

By Senator Book

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1                   A bill to be entitled  
2       An act relating to mental health; amending s. 394.455,  
3       F.S.; conforming a cross-reference; revising the  
4       definition of the term "mental illness"; defining the  
5       terms "neglect or refuse to care for himself or  
6       herself" and "real and present threat of substantial  
7       harm"; amending s. 394.459, F.S.; requiring that  
8       respondents with a serious mental illness be afforded  
9       essential elements of recovery and be placed in a  
10      continuum of care regimen; requiring the Department of  
11      Children and Families to adopt certain rules; amending  
12      s. 394.4598, F.S.; conforming a cross-reference;  
13      amending s. 394.4599, F.S.; requiring a receiving  
14      facility to refer certain cases involving a minor to  
15      the clerk of the court within a certain timeframe for  
16      the appointment of a public defender; providing rights  
17      for attorneys who represent such minors; requiring  
18      that certain hearings be conducted in the physical  
19      presence of the minor; providing criminal penalties;  
20      conforming provisions to changes made by the act;  
21      amending s. 394.461, F.S.; authorizing the state to  
22      establish that a transfer evaluation was performed by  
23      providing the court with a copy of the evaluation  
24      before the close of the state's case in chief;  
25      prohibiting the court from considering substantive  
26      information in the transfer evaluation unless the  
27      evaluator testifies at the hearing; amending s.  
28      394.4615, F.S.; conforming provisions to changes made  
29      by the act; amending s. 394.462, F.S.; conforming

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30 cross-references; amending s. 394.4625, F.S.; making  
31 technical changes; providing requirements relating to  
32 voluntariness hearings for minors; prohibiting a fee  
33 from being charged for filing certain petitions;  
34 providing requirements for transfers to voluntary  
35 status for minors; amending s. 394.463, F.S.; revising  
36 the requirements for when a person may be taken to a  
37 receiving facility for involuntary examination;  
38 requiring a facility to inform the department of a  
39 minor's admission and case outcome at the close of an  
40 examination period; conforming provisions to changes  
41 made by the act; providing criminal and civil  
42 penalties; amending s. 394.4655, F.S.; revising the  
43 requirements for involuntary outpatient treatment;  
44 amending s. 394.467, F.S.; revising the requirements  
45 for when a person may be ordered for involuntary  
46 inpatient placement; revising requirements for  
47 continuances of hearings; revising the timeframe  
48 during which a court is required to hold a hearing on  
49 involuntary inpatient placement; revising the  
50 conditions under which a court may waive the  
51 requirement for a patient to be present at an  
52 involuntary inpatient placement hearing; authorizing  
53 the court to permit all witnesses to remotely attend  
54 and testify at the hearing through certain means;  
55 authorizing the state attorney to access certain  
56 persons and records for certain purposes; specifying  
57 such records remain confidential; revising when the  
58 court may appoint a magistrate; revising the amount of

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59 time a court may require a patient to receive  
60 services; providing an exception to the prohibition on  
61 a court ordering certain individuals to be  
62 involuntarily placed in a state treatment facility;  
63 conforming a cross-reference; authorizing the court to  
64 refer certain cases to the department; amending s.  
65 394.4785, F.S.; requiring facility administrators to  
66 refer certain cases to the clerk of the court;  
67 providing requirements relating to the representation  
68 of minors admitted to certain facilities; requiring  
69 that certain hearings be conducted in the presence of  
70 the child; providing criminal penalties; amending ss.  
71 394.495 and 394.496, F.S.; conforming cross-  
72 references; amending s. 394.499, F.S.; making  
73 technical and conforming changes; amending s.  
74 394.9085, F.S.; conforming cross-references; amending  
75 s. 397.305, F.S.; revising the purposes of ch. 397,  
76 F.S.; amending s. 397.311, F.S.; revising the  
77 definition of the terms "impaired" and "substance  
78 abuse impaired"; defining the terms "involuntary  
79 treatment," "neglect or refuse to care for himself or  
80 herself," and "real and present threat of substantial  
81 harm"; amending s. 397.416, F.S.; conforming cross-  
82 references; amending s. 397.501, F.S.; requiring that  
83 respondents with serious substance abuse addictions be  
84 afforded essential elements of recovery and placed in  
85 a continuum of care regimen; requiring the department  
86 to adopt certain rules; amending s. 397.675, F.S.;  
87 revising the criteria for involuntary admissions;

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88 amending s. 397.6751, F.S.; revising the  
89 responsibilities of a service provider; amending s.  
90 397.681, F.S.; requiring that the state attorney  
91 represent the state as the real party of interest in  
92 an involuntary proceeding, subject to legislative  
93 appropriation; authorizing the state attorney to  
94 access certain persons and records; conforming  
95 provisions to changes made by the act; repealing s.  
96 397.6811, F.S., relating to involuntary assessment and  
97 stabilization; repealing s. 397.6814, F.S., relating  
98 to petitions for involuntary assessment and  
99 stabilization; repealing s. 397.6815, F.S., relating  
100 to involuntary assessment and stabilization  
101 procedures; repealing s. 397.6818, F.S., relating to  
102 court determinations for petitions for involuntary  
103 assessment and stabilization; repealing s. 397.6819,  
104 F.S., relating to the responsibilities of licensed  
105 service providers with regard to involuntary  
106 assessment and stabilization; repealing s. 397.6821,  
107 F.S., relating to extensions of time for completion of  
108 involuntary assessment and stabilization; repealing s.  
109 397.6822, F.S., relating to the disposition of  
110 individuals after involuntary assessments; amending s.  
111 397.693, F.S.; revising the circumstances under which  
112 a person is eligible for court-ordered involuntary  
113 treatment; amending s. 397.695, F.S.; authorizing the  
114 court or clerk of the court to waive or prohibit any  
115 service of process fees for an indigent petitioner;  
116 amending s. 397.6951, F.S.; revising the requirements

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117 for the contents of a petition for involuntary  
118 treatment; providing that a petitioner may include a  
119 certificate or report of a qualified professional with  
120 the petition; requiring the certificate or report to  
121 contain certain information; requiring that certain  
122 additional information must be included if an  
123 emergency exists; amending s. 397.6955, F.S.;

124 requiring the clerk of the court to notify the state  
125 attorney's office upon the receipt of a petition filed  
126 for involuntary treatment; revising when a hearing  
127 must be held on the petition; providing requirements  
128 for when a petitioner asserts that emergency  
129 circumstances exist or the court determines that an  
130 emergency exists; amending s. 397.6957, F.S.;

131 expanding the exemption from the requirement that a  
132 respondent be present at a hearing on a petition for  
133 involuntary treatment; authorizing the court to permit  
134 all witnesses to remotely attend and testify at the  
135 hearing through certain means; deleting a provision  
136 requiring the court to appoint a guardian advocate  
137 under certain circumstances; prohibiting a respondent  
138 from being involuntarily ordered into treatment unless  
139 certain requirements are met; providing requirements  
140 relating to involuntary assessment and stabilization  
141 orders; providing requirements relating to involuntary  
142 treatment hearings; requiring that the assessment of a  
143 respondent occur before a specified time unless  
144 certain requirements are met; requiring the service  
145 provider to discharge the respondent after a specified

