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LEGISLATIVE ACTION

Senate

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House

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

**Senate Amendment (with title amendment)**

Delete lines 214 - 1783

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.

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



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11           (a) Is unable to satisfy basic needs for nourishment,  
12 clothing, medical care, shelter, or safety in a manner that  
13 creates a substantial probability of imminent death, serious  
14 physical debilitation, or disease; or

15           (b) Is substantially unable to make an informed treatment  
16 choice and needs care or treatment to prevent deterioration.

17           (40) "Real and present threat of substantial harm"  
18 includes, but is not limited to, evidence of a substantial  
19 probability that the untreated person will:

20           (a) Lack, refuse, or not receive services for health and  
21 safety that are actually available in the community; or

22           (b) Suffer severe mental, emotional, or physical harm that  
23 will result in the loss of his or her ability to function in the  
24 community or the loss of cognitive or volitional control over  
25 thoughts or actions.

26           Section 2. Subsection (13) is added to section 394.459,  
27 Florida Statutes, to read:

28           394.459 Rights of patients.—

29           (13) POST-DISCHARGE CONTINUUM OF CARE.—Upon discharge, a  
30 respondent with a serious mental illness must be informed of the  
31 essential elements of recovery and provided assistance with  
32 accessing a continuum of care regimen. The department may adopt  
33 rules specifying the services that may be provided to such  
34 respondents.

35           Section 3. Subsection (1) of section 394.4598, Florida  
36 Statutes, is amended to read:

37           394.4598 Guardian advocate.—

38           (1) The administrator may petition the court for the  
39 appointment of a guardian advocate based upon the opinion of a



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40 psychiatrist that the patient is incompetent to consent to  
41 treatment. If the court finds that a patient is incompetent to  
42 consent to treatment and has not been adjudicated incapacitated  
43 and a guardian with the authority to consent to mental health  
44 treatment appointed, it shall appoint a guardian advocate. The  
45 patient has the right to have an attorney represent him or her  
46 at the hearing. If the person is indigent, the court shall  
47 appoint the office of the public defender to represent him or  
48 her at the hearing. The patient has the right to testify, cross-  
49 examine witnesses, and present witnesses. The proceeding shall  
50 be recorded either electronically or stenographically, and  
51 testimony shall be provided under oath. One of the professionals  
52 authorized to give an opinion in support of a petition for  
53 involuntary placement, as described in ~~s. 394.4655~~ or s.  
54 394.467, must testify. A guardian advocate must meet the  
55 qualifications of a guardian contained in part IV of chapter  
56 744, except that a professional referred to in this part, an  
57 employee of the facility providing direct services to the  
58 patient under this part, a departmental employee, a facility  
59 administrator, or member of the Florida local advocacy council  
60 may ~~shall~~ not be appointed. A person who is appointed as a  
61 guardian advocate must agree to the appointment.

62 Section 4. Paragraph (d) of subsection (2) of section  
63 394.4599, Florida Statutes, is amended to read:

64 394.4599 Notice.—

65 (2) INVOLUNTARY ADMISSION.—

66 (d) The written notice of the filing of the petition for  
67 involuntary services for an individual being held must contain  
68 the following:



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- 69           1. Notice that the petition for:
- 70           a. Involuntary inpatient treatment pursuant to s. 394.467
- 71 has been filed with the circuit court in the county in which the
- 72 individual is hospitalized and the address of such court; or
- 73           b. Involuntary outpatient services pursuant to s. 394.4655
- 74 has been filed with the criminal county court, ~~as defined in s.~~
- 75 ~~394.4655(1)~~, or the circuit court, as applicable, in the county
- 76 in which the individual is hospitalized and the address of such
- 77 court.
- 78           2. Notice that the office of the public defender has been
- 79 appointed to represent the individual in the proceeding, if the
- 80 individual is not otherwise represented by counsel.
- 81           3. The date, time, and place of the hearing and the name of
- 82 each examining expert and every other person expected to testify
- 83 in support of continued detention.
- 84           4. Notice that the individual, the individual's guardian,
- 85 guardian advocate, health care surrogate or proxy, or
- 86 representative, or the administrator may apply for a change of
- 87 venue for the convenience of the parties or witnesses or because
- 88 of the condition of the individual.
- 89           5. Notice that the individual is entitled to an independent
- 90 expert examination and, if the individual cannot afford such an
- 91 examination, that the court will provide for one.
- 92           Section 5. Subsection (2) of section 394.461, Florida
- 93 Statutes, is amended to read:
- 94           394.461 Designation of receiving and treatment facilities
- 95 and receiving systems.—The department is authorized to designate
- 96 and monitor receiving facilities, treatment facilities, and
- 97 receiving systems and may suspend or withdraw such designation



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

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

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

120 394.4615 Clinical records; confidentiality.—

121 (3) Information from the clinical record may be released in  
122 the following circumstances:

123 (a) When a patient has communicated to a service provider a  
124 specific threat to cause serious bodily injury or death to an  
125 identified or a readily available person, if the service  
126 provider reasonably believes, or should reasonably believe



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

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

140  
141 For the purpose of determining whether a person meets the  
142 criteria for involuntary outpatient placement ~~or for preparing~~  
143 ~~the proposed treatment plan~~ pursuant to s. 394.4655, the  
144 clinical record may be released to the state attorney, the  
145 public defender or the patient's private legal counsel, the  
146 court, and to the appropriate mental health professionals,  
147 ~~including the service provider identified in s.~~  
148 ~~394.4655(7)(b)2.,~~ in accordance with state and federal law.

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

151 394.462 Transportation.—A transportation plan shall be  
152 developed and implemented by each county in collaboration with  
153 the managing entity in accordance with this section. A county  
154 may enter into a memorandum of understanding with the governing  
155 boards of nearby counties to establish a shared transportation



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156 plan. When multiple counties enter into a memorandum of  
157 understanding for this purpose, the counties shall notify the  
158 managing entity and provide it with a copy of the agreement. The  
159 transportation plan shall describe methods of transport to a  
160 facility within the designated receiving system for individuals  
161 subject to involuntary examination under s. 394.463 or  
162 involuntary admission under s. 397.6772, s. 397.679, s.  
163 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify  
164 responsibility for other transportation to a participating  
165 facility when necessary and agreed to by the facility. The plan  
166 may rely on emergency medical transport services or private  
167 transport companies, as appropriate. The plan shall comply with  
168 the transportation provisions of this section and ss. 397.6772,  
169 397.6795, ~~397.6822~~, and 397.697.

170 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

171 (a) Each county shall designate a single law enforcement  
172 agency within the county, or portions thereof, to take a person  
173 into custody upon the entry of an ex parte order or the  
174 execution of a certificate for involuntary examination by an  
175 authorized professional and to transport that person to the  
176 appropriate facility within the designated receiving system  
177 pursuant to a transportation plan.

178 (b)1. The designated law enforcement agency may decline to  
179 transport the person to a receiving facility only if:

180 a. The jurisdiction designated by the county has contracted  
181 on an annual basis with an emergency medical transport service  
182 or private transport company for transportation of persons to  
183 receiving facilities pursuant to this section at the sole cost  
184 of the county; and



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185           b. The law enforcement agency and the emergency medical  
186 transport service or private transport company agree that the  
187 continued presence of law enforcement personnel is not necessary  
188 for the safety of the person or others.

189           2. The entity providing transportation may seek  
190 reimbursement for transportation expenses. The party responsible  
191 for payment for such transportation is the person receiving the  
192 transportation. The county shall seek reimbursement from the  
193 following sources in the following order:

194           a. From a private or public third-party payor, if the  
195 person receiving the transportation has applicable coverage.

196           b. From the person receiving the transportation.

197           c. From a financial settlement for medical care, treatment,  
198 hospitalization, or transportation payable or accruing to the  
199 injured party.

200           (c) A company that transports a patient pursuant to this  
201 subsection is considered an independent contractor and is solely  
202 liable for the safe and dignified transport of the patient. Such  
203 company must be insured and provide no less than \$100,000 in  
204 liability insurance with respect to the transport of patients.

205           (d) Any company that contracts with a governing board of a  
206 county to transport patients shall comply with the applicable  
207 rules of the department to ensure the safety and dignity of  
208 patients.

209           (e) When a law enforcement officer takes custody of a  
210 person pursuant to this part, the officer may request assistance  
211 from emergency medical personnel if such assistance is needed  
212 for the safety of the officer or the person in custody.

213           (f) When a member of a mental health overlay program or a





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214 mobile crisis response service is a professional authorized to  
215 initiate an involuntary examination pursuant to s. 394.463 or s.  
216 397.675 and that professional evaluates a person and determines  
217 that transportation to a receiving facility is needed, the  
218 service, at its discretion, may transport the person to the  
219 facility or may call on the law enforcement agency or other  
220 transportation arrangement best suited to the needs of the  
221 patient.

