

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/CS/HB 535

Mental Illness

SPONSOR(S): Public Safety & Domestic Security Policy Committee, Health Care Services Policy Committee, Drake

TIED BILLS:

IDEN./SIM. BILLS: SB 456

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Health Care Services Policy Committee	7 Y, 0 N, As CS	Schoolfield	Schoolfield
2)	Public Safety & Domestic Security Policy Committee	7 Y, 0 N, As CS	Krol	Kramer
3)	Health & Family Services Policy Council	22 Y, 0 N	Lowell	Gormley
4)	Full Appropriations Council on General Government & Health Care			
5)				

SUMMARY ANALYSIS

This bill makes substantive changes to chapter 394, Part I, Florida Statutes, the Florida Mental Health Act also known as "The Baker Act." This section of statute provides authority and process for the voluntary and involuntary examination of persons with evidence of a mental illness and the subsequent inpatient or outpatient placement of individuals for treatment

The bill requires each law enforcement agency to develop memorandums of understanding with all receiving facilities within their jurisdiction to include a single set of protocols for safe and secure transportation of persons, transfer of custody of the person and to address crisis intervention measures.

The bill also requires the transfer of custody of a person who is transported along with related documentation to a responsible individual at the appropriate receiving or treatment facility.

The bill specifies that involuntary inpatient or outpatient placement examinations will take place "face to face," in person.

The bill is not anticipated to have a fiscal impact.

The bill is effective July 1, 2009.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

The Baker Act

Chapter 394, Part I, Florida Statutes is the Florida Mental Health Act also known as "The Baker Act." This section provides authority and process for the voluntary and involuntary examination of persons with evidence of a mental illness¹ and the subsequent inpatient or outpatient placement of individuals for treatment. The Department of Children and Families (DCF) administers this portion of the Baker Act through receiving facilities which provide for the examination of persons with evidence of a mental illness. Receiving facilities are designated by DCF and may be public or private facilities which provide for the involuntary examination and short term treatment of persons who meet criteria under this act.²

Current law provides that an involuntary examination may be initiated for a person if there is reason to believe the person has a mental illness and because of the illness the person has refused a voluntary examination or the person is unable to determine for themselves that an examination is needed and is likely to suffer from self neglect, substantial harm to themselves or be a danger to themselves or others.³ An involuntary examination may be initiated by any of the following:

- A court may enter an *ex parte* order stating a person meets the criteria for involuntary examination. This order is based on the sworn testimony by the petitioner and is the most frequently used by relatives of the person.
- A law enforcement officer may take a person into custody who appears to meet the criteria for involuntary examination and transport them to a receiving facility for examination.
- Certain professionals⁴ provided in statute may issue a certificate stating the person they examined meets the criteria for involuntary examination.⁵

¹ Section 394.455(18), F.S., defines "mental illness" as "an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with a person's ability to meet the ordinary demands of living, regardless of etiology. For the purposes of this part, the term does not include retardation or developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment."

² Section 394.455(26), F.S.

³ Section 394.463(1), F.S.

⁴ These professionals include physicians, clinical psychologists, psychiatric nurses, mental health counselors, marriage and family therapists, or clinical social workers.

During 2007, 122,443 requests for involuntary examination were initiated which represents one or more examination for approximately 83,000 people. Law enforcement officials initiated almost half of the involuntary exams (49 percent) followed by mental health professionals (48 percent) and then *ex parte* orders by judges (3 percent).⁶

Subsequent to examination at a receiving facility, a person who requires further treatment may be transported to a treatment facility. Treatment facilities designated by DCF are state hospitals (e.g. Florida State Hospital) which provide extended treatment and hospitalization, beyond what is provided in a receiving facility.⁷

Transportation to Facilities

Background

Florida statutes provide a process for the transportation of persons by law enforcement to receiving facilities for involuntary examination. Law enforcement officers are required to transport an individual to the nearest receiving facility or first to a hospital for emergency medical treatment when warranted.⁸ Current law allows DCF to approve exceptions to transportation plans as provided in section 394.463, F.S., in order to improve the provision of local transportation services for involuntary examination.⁹ The receiving facility is required to accept persons brought by law enforcement unless the person is charged with a crime and the facility is unable to provide adequate security.¹⁰ Individuals with minor criminal behavior may still be transported to a receiving facility for an examination.¹¹ However, the current law does not address the transfer of custody from law enforcement to the receiving facility any further. DCF reports that receiving facility must ensure preparedness and adequacy in accepting custody of an individual.¹²