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146 time unless certain requirements are met; requiring a  
147 qualified professional to provide copies of his or her  
148 report to the court and all relevant parties and  
149 counsel; providing requirements for the report;  
150 authorizing certain entities to take specified actions  
151 based upon the involuntary assessment; authorizing a  
152 court to order certain persons to take a respondent  
153 into custody and transport him or her to or from  
154 certain service providers and the court; revising the  
155 petitioner's burden of proof in the hearing;  
156 authorizing the court to initiate involuntary  
157 proceedings under certain circumstances; authorizing  
158 the court to refer the case to the department under  
159 certain circumstances; requiring that, if a treatment  
160 order is issued, it must include certain findings;  
161 providing that a treatment order may designate a  
162 specific service provider; amending s. 397.697, F.S.;  
163 requiring that an individual meet certain requirements  
164 to qualify for involuntary outpatient treatment;  
165 specifying that certain hearings may be set by the  
166 motion of a party or under the court's own authority;  
167 specifying that a service provider's authority is  
168 separate and distinct from the court's jurisdiction;  
169 amending s. 397.6971, F.S.; conforming provisions to  
170 changes made by the act; amending s. 397.6975, F.S.;  
171 authorizing certain entities to file a petition for  
172 renewal of involuntary treatment; revising the  
173 timeframe during which the court is required to  
174 schedule a hearing; conforming provisions to changes

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175 made by the act; creating s. 397.6976, F.S.;

176 authorizing the court to commit certain persons to

177 inpatient or outpatient treatment, or a combination

178 thereof, without an assessment under certain

179 circumstances; limiting the treatment period to a

180 specified number of days unless the period is

181 extended; defining the term "habitual abuser";

182 amending s. 397.6977, F.S.; conforming provisions to

183 changes made by the act; repealing s. 397.6978, F.S.,

184 relating to the appointment of guardian advocates;

185 amending s. 397.706, F.S.; revising whom the court may

186 require to participate in substance abuse assessment

187 and treatment services; providing requirements for

188 holding a minor in contempt of court in cases that

189 involve a minor violating an involuntary treatment

190 order; requiring service providers to prioritize a

191 minor's placement into treatment under certain

192 circumstances; amending ss. 409.972, 464.012,

193 744.2007, and 790.065, F.S.; conforming cross-

194 references; providing an effective date.

195

196 Be It Enacted by the Legislature of the State of Florida:

197

198 Section 1. Present subsections (31) through (38) and (39)

199 through (48) of section 394.455, Florida Statutes, are

200 redesignated as subsections (32) through (39) and (41) through

201 (50), respectively, subsections (22) and (28) of that section

202 are amended, and new subsections (31) and (40) are added to that

203 section, to read:

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204 394.455 Definitions.—As used in this part, the term:

205 (22) "Involuntary examination" means an examination  
206 performed under s. 394.463, s. 397.6772, s. 397.679, s.  
207 397.6798, or s. 397.6957 ~~s. 397.6811~~ to determine whether a  
208 person qualifies for involuntary services.

209 (28) "Mental illness" means an impairment of the mental or  
210 emotional processes that exercise conscious control of one's  
211 actions or of the ability to perceive or understand reality,  
212 which impairment substantially interferes with the person's  
213 ability to meet the ordinary demands of living. For the purposes  
214 of this part, unless an individual has a co-occurring mental  
215 illness, is displaying behavioral disturbances, or evaluations  
216 show he or she may benefit from behavioral health treatment, the  
217 term does not include a developmental disability as defined in  
218 chapter 393, dementia, traumatic brain injury, intoxication, or  
219 conditions manifested only by antisocial behavior or substance  
220 abuse.

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

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

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

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

232 (a) Lack, refuse, or not receive services for health or



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233 safety; or

234 (b) Suffer severe mental, emotional, or physical harm that  
235 will result in the loss of his or her ability to function in the  
236 community or the loss of cognitive or volitional control over  
237 thoughts or actions.

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

240 394.459 Rights of patients.—

241 (13) POST-DISCHARGE RIGHT TO CONTINUUM OF CARE.—Upon  
242 discharge, a respondent with a serious mental illness must be  
243 afforded the essential elements of recovery and placed in a  
244 continuum of care regimen. The department shall adopt rules  
245 specifying the services that must be provided to such  
246 respondents and identifying which serious mental illnesses  
247 entitle a respondent to such services.

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

250 394.4598 Guardian advocate.—

251 (1) The administrator may petition the court for the  
252 appointment of a guardian advocate based upon the opinion of a  
253 psychiatrist that the patient is incompetent to consent to  
254 treatment. If the court finds that a patient is incompetent to  
255 consent to treatment and has not been adjudicated incapacitated  
256 and a guardian with the authority to consent to mental health  
257 treatment appointed, it shall appoint a guardian advocate. The  
258 patient has the right to have an attorney represent him or her  
259 at the hearing. If the person is indigent, the court shall  
260 appoint the office of the public defender to represent him or  
261 her at the hearing. The patient has the right to testify, cross-

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262 examine witnesses, and present witnesses. The proceeding shall  
263 be recorded either electronically or stenographically, and  
264 testimony shall be provided under oath. One of the professionals  
265 authorized to give an opinion in support of a petition for  
266 involuntary placement, as described in ~~s. 394.4655~~ or s.  
267 394.467, must testify. A guardian advocate must meet the  
268 qualifications of a guardian contained in part IV of chapter  
269 744, except that a professional referred to in this part, an  
270 employee of the facility providing direct services to the  
271 patient under this part, a departmental employee, a facility  
272 administrator, or member of the Florida local advocacy council  
273 may ~~shall~~ not be appointed. A person who is appointed as a  
274 guardian advocate must agree to the appointment.

275 Section 4. Paragraphs (c) and (d) of subsection (2) of  
276 section 394.4599, Florida Statutes, are amended to read:

277 394.4599 Notice.—

278 (2) INVOLUNTARY ADMISSION.—

279 (c)1.a. A receiving facility shall give notice of the  
280 whereabouts of a minor who is being involuntarily held for  
281 examination pursuant to s. 394.463 to the minor's parent,  
282 guardian, caregiver, or guardian advocate, in person or by  
283 telephone or other form of electronic communication, immediately  
284 after the minor's arrival at the facility. The facility may  
285 delay notification for no more than 24 hours after the minor's  
286 arrival if the facility has submitted a report to the central  
287 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
288 suspicion of abuse, abandonment, or neglect and if the facility  
289 deems a delay in notification to be in the minor's best  
290 interest.

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291       b. The receiving facility shall refer the case to the clerk  
292 of the court for the appointment of a public defender within the  
293 first 72 hours after the minor's arrival for potential  
294 initiation of a clinical or judicial hearing under s. 394.4625  
295 or s. 394.467. An attorney who represents the minor shall have  
296 access to all records relevant to the presentation of the  
297 minor's case. All hearings involving minors shall be conducted  
298 in the physical presence of the minor and may not be conducted  
299 by electronic or video communication. A person who violates this  
300 sub-subparagraph commits a misdemeanor of the first degree,  
301 punishable as provided in s. 775.082 or s. 775.083.

302       2. The receiving facility shall attempt to notify the  
303 minor's parent, guardian, caregiver, or guardian advocate until  
304 the receiving facility receives confirmation from the parent,  
305 guardian, caregiver, or guardian advocate, verbally, by  
306 telephone or other form of electronic communication, or by  
307 recorded message, that notification has been received. Attempts  
308 to notify the parent, guardian, caregiver, or guardian advocate  
309 must be repeated at least once every hour during the first 12  
310 hours after the minor's arrival and once every 24 hours  
311 thereafter and must continue until such confirmation is  
312 received, unless the minor is released at the end of the 72-hour  
313 examination period, or until a petition for involuntary services  
314 is filed with the court pursuant to s. 394.463(2)(g). The  
315 receiving facility may seek assistance from a law enforcement  
316 agency to notify the minor's parent, guardian, caregiver, or  
317 guardian advocate if the facility has not received within the  
318 first 24 hours after the minor's arrival a confirmation by the  
319 parent, guardian, caregiver, or guardian advocate that

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320 notification has been received. The receiving facility must  
321 document notification attempts in the minor's clinical record.