222 (g) When any law enforcement officer has custody of a  
223 person based on either noncriminal or minor criminal behavior  
224 that meets the statutory guidelines for involuntary examination  
225 pursuant to s. 394.463, the law enforcement officer shall  
226 transport the person to the appropriate facility within the  
227 designated receiving system pursuant to a transportation plan.  
228 Persons who meet the statutory guidelines for involuntary  
229 admission pursuant to s. 397.675 may also be transported by law  
230 enforcement officers to the extent resources are available and  
231 as otherwise provided by law. Such persons shall be transported  
232 to an appropriate facility within the designated receiving  
233 system pursuant to a transportation plan.

234 (h) When any law enforcement officer has arrested a person  
235 for a felony and it appears that the person meets the statutory  
236 guidelines for involuntary examination or placement under this  
237 part, such person must first be processed in the same manner as  
238 any other criminal suspect. The law enforcement agency shall  
239 thereafter immediately notify the appropriate facility within  
240 the designated receiving system pursuant to a transportation  
241 plan. The receiving facility shall be responsible for promptly  
242 arranging for the examination and treatment of the person. A



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

247 (i) If the appropriate law enforcement officer believes  
248 that a person has an emergency medical condition as defined in  
249 s. 395.002, the person may be first transported to a hospital  
250 for emergency medical treatment, regardless of whether the  
251 hospital is a designated receiving facility.

252 (j) The costs of transportation, evaluation,  
253 hospitalization, and treatment incurred under this subsection by  
254 persons who have been arrested for violations of any state law  
255 or county or municipal ordinance may be recovered as provided in  
256 s. 901.35.

257 (k) The appropriate facility within the designated  
258 receiving system pursuant to a transportation plan must accept  
259 persons brought by law enforcement officers, or an emergency  
260 medical transport service or a private transport company  
261 authorized by the county, for involuntary examination pursuant  
262 to s. 394.463.

263 (l) The appropriate facility within the designated  
264 receiving system pursuant to a transportation plan must provide  
265 persons brought by law enforcement officers, or an emergency  
266 medical transport service or a private transport company  
267 authorized by the county, pursuant to s. 397.675, a basic  
268 screening or triage sufficient to refer the person to the  
269 appropriate services.

270 (m) Each law enforcement agency designated pursuant to  
271 paragraph (a) shall establish a policy that reflects a single



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

275 (n) When a jurisdiction has entered into a contract with an  
276 emergency medical transport service or a private transport  
277 company for transportation of persons to facilities within the  
278 designated receiving system, such service or company shall be  
279 given preference for transportation of persons from nursing  
280 homes, assisted living facilities, adult day care centers, or  
281 adult family-care homes, unless the behavior of the person being  
282 transported is such that transportation by a law enforcement  
283 officer is necessary.

284 (o) This section may not be construed to limit emergency  
285 examination and treatment of incapacitated persons provided in  
286 accordance with s. 401.445.

287 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

288 (a) If neither the patient nor any person legally obligated  
289 or responsible for the patient is able to pay for the expense of  
290 transporting a voluntary or involuntary patient to a treatment  
291 facility, the transportation plan established by the governing  
292 board of the county or counties must specify how the  
293 hospitalized patient will be transported to, from, and between  
294 facilities in a safe and dignified manner.

295 (b) A company that transports a patient pursuant to this  
296 subsection is considered an independent contractor and is solely  
297 liable for the safe and dignified transportation of the patient.  
298 Such company must be insured and provide no less than \$100,000  
299 in liability insurance with respect to the transport of  
300 patients.



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301 (c) A company that contracts with one or more counties to  
302 transport patients in accordance with this section shall comply  
303 with the applicable rules of the department to ensure the safety  
304 and dignity of patients.

305 (d) County or municipal law enforcement and correctional  
306 personnel and equipment may not be used to transport patients  
307 adjudicated incapacitated or found by the court to meet the  
308 criteria for involuntary placement pursuant to s. 394.467,  
309 except in small rural counties where there are no cost-efficient  
310 alternatives.

311 (3) TRANSFER OF CUSTODY.—Custody of a person who is  
312 transported pursuant to this part, along with related  
313 documentation, shall be relinquished to a responsible individual  
314 at the appropriate receiving or treatment facility.

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

317 394.4625 Voluntary admissions.—

318 (1) EXAMINATION AND TREATMENT AUTHORITY TO RECEIVE  
319 PATIENTS.—

320 (a) In order to be admitted to a facility on a voluntary  
321 basis, a person must show evidence of a mental illness and be  
322 suitable for treatment by the facility.

323 1. If the person is an adult, he or she must be competent  
324 to provide his or her express and informed consent in writing to  
325 the facility.

326 2. A minor may only be admitted to a facility on the basis  
327 of the express and informed consent of the minor's parent or  
328 legal guardian in conjunction with the minor's assent.

329 a. The minor's assent is an affirmative agreement by the



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

333 b. The minor's assent must be verified through a clinical  
334 assessment that is documented in the minor's clinical record and  
335 conducted within 12 hours after arrival at the facility by a  
336 licensed professional authorized to initiate an involuntary  
337 examination under s. 394.463.

338 c. In verifying the minor's assent, the examining  
339 professional must first provide the minor with an explanation as  
340 to why the minor will be examined and treated, what the minor  
341 can expect while in the facility, and when the minor may expect  
342 to be released, using language that is appropriate to the  
343 minor's age, experience, maturity, and condition. The examining  
344 professional must determine and document that the minor is able  
345 to understand this information.

346 d. The facility must advise the minor of his or her right  
347 to request and have access to legal counsel.

348 e. The facility administrator must file with the court a  
349 notice of a minor's voluntary placement within 1 court working  
350 day after the minor's admission to the facility.

351 f. The court shall appoint a public defender who may review  
352 the voluntariness of the minor's admission to the facility and  
353 further verify his or her assent. The public defender may  
354 interview and represent the minor and shall have access to all  
355 relevant witnesses and records. If the public defender does not  
356 review the voluntariness of the admission, the clinical  
357 assessment of the minor's assent shall serve as verification of  
358 assent.



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359 g. Unless the minor's assent is verified pursuant to this  
360 subparagraph, a petition for involuntary placement must be filed  
361 with the court or the minor must be released to his or her  
362 parent or legal guardian within 24 hours after arriving at the  
363 facility ~~A facility may receive for observation, diagnosis, or~~  
364 ~~treatment any person 18 years of age or older making application~~  
365 ~~by express and informed consent for admission or any person age~~  
366 ~~17 or under for whom such application is made by his or her~~  
367 ~~guardian. If found to show evidence of mental illness, to be~~  
368 ~~competent to provide express and informed consent, and to be~~  
369 ~~suitable for treatment, such person 18 years of age or older may~~  
370 ~~be admitted to the facility. A person age 17 or under may be~~  
371 ~~admitted only after a hearing to verify the voluntariness of the~~  
372 ~~consent.~~

373 (b) A mental health overlay program or a mobile crisis  
374 response service or a licensed professional who is authorized to  
375 initiate an involuntary examination pursuant to s. 394.463 and  
376 is employed by a community mental health center or clinic must,  
377 pursuant to district procedure approved by the respective  
378 district administrator, conduct an initial assessment of the  
379 ability of the following persons to give express and informed  
380 consent to treatment before such persons may be admitted  
381 voluntarily:

382 1. A person 60 years of age or older for whom transfer is  
383 being sought from a nursing home, assisted living facility,  
384 adult day care center, or adult family-care home, when such  
385 person has been diagnosed as suffering from dementia.

386 2. A person 60 years of age or older for whom transfer is  
387 being sought from a nursing home pursuant to s. 400.0255(12).



388           3. A person for whom all decisions concerning medical  
389 treatment are currently being lawfully made by the health care  
390 surrogate or proxy designated under chapter 765.

391           (c) When an initial assessment of the ability of a person  
392 to give express and informed consent to treatment is required  
393 under this section, and a mobile crisis response service does  
394 not respond to the request for an assessment within 2 hours  
395 after the request is made or informs the requesting facility  
396 that it will not be able to respond within 2 hours after the  
397 request is made, the requesting facility may arrange for  
398 assessment by any licensed professional authorized to initiate  
399 an involuntary examination pursuant to s. 394.463 who is not  
400 employed by or under contract with, and does not have a  
401 financial interest in, either the facility initiating the  
402 transfer or the receiving facility to which the transfer may be  
403 made.

