

	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
04/16/2015	•	
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The Committee on Appropriations (Garcia) recommended the following:

Senate Amendment

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Delete lines 2579 - 2891

and insert:

participate in all hearings on involuntary placement.

- (5) CONTINUANCE OF HEARING.—The individual patient is entitled, with the concurrence of the individual's patient's counsel, to at least one continuance of the hearing. The continuance shall be for a period of up to 4 weeks.
 - (6) HEARING ON INVOLUNTARY OUTPATIENT PLACEMENT.-

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(a) 1. The court shall hold the hearing on involuntary outpatient placement within 5 court working days after the filing of the petition, unless a continuance is granted. The hearing shall be held in the county where the petition is filed, shall be as convenient to the individual who is the subject of the petition patient as is consistent with orderly procedure, and shall be conducted in physical settings not likely to be injurious to the individual's patient's condition. If the court finds that the individual's patient's attendance at the hearing is not consistent with the best interests of the individual patient and if the individual's patient's counsel does not object, the court may waive the presence of the individual patient from all or any portion of the hearing. The state attorney for the circuit in which the individual patient is located shall represent the state, rather than the petitioner, as the real party in interest in the proceeding. The state attorney shall have access to the individual's clinical record and witnesses and shall independently evaluate the allegations set forth in the petition for involuntary placement. If the allegations are substantiated, the state attorney shall prosecute the petition. If the allegations are not substantiated, the state attorney shall withdraw the petition. (b) 2. The court may appoint a magistrate master to preside at the hearing. One of the professionals who executed the involuntary outpatient placement certificate shall be a witness. The individual who is the subject of the petition patient and his or her the patient's guardian, guardian advocate, health care surrogate or proxy, or representative shall be informed by the court of the right to an independent expert examination. If

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the individual patient cannot afford such an examination, the court shall provide for one. The independent expert's report is shall be confidential and not discoverable, unless the expert is to be called as a witness for the individual patient at the hearing. The court shall allow testimony from persons individuals, including family members, deemed by the court to be relevant under state law, regarding the individual's person's prior history and how that prior history relates to the individual's person's current condition. The testimony in the hearing must be given under oath, and the proceedings must be recorded. The individual patient may refuse to testify at the hearing.

(c) The court shall consider testimony and evidence regarding the competence of the individual being held to consent to treatment. If the court finds that the individual is incompetent to consent, it shall appoint a guardian advocate as provided in s. 394.4598.

(7) COURT ORDER.—

(a) (b) 1. If the court concludes that the individual who is the subject of the petition patient meets the criteria for involuntary outpatient placement under pursuant to subsection (1), the court shall issue an order for involuntary outpatient placement. The court order may shall be for a period of up to 6 months. The order must specify the nature and extent of the individual's patient's mental illness or substance abuse impairment. The court order of the court and the treatment plan must shall be made part of the individual's patient's clinical record. The service provider shall discharge an individual a patient from involuntary outpatient placement when the order

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expires or any time the individual patient no longer meets the criteria for involuntary placement. Upon discharge, the service provider shall send a certificate of discharge to the court.

(b) 2. The court may not order the department or the service provider to provide services if the program or service is not available in the patient's local community of the individual being served, if there is no space available in the program or service for the individual patient, or if funding is not available for the program or service. A copy of the order must be sent to the Agency for Health Care Administration by the service provider within 1 working day after it is received from the court. After the placement order is issued, the service provider and the individual patient may modify provisions of the treatment plan. For any material modification of the treatment plan to which the individual patient or the individual's patient's guardian advocate, if appointed, does agree, the service provider shall send notice of the modification to the court. Any material modifications of the treatment plan which are contested by the individual patient or the individual's patient's guardian advocate, if appointed, must be approved or disapproved by the court consistent with the requirements of subsection (2).

