## LEGISLATIVE ACTION Senate House Comm: RCS 01/29/2020

The Committee on Children, Families, and Elder Affairs (Book) recommended the following:

## Senate Amendment (with title amendment)

2 3

5

6 7

1

Delete lines 214 - 1783

4 and insert:

of this part, the term does not include a developmental disability as defined in chapter 393, dementia, traumatic brain injury, intoxication, or conditions manifested only by antisocial behavior or substance abuse.

9 10

8

(31) "Neglect or refuse to care for himself or herself" includes, but is not limited to, evidence that a person:

12 13

14

15 16

17

18

19

20

21

22

23

24

2.5

26

27

28

29

30

31

32 33

34

35

36

37

38

39



(a) Is unable to satisfy basic needs for nourishment, clothing, medical care, shelter, or safety in a manner that creates a substantial probability of imminent death, serious physical debilitation, or disease; or (b) Is substantially unable to make an informed treatment choice and needs care or treatment to prevent deterioration. (40) "Real and present threat of substantial harm" includes, but is not limited to, evidence of a substantial probability that the untreated person will: (a) Lack, refuse, or not receive services for health and safety that are actually available in the community; or (b) Suffer severe mental, emotional, or physical harm that will result in the loss of his or her ability to function in the community or the loss of cognitive or volitional control over thoughts or actions. Section 2. Subsection (13) is added to section 394.459, Florida Statutes, to read: 394.459 Rights of patients.-(13) POST-DISCHARGE CONTINUUM OF CARE. - Upon discharge, a respondent with a serious mental illness must be informed of the essential elements of recovery and provided assistance with accessing a continuum of care regimen. The department may adopt rules specifying the services that may be provided to such respondents. Section 3. Subsection (1) of section 394.4598, Florida Statutes, is amended to read: 394.4598 Guardian advocate.-

Page 2 of 60

(1) The administrator may petition the court for the

appointment of a guardian advocate based upon the opinion of a

41

42 43

44 45

46 47

48

49

50 51

52

53

54

55

56

57

58

59

60

61 62

6.3

64

65

66

67 68



psychiatrist that the patient is incompetent to consent to treatment. If the court finds that a patient is incompetent to consent to treatment and has not been adjudicated incapacitated and a quardian with the authority to consent to mental health treatment appointed, it shall appoint a guardian advocate. The patient has the right to have an attorney represent him or her at the hearing. If the person is indigent, the court shall appoint the office of the public defender to represent him or her at the hearing. The patient has the right to testify, crossexamine witnesses, and present witnesses. The proceeding shall be recorded either electronically or stenographically, and testimony shall be provided under oath. One of the professionals authorized to give an opinion in support of a petition for involuntary placement, as described in s. 394.4655 or s.394.467, must testify. A guardian advocate must meet the qualifications of a quardian contained in part IV of chapter 744, except that a professional referred to in this part, an employee of the facility providing direct services to the patient under this part, a departmental employee, a facility administrator, or member of the Florida local advocacy council may shall not be appointed. A person who is appointed as a quardian advocate must agree to the appointment.

Section 4. Paragraph (d) of subsection (2) of section 394.4599, Florida Statutes, is amended to read:

394.4599 Notice.-

- (2) INVOLUNTARY ADMISSION. -
- (d) The written notice of the filing of the petition for involuntary services for an individual being held must contain the following:

70

71

72

73

74 75

76

77

78

79 80

81 82

83 84

85

86 87

88 89

90

91

92 93

94

95

96

97



- 1. Notice that the petition for:
- a. Involuntary inpatient treatment pursuant to s. 394.467 has been filed with the circuit court in the county in which the individual is hospitalized and the address of such court; or
- b. Involuntary outpatient services pursuant to s. 394.4655 has been filed with the criminal county court, as defined in s.  $394.4655(1)_{\tau}$  or the circuit court, as applicable, in the county in which the individual is hospitalized and the address of such court.
- 2. Notice that the office of the public defender has been appointed to represent the individual in the proceeding, if the individual is not otherwise represented by counsel.
- 3. The date, time, and place of the hearing and the name of each examining expert and every other person expected to testify in support of continued detention.
- 4. Notice that the individual, the individual's quardian, quardian advocate, health care surrogate or proxy, or representative, or the administrator may apply for a change of venue for the convenience of the parties or witnesses or because of the condition of the individual.
- 5. Notice that the individual is entitled to an independent expert examination and, if the individual cannot afford such an examination, that the court will provide for one.

Section 5. Subsection (2) of section 394.461, Florida Statutes, is amended to read:

394.461 Designation of receiving and treatment facilities and receiving systems. - The department is authorized to designate and monitor receiving facilities, treatment facilities, and receiving systems and may suspend or withdraw such designation

99

100

101 102

103 104

105

106 107

108 109

110

111

112

113

114 115

116

117

118

119

120

121

122

123

124

125

126



for failure to comply with this part and rules adopted under this part. Unless designated by the department, facilities are not permitted to hold or treat involuntary patients under this part.

(2) TREATMENT FACILITY.—The department may designate any state-owned, state-operated, or state-supported facility as a state treatment facility. A civil patient must shall not be admitted to a state treatment facility without previously undergoing a transfer evaluation. Before the close of the state's case in chief in a court hearing for involuntary placement in a state treatment facility, the state may establish that the transfer evaluation was performed and the document properly executed by providing the court with a copy of the transfer evaluation. The court may not shall receive and consider the substantive information documented in the transfer evaluation unless the evaluator testifies at the hearing. Any other facility, including a private facility or a federal facility, may be designated as a treatment facility by the department, provided that such designation is agreed to by the appropriate governing body or authority of the facility.

Section 6. Subsection (3) of section 394.4615, Florida Statutes, is amended to read:

- 394.4615 Clinical records; confidentiality.-
- (3) Information from the clinical record may be released in the following circumstances:
- (a) When a patient has communicated to a service provider a specific threat to cause serious bodily injury or death to an identified or a readily available person, if the service provider reasonably believes, or should reasonably believe



according to the standards of his or her profession, that the patient has the apparent intent and ability to imminently or immediately carry out such threat. When such communication has been made, the administrator may authorize the release of sufficient information to provide adequate warning to the person threatened with harm by the patient.

(b) When the administrator of the facility or secretary of the department deems release to a qualified researcher as defined in administrative rule, an aftercare treatment provider, or an employee or agent of the department is necessary for treatment of the patient, maintenance of adequate records, compilation of treatment data, aftercare planning, or evaluation of programs.

139 140 141

142

143

144

145

146

147

148 149

150

151

152

153

154

155

127

128

129

130

131

132

133

134

135

136

137

138

For the purpose of determining whether a person meets the criteria for involuntary outpatient placement or for preparing the proposed treatment plan pursuant to s. 394.4655, the clinical record may be released to the state attorney, the public defender or the patient's private legal counsel, the court, and to the appropriate mental health professionals, including the service provider identified in s. 394.4655(7)(b)2., in accordance with state and federal law.

Section 7. Section 394.462, Florida Statutes, is amended to read:

394.462 Transportation.—A transportation plan shall be developed and implemented by each county in collaboration with the managing entity in accordance with this section. A county may enter into a memorandum of understanding with the governing boards of nearby counties to establish a shared transportation

157

158

159

160

161

162 163

164

165

166

167

168

169

170

171 172

173

174

175

176

177

178

179 180

181

182

183

184



plan. When multiple counties enter into a memorandum of understanding for this purpose, the counties shall notify the managing entity and provide it with a copy of the agreement. The transportation plan shall describe methods of transport to a facility within the designated receiving system for individuals subject to involuntary examination under s. 394.463 or involuntary admission under s. 397.6772, s. 397.679, s. 397.6798, or s.  $397.6957 \cdot \frac{397.6811}{1}$  and may identify responsibility for other transportation to a participating facility when necessary and agreed to by the facility. The plan may rely on emergency medical transport services or private transport companies, as appropriate. The plan shall comply with the transportation provisions of this section and ss. 397.6772, 397.6795, 397.6822, and 397.697.

- (1) TRANSPORTATION TO A RECEIVING FACILITY.-
- (a) Each county shall designate a single law enforcement agency within the county, or portions thereof, to take a person into custody upon the entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional and to transport that person to the appropriate facility within the designated receiving system pursuant to a transportation plan.
- (b) 1. The designated law enforcement agency may decline to transport the person to a receiving facility only if:
- a. The jurisdiction designated by the county has contracted on an annual basis with an emergency medical transport service or private transport company for transportation of persons to receiving facilities pursuant to this section at the sole cost of the county; and

186

187

188

189

190

191 192

193

194

195 196

197 198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213



- b. The law enforcement agency and the emergency medical transport service or private transport company agree that the continued presence of law enforcement personnel is not necessary for the safety of the person or others.
- 2. The entity providing transportation may seek reimbursement for transportation expenses. The party responsible for payment for such transportation is the person receiving the transportation. The county shall seek reimbursement from the following sources in the following order:
- a. From a private or public third-party payor, if the person receiving the transportation has applicable coverage.
  - b. From the person receiving the transportation.
- c. From a financial settlement for medical care, treatment, hospitalization, or transportation payable or accruing to the injured party.
- (c) A company that transports a patient pursuant to this subsection is considered an independent contractor and is solely liable for the safe and dignified transport of the patient. Such company must be insured and provide no less than \$100,000 in liability insurance with respect to the transport of patients.
- (d) Any company that contracts with a governing board of a county to transport patients shall comply with the applicable rules of the department to ensure the safety and dignity of patients.
- (e) When a law enforcement officer takes custody of a person pursuant to this part, the officer may request assistance from emergency medical personnel if such assistance is needed for the safety of the officer or the person in custody.
  - (f) When a member of a mental health overlay program or a

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242



mobile crisis response service is a professional authorized to initiate an involuntary examination pursuant to s. 394.463 or s. 397.675 and that professional evaluates a person and determines that transportation to a receiving facility is needed, the service, at its discretion, may transport the person to the facility or may call on the law enforcement agency or other transportation arrangement best suited to the needs of the patient.