404           (d) A facility may not admit as a voluntary patient a  
405 person who has been adjudicated incapacitated, unless the  
406 condition of incapacity has been judicially removed. If a  
407 facility admits as a voluntary patient a person who is later  
408 determined to have been adjudicated incapacitated, and the  
409 condition of incapacity had not been removed by the time of the  
410 admission, the facility must either discharge the patient or  
411 transfer the patient to involuntary status.

412           (e) The health care surrogate or proxy of a voluntary  
413 patient may not consent to the provision of mental health  
414 treatment for the patient. A voluntary patient who is unwilling  
415 or unable to provide express and informed consent to mental  
416 health treatment must either be discharged or transferred to



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417 involuntary status.

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

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

428 394.463 Involuntary examination.—

429 (1) CRITERIA.—A person may be taken to a receiving facility  
430 for involuntary examination if there is reason to believe that  
431 the person has a mental illness and because of his or her mental  
432 illness:

433 (a)1. The person has refused voluntary examination after  
434 conscientious explanation and disclosure of the purpose of the  
435 examination; or

436 2. The person is unable to determine for himself or herself  
437 whether examination is necessary; and

438 (b)1. Without care or treatment, the person is likely to  
439 suffer from neglect or refuse to care for himself or herself;  
440 such neglect or refusal poses a real and present threat of  
441 substantial harm to his or her well-being; and it is not  
442 apparent that such harm may be avoided through the help of  
443 willing, able, and responsible family members or friends or the  
444 provision of other services; or

445 2. There is a substantial likelihood that in the near





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

452 (2) INVOLUNTARY EXAMINATION.—

453 (a) An involuntary examination may be initiated by any one  
454 of the following means:

455 1. A circuit or county court may enter an ex parte order  
456 stating that a person appears to meet the criteria for  
457 involuntary examination and specifying the findings on which  
458 that conclusion is based. The ex parte order for involuntary  
459 examination must be based on written or oral sworn testimony  
460 that includes specific facts that support the findings. If other  
461 less restrictive means are not available, such as voluntary  
462 appearance for outpatient evaluation, a law enforcement officer,  
463 or other designated agent of the court, shall take the person  
464 into custody and deliver him or her to an appropriate, or the  
465 nearest, facility within the designated receiving system  
466 pursuant to s. 394.462 for involuntary examination. The order of  
467 the court shall be made a part of the patient's clinical record.  
468 A fee may not be charged for the filing of an order under this  
469 subsection. A facility accepting the patient based on this order  
470 must send a copy of the order to the department within 5 working  
471 days. The order may be submitted electronically through existing  
472 data systems, if available. The order shall be valid only until  
473 the person is delivered to the facility or for the period  
474 specified in the order itself, whichever comes first. If no time



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

477 2. A law enforcement officer may ~~shall~~ take a person who  
478 appears to meet the criteria for involuntary examination into  
479 custody and deliver the person or have him or her delivered to  
480 an appropriate, or the nearest, facility within the designated  
481 receiving system pursuant to s. 394.462 for examination. The  
482 officer shall execute a written report detailing the  
483 circumstances under which the person was taken into custody,  
484 which must be made a part of the patient's clinical record. Any  
485 facility accepting the patient based on this report must send a  
486 copy of the report to the department within 5 working days.

487 3. A physician, clinical psychologist, psychiatric nurse,  
488 mental health counselor, marriage and family therapist, or  
489 clinical social worker may execute a certificate stating that he  
490 or she has examined a person within the preceding 48 hours and  
491 finds that the person appears to meet the criteria for  
492 involuntary examination and stating the observations upon which  
493 that conclusion is based. If other less restrictive means, such  
494 as voluntary appearance for outpatient evaluation, are not  
495 available, a law enforcement officer shall take into custody the  
496 person named in the certificate and deliver him or her to the  
497 appropriate, or nearest, facility within the designated  
498 receiving system pursuant to s. 394.462 for involuntary  
499 examination. The law enforcement officer shall execute a written  
500 report detailing the circumstances under which the person was  
501 taken into custody. The report and certificate shall be made a  
502 part of the patient's clinical record. Any facility accepting  
503 the patient based on this certificate must send a copy of the



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

507  
508 When sending the order, report, or certificate to the  
509 department, a facility shall, at a minimum, provide information  
510 about which action was taken regarding the patient under  
511 paragraph (g), which information shall also be made a part of  
512 the patient's clinical record.

513 (g) The examination period must be for up to 72 hours. For  
514 a minor, the examination shall be initiated within 12 hours  
515 after the patient's arrival at the facility. The facility must  
516 inform the department of any person who has been examined or  
517 committed three or more times under this chapter within a 12-  
518 month period. Within the examination period or, if the  
519 examination period ends on a weekend or holiday, no later than  
520 the next working day thereafter, one of the following actions  
521 must be taken, based on the individual needs of the patient:

522 1. The patient shall be released, unless he or she is  
523 charged with a crime, in which case the patient shall be  
524 returned to the custody of a law enforcement officer;

525 2. The patient shall be released, subject to subparagraph  
526 1., for voluntary outpatient treatment;

527 3. The patient, unless he or she is charged with a crime,  
528 shall be asked to give express and informed consent to placement  
529 as a voluntary patient and, if such consent is given, the  
530 patient shall be admitted as a voluntary patient; or

531 4. A petition for involuntary services shall be filed in  
532 the circuit court ~~if inpatient treatment is deemed necessary~~ or



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

542 (h) A person for whom an involuntary examination has been  
543 initiated who is being evaluated or treated at a hospital for an  
544 emergency medical condition specified in s. 395.002 must be  
545 examined by a facility within the examination period specified  
546 in paragraph (g). The examination period begins when the patient  
547 arrives at the hospital and ceases when the attending physician  
548 documents that the patient has an emergency medical condition.  
549 If the patient is examined at a hospital providing emergency  
550 medical services by a professional qualified to perform an  
551 involuntary examination and is found as a result of that  
552 examination not to meet the criteria for involuntary outpatient  
553 services pursuant to s. 394.4655 ~~s. 394.4655(2)~~ or involuntary  
554 inpatient placement pursuant to s. 394.467(1), the patient may  
555 be offered voluntary services or placement, if appropriate, or  
556 released directly from the hospital providing emergency medical  
557 services. The finding by the professional that the patient has  
558 been examined and does not meet the criteria for involuntary  
559 inpatient services or involuntary outpatient placement must be  
560 entered into the patient's clinical record. This paragraph is  
561 not intended to prevent a hospital providing emergency medical



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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  
584 s. 394.4655, F.S., for present text.)

585 394.4655 Involuntary outpatient services.-

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:

590 1. Has been jailed or incarcerated, has been involuntarily



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591 admitted to a receiving or treatment facility as defined in s.  
592 394.455, or has received mental health services in a forensic or  
593 correctional facility at least twice during the last 36 months;

594 2. The outpatient treatment is provided in the county in  
595 which the respondent resides or, if being placed from a state  
596 treatment facility, will reside; and

597 3. The respondent's treating physician certifies, within a  
598 reasonable degree of medical probability, that the respondent:

599 a. Can be appropriately treated on an outpatient basis; and

600 b. Can follow a prescribed treatment plan.

601 (b) For the duration of his or her treatment, the  
602 respondent must be supported by a social worker or case manager  
603 of the outpatient provider, or a willing, able, and responsible  
604 individual appointed by the court who must inform the court,  
605 state attorney, and public defender of any failure by the  
606 respondent to comply with his or her outpatient program.

607 (2) The court shall retain jurisdiction over the case and  
608 parties for the entry of such further orders after a hearing, as  
609 the circumstances may require. Such jurisdiction includes, but  
610 is not limited to, ordering inpatient treatment to stabilize a  
611 respondent who decompensates during his or her up to 6-month  
612 period of court-ordered treatment and meets the commitment  
613 criteria of s. 394.467.

614 (3) A criminal county court exercising its original  
615 jurisdiction in a misdemeanor case under s. 34.01 may order a  
616 person who meets the commitment criteria into involuntary  
617 outpatient services.