(c) 3. If, in the clinical judgment of a physician, the individual being served patient has failed or has refused to comply with the treatment ordered by the court, and, in the clinical judgment of the physician, efforts were made to solicit compliance and the individual patient may meet the criteria for involuntary examination, the individual a person may be brought to a receiving facility pursuant to s. 394.463 for involuntary

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examination. If, after examination, the individual patient does not meet the criteria for involuntary inpatient placement pursuant to s. 394.467, the individual patient must be discharged from the receiving facility. The involuntary outpatient placement order remains shall remain in effect unless the service provider determines that the individual patient no longer meets the criteria for involuntary outpatient placement or until the order expires. The service provider must determine whether modifications should be made to the existing treatment plan and must attempt to continue to engage the individual patient in treatment. For any material modification of the treatment plan to which the individual patient or the individual's patient's quardian advocate, if appointed, agrees does agree, the service provider shall send notice of the modification to the court. Any material modifications of the treatment plan which are contested by the individual patient or the individual's patient's guardian advocate, if appointed, must be approved or disapproved by the court consistent with the requirements of subsection (2). (d) (c) If, at any time before the conclusion of the initial hearing on involuntary outpatient placement, it appears to the

court that the individual person does not meet the criteria for involuntary outpatient placement under this section but τ instead, meets the criteria for involuntary inpatient placement, the court may order the individual person admitted for involuntary inpatient examination under s. 394.463. If the person instead meets the criteria for involuntary assessment, protective custody, or involuntary admission pursuant to s. 397.675, the court may order the person to be admitted for

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involuntary assessment for a period of 5 days pursuant 397.6811. Thereafter, all proceedings shall be governed by chapter 397.

- (d) At the hearing on involuntary outpatient placement, the court shall consider testimony and evidence regarding the patient's competence to consent to treatment. If the court finds that the patient is incompetent to consent to treatment, it shall appoint a guardian advocate as provided in s. 394.4598. The guardian advocate shall be appointed or discharged in accordance with s. 394.4598.
- (e) The administrator of the receiving facility, the detoxification facility, or the designated department representative shall provide a copy of the court order and adequate documentation of an individual's a patient's mental illness or substance abuse impairment to the service provider for involuntary outpatient placement. Such documentation must include any advance directives made by the individual patient, a psychiatric evaluation of the individual patient, and any evaluations of the individual patient performed by a clinical psychologist or a clinical social worker.
- (8) (7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT PLACEMENT.-
- (a) 1. If the individual person continues to meet the criteria for involuntary outpatient placement, the service provider shall, before the expiration of the period during which the placement treatment is ordered for the person, file in the circuit court a petition for continued involuntary outpatient placement.
 - 1.2. The existing involuntary outpatient placement order

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remains in effect until disposition of on the petition for continued involuntary outpatient placement.

- 2.3. A certificate must shall be attached to the petition which includes a statement from the individual's person's physician or clinical psychologist justifying the request, a brief description of the individual's patient's treatment during the time he or she was involuntarily placed, and a personalized an individualized plan of continued treatment.
- 3.4. The service provider shall develop the individualized plan of continued treatment in consultation with the individual patient or his or her the patient's guardian advocate, if appointed. When the petition has been filed, the clerk of the court shall provide copies of the certificate and the individualized plan of continued treatment to the department, the individual patient, the individual's patient's quardian advocate, the state attorney, and the individual's patient's private counsel or the public defender.
- (b) Within 1 court working day after the filing of a petition for continued involuntary outpatient placement, the court shall appoint the public defender to represent the individual person who is the subject of the petition, unless the individual person is otherwise represented by counsel. The clerk of the court shall immediately notify the public defender of such appointment. The public defender shall represent the individual person until the petition is dismissed, or the court order expires, or the individual patient is discharged from involuntary outpatient placement. Any attorney representing the individual patient shall have access to the individual patient, witnesses, and records relevant to the presentation of the

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individual's patient's case and shall represent the interests of the individual patient, regardless of the source of payment to the attorney.

- (c) The court shall inform the individual who is the subject of the petition and his or her guardian, guardian advocate, health care surrogate or proxy, or representative of the individual's right to an independent expert examination. If the individual cannot afford such an examination, the court shall provide one.
- (d) (e) Hearings on petitions for continued involuntary outpatient placement are shall be before the circuit court. The court may appoint a magistrate master to preside at the hearing. The procedures for obtaining an order pursuant to this paragraph must shall be in accordance with subsection (6), except that the time period included in paragraph (1)(e) is not applicable in determining the appropriateness of additional periods of involuntary outpatient placement.
- (e) (d) Notice of the hearing shall be provided in accordance with as set forth in s. 394.4599. The individual being served patient and the individual's patient's attorney may agree to a period of continued outpatient placement without a court hearing.
- (f) (e) The same procedure shall be repeated before the expiration of each additional period the individual being served patient is placed in treatment.
- (g) (f) If the individual in involuntary outpatient placement patient has previously been found incompetent to consent to treatment, the court shall consider testimony and evidence regarding the individual's patient's competence.