- (q) When any law enforcement officer has custody of a person based on either noncriminal or minor criminal behavior that meets the statutory guidelines for involuntary examination pursuant to s. 394.463, the law enforcement officer shall transport the person to the appropriate facility within the designated receiving system pursuant to a transportation plan. Persons who meet the statutory guidelines for involuntary admission pursuant to s. 397.675 may also be transported by law enforcement officers to the extent resources are available and as otherwise provided by law. Such persons shall be transported to an appropriate facility within the designated receiving system pursuant to a transportation plan.
- (h) When any law enforcement officer has arrested a person for a felony and it appears that the person meets the statutory guidelines for involuntary examination or placement under this part, such person must first be processed in the same manner as any other criminal suspect. The law enforcement agency shall thereafter immediately notify the appropriate facility within the designated receiving system pursuant to a transportation plan. The receiving facility shall be responsible for promptly arranging for the examination and treatment of the person. A

244

245 246

247

248

249 250

251

252

253

254

255

256 257

258

259

260

261 262

263

264

265

266

267

268

269

270

271



receiving facility is not required to admit a person charged with a crime for whom the facility determines and documents that it is unable to provide adequate security, but shall provide examination and treatment to the person where he or she is held.

- (i) If the appropriate law enforcement officer believes that a person has an emergency medical condition as defined in s. 395.002, the person may be first transported to a hospital for emergency medical treatment, regardless of whether the hospital is a designated receiving facility.
- (j) The costs of transportation, evaluation, hospitalization, and treatment incurred under this subsection by persons who have been arrested for violations of any state law or county or municipal ordinance may be recovered as provided in s. 901.35.
- (k) The appropriate facility within the designated receiving system pursuant to a transportation plan must accept persons brought by law enforcement officers, or an emergency medical transport service or a private transport company authorized by the county, for involuntary examination pursuant to s. 394.463.
- (1) The appropriate facility within the designated receiving system pursuant to a transportation plan must provide persons brought by law enforcement officers, or an emergency medical transport service or a private transport company authorized by the county, pursuant to s. 397.675, a basic screening or triage sufficient to refer the person to the appropriate services.
- (m) Each law enforcement agency designated pursuant to paragraph (a) shall establish a policy that reflects a single

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300



set of protocols for the safe and secure transportation and transfer of custody of the person. Each law enforcement agency shall provide a copy of the protocols to the managing entity.

- (n) When a jurisdiction has entered into a contract with an emergency medical transport service or a private transport company for transportation of persons to facilities within the designated receiving system, such service or company shall be given preference for transportation of persons from nursing homes, assisted living facilities, adult day care centers, or adult family-care homes, unless the behavior of the person being transported is such that transportation by a law enforcement officer is necessary.
- (o) This section may not be construed to limit emergency examination and treatment of incapacitated persons provided in accordance with s. 401.445.
  - (2) TRANSPORTATION TO A TREATMENT FACILITY.-
- (a) If neither the patient nor any person legally obligated or responsible for the patient is able to pay for the expense of transporting a voluntary or involuntary patient to a treatment facility, the transportation plan established by the governing board of the county or counties must specify how the hospitalized patient will be transported to, from, and between facilities in a safe and dignified manner.
- (b) A company that transports a patient pursuant to this subsection is considered an independent contractor and is solely liable for the safe and dignified transportation of the patient. Such company must be insured and provide no less than \$100,000 in liability insurance with respect to the transport of patients.

302

303

304

305

306

307

308

309 310

311

312

313

314

315

316

317

318

319 320

321

322

323

324

325

326

327

328

329



- (c) A company that contracts with one or more counties to transport patients in accordance with this section shall comply with the applicable rules of the department to ensure the safety and dignity of patients.
- (d) County or municipal law enforcement and correctional personnel and equipment may not be used to transport patients adjudicated incapacitated or found by the court to meet the criteria for involuntary placement pursuant to s. 394.467, except in small rural counties where there are no cost-efficient alternatives.
- (3) TRANSFER OF CUSTODY.—Custody of a person who is transported pursuant to this part, along with related documentation, shall be relinquished to a responsible individual at the appropriate receiving or treatment facility.

Section 8. Subsection (1) of section 394.4625, Florida Statutes, is amended to read:

394.4625 Voluntary admissions.-

- (1) EXAMINATION AND TREATMENT AUTHORITY TO RECEIVE PATIENTS.-
- (a) In order to be admitted to a facility on a voluntary basis, a person must show evidence of a mental illness and be suitable for treatment by the facility.
- 1. If the person is an adult, he or she must be competent to provide his or her express and informed consent in writing to the facility.
- 2. A minor may only be admitted to a facility on the basis of the express and informed consent of the minor's parent or legal quardian in conjunction with the minor's assent.
  - a. The minor's assent is an affirmative agreement by the

331

332

333

334

335

336

337

338 339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358



minor to remain at the facility for examination and treatment. The minor's failure to object is not assent for purposes of this subparagraph.

- b. The minor's assent must be verified through a clinical assessment that is documented in the minor's clinical record and conducted within 12 hours after arrival at the facility by a licensed professional authorized to initiate an involuntary examination under s. 394.463.
- c. In verifying the minor's assent, the examining professional must first provide the minor with an explanation as to why the minor will be examined and treated, what the minor can expect while in the facility, and when the minor may expect to be released, using language that is appropriate to the minor's age, experience, maturity, and condition. The examining professional must determine and document that the minor is able to understand this information.
- d. The facility must advise the minor of his or her right to request and have access to legal counsel.
- e. The facility administrator must file with the court a notice of a minor's voluntary placement within 1 court working day after the minor's admission to the facility.
- f. The court shall appoint a public defender who may review the voluntariness of the minor's admission to the facility and further verify his or her assent. The public defender may interview and represent the minor and shall have access to all relevant witnesses and records. If the public defender does not review the voluntariness of the admission, the clinical assessment of the minor's assent shall serve as verification of assent.

360

361

362

363

364

365

366

367 368

369

370 371

372

373

374

375

376

377

378

379

380

381

382

383

384

385

386

387



- g. Unless the minor's assent is verified pursuant to this subparagraph, a petition for involuntary placement must be filed with the court or the minor must be released to his or her parent or legal quardian within 24 hours after arriving at the facility A facility may receive for observation, diagnosis, or treatment any person 18 years of age or older making application by express and informed consent for admission or any person age 17 or under for whom such application is made by his or her quardian. If found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment, such person 18 years of age or older may be admitted to the facility. A person age 17 or under may be admitted only after a hearing to verify the voluntariness of the consent.
- (b) A mental health overlay program or a mobile crisis response service or a licensed professional who is authorized to initiate an involuntary examination pursuant to s. 394.463 and is employed by a community mental health center or clinic must, pursuant to district procedure approved by the respective district administrator, conduct an initial assessment of the ability of the following persons to give express and informed consent to treatment before such persons may be admitted voluntarily:
- 1. A person 60 years of age or older for whom transfer is being sought from a nursing home, assisted living facility, adult day care center, or adult family-care home, when such person has been diagnosed as suffering from dementia.
- 2. A person 60 years of age or older for whom transfer is being sought from a nursing home pursuant to s. 400.0255(12).

389

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416



- 3. A person for whom all decisions concerning medical treatment are currently being lawfully made by the health care surrogate or proxy designated under chapter 765.
- (c) When an initial assessment of the ability of a person to give express and informed consent to treatment is required under this section, and a mobile crisis response service does not respond to the request for an assessment within 2 hours after the request is made or informs the requesting facility that it will not be able to respond within 2 hours after the request is made, the requesting facility may arrange for assessment by any licensed professional authorized to initiate an involuntary examination pursuant to s. 394.463 who is not employed by or under contract with, and does not have a financial interest in, either the facility initiating the transfer or the receiving facility to which the transfer may be made.
- (d) A facility may not admit as a voluntary patient a person who has been adjudicated incapacitated, unless the condition of incapacity has been judicially removed. If a facility admits as a voluntary patient a person who is later determined to have been adjudicated incapacitated, and the condition of incapacity had not been removed by the time of the admission, the facility must either discharge the patient or transfer the patient to involuntary status.
- (e) The health care surrogate or proxy of a voluntary patient may not consent to the provision of mental health treatment for the patient. A voluntary patient who is unwilling or unable to provide express and informed consent to mental health treatment must either be discharged or transferred to



involuntary status.

417

418 419

420

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

(f) Within 24 hours after admission of a voluntary patient, the admitting physician shall document in the patient's clinical record that the patient is able to give express and informed consent for admission. If the patient is not able to give express and informed consent for admission, the facility shall either discharge the patient or transfer the patient to involuntary status pursuant to subsection (5).

