)(c) and the court, after a hearing, grants such  
2120 motion providing additional time;

2121 2. The respondent shows signs of withdrawal, or a need to  
2122 be either detoxified or treated for a medical condition, which  
2123 shall extend the amount of time the respondent may be held for  
2124 observation until the issue is resolved but no later than the  
2125 scheduled hearing date, absent a court-approved extension; or

2126 3. The original or extended observation period ends on a  
2127 weekend or holiday, including the hours before the ordinary  
2128 business hours of the following workday morning, in which case  
2129 the provider may hold the respondent until the next court  
2130 working day.

2131 (c) If the ex parte order has not been executed by the  
2132 initial hearing date, it is deemed void. However, if the  
2133 respondent does not appear at the hearing for any reason,  
2134 including lack of service, and upon reviewing the petition,  
2135 testimony, and evidence presented, the court reasonably believes  
2136 the respondent meets the commitment criteria found in s. 397.675  
2137 and that a substance abuse emergency exists, the court may issue  
2138 or reissue an ex parte assessment and stabilization order that  
2139 is valid for 90 days. If the respondent's whereabouts are known  
2140 at the time of the hearing, the court:

2141 1. Shall continue the case for no more than 10 court  
2142 working days; and

2143 2. May order a law enforcement officer or another  
2144 designated agent of the court to:

2145 a. Take the respondent into custody and deliver him or her  
2146 for evaluation to either the nearest appropriate licensed

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2147 service provider or a licensed service provider designated by  
2148 the court; and

2149 b. If a hearing date is set, serve the respondent with  
2150 notice of the rescheduled hearing and a copy of the involuntary  
2151 treatment petition if the respondent has not already been  
2152 served.

2153  
2154 Otherwise, the state must inform the court that the respondent  
2155 has been assessed so that the court may schedule a hearing as  
2156 soon as is practicable. However, if the respondent has not been  
2157 assessed within this 90-day period, the court must dismiss the  
2158 case.

2159 Section 28. Subsections (1) through (4) of section  
2160 397.6957, Florida Statutes, are amended to read:

2161 397.6957 Hearing on petition for involuntary treatment  
2162 services.—

2163 (1) (a) The respondent must be present at a hearing on a  
2164 petition for involuntary treatment services unless the court  
2165 finds that he or she knowingly, intelligently, and voluntarily  
2166 waives his or her right to be present or, upon receiving proof  
2167 of service and evaluating the circumstances of the case, that  
2168 his or her presence is inconsistent with his or her best  
2169 interests or is likely to be injurious to self or others. The  
2170 court shall hear and review all relevant and admissible  
2171 evidence, including testimony from a party's witnesses,  
2172 ~~individuals~~ such as family members familiar with the  
2173 respondent's prior history and how it relates to his or her  
2174 current condition, and the results of the assessment completed  
2175 by the qualified professional in connection with this chapter.

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2176 The court may also order drug tests. The hearing must be held in  
2177 person unless all parties agree otherwise. However, upon a  
2178 finding of good cause, the court may permit witnesses to testify  
2179 under oath remotely using audio-video technology satisfactory to  
2180 the court ~~Witnesses may remotely attend and, as appropriate,~~  
2181 ~~testify at the hearing under oath via audio-video~~  
2182 ~~telecommunications technology.~~ A witness intending to testify  
2183 ~~remotely attend and testify~~ must provide the parties with all  
2184 relevant documents he or she will rely on for such testimony by  
2185 the close of business on the day before the hearing.

2186 (b)1. A respondent may not be involuntarily ordered into  
2187 treatment under this chapter without a clinical assessment being  
2188 performed, unless he or she is present in court and expressly  
2189 waives the assessment. In nonemergency situations, if the  
2190 respondent was not, or had previously refused to be, assessed by  
2191 a qualified professional and, based on the petition, testimony,  
2192 and evidence presented, it reasonably appears that the  
2193 respondent qualifies for involuntary treatment services, the  
2194 court shall issue an involuntary assessment and stabilization  
2195 order to determine the appropriate level of treatment the  
2196 respondent requires. Additionally, in cases where an assessment  
2197 was attached to the petition or there is a possibility of bias,  
2198 the respondent may request, or the court on its own motion may  
2199 order, an independent assessment by a court-appointed or  
2200 otherwise agreed upon qualified professional. ~~The respondent~~  
2201 ~~shall be informed by the court of the right to an independent~~  
2202 ~~assessment.~~

2203 2. If an assessment order is issued, it is valid for 90  
2204 days, and if the respondent is present or there is either proof

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2205 of service or his or her location is known, the involuntary  
2206 treatment hearing shall be continued for no more than 10 court  
2207 working days. Otherwise, the state ~~petitioner~~ must inform the  
2208 court that the respondent has been assessed so that the court  
2209 may schedule a hearing as soon as is practicable. The assessment  
2210 must occur before the new hearing date, and if there is evidence  
2211 indicating that the respondent will not voluntarily appear at  
2212 the forthcoming hearing or is a danger to self or others, the  
2213 court may enter a preliminary order committing the respondent to  
2214 an appropriate treatment facility for further evaluation until  
2215 the date of the rescheduled hearing. However, if after 90 days  
2216 the respondent remains unassessed, the court shall dismiss the  
2217 case.

2218 (c)1. Involuntary assessments may be performed at a  
2219 licensed detoxification or addictions receiving facility, a  
2220 licensed service provider or its lesser restrictive component,  
2221 or a hospital. The respondent's assessment by a qualified  
2222 professional must occur within 72 hours after his or her arrival  
2223 at such facility ~~a licensed service provider~~ unless the  
2224 respondent shows signs of withdrawal or a need to be either  
2225 detoxified or treated for a medical condition, which shall  
2226 extend the amount of time the respondent may be held for  
2227 observation until such issue is resolved but no later than the  
2228 scheduled hearing date, absent a court-approved extension. If  
2229 the respondent is a minor, such assessment must be initiated  
2230 within the first 12 hours of the minor's admission to the  
2231 facility. The service provider may also move to extend the 72  
2232 hours of observation by petitioning the court in writing for  
2233 additional time. The service provider must furnish copies of

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2234 such motion to all parties in accordance with applicable  
2235 confidentiality requirements, and after a hearing, the court may  
2236 grant additional time. If the court grants the service  
2237 provider's petition, the service provider may continue to hold  
2238 the respondent, and if the original or extended observation  
2239 period ends on a weekend or holiday, including the hours before  
2240 the ordinary business hours of the following workday morning,  
2241 the provider may hold the respondent until the next court  
2242 working day.

2243 2. No later than the ordinary close of business on the day  
2244 before the hearing, the qualified professional shall transmit,  
2245 in accordance with any applicable confidentiality requirements,  
2246 his or her clinical assessment to the clerk of the court, who  
2247 shall enter it into the court file. The report must contain a  
2248 recommendation on the level of substance abuse treatment the  
2249 respondent requires, if any, and the relevant information on  
2250 which the qualified professional's findings are based. This  
2251 document must further note whether the respondent has any co-  
2252 occurring mental health or other treatment needs. For adults  
2253 subject to an involuntary assessment, the report's filing with  
2254 the court satisfies s. 397.6758 if it also contains the  
2255 respondent's admission and discharge information. The qualified  
2256 professional's failure to include a treatment recommendation,  
2257 much like a recommendation of no treatment, shall result in the  
2258 petition's dismissal.

