A bill to be entitled 1 2 An act relating to mental health treatment; amending 3 s. 916.107, F.S.; authorizing forensic and civil 4 facilities to order the continuation of 5 psychotherapeutics for individuals receiving such 6 medications in the jail before admission; amending s. 7 916.13, F.S.; providing timeframes within which 8 competency hearings must be held; amending s. 916.145, 9 F.S.; revising the time for dismissal of certain charges for defendants that remain incompetent to 10 11 proceed to trial; amending s. 916.15, F.S.; providing 12 a timeframe within which commitment hearings must be held; amending s. 985.19, F.S.; standardizing the 13 protocols, procedures, diagnostic criteria, and 14 15 information and findings that must be included in an 16 expert's competency evaluation report; providing an effective date. 17 18 19 Be It Enacted by the Legislature of the State of Florida: 20 21 Section 1. Paragraph (a) of subsection (3) of section 22 916.107, Florida Statutes, is amended to read: 23 916.107 Rights of forensic clients.-24 (3) RIGHT TO EXPRESS AND INFORMED CONSENT.-25 A forensic client shall be asked to give express and (a) 26 informed written consent for treatment. If a client refuses such 27 treatment as is deemed necessary and essential by the client's 28 multidisciplinary treatment team for the appropriate care of the

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29 client, such treatment may be provided under the following 30 circumstances:

In an emergency situation in which there is immediate 31 1. 32 danger to the safety of the client or others, such treatment may 33 be provided upon the written order of a physician for a period 34 not to exceed 48 hours, excluding weekends and legal holidays. If, after the 48-hour period, the client has not given express 35 36 and informed consent to the treatment initially refused, the 37 administrator or designee of the civil or forensic facility shall, within 48 hours, excluding weekends and legal holidays, 38 39 petition the committing court or the circuit court serving the 40 county in which the facility is located, at the option of the facility administrator or designee, for an order authorizing the 41 continued treatment of the client. In the interim, the need for 42 43 treatment shall be reviewed every 48 hours and may be continued 44 without the consent of the client upon the continued written order of a physician who has determined that the emergency 45 46 situation continues to present a danger to the safety of the 47 client or others.

48 2. In a situation other than an emergency situation, the 49 administrator or designee of the facility shall petition the 50 court for an order authorizing necessary and essential treatment 51 for the client.

52 <u>a. If the client has been receiving psychotherapeutic</u> 53 <u>medications at the jail at the time of transfer to the forensic</u> 54 <u>or civil facility and lacks the capacity to make an informed</u> 55 <u>decision regarding mental health treatment at the time of</u> 56 <u>admission, the admitting physician may order continued</u>

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57 administration of psychotherapeutic medications if, in the 58 clinical judgment of the physician, abrupt cessation of 59 psychotherapeutic medications could pose a risk to the health or 60 safety of the client during the time a court order to medicate 61 is pursued. The administrator or designee of the civil or 62 forensic facility shall, within 5 days after admission, 63 excluding weekends and legal holidays, petition the committing 64 court or the circuit court serving the county in which the facility is located, at the option of the facility administrator 65 or designee, for an order authorizing the continued treatment of 66 67 a client. The jail physician shall provide a current 68 psychotherapeutic medication order at the time of transfer to 69 the forensic or civil facility or upon request of the admitting 70 physician after the client is evaluated.

71 The court order shall allow such treatment for up to $\frac{1}{4}$ b. 72 period not to exceed 90 days after following the date of the 73 entry of the order. Unless the court is notified in writing that 74 the client has provided express and informed consent in writing 75 or that the client has been discharged by the committing court, 76 the administrator or designee shall, before prior to the 77 expiration of the initial 90-day order, petition the court for 78 an order authorizing the continuation of treatment for another 79 90 days 90-day period. This procedure shall be repeated until 80 the client provides consent or is discharged by the committing 81 court.

3. At the hearing on the issue of whether the court should
enter an order authorizing treatment for which a client was
unable to or refused to give express and informed consent, the

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85 court shall determine by clear and convincing evidence that the 86 client has mental illness, retardation, or autism, that the 87 treatment not consented to is essential to the care of the client, and that the treatment not consented to is not 88 89 experimental and does not present an unreasonable risk of serious, hazardous, or irreversible side effects. In arriving at 90 91 the substitute judgment decision, the court must consider at 92 least the following factors:

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- The client's expressed preference regarding treatment; a.
- The probability of adverse side effects; b.
- The prognosis without treatment; and с.
- d.
- 96 97
- The prognosis with treatment.

