

LEGISLATIVE ACTION

Senate		House
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Floor: WD/2R		
04/23/2009 11:41 AM	•	

Senator Bennett moved the following:

Senate Amendment (with title amendment)

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Delete lines 17 - 153
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and insert:

Section 1. Present paragraphs (k) and (l) of subsection (1) of section 394.462, Florida Statutes, are redesignated as paragraphs (l) and (m), respectively, a new paragraph (k) is added to that subsection, present subsection (3) of that section is renumbered as subsection (4), and a new subsection (3) is added to that section, to read:

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394.462 Transportation.-
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(1) TRANSPORTATION TO A RECEIVING FACILITY.-

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13	(k) Each law enforcement agency shall develop a memorandum
14	of understanding with each receiving facility within the law
15	enforcement agency's jurisdiction which reflects a single set of
16	protocols for the safe and secure transportation of the person
17	and transfer of custody of the person. The protocols must also
18	address crisis-intervention measures.
19	(3) TRANSFER OF CUSTODYCustody of a person who is
20	transported pursuant to this part, along with related
21	documentation, shall be relinquished to a responsible individual
22	at the appropriate receiving or treatment facility.
23	Section 2. Paragraphs (a) and (b) of subsection (2) of
24	section 394.4655, Florida Statutes, are amended to read:
25	394.4655 Involuntary outpatient placement
26	(2) INVOLUNTARY OUTPATIENT PLACEMENT
27	(a)1. A patient who is being recommended for involuntary
28	outpatient placement by may be retained by a receiving facility
29	upon the recommendation of the administrator of <u>the</u> a receiving
30	facility where the patient has been examined may be retained by
31	the facility and after adherence to the notice of hearing
32	procedures provided in s. 394.4599. The recommendation must be
33	supported by the opinion of a psychiatrist and the second
34	opinion of a clinical psychologist or another psychiatrist, both
35	of whom have personally examined the patient, face-to face,
36	within the preceding 72 hours, that the criteria for involuntary
37	outpatient placement are met. However, in a county having a
38	population of fewer than 50,000, if the administrator certifies
39	that <u>a</u> no psychiatrist or clinical psychologist is <u>not</u> available
40	to provide the second opinion, the second opinion may be
41	provided through a face-to-face examination, conducted by a

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42 licensed physician who has postgraduate training and experience 43 in diagnosis and treatment of mental and nervous disorders or by 44 a psychiatric nurse as defined in this chapter. Such a recommendation must be entered on an involuntary outpatient 45 46 placement certificate that authorizes, which certificate must authorize the receiving facility to retain the patient pending 47 48 completion of a hearing. The certificate shall be made a part of 49 the patient's clinical record.

50 2. If the patient has been stabilized and no longer meets 51 the criteria for involuntary examination pursuant to s. 52 394.463(1), the patient must be released from the receiving 53 facility while awaiting the hearing for involuntary outpatient placement. Before Prior to filing a petition for involuntary 54 55 outpatient treatment, the administrator of a receiving facility or a designated department representative must shall identify 56 57 the service provider that will have primary responsibility for 58 service provision under an order for involuntary outpatient 59 placement, unless the person is otherwise participating in outpatient psychiatric treatment and is not in need of public 60 61 financing for that treatment, in which case the individual, if 62 eligible, may be ordered to involuntary treatment pursuant to 63 the existing psychiatric treatment relationship.

3. The service provider shall prepare a written proposed treatment plan in consultation with the patient or the patient's guardian advocate, if appointed, for the court's consideration for inclusion in the involuntary outpatient placement order. The service provider shall also provide a copy of the proposed treatment plan to the patient and the administrator of the receiving facility. The treatment plan must specify the nature

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71 and extent of the patient's mental illness, . The treatment plan 72 must address the reduction of symptoms that necessitate 73 involuntary outpatient placement, and include measurable goals 74 and objectives for the services and treatment that are provided 75 to treat the person's mental illness and to assist the person in 76 living and functioning in the community or to attempt to prevent a relapse or deterioration. Service providers may select and 77 78 supervise provide supervision to other individuals to implement 79 specific aspects of the treatment plan. The services in the 80 treatment plan must be deemed to be clinically appropriate by a 81 physician, clinical psychologist, psychiatric nurse, mental 82 health counselor, marriage and family therapist, or clinical 83 social worker, as defined in this chapter, who consults with, or 84 is employed or contracted by, the service provider. The service provider must certify to the court in the proposed treatment 85 86 plan whether sufficient services for improvement and 87 stabilization are currently available and whether the service provider agrees to provide those services. If the service 88 89 provider certifies that the services in the proposed treatment plan are not available, the petitioner may not file the 90 91 petition.

92 (b) If a patient in involuntary inpatient placement meets 93 the criteria for involuntary outpatient placement, the 94 administrator of the treatment facility may, before the 95 expiration of the period during which the treatment facility is 96 authorized to retain the patient, recommend involuntary 97 outpatient placement. The recommendation must be supported by the opinion of a psychiatrist and the second opinion of a 98 99 clinical psychologist or another psychiatrist, both of whom have

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100 personally examined the patient, face-to-face, within the preceding 72 hours, that the criteria for involuntary outpatient 101 placement are met. However, in a county having a population of 102 103 fewer than 50,000, if the administrator certifies that a no psychiatrist or clinical psychologist is not available to 104 105 provide the second opinion, the second opinion may be provided through a face-to-face examination, conducted by a licensed 106 107 physician who has postgraduate training and experience in 108 diagnosis and treatment of mental and nervous disorders or by a psychiatric nurse as defined in s. 394.455(23). Such a 109 110 recommendation must be entered on an involuntary outpatient 111 placement certificate, and the certificate must shall be made a part of the patient's clinical record. 112

Section 3. Subsection (2) of section 394.467, Florida Statutes, is amended to read:

115

394.467 Involuntary inpatient placement.-

116 (2) ADMISSION TO A TREATMENT FACILITY.-A patient may be retained by a receiving facility or involuntarily placed in a 117 treatment facility upon the recommendation of the administrator 118 of the a receiving facility where the patient has been examined 119 120 and after adherence to the notice and hearing procedures 121 provided in s. 394.4599. The recommendation must be supported by 122 the opinion of a psychiatrist and the second opinion of a 123 clinical psychologist or another psychiatrist, both of whom have 124 personally examined the patient, face-to-face, within the 125 preceding 72 hours, that the criteria for involuntary inpatient 126 placement are met. However, in a county that has a population of 127 fewer counties of less than 50,000 population, if the 128 administrator certifies that a no psychiatrist or clinical

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129	psychologist is <u>not</u> available to provide the second opinion, <u>the</u>
130	such second opinion may be provided through a face-to-face
131	examination, conducted by a licensed physician who has with
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134	And the title is amended as follows:
135	Delete lines 3 - 13
136	and insert:
137	394.462, F.S.; requiring a law enforcement agency that
138	transports persons to a receiving facility to have a
139	memorandum of understanding with the facility;
140	requiring that custody of a person who is transported
141	to a receiving or treatment facility be relinquished
142	to a responsible person at the facility; amending ss.
143	394.4655 and 394.467, F.S.; specifying that a
144	psychiatric examination by certain personnel be
145	conducted face-to-face; providing an effective date.