2259 (d) The court may order a law enforcement officer or  
2260 another designated agent of the court to take the respondent  
2261 into custody and transport him or her to the treatment facility  
2262 or the assessing service provider.

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2263 (2) The state petitioner has the burden of proving by clear  
2264 and convincing evidence that:

2265 (a) The respondent is substance abuse impaired, has lost  
2266 the power of self-control with respect to substance abuse, or  
2267 ~~and~~ has a history of lack of compliance with treatment for  
2268 substance abuse with continued substance use; and

2269 (b) Because of such impairment, the respondent is unlikely  
2270 to voluntarily participate in the recommended services after  
2271 sufficient and conscientious explanation and disclosure of their  
2272 purpose, or is unable to determine for himself or herself  
2273 whether services are necessary and make a rational decision in  
2274 that regard; and:

2275 (c)1. Without services, the respondent is likely to suffer  
2276 from neglect or refuse to care for himself or herself; that such  
2277 neglect or refusal poses a real and present threat of  
2278 substantial harm to his or her well-being; and that it is not  
2279 apparent that such harm may be avoided through the help of  
2280 willing, able, and responsible family members or friends or the  
2281 provision of other services; or

2282 2. There is a substantial likelihood that in the near  
2283 future and without services, the respondent will inflict serious  
2284 harm to self or others, as evidenced by recent behavior causing,  
2285 attempting, or threatening such harm ~~cause serious bodily harm~~  
2286 ~~to himself, herself, or another in the near future, as evidenced~~  
2287 ~~by recent behavior; or~~

2288 ~~2. The respondent's refusal to voluntarily receive care is~~  
2289 ~~based on judgment so impaired by reason of substance abuse that~~  
2290 ~~the respondent is incapable of appreciating his or her need for~~  
2291 ~~care and of making a rational decision regarding that need for~~

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2292 eare.

2293 (3) Testimony in the hearing must be taken under oath, and  
2294 the proceedings must be recorded. The respondent may refuse to  
2295 testify at the hearing.

2296 (4) If at any point during the hearing the court has reason  
2297 to believe that the respondent, due to mental illness other than  
2298 or in addition to substance abuse impairment, meets the  
2299 involuntary commitment provisions of part I of chapter 394, the  
2300 court may initiate involuntary examination proceedings under  
2301 such provisions. The court may also have the respondent  
2302 evaluated by the Agency for Persons with Disabilities if he or  
2303 she has an intellectual disability or autism and reasonably  
2304 appears to meet the commitment criteria in s. 393.11, and any  
2305 subsequent proceedings shall be governed by that section.

2306 Section 29. Section 397.697, Florida Statutes, is amended  
2307 to read:

2308 397.697 Court determination; effect of court order for  
2309 involuntary treatment services.-

2310 (1)(a) When the court finds that the conditions for  
2311 involuntary treatment services have been proved by clear and  
2312 convincing evidence, it may order the respondent to receive  
2313 involuntary treatment services from a publicly funded licensed  
2314 service provider for a period not to exceed 90 days. The court  
2315 may also order a respondent to undergo treatment through a  
2316 privately funded licensed service provider if the respondent has  
2317 the ability to pay for the treatment, or if any person on the  
2318 respondent's behalf voluntarily demonstrates a willingness and  
2319 an ability to pay for the treatment. If the court finds it  
2320 necessary, it may direct the sheriff to take the respondent into



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2321 custody and deliver him or her to the licensed service provider  
2322 specified in the court order, or to the nearest appropriate  
2323 licensed service provider, for involuntary treatment services.  
2324 When the conditions justifying involuntary treatment services no  
2325 longer exist, the individual must be released as provided in s.  
2326 397.6971. When the conditions justifying involuntary treatment  
2327 services are expected to exist after 90 days of treatment  
2328 services, a renewal of the involuntary treatment services order  
2329 may be requested pursuant to s. 397.6975 before the end of the  
2330 90-day period.

2331 (b) To qualify for involuntary outpatient treatment, an  
2332 individual must be supported by a social worker or case manager  
2333 of a licensed service provider, or a willing, able, and  
2334 responsible individual appointed by the court who shall inform  
2335 the court and parties if the respondent fails to comply with his  
2336 or her outpatient program. In addition, unless the respondent  
2337 has been involuntarily ordered into residential ~~inpatient~~  
2338 treatment under this chapter at least twice during the last 36  
2339 months, or demonstrates the ability to substantially comply with  
2340 the outpatient treatment while waiting for residential services  
2341 ~~placement~~ to become available, he or she must receive an  
2342 assessment from a qualified professional or licensed physician  
2343 expressly recommending outpatient services. 7 Such services must  
2344 also be available in the county in which the respondent is  
2345 located, ~~and it must appear likely that the respondent will~~  
2346 ~~follow a prescribed outpatient care plan.~~

2347 (2) In all cases resulting in an order for involuntary  
2348 treatment services, the court shall retain jurisdiction over the  
2349 case and the parties for the entry of such further orders as the

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2350 circumstances may require, including, but not limited to,  
2351 monitoring compliance with treatment, changing the treatment  
2352 modality, or initiating contempt of court proceedings for  
2353 violating any valid order issued pursuant to this chapter.  
2354 Hearings under this section may be set by motion of the parties  
2355 or under the court's own authority, and the motion and notice of  
2356 hearing for these ancillary proceedings, which include, but are  
2357 not limited to, civil contempt, must be served in accordance  
2358 with relevant court procedural rules. The court's requirements  
2359 for notification of proposed release must be included in the  
2360 original order.

2361 (3) An involuntary treatment services order also authorizes  
2362 the licensed service provider to require the individual to  
2363 receive treatment services that will benefit him or her,  
2364 including treatment services at any licensable service component  
2365 of a licensed service provider. The service provider's authority  
2366 under this section is separate and distinct from the court's  
2367 continuing jurisdiction under subsection (2), and the service  
2368 provider is subject to the court's oversight. Such oversight  
2369 includes, but is not limited to, submitting reports on the  
2370 respondent's progress in treatment or compliance with the  
2371 involuntary treatment services order. The court, however, may  
2372 not oversee program admissions, medication management, or  
2373 clinical decisions.

2374 (4) If the court orders involuntary treatment services, a  
2375 copy of the order must be sent to the managing entity, the  
2376 department, and the Louis de la Parte Florida Institute  
2377 established under s. 1004.44, within 1 working day after it is  
2378 received from the court. Documents may be submitted

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2379 electronically through existing data systems, if applicable.

2380 (5) The department and the institute established under s.  
2381 1004.44, shall also receive and maintain copies of the  
2382 involuntary assessment and treatment orders issued pursuant to  
2383 ss. 397.6955 and 397.6957 ~~ss. 397.68151, 397.6818, and 397.6957;~~  
2384 the qualified professional assessments; the professional  
2385 certificates; and the law enforcement officers' protective  
2386 custody reports. The institute established under s. 1004.44  
2387 shall use such documents to prepare annual reports analyzing the  
2388 data the documents contain, without including patients' personal  
2389 identifying information, and the institute shall post such  
2390 reports on its website ~~and provide copies of the reports to the~~  
2391 ~~department, the President of the Senate, and the Speaker of the~~  
2392 ~~House of Representatives~~ by December 31 of each year.

