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A bill to be entitled

2 An act relating to mental health; amending s. 916.107, 3 F.S.; authorizing, in certain circumstances, 4 continuation of psychotherapeutic medication for 5 individuals receiving such medication in a jail before 6 admission to a psychiatric or forensic facility; 7 amending s. 916.111, F.S.; requiring forensic 8 evaluator training for mental health experts appointed 9 to evaluate defendants for competency to proceed or for sanity at the time of the commission of the 10 11 offense; amending s. 916.115, F.S.; conforming a 12 provision to changes made by the act; requiring the 13 Department of Children and Families to maintain and annually provide the courts with a forensic evaluator 14 15 registry; amending s. 916.13, F.S.; providing 16 timeframes for competency hearings to be held; amending s. 916.145, F.S.; making grammatical changes; 17 amending s. 916.15, F.S.; providing timeframes for 18 commitment hearings to be held; amending s. 985.19, 19 F.S.; standardizing the protocols, procedures, and 20 criteria used in reporting expert findings in 21 22 determining competency in juvenile cases; revising 23 requirements related to the forensic evaluator 24 training program that appointed experts must complete; 25 requiring experts after a specified date to have completed such training; providing an effective date. 26 27 28 Be It Enacted by the Legislature of the State of Florida:

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30 Section 1. Paragraph (a) of subsection (3) of section 31 916.107, Florida Statutes, is amended to read:

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916.107 Rights of forensic clients.-

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(3) RIGHT TO EXPRESS AND INFORMED CONSENT.-

(a) A forensic client shall be asked to give express and
informed written consent for treatment. If a client refuses such
treatment as is deemed necessary and essential by the client's
multidisciplinary treatment team for the appropriate care of the
client, such treatment may be provided under the following
circumstances:

40 1. In an emergency situation in which there is immediate danger to the safety of the client or others, such treatment may 41 42 be provided upon the written order of a physician for a period 43 not to exceed 48 hours, excluding weekends and legal holidays. 44 If, after the 48-hour period, the client has not given express 45 and informed consent to the treatment initially refused, the 46 administrator or designee of the civil or forensic facility shall, within 48 hours, excluding weekends and legal holidays, 47 petition the committing court or the circuit court serving the 48 49 county in which the facility is located, at the option of the 50 facility administrator or designee, for an order authorizing the 51 continued treatment of the client. In the interim, the need for 52 treatment shall be reviewed every 48 hours and may be continued 53 without the consent of the client upon the continued written 54 order of a physician who has determined that the emergency 55 situation continues to present a danger to the safety of the 56 client or others.

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57 2. In a situation other than an emergency situation, the 58 administrator or designee of the facility shall petition the 59 court for an order authorizing necessary and essential treatment 60 for the client.

61 a. If the client has been receiving psychotherapeutic 62 medication at the jail at the time of transfer to the forensic 63 or civil facility and lacks the capacity to make an informed 64 decision regarding mental health treatment at the time of 65 admission, the admitting physician may order continued 66 administration of the psychotherapeutic medication if, in the 67 clinical judgment of the physician, abrupt cessation of the 68 psychotherapeutic medication could cause a risk to the health 69 and safety of the client during the time a court order to 70 medicate is pursued. The jail physician shall provide a current 71 psychotherapeutic medication order at the time of transfer to 72 the forensic or civil facility.

73 The court order shall allow such treatment for up to a b. 74 period not to exceed 90 days after following the date of the 75 entry of the order. Unless the court is notified in writing that 76 the client has provided express and informed consent in writing 77 or that the client has been discharged by the committing court, 78 the administrator or designee shall, before prior to the 79 expiration of the initial 90-day order, petition the court for an order authorizing the continuation of treatment for another 80 81 90 days 90-day period. This procedure shall be repeated until 82 the client provides consent or is discharged by the committing 83 court.

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3. At the hearing on the issue of whether the court should

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85 enter an order authorizing treatment for which a client was 86 unable to or refused to give express and informed consent, the 87 court shall determine by clear and convincing evidence that the client has mental illness, retardation, or autism, that the 88 89 treatment not consented to is essential to the care of the 90 client, and that the treatment not consented to is not 91 experimental and does not present an unreasonable risk of 92 serious, hazardous, or irreversible side effects. In arriving at 93 the substitute judgment decision, the court must consider at least the following factors: 94

95

a. The client's expressed preference regarding treatment;

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b. The probability of adverse side effects;

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c. The prognosis without treatment; and

d. The prognosis with treatment.