618 Section 11. Subsections (1) and (5) and paragraphs (a),  
619 (b), and (c) of subsection (6) of section 394.467, Florida



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620 Statutes, are amended to read:

621 394.467 Involuntary inpatient placement.—

622 (1) CRITERIA.—A person may be ordered for involuntary  
623 inpatient placement for treatment upon a finding of the court by  
624 clear and convincing evidence that:

625 (a) He or she has a mental illness and because of his or  
626 her mental illness:

627 1.a. He or she has refused voluntary inpatient placement  
628 for treatment after sufficient and conscientious explanation and  
629 disclosure of the purpose of inpatient placement for treatment;  
630 or

631 b. He or she is unable to determine for himself or herself  
632 whether inpatient placement is necessary; and

633 2.a. He or she is incapable of surviving alone or with the  
634 help of willing, able, and responsible family or friends,  
635 including available alternative services, and, without  
636 treatment, is likely to suffer from neglect or refuse to care  
637 for himself or herself, and such neglect or refusal poses a real  
638 and present threat of substantial harm to his or her well-being;  
639 or

640 b. There is substantial likelihood that in the near future  
641 and without services he or she will inflict serious ~~bodily~~ harm  
642 to ~~en~~ self or others, as evidenced by acts, omissions, or recent  
643 behavior causing, attempting, or threatening such harm, which  
644 includes, but is not limited to, significant property damage;  
645 and

646 (b) All available less restrictive treatment alternatives  
647 that would offer an opportunity for improvement of his or her  
648 condition have been judged to be inappropriate.



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649           (5) CONTINUANCE OF HEARING.—The patient and the state are  
650 independently entitled ~~is entitled, with the concurrence of the~~  
651 ~~patient's counsel,~~ to at least one continuance of the hearing.  
652 The patient's continuance may be for a period of for up to 4  
653 weeks and requires the concurrence of his or her counsel. The  
654 state's continuance may be for a period of up to 5 court working  
655 days and requires a showing of good cause and due diligence by  
656 the state before requesting the continuance. The state's failure  
657 to timely review any readily available document or failure to  
658 attempt to contact a known witness does not warrant a  
659 continuance.

660           (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

661           (a)1. The court shall hold the hearing on involuntary  
662 inpatient placement within 5 court working days, unless a  
663 continuance is granted.

664           2. Except for good cause documented in the court file, the  
665 hearing must be held in the county or the facility, as  
666 appropriate, where the patient is located, must be as convenient  
667 to the patient as is consistent with orderly procedure, and  
668 shall be conducted in physical settings not likely to be  
669 injurious to the patient's condition. If the court finds that  
670 the patient's attendance at the hearing is not consistent with  
671 the best interests of, or is likely to be injurious to, the  
672 patient, or the patient knowingly, intelligently, and  
673 voluntarily waives his or her right to be present, and the  
674 patient's counsel does not object, the court may waive the  
675 presence of the patient from all or any portion of the hearing.  
676 Absent a showing of good cause, such as specific symptoms of the  
677 respondent's condition, the court may permit all witnesses,





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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



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

715 (b) If the court concludes that the patient meets the  
716 criteria for involuntary inpatient placement, it may order that  
717 the patient be transferred to a treatment facility or, if the  
718 patient is at a treatment facility, that the patient be retained  
719 there or be treated at any other appropriate facility, or that  
720 the patient receive services, on an involuntary basis, for up to  
721 ~~90 days. However, any order for involuntary mental health~~  
722 ~~services in a treatment facility may be for up to 6 months.~~ The  
723 order shall specify the nature and extent of the patient's  
724 mental illness and, unless the patient has transferred to a  
725 voluntary status, the facility must discharge the patient at any  
726 time he or she no longer meets the criteria for involuntary  
727 inpatient treatment. The court may not order an individual with  
728 a developmental disability as defined in s. 393.063, traumatic  
729 brain injury, or dementia who lacks a co-occurring mental  
730 illness to be involuntarily placed in a state treatment  
731 facility. Such individuals must be referred to the Agency for  
732 Persons with Disabilities or the Department of Elderly Affairs  
733 for further evaluation and the provision of appropriate services  
734 for their individual needs. In addition, if it reasonably  
735 appears that the individual would be found incapacitated under



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

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

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

760 394.495 Child and adolescent mental health system of care;  
761 programs and services.—

762 (3) Assessments must be performed by:

763 (a) A clinical psychologist, clinical social worker,  
764 physician, psychiatric nurse, or psychiatrist as those terms are



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765 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~  
766 ~~(7), (32), (35), or (36);~~

767 (b) A professional licensed under chapter 491; or

768 (c) A person who is under the direct supervision of a  
769 clinical psychologist, clinical social worker, physician,  
770 psychiatric nurse, or psychiatrist as those terms are defined in  
771 s. 394.455 ~~qualified professional as defined in s. 394.455(5),~~  
772 ~~(7), (32), (35), or (36)~~ or a professional licensed under  
773 chapter 491.

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

776 394.496 Service planning.—

777 (5) A clinical psychologist, clinical social worker,  
778 physician, psychiatric nurse, or psychiatrist as those terms are  
779 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~  
780 ~~(7), (32), (35), or (36)~~ or a professional licensed under  
781 chapter 491 must be included among those persons developing the  
782 services plan.

783 Section 14. Paragraph (a) of subsection (2) of section  
784 394.499, Florida Statutes, is amended to read:

785 394.499 Integrated children's crisis stabilization  
786 unit/juvenile addictions receiving facility services.—

787 (2) Children eligible to receive integrated children's  
788 crisis stabilization unit/juvenile addictions receiving facility  
789 services include:

790 (a) A person under 18 years of age for whom voluntary  
791 application is made by his or her parent or legal guardian, if  
792 such person is found to show evidence of mental illness and to  
793 be suitable for treatment pursuant to s. 394.4625. A person



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

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

799 394.9085 Behavioral provider liability.—

800 (6) For purposes of this section, the terms “detoxification  
801 services,” “addictions receiving facility,” and “receiving  
802 facility” have the same meanings as those provided in ss.  
803 397.311(26)(a)4., 397.311(26)(a)1., and 394.455 ~~394.455(39)~~,  
804 respectively.

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

807 397.305 Legislative findings, intent, and purpose.—

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

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



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823 397.311 Definitions.—As used in this chapter, except part  
824 VIII, the term:

825 (19) “Impaired” or “substance abuse impaired” means having  
826 a substance use disorder or a condition involving the use of  
827 alcoholic beverages, illicit or prescription drugs, or any  
828 psychoactive or mood-altering substance in such a manner as to  
829 induce mental, emotional, or physical problems or ~~and~~ cause  
830 socially dysfunctional behavior.

831 (23) “Involuntary treatment services” means an array of  
832 behavioral health services that may be ordered by the court for  
833 persons with substance abuse impairment or co-occurring  
834 substance abuse impairment and mental health disorders.

835 (29) “Neglect or refuse to care for himself or herself”  
836 includes, but is not limited to, evidence that a person:

837 (a) Is unable to satisfy basic needs for nourishment,  
838 clothing, medical care, shelter, or safety in a manner that  
839 creates a substantial probability of imminent death, serious  
840 physical debilitation, or disease; or

841 (b) Is substantially unable to make an informed treatment  
842 choice and needs care or treatment to prevent deterioration.

843 (38) “Real and present threat of substantial harm”  
844 includes, but is not limited to, evidence of a substantial  
845 probability that the untreated person will:

846 (a) Lack, refuse, or not receive services for health and  
847 safety that are actually available in the community; or

848 (b) Suffer severe mental, emotional, or physical harm that  
849 will result in the loss of ability to function in the community  
850 or the loss of cognitive or volitional control over thoughts or  
851 actions.



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

854 397.416 Substance abuse treatment services; qualified  
855 professional.—Notwithstanding any other provision of law, a  
856 person who was certified through a certification process  
857 recognized by the former Department of Health and Rehabilitative  
858 Services before January 1, 1995, may perform the duties of a  
859 qualified professional with respect to substance abuse treatment  
860 services as defined in this chapter, and need not meet the  
861 certification requirements contained in s. 397.311(36) ~~s.~~  
862 ~~397.311(35)~~.

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

865 397.501 Rights of individuals.—Individuals receiving  
866 substance abuse services from any service provider are  
867 guaranteed protection of the rights specified in this section,  
868 unless otherwise expressly provided, and service providers must  
869 ensure the protection of such rights.