Section 9. Subsection (1) and paragraphs (a), (g), and (h) of subsection (2) of section 394.463, Florida Statutes, are amended, and subsection (5) is added to that section, to read:

394.463 Involuntary examination.-

- (1) CRITERIA.—A person may be taken to a receiving facility for involuntary examination if there is reason to believe that the person has a mental illness and because of his or her mental illness:
- (a) 1. The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or
- 2. The person is unable to determine for himself or herself whether examination is necessary; and
- (b) 1. Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; or
  - 2. There is a substantial likelihood that in the near

447 448

449

450

451

452

453

454

455

456

457

458

459

460

461

462 463

464

465

466

467

468

469

470

471

472

473

474



future and without care or treatment, the person will inflict serious cause serious bodily harm to self himself or herself or others in the near future, as evidenced by acts, omissions, or recent behavior causing, attempting, or threatening such harm, which includes, but is not limited to, significant property damage.

- (2) INVOLUNTARY EXAMINATION. -
- (a) An involuntary examination may be initiated by any one of the following means:
- 1. A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination and specifying the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on written or oral sworn testimony that includes specific facts that support the findings. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person into custody and deliver him or her to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The order of the court shall be made a part of the patient's clinical record. A fee may not be charged for the filing of an order under this subsection. A facility accepting the patient based on this order must send a copy of the order to the department within 5 working days. The order may be submitted electronically through existing data systems, if available. The order shall be valid only until the person is delivered to the facility or for the period specified in the order itself, whichever comes first. If no time

476

477

478

479

480

481

482

483

484

485

486

487

488

489

490

491

492

493 494

495

496

497

498

499

500

501

502

503



limit is specified in the order, the order shall be valid for 7 days after the date that the order was signed.

- 2. A law enforcement officer may shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for examination. The officer shall execute a written report detailing the circumstances under which the person was taken into custody, which must be made a part of the patient's clinical record. Any facility accepting the patient based on this report must send a copy of the report to the department within 5 working days.
- 3. A physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, a law enforcement officer shall take into custody the person named in the certificate and deliver him or her to the appropriate, or nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The law enforcement officer shall execute a written report detailing the circumstances under which the person was taken into custody. The report and certificate shall be made a part of the patient's clinical record. Any facility accepting the patient based on this certificate must send a copy of the



certificate to the department within 5 working days. The document may be submitted electronically through existing data systems, if applicable.

506 507 508

509

510

511

512

513 514

515 516

517

518

519

520 521

522

523

524

525

526

527

528

529

530

531 532

504

505

When sending the order, report, or certificate to the department, a facility shall, at a minimum, provide information about which action was taken regarding the patient under paragraph (q), which information shall also be made a part of the patient's clinical record.

- (g) The examination period must be for up to 72 hours. For a minor, the examination shall be initiated within 12 hours after the patient's arrival at the facility. The facility must inform the department of any person who has been examined or committed three or more times under this chapter within a 12month period. Within the examination period or, if the examination period ends on a weekend or holiday, no later than the next working day thereafter, one of the following actions must be taken, based on the individual needs of the patient:
- 1. The patient shall be released, unless he or she is charged with a crime, in which case the patient shall be returned to the custody of a law enforcement officer;
- 2. The patient shall be released, subject to subparagraph 1., for voluntary outpatient treatment;
- 3. The patient, unless he or she is charged with a crime, shall be asked to give express and informed consent to placement as a voluntary patient and, if such consent is given, the patient shall be admitted as a voluntary patient; or
- 4. A petition for involuntary services shall be filed in the circuit court if inpatient treatment is deemed necessary or

534

535 536

537

538

539

540

541

542

543

544

545

546

547

548

549

550

551 552

553

554

555

556

557

558

559

560

561



with a the criminal county court, as described in s. 394.4655 defined in s. 394.4655(1), as applicable. When inpatient treatment is deemed necessary, the least restrictive treatment consistent with the optimum improvement of the patient's condition shall be made available. The petition When a petition is to be filed for involuntary outpatient placement, it shall be filed by one of the petitioners specified in s. 394.4655(4)(a). A petition for involuntary inpatient placement shall be filed by the facility administrator.

(h) A person for whom an involuntary examination has been initiated who is being evaluated or treated at a hospital for an emergency medical condition specified in s. 395.002 must be examined by a facility within the examination period specified in paragraph (g). The examination period begins when the patient arrives at the hospital and ceases when the attending physician documents that the patient has an emergency medical condition. If the patient is examined at a hospital providing emergency medical services by a professional qualified to perform an involuntary examination and is found as a result of that examination not to meet the criteria for involuntary outpatient services pursuant to s.  $394.4655 \cdot \frac{394.4655(2)}{1}$  or involuntary inpatient placement pursuant to s. 394.467(1), the patient may be offered voluntary services or placement, if appropriate, or released directly from the hospital providing emergency medical services. The finding by the professional that the patient has been examined and does not meet the criteria for involuntary inpatient services or involuntary outpatient placement must be entered into the patient's clinical record. This paragraph is not intended to prevent a hospital providing emergency medical



562 services from appropriately transferring a patient to another 563 hospital before stabilization if the requirements of s. 564 395.1041(3)(c) have been met. 565 (5) UNLAWFUL ACTIVITIES RELATING TO EXAMINATION AND 566 TREATMENT; PENALTIES.-567 (a) Knowingly furnishing false information for the purpose 568 of obtaining emergency or other involuntary admission for any 569 person is a misdemeanor of the first degree, punishable as 570 provided in s. 775.082 and by a fine not exceeding \$5,000. 571 (b) Causing or otherwise securing, conspiring with or 572 assisting another to cause or secure, without reason for 573 believing a person to be impaired, any emergency or other 574 involuntary procedure for the person is a misdemeanor of the 575 first degree, punishable as provided in s. 775.082 and by a fine 576 not exceeding \$5,000. 577 (c) Causing, or conspiring with or assisting another to 578 cause, the denial to any person of any right accorded pursuant 579 to this chapter is a misdemeanor of the first degree, punishable 580 as provided in s. 775.082 by a fine not exceeding \$5,000. 581 Section 10. Section 394.4655, Florida Statutes, is amended 582 to read: 583 (Substantial rewording of section. See s. 394.4655, F.S., for present text.) 584 394.4655 Involuntary outpatient services.-585 586 (1) (a) The court may order a respondent into outpatient 587 treatment for up to 6 months if, during a hearing under s. 588 394.467, it is established that the respondent meets involuntary 589 placement criteria and:

1. Has been jailed or incarcerated, has been involuntarily

590

592

593

594

595

596

597

598

599

600

601

602

603 604

605

606

607

608

609 610

611

612

613

614 615

616

617

618

619



admitted to a receiving or treatment facility as defined in s. 394.455, or has received mental health services in a forensic or correctional facility at least twice during the last 36 months;

- 2. The outpatient treatment is provided in the county in which the respondent resides or, if being placed from a state treatment facility, will reside; and
- 3. The respondent's treating physician certifies, within a reasonable degree of medical probability, that the respondent:
  - a. Can be appropriately treated on an outpatient basis; and b. Can follow a prescribed treatment plan.
- (b) For the duration of his or her treatment, the respondent must be supported by a social worker or case manager of the outpatient provider, or a willing, able, and responsible individual appointed by the court who must inform the court, state attorney, and public defender of any failure by the respondent to comply with his or her outpatient program.
- (2) The court shall retain jurisdiction over the case and parties for the entry of such further orders after a hearing, as the circumstances may require. Such jurisdiction includes, but is not limited to, ordering inpatient treatment to stabilize a respondent who decompensates during his or her up to 6-month period of court-ordered treatment and meets the commitment criteria of s. 394.467.
- (3) A criminal county court exercising its original jurisdiction in a misdemeanor case under s. 34.01 may order a person who meets the commitment criteria into involuntary outpatient services.
- Section 11. Subsections (1) and (5) and paragraphs (a), (b), and (c) of subsection (6) of section 394.467, Florida



Statutes, are amended to read:

620

621

622

623

624

625

626

627

62.8

629

630 631

632

633

634

635

636

637

638

639 640

641 642

643

644

645

646

647

648

394.467 Involuntary inpatient placement.

- (1) CRITERIA.—A person may be ordered for 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 and because of his or her mental illness:
- 1.a. He or she has refused voluntary inpatient placement for treatment after sufficient and conscientious explanation and disclosure of the purpose of inpatient placement for treatment;
- b. He or she is unable to determine for himself or herself whether inpatient placement is necessary; and
- 2.a. He or she is incapable of surviving alone or with the help of willing, able, 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;
- b. There is substantial likelihood that in the near future and without services he or she will inflict serious bodily harm to on self or others, as evidenced by acts, omissions, or recent behavior causing, attempting, or threatening such harm, which includes, but is not limited to, significant property damage; and
- (b) All available less restrictive treatment alternatives that would offer an opportunity for improvement of his or her condition have been judged to be inappropriate.