99 The hearing shall be as convenient to the client as may be 100 consistent with orderly procedure and shall be conducted in physical settings not likely to be injurious to the client's 101 102 condition. The court may appoint a general or special magistrate to preside at the hearing. The client or the client's guardian, 103 104 and the representative, shall be provided with a copy of the 105 petition and the date, time, and location of the hearing. The 106 client has the right to have an attorney represent him or her at 107 the hearing, and, if the client is indigent, the court shall 108 appoint the office of the public defender to represent the 109 client at the hearing. The client may testify or not, as he or 110 she chooses, and has the right to cross-examine witnesses and 111 may present his or her own witnesses.

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Section 2. Section 916.111, Florida Statutes, is amended

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113 to read: 114 916.111 Training of mental health experts.-115 The evaluation of defendants for competency to proceed (1) 116 or for sanity at the time of the commission of the offense shall 117 be conducted in such a way as to ensure uniform application of 118 the criteria enumerated in Rules 3.210 and 3.216, Florida Rules 119 of Criminal Procedure. 120 (2) Appointed experts must have completed forensic 121 evaluator training as specified in this section. 122 (3) A forensic evaluator training course must be approved 123 by the department, or given by a statewide professional 124 association of physicians in this state which is accredited to 125 provide educational activities designated for American Medical 126 Association Physician's Recognition Award Category I credit, 127 American Osteopathic Association Category 1-A credit, or 128 American Psychological Association continuing education credit, 129 using department-approved curriculum. The course must be 130 provided at least annually to ensure that mental health 131 professionals have the opportunity to be placed on the 132 department's forensic evaluator registry. 133 Beginning July 1, 2014, if an expert chooses to remain (a) 134 on the registry, he or she must have completed or retaken the 135 required training course within the previous 5 years. Once 136 trained, experts must retake the required training course every 137 5 years in order to remain on the registry. Those who have not 138 completed the training course or have not retaken the training 139 course within 5 years must be removed from the registry and may 140 not conduct competency evaluations for the courts.

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(b) A mental health professional who has completed the
training course within the previous 5 years must maintain
documentation of completion of the required training course and
provide current contact information to the department.

145 (4) The department shall develop, and may contract with 146 accredited institutions:

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(a) (1) To provide:

148 <u>1.(a)</u> A plan for training mental health professionals to 149 perform forensic evaluations and to standardize the criteria and 150 procedures to be used in these evaluations;

151 <u>2.(b)</u> Clinical protocols and procedures based upon the 152 criteria of Rules 3.210 and 3.216, Florida Rules of Criminal 153 Procedure; and

154 <u>3.(c)</u> Training for mental health professionals in the 155 application of these protocols and procedures in performing 156 forensic evaluations and providing reports to the courts; and

157 <u>(b) (2)</u> To compile and maintain the necessary information 158 for evaluating the success of this program, including the number 159 of persons trained, the cost of operating the program, and the 160 effect on the quality of forensic evaluations as measured by 161 appropriateness of admissions to state forensic facilities and 162 to community-based care programs.

Section 3. Subsection (1) of section 916.115, Florida Statutes, is amended to read:

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916.115 Appointment of experts.-

(1) The court shall appoint no more than three experts to
determine the mental condition of a defendant in a criminal
case, including competency to proceed, insanity, involuntary

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169 placement, and treatment. The experts may evaluate the defendant 170 in jail or in another appropriate local facility or in a 171 facility of the Department of Corrections.

(a) To the extent possible, The appointed experts shall
have completed forensic evaluator training approved by the
department, and each shall be a psychiatrist, licensed
psychologist, or physician.

(b) The department shall maintain and annually provide the courts with a <u>forensic evaluator registry</u> list of available mental health professionals who have completed the approved training as experts.

180 Section 4. Subsection (2) of section 916.13, Florida181 Statutes, is amended to read:

182 916.13 Involuntary commitment of defendant adjudicated183 incompetent.-

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

190 <u>(a) Within No later than 6 months after the date of</u> 191 admission and at the end of any period of extended commitment, 192 or at any time the administrator or designee <u>has shall have</u> 193 determined that the defendant has regained competency to proceed 194 or no longer meets the criteria for continued commitment, the 195 administrator or designee shall file a report with the court 196 pursuant to the applicable Florida Rules of Criminal Procedure.