2393 Section 30. Paragraph (b) of subsection (1) of section  
2394 397.6971, Florida Statutes, is amended to read:

2395 397.6971 Early release from involuntary services.—

2396 (1) At any time before the end of the 90-day involuntary  
2397 treatment services period, or before the end of any extension  
2398 granted pursuant to s. 397.6975, an individual receiving  
2399 involuntary treatment services may be determined eligible for  
2400 discharge to the most appropriate referral or disposition for  
2401 the individual when any of the following apply:

2402 (b) If the individual was admitted on the grounds of  
2403 likelihood of self-neglect or the infliction of ~~physical~~ harm  
2404 upon himself or herself or others, such likelihood no longer  
2405 exists.

2406 Section 31. Section 397.6975, Florida Statutes, is amended  
2407 to read:

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2408           397.6975 Extension of involuntary treatment services  
2409 period.—

2410           (1) Whenever a service provider believes that an individual  
2411 who is nearing the scheduled date of his or her release from  
2412 involuntary treatment services continues to meet the criteria  
2413 for involuntary services in s. 397.693 ~~s. 397.68111~~ or s.  
2414 397.6957, a petition for renewal of the involuntary treatment  
2415 services order must be filed with the court before the  
2416 expiration of the court-ordered services period. The petition  
2417 may be filed by the service provider or by the person who filed  
2418 the petition for the initial treatment order if the petition is  
2419 accompanied by supporting documentation from the service  
2420 provider. The court shall ~~immediately~~ schedule a hearing within  
2421 10 court working days after ~~to be held not more than 15 days~~  
2422 ~~after filing of the~~ petition's filing petition, and ~~the court~~  
2423 ~~shall~~ provide a ~~the~~ copy of the petition for renewal and the  
2424 notice of the hearing to all parties and counsel to the  
2425 proceeding. The hearing is conducted pursuant to ss. 397.6957  
2426 and 397.697 and must be held before the circuit court unless  
2427 referred to a magistrate. The existing involuntary treatment  
2428 services order shall remain in effect until any continued  
2429 treatment order is complete, but this section does not prohibit  
2430 the respondent from agreeing to additional treatment without a  
2431 hearing so long as the service provider informs the court and  
2432 parties of such agreement.

2433           (2) If the court finds that the petition for renewal of the  
2434 involuntary treatment services ~~order~~ should be granted, it may  
2435 order the respondent to receive involuntary treatment services  
2436 for a period not to exceed an additional 90 days. When the

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2437 conditions justifying involuntary treatment services no longer  
2438 exist, the individual must be released as provided in s.  
2439 397.6971. When the conditions justifying involuntary services  
2440 continue to exist after an additional 90 days of service, a new  
2441 petition requesting renewal of the involuntary treatment  
2442 services order may be filed pursuant to this section.

2443 Section 32. Section 397.6977, Florida Statutes, is amended  
2444 to read:

2445 397.6977 Disposition of individual upon completion of  
2446 involuntary treatment services.-

2447 (1) At the conclusion of the 90-day period of court-ordered  
2448 involuntary services, the respondent is automatically discharged  
2449 unless a motion for renewal of the involuntary services order  
2450 has been filed with the court pursuant to s. 397.6975.

2451 (2) Discharge planning and procedures for any respondent's  
2452 release from involuntary treatment services must include and  
2453 document the respondent's needs, and actions to address such  
2454 needs, for, at a minimum:

2455 (a) Follow-up behavioral health appointments;~~;~~

2456 (b) Information on how to obtain prescribed medications;~~;~~

2457 (c) Information pertaining to available living arrangements  
2458 and transportation;~~;~~

2459 (d) Information pertaining to resources offered through the  
2460 Agency for Persons with Disabilities, the Department of Elderly  
2461 Affairs, and the Department of Veterans' Affairs, when  
2462 applicable; and

2463 (e) Referral to, when applicable:

2464 1. Recovery support opportunities under s. 394.4573(2)(1),  
2465 including, but not limited to, connection to a peer specialist;

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2466       2. Resources to address co-occurring issues, such as  
2467 medical conditions, developmental disabilities, or mental  
2468 illness; and

2469       3. Care coordination services. The respondent must be  
2470 referred for care coordination services if he or she meets the  
2471 criteria as a member of a priority population as determined by  
2472 the department under s. 394.9082(3)(c).

2473       Section 33. Subsection (6) of section 394.9085, Florida  
2474 Statutes, is amended to read:

2475       394.9085 Behavioral provider liability.—

2476       (6) For purposes of this section, the terms  
2477 “detoxification,” “addictions receiving facility,” and  
2478 “receiving facility” have the same meanings as those provided in  
2479 ss. 397.311(27)(a)4., 397.311(27)(a)1., and 394.455 ~~394.455(40)~~,  
2480 respectively.

2481       Section 34. Subsection (2) of section 397.6798, Florida  
2482 Statutes, is amended, and subsection (1) of that section is  
2483 republished, to read:

2484       397.6798 Alternative involuntary assessment procedure for  
2485 minors.—

2486       (1) In addition to protective custody, emergency admission,  
2487 and involuntary assessment and stabilization, an addictions  
2488 receiving facility may admit a minor for involuntary assessment  
2489 and stabilization upon the filing of an application to an  
2490 addictions receiving facility by the minor’s parent, guardian,  
2491 or legal custodian. The application must establish the need for  
2492 involuntary assessment and stabilization based on the criteria  
2493 for involuntary admission in s. 397.675. Within 72 hours after  
2494 involuntary admission of a minor, the minor must be assessed to

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2495 determine the need for further services. Assessments must be  
2496 performed by a qualified professional. If, after the 72-hour  
2497 period, it is determined by the attending physician that further  
2498 services are necessary, the minor may be kept for a period of up  
2499 to 5 days, inclusive of the 72-hour period.

2500 (2) An application for alternative involuntary assessment  
2501 for a minor must establish the need for immediate involuntary  
2502 admission and contain the name of the minor to be admitted, the  
2503 name and signature of the applicant, the relationship between  
2504 the minor to be admitted and the applicant, and factual  
2505 allegations with respect to:

2506 (a) The reason for the applicant's belief that the minor is  
2507 substance abuse impaired; and

2508 (b) The reason for the applicant's belief that because of  
2509 such impairment the minor has lost the power of self-control  
2510 with respect to substance abuse; and either

2511 (c)1. The reason the applicant believes that the minor has  
2512 inflicted or is likely to inflict ~~physical~~ harm on himself or  
2513 herself or others unless admitted; or  
2514 2. The reason the applicant believes that the minor's refusal to  
2515 voluntarily receive substance abuse services is based on  
2516 judgment so impaired by reason of substance abuse that he or she  
2517 is incapable of appreciating his or her need for such services  
2518 and of making a rational decision regarding his or her need for  
2519 services.

2520 Section 35. Paragraph (a) of subsection (2) of section  
2521 790.065, Florida Statutes, is amended to read:

2522 790.065 Sale and delivery of firearms.—

2523 (2) Upon receipt of a request for a criminal history record

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2524 check, the Department of Law Enforcement shall, during the  
2525 licensee's call or by return call, forthwith:

2526 (a) Review any records available to determine if the  
2527 potential buyer or transferee:

2528 1. Has been convicted of a felony and is prohibited from  
2529 receipt or possession of a firearm pursuant to s. 790.23;

2530 2. Has been convicted of a misdemeanor crime of domestic  
2531 violence, and therefore is prohibited from purchasing a firearm;

2532 3. Has had adjudication of guilt withheld or imposition of  
2533 sentence suspended on any felony or misdemeanor crime of  
2534 domestic violence unless 3 years have elapsed since probation or  
2535 any other conditions set by the court have been fulfilled or  
2536 expunction has occurred; or

2537 4. Has been adjudicated mentally defective or has been  
2538 committed to a mental institution by a court or as provided in  
2539 sub-sub-subparagraph b.(II), and as a result is prohibited by  
2540 state or federal law from purchasing a firearm.