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

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

878 397.675 Criteria for involuntary admissions, including  
879 protective custody, emergency admission, and other involuntary  
880 assessment, involuntary treatment, and alternative involuntary



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

888 (1) Has lost the power of self-control with respect to  
889 substance abuse, or has a history of noncompliance with  
890 substance abuse treatment with continued substance use; and

891 (2) ~~(a)~~ Is in need of substance abuse services and, by  
892 reason of substance abuse impairment, his or her judgment has  
893 been so impaired that he or she is refusing voluntary care after  
894 a sufficient and conscientious explanation and disclosure of the  
895 purpose for such services, or is incapable of appreciating his  
896 or her need for such services and of making a rational decision  
897 in that regard, although mere refusal to receive such services  
898 does not constitute evidence of lack of judgment with respect to  
899 his or her need for such services; and ~~or~~

900 (3) (a) ~~(b)~~ Without care or treatment, is likely to suffer  
901 from neglect or refuse to care for himself or herself; that such  
902 neglect or refusal poses a real and present threat of  
903 substantial harm to his or her well-being; and that it is not  
904 apparent that such harm may be avoided through the help of  
905 willing, able, and responsible family members or friends or the  
906 provision of other services; or

907 (b) There is substantial likelihood that in the near future  
908 and without services, the person will inflict serious harm to  
909 self or others, as evidenced by acts, omissions, or behavior





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

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

917 397.6751 Service provider responsibilities regarding  
918 involuntary admissions.—

919 (1) It is the responsibility of the service provider to:

920 (a) Ensure that a person who is admitted to a licensed  
921 service component meets the admission criteria specified in s.  
922 397.675;

923 (b) Ascertain whether the medical and behavioral conditions  
924 of the person, as presented, are beyond the safe management  
925 capabilities of the service provider;

926 (c) Provide for the admission of the person to the service  
927 component that represents the most appropriate and least  
928 restrictive available setting that is responsive to the person's  
929 treatment needs;

930 (d) Verify that the admission of the person to the service  
931 component does not result in a census in excess of its licensed  
932 service capacity;

933 (e) Determine whether the cost of services is within the  
934 financial means of the person or those who are financially  
935 responsible for the person's care; and

936 (f) Take all necessary measures to ensure that each  
937 individual in treatment is provided with a safe environment, and  
938 to ensure that each individual whose medical condition or



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

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

944 397.681 Involuntary petitions; general provisions; court  
945 jurisdiction and right to counsel.—

946 (1) JURISDICTION.—The courts have jurisdiction of  
947 ~~involuntary assessment and stabilization petitions and~~  
948 involuntary treatment petitions for substance abuse impaired  
949 persons, and such petitions must be filed with the clerk of the  
950 court in the county where the person is located. The clerk of  
951 the court may not charge a fee for the filing of a petition  
952 under this section. The chief judge may appoint a general or  
953 special magistrate to preside over all or part of the  
954 proceedings. The alleged impaired person is named as the  
955 respondent.

956 (2) RIGHT TO COUNSEL.—A respondent has the right to counsel  
957 at every stage of a proceeding relating to a petition for his or  
958 her ~~involuntary assessment and a petition for his or her~~  
959 involuntary treatment for substance abuse impairment. A  
960 respondent who desires counsel and is unable to afford private  
961 counsel has the right to court-appointed counsel and to the  
962 benefits of s. 57.081. If the court believes that the respondent  
963 needs the assistance of counsel, the court shall appoint such  
964 counsel for the respondent without regard to the respondent's  
965 wishes. If the respondent is a minor not otherwise represented  
966 in the proceeding, the court shall immediately appoint a  
967 guardian ad litem to act on the minor's behalf.



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968           (3) STATE REPRESENTATIVE.—Subject to legislative  
969 appropriation, for all court-involved involuntary proceedings  
970 under this chapter in which the petitioner has not retained  
971 private counsel, the state attorney for the circuit in which the  
972 respondent is located shall represent the state rather than the  
973 petitioner as the real party of interest in the proceeding, but  
974 the state attorney must be respectful of the petitioner's  
975 interests and concerns. In order to evaluate and prepare its  
976 case before the hearing, the state attorney may access, by  
977 subpoena if necessary, the respondent, the witnesses, and all  
978 relevant records. Such records include, but are not limited to,  
979 any social media, school records, clinical files, and reports  
980 documenting contact the respondent may have had with law  
981 enforcement officers or other state agencies. However, these  
982 records shall remain confidential, and the petitioner may not  
983 access any records obtained by the state attorney unless such  
984 records are entered into the court file. In addition, the state  
985 attorney may not use any records obtained under this part for  
986 criminal investigation or prosecution purposes, or for any  
987 purpose other than the respondent's civil commitment under this  
988 chapter.

989           Section 23. Section 397.6811, Florida Statutes, is  
990 repealed.

991           Section 24. Section 397.6814, Florida Statutes, is  
992 repealed.

993           Section 25. Section 397.6815, Florida Statutes, is  
994 repealed.

995           Section 26. Section 397.6818, Florida Statutes, is  
996 repealed.



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997           Section 27. Section 397.6819, Florida Statutes, is  
998 repealed.

999           Section 28. Section 397.6821, Florida Statutes, is  
1000 repealed.

1001           Section 29. Section 397.6822, 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, if that person:

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; or

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 ~~days; or~~

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 treatment services; persons who may  
1024 petition.—

1025           (1) If the respondent is an adult, a petition for



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1026 involuntary treatment services may be filed by the respondent's  
1027 spouse or legal guardian, any relative, a service provider, or  
1028 an adult who has direct personal knowledge of the respondent's  
1029 substance abuse impairment and his or her prior course of  
1030 assessment and treatment.

1031 (2) If the respondent is a minor, a petition for  
1032 involuntary treatment may be filed by a parent, legal guardian,  
1033 or service provider.

1034 (3) The court or the clerk of the court may waive or  
1035 prohibit any service of process fees if a petitioner is  
1036 determined to be indigent under s. 57.082.

1037 Section 32. Section 397.6951, Florida Statutes, is amended  
1038 to read:

1039 397.6951 Contents of petition for involuntary treatment  
1040 services.—

1041 (1) A petition for involuntary treatment services must  
1042 contain the name of the respondent; the name of the petitioner  
1043 or petitioners; the relationship between the respondent and the  
1044 petitioner; the name of the respondent's attorney, if known; ~~the~~  
1045 ~~findings and recommendations of the assessment performed by the~~  
1046 ~~qualified professional;~~ and the factual allegations presented by  
1047 the petitioner establishing the need for involuntary ~~outpatient~~  
1048 services for substance abuse impairment. The factual allegations  
1049 must demonstrate the reason for the petitioner's belief that the  
1050 respondent:

1051 ~~(1) The reason for the petitioner's belief that the~~  
1052 ~~respondent is substance abuse impaired;~~

1053 ~~(a)(2) The reason for the petitioner's belief that because~~  
1054 ~~of such impairment the respondent Has lost the power of self-~~



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1055 control with respect to substance abuse, or has a history of  
1056 noncompliance with substance abuse treatment with continued  
1057 substance use; and

1058 (b) Needs substance abuse services, but his or her judgment  
1059 is so impaired by substance abuse that he or she either is  
1060 refusing voluntary care after a sufficient and conscientious  
1061 explanation and disclosure of the purpose of such services, or  
1062 is incapable of appreciating his or her need for such services  
1063 and of making a rational decision in that regard; and

1064 (c)1. Without services, is likely to suffer from neglect or  
1065 refuse to care for himself or herself; that the neglect or  
1066 refusal poses a real and present threat of substantial harm to  
1067 his or her well-being; and that it is not apparent that the harm  
1068 may be avoided through the help of willing, able, and  
1069 responsible family members or friends or the provision of other  
1070 services; or

1071 2. There is a substantial likelihood that in the near  
1072 future and without services, the respondent will inflict serious  
1073 harm to self or others, as evidenced by acts, omissions, or  
1074 behavior causing, attempting, or threatening such harm, which  
1075 includes, but is not limited to, significant property damage

1076 ~~(3) (a) The reason the petitioner believes that the~~  
1077 ~~respondent has inflicted or is likely to inflict physical harm~~  
1078 ~~on himself or herself or others unless the court orders the~~  
1079 ~~involuntary services; or~~

1080 ~~(b) The reason the petitioner believes that the~~  
1081 ~~respondent's refusal to voluntarily receive care is based on~~  
1082 ~~judgment so impaired by reason of substance abuse that the~~  
1083 ~~respondent is incapable of appreciating his or her need for care~~



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1084 ~~and of making a rational decision regarding that need for care.~~

1085       (2) The petition may be accompanied by a certificate or  
1086 report of a qualified professional or a licensed physician who  
1087 has examined the respondent within 30 days before the petition's  
1088 submission. This certificate or report must include the  
1089 qualified professional or physician's findings relating to his  
1090 or her assessment of the patient and his or her treatment  
1091 recommendations. If the respondent was not assessed before the  
1092 filing of a treatment petition or refused to submit to an  
1093 evaluation, the lack of assessment or refusal must be noted in  
1094 the petition.

1095       (3) If there is an emergency, the petition must also  
1096 describe the respondent's exigent circumstances and include a  
1097 request for an ex parte assessment and stabilization order that  
1098 must be executed pursuant to s. 397.6955(4).