322 (d) The written notice of the filing of the petition for  
323 involuntary services for an individual being held must contain  
324 the following:

325 1. Notice that the petition for:

326 a. Involuntary inpatient treatment pursuant to s. 394.467  
327 has been filed with the circuit court in the county in which the  
328 individual is hospitalized and the address of such court; or

329 b. Involuntary outpatient services pursuant to s. 394.4655  
330 has been filed with the criminal county court, ~~as defined in s.~~  
331 ~~394.4655(1), or the circuit court, as applicable,~~ in the county  
332 in which the individual is hospitalized and the address of such  
333 court.

334 2. Notice that the office of the public defender has been  
335 appointed to represent the individual in the proceeding, if the  
336 individual is not otherwise represented by counsel.

337 3. The date, time, and place of the hearing and the name of  
338 each examining expert and every other person expected to testify  
339 in support of continued detention.

340 4. Notice that the individual, the individual's guardian,  
341 guardian advocate, health care surrogate or proxy, or  
342 representative, or the administrator may apply for a change of  
343 venue for the convenience of the parties or witnesses or because  
344 of the condition of the individual.

345 5. Notice that the individual is entitled to an independent  
346 expert examination and, if the individual cannot afford such an  
347 examination, that the court will provide for one.

348 Section 5. Subsection (2) of section 394.461, Florida

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349 Statutes, is amended to read:

350 394.461 Designation of receiving and treatment facilities  
351 and receiving systems.—The department is authorized to designate  
352 and monitor receiving facilities, treatment facilities, and  
353 receiving systems and may suspend or withdraw such designation  
354 for failure to comply with this part and rules adopted under  
355 this part. Unless designated by the department, facilities are  
356 not permitted to hold or treat involuntary patients under this  
357 part.

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

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

376 394.4615 Clinical records; confidentiality.—

377 (3) Information from the clinical record may be released in

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378 the following circumstances:

379 (a) When a patient has communicated to a service provider a  
380 specific threat to cause serious bodily injury or death to an  
381 identified or a readily available person, if the service  
382 provider reasonably believes, or should reasonably believe  
383 according to the standards of his or her profession, that the  
384 patient has the apparent intent and ability to imminently or  
385 immediately carry out such threat. When such communication has  
386 been made, the administrator may authorize the release of  
387 sufficient information to provide adequate warning to the person  
388 threatened with harm by the patient.

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

396  
397 For the purpose of determining whether a person meets the  
398 criteria for involuntary outpatient placement ~~or for preparing~~  
399 ~~the proposed treatment plan~~ pursuant to s. 394.4655, the  
400 clinical record may be released to the state attorney, the  
401 public defender or the patient's private legal counsel, the  
402 court, and to the appropriate mental health professionals,  
403 ~~including the service provider identified in s.~~  
404 ~~394.4655(7)(b)2.,~~ in accordance with state and federal law.

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

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407           394.462 Transportation.—A transportation plan shall be  
408 developed and implemented by each county in collaboration with  
409 the managing entity in accordance with this section. A county  
410 may enter into a memorandum of understanding with the governing  
411 boards of nearby counties to establish a shared transportation  
412 plan. When multiple counties enter into a memorandum of  
413 understanding for this purpose, the counties shall notify the  
414 managing entity and provide it with a copy of the agreement. The  
415 transportation plan shall describe methods of transport to a  
416 facility within the designated receiving system for individuals  
417 subject to involuntary examination under s. 394.463 or  
418 involuntary admission under s. 397.6772, s. 397.679, s.  
419 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify  
420 responsibility for other transportation to a participating  
421 facility when necessary and agreed to by the facility. The plan  
422 may rely on emergency medical transport services or private  
423 transport companies, as appropriate. The plan shall comply with  
424 the transportation provisions of this section and ss. 397.6772,  
425 397.6795, ~~397.6822~~, and 397.697.

426           (1) TRANSPORTATION TO A RECEIVING FACILITY.—

427           (a) Each county shall designate a single law enforcement  
428 agency within the county, or portions thereof, to take a person  
429 into custody upon the entry of an ex parte order or the  
430 execution of a certificate for involuntary examination by an  
431 authorized professional and to transport that person to the  
432 appropriate facility within the designated receiving system  
433 pursuant to a transportation plan.

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

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436 a. The jurisdiction designated by the county has contracted  
437 on an annual basis with an emergency medical transport service  
438 or private transport company for transportation of persons to  
439 receiving facilities pursuant to this section at the sole cost  
440 of the county; and

441 b. The law enforcement agency and the emergency medical  
442 transport service or private transport company agree that the  
443 continued presence of law enforcement personnel is not necessary  
444 for the safety of the person or others.

445 2. The entity providing transportation may seek  
446 reimbursement for transportation expenses. The party responsible  
447 for payment for such transportation is the person receiving the  
448 transportation. The county shall seek reimbursement from the  
449 following sources in the following order:

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

452 b. From the person receiving the transportation.

453 c. From a financial settlement for medical care, treatment,  
454 hospitalization, or transportation payable or accruing to the  
455 injured party.

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

461 (d) Any company that contracts with a governing board of a  
462 county to transport patients shall comply with the applicable  
463 rules of the department to ensure the safety and dignity of  
464 patients.



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

469 (f) When a member of a mental health overlay program or a  
470 mobile crisis response service is a professional authorized to  
471 initiate an involuntary examination pursuant to s. 394.463 or s.  
472 397.675 and that professional evaluates a person and determines  
473 that transportation to a receiving facility is needed, the  
474 service, at its discretion, may transport the person to the  
475 facility or may call on the law enforcement agency or other  
476 transportation arrangement best suited to the needs of the  
477 patient.

478 (g) When any law enforcement officer has custody of a  
479 person based on either noncriminal or minor criminal behavior  
480 that meets the statutory guidelines for involuntary examination  
481 pursuant to s. 394.463, the law enforcement officer shall  
482 transport the person to the appropriate facility within the  
483 designated receiving system pursuant to a transportation plan.  
484 Persons who meet the statutory guidelines for involuntary  
485 admission pursuant to s. 397.675 may also be transported by law  
486 enforcement officers to the extent resources are available and  
487 as otherwise provided by law. Such persons shall be transported  
488 to an appropriate facility within the designated receiving  
489 system pursuant to a transportation plan.

490 (h) When any law enforcement officer has arrested a person  
491 for a felony and it appears that the person meets the statutory  
492 guidelines for involuntary examination or placement under this  
493 part, such person must first be processed in the same manner as

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494 any other criminal suspect. The law enforcement agency shall  
495 thereafter immediately notify the appropriate facility within  
496 the designated receiving system pursuant to a transportation  
497 plan. The receiving facility shall be responsible for promptly  
498 arranging for the examination and treatment of the person. A  
499 receiving facility is not required to admit a person charged  
500 with a crime for whom the facility determines and documents that  
501 it is unable to provide adequate security, but shall provide  
502 examination and treatment to the person where he or she is held.

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

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

513 (k) The appropriate facility within the designated  
514 receiving system pursuant to a transportation plan must accept  
515 persons brought by law enforcement officers, or an emergency  
516 medical transport service or a private transport company  
517 authorized by the county, for involuntary examination pursuant  
518 to s. 394.463.

519 (l) The appropriate facility within the designated  
520 receiving system pursuant to a transportation plan must provide  
521 persons brought by law enforcement officers, or an emergency  
522 medical transport service or a private transport company

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523 authorized by the county, pursuant to s. 397.675, a basic  
524 screening or triage sufficient to refer the person to the  
525 appropriate services.

526 (m) Each law enforcement agency designated pursuant to  
527 paragraph (a) shall establish a policy that reflects a single  
528 set of protocols for the safe and secure transportation and  
529 transfer of custody of the person. Each law enforcement agency  
530 shall provide a copy of the protocols to the managing entity.

531 (n) When a jurisdiction has entered into a contract with an  
532 emergency medical transport service or a private transport  
533 company for transportation of persons to facilities within the  
534 designated receiving system, such service or company shall be  
535 given preference for transportation of persons from nursing  
536 homes, assisted living facilities, adult day care centers, or  
537 adult family-care homes, unless the behavior of the person being  
538 transported is such that transportation by a law enforcement  
539 officer is necessary.