2541 a. As used in this subparagraph, "adjudicated mentally  
2542 defective" means a determination by a court that a person, as a  
2543 result of marked subnormal intelligence, or mental illness,  
2544 incompetency, condition, or disease, is a danger to himself or  
2545 herself or to others or lacks the mental capacity to contract or  
2546 manage his or her own affairs. The phrase includes a judicial  
2547 finding of incapacity under s. 744.331(6)(a), an acquittal by  
2548 reason of insanity of a person charged with a criminal offense,  
2549 and a judicial finding that a criminal defendant is not  
2550 competent to stand trial.

2551 b. As used in this subparagraph, "committed to a mental  
2552 institution" means:



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2553 (I) Involuntary commitment, commitment for mental  
2554 defectiveness or mental illness, and commitment for substance  
2555 abuse. The phrase includes involuntary inpatient placement and  
2556 involuntary outpatient services under ~~as defined in s. 394.467,~~  
2557 ~~involuntary outpatient placement as defined in s. 394.4655,~~  
2558 involuntary assessment and stabilization under s. 397.6955 ~~s.~~  
2559 ~~397.6818~~, and involuntary substance abuse treatment under s.  
2560 397.6957, but does not include a person in a mental institution  
2561 for observation or discharged from a mental institution based  
2562 upon the initial review by the physician or a voluntary  
2563 admission to a mental institution; or

2564 (II) Notwithstanding sub-sub-subparagraph (I), voluntary  
2565 admission to a mental institution for outpatient or inpatient  
2566 treatment of a person who had an involuntary examination under  
2567 s. 394.463, where each of the following conditions have been  
2568 met:

2569 (A) An examining physician found that the person is an  
2570 imminent danger to himself or herself or others.

2571 (B) The examining physician certified that if the person  
2572 did not agree to voluntary treatment, a petition for involuntary  
2573 outpatient or inpatient treatment would have been filed under s.  
2574 394.463(2)(g)4., or the examining physician certified that a  
2575 petition was filed and the person subsequently agreed to  
2576 voluntary treatment prior to a court hearing on the petition.

2577 (C) Before agreeing to voluntary treatment, the person  
2578 received written notice of that finding and certification, and  
2579 written notice that as a result of such finding, he or she may  
2580 be prohibited from purchasing a firearm, and may not be eligible  
2581 to apply for or retain a concealed weapon or firearms license

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2582 under s. 790.06 and the person acknowledged such notice in  
2583 writing, in substantially the following form:

2584

2585 "I understand that the doctor who examined me believes I am a  
2586 danger to myself or to others. I understand that if I do not  
2587 agree to voluntary treatment, a petition will be filed in court  
2588 to require me to receive involuntary treatment. I understand  
2589 that if that petition is filed, I have the right to contest it.  
2590 In the event a petition has been filed, I understand that I can  
2591 subsequently agree to voluntary treatment prior to a court  
2592 hearing. I understand that by agreeing to voluntary treatment in  
2593 either of these situations, I may be prohibited from buying  
2594 firearms and from applying for or retaining a concealed weapons  
2595 or firearms license until I apply for and receive relief from  
2596 that restriction under Florida law."

2597

2598 (D) A judge or a magistrate has, pursuant to sub-sub-  
2599 subparagraph c.(II), reviewed the record of the finding,  
2600 certification, notice, and written acknowledgment classifying  
2601 the person as an imminent danger to himself or herself or  
2602 others, and ordered that such record be submitted to the  
2603 department.

2604 c. In order to check for these conditions, the department  
2605 shall compile and maintain an automated database of persons who  
2606 are prohibited from purchasing a firearm based on court records  
2607 of adjudications of mental defectiveness or commitments to  
2608 mental institutions.

2609 (I) Except as provided in sub-sub-subparagraph (II), clerks  
2610 of court shall submit these records to the department within 1

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2611 month after the rendition of the adjudication or commitment.  
2612 Reports shall be submitted in an automated format. The reports  
2613 must, at a minimum, include the name, along with any known alias  
2614 or former name, the sex, and the date of birth of the subject.

2615 (II) For persons committed to a mental institution pursuant  
2616 to sub-sub-subparagraph b.(II), within 24 hours after the  
2617 person's agreement to voluntary admission, a record of the  
2618 finding, certification, notice, and written acknowledgment must  
2619 be filed by the administrator of the receiving or treatment  
2620 facility, as defined in s. 394.455, with the clerk of the court  
2621 for the county in which the involuntary examination under s.  
2622 394.463 occurred. No fee shall be charged for the filing under  
2623 this sub-sub-subparagraph. The clerk must present the records to  
2624 a judge or magistrate within 24 hours after receipt of the  
2625 records. A judge or magistrate is required and has the lawful  
2626 authority to review the records ex parte and, if the judge or  
2627 magistrate determines that the record supports the classifying  
2628 of the person as an imminent danger to himself or herself or  
2629 others, to order that the record be submitted to the department.  
2630 If a judge or magistrate orders the submittal of the record to  
2631 the department, the record must be submitted to the department  
2632 within 24 hours.

2633 d. A person who has been adjudicated mentally defective or  
2634 committed to a mental institution, as those terms are defined in  
2635 this paragraph, may petition the court that made the  
2636 adjudication or commitment, or the court that ordered that the  
2637 record be submitted to the department pursuant to sub-sub-  
2638 subparagraph c.(II), for relief from the firearm disabilities  
2639 imposed by such adjudication or commitment. A copy of the

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2640 petition shall be served on the state attorney for the county in  
2641 which the person was adjudicated or committed. The state  
2642 attorney may object to and present evidence relevant to the  
2643 relief sought by the petition. The hearing on the petition may  
2644 be open or closed as the petitioner may choose. The petitioner  
2645 may present evidence and subpoena witnesses to appear at the  
2646 hearing on the petition. The petitioner may confront and cross-  
2647 examine witnesses called by the state attorney. A record of the  
2648 hearing shall be made by a certified court reporter or by court-  
2649 approved electronic means. The court shall make written findings  
2650 of fact and conclusions of law on the issues before it and issue  
2651 a final order. The court shall grant the relief requested in the  
2652 petition if the court finds, based on the evidence presented  
2653 with respect to the petitioner's reputation, the petitioner's  
2654 mental health record and, if applicable, criminal history  
2655 record, the circumstances surrounding the firearm disability,  
2656 and any other evidence in the record, that the petitioner will  
2657 not be likely to act in a manner that is dangerous to public  
2658 safety and that granting the relief would not be contrary to the  
2659 public interest. If the final order denies relief, the  
2660 petitioner may not petition again for relief from firearm  
2661 disabilities until 1 year after the date of the final order. The  
2662 petitioner may seek judicial review of a final order denying  
2663 relief in the district court of appeal having jurisdiction over  
2664 the court that issued the order. The review shall be conducted  
2665 de novo. Relief from a firearm disability granted under this  
2666 sub-subparagraph has no effect on the loss of civil rights,  
2667 including firearm rights, for any reason other than the  
2668 particular adjudication of mental defectiveness or commitment to

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2669 a mental institution from which relief is granted.