1099       Section 33. Section 397.6955, Florida Statutes, is amended  
1100 to read:

1101       397.6955 Duties of court upon filing of petition for  
1102 involuntary treatment services.-

1103       (1) Upon the filing of a petition for involuntary treatment  
1104 services for a substance abuse impaired person with the clerk of  
1105 the court that does not indicate the petitioner has retained  
1106 private counsel, the clerk must notify the state attorney's  
1107 office. In addition, the court shall immediately determine  
1108 whether the respondent is represented by an attorney or whether  
1109 the appointment of counsel for the respondent is appropriate.  
1110 If, based on the contents of the petition, the court appoints  
1111 counsel for the person, the clerk of the court shall immediately  
1112 notify the office of criminal conflict and civil regional



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1113 counsel, created pursuant to s. 27.511, of the appointment. The  
1114 office of criminal conflict and civil regional counsel shall  
1115 represent the person until the petition is dismissed, the court  
1116 order expires, or the person is discharged from involuntary  
1117 treatment services. An attorney that represents the person named  
1118 in the petition shall have access to the person, witnesses, and  
1119 records relevant to the presentation of the person's case and  
1120 shall represent the interests of the person, regardless of the  
1121 source of payment to the attorney.

1122 (2) The court shall schedule a hearing to be held on the  
1123 petition within 10 court working 5 days unless a continuance is  
1124 granted. The court may appoint a magistrate to preside at the  
1125 hearing.

1126 (3) A copy of the petition and notice of the hearing must  
1127 be provided to the respondent; the respondent's parent,  
1128 guardian, or legal custodian, in the case of a minor; the  
1129 respondent's attorney, if known; the petitioner; the  
1130 respondent's spouse or guardian, if applicable; and such other  
1131 persons as the court may direct. If the respondent is a minor, a  
1132 copy of the petition and notice of the hearing must be  
1133 personally delivered to the respondent. The court shall also  
1134 issue a summons to the person whose admission is sought.

1135 (4) (a) When the petitioner asserts that emergency  
1136 circumstances exist, or when upon review of the petition the  
1137 court determines that an emergency exists, the court may rely  
1138 solely on the contents of the petition and, without the  
1139 appointment of an attorney, enter an ex parte order for the  
1140 respondent's involuntary assessment and stabilization which must  
1141 be executed during the period that the hearing on the petition





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1142 for treatment is pending. The court may further order a law  
1143 enforcement officer or other designated agent of the court to:  
1144 1. Take the respondent into custody and deliver him or her  
1145 to the nearest appropriate licensed service provider to be  
1146 evaluated; and  
1147 2. Serve the respondent with the notice of hearing and a  
1148 copy of the petition.  
1149 (b) The service provider must promptly inform the court and  
1150 parties of the respondent's arrival and may not hold the  
1151 respondent for longer than 72 hours of observation thereafter,  
1152 unless:  
1153 1. The service provider seeks additional time under s.  
1154 397.6957(1)(c) and the court, after a hearing, grants that  
1155 motion;  
1156 2. The respondent shows signs of withdrawal, or a need to  
1157 be either detoxified or treated for a medical condition, which  
1158 shall extend the amount of time the respondent may be held for  
1159 observation until the issue is resolved; or  
1160 3. The original or extended observation period ends on a  
1161 weekend or holiday, in which case the provider may hold the  
1162 respondent until the next court working day.  
1163 (c) If the ex parte order was not executed by the initial  
1164 hearing date, it shall be deemed void. However, should the  
1165 respondent not appear at the hearing for any reason, including  
1166 lack of service, and upon reviewing the petition, testimony, and  
1167 evidence presented, the court reasonably believes the respondent  
1168 meets this chapter's commitment criteria and that a substance  
1169 abuse emergency exists, the court may issue or reissue an ex  
1170 parte assessment and stabilization order that is valid for 90



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1171 days. If the respondent's location is known at the time of the  
1172 hearing, the court:

1173 1. Shall continue the case for no more than 10 court  
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  
1179 evaluated; and

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.

1192 Section 34. Section 397.6957, Florida Statutes, is amended  
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  
1198 knowingly, intelligently, and voluntarily waives his or her  
1199 right to be present or, upon receiving proof of service and



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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  
1206 to his or her current condition, and the ~~review of~~ results of  
1207 the assessment completed by the qualified professional in  
1208 connection with this chapter. The court may also order drug  
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 guardian 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



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1229 respondent was not, or had previously refused to be, assessed by  
1230 a qualified professional and, based on the petition, testimony,  
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  
1242 treatment hearing shall be continued for no more than 10 court  
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  
1246 provider shall then serve the respondent, before his or her  
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  
1257 professional must occur within 72 hours after his or her arrival



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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  
1286 on the level, if any, of substance abuse and, if applicable, co-



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1287 occurring mental health treatment the respondent requires. The  
1288 qualified professional's failure to include a treatment  
1289 recommendation, much like a recommendation of no treatment,  
1290 shall result in the petition's dismissal.

1291 (d) The court may order a law enforcement officer or other  
1292 designated agent of the court to take the respondent into  
1293 custody and transport him or her to or from the treating or  
1294 assessing service provider and the court for his or her hearing.

1295 (2) The petitioner has the burden of proving by clear and  
1296 convincing evidence that:

1297 (a) The respondent is substance abuse impaired, has lost  
1298 the power of self-control with respect to substance abuse, or  
1299 and has a history of lack of compliance with treatment for  
1300 substance abuse with continued substance use; and

1301 (b) Because of such impairment, the respondent is unlikely  
1302 to voluntarily participate in the recommended services after  
1303 sufficient and conscientious explanation and disclosure of their  
1304 purpose, or is unable to determine for himself or herself  
1305 whether services are necessary and make a rational decision in  
1306 that regard; and

1307 (c)1. Without services, the respondent is likely to suffer  
1308 from neglect or refuse to care for himself or herself; that such  
1309 neglect or refusal poses a real and present threat of  
1310 substantial harm to his or her well-being; and that it is not  
1311 apparent that such harm may be avoided through the help of  
1312 willing, able, and responsible family members or friends or the  
1313 provision of other services; or

1314 2. There is a substantial likelihood that in the near  
1315 future and without services, the respondent will inflict serious



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1316 harm to self or others, as evidenced by acts, omissions, or  
1317 behavior causing, attempting, or threatening such harm, which  
1318 includes, but is not limited to, significant property damage  
1319 ~~cause serious bodily harm to himself, herself, or another in the~~  
1320 ~~near future, as evidenced by recent behavior; or~~

1321 ~~2. The respondent's refusal to voluntarily receive care is~~  
1322 ~~based on judgment so impaired by reason of substance abuse that~~  
1323 ~~the respondent is incapable of appreciating his or her need for~~  
1324 ~~care and of making a rational decision regarding that need for~~  
1325 ~~care.~~

1326 ~~(3) One of the qualified professionals who executed the~~  
1327 ~~involuntary services certificate must be a witness. The court~~  
1328 ~~shall allow testimony from individuals, including family~~  
1329 ~~members, deemed by the court to be relevant under state law,~~  
1330 ~~regarding the respondent's prior history and how that prior~~  
1331 ~~history relates to the person's current condition. The Testimony~~  
1332 ~~in the hearing must be taken under oath, and the proceedings~~  
1333 ~~must be recorded. The respondent patient may refuse to testify~~  
1334 ~~at the hearing.~~

1335 (4) If at any point during the hearing the court has reason  
1336 to believe that the respondent, due to mental illness other than  
1337 or in addition to substance abuse impairment, is likely to  
1338 injure himself or herself or another if allowed to remain at  
1339 liberty, or otherwise meets the involuntary commitment  
1340 provisions of part I of chapter 394, the court may initiate  
1341 involuntary proceedings under such provisions.

1342 ~~(5)-(4)~~ At the conclusion of the hearing, the court shall  
1343 either dismiss the petition or order the respondent to receive  
1344 involuntary treatment services from his or her chosen licensed



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1345 service provider if possible and appropriate. Any treatment  
1346 order must include findings regarding the respondent's need for  
1347 treatment and the appropriateness of other lesser restrictive  
1348 alternatives.

1349 Section 35. Section 397.697, Florida Statutes, is amended  
1350 to read:

1351 397.697 Court determination; effect of court order for  
1352 involuntary treatment services.—

1353 (1) (a) When the court finds that the conditions for  
1354 involuntary treatment services have been proved by clear and  
1355 convincing evidence, it may order the respondent to receive  
1356 involuntary treatment services from a publicly funded licensed  
1357 service provider for a period not to exceed 90 days. The court  
1358 may also order a respondent to undergo treatment through a  
1359 privately funded licensed service provider if the respondent has  
1360 the ability to pay for the treatment, or if any person on the  
1361 respondent's behalf voluntarily demonstrates a willingness and  
1362 an ability to pay for the treatment. If the court finds it  
1363 necessary, it may direct the sheriff to take the respondent into  
1364 custody and deliver him or her to the licensed service provider  
1365 specified in the court order, or to the nearest appropriate  
1366 licensed service provider, for involuntary treatment services.  
1367 When the conditions justifying involuntary treatment services no  
1368 longer exist, the individual must be released as provided in s.  
1369 397.6971. When the conditions justifying involuntary treatment  
1370 services are expected to exist after 90 days of treatment  
1371 services, a renewal of the involuntary treatment services order  
1372 may be requested pursuant to s. 397.6975 before the end of the  
1373 90-day period.