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Section 394.4598 governs the discharge of the guardian advocate if the individual's patient's competency to consent to treatment has been restored.

Section 15. Effective on July 1, 2016, section 394.467, Florida Statutes, is amended to read:

394.467 Involuntary inpatient placement.

- (1) CRITERIA.—An individual A person may be placed in involuntary inpatient placement for treatment upon a finding of the court by clear and convincing evidence that:
- (a) He or she has a mental illness or substance abuse impairment is mentally ill and because of his or her mental illness or substance abuse impairment:
- 1.a. He or she has refused voluntary placement for treatment after sufficient and conscientious explanation and disclosure of the purpose of placement for treatment; or
- b. He or she is unable to determine for himself or herself whether placement is necessary; and
- 2.a. He or she is manifestly incapable of surviving alone or with the help of willing and responsible family or friends, including available alternative services, and, without treatment, is likely to suffer from neglect or refuse to care for himself or herself, and such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; or
- b. There is substantial likelihood that in the near future he or she will inflict serious bodily harm on self or others himself or herself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm; and
 - (b) All available less restrictive treatment alternatives

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that which would offer an opportunity for improvement of his or her condition have been judged to be inappropriate.

(2) ADMISSION TO A TREATMENT FACILITY.—An individual A patient may be retained by a mental health receiving facility, an addictions receiving facility, or a detoxification facility, or involuntarily placed in a treatment facility upon the recommendation of the administrator of the receiving facility where the individual patient has been examined and after adherence to the notice and hearing procedures provided in s. 394.4599. The recommendation must be supported by the opinion of a psychiatrist and the second opinion of a clinical psychologist or another psychiatrist, both of whom have personally examined the individual patient within the preceding 72 hours, that the criteria for involuntary inpatient placement are met. However, in a county that has a population of fewer than 50,000, if the administrator certifies that a psychiatrist or clinical psychologist is not available to provide the second opinion, the second opinion may be provided by a licensed physician who has postgraduate training and experience in diagnosis and treatment of mental and nervous disorders or by a psychiatric nurse. If the petition seeks placement for treatment of substance abuse impairment only and the individual is examined by an addictions receiving facility or detoxification facility, the first opinion may be provided by a physician, and the second opinion may be provided by a qualified professional with respect to substance abuse treatment. Any second opinion authorized in this subsection may be conducted through a face-to-face examination, in person or by electronic means. Such recommendation must shall be entered on an involuntary inpatient placement certificate

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that authorizes the receiving facility to retain the individual being held patient pending transfer to a treatment facility or completion of a hearing.

- (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The administrator of the mental health facility, addictions receiving facility, or detoxification facility shall file a petition for involuntary inpatient placement in the court in the county where the individual patient is located. Upon filing, the clerk of the court shall provide copies to the department, the individual patient, the individual's patient's guardian, guardian advocate, health care surrogate or proxy, or representative, and the state attorney and public defender of the judicial circuit in which the individual patient is located. A No fee may not shall be charged for the filing of a petition under this subsection.
- (4) APPOINTMENT OF COUNSEL .- Within 1 court working day after the filing of a petition for involuntary inpatient placement, the court shall appoint the public defender to represent the individual person who is the subject of the petition, unless the individual person is otherwise represented by counsel. The clerk of the court shall immediately notify the public defender of such appointment. Any attorney representing the individual patient shall have access to the individual patient, witnesses, and records relevant to the presentation of the individual's patient's case and shall represent the interests of the individual patient, regardless of the source of payment to the attorney.
- (a) An attorney representing an individual in proceedings under this part shall advocate the individual's expressed

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desires and must be present and actively participate in all hearings on involuntary placement.

(b) The state attorney for the judicial circuit in which the individual is located shall represent the state rather than the petitioning facility administrator as the real party in interest in the proceeding. The state attorney shall have access to the individual's clinical record and witnesses and shall independently evaluate the allegations set forth in