650

651

652

653

654

655

656

657

658

659

660

661

662

663

664

665

666

667

668

669

670

671

672

673

674

675

676

677



- (5) CONTINUANCE OF HEARING.—The patient and the state are independently entitled is entitled, with the concurrence of the patient's counsel, to at least one continuance of the hearing. The patient's continuance may be for a period of for up to 4 weeks and requires the concurrence of his or her counsel. The state's continuance may be for a period of up to 5 court working days and requires a showing of good cause and due diligence by the state before requesting the continuance. The state's failure to timely review any readily available document or failure to attempt to contact a known witness does not warrant a continuance.
  - (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.-
- (a) 1. The court shall hold the hearing on involuntary inpatient placement within 5 court working days, unless a continuance is granted.
- 2. Except for good cause documented in the court file, the hearing must be held in the county or the facility, as appropriate, where the patient is located, must be as convenient to the patient as is consistent with orderly procedure, and shall be conducted in physical settings not likely to be injurious to the patient's condition. If the court finds that the patient's attendance at the hearing is not consistent with the best interests of, or is likely to be injurious to, the patient, or the patient knowingly, intelligently, and voluntarily waives his or her right to be present, and the patient's counsel does not object, the court may waive the presence of the patient from all or any portion of the hearing. Absent a showing of good cause, such as specific symptoms of the respondent's condition, the court may permit all witnesses,



678 including, but not limited to, any medical professionals or 679 personnel who are or have been involved with the patient's 680 treatment, to remotely attend and testify at the hearing under 681 oath via the most appropriate and convenient technological 682 method of communication available to the court, including, but 683 not limited to, teleconference. Any witness intending to 684 remotely attend and testify at the hearing must provide the 685 parties with all relevant documents in advance of the hearing. 686 The state attorney for the circuit in which the patient is 687 located shall represent the state, rather than the petitioning 688 facility administrator, as the real party in interest in the 689 proceeding. In order to evaluate and prepare its case before the 690 hearing, the state attorney may access, by subpoena if 691 necessary, the patient, witnesses, and all relevant records. 692 Such records include, but are not limited to, any social media, 693 school records, clinical files, and reports documenting contact 694 the patient may have had with law enforcement officers or other 695 state agencies. However, these records shall remain 696 confidential, and the state attorney may not use any records 697 obtained under this part for criminal investigation or 698 prosecution purposes, or for any purpose other than the 699 patient's civil commitment under this chapter. 700 3. The court may appoint a magistrate to preside at the 701 hearing on the petition and any ancillary proceedings thereto, 702 which include, but are not limited to, writs of habeas corpus 703 issued pursuant to s. 394.459(8). One of the professionals who 704 executed the petition for involuntary inpatient placement 705 certificate shall be a witness. The patient and the patient's 706 guardian or representative shall be informed by the court of the

708

709 710

711

712

713

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

729 730

731

732

733

734

735



right to an independent expert examination. If the patient cannot afford such an examination, the court shall ensure that one is provided, as otherwise provided for by law. The independent expert's report is confidential and not discoverable, unless the expert is to be called as a witness for the patient at the hearing. The testimony in the hearing must be given under oath, and the proceedings must be recorded. The patient may refuse to testify at the hearing.

(b) If the court concludes that the patient meets the criteria for involuntary inpatient placement, it may order that the patient be transferred to a treatment facility or, if the patient is at a treatment facility, that the patient be retained there or be treated at any other appropriate facility, or that the patient receive services, on an involuntary basis, for up to 90 days. However, any order for involuntary mental health services in a treatment facility may be for up to 6 months. The order shall specify the nature and extent of the patient's mental illness and, unless the patient has transferred to a voluntary status, the facility must discharge the patient at any time he or she no longer meets the criteria for involuntary inpatient treatment. The court may not order an individual with a developmental disability as defined in s. 393.063, traumatic brain injury, or dementia who lacks a co-occurring mental illness to be involuntarily placed in a state treatment facility. Such individuals must be referred to the Agency for Persons with Disabilities or the Department of Elderly Affairs for further evaluation and the provision of appropriate services for their individual needs. In addition, if it reasonably appears that the individual would be found incapacitated under

737

738

739

740

741

742

743

744

745

746

747

748

749

750

751

752

753

754

755

756

757

758

759

760

761

762

763

764



chapter 744 and the individual does not already have a legal guardian, the facility must inform any known next of kin and initiate guardianship proceedings. The facility may hold the individual until the petition to appoint a quardian is heard by the court and placement is secured. The facility shall discharge a patient any time the patient no longer meets the criteria for involuntary inpatient placement, unless the patient has transferred to voluntary status.

(c) If at any time before the conclusion of the involuntary placement hearing on involuntary inpatient placement it appears to the court that the person does not meet the criteria of for involuntary inpatient placement under this section, but instead meets the criteria for involuntary outpatient services, the court may order the person evaluated for involuntary outpatient services pursuant to s. 394.4655. The petition and hearing procedures set forth in s. 394.4655 shall apply. If the person instead meets the criteria for involuntary assessment, protective custody, or involuntary admission or treatment pursuant to s. 397.675, then the court may order the person to be admitted for involuntary assessment for a period of 5 days pursuant to s. 397.6957 s. 397.6811. Thereafter, all proceedings are governed by chapter 397.

Section 12. Subsection (3) of section 394.495, Florida Statutes, is amended to read:

394.495 Child and adolescent mental health system of care; programs and services.-

- (3) Assessments must be performed by:
- (a) A clinical psychologist, clinical social worker, physician, psychiatric nurse, or psychiatrist as those terms are

766

767

768

769

770

771

772

773

774

775

776

777

778

779

780

781

782

783

784

785

786

787

788

789

790

791

792

793



defined in s. 394.455 professional as defined in s. (7), (32), (35), or (36);

- (b) A professional licensed under chapter 491; or
- (c) A person who is under the direct supervision of a clinical psychologist, clinical social worker, physician, psychiatric nurse, or psychiatrist as those terms are defined in s. 394.455 qualified professional as defined in s. 394.455(5), (7), (32), (35), or (36) or a professional licensed under chapter 491.

Section 13. Subsection (5) of section 394.496, Florida Statutes, is amended to read:

394.496 Service planning.-

(5) A clinical psychologist, clinical social worker, physician, psychiatric nurse, or psychiatrist as those terms are defined in s. 394.455 professional as defined in s. 394.455(5), (7), (32), (35), or (36) or a professional licensed under chapter 491 must be included among those persons developing the services plan.

Section 14. Paragraph (a) of subsection (2) of section 394.499, Florida Statutes, is amended to read:

394.499 Integrated children's crisis stabilization unit/juvenile addictions receiving facility services.-

- (2) Children eligible to receive integrated children's crisis stabilization unit/juvenile addictions receiving facility services include:
- (a) A person under 18 years of age for whom voluntary application is made by his or her parent or legal guardian, if such person is found to show evidence of mental illness and to be suitable for treatment pursuant to s. 394.4625. A person

795

796 797

798

799

800 801

802

803

804

805

806

807

808

809

810 811

812

813

814

815

816

817

818

819

820

821

822



under 18 years of age may be admitted for integrated facility services only after a hearing to verify that the consent to admission is voluntary is conducted pursuant to s. 394.4625.

Section 15. Subsection (6) of section 394.9085, Florida Statutes, is amended to read:

394.9085 Behavioral provider liability.-

(6) For purposes of this section, the terms "detoxification services," "addictions receiving facility," and "receiving facility" have the same meanings as those provided in ss. 397.311(26)(a)4., 397.311(26)(a)1., and  $394.455\frac{394.455(39)}{394.455(39)}$ , respectively.

Section 16. Subsection (3) of section 397.305, Florida Statutes, is amended to read:

397.305 Legislative findings, intent, and purpose.

(3) It is the purpose of this chapter to provide for a comprehensive continuum of accessible and quality substance abuse prevention, intervention, clinical treatment, and recovery support services in the most appropriate and least restrictive environment which promotes long-term recovery while protecting and respecting the rights of individuals, primarily through community-based private not-for-profit providers working with local governmental programs involving a wide range of agencies from both the public and private sectors.

Section 17. Present subsections (29) through (36) and (37) through (50) of section 397.311, Florida Statutes, are redesignated as subsections (30) through (37) and (39) through (52), respectively, new subsections (29) and (38) are added to that section, and subsections (19) and (23) are amended, to read:

824

825

826

827

828

829

830

831

832

833

834

835

836

837

838 839

840

841

842

843

844 845

846

847

848

849

850

851



397.311 Definitions.—As used in this chapter, except part VIII, the term:

- (19) "Impaired" or "substance abuse impaired" means having a substance use disorder or a condition involving the use of alcoholic beverages, illicit or prescription drugs, or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems or and cause socially dysfunctional behavior.
- (23) "Involuntary treatment services" means an array of behavioral health services that may be ordered by the court for persons with substance abuse impairment or co-occurring substance abuse impairment and mental health disorders.
- (29) "Neglect or refuse to care for himself or herself" includes, but is not limited to, evidence that a person:
- (a) Is unable to satisfy basic needs for nourishment, clothing, medical care, shelter, or safety in a manner that creates a substantial probability of imminent death, serious physical debilitation, or disease; or
- (b) Is substantially unable to make an informed treatment choice and needs care or treatment to prevent deterioration.
- (38) "Real and present threat of substantial harm" includes, but is not limited to, evidence of a substantial probability that the untreated person will:
- (a) Lack, refuse, or not receive services for health and safety that are actually available in the community; or
- (b) Suffer severe mental, emotional, or physical harm that will result in the loss of ability to function in the community or the loss of cognitive or volitional control over thoughts or actions.

853

854 855

856

857

858

859

860

861

862

863 864

865

866

867

868

869

870

871

872

873

874

875

876

877

878

879

880



Section 18. Section 397.416, Florida Statutes, is amended to read:

397.416 Substance abuse treatment services; qualified professional.-Notwithstanding any other provision of law, a person who was certified through a certification process recognized by the former Department of Health and Rehabilitative Services before January 1, 1995, may perform the duties of a qualified professional with respect to substance abuse treatment services as defined in this chapter, and need not meet the certification requirements contained in s. 397.311(36) s. 397.311(35).