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1374       (b) To qualify for involuntary outpatient treatment, an  
1375 individual must be supported by a social worker or case manager  
1376 of a licensed service provider or a willing, able, and  
1377 responsible individual appointed by the court who shall inform  
1378 the court and parties if the respondent fails to comply with his  
1379 or her outpatient program. In addition, unless the respondent  
1380 has been involuntarily ordered into inpatient treatment under  
1381 this chapter at least twice during the last 36 months, or  
1382 demonstrates the ability to substantially comply with the  
1383 outpatient treatment while waiting for residential placement to  
1384 become available, he or she must receive an assessment from a  
1385 qualified professional or licensed physician expressly  
1386 recommending outpatient services, such services must be  
1387 available in the county in which the respondent is located, and  
1388 it must appear likely that the respondent will follow a  
1389 prescribed outpatient care plan.

1390       (2) In all cases resulting in an order for involuntary  
1391 treatment services, the court shall retain jurisdiction over the  
1392 case and the parties for the entry of such further orders as the  
1393 circumstances may require, including, but not limited to,  
1394 monitoring compliance with treatment, changing the treatment  
1395 modality, or initiating contempt of court proceedings for  
1396 violating any valid order issued pursuant to this chapter.  
1397 Hearings under this section may be set by motion of the parties  
1398 or under the court's own authority, and the motion and notice of  
1399 hearing for these ancillary proceedings, which include, but are  
1400 not limited to, civil contempt, must be served in accordance  
1401 with relevant court procedural rules. The court's requirements  
1402 for notification of proposed release must be included in the



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1403 original order.

1404 (3) An involuntary treatment services order also authorizes  
1405 the licensed service provider to require the individual to  
1406 receive treatment services that will benefit him or her,  
1407 including treatment services at any licensable service component  
1408 of a licensed service provider. While subject to the court's  
1409 oversight, the service provider's authority under this section  
1410 is separate and distinct from the court's broad continuing  
1411 jurisdiction under subsection (2). Such oversight includes, but  
1412 is not limited to, submitting reports regarding the respondent's  
1413 progress or compliance with treatment as required by the court.

1414 (4) If the court orders involuntary treatment services, a  
1415 copy of the order must be sent to the managing entity within 1  
1416 working day after it is received from the court. Documents may  
1417 be submitted electronically through ~~though~~ existing data  
1418 systems, if applicable.

1419 Section 36. Section 397.6971, Florida Statutes, is amended  
1420 to read:

1421 397.6971 Early release from involuntary treatment  
1422 services.—

1423 (1) At any time before the end of the 90-day involuntary  
1424 treatment services period, or before the end of any extension  
1425 granted pursuant to s. 397.6975, an individual receiving  
1426 involuntary treatment services may be determined eligible for  
1427 discharge to the most appropriate referral or disposition for  
1428 the individual when any of the following apply:

1429 (a) The individual no longer meets the criteria for  
1430 involuntary admission and has given his or her informed consent  
1431 to be transferred to voluntary treatment status.



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1432 (b) If the individual was admitted on the grounds of  
1433 likelihood of infliction of ~~physical~~ harm upon himself or  
1434 herself or others, such likelihood no longer exists.

1435 (c) If the individual was admitted on the grounds of need  
1436 for assessment and stabilization or treatment, accompanied by  
1437 inability to make a determination respecting such need:

1438 1. Such inability no longer exists; or

1439 2. It is evident that further treatment will not bring  
1440 about further significant improvements in the individual's  
1441 condition.

1442 (d) The individual ~~is~~ no longer needs treatment ~~in need of~~  
1443 services.

1444 (e) The director of the service provider determines that  
1445 the individual is beyond the safe management capabilities of the  
1446 provider.

1447 (2) Whenever a qualified professional determines that an  
1448 individual admitted for involuntary treatment services qualifies  
1449 for early release under subsection (1), the service provider  
1450 shall immediately discharge the individual and must notify all  
1451 persons specified by the court in the original treatment order.

1452 Section 37. Section 397.6975, Florida Statutes, is amended  
1453 to read:

1454 397.6975 Extension of involuntary treatment services  
1455 period.-

1456 (1) Whenever a service provider believes that an individual  
1457 who is nearing the scheduled date of his or her release from  
1458 involuntary care services continues to meet the criteria for  
1459 involuntary treatment services in s. 397.693 or s. 397.6957, a  
1460 petition for renewal of the involuntary treatment services order



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1461 ~~must~~ may be filed with the court ~~at least 10 days~~ before the  
1462 expiration of the court-ordered services period. The petition  
1463 may be filed by the service provider or by the person who filed  
1464 the petition for the initial treatment order if the petition is  
1465 accompanied by supporting documentation from the service  
1466 provider. The court shall ~~immediately~~ schedule a hearing within  
1467 10 court working ~~to be held not more than 15~~ days after filing  
1468 of the petition and. ~~The court shall~~ provide the copy of the  
1469 petition for renewal and the notice of the hearing to all  
1470 parties and counsel to the proceeding. The hearing is conducted  
1471 pursuant to ss. 397.697 and 397.6957 and must be before the  
1472 circuit court unless referred to a magistrate s. 397.6957.

1473 (2) If the court finds that the petition for renewal of ~~the~~  
1474 involuntary treatment services ~~order~~ should be granted, it may  
1475 order the respondent to receive involuntary treatment services  
1476 for a period not to exceed an additional 90 days. When the  
1477 conditions justifying involuntary treatment services no longer  
1478 exist, the individual must be released as provided in s.  
1479 397.6971. When the conditions justifying involuntary treatment  
1480 services continue to exist after an additional 90 days of  
1481 treatment service, a new petition requesting renewal of the  
1482 involuntary treatment services order may be filed pursuant to  
1483 this section.

1484 ~~(3) Within 1 court working day after the filing of a~~  
1485 ~~petition for continued involuntary services, the court shall~~  
1486 ~~appoint the office of criminal conflict and civil regional~~  
1487 ~~counsel to represent the respondent, unless the respondent is~~  
1488 ~~otherwise represented by counsel. The clerk of the court shall~~  
1489 ~~immediately notify the office of criminal conflict and civil~~



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1490 ~~regional counsel of such appointment. The office of criminal~~  
1491 ~~conflict and civil regional counsel shall represent the~~  
1492 ~~respondent until the petition is dismissed or the court order~~  
1493 ~~expires or the respondent is discharged from involuntary~~  
1494 ~~services. Any attorney representing the respondent shall have~~  
1495 ~~access to the respondent, witnesses, and records relevant to the~~  
1496 ~~presentation of the respondent's case and shall represent the~~  
1497 ~~interests of the respondent, regardless of the source of payment~~  
1498 ~~to the attorney.~~

1499 ~~(4) Hearings on petitions for continued involuntary~~  
1500 ~~services shall be before the circuit court. The court may~~  
1501 ~~appoint a magistrate to preside at the hearing. The procedures~~  
1502 ~~for obtaining an order pursuant to this section shall be in~~  
1503 ~~accordance with s. 397.697.~~

1504 ~~(5) Notice of hearing shall be provided to the respondent~~  
1505 ~~or his or her counsel. The respondent and the respondent's~~  
1506 ~~counsel may agree to a period of continued involuntary services~~  
1507 ~~without a court hearing.~~

1508 ~~(6) The same procedure shall be repeated before the~~  
1509 ~~expiration of each additional period of involuntary services.~~

1510 ~~(7) If the respondent has previously been found incompetent~~  
1511 ~~to consent to treatment, the court shall consider testimony and~~  
1512 ~~evidence regarding the respondent's competence.~~

1513 Section 38. Section 397.6977, Florida Statutes, is amended  
1514 to read:

1515 397.6977 Disposition of individual upon completion of  
1516 involuntary treatment services.—At the conclusion of the 90-day  
1517 period of court-ordered involuntary treatment services, the  
1518 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.