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

543 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

544 (a) If neither the patient nor any person legally obligated  
545 or responsible for the patient is able to pay for the expense of  
546 transporting a voluntary or involuntary patient to a treatment  
547 facility, the transportation plan established by the governing  
548 board of the county or counties must specify how the  
549 hospitalized patient will be transported to, from, and between  
550 facilities in a safe and dignified manner.

551 (b) A company that transports a patient pursuant to this

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552 subsection is considered an independent contractor and is solely  
553 liable for the safe and dignified transportation of the patient.  
554 Such company must be insured and provide no less than \$100,000  
555 in liability insurance with respect to the transport of  
556 patients.

557 (c) A company that contracts with one or more counties to  
558 transport patients in accordance with this section shall comply  
559 with the applicable rules of the department to ensure the safety  
560 and dignity of patients.

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

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

571 Section 8. Paragraph (a) of subsection (1) and subsection  
572 (4) of section 394.4625, Florida Statutes, are amended to read:  
573 394.4625 Voluntary admissions.—

574 (1) AUTHORITY TO RECEIVE PATIENTS.—

575 (a) A facility may receive for observation, diagnosis, or  
576 treatment any person 18 years of age or older applying to the  
577 facility ~~making application~~ by express and informed consent for  
578 admission to the facility, or any person age 17 or under for  
579 whom such application is made by his or her parent or legal  
580 guardian. If found to show evidence of mental illness, to be

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581 competent to provide express and informed consent, and to be  
582 suitable for treatment, such person 18 years of age or older may  
583 be admitted to the facility. A person age 17 or under may be  
584 admitted only after a hearing to verify the voluntariness of the  
585 minor's consent.

586 1. The minor's voluntariness hearing shall be a clinical,  
587 noncourt proceeding organized by the receiving facility in  
588 accordance with all rules and regulations adopted by the  
589 department. No later than 72 hours after the minor's arrival at  
590 the facility for observation, diagnosis, or treatment pursuant  
591 to subsection (4), the facility administrator must initiate the  
592 voluntariness hearing by filing a petition for involuntary  
593 treatment pursuant to s. 394.463(2) and a petition for voluntary  
594 placement. The petition for voluntary placement must include all  
595 forms and information required by the department, including, but  
596 not limited to, the application for voluntary admission; the  
597 express and informed consent of the person age 17 or under and  
598 his or her parent or legal guardian to admission for treatment;  
599 certification that the disclosures to obtain express and  
600 informed consent required under s. 394.459 were communicated to  
601 the minor and his or her parent or legal guardian; and pertinent  
602 demographic information about the minor and his or her parent or  
603 legal guardian, including whether a parenting plan in a final  
604 judgment of paternity or dissolution of marriage has been  
605 entered, whether the parent or legal guardian is authorized to  
606 make health care decisions on behalf of the person, and  
607 certification that a copy of the final judgment or other  
608 document that establishes the authority of the parent or legal  
609 guardian has been or will be provided to the court.

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610       2. Upon filing, the clerk of the court shall provide copies  
611 to the department, to the person age 17 or under, and to his or  
612 her parent or legal guardian. A public defender shall also be  
613 immediately appointed to represent the minor and shall  
614 coordinate with the facility administrator to schedule the  
615 voluntariness hearing. A fee may not be charged for filing a  
616 petition pursuant to subparagraph 1., and the voluntariness  
617 hearing must occur before the date the clerk sets in the  
618 simultaneously filed involuntary placement petition.

619       3. Unless the public defender determines otherwise, the  
620 minor's consent is presumed voluntary and, upon verification,  
621 the facility shall inform the court of this result and withdraw  
622 its involuntary admission petition. If the minor's consent is  
623 determined to be involuntary, the facility must either discharge  
624 the minor or proceed to continue treating him or her on an  
625 involuntary basis.

626       (4) TRANSFER TO VOLUNTARY STATUS.—An involuntary patient  
627 who applies to be transferred to voluntary status shall be  
628 transferred to voluntary status immediately, unless the patient  
629 has been charged with a crime, or has been involuntarily placed  
630 for treatment by a court pursuant to s. 394.467 and continues to  
631 meet the criteria for involuntary placement. When transfer to  
632 voluntary status occurs, notice shall be given as provided in s.  
633 394.4599 and, if the patient requesting transfer is 17 years of  
634 age or younger, the facility administrator must contact the  
635 public defender who represented the patient in the involuntary  
636 proceeding and arrange a voluntariness hearing pursuant to  
637 subparagraph (1)(a)2. The voluntariness hearing must be held  
638 within 72 hours after the patient's transfer request and the

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639 facility must submit the voluntariness application to the clerk  
640 of court and then inform the court of the result of the hearing.

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

644 394.463 Involuntary examination.—

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

649 (a)1. The person has refused voluntary examination after  
650 conscientious explanation and disclosure of the purpose of the  
651 examination; or

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

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

661 2. There is a substantial likelihood that in the near  
662 future and without care or treatment, the person will inflict  
663 serious ~~cause serious bodily~~ harm to self ~~himself or herself~~ or  
664 others ~~in the near future~~, as evidenced by acts, omissions, or  
665 ~~recent~~ behavior causing, attempting, or threatening such harm,  
666 which includes, but is not limited to, significant property  
667 damage.

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668 (2) INVOLUNTARY EXAMINATION.—

669 (g) The examination period must be for up to 72 hours. For  
670 a minor, the examination shall be initiated within 12 hours  
671 after the patient's arrival at the facility, and at the close of  
672 the examination period, the facility must inform the department  
673 of the minor's admission and case outcome. Within the  
674 examination period or, if the examination period ends on a  
675 weekend or holiday, no later than the next working day  
676 thereafter, one of the following actions must be taken, based on  
677 the individual needs of the patient:

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

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

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

687 4. A petition for involuntary services shall be filed in  
688 the circuit court ~~if inpatient treatment is deemed necessary~~ or  
689 with a the criminal county court, as described in s. 394.4655  
690 ~~defined in s. 394.4655(1)~~, as applicable. When inpatient  
691 treatment is deemed necessary, the least restrictive treatment  
692 consistent with the optimum improvement of the patient's  
693 condition shall be made available. The petition ~~When a petition~~  
694 ~~is to be filed for involuntary outpatient placement, it shall be~~  
695 ~~filed by one of the petitioners specified in s. 394.4655(4)(a).~~  
696 ~~A petition for involuntary inpatient placement shall be filed by~~



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697 the facility administrator.

698 (h) A person for whom an involuntary examination has been  
 699 initiated who is being evaluated or treated at a hospital for an  
 700 emergency medical condition specified in s. 395.002 must be  
 701 examined by a facility within the examination period specified  
 702 in paragraph (g). The examination period begins when the patient  
 703 arrives at the hospital and ceases when the attending physician  
 704 documents that the patient has an emergency medical condition.  
 705 If the patient is examined at a hospital providing emergency  
 706 medical services by a professional qualified to perform an  
 707 involuntary examination and is found as a result of that  
 708 examination not to meet the criteria for involuntary outpatient  
 709 services pursuant to s. 394.4655 ~~s. 394.4655(2)~~ or involuntary  
 710 inpatient placement pursuant to s. 394.467(1), the patient may  
 711 be offered voluntary services or placement, if appropriate, or  
 712 released directly from the hospital providing emergency medical  
 713 services. The finding by the professional that the patient has  
 714 been examined and does not meet the criteria for involuntary  
 715 inpatient services or involuntary outpatient placement must be  
 716 entered into the patient's clinical record. This paragraph is  
 717 not intended to prevent a hospital providing emergency medical  
 718 services from appropriately transferring a patient to another  
 719 hospital before stabilization if the requirements of s.  
 720 395.1041(3)(c) have been met.