Section 19. Subsection (11) is added to section 397.501, Florida Statutes, to read:

397.501 Rights of individuals.—Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(11) POST-DISCHARGE CONTINUUM OF CARE.—Upon discharge, a respondent with a serious substance abuse addiction must be informed of the essential elements of recovery and provided assistance with accessing a continuum of care regimen. The department may adopt rules specifying the services that may be provided to such respondents.

Section 20. Section 397.675, Florida Statutes, is amended to read:

397.675 Criteria for involuntary admissions, including protective custody, emergency admission, and other involuntary assessment, involuntary treatment, and alternative involuntary

882

883

884

885

886

887

888

889 890

891

892

893

894

895

896

897

898

899

900

901

902

903

904

905

906

907

908

909



assessment for minors, for purposes of assessment and stabilization, and for involuntary treatment. - A person meets the criteria for involuntary admission if there is good faith reason to believe that the person is substance abuse impaired, has a substance use disorder, or has a substance use disorder and a co-occurring mental health disorder and, because of such impairment or disorder:

- (1) Has lost the power of self-control with respect to substance abuse, or has a history of noncompliance with substance abuse treatment with continued substance use; and
- (2) (a) Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is refusing voluntary care after a sufficient and conscientious explanation and disclosure of the purpose for such services, or is incapable of appreciating his or her need for such services and of making a rational decision in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services; and or
- (3) (a) (b) Without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; $_{\tau}$  or
- (b) There is substantial likelihood that in the near future and without services, the person will inflict serious harm to self or others, as evidenced by acts, omissions, or behavior

911

912

913

914

915

916

917

918

919

920

921

922

923

924

925

926

927

928

929

930

931

932

933 934

935

936

937

938



causing, attempting, or threatening such harm, which includes, but is not limited to, significant property damage has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another.

Section 21. Subsection (1) of section 397.6751, Florida Statutes, is amended to read:

397.6751 Service provider responsibilities regarding involuntary admissions.—

- (1) It is the responsibility of the service provider to:
- (a) Ensure that a person who is admitted to a licensed service component meets the admission criteria specified in s. 397.675;
- (b) Ascertain whether the medical and behavioral conditions of the person, as presented, are beyond the safe management capabilities of the service provider;
- (c) Provide for the admission of the person to the service component that represents the most appropriate and least restrictive available setting that is responsive to the person's treatment needs;
- (d) Verify that the admission of the person to the service component does not result in a census in excess of its licensed service capacity;
- (e) Determine whether the cost of services is within the financial means of the person or those who are financially responsible for the person's care; and
- (f) Take all necessary measures to ensure that each individual in treatment is provided with a safe environment, and to ensure that each individual whose medical condition or

940

941

942

943

944

945

946

947

948

949

950

951

952

953

954

955

956

957

958

959

960

961

962

963

964

965

966

967



behavioral problem becomes such that he or she cannot be safely managed by the service component is discharged and referred to a more appropriate setting for care.

Section 22. Section 397.681, Florida Statutes, is amended to read:

397.681 Involuntary petitions; general provisions; court jurisdiction and right to counsel.-

- (1) JURISDICTION.—The courts have jurisdiction of involuntary assessment and stabilization petitions and involuntary treatment petitions for substance abuse impaired persons, and such petitions must be filed with the clerk of the court in the county where the person is located. The clerk of the court may not charge a fee for the filing of a petition under this section. The chief judge may appoint a general or special magistrate to preside over all or part of the proceedings. The alleged impaired person is named as the respondent.
- (2) RIGHT TO COUNSEL.—A respondent has the right to counsel at every stage of a proceeding relating to a petition for his or her involuntary assessment and a petition for his or her involuntary treatment for substance abuse impairment. A respondent who desires counsel and is unable to afford private counsel has the right to court-appointed counsel and to the benefits of s. 57.081. If the court believes that the respondent needs the assistance of counsel, the court shall appoint such counsel for the respondent without regard to the respondent's wishes. If the respondent is a minor not otherwise represented in the proceeding, the court shall immediately appoint a guardian ad litem to act on the minor's behalf.

969

970

971

972

973

974

975

976 977

978

979

980

981

982

983

984

985

986

987

988

989

990

991

992

993

994

995

996



(3) STATE REPRESENTATIVE.—Subject to legislative appropriation, for all court-involved involuntary proceedings under this chapter in which the petitioner has not retained private counsel, the state attorney for the circuit in which the respondent is located shall represent the state rather than the petitioner as the real party of interest in the proceeding, but the state attorney must be respectful of the petitioner's interests and concerns. In order to evaluate and prepare its case before the hearing, the state attorney may access, by subpoena if necessary, the respondent, the witnesses, and all relevant records. Such records include, but are not limited to, any social media, school records, clinical files, and reports documenting contact the respondent may have had with law enforcement officers or other state agencies. However, these records shall remain confidential, and the petitioner may not access any records obtained by the state attorney unless such records are entered into the court file. In addition, the state attorney may not use any records obtained under this part for criminal investigation or prosecution purposes, or for any purpose other than the respondent's civil commitment under this chapter. Section 23. Section 397.6811, Florida Statutes, is repealed. Section 24. Section 397.6814, Florida Statutes, is repealed. Section 25. Section 397.6815, Florida Statutes, is repealed. Section 26. Section 397.6818, Florida Statutes, is repealed.



997	Section 27. <u>Section 397.6819</u> , Florida Statutes, is
998	repealed.
999	Section 28. <u>Section 397.6821</u> , Florida Statutes, is
1000	repealed.
1001	Section 29. <u>Section 397.6822</u> , Florida Statutes, is
1002	repealed.
1003	Section 30. Section 397.693, Florida Statutes, is amended
1004	to read:
1005	397.693 Involuntary treatment.—A person may be the subject
1006	of a petition for court-ordered involuntary treatment pursuant
1007	to this part $_{m{ au}}$ if that person $\underline{:}$
1008	(1) Reasonably appears to meet meets the criteria for
1009	involuntary admission provided in s. 397.675; and:
1010	(2)(1) Has been placed under protective custody pursuant to
1011	s. 397.677 within the previous 10 days;
1012	(3)(2) Has been subject to an emergency admission pursuant
1013	to s. 397.679 within the previous 10 days; <u>or</u>
1014	(4)(3) Has been assessed by a qualified professional within
1015	30 5 days+
1016	(4) Has been subject to involuntary assessment and
1017	stabilization pursuant to s. 397.6818 within the previous 12
1018	<del>days; or</del>
1019	(5) Has been subject to alternative involuntary admission
1020	pursuant to s. 397.6822 within the previous 12 days.
1021	Section 31. Section 397.695, Florida Statutes, is amended
1022	to read:
1023	397.695 Involuntary <u>treatment</u> services; persons who may
1024	petition
1025	(1) If the respondent is an adult, a petition for

1027

1028

1029

1030

1031

1032

1033

1034

1035

1036

1037

1038

1039

1040

1041

1042

1043

1044

1045

1046

1047

1048

1049

1050

1051

1052

1053

1054



involuntary treatment services may be filed by the respondent's spouse or legal guardian, any relative, a service provider, or an adult who has direct personal knowledge of the respondent's substance abuse impairment and his or her prior course of assessment and treatment.

- (2) If the respondent is a minor, a petition for involuntary treatment may be filed by a parent, legal guardian, or service provider.
- (3) The court or the clerk of the court may waive or prohibit any service of process fees if a petitioner is determined to be indigent under s. 57.082.

Section 32. Section 397.6951, Florida Statutes, is amended to read:

- 397.6951 Contents of petition for involuntary treatment services.-
- (1) A petition for involuntary treatment services must contain the name of the respondent; the name of the petitioner or petitioners; the relationship between the respondent and the petitioner; the name of the respondent's attorney, if known; the findings and recommendations of the assessment performed by the qualified professional; and the factual allegations presented by the petitioner establishing the need for involuntary outpatient services for substance abuse impairment. The factual allegations must demonstrate the reason for the petitioner's belief that the respondent:
- (1) The reason for the petitioner's belief that the respondent is substance abuse impaired;
- (a) (2) The reason for the petitioner's belief that because of such impairment the respondent Has lost the power of self-

1056

1057

1058

1059

1060

1061

1062

1063

1064

1065

1066

1067

1068

1069

1070

1071

1072 1073

1074

1075

1076

1077

1078

1079 1080

1081

1082

1083



control with respect to substance abuse, or has a history of noncompliance with substance abuse treatment with continued substance use; and (b) Needs substance abuse services, but his or her judgment is so impaired by substance abuse that he or she either is

- refusing voluntary care after a sufficient and conscientious explanation and disclosure of the purpose of such services, or is incapable of appreciating his or her need for such services and of making a rational decision in that regard; and
- (c) 1. Without services, is likely to suffer from neglect or refuse to care for himself or herself; that the neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that the harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; or
- 2. There is a substantial likelihood that in the near future and without services, the respondent will inflict serious harm to self or others, as evidenced by acts, omissions, or behavior causing, attempting, or threatening such harm, which includes, but is not limited to, significant property damage
- (3) (a) The reason the petitioner believes that the respondent has inflicted or is likely to inflict physical harm on himself or herself or others unless the court orders the involuntary services; or
- (b) The reason the petitioner believes that the respondent's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the respondent is incapable of appreciating his or her need for care

1085

1086

1087

1088

1089

1090

1091

1092

1093

1094

1095

1096

1097

1098

1099

1100

1101

1102

1103

1104

1105

1106

1107

1108

1109

1110

1111

1112



and of making a rational decision regarding that need for care.