2670 e. Upon receipt of proper notice of relief from firearm  
2671 disabilities granted under sub-subparagraph d., the department  
2672 shall delete any mental health record of the person granted  
2673 relief from the automated database of persons who are prohibited  
2674 from purchasing a firearm based on court records of  
2675 adjudications of mental defectiveness or commitments to mental  
2676 institutions.

2677 f. The department is authorized to disclose data collected  
2678 pursuant to this subparagraph to agencies of the Federal  
2679 Government and other states for use exclusively in determining  
2680 the lawfulness of a firearm sale or transfer. The department is  
2681 also authorized to disclose this data to the Department of  
2682 Agriculture and Consumer Services for purposes of determining  
2683 eligibility for issuance of a concealed weapons or concealed  
2684 firearms license and for determining whether a basis exists for  
2685 revoking or suspending a previously issued license pursuant to  
2686 s. 790.06(10). When a potential buyer or transferee appeals a  
2687 nonapproval based on these records, the clerks of court and  
2688 mental institutions shall, upon request by the department,  
2689 provide information to help determine whether the potential  
2690 buyer or transferee is the same person as the subject of the  
2691 record. Photographs and any other data that could confirm or  
2692 negate identity must be made available to the department for  
2693 such purposes, notwithstanding any other provision of state law  
2694 to the contrary. Any such information that is made confidential  
2695 or exempt from disclosure by law shall retain such confidential  
2696 or exempt status when transferred to the department.

2697 Section 36. For the purpose of incorporating the amendment

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2698 made by this act to section 394.4625, Florida Statutes, in a  
2699 reference thereto, subsection (5) of section 743.067, Florida  
2700 Statutes, is reenacted to read:

2701 743.067 Certified unaccompanied homeless youths.—

2702 (5) MEDICAL AND OTHER CARE.—Notwithstanding s. 394.4625(1),  
2703 a certified unaccompanied homeless youth may consent to medical  
2704 care; dental care; behavioral health care services, including  
2705 psychological counseling and treatment, psychiatric treatment,  
2706 and substance abuse prevention and treatment services; and  
2707 surgical diagnosis and treatment, including preventative care  
2708 and care by a facility licensed under chapter 394, chapter 395,  
2709 or chapter 397 and any forensic medical examination for the  
2710 purpose of investigating any felony offense under chapter 784,  
2711 chapter 787, chapter 794, chapter 800, or chapter 827, for:

2712 (a) Himself or herself; or

2713 (b) His or her child, if the certified unaccompanied  
2714 homeless youth is unmarried, is the parent of the child, and has  
2715 actual custody of the child.

2716 Section 37. For the purpose of incorporating the amendment  
2717 made by this act to section 394.463, Florida Statutes, in  
2718 references thereto, paragraph (b) of subsection (4) and  
2719 subsection (5) of section 39.407, Florida Statutes, are  
2720 reenacted to read:

2721 39.407 Medical, psychiatric, and psychological examination  
2722 and treatment of child; physical, mental, or substance abuse  
2723 examination of person with or requesting child custody.—

2724 (4)

2725 (b) The judge may also order such child to be evaluated by  
2726 a psychiatrist or a psychologist or, if a developmental

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2727 disability is suspected or alleged, by the developmental  
2728 disability diagnostic and evaluation team of the department. If  
2729 it is necessary to place a child in a residential facility for  
2730 such evaluation, the criteria and procedure established in s.  
2731 394.463(2) or chapter 393 shall be used, whichever is  
2732 applicable.

2733 (5) A judge may order a child in an out-of-home placement  
2734 to be treated by a licensed health care professional based on  
2735 evidence that the child should receive treatment. The judge may  
2736 also order such child to receive mental health or developmental  
2737 disabilities services from a psychiatrist, psychologist, or  
2738 other appropriate service provider. Except as provided in  
2739 subsection (6), if it is necessary to place the child in a  
2740 residential facility for such services, the procedures and  
2741 criteria established in s. 394.467 shall be used. A child may be  
2742 provided mental health services in emergency situations,  
2743 pursuant to the procedures and criteria contained in s.  
2744 394.463(1). Nothing in this section confers jurisdiction on the  
2745 court with regard to determining eligibility or ordering  
2746 services under chapter 393.

2747 Section 38. For the purpose of incorporating the amendment  
2748 made by this act to section 394.463, Florida Statutes, in a  
2749 reference thereto, paragraph (d) of subsection (2) of section  
2750 119.0712, Florida Statutes, is reenacted to read:

2751 119.0712 Executive branch agency-specific exemptions from  
2752 inspection or copying of public records.—

2753 (2) DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES.—

2754 (d)1. Emergency contact information contained in a motor  
2755 vehicle record is confidential and exempt from s. 119.07(1) and

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2756 s. 24(a), Art. I of the State Constitution.

2757 2. Without the express consent of the person to whom such  
2758 emergency contact information applies, the emergency contact  
2759 information contained in a motor vehicle record may be released  
2760 only to:

2761 a. Law enforcement agencies for purposes of contacting  
2762 those listed in the event of an emergency.

2763 b. A receiving facility, hospital, or licensed  
2764 detoxification or addictions receiving facility pursuant to s.  
2765 394.463(2)(a) or s. 397.6772(1)(a) for the sole purpose of  
2766 informing a patient's emergency contacts of the patient's  
2767 whereabouts.

2768 Section 39. For the purpose of incorporating the amendment  
2769 made by this act to section 394.463, Florida Statutes, in a  
2770 reference thereto, subsection (2) of section 945.46, Florida  
2771 Statutes, is reenacted to read:

2772 945.46 Initiation of involuntary placement proceedings with  
2773 respect to a mentally ill inmate scheduled for release.—

2774 (2) In addition, the warden may initiate procedures for  
2775 involuntary examination pursuant to s. 394.463 for any inmate  
2776 who has a mental illness and meets the criteria of s.  
2777 394.463(1).

2778 Section 40. For the purpose of incorporating the amendment  
2779 made by this act to section 394.463, Florida Statutes, in  
2780 references thereto, subsections (3) and (4) of section 984.19,  
2781 Florida Statutes, are reenacted to read:

2782 984.19 Medical screening and treatment of child;  
2783 examination of parent, guardian, or person requesting custody.—

2784 (3) A judge may order that a child alleged to be or



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2785 adjudicated a child in need of services be examined by a  
2786 licensed health care professional. The judge may also order such  
2787 child to be evaluated by a psychiatrist or a psychologist, by a  
2788 district school board educational needs assessment team, or, if  
2789 a developmental disability is suspected or alleged, by the  
2790 developmental disability diagnostic and evaluation team of the  
2791 Department of Children and Families. The judge may order a  
2792 family assessment if that assessment was not completed at an  
2793 earlier time. If it is necessary to place a child in a  
2794 residential facility for such evaluation, then the criteria and  
2795 procedure established in s. 394.463(2) or chapter 393 shall be  
2796 used, whichever is applicable. The educational needs assessment  
2797 provided by the district school board educational needs  
2798 assessment team shall include, but not be limited to, reports of  
2799 intelligence and achievement tests, screening for learning  
2800 disabilities and other handicaps, and screening for the need for  
2801 alternative education pursuant to s. 1003.53.