721 (5) UNLAWFUL ACTIVITIES RELATING TO EXAMINATION AND  
 722 TREATMENT; PENALTIES.-

723 (a) Knowingly furnishing false information for the purpose  
 724 of obtaining emergency or other involuntary admission for any  
 725 person is a misdemeanor of the first degree, punishable as

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726 provided in s. 775.082 and by a fine not exceeding \$5,000.

727 (b) Causing or otherwise securing, conspiring with or  
728 assisting another to cause or secure, without reason for  
729 believing a person to be impaired, any emergency or other  
730 involuntary procedure for the person is a misdemeanor of the  
731 first degree, punishable as provided in s. 775.082 and by a fine  
732 not exceeding \$5,000.

733 (c) Causing, or conspiring with or assisting another to  
734 cause, the denial to any person of any right accorded pursuant  
735 to this chapter is a misdemeanor of the first degree, punishable  
736 as provided in s. 775.082 by a fine not exceeding \$5,000.

737 Section 10. Section 394.4655, Florida Statutes, is amended  
738 to read:

739 (Substantial rewording of section. See  
740 s. 394.4655, F.S., for present text.)

741 394.4655 Involuntary outpatient services.-

742 (1) (a) In lieu of inpatient treatment, the court may order  
743 a respondent into outpatient treatment, or some combination of  
744 each service, for up to 6 months if, during a hearing under s.  
745 394.467, it is established that the respondent meets involuntary  
746 placement criteria and:

747 1. Has been jailed or incarcerated, has been involuntarily  
748 admitted to a receiving or treatment facility as defined in s.  
749 394.455, or has received mental health services in a forensic or  
750 correctional facility at least twice during the last 36 months;

751 2. The outpatient treatment is provided in the county in  
752 which the respondent resides or, if being placed from a state  
753 treatment facility, will reside;

754 3. And the respondent's treating physician certifies,

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755 within a reasonable degree of medical probability, that the  
756 respondent:

757 a. Can be more appropriately treated on an outpatient  
758 basis;

759 b. Can follow a prescribed treatment plan; and

760 c. Is not likely to become dangerous, suffer more serious  
761 harm or illness, or further deteriorate if such plan is  
762 followed.

763 (b) For the duration of his or her treatment, the  
764 respondent must be supervised by a willing, able, and  
765 responsible friend, family member, social worker, case manager  
766 of a licensed service provider, guardian, or guardian advocate.  
767 This supervisor must inform the court, state attorney, and  
768 public defender of any failure by the respondent to comply with  
769 his or her outpatient program.

770 (2) The court shall retain jurisdiction over the case and  
771 parties for the entry of such further orders after a hearing, as  
772 the circumstances may require.

773 (3) A criminal county court exercising its original  
774 jurisdiction in a misdemeanor case under s. 34.01 may order a  
775 person into involuntary outpatient services.

776 Section 11. Subsections (1) and (5) and paragraphs (a),  
777 (b), and (c) of subsection (6) of section 394.467, Florida  
778 Statutes, are amended to read:

779 394.467 Involuntary inpatient placement.—

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

783 (a) He or she has a mental illness and because of his or

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784 her mental illness:

785 1.a. He or she has refused voluntary inpatient placement  
786 for treatment after sufficient and conscientious explanation and  
787 disclosure of the purpose of inpatient placement for treatment;  
788 or

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

791 2.a. He or she is incapable of surviving alone or with the  
792 help of willing, able, and responsible family or friends,  
793 including available alternative services, and, without  
794 treatment, is likely to suffer from neglect or refuse to care  
795 for himself or herself, and such neglect or refusal poses a real  
796 and present threat of substantial harm to his or her well-being;  
797 or

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

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

807 (5) CONTINUANCE OF HEARING.—The patient and the state are  
808 independently entitled ~~is entitled, with the concurrence of the~~  
809 ~~patient's counsel~~, to at least one continuance of the hearing.  
810 The patient's continuance may be for a period of ~~for~~ up to 4  
811 weeks and requires the concurrence of his or her counsel. The  
812 state's continuance may be for a period of up to 7 court working

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813 days and requires a showing of good cause and due diligence by  
814 the state before requesting the continuance. The state's failure  
815 to timely review any readily available document or failure to  
816 attempt to contact a known witness does not warrant a  
817 continuance.

818 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

819 (a)1. The court shall hold the hearing on involuntary  
820 inpatient placement within 7 ~~5~~ court working days, unless a  
821 continuance is granted.

822 2. Except for good cause documented in the court file, the  
823 hearing must be held in the county or the facility, as  
824 appropriate, where the patient is located, must be as convenient  
825 to the patient as is consistent with orderly procedure, and  
826 shall be conducted in physical settings not likely to be  
827 injurious to the patient's condition. If the court finds that  
828 the patient's attendance at the hearing is not consistent with  
829 the best interests of, or is likely to be injurious to, the  
830 patient, or the patient knowingly, intelligently, and  
831 voluntarily waives his or her right to be present, and the  
832 patient's counsel does not object, the court may waive the  
833 presence of the patient from all or any portion of the hearing.  
834 Absent a showing of good cause, the court may permit all  
835 witnesses, including, but not limited to, any medical  
836 professionals or personnel who are or have been involved with  
837 the patient's treatment, to remotely attend and testify at the  
838 hearing under oath via the most appropriate and convenient  
839 technological method of communication available to the court,  
840 including, but not limited to, teleconference. The state  
841 attorney for the circuit in which the patient is located shall

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842 represent the state, rather than the petitioning facility  
843 administrator, as the real party in interest in the proceeding.  
844 In order to evaluate and prepare its case, the state attorney  
845 may access, by subpoena if necessary, the patient, witnesses,  
846 and all relevant records. Such records include, but are not  
847 limited to, any social media, school records, clinical files,  
848 and reports documenting contact the patient may have had with  
849 law enforcement officers or other state agencies. However, these  
850 records shall remain confidential, and the state attorney may  
851 not use any records obtained under this part for criminal  
852 investigation or prosecution purposes, or for any purpose other  
853 than the patient's civil commitment under this chapter.

854 3. The court may appoint a magistrate to preside at the  
855 hearing on the petition and any ancillary proceedings thereto,  
856 which include, but are not limited to, writs of habeas corpus  
857 issued pursuant to s. 394.459(8). One of the professionals who  
858 executed the petition for involuntary inpatient placement  
859 certificate shall be a witness. The patient and the patient's  
860 guardian or representative shall be informed by the court of the  
861 right to an independent expert examination. If the patient  
862 cannot afford such an examination, the court shall ensure that  
863 one is provided, as otherwise provided for by law. The  
864 independent expert's report is confidential and not  
865 discoverable, unless the expert is to be called as a witness for  
866 the patient at the hearing. The testimony in the hearing must be  
867 given under oath, and the proceedings must be recorded. The  
868 patient may refuse to testify at the hearing.