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(b) A competency hearing must be held within 30 days after

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198 a court receives notification that the defendant is competent to 199 proceed or no longer meets the criteria for continued 200 commitment. 201 Section 5. Section 916.145, Florida Statutes, is amended 202 to read: 203 916.145 Dismissal of charges.-The charges against any 204 defendant adjudicated incompetent to proceed due to the 205 defendant's mental illness shall be dismissed without prejudice 206 to the state if the defendant remains incompetent to proceed 5 207 years after such determination, unless the court in its order 208 specifies its reasons for believing that the defendant will 209 become competent to proceed within the foreseeable future and 210 specifies the time within which the defendant is expected to 211 become competent to proceed. The charges against the defendant 212 shall be are dismissed without prejudice to the state to refile 213 the charges if should the defendant is be declared competent to 214 proceed in the future. Section 6. Subsection (5) is added to section 916.15, 215 216 Florida Statutes, to read:

217 916.15 Involuntary commitment of defendant adjudicated not 218 guilty by reason of insanity.-

219 (5) The commitment hearing must be held within 30 days 220 after the court receives notification that the defendant no 221 longer meets the criteria for continued commitment.

222 Section 7. Subsection (1) of section 985.19, Florida 223 Statutes, is amended, subsection (7) is renumbered as subsection 224 (8), and a new subsection (7) is added to that section, to read:

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985.19 Incompetency in juvenile delinquency cases.-

(1) If, at any time <u>before</u> 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.

233 Any motion questioning the child's competency to (a) 234 proceed must be served upon the child's attorney, the state 235 attorney, the attorneys representing the Department of Juvenile 236 Justice, and the attorneys representing the Department of 237 Children and Families Family Services. Thereafter, any motion, 238 notice of hearing, order, or other legal pleading relating to 239 the child's competency to proceed with the hearing must be 240 served upon the child's attorney, the state attorney, the 241 attorneys representing the Department of Juvenile Justice, and the attorneys representing the Department of Children and 242 243 Families Family Services.

244 (b) All determinations of competency must shall be made at 245 a hearing, with findings of fact based on an evaluation of the 246 child's mental condition made by at least not less than two but 247 not nor more than three experts appointed by the court. The 248 basis for the determination of incompetency must be specifically stated in the evaluation. In addition, a recommendation as to 249 250 whether residential or nonresidential treatment or training is 251 required must be included in the evaluation. Experts appointed 252 by the court to determine the mental condition of a child shall

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253	be allowed reasonable fees for services rendered. State
254	employees may be paid expenses pursuant to s. 112.061. The fees
255	shall be taxed as costs in the case.
256	(c) A child is competent to proceed if the child has
257	sufficient present ability to consult with counsel with a
258	reasonable degree of rational understanding and the child has a
259	rational and factual understanding of the present proceedings.
260	(d) The basis for the determination of a child's mental
261	condition must be specifically stated in the expert's competency
262	evaluation report and must include written findings that:
263	1. Identify the specific matters referred for evaluation.
264	2. Identify the sources of information used by the expert.
265	3. Describe the procedures, techniques, and diagnostic
266	tests used in the examination to determine the basis of the
267	child's mental condition.
268	4. Address the child's capacity to:
269	a. Appreciate the charges or allegations against the
270	child.
271	b. Appreciate the range and nature of possible penalties
272	that may be imposed in the proceedings against the child, if
273	applicable.
274	c. Understand the adversarial nature of the legal process.
275	d. Disclose to counsel facts pertinent to the proceedings
276	at issue.
277	e. Display appropriate courtroom behavior.
278	f. Testify relevantly.
279	5. Present the factual basis for the expert's clinical
280	findings and opinions of the child's mental condition.