- (2) The petition may be accompanied by a certificate or report of a qualified professional or a licensed physician who has examined the respondent within 30 days before the petition's submission. This certificate or report must include the qualified professional or physician's findings relating to his or her assessment of the patient and his or her treatment recommendations. If the respondent was not assessed before the filing of a treatment petition or refused to submit to an evaluation, the lack of assessment or refusal must be noted in the petition.
- (3) If there is an emergency, the petition must also describe the respondent's exigent circumstances and include a request for an ex parte assessment and stabilization order that must be executed pursuant to s. 397.6955(4).

Section 33. Section 397.6955, Florida Statutes, is amended to read:

397.6955 Duties of court upon filing of petition for involuntary treatment services.-

(1) Upon the filing of a petition for involuntary treatment services for a substance abuse impaired person with the clerk of the court that does not indicate the petitioner has retained private counsel, the clerk must notify the state attorney's office. In addition, the court shall immediately determine whether the respondent is represented by an attorney or whether the appointment of counsel for the respondent is appropriate. If, based on the contents of the petition, the court appoints counsel for the person, the clerk of the court shall immediately notify the office of criminal conflict and civil regional

1114

1115 1116

1117

1118

1119

1120

1121

1122

1123

1124

1125

1126

1127

1128

1129

1130

1131

1132

1133

1134

1135

1136

1137

1138

1139

1140

1141



counsel, created pursuant to s. 27.511, of the appointment. The office of criminal conflict and civil regional counsel shall represent the person until the petition is dismissed, the court order expires, or the person is discharged from involuntary treatment services. An attorney that represents the person named in the petition shall have access to the person, witnesses, and records relevant to the presentation of the person's case and shall represent the interests of the person, regardless of the source of payment to the attorney.

- (2) The court shall schedule a hearing to be held on the petition within 10 court working 5 days unless a continuance is granted. The court may appoint a magistrate to preside at the hearing.
- (3) A copy of the petition and notice of the hearing must be provided to the respondent; the respondent's parent, quardian, or legal custodian, in the case of a minor; the respondent's attorney, if known; the petitioner; the respondent's spouse or guardian, if applicable; and such other persons as the court may direct. If the respondent is a minor, a copy of the petition and notice of the hearing must be personally delivered to the respondent. The court shall also issue a summons to the person whose admission is sought.
- (4) (a) When the petitioner asserts that emergency circumstances exist, or when upon review of the petition the court determines that an emergency exists, the court may rely solely on the contents of the petition and, without the appointment of an attorney, enter an ex parte order for the respondent's involuntary assessment and stabilization which must be executed during the period that the hearing on the petition

1145

1146

1147

1148

1149

1150

1151

1152

1153

1154

1155

1156

1157

1158

1159 1160

1161

1162

1163

1164

1165

1166

1167

1168

1169

1170



for treatment is pending. The court may further order a law 1142 enforcement officer or other designated agent of the court to: 1143

- 1. Take the respondent into custody and deliver him or her to the nearest appropriate licensed service provider to be evaluated; and
- 2. Serve the respondent with the notice of hearing and a copy of the petition.
- (b) The service provider must promptly inform the court and parties of the respondent's arrival and may not hold the respondent for longer than 72 hours of observation thereafter, unless:
- 1. The service provider seeks additional time under s. 397.6957(1)(c) and the court, after a hearing, grants that motion;
- 2. The respondent shows signs of withdrawal, or a need to be either detoxified or treated for a medical condition, which shall extend the amount of time the respondent may be held for observation until the issue is resolved; or
- 3. The original or extended observation period ends on a weekend or holiday, in which case the provider may hold the respondent until the next court working day.
- (c) If the ex parte order was not executed by the initial hearing date, it shall be deemed void. However, should the respondent not appear at the hearing for any reason, including lack of service, and upon reviewing the petition, testimony, and evidence presented, the court reasonably believes the respondent meets this chapter's commitment criteria and that a substance abuse emergency exists, the court may issue or reissue an ex parte assessment and stabilization order that is valid for 90



1171 days. If the respondent's location is known at the time of the 1172 hearing, the court: 1. Shall continue the case for no more than 10 court 1173 1174 working days; and 1175 2. May order a law enforcement officer or other designated 1176 agent of the court to: 1177 a. Take the respondent into custody and deliver him or her 1178 to the nearest appropriate licensed service provider to be evaluated; and 1179 1180 b. If a hearing date is set, serve the respondent with 1181 notice of the rescheduled hearing and a copy of the involuntary 1182 treatment petition if the respondent has not already been 1183 served. 1184 1185 Otherwise, the petitioner and the service provider must promptly 1186 inform the court that the respondent has been assessed so that 1187 the court may schedule a hearing. The service provider must 1188 serve the respondent, before his or her discharge, with the 1189 notice of hearing and a copy of the petition. However, if the 1190 respondent has not been assessed after 90 days, the court must 1191 dismiss the case. Section 34. Section 397.6957, Florida Statutes, is amended 1192 1193 to read: 1194 397.6957 Hearing on petition for involuntary treatment 1195 services.-1196 (1) (a) The respondent must be present at a hearing on a 1197 petition for involuntary treatment services unless he or she knowingly, intelligently, and voluntarily waives his or her 1198

right to be present or, upon receiving proof of service and

1199



1200 evaluating the circumstances of the case, the court finds that 1201 his or her presence is inconsistent with his or her best 1202 interests or is likely to be injurious to himself or herself or 1203 others. The court shall hear and review all relevant evidence, 1204 including testimony from individuals such as family members 1205 familiar with the respondent's prior history and how it relates to his or her current condition, and the review of results of 1206 1207 the assessment completed by the qualified professional in connection with this chapter. The court may also order drug 1208 1209 tests. Absent a showing of good cause, such as specific symptoms 1210 of the respondent's condition, the court may permit all 1211 witnesses, such as any medical professionals or personnel who 1212 are or have been involved with the respondent's treatment, to 1213 remotely attend and testify at the hearing under oath via the 1214 most appropriate and convenient technological method of 1215 communication available to the court, including, but not limited 1216 to, teleconference. Any witness intending to remotely attend and 1217 testify at the hearing must provide the parties with all 1218 relevant documents in advance of the hearing the respondent's 1219 protective custody, emergency admission, involuntary assessment, 1220 or alternative involuntary admission. The respondent must be 1221 present unless the court finds that his or her presence is 1222 likely to be injurious to himself or herself or others, in which 1223 event the court must appoint a quardian advocate to act in 1224 behalf of the respondent throughout the proceedings. 1225 (b) A respondent cannot be involuntarily ordered into 1226 treatment under this chapter without a clinical assessment being 1227 performed unless he or she is present in court and expressly 1228 waives the assessment. In nonemergency situations, if the



1229 respondent was not, or had previously refused to be, assessed by a qualified professional and, based on the petition, testimony, 1230 1231 and evidence presented, it reasonably appears that the 1232 respondent qualifies for involuntary treatment services, the 1233 court shall issue an involuntary assessment and stabilization 1234 order to determine the appropriate level of treatment the 1235 respondent requires. Additionally, in cases where an assessment 1236 was attached to the petition, the respondent may request, or the 1237 court on its own motion may order, an independent assessment by 1238 a court-appointed physician or an otherwise agreed-upon 1239 physician. If an assessment order is issued, it is valid for 90 1240 days, and if the respondent is present or there is either proof 1241 of service or his or her location is known, the involuntary treatment hearing shall be continued for no more than 10 court 1242 1243 working days. Otherwise, the petitioner and the service provider 1244 must promptly inform the court that the respondent has been 1245 assessed so that the court may schedule a hearing. The service provider shall then serve the respondent, before his or her 1246 1247 discharge, with the notice of hearing and a copy of the 1248 petition. The assessment must occur before the new hearing date, 1249 and if there is evidence indicating that the respondent will not 1250 voluntarily appear at the forthcoming hearing, or is a danger to 1251 self or others, the court may enter a preliminary order 1252 committing the respondent to an appropriate treatment facility 1253 for further evaluation until the date of the rescheduled 1254 hearing. However, if after 90 days the respondent remains 1255 unassessed, the court shall dismiss the case. 1256 (c) 1. The respondent's assessment by a qualified professional must occur within 72 hours after his or her arrival 1257



1258 at a licensed service provider unless he or she shows signs of 1259 withdrawal or a need to be either detoxified or treated for a 1260 medical condition, which shall extend the amount of time the 1261 respondent may be held for observation until that issue is 1262 resolved. If the person conducting the assessment is not a 1263 licensed physician, the assessment must be reviewed by a 1264 licensed physician within the 72-hour period. If the respondent 1265 is a minor, such assessment must be initiated within the first 1266 12 hours after the minor's admission to the facility. The 1267 service provider may also move to extend the 72 hours of 1268 observation by petitioning the court in writing for additional 1269 time. The service provider must furnish copies of such motion to 1270 all parties in accordance with applicable confidentiality 1271 requirements and, after a hearing, the court may grant 1272 additional time or expedite the respondent's involuntary 1273 treatment hearing. The involuntary treatment hearing, however, 1274 may only be expedited by agreement of the parties on the hearing 1275 date, or if there is notice and proof of service as provided in 1276 s. 397.6955 (1) and (3). If the court grants the service 1277 provider's petition, the service provider may hold the 1278 respondent until its extended assessment period expires or until 1279 the expedited hearing date. However, if the original or extended 1280 observation period ends on a weekend or holiday, the provider 1281 may hold the respondent until the next court working day. 1282 2. Upon the completion of his or her report, the qualified 1283 professional, in accordance with applicable confidentiality 1284 requirements, shall provide copies to the court and all relevant 1285 parties and counsel. This report must contain a recommendation on the level, if any, of substance abuse and, if applicable, co-1286

1288

1289

1290

1291

1292

1293

1294

1295

1296

1297 1298

1299

1300

1301

1302

1303

1304

1305

1306

1307

1308

1309

1310

1311

1312

1313

1314 1315



occurring mental health treatment the respondent requires. The qualified professional's failure to include a treatment recommendation, much like a recommendation of no treatment, shall result in the petition's dismissal.