869 (b) If the court concludes that the patient meets the  
870 criteria for involuntary inpatient placement, it may order that

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871 the patient be transferred to a treatment facility or, if the  
872 patient is at a treatment facility, that the patient be retained  
873 there or be treated at any other appropriate facility, or that  
874 the patient receive services, on an involuntary basis, for up to  
875 ~~90 days. However, any order for involuntary mental health~~  
876 ~~services in a treatment facility may be for up to 6 months.~~ The  
877 order shall specify the nature and extent of the patient's  
878 mental illness and, unless the patient has transferred to a  
879 voluntary status, the facility must discharge the patient at any  
880 time he or she no longer meets the criteria for involuntary  
881 inpatient treatment. The court may not order an individual with  
882 traumatic brain injury or dementia who lacks a co-occurring  
883 mental illness or is displaying behavioral disturbances to be  
884 involuntarily placed in a state treatment facility unless  
885 evaluations show that the individual may benefit from behavioral  
886 health treatment. Such individuals must be referred to the  
887 Agency for Persons with Disabilities or the Department of  
888 Elderly Affairs for further evaluation and placement in a  
889 medical rehabilitation facility or supportive residential  
890 placement that addresses their individual needs. In addition, if  
891 it reasonably appears that the individual would be found  
892 incapacitated under chapter 744 and the individual does not  
893 already have a legal guardian, the facility must inform any  
894 known next of kin and initiate guardianship proceedings. The  
895 facility may hold the individual until the petition to appoint a  
896 guardian is heard by the court and placement is secured. ~~The~~  
897 ~~facility shall discharge a patient any time the patient no~~  
898 ~~longer meets the criteria for involuntary inpatient placement,~~  
899 ~~unless the patient has transferred to voluntary status.~~

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900 (c) If at any time before the conclusion of the involuntary  
 901 placement ~~hearing on involuntary inpatient placement~~ it appears  
 902 to the court that the person does not meet the criteria of ~~for~~  
 903 ~~involuntary inpatient placement~~ under this section, but instead  
 904 meets the criteria for involuntary ~~outpatient services~~, the  
 905 ~~court may order the person evaluated for involuntary outpatient~~  
 906 ~~services pursuant to s. 394.4655. The petition and hearing~~  
 907 ~~procedures set forth in s. 394.4655 shall apply. If the person~~  
 908 ~~instead meets the criteria for involuntary assessment,~~  
 909 ~~protective custody, or involuntary admission or treatment~~  
 910 pursuant to s. 397.675, ~~then~~ the court may order the person to  
 911 be admitted for involuntary assessment ~~for a period of 5 days~~  
 912 pursuant to s. 397.6957 ~~s. 397.6811~~. Thereafter, all proceedings  
 913 are governed by chapter 397. The court may also refer the case  
 914 to the department so that the department may investigate and  
 915 initiate protective services under chapter 39 or chapter 415, or  
 916 provide other home health services as needed.

917 Section 12. Section 394.4785, Florida Statutes, is amended  
 918 to read:

919 394.4785 Children and adolescents; admission and placement  
 920 in mental health facilities.-

921 (1) A child or adolescent as defined in s. 394.492 may not  
 922 be admitted to a state-owned or state-operated mental health  
 923 treatment facility. A child may be admitted pursuant to s.  
 924 394.4625 or s. 394.467 to a crisis stabilization unit or a  
 925 residential treatment center licensed under this chapter or a  
 926 hospital licensed under chapter 395. The treatment center, unit,  
 927 or hospital must provide the least restrictive available  
 928 treatment that is appropriate to the individual needs of the



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929 child or adolescent and must adhere to the guiding principles,  
930 system of care, and service planning provisions contained in  
931 part III of this chapter.

932 (2) A person under the age of 14 who is admitted to any  
933 hospital licensed pursuant to chapter 395 may not be admitted to  
934 a bed in a room or ward with an adult patient in a mental health  
935 unit or share common areas with an adult patient in a mental  
936 health unit. However, a person 14 years of age or older may be  
937 admitted to a bed in a room or ward in the mental health unit  
938 with an adult if the admitting physician documents in the case  
939 record that such placement is medically indicated or for reasons  
940 of safety. Such placement shall be reviewed by the attending  
941 physician or a designee or on-call physician each day and  
942 documented in the case record.

943 (3) Within 72 hours after a minor is admitted to a crisis  
944 stabilization unit or a residential treatment center licensed  
945 under this chapter or a hospital licensed under chapter 395, the  
946 facility administrator must refer the case to the clerk of the  
947 court for the appointment of a public defender for a potential  
948 initiation of a clinical or judicial hearing under s. 394.4625  
949 or s. 394.467. An attorney who represents the minor shall have  
950 access to all records relevant to the presentation of the  
951 minor's case. All hearings involving patients under the age of  
952 18 must be conducted in the physical presence of the minor and  
953 may not be conducted through electronic or video communication.  
954 A person who violates this subsection commits a misdemeanor of  
955 the first degree, punishable as provided in s. 775.082 or s.  
956 775.083.

957 Section 13. Subsection (3) of section 394.495, Florida

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958 Statutes, is amended to read:

959 394.495 Child and adolescent mental health system of care;  
960 programs and services.—

961 (3) Assessments must be performed by:

962 (a) A clinical psychologist, clinical social worker,  
963 physician, psychiatric nurse, or psychiatrist as those terms are  
964 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~  
965 ~~(7), (32), (35), or (36);~~

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

967 (c) A person who is under the direct supervision of a  
968 clinical psychologist, clinical social worker, physician,  
969 psychiatric nurse, or psychiatrist as those terms are defined in  
970 s. 394.455 ~~qualified professional as defined in s. 394.455(5),~~  
971 ~~(7), (32), (35), or (36)~~ or a professional licensed under  
972 chapter 491.

973 Section 14. Subsection (5) of section 394.496, Florida  
974 Statutes, is amended to read:

975 394.496 Service planning.—

976 (5) A clinical psychologist, clinical social worker,  
977 physician, psychiatric nurse, or psychiatrist as those terms are  
978 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~  
979 ~~(7), (32), (35), or (36)~~ or a professional licensed under  
980 chapter 491 must be included among those persons developing the  
981 services plan.

982 Section 15. Paragraph (a) of subsection (2) of section  
983 394.499, Florida Statutes, is amended to read:

984 394.499 Integrated children's crisis stabilization  
985 unit/juvenile addictions receiving facility services.—

986 (2) Children eligible to receive integrated children's

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987 crisis stabilization unit/juvenile addictions receiving facility  
988 services include:

989 (a) A person under 18 years of age for whom voluntary  
990 application is made by his or her parent or legal guardian, if  
991 such person is found to show evidence of mental illness and to  
992 be suitable for treatment pursuant to s. 394.4625. A person  
993 under 18 years of age may be admitted for integrated facility  
994 services only after a hearing to verify that the consent to  
995 admission is voluntary is conducted pursuant to s. 394.4625.

996 Section 16. Subsection (6) of section 394.9085, Florida  
997 Statutes, is amended to read:

998 394.9085 Behavioral provider liability.—

999 (6) For purposes of this section, the terms "detoxification  
1000 services," "addictions receiving facility," and "receiving  
1001 facility" have the same meanings as those provided in ss.  
1002 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(41) ~~394.455(39)~~,  
1003 respectively.

1004 Section 17. Subsection (3) of section 397.305, Florida  
1005 Statutes, is amended to read:

1006 397.305 Legislative findings, intent, and purpose.—

1007 (3) It is the purpose of this chapter to provide for a  
1008 comprehensive continuum of accessible and quality substance  
1009 abuse prevention, intervention, clinical treatment, and recovery  
1010 support services in the most appropriate and least restrictive  
1011 environment which promotes long-term recovery while protecting  
1012 and respecting the rights of individuals, primarily through  
1013 community-based private not-for-profit providers working with  
1014 local governmental programs involving a wide range of agencies  
1015 from both the public and private sectors.

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1016 Section 18. Present subsections (29) through (36) and (37)  
1017 through (50) of section 397.311, Florida Statutes, are  
1018 redesignated as subsections (30) through (37) and (39) through  
1019 (52), respectively, new subsections (29) and (38) are added to  
1020 that section, and subsections (19) and (23) of that section are  
1021 amended, to read:

1022 397.311 Definitions.—As used in this chapter, except part  
1023 VIII, the term:

1024 (19) "Impaired" or "substance abuse impaired" means a  
1025 condition involving the use of alcoholic beverages, illicit or  
1026 prescription drugs, or any psychoactive or mood-altering  
1027 substance in such a manner as to induce mental, emotional, or  
1028 physical problems or ~~and~~ cause socially dysfunctional behavior.