Law enforcement generally provides transport to receiving facilities, but not to treatment facilities. The transport to treatment facilities is arranged by the county government and law enforcement is not permitted to transport except in small rural counties where there are no cost efficient alternatives.¹³ DCF reports they are not aware of any county currently using law enforcement to provide transportation to treatment facilities.¹⁴

Effect of Proposed Changes

The bill requires each law enforcement agency to develop memorandums of understanding (MOU) with each receiving facility within their jurisdiction. Each MOU must include a single set of protocols for safe and secure transportation of the person and transfer of custody of the person. The protocols must also address crisis intervention measures.

In addition, the bill requires the transfer of custody of a person who is transported along with related documentation to a responsible individual at the appropriate receiving or treatment facility. The term “responsible individual” is not defined in the bill or otherwise in statute.

⁵ Section 394.463(2),F.S.

⁶ Summary: Involuntary Examination Data and Key Research Findings, Annette Christy, USF, de la Parte Florida Mental Health Institute.

⁷ Section 394.455(32),F.S.

⁸ Under certain circumstances provided in s.394.462(1)(a),F.S., law enforcement may decline to transport individuals to receiving facilities.

⁹ Section 394.462(3),F.S.

¹⁰ Section 394.462(1)(g),F.S.

¹¹ Section 394.462(1)(f),F.S.

¹² DCF Staff Analysis and Economic Impact for HB 535, January 9, 2009.

¹³ Section 394.462(2)(d),F.S.

¹⁴ DCF Staff Analysis and Economic Impact for HB 535, January 9, 2009.

Background

Florida law allows the administrator¹⁵ of the receiving facility to recommend involuntary inpatient or outpatient placement of a person who has been examined.¹⁶ These recommendations must be supported by the opinion of a psychiatrist and the second opinion of a clinical psychologist or another psychiatrist who have personally examined the individual within the preceding 72 hours.¹⁷ The statute is currently silent as to how this examination is to take place. However, DCF reports that these are currently face to face examinations.

Effect of Proposed Changes

The bill specifies that these examinations will take place “face to face. in person.”

B. SECTION DIRECTORY:

- Section 1.** Amends s. 394.462, F.S., an act relating to transportation to a receiving facility and transfer of custody.
- Section 2.** Amends s. 394.4655, F.S., an act relating to involuntary outpatient placement.
- Section 3.** Amends s. 394.467, F.S., an act relating to involuntary inpatient placement.
- Section 4.** Provides for an effective date of July 1, 2009.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

- 1. Revenues:
None
- 2. Expenditures:
None

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

- 1. Revenues:
None
- 2. Expenditures:
None

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

¹⁵ Section 394.455(1), F.S., defines “administrator” as “the chief administrative officer of a receiving or treatment facility or his or her designee.”

¹⁶ Sections 394.4655(2)(a)1. and 394.467(2), F.S.

¹⁷ In counties with a population less than 50,000 people, a physician with postgraduate training in mental or nervous disorders or a psychiatric nurse may provide the second opinion.

None

D. FISCAL COMMENTS:

None

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities

2. Other:

None

B. RULE-MAKING AUTHORITY:

None

C. DRAFTING ISSUES OR OTHER COMMENTS:

The term "responsible individual" is not defined in the bill.

The bill describes the development of memorandums of understanding involving transfers of custody to receiving facilities. However, the bill does not require the development of memorandums of understanding between law enforcement and treatment facilities. Although current law does not permit law enforcement to provide transport to treatment facilities, an exception is made for small rural counties where no other cost-efficient transportation alternatives exist.

The bill does not require a memorandum of understanding with hospitals that are required to accept persons transported for involuntary examination when the person is experiencing an emergency medical condition as described in s. 394.462(1)(h), F.S.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

On March 3, 2009, the Health Care Services Policy Committee adopted one amendment to the bill. The amendment requires law enforcement agencies to develop memorandums of understanding with each receiving facility within jurisdiction. The memorandums of understanding must reflect a single set of protocols for safe and secure transfer of custody of the individual and include crisis intervention measures.

On March 27, 2009, the Public Safety and Domestic Security Policy Committee adopted one amendment to the bill. The amendment removes all references of examination through electronic means from the bill. The analysis has been updated to reflect the Committee Substitute