1521 Section 39. Section 397.6978, Florida Statutes, is  
1522 repealed.

1523

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

1525 And the title is amended as follows:

1526 Delete lines 2 - 192

1527 and insert:

1528 An act relating to mental health and substance abuse;  
1529 amending s. 394.455, F.S.; conforming a cross-  
1530 reference; revising the definition of the term "mental  
1531 illness"; defining the terms "neglect or refuse to  
1532 care for himself or herself" and "real and present  
1533 threat of substantial harm"; amending s. 394.459,  
1534 F.S.; requiring that respondents with a serious mental  
1535 illness be informed of the essential elements of  
1536 recovery and be provided assistance with accessing a  
1537 continuum of care regimen; authorizing the Department  
1538 of Children and Families to adopt certain rules;  
1539 amending s. 394.4598, F.S.; conforming a cross-  
1540 reference; amending s. 394.4599, F.S.; conforming  
1541 provisions to changes made by the act; amending s.  
1542 394.461, F.S.; authorizing the state to establish that  
1543 a transfer evaluation was performed by providing the  
1544 court with a copy of the evaluation before the close  
1545 of the state's case in chief; prohibiting the court  
1546 from considering substantive information in the  
1547 transfer evaluation unless the evaluator testifies at



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1548 the hearing; amending s. 394.4615, F.S.; conforming  
1549 provisions to changes made by the act; amending s.  
1550 394.462, F.S.; conforming cross-references; amending  
1551 s. 394.4625, F.S.; providing requirements relating to  
1552 the voluntariness of admissions to a facility for  
1553 examination and treatment; providing requirements for  
1554 verifying the assent of a minor admitted to a  
1555 facility; requiring the appointment of a public  
1556 defender to review the voluntariness of a minor's  
1557 admission to a facility; requiring the filing of a  
1558 petition for involuntary placement or release of a  
1559 minor to his or her parent or legal guardian under  
1560 certain circumstances; conforming provisions to  
1561 changes made by the act; amending s. 394.463, F.S.;  
1562 revising the requirements for when a person may be  
1563 taken to a receiving facility for involuntary  
1564 examination; requiring a facility to inform the  
1565 department of certain persons who have been examined  
1566 or committed under certain circumstances; conforming  
1567 provisions to changes made by the act; providing  
1568 criminal and civil penalties; amending s. 394.4655,  
1569 F.S.; revising the requirements for involuntary  
1570 outpatient treatment; amending s. 394.467, F.S.;  
1571 revising the requirements for when a person may be  
1572 ordered for involuntary inpatient placement; revising  
1573 requirements for continuances of hearings; revising  
1574 the conditions under which a court may waive the  
1575 requirement for a patient to be present at an  
1576 involuntary inpatient placement hearing; authorizing



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1577 the court to permit all witnesses to remotely attend  
1578 and testify at the hearing through certain means;  
1579 authorizing the state attorney to access certain  
1580 persons and records for certain purposes; specifying  
1581 such records remain confidential; revising when the  
1582 court may appoint a magistrate; revising the amount of  
1583 time a court may require a patient to receive  
1584 services; providing an exception to the prohibition on  
1585 a court ordering certain individuals to be  
1586 involuntarily placed in a state treatment facility;  
1587 conforming a cross-reference; amending ss. 394.495 and  
1588 394.496, F.S.; conforming cross-references; amending  
1589 s. 394.499, F.S.; making technical and conforming  
1590 changes; amending s. 394.9085, F.S.; conforming cross-  
1591 references; amending s. 397.305, F.S.; revising the  
1592 purposes of ch. 397, F.S.; amending s. 397.311, F.S.;  
1593 revising the definition of the terms "impaired" and  
1594 "substance abuse impaired"; defining the terms  
1595 "involuntary treatment services," "neglect or refuse  
1596 to care for himself or herself," and "real and present  
1597 threat of substantial harm"; amending s. 397.416,  
1598 F.S.; conforming a cross-reference; amending s.  
1599 397.501, F.S.; requiring that respondents with serious  
1600 substance abuse addictions be informed of the  
1601 essential elements of recovery and provided assistance  
1602 with accessing a continuum of care regimen;  
1603 authorizing the department to adopt certain rules;  
1604 amending s. 397.675, F.S.; revising the criteria for  
1605 involuntary admissions; amending s. 397.6751, F.S.;





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1606 revising the responsibilities of a service provider;  
1607 amending s. 397.681, F.S.; requiring that the state  
1608 attorney represent the state as the real party of  
1609 interest in an involuntary proceeding, subject to  
1610 legislative appropriation; authorizing the state  
1611 attorney to access certain persons and records;  
1612 conforming provisions to changes made by the act;  
1613 repealing s. 397.6811, F.S., relating to involuntary  
1614 assessment and stabilization; repealing s. 397.6814,  
1615 F.S., relating to petitions for involuntary assessment  
1616 and stabilization; repealing s. 397.6815, F.S.,  
1617 relating to involuntary assessment and stabilization  
1618 procedures; repealing s. 397.6818, F.S., relating to  
1619 court determinations for petitions for involuntary  
1620 assessment and stabilization; repealing s. 397.6819,  
1621 F.S., relating to the responsibilities of licensed  
1622 service providers with regard to involuntary  
1623 assessment and stabilization; repealing s. 397.6821,  
1624 F.S., relating to extensions of time for completion of  
1625 involuntary assessment and stabilization; repealing s.  
1626 397.6822, F.S., relating to the disposition of  
1627 individuals after involuntary assessments; amending s.  
1628 397.693, F.S.; revising the circumstances under which  
1629 a person is eligible for court-ordered involuntary  
1630 treatment; amending s. 397.695, F.S.; authorizing the  
1631 court or clerk of the court to waive or prohibit any  
1632 service of process fees for an indigent petitioner;  
1633 amending s. 397.6951, F.S.; revising the requirements  
1634 for the contents of a petition for involuntary



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1635 treatment services; providing that a petitioner may  
1636 include a certificate or report of a qualified  
1637 professional with the petition; requiring the  
1638 certificate or report to contain certain information;  
1639 requiring that certain additional information must be  
1640 included if an emergency exists; amending s. 397.6955,  
1641 F.S.; requiring the clerk of the court to notify the  
1642 state attorney's office upon the receipt of a petition  
1643 filed for involuntary treatment services; revising  
1644 when a hearing must be held on the petition; providing  
1645 requirements for when a petitioner asserts that  
1646 emergency circumstances exist or the court determines  
1647 that an emergency exists; amending s. 397.6957, F.S.;  
1648 expanding the exemption from the requirement that a  
1649 respondent be present at a hearing on a petition for  
1650 involuntary treatment services; authorizing the court  
1651 to order drug tests and permit all witnesses to  
1652 remotely attend and testify at the hearing through  
1653 certain means; deleting a provision requiring the  
1654 court to appoint a guardian advocate under certain  
1655 circumstances; prohibiting a respondent from being  
1656 involuntarily ordered into treatment unless certain  
1657 requirements are met; providing requirements relating  
1658 to involuntary assessment and stabilization orders;  
1659 providing requirements relating to involuntary  
1660 treatment hearings; requiring that the assessment of a  
1661 respondent occur before a specified time unless  
1662 certain requirements are met; requiring the service  
1663 provider to discharge the respondent after a specified



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1664 time unless certain requirements are met; requiring a  
1665 qualified professional to provide copies of his or her  
1666 report to the court and all relevant parties and  
1667 counsel; providing requirements for the report;  
1668 authorizing certain entities to take specified actions  
1669 based upon the involuntary assessment; authorizing a  
1670 court to order certain persons to take a respondent  
1671 into custody and transport him or her to or from  
1672 certain service providers and the court; revising the  
1673 petitioner's burden of proof in the hearing;  
1674 authorizing the court to initiate involuntary  
1675 proceedings under certain circumstances; requiring  
1676 that, if a treatment order is issued, it must include  
1677 certain findings; amending s. 397.697, F.S.; requiring  
1678 that an individual meet certain requirements to  
1679 qualify for involuntary outpatient treatment;  
1680 specifying that certain hearings may be set by the  
1681 motion of a party or under the court's own authority;  
1682 specifying that a service provider's authority is  
1683 separate and distinct from the court's jurisdiction;  
1684 amending s. 397.6971, F.S.; conforming provisions to  
1685 changes made by the act; amending s. 397.6975, F.S.;  
1686 authorizing certain entities to file a petition for  
1687 renewal of involuntary treatment; revising the  
1688 timeframe during which the court is required to  
1689 schedule a hearing; conforming provisions to changes  
1690 made by the act; amending s. 397.6977, F.S.;  
1691 conforming provisions to changes made by the act;  
1692 repealing s. 397.6978, F.S., relating to the



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appointment of guardian advocates; amending ss.  
409.972, 464.012,