1029 (23) "Involuntary treatment services" means an array of  
1030 behavioral health services that may be ordered by the court for  
1031 persons with substance abuse impairment or co-occurring  
1032 substance abuse impairment and mental health disorders.

1033 (29) "Neglect or refuse to care for himself or herself"  
1034 includes, but is not limited to, evidence that a person:

1035 (a) Is unable to satisfy basic needs for nourishment,  
1036 clothing, medical care, shelter, or safety in a manner that  
1037 creates a substantial probability of imminent death, serious  
1038 physical debilitation, or disease; or

1039 (b) Is substantially unable to make an informed treatment  
1040 choice and needs care or treatment to prevent deterioration.

1041 (38) "Real and present threat of substantial harm"  
1042 includes, but is not limited to, evidence of a substantial  
1043 probability that the untreated person will:

1044 (a) Lack, refuse, or not receive services for health or

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1045 safety; or

1046 (b) Suffer severe mental, emotional, or physical harm that  
1047 will result in the loss of ability to function in the community  
1048 or the loss of cognitive or volitional control over thoughts or  
1049 actions.

1050 Section 19. Section 397.416, Florida Statutes, is amended  
1051 to read:

1052 397.416 Substance abuse treatment services; qualified  
1053 professional.—Notwithstanding any other provision of law, a  
1054 person who was certified through a certification process  
1055 recognized by the former Department of Health and Rehabilitative  
1056 Services before January 1, 1995, may perform the duties of a  
1057 qualified professional with respect to substance abuse treatment  
1058 services as defined in this chapter, and need not meet the  
1059 certification requirements contained in s. 397.311(36) ~~s.~~  
1060 ~~397.311(35)~~.

1061 Section 20. Subsection (11) is added to section 397.501,  
1062 Florida Statutes, to read:

1063 397.501 Rights of individuals.—Individuals receiving  
1064 substance abuse services from any service provider are  
1065 guaranteed protection of the rights specified in this section,  
1066 unless otherwise expressly provided, and service providers must  
1067 ensure the protection of such rights.

1068 (11) POST-DISCHARGE RIGHT TO CONTINUUM OF CARE.—Upon  
1069 discharge, a respondent with a serious substance abuse addiction  
1070 must be afforded the essential elements of recovery and placed  
1071 in a continuum of care regimen. The department shall adopt rules  
1072 specifying the services that must be provided to such  
1073 respondents and identifying which substance abuse addictions

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1074 entitle a respondent to such services.

1075 Section 21. Section 397.675, Florida Statutes, is amended  
1076 to read:

1077 397.675 Criteria for involuntary admissions, including  
1078 protective custody, emergency admission, and other involuntary  
1079 assessment, involuntary treatment, and alternative involuntary  
1080 assessment for minors, for purposes of assessment and  
1081 stabilization, and for involuntary treatment.—A person meets the  
1082 criteria for involuntary admission if there is good faith reason  
1083 to believe that the person is substance abuse impaired or has a  
1084 co-occurring mental health disorder and, because of such  
1085 impairment or disorder:

1086 (1) Has lost the power of self-control with respect to  
1087 substance abuse, or has a history of noncompliance with  
1088 substance abuse treatment; and

1089 (2) ~~(a)~~ Is in need of substance abuse services and, by  
1090 reason of substance abuse impairment, his or her judgment has  
1091 been so impaired that he or she is refusing voluntary care after  
1092 a sufficient and conscientious explanation and disclosure of the  
1093 purpose for such services, or is incapable of appreciating his  
1094 or her need for such services and of making a rational decision  
1095 in that regard, although mere refusal to receive such services  
1096 does not constitute evidence of lack of judgment with respect to  
1097 his or her need for such services; and ~~or~~

1098 (3) (a) ~~(b)~~ Without care or treatment, is likely to suffer  
1099 from neglect or refuse to care for himself or herself; that such  
1100 neglect or refusal poses a real and present threat of  
1101 substantial harm to his or her well-being; and that it is not  
1102 apparent that such harm may be avoided through the help of

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1103 willing, able, and responsible family members or friends or the  
1104 provision of other services;~~7~~ or

1105 (b) There is substantial likelihood that, in the near  
1106 future and without services, the person will inflict serious  
1107 harm to self or others, as evidenced by acts, omissions, or  
1108 behavior causing, attempting, or threatening such harm, which  
1109 includes, but is not limited to, significant property damage ~~has~~  
1110 ~~inflicted, or threatened to or attempted to inflict, or, unless~~  
1111 ~~admitted, is likely to inflict, physical harm on himself,~~  
1112 ~~herself, or another.~~

1113 Section 22. Subsection (1) of section 397.6751, Florida  
1114 Statutes, is amended to read:

1115 397.6751 Service provider responsibilities regarding  
1116 involuntary admissions.-

1117 (1) It is the responsibility of the service provider to:

1118 (a) Ensure that a person who is admitted to a licensed  
1119 service component meets the admission criteria specified in s.  
1120 397.675;

1121 (b) Ascertain whether the medical and behavioral conditions  
1122 of the person, as presented, are beyond the safe management  
1123 capabilities of the service provider;

1124 (c) Provide for the admission of the person to the service  
1125 component that represents the most appropriate and least  
1126 restrictive available setting that is responsive to the person's  
1127 treatment needs;

1128 (d) Verify that the admission of the person to the service  
1129 component does not result in a census in excess of its licensed  
1130 service capacity;

1131 (e) Determine whether the cost of services is within the

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1132 financial means of the person or those who are financially  
1133 responsible for the person's care; and

1134 (f) Take all necessary measures to ensure that each  
1135 individual in treatment is provided with a safe environment, and  
1136 to ensure that each individual whose medical condition or  
1137 behavioral problem becomes such that he or she cannot be safely  
1138 managed by the service component is discharged and referred to a  
1139 more appropriate setting for care.

1140 Section 23. Section 397.681, Florida Statutes, is amended  
1141 to read:

1142 397.681 Involuntary petitions; general provisions; court  
1143 jurisdiction and right to counsel.—

1144 (1) JURISDICTION.—The courts have jurisdiction of  
1145 ~~involuntary assessment and stabilization petitions and~~  
1146 involuntary treatment petitions for substance abuse impaired  
1147 persons, and such petitions must be filed with the clerk of the  
1148 court in the county where the person is located. The clerk of  
1149 the court may not charge a fee for the filing of a petition  
1150 under this section. The chief judge may appoint a general or  
1151 special magistrate to preside over all or part of the  
1152 proceedings. The alleged impaired person is named as the  
1153 respondent.

1154 (2) RIGHT TO COUNSEL.—A respondent has the right to counsel  
1155 at every stage of a proceeding relating to a petition for his or  
1156 her ~~involuntary assessment and a petition for his or her~~  
1157 involuntary treatment for substance abuse impairment. A  
1158 respondent who desires counsel and is unable to afford private  
1159 counsel has the right to court-appointed counsel and to the  
1160 benefits of s. 57.081. If the court believes that the respondent



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1161 needs the assistance of counsel, the court shall appoint such  
1162 counsel for the respondent without regard to the respondent's  
1163 wishes. If the respondent is a minor not otherwise represented  
1164 in the proceeding, the court shall immediately appoint a  
1165 guardian ad litem to act on the minor's behalf.

1166 (3) STATE REPRESENTATIVE.—Subject to legislative  
1167 appropriation, for all court-involved involuntary proceedings  
1168 under this chapter, the state attorney for the circuit in which  
1169 the respondent is located shall represent the state rather than  
1170 the petitioner as the real party of interest in the proceeding,  
1171 but the state attorney must be respectful of the petitioner's  
1172 interests and concerns. In order to evaluate and prepare its  
1173 case, the state attorney may access, by subpoena if necessary,  
1174 the respondent, the witnesses, and all relevant records. Such  
1175 records include, but are not limited to, any social media,  
1176 school records, clinical files, and reports documenting contact  
1177 the respondent may have had with law enforcement officers or  
1178 other state agencies. However, these records shall remain  
1179 confidential, and the petitioner may not access any records  
1180 obtained by the state attorney unless such records are entered  
1181 into the court file. In addition, the state attorney may not use  
1182 any records obtained under this part for criminal investigation  
1183 or prosecution purposes, or for any purpose other than the  
1184 respondent's civil commitment under this chapter.