- (d) The court may order a law enforcement officer or other designated agent of the court to take the respondent into custody and transport him or her to or from the treating or assessing service provider and the court for his or her hearing.
- (2) The petitioner has the burden of proving by clear and convincing evidence that:
- (a) The respondent is substance abuse impaired, has lost the power of self-control with respect to substance abuse, or and has a history of lack of compliance with treatment for substance abuse with continued substance use; and
- (b) Because of such impairment, the respondent is unlikely to voluntarily participate in the recommended services after sufficient and conscientious explanation and disclosure of their purpose, or is unable to determine for himself or herself whether services are necessary and make a rational decision in that regard; and:
- (c) 1. Without services, the respondent is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; or
- 2. There is a substantial likelihood that in the near future and without services, the respondent will inflict serious

1317 1318

1319

1320

1321 1322

1323 1324

1325

1326

1327

1328

1329

1330

1331

1332 1333

1334

1335

1336

1337

1338

1339

1340

1341

1342

1343

1344



harm to self or others, as evidenced by acts, omissions, or behavior causing, attempting, or threatening such harm, which includes, but is not limited to, significant property damage cause serious bodily harm to himself, herself, or another in the near future, as evidenced by recent behavior; or

- 2. The respondent's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the respondent is incapable of appreciating his or her need for care and of making a rational decision regarding that need for <del>care</del>.
- (3) One of the qualified professionals who executed the involuntary services certificate must be a witness. The court shall allow testimony from individuals, including family members, deemed by the court to be relevant under state law, regarding the respondent's prior history and how that prior history relates to the person's current condition. The Testimony in the hearing must be taken under oath, and the proceedings must be recorded. The respondent patient may refuse to testify at the hearing.
- (4) If at any point during the hearing the court has reason to believe that the respondent, due to mental illness other than or in addition to substance abuse impairment, is likely to injure himself or herself or another if allowed to remain at liberty, or otherwise meets the involuntary commitment provisions of part I of chapter 394, the court may initiate involuntary proceedings under such provisions.
- (5) (4) At the conclusion of the hearing, the court shall either dismiss the petition or order the respondent to receive involuntary treatment services from his or her chosen licensed

1346

1347

1348

1349

1350

1351

1352

1353

1354

1355

1356

1357

1358

1359

1360

1361

1362 1363

1364

1365

1366 1367

1368

1369

1370 1371

1372 1373



service provider if possible and appropriate. Any treatment order must include findings regarding the respondent's need for treatment and the appropriateness of other lesser restrictive alternatives.

Section 35. Section 397.697, Florida Statutes, is amended to read:

397.697 Court determination; effect of court order for involuntary treatment services .-

(1) (a) When the court finds that the conditions for involuntary treatment services have been proved by clear and convincing evidence, it may order the respondent to receive involuntary treatment services from a publicly funded licensed service provider for a period not to exceed 90 days. The court may also order a respondent to undergo treatment through a privately funded licensed service provider if the respondent has the ability to pay for the treatment, or if any person on the respondent's behalf voluntarily demonstrates a willingness and an ability to pay for the treatment. If the court finds it necessary, it may direct the sheriff to take the respondent into custody and deliver him or her to the licensed service provider specified in the court order, or to the nearest appropriate licensed service provider, for involuntary treatment services. When the conditions justifying involuntary treatment services no longer exist, the individual must be released as provided in s. 397.6971. When the conditions justifying involuntary treatment services are expected to exist after 90 days of treatment services, a renewal of the involuntary treatment services order may be requested pursuant to s. 397.6975 before the end of the 90-day period.

1375 1376

1377

1378

1379

1380 1381

1382

1383

1384

1385

1386

1387

1388

1389

1390

1391

1392

1393 1394

1395

1396

1397

1398

1399 1400

1401

1402



(b) To qualify for involuntary outpatient treatment, an individual must be supported by a social worker or case manager of a licensed service provider or a willing, able, and responsible individual appointed by the court who shall inform the court and parties if the respondent fails to comply with his or her outpatient program. In addition, unless the respondent has been involuntarily ordered into inpatient treatment under this chapter at least twice during the last 36 months, or demonstrates the ability to substantially comply with the outpatient treatment while waiting for residential placement to become available, he or she must receive an assessment from a qualified professional or licensed physician expressly recommending outpatient services, such services must be available in the county in which the respondent is located, and it must appear likely that the respondent will follow a prescribed outpatient care plan. (2) In all cases resulting in an order for involuntary

treatment services, the court shall retain jurisdiction over the case and the parties for the entry of such further orders as the circumstances may require, including, but not limited to, monitoring compliance with treatment, changing the treatment modality, or initiating contempt of court proceedings for violating any valid order issued pursuant to this chapter. Hearings under this section may be set by motion of the parties or under the court's own authority, and the motion and notice of hearing for these ancillary proceedings, which include, but are not limited to, civil contempt, must be served in accordance with relevant court procedural rules. The court's requirements for notification of proposed release must be included in the



original order.

1403

1404

1405 1406

1407

1408

1409

1410

1411

1412

1413

1414

1415

1416

1417

1418

1419 1420

1421

1422

1423

1424

1425

1426 1427

1428

1429

1430

1431

- (3) An involuntary treatment services order also authorizes the licensed service provider to require the individual to receive treatment services that will benefit him or her, including treatment services at any licensable service component of a licensed service provider. While subject to the court's oversight, the service provider's authority under this section is separate and distinct from the court's broad continuing jurisdiction under subsection (2). Such oversight includes, but is not limited to, submitting reports regarding the respondent's progress or compliance with treatment as required by the court.
- (4) If the court orders involuntary treatment services, a copy of the order must be sent to the managing entity within 1 working day after it is received from the court. Documents may be submitted electronically through though existing data systems, if applicable.

Section 36. Section 397.6971, Florida Statutes, is amended to read:

397.6971 Early release from involuntary treatment services.-

- (1) At any time before the end of the 90-day involuntary treatment services period, or before the end of any extension granted pursuant to s. 397.6975, an individual receiving involuntary treatment services may be determined eligible for discharge to the most appropriate referral or disposition for the individual when any of the following apply:
- (a) The individual no longer meets the criteria for involuntary admission and has given his or her informed consent to be transferred to voluntary treatment status.

1436

1437

1438

1439

1440

1441

1442

1443

1444

1445

1446

1447

1448

1449

1450

1451

1452

1453

1454

1455

1456

1457

1458

1459

1460



- 1432 (b) If the individual was admitted on the grounds of 1433 likelihood of infliction of physical harm upon himself or herself or others, such likelihood no longer exists. 1434
  - (c) If the individual was admitted on the grounds of need for assessment and stabilization or treatment, accompanied by inability to make a determination respecting such need:
    - 1. Such inability no longer exists; or
  - 2. It is evident that further treatment will not bring about further significant improvements in the individual's condition.
  - (d) The individual is no longer needs treatment in need of services.
  - (e) The director of the service provider determines that the individual is beyond the safe management capabilities of the provider.
  - (2) Whenever a qualified professional determines that an individual admitted for involuntary treatment services qualifies for early release under subsection (1), the service provider shall immediately discharge the individual and must notify all persons specified by the court in the original treatment order.

Section 37. Section 397.6975, Florida Statutes, is amended to read:

- 397.6975 Extension of involuntary treatment services period.-
- (1) Whenever a service provider believes that an individual who is nearing the scheduled date of his or her release from involuntary care services continues to meet the criteria for involuntary treatment services in s. 397.693 or s. 397.6957, a petition for renewal of the involuntary treatment services order

1462 1463

1464

1465

1466

1467

1468

1469

1470

1471

1472

1473

1474

1475

1476

1477

1478

1479

1480

1481

1482

1483

1484

1485

1486

1487

1488

1489



must may be filed with the court at least 10 days before the expiration of the court-ordered services period. The petition may be filed by the service provider or by the person who filed the petition for the initial treatment order if the petition is accompanied by supporting documentation from the service provider. The court shall immediately schedule a hearing within 10 court working to be held not more than 15 days after filing of the petition and. The court shall provide the copy of the petition for renewal and the notice of the hearing to all parties and counsel to the proceeding. The hearing is conducted pursuant to ss. 397.697 and 397.6957 and must be before the circuit court unless referred to a magistrate s. 397.6957.

- (2) If the court finds that the petition for renewal of the involuntary treatment services order should be granted, it may order the respondent to receive involuntary treatment services for a period not to exceed an additional 90 days. When the conditions justifying involuntary treatment services no longer exist, the individual must be released as provided in s. 397.6971. When the conditions justifying involuntary treatment services continue to exist after an additional 90 days of treatment service, a new petition requesting renewal of the involuntary treatment services order may be filed pursuant to this section.
- (3) Within 1 court working day after the filing of a petition for continued involuntary services, the court shall appoint the office of criminal conflict and civil regional counsel to represent the respondent, unless the respondent is otherwise represented by counsel. The clerk of the court shall immediately notify the office of criminal conflict and civil

1491

1492 1493

1494

1495

1496 1497

1498

1499

1500

1501

1502

1503

1504

1505

1506

1507

1508

1509

1510

1511 1512

1513

1514

1515

1516

1517

1518



regional counsel of such appointment. The office of criminal conflict and civil regional counsel shall represent the respondent until the petition is dismissed or the court order expires or the respondent is discharged from involuntary services. Any attorney representing the respondent shall have access to the respondent, witnesses, and records relevant to the presentation of the respondent's case and shall represent the interests of the respondent, regardless of the source of payment to the attorney.