98 The hearing shall be as convenient to the client as may be 99 consistent with orderly procedure and shall be conducted in 100 physical settings not likely to be injurious to the client's 101 condition. The court may appoint a general or special magistrate to preside at the hearing. The client or the client's guardian, 102 and the representative, shall be provided with a copy of the 103 104 petition and the date, time, and location of the hearing. The 105 client has the right to have an attorney represent him or her at 106 the hearing, and, if the client is indigent, the court shall 107 appoint the office of the public defender to represent the 108 client at the hearing. The client may testify or not, as he or 109 she chooses, and has the right to cross-examine witnesses and 110 may present his or her own witnesses.

Section 2. Subsection (2) of section 916.13, Florida 111 112 Statutes, is amended to read:

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113 916.13 Involuntary commitment of defendant adjudicated 114 incompetent.-

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

121 <u>(a) Within No later than 6 months after the date of</u> 122 admission and at the end of any period of extended commitment, 123 or at any time the administrator or designee <u>has shall have</u> 124 determined that the defendant has regained competency to proceed 125 or no longer meets the criteria for continued commitment, the 126 administrator or designee shall file a report with the court 127 pursuant to the applicable Florida Rules of Criminal Procedure.

128 (b) A competency hearing must be held within 30 days after 129 the court receives notification that the defendant is competent 130 to proceed or no longer meets the criteria for continued 131 commitment.

Section 3. Section 916.145, Florida Statutes, is amended to read:

916.145 Dismissal of charges.—The charges against any defendant adjudicated incompetent to proceed due to the defendant's mental illness shall be dismissed without prejudice to the state if the defendant remains incompetent to proceed <u>3</u> 5 years after such determination <u>or 5 years after such</u> <u>determination if a charge related to commitment includes an</u> <u>allegation of a violent crime against a person</u>, unless the court

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141 in its order specifies its reasons for believing that the 142 defendant will become competent to proceed within the 143 foreseeable future and specifies the time within which the 144 defendant is expected to become competent to proceed. The 145 charges against the defendant are dismissed without prejudice to 146 the state to refile the charges should the defendant be declared 147 competent to proceed in the future.

Section 4. Subsection (5) is added to section 916.15, Florida Statutes, to read:

150 916.15 Involuntary commitment of defendant adjudicated not 151 guilty by reason of insanity.-

152 (5) The commitment hearing must be held within 30 days
 153 after the court receives notification that the defendant no
 154 longer meets the criteria for continued commitment.

Section 5. Subsection (1) of section 985.19, Florida Statutes, is amended to read:

157

985.19 Incompetency in juvenile delinquency cases.-

(1) If, at any time prior to or during a delinquency case, the court has reason to believe that the child named in the petition may be incompetent to proceed with the hearing, the court on its own motion may, or on the motion of the child's attorney or state attorney must, stay all proceedings and order an evaluation of the child's mental condition.

(a) Any motion questioning the child's competency to
proceed must be served upon the child's attorney, the state
attorney, the attorneys representing the Department of Juvenile
Justice, and the attorneys representing the Department of
Children and Families Family Services. Thereafter, any motion,

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notice of hearing, order, or other legal pleading relating to the child's competency to proceed with the hearing must be served upon the child's attorney, the state attorney, the attorneys representing the Department of Juvenile Justice, and the attorneys representing the Department of Children and Families Family Services.

175 All determinations of competency must shall be made at (b) 176 a hearing, with findings of fact based on an evaluation of the 177 child's mental condition made by at least not less than two but 178 not nor more than three experts appointed by the court. The 179 basis for the determination of incompetency must be specifically 180 stated in the evaluation. In addition, a recommendation as to 181 whether residential or nonresidential treatment or training is 182 required must be included in the evaluation. Experts appointed 183 by the court to determine the mental condition of a child shall 184 be allowed reasonable fees for services rendered. State 185 employees may be paid expenses pursuant to s. 112.061. The fees 186 shall be taxed as costs in the case.

187 (c) A child is competent to proceed if the child has 188 sufficient present ability to consult with counsel with a 189 reasonable degree of rational understanding and the child has a 190 rational and factual understanding of the present proceedings. 191 The expert's competency evaluation report must specifically 192 state the basis for the determination of the child's mental 193 condition and must include written findings that: 194 1. Identify the specific matters referred for evaluation. 195 2. Identify the sources of information used by the expert.