2802 (4) A judge may order that a child alleged to be or  
2803 adjudicated a child in need of services be treated by a licensed  
2804 health care professional. The judge may also order such child to  
2805 receive mental health or intellectual disability services from a  
2806 psychiatrist, psychologist, or other appropriate service  
2807 provider. If it is necessary to place the child in a residential  
2808 facility for such services, the procedures and criteria  
2809 established in s. 394.467 or chapter 393 shall be used, as  
2810 applicable. A child may be provided services in emergency  
2811 situations pursuant to the procedures and criteria contained in  
2812 s. 394.463(1) or chapter 393, as applicable.

2813 Section 41. For the purpose of incorporating the amendment

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2814 made by this act to section 394.463, Florida Statutes, in a  
2815 reference thereto, paragraph (d) of subsection (2) of section  
2816 985.115, Florida Statutes, is reenacted to read:

2817 985.115 Release or delivery from custody.—

2818 (2) Unless otherwise ordered by the court under s. 985.255  
2819 or s. 985.26, and unless there is a need to hold the child, a  
2820 person taking a child into custody shall attempt to release the  
2821 child as follows:

2822 (d) If the child is believed to be mentally ill as defined  
2823 in s. 394.463(1), to a law enforcement officer who shall take  
2824 the child to a designated public receiving facility as defined  
2825 in s. 394.455 for examination under s. 394.463.

2826 Section 42. For the purpose of incorporating the amendments  
2827 made by this act to sections 394.463 and 394.467, Florida  
2828 Statutes, in references thereto, subsections (5), (6), and (7)  
2829 of section 394.492, Florida Statutes, are reenacted to read:

2830 394.492 Definitions.—As used in ss. 394.490-394.497, the  
2831 term:

2832 (5) "Child or adolescent who has an emotional disturbance"  
2833 means a person under 18 years of age who is diagnosed with a  
2834 mental, emotional, or behavioral disorder of sufficient duration  
2835 to meet one of the diagnostic categories specified in the most  
2836 recent edition of the Diagnostic and Statistical Manual of the  
2837 American Psychiatric Association, but who does not exhibit  
2838 behaviors that substantially interfere with or limit his or her  
2839 role or ability to function in the family, school, or community.  
2840 The emotional disturbance must not be considered to be a  
2841 temporary response to a stressful situation. The term does not  
2842 include a child or adolescent who meets the criteria for

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2843 involuntary placement under s. 394.467(1).

2844 (6) "Child or adolescent who has a serious emotional  
2845 disturbance or mental illness" means a person under 18 years of  
2846 age who:

2847 (a) Is diagnosed as having a mental, emotional, or  
2848 behavioral disorder that meets one of the diagnostic categories  
2849 specified in the most recent edition of the Diagnostic and  
2850 Statistical Manual of Mental Disorders of the American  
2851 Psychiatric Association; and

2852 (b) Exhibits behaviors that substantially interfere with or  
2853 limit his or her role or ability to function in the family,  
2854 school, or community, which behaviors are not considered to be a  
2855 temporary response to a stressful situation.

2856  
2857 The term includes a child or adolescent who meets the criteria  
2858 for involuntary placement under s. 394.467(1).

2859 (7) "Child or adolescent who is experiencing an acute  
2860 mental or emotional crisis" means a child or adolescent who  
2861 experiences a psychotic episode or a high level of mental or  
2862 emotional distress which may be precipitated by a traumatic  
2863 event or a perceived life problem for which the individual's  
2864 typical coping strategies are inadequate. The term includes a  
2865 child or adolescent who meets the criteria for involuntary  
2866 examination specified in s. 394.463(1).

2867 Section 43. For the purpose of incorporating the amendments  
2868 made by this act to sections 394.463 and 397.675, Florida  
2869 Statutes, in references thereto, subsections (18) and (19) of  
2870 section 394.67, Florida Statutes, are reenacted to read:

2871 394.67 Definitions.—As used in this part, the term:

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2872 (18) "Person who is experiencing an acute mental or  
2873 emotional crisis" means a child, adolescent, or adult who is  
2874 experiencing a psychotic episode or a high level of mental or  
2875 emotional distress which may be precipitated by a traumatic  
2876 event or a perceived life problem for which the individual's  
2877 typical coping strategies are inadequate. The term includes an  
2878 individual who meets the criteria for involuntary examination  
2879 specified in s. 394.463(1).

2880 (19) "Person who is experiencing an acute substance abuse  
2881 crisis" means a child, adolescent, or adult who is experiencing  
2882 a medical or emotional crisis because of the use of alcoholic  
2883 beverages or any psychoactive or mood-altering substance. The  
2884 term includes an individual who meets the criteria for  
2885 involuntary admission specified in s. 397.675.

2886 Section 44. For the purpose of incorporating the amendments  
2887 made by this act to sections 394.463 and 397.675, Florida  
2888 Statutes, in references thereto, subsection (2) of section  
2889 394.674, Florida Statutes, is reenacted to read:

2890 394.674 Eligibility for publicly funded substance abuse and  
2891 mental health services; fee collection requirements.-

2892 (2) Crisis services, as defined in s. 394.67, must, within  
2893 the limitations of available state and local matching resources,  
2894 be available to each person who is eligible for services under  
2895 subsection (1), regardless of the person's ability to pay for  
2896 such services. A person who is experiencing a mental health  
2897 crisis and who does not meet the criteria for involuntary  
2898 examination under s. 394.463(1), or a person who is experiencing  
2899 a substance abuse crisis and who does not meet the involuntary  
2900 admission criteria in s. 397.675, must contribute to the cost of

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2901 his or her care and treatment pursuant to the sliding fee scale  
2902 developed under subsection (4), unless charging a fee is  
2903 contraindicated because of the crisis situation.

2904 Section 45. For the purpose of incorporating the amendments  
2905 made by this act to sections 397.501 and 397.675, Florida  
2906 Statutes, in references thereto, paragraphs (b), (c), and (e) of  
2907 subsection (2) of section 397.702, Florida Statutes, are  
2908 reenacted to read:

2909 397.702 Authorization of local ordinances for treatment of  
2910 habitual abusers in licensed secure facilities.—

2911 (2) Ordinances for the treatment of habitual abusers must  
2912 provide:

2913 (b) That when seeking treatment of a habitual abuser, the  
2914 county or municipality, through an officer or agent specified in  
2915 the ordinance, must file with the court a petition which alleges  
2916 the following information about the alleged habitual abuser (the  
2917 respondent):

2918 1. The name, address, age, and gender of the respondent.

2919 2. The name of any spouse, adult child, other relative, or  
2920 guardian of the respondent, if known to the petitioner, and the  
2921 efforts by the petitioner, if any, to ascertain this  
2922 information.

2923 3. The name of the petitioner, the name of the person who  
2924 has physical custody of the respondent, and the current location  
2925 of the respondent.

2926 4. That the respondent has been taken into custody for  
2927 impairment in a public place, or has been arrested for an  
2928 offense committed while impaired, three or more times during the  
2929 preceding 12 months.

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2930           5. Specific facts indicating that the respondent meets the  
2931 criteria for involuntary admission in s. 397.675.

2932           6. Whether the respondent was advised of his or her right  
2933 to be represented by counsel and to request that the court  
2934 appoint an attorney if he or she is unable to afford one, and  
2935 whether the respondent indicated to petitioner his or her desire  
2936 to have an attorney appointed.