(4) Hearings on petitions for continued involuntary services shall be before the circuit court. The court may appoint a magistrate to preside at the hearing. The procedures for obtaining an order pursuant to this section shall be in accordance with s. 397.697.

(5) Notice of hearing shall be provided to the respondent or his or her counsel. The respondent and the respondent's counsel may agree to a period of continued involuntary services without a court hearing.

(6) The same procedure shall be repeated before the expiration of each additional period of involuntary services.

(7) If the respondent has previously been found incompetent to consent to treatment, the court shall consider testimony and evidence regarding the respondent's competence.

Section 38. Section 397.6977, Florida Statutes, is amended to read:

397.6977 Disposition of individual upon completion of involuntary treatment services.—At the conclusion of the 90-day period of court-ordered involuntary treatment services, the respondent is automatically discharged unless a motion for



1519 renewal of the involuntary treatment services order has been 1520 filed with the court pursuant to s. 397.6975.

Section 39. <u>Section</u> 397.6978, Florida Statutes, is repealed.

1523

1528

1529

1530

1531

1532

1533

1534

1535 1536

1537

1538

1539

1540 1541

1542

1543

1544

1545

1546

1547

1521 1522

======== T I T L E A M E N D M E N T ========== 1524

1525 And the title is amended as follows:

Delete lines 2 - 192 1526

1527 and insert:

> An act relating to mental health and substance abuse; amending s. 394.455, F.S.; conforming a crossreference; revising the definition of the term "mental illness"; defining the terms "neglect or refuse to care for himself or herself" and "real and present threat of substantial harm"; amending s. 394.459, F.S.; requiring that respondents with a serious mental illness be informed of the essential elements of recovery and be provided assistance with accessing a continuum of care regimen; authorizing the Department of Children and Families to adopt certain rules; amending s. 394.4598, F.S.; conforming a crossreference; amending s. 394.4599, F.S.; conforming provisions to changes made by the act; amending s. 394.461, F.S.; authorizing the state to establish that a transfer evaluation was performed by providing the court with a copy of the evaluation before the close of the state's case in chief; prohibiting the court from considering substantive information in the transfer evaluation unless the evaluator testifies at

1549

1550

1551

1552

1553

1554

1555

1556

1557

1558

1559

1560

1561

1562

1563

1564

1565

1566

1567

1568

1569

1570

1571

1572

1573

1574

1575

1576



the hearing; amending s. 394.4615, F.S.; conforming provisions to changes made by the act; amending s. 394.462, F.S.; conforming cross-references; amending s. 394.4625, F.S.; providing requirements relating to the voluntariness of admissions to a facility for examination and treatment; providing requirements for verifying the assent of a minor admitted to a facility; requiring the appointment of a public defender to review the voluntariness of a minor's admission to a facility; requiring the filing of a petition for involuntary placement or release of a minor to his or her parent or legal guardian under certain circumstances; conforming provisions to changes made by the act; amending s. 394.463, F.S.; revising the requirements for when a person may be taken to a receiving facility for involuntary examination; requiring a facility to inform the department of certain persons who have been examined or committed under certain circumstances; conforming provisions to changes made by the act; providing criminal and civil penalties; amending s. 394.4655, F.S.; revising the requirements for involuntary outpatient treatment; amending s. 394.467, F.S.; revising the requirements for when a person may be ordered for involuntary inpatient placement; revising requirements for continuances of hearings; revising the conditions under which a court may waive the requirement for a patient to be present at an involuntary inpatient placement hearing; authorizing

1578

1579 1580

1581

1582

1583

1584

1585

1586

1587

1588

1589

1590

1591

1592

1593

1594

1595 1596

1597

1598

1599

1600 1601

1602

1603

1604

1605



the court to permit all witnesses to remotely attend and testify at the hearing through certain means; authorizing the state attorney to access certain persons and records for certain purposes; specifying such records remain confidential; revising when the court may appoint a magistrate; revising the amount of time a court may require a patient to receive services; providing an exception to the prohibition on a court ordering certain individuals to be involuntarily placed in a state treatment facility; conforming a cross-reference; amending ss. 394.495 and 394.496, F.S.; conforming cross-references; amending s. 394.499, F.S.; making technical and conforming changes; amending s. 394.9085, F.S.; conforming crossreferences; amending s. 397.305, F.S.; revising the purposes of ch. 397, F.S.; amending s. 397.311, F.S.; revising the definition of the terms "impaired" and "substance abuse impaired"; defining the terms "involuntary treatment services," "neglect or refuse to care for himself or herself," and "real and present threat of substantial harm"; amending s. 397.416, F.S.; conforming a cross-reference; amending s. 397.501, F.S.; requiring that respondents with serious substance abuse addictions be informed of the essential elements of recovery and provided assistance with accessing a continuum of care regimen; authorizing the department to adopt certain rules; amending s. 397.675, F.S.; revising the criteria for involuntary admissions; amending s. 397.6751, F.S.;

1607

1608

1609

1610

1611

1612

1613 1614

1615

1616

1617

1618

1619

1620

1621

1622

1623 1624

1625

1626

1627

1628

1629

1630

1631

1632

1633 1634



revising the responsibilities of a service provider; amending s. 397.681, F.S.; requiring that the state attorney represent the state as the real party of interest in an involuntary proceeding, subject to legislative appropriation; authorizing the state attorney to access certain persons and records; conforming provisions to changes made by the act; repealing s. 397.6811, F.S., relating to involuntary assessment and stabilization; repealing s. 397.6814, F.S., relating to petitions for involuntary assessment and stabilization; repealing s. 397.6815, F.S., relating to involuntary assessment and stabilization procedures; repealing s. 397.6818, F.S., relating to court determinations for petitions for involuntary assessment and stabilization; repealing s. 397.6819, F.S., relating to the responsibilities of licensed service providers with regard to involuntary assessment and stabilization; repealing s. 397.6821, F.S., relating to extensions of time for completion of involuntary assessment and stabilization; repealing s. 397.6822, F.S., relating to the disposition of individuals after involuntary assessments; amending s. 397.693, F.S.; revising the circumstances under which a person is eligible for court-ordered involuntary treatment; amending s. 397.695, F.S.; authorizing the court or clerk of the court to waive or prohibit any service of process fees for an indigent petitioner; amending s. 397.6951, F.S.; revising the requirements for the contents of a petition for involuntary

1636

1637

1638

1639

1640

1641 1642

1643

1644

1645

1646

1647

1648

1649

1650

1651

1652

1653

1654

1655

1656

1657

1658

1659

1660

1661

1662

1663



treatment services; providing that a petitioner may include a certificate or report of a qualified professional with the petition; requiring the certificate or report to contain certain information; requiring that certain additional information must be included if an emergency exists; amending s. 397.6955, F.S.; requiring the clerk of the court to notify the state attorney's office upon the receipt of a petition filed for involuntary treatment services; revising when a hearing must be held on the petition; providing requirements for when a petitioner asserts that emergency circumstances exist or the court determines that an emergency exists; amending s. 397.6957, F.S.; expanding the exemption from the requirement that a respondent be present at a hearing on a petition for involuntary treatment services; authorizing the court to order drug tests and permit all witnesses to remotely attend and testify at the hearing through certain means; deleting a provision requiring the court to appoint a guardian advocate under certain circumstances; prohibiting a respondent from being involuntarily ordered into treatment unless certain requirements are met; providing requirements relating to involuntary assessment and stabilization orders; providing requirements relating to involuntary treatment hearings; requiring that the assessment of a respondent occur before a specified time unless certain requirements are met; requiring the service provider to discharge the respondent after a specified

1665

1666

1667

1668

1669

1670

1671

1672

1673

1674

1675

1676

1677

1678

1679

1680

1681

1682

1683

1684

1685

1686

1687

1688

1689

1690

1691

1692



time unless certain requirements are met; requiring a qualified professional to provide copies of his or her report to the court and all relevant parties and counsel; providing requirements for the report; authorizing certain entities to take specified actions based upon the involuntary assessment; authorizing a court to order certain persons to take a respondent into custody and transport him or her to or from certain service providers and the court; revising the petitioner's burden of proof in the hearing; authorizing the court to initiate involuntary proceedings under certain circumstances; requiring that, if a treatment order is issued, it must include certain findings; amending s. 397.697, F.S.; requiring that an individual meet certain requirements to qualify for involuntary outpatient treatment; specifying that certain hearings may be set by the motion of a party or under the court's own authority; specifying that a service provider's authority is separate and distinct from the court's jurisdiction; amending s. 397.6971, F.S.; conforming provisions to changes made by the act; amending s. 397.6975, F.S.; authorizing certain entities to file a petition for renewal of involuntary treatment; revising the timeframe during which the court is required to schedule a hearing; conforming provisions to changes made by the act; amending s. 397.6977, F.S.; conforming provisions to changes made by the act; repealing s. 397.6978, F.S., relating to the



1693	appointment of guardian advocates; amending ss	s.
1694	409.972, 464.012,	