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281 (e) If the evaluator determines the child to be 282 incompetent to proceed to trial, the evaluator must report on 283 the mental disorder that forms the basis of the incompetency. 284 The expert's factual basis of his or her clinical (f) 285 findings and opinions must be supported by the diagnostic 286 criteria found in the most recent edition of the Diagnostic and 287 Statistical Manual of Mental Disorders of the American 288 Psychiatric Association and must be presented in a section of 289 his or her competency evaluation report that shall be identified 290 as a summary of findings. This section must include: 291 The day, month, year, and length of time of the face-1. 292 to-face diagnostic clinical interview to determine the child's 293 mental condition. 294 2. A statement that identifies the mental disorder causing 295 the child's incompetence. In reporting on the mental disorder, the evaluator shall use the clinical name and associated 296 297 diagnostic code found in the most recent edition of the 298 Diagnostic and Statistical Manual of Mental Disorders of the 299 American Psychiatric Association. 300 3. A statement of how the child would benefit from 301 competency restoration services in the community or in a secure 302 residential treatment facility. 303 4. An assessment of the probable duration of the treatment 304 to restore competence, and the probability that the child will 305 attain competence to proceed in the foreseeable future. 306 5. A description of recommended treatment or education 307 appropriate for the mental disorder. 308 (g) (c) All court orders determining incompetency must

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309 include specific written findings by the court as to the nature 310 of the incompetency and whether the child requires <u>a</u> secure or 311 nonsecure treatment or training <u>environment</u> environments.

312 (h) (d) For competency incompetency evaluations related to 313 mental illness, the Department of Children and Families Family 314 Services shall maintain and annually provide the courts with a 315 forensic evaluator registry list of available mental health 316 professionals who have completed the approved a training as experts pursuant to this section program approved by the 317 318 Department of Children and Family Services to perform the 319 evaluations.

320 <u>(i) (e)</u> For <u>competency</u> incompetency evaluations related to 321 mental retardation or autism, the court shall order the Agency 322 for Persons with Disabilities to examine the child to determine 323 if the child meets the definition of "retardation" or "autism" 324 in s. 393.063 and <u>provide a clinical opinion as to</u>, if so, 325 whether the child is competent to proceed with delinquency 326 proceedings.

327 (f) A child is competent to proceed if the child has 328 sufficient present ability to consult with counsel with a 329 reasonable degree of rational understanding and the child has a 330 rational and factual understanding of the present proceedings. 331 The report must address the child's capacity to:

332 1. Appreciate the charges or allegations against the
333 child.

334 2. Appreciate the range and nature of possible penalties 335 that may be imposed in the proceedings against the child, if 336 applicable.

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337 3. Understand the adversarial nature of the legal process.
338 4. Disclose to counsel facts pertinent to the proceedings
339 at issue.

Display appropriate courtroom behavior.
 6. Testify relevantly.

342 (j) (g) Immediately upon the filing of the court order 343 finding a child incompetent to proceed, the clerk of the court shall notify the Department of Children and Families Family 344 345 Services and the Agency for Persons with Disabilities and fax or 346 hand deliver to the department and to the agency a referral 347 packet that includes, at a minimum, the court order, the 348 charging documents, the petition, and the court-appointed 349 evaluator's reports.

350 (k) (h) After placement of the child in the appropriate 351 setting, the Department of Children and Families Family Services 352 in consultation with the Agency for Persons with Disabilities, 353 as appropriate, must, within 30 days after placement of the 354 child, prepare and submit to the court a treatment or training 355 plan for the child's restoration of competency. A copy of the 356 plan must be served upon the child's attorney, the state 357 attorney, and the attorneys representing the Department of 358 Juvenile Justice.

359 (7) Effective July 1, 2014, court-appointed experts must
 360 have completed forensic evaluator training approved by the
 361 Department of Children and Families, or given by a statewide
 362 professional association of physicians in this state which is
 363 accredited to provide educational activities designated for
 364 American Medical Association Physician's Recognition Award

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365 Category I credit, American Osteopathic Association Category 1-A 366 credit, or American Psychological Association continuing 367 education credit, using a department-approved curriculum. Court-368 appointed experts must also comply with these additional 369 requirements: 370 (a) If an expert chooses to remain on the registry, the 371 expert must have completed or retaken the required training 372 course within the previous 5 years. Once trained, an expert must 373 retake the required training course every 5 years in order to 374 remain on the registry. An expert who has not completed the 375 required training course or has not retaken the training course 376 within 5 years must be removed from the registry and may not 377 conduct competency evaluations for the courts. 378 (b) A mental health professional who has completed the 379 training course within the previous 5 years must maintain documentation of having completed the required training and 380 381 provide current contact information to the Department of 382 Children and Families. 383 Section 8. This act shall take effect July 1, 2013.

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