2937           (c) That the court with jurisdiction to make the  
2938 determination authorized by this section shall hear the petition  
2939 on an emergency basis as soon as practicable but not later than  
2940 10 days after the date the petition was filed. If the  
2941 allegations of the petition indicate that the respondent has  
2942 requested the appointment of an attorney, or otherwise indicate  
2943 the absence of any competent person to speak at the hearing on  
2944 behalf of the respondent, the court shall immediately appoint an  
2945 attorney to represent the respondent pursuant to s. 397.501(8),  
2946 and shall provide notice of the hearing to the attorney. When  
2947 the court sets a hearing date the petitioner shall provide  
2948 notice of the hearing and a copy of the petition to all of the  
2949 persons named in the petition pursuant to subparagraph (b)2.,  
2950 and to such other persons as may be ordered by the court to  
2951 receive notice.

2952           (e) That, if the individual still meets the criteria for  
2953 involuntary admission in s. 397.675 at or near the expiration of  
2954 the treatment period ordered by the court pursuant to paragraph  
2955 (d), the agent of the county or municipality may file another  
2956 habitual abuser petition pursuant to paragraph (b) for a period  
2957 not exceeding 180 days for each such petition.

2958           Section 46. For the purpose of incorporating the amendment

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2959 made by this act to section 397.675, Florida Statutes, in a  
2960 reference thereto, paragraph (d) of subsection (2) of section  
2961 394.4612, Florida Statutes, is reenacted to read:

2962 394.4612 Integrated adult mental health crisis  
2963 stabilization and addictions receiving facilities.—

2964 (2) An integrated mental health crisis stabilization unit  
2965 and addictions receiving facility may provide services under  
2966 this section to adults who are 18 years of age or older and who  
2967 fall into one or more of the following categories:

2968 (d) An adult meeting the criteria for involuntary admission  
2969 for substance abuse impairment under s. 397.675.

2970 Section 47. For the purpose of incorporating the amendment  
2971 made by this act to section 397.675, Florida Statutes, in a  
2972 reference thereto, subsection (1) of section 397.6751, Florida  
2973 Statutes, is reenacted to read:

2974 397.6751 Service provider responsibilities regarding  
2975 involuntary admissions.—

2976 (1) It is the responsibility of the service provider to:

2977 (a) Ensure that a person who is admitted to a licensed  
2978 service component meets the admission criteria specified in s.  
2979 397.675;

2980 (b) Ascertain whether the medical and behavioral conditions  
2981 of the person, as presented, are beyond the safe management  
2982 capabilities of the service provider;

2983 (c) Provide for the admission of the person to the service  
2984 component that represents the most appropriate and least  
2985 restrictive available setting that is responsive to the person's  
2986 treatment needs;

2987 (d) Verify that the admission of the person to the service

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2988 component does not result in a census in excess of its licensed  
2989 service capacity;

2990 (e) Determine whether the cost of services is within the  
2991 financial means of the person or those who are financially  
2992 responsible for the person's care; and

2993 (f) Take all necessary measures to ensure that each  
2994 individual in treatment is provided with a safe environment, and  
2995 to ensure that each individual whose medical condition or  
2996 behavioral problem becomes such that he or she cannot be safely  
2997 managed by the service component is discharged and referred to a  
2998 more appropriate setting for care.

2999 Section 48. For the purpose of incorporating the amendment  
3000 made by this act to section 397.675, Florida Statutes, in a  
3001 reference thereto, section 397.6759, Florida Statutes, is  
3002 reenacted to read:

3003 397.6759 Parental participation in treatment.—A parent,  
3004 legal guardian, or legal custodian who seeks involuntary  
3005 admission of a minor pursuant to ss. 397.675–397.6977 is  
3006 required to participate in all aspects of treatment as  
3007 determined appropriate by the director of the licensed service  
3008 provider.

3009 Section 49. For the purpose of incorporating the amendment  
3010 made by this act to section 397.675, Florida Statutes, in a  
3011 reference thereto, section 397.677, Florida Statutes, is  
3012 reenacted to read:

3013 397.677 Protective custody; circumstances justifying.—A law  
3014 enforcement officer may implement protective custody measures as  
3015 specified in this part when a minor or an adult who appears to  
3016 meet the involuntary admission criteria in s. 397.675 is:



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3017 (1) Brought to the attention of law enforcement; or

3018 (2) In a public place.

3019 Section 50. For the purpose of incorporating the amendment  
3020 made by this act to section 397.675, Florida Statutes, in a  
3021 reference thereto, subsection (1) of section 397.6773, Florida  
3022 Statutes, is reenacted to read:

3023 397.6773 Dispositional alternatives after protective  
3024 custody.—

3025 (1) An individual who is in protective custody must be  
3026 released by a qualified professional when:

3027 (a) The individual no longer meets the involuntary  
3028 admission criteria in s. 397.675;

3029 (b) The 72-hour period has elapsed; or

3030 (c) The individual has consented to remain voluntarily at  
3031 the licensed service provider.

3032 Section 51. For the purpose of incorporating the amendment  
3033 made by this act to section 397.675, Florida Statutes, in a  
3034 reference thereto, section 397.679, Florida Statutes, is  
3035 reenacted to read:

3036 397.679 Emergency admission; circumstances justifying.—A  
3037 person who meets the criteria for involuntary admission in s.  
3038 397.675 may be admitted to a hospital or to a licensed  
3039 detoxification facility or addictions receiving facility for  
3040 emergency assessment and stabilization, or to a less intensive  
3041 component of a licensed service provider for assessment only,  
3042 upon receipt by the facility of a certificate by a physician, an  
3043 advanced practice registered nurse, a psychiatric nurse, a  
3044 clinical psychologist, a clinical social worker, a marriage and  
3045 family therapist, a mental health counselor, a physician

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3046 assistant working under the scope of practice of the supervising  
3047 physician, or a master's-level-certified addictions professional  
3048 for substance abuse services, if the certificate is specific to  
3049 substance abuse impairment, and the completion of an application  
3050 for emergency admission.

3051  
3052 Section 52. For the purpose of incorporating the amendments  
3053 made by this act to sections 397.675 and 397.697, Florida  
3054 Statutes, in references thereto, section 394.462, Florida  
3055 Statutes, is reenacted to read:

3056 394.462 Transportation.—A transportation plan shall be  
3057 developed and implemented by each county in collaboration with  
3058 the managing entity in accordance with this section. A county  
3059 may enter into a memorandum of understanding with the governing  
3060 boards of nearby counties to establish a shared transportation  
3061 plan. When multiple counties enter into a memorandum of  
3062 understanding for this purpose, the counties shall notify the  
3063 managing entity and provide it with a copy of the agreement. The  
3064 transportation plan shall describe methods of transport to a  
3065 facility within the designated receiving system for individuals  
3066 subject to involuntary examination under s. 394.463 or  
3067 involuntary admission under s. 397.6772, s. 397.679, s.  
3068 397.6798, or s. 397.6957, and may identify responsibility for  
3069 other transportation to a participating facility when necessary  
3070 and agreed to by the facility. The plan may rely on emergency  
3071 medical transport services or private transport companies, as  
3072 appropriate. The plan shall comply with the transportation  
3073 provisions of this section and ss. 397.6772, 397.6795, and  
3074 397.697.