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3.



Describe the procedures, techniques, and diagnostic

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197	tests used in the examination to determine the basis of the
198	child's mental condition.
199	4. Address the child's capacity to:
200	a. Appreciate the charges or allegations against the
201	child.
202	b. Appreciate the range and nature of possible penalties
203	that may be imposed in the proceedings against the child, if
204	applicable.
205	c. Understand the adversarial nature of the legal process.
206	d. Disclose to counsel facts pertinent to the proceedings
207	at issue.
208	e. Display appropriate courtroom behavior.
209	f. Testify relevantly.
210	5. Present the factual basis for the expert's clinical
211	findings and opinions of the child's mental condition. The
212	expert's factual basis of his or her clinical findings and
213	opinions must be supported by the diagnostic criteria found in
214	the most recent edition of the Diagnostic and Statistical Manual
215	of Mental Disorders (DSM) published by the American Psychiatric
216	Association and must be presented in a separate section of the
217	report entitled "summary of findings." This section must
218	include:
219	a. The day, month, year, and length of time of the face-
220	to-face diagnostic clinical interview to determine the child's
221	mental condition.
222	b. A statement that identifies the DSM clinical name and
223	associated diagnostic code for the specific mental disorder that
224	forms the basis of the child's incompetency.

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225c. A statement of how the child would benefit from226competency restoration services in the community or in a secure227residential treatment facility.228d. An assessment of the probable duration of the treatment

229 <u>to restore competence and the probability that the child will</u> 230 <u>attain competence to proceed in the foreseeable future.</u>

231 <u>e. A description of recommended treatment or education</u>
 232 <u>appropriate for the mental disorder.</u>

233 <u>6. If the evaluator determines the child to be incompetent</u>
 234 <u>to proceed to trial</u>, the evaluator must report on the mental
 235 <u>disorder that forms the basis of the incompetency.</u>

236 <u>(d) (c)</u> All court orders determining incompetency must 237 include specific written findings by the court as to the nature 238 of the incompetency and whether the child requires secure or 239 nonsecure treatment or training <u>environment</u> environments.

240 (e) (d) For competency incompetency evaluations related to 241 mental illness, the Department of Children and Families Family 242 Services shall maintain and annually provide the courts with a 243 list of available mental health professionals who have completed 244 a training program approved by the Department of Children and 245 Families Family Services to perform the evaluations.

246 <u>(f)(e)</u> For <u>competency</u> incompetency evaluations related to 247 mental retardation or autism, the court shall order the Agency 248 for Persons with Disabilities to examine the child to determine 249 if the child meets the definition of "retardation" or "autism" 250 in s. 393.063 and, <u>provide a clinical opinion as to</u> if so, 251 whether the child is competent to proceed with delinquency 252 proceedings.

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253 (f) A child is competent to proceed if the child has 254 sufficient present ability to consult with counsel with a 255 reasonable degree of rational understanding and the child has a 256 rational and factual understanding of the present proceedings. 257 The report must address the child's capacity to:

258 1. Appreciate the charges or allegations against the 259 child.

260 2. Appreciate the range and nature of possible penalties 261 that may be imposed in the proceedings against the child, if 262 applicable.

263 3. Understand the adversarial nature of the legal process.
264 4. Disclose to counsel facts pertinent to the proceedings
265 at issue.

266

267

5. Display appropriate courtroom behavior.

6. Testify relevantly.

268 Immediately upon the filing of the court order finding (q) 269 a child incompetent to proceed, the clerk of the court shall 270 notify the Department of Children and Families Family Services and the Agency for Persons with Disabilities and fax or hand 271 272 deliver to the department and to the agency a referral packet 273 that includes, at a minimum, the court order, the charging 274 documents, the petition, and the court-appointed evaluator's 275 reports.

(h) After placement of the child in the appropriate
setting, the Department of Children and <u>Families</u> Family Services
in consultation with the Agency for Persons with Disabilities,
as appropriate, must, within 30 days after placement of the
child, prepare and submit to the court a treatment or training

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281 plan for the child's restoration of competency. A copy of the 282 plan must be served upon the child's attorney, the state 283 attorney, and the attorneys representing the Department of 284 Juvenile Justice.

285 Section 6. This act shall take effect July 1, 2013.