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3075 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

3076 (a) Each county shall designate a single law enforcement  
3077 agency within the county, or portions thereof, to take a person  
3078 into custody upon the entry of an ex parte order or the  
3079 execution of a certificate for involuntary examination by an  
3080 authorized professional and to transport that person to the  
3081 appropriate facility within the designated receiving system  
3082 pursuant to a transportation plan.

3083 (b)1. The designated law enforcement agency may decline to  
3084 transport the person to a receiving facility only if:

3085 a. The jurisdiction designated by the county has contracted  
3086 on an annual basis with an emergency medical transport service  
3087 or private transport company for transportation of persons to  
3088 receiving facilities pursuant to this section at the sole cost  
3089 of the county or as otherwise provided in the transportation  
3090 plan developed by the county; and

3091 b. The law enforcement agency and the emergency medical  
3092 transport service or private transport company agree that the  
3093 continued presence of law enforcement personnel is not necessary  
3094 for the safety of the person or others.

3095 2. The entity providing transportation may seek  
3096 reimbursement for transportation expenses. The party responsible  
3097 for payment for such transportation is the person receiving the  
3098 transportation. The county shall seek reimbursement from the  
3099 following sources in the following order:

3100 a. From a private or public third-party payor, if the  
3101 person receiving the transportation has applicable coverage.

3102 b. From the person receiving the transportation.

3103 c. From a financial settlement for medical care, treatment,

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3104 hospitalization, or transportation payable or accruing to the  
3105 injured party.

3106 (c) A company that transports a patient pursuant to this  
3107 subsection is considered an independent contractor and is solely  
3108 liable for the safe and dignified transport of the patient. Such  
3109 company must be insured and provide no less than \$100,000 in  
3110 liability insurance with respect to the transport of patients.

3111 (d) Any company that contracts with a governing board of a  
3112 county to transport patients shall comply with the applicable  
3113 rules of the department to ensure the safety and dignity of  
3114 patients.

3115 (e) When a law enforcement officer takes custody of a  
3116 person pursuant to this part, the officer may request assistance  
3117 from emergency medical personnel if such assistance is needed  
3118 for the safety of the officer or the person in custody.

3119 (f) When a member of a mental health overlay program or a  
3120 mobile crisis response service is a professional authorized to  
3121 initiate an involuntary examination pursuant to s. 394.463 or s.  
3122 397.675 and that professional evaluates a person and determines  
3123 that transportation to a receiving facility is needed, the  
3124 service, at its discretion, may transport the person to the  
3125 facility or may call on the law enforcement agency or other  
3126 transportation arrangement best suited to the needs of the  
3127 patient.

3128 (g) When any law enforcement officer has custody of a  
3129 person based on either noncriminal or minor criminal behavior  
3130 that meets the statutory guidelines for involuntary examination  
3131 pursuant to s. 394.463, the law enforcement officer shall  
3132 transport the person to the appropriate facility within the

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3133 designated receiving system pursuant to a transportation plan.  
3134 Persons who meet the statutory guidelines for involuntary  
3135 admission pursuant to s. 397.675 may also be transported by law  
3136 enforcement officers to the extent resources are available and  
3137 as otherwise provided by law. Such persons shall be transported  
3138 to an appropriate facility within the designated receiving  
3139 system pursuant to a transportation plan.

3140 (h) When any law enforcement officer has arrested a person  
3141 for a felony and it appears that the person meets the statutory  
3142 guidelines for involuntary examination or placement under this  
3143 part, such person must first be processed in the same manner as  
3144 any other criminal suspect. The law enforcement agency shall  
3145 thereafter immediately notify the appropriate facility within  
3146 the designated receiving system pursuant to a transportation  
3147 plan. The receiving facility shall be responsible for promptly  
3148 arranging for the examination and treatment of the person. A  
3149 receiving facility is not required to admit a person charged  
3150 with a crime for whom the facility determines and documents that  
3151 it is unable to provide adequate security, but shall provide  
3152 examination and treatment to the person where he or she is held  
3153 or by telehealth.

3154 (i) If the appropriate law enforcement officer believes  
3155 that a person has an emergency medical condition as defined in  
3156 s. 395.002, the person may be first transported to a hospital  
3157 for emergency medical treatment, regardless of whether the  
3158 hospital is a designated receiving facility.

3159 (j) The costs of transportation, evaluation,  
3160 hospitalization, and treatment incurred under this subsection by  
3161 persons who have been arrested for violations of any state law

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3162 or county or municipal ordinance may be recovered as provided in  
3163 s. 901.35.

3164 (k) The appropriate facility within the designated  
3165 receiving system pursuant to a transportation plan must accept  
3166 persons brought by law enforcement officers, or an emergency  
3167 medical transport service or a private transport company  
3168 authorized by the county, for involuntary examination pursuant  
3169 to s. 394.463.

3170 (l) The appropriate facility within the designated  
3171 receiving system pursuant to a transportation plan must provide  
3172 persons brought by law enforcement officers, or an emergency  
3173 medical transport service or a private transport company  
3174 authorized by the county, pursuant to s. 397.675, a basic  
3175 screening or triage sufficient to refer the person to the  
3176 appropriate services.

3177 (m) Each law enforcement agency designated pursuant to  
3178 paragraph (a) shall establish a policy that reflects a single  
3179 set of protocols for the safe and secure transportation and  
3180 transfer of custody of the person. Each law enforcement agency  
3181 shall provide a copy of the protocols to the managing entity.

3182 (n) When a jurisdiction has entered into a contract with an  
3183 emergency medical transport service or a private transport  
3184 company for transportation of persons to facilities within the  
3185 designated receiving system, such service or company shall be  
3186 given preference for transportation of persons from nursing  
3187 homes, assisted living facilities, adult day care centers, or  
3188 adult family-care homes, unless the behavior of the person being  
3189 transported is such that transportation by a law enforcement  
3190 officer is necessary.

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3191 (o) This section may not be construed to limit emergency  
3192 examination and treatment of incapacitated persons provided in  
3193 accordance with s. 401.445.

3194 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

3195 (a) If neither the patient nor any person legally obligated  
3196 or responsible for the patient is able to pay for the expense of  
3197 transporting a voluntary or involuntary patient to a treatment  
3198 facility, the transportation plan established by the governing  
3199 board of the county or counties must specify how the  
3200 hospitalized patient will be transported to, from, and between  
3201 facilities in a safe and dignified manner.

3202 (b) A company that transports a patient pursuant to this  
3203 subsection is considered an independent contractor and is solely  
3204 liable for the safe and dignified transportation of the patient.  
3205 Such company must be insured and provide no less than \$100,000  
3206 in liability insurance with respect to the transport of  
3207 patients.

3208 (c) A company that contracts with one or more counties to  
3209 transport patients in accordance with this section shall comply  
3210 with the applicable rules of the department to ensure the safety  
3211 and dignity of patients.

3212 (d) County or municipal law enforcement and correctional  
3213 personnel and equipment may not be used to transport patients  
3214 adjudicated incapacitated or found by the court to meet the  
3215 criteria for involuntary services pursuant to s. 394.467, except  
3216 in small rural counties where there are no cost-efficient  
3217 alternatives.

3218 (3) TRANSFER OF CUSTODY.—Custody of a person who is  
3219 transported pursuant to this part, along with related

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3220 documentation, shall be relinquished to a responsible individual  
3221 at the appropriate receiving or treatment facility.

3222 Section 53. This act shall take effect July 1, 2025.