1185 Section 24. Section 397.6811, Florida Statutes, is  
1186 repealed.

1187 Section 25. Section 397.6814, Florida Statutes, is  
1188 repealed.

1189 Section 26. Section 397.6815, Florida Statutes, is

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1190 repealed.

1191 Section 27. Section 397.6818, Florida Statutes, is  
 1192 repealed.

1193 Section 28. Section 397.6819, Florida Statutes, is  
 1194 repealed.

1195 Section 29. Section 397.6821, Florida Statutes, is  
 1196 repealed.

1197 Section 30. Section 397.6822, Florida Statutes, is  
 1198 repealed.

1199 Section 31. Section 397.693, Florida Statutes, is amended  
 1200 to read:

1201 397.693 Involuntary treatment.—A person may be the subject  
 1202 of a petition for court-ordered involuntary treatment pursuant  
 1203 to this part, if that person:

1204 (1) Reasonably appears to meet ~~meets~~ the criteria for  
 1205 involuntary admission provided in s. 397.675; ~~and:~~

1206 (2) ~~(1)~~ Has been placed under protective custody pursuant to  
 1207 s. 397.677 within the previous 10 days;

1208 (3) ~~(2)~~ Has been subject to an emergency admission pursuant  
 1209 to s. 397.679 within the previous 10 days; or

1210 (4) ~~(3)~~ Has been assessed by a qualified professional within  
 1211 30 ~~5~~ days;

1212 ~~(4) Has been subject to involuntary assessment and~~  
 1213 ~~stabilization pursuant to s. 397.6818 within the previous 12~~  
 1214 ~~days; or~~

1215 ~~(5) Has been subject to alternative involuntary admission~~  
 1216 ~~pursuant to s. 397.6822 within the previous 12 days.~~

1217 Section 32. Section 397.695, Florida Statutes, is amended  
 1218 to read:

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1219 397.695 Involuntary treatment ~~services~~; persons who may  
1220 petition.-

1221 (1) If the respondent is an adult, a petition for  
1222 involuntary treatment ~~services~~ may be filed by the respondent's  
1223 spouse or legal guardian, any relative, a service provider, or  
1224 an adult who has direct personal knowledge of the respondent's  
1225 substance abuse impairment and his or her prior course of  
1226 assessment and treatment.

1227 (2) If the respondent is a minor, a petition for  
1228 involuntary treatment may be filed by a parent, legal guardian,  
1229 or service provider.

1230 (3) The court or the clerk of the court may waive or  
1231 prohibit any service of process fees if a petitioner is  
1232 determined to be indigent under s. 57.082.

1233 Section 33. Section 397.6951, Florida Statutes, is amended  
1234 to read:

1235 397.6951 Contents of petition for involuntary treatment  
1236 ~~services~~.-

1237 (1) A petition for involuntary treatment ~~services~~ must  
1238 contain the name of the respondent; the name of the petitioner  
1239 or petitioners; the relationship between the respondent and the  
1240 petitioner; the name of the respondent's attorney, if known; ~~the~~  
1241 ~~findings and recommendations of the assessment performed by the~~  
1242 ~~qualified professional;~~ and the factual allegations presented by  
1243 the petitioner establishing the need for involuntary ~~outpatient~~  
1244 services for substance abuse impairment. The factual allegations  
1245 must demonstrate the reason for the petitioner's belief that the  
1246 respondent:

1247 ~~(1) The reason for the petitioner's belief that the~~

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1248 ~~respondent is substance abuse impaired;~~

1249 ~~(a) (2) The reason for the petitioner's belief that because~~  
1250 ~~of such impairment the respondent Has lost the power of self-~~  
1251 ~~control with respect to substance abuse, or has a history of~~  
1252 ~~noncompliance with substance abuse treatment; and~~

1253 ~~(b) Needs substance abuse services, but his or her judgment~~  
1254 ~~is so impaired by substance abuse that he or she either is~~  
1255 ~~refusing voluntary care after a sufficient and conscientious~~  
1256 ~~explanation and disclosure of the purpose of such services, or~~  
1257 ~~is incapable of appreciating his or her need for such services~~  
1258 ~~and of making a rational decision in that regard; and~~

1259 ~~(c) 1. Without services, is likely to suffer from neglect or~~  
1260 ~~refuse to care for himself or herself; that the neglect or~~  
1261 ~~refusal poses a real and present threat of substantial harm to~~  
1262 ~~his or her well-being; and that it is not apparent that the harm~~  
1263 ~~may be avoided through the help of willing, able, and~~  
1264 ~~responsible family members or friends or the provision of other~~  
1265 ~~services; or~~

1266 ~~2. There is a substantial likelihood that in the near~~  
1267 ~~future and without services, the respondent will inflict serious~~  
1268 ~~harm to self or others, as evidenced by acts, omissions, or~~  
1269 ~~behavior causing, attempting, or threatening such harm, which~~  
1270 ~~includes, but is not limited to, significant property damage~~

1271 ~~(3) (a) The reason the petitioner believes that the~~  
1272 ~~respondent has inflicted or is likely to inflict physical harm~~  
1273 ~~on himself or herself or others unless the court orders the~~  
1274 ~~involuntary services; or~~

1275 ~~(b) The reason the petitioner believes that the~~  
1276 ~~respondent's refusal to voluntarily receive care is based on~~

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1277 ~~judgment so impaired by reason of substance abuse that the~~  
1278 ~~respondent is incapable of appreciating his or her need for care~~  
1279 ~~and of making a rational decision regarding that need for care.~~

1280 (2) The petition may be accompanied by a certificate or  
1281 report of a qualified professional or a licensed physician who  
1282 has examined the respondent within 30 days before the petition's  
1283 submission. This certificate or report must include the  
1284 qualified professional or physician's findings relating to his  
1285 or her assessment of the patient and his or her treatment  
1286 recommendations. If the respondent was not assessed before the  
1287 filing of a treatment petition or refused to submit to an  
1288 evaluation, the lack of assessment or refusal must be noted in  
1289 the petition.

1290 (3) If there is an emergency, the petition must also  
1291 describe the respondent's exigent circumstances and include a  
1292 request for an ex parte assessment and stabilization order that  
1293 must be executed pursuant to s. 397.6955(4).

1294 Section 34. Section 397.6955, Florida Statutes, is amended  
1295 to read:

1296 397.6955 Duties of court upon filing of petition for  
1297 involuntary treatment ~~services~~.-

1298 (1) Upon the filing of a petition for involuntary treatment  
1299 ~~services~~ for a substance abuse impaired person with the clerk of  
1300 the court, the clerk must notify the state attorney's office. In  
1301 addition, the court shall immediately determine whether the  
1302 respondent is represented by an attorney or whether the  
1303 appointment of counsel for the respondent is appropriate. If,  
1304 based on the contents of the petition, the court appoints  
1305 counsel for the person, the clerk of the court shall immediately

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1306 notify the office of criminal conflict and civil regional  
1307 counsel, created pursuant to s. 27.511, of the appointment. The  
1308 office of criminal conflict and civil regional counsel shall  
1309 represent the person until the petition is dismissed, the court  
1310 order expires, or the person is discharged from involuntary  
1311 treatment services. An attorney that represents the person named  
1312 in the petition shall have access to the person, witnesses, and  
1313 records relevant to the presentation of the person's case and  
1314 shall represent the interests of the person, regardless of the  
1315 source of payment to the attorney.

1316 (2) The court shall schedule a hearing to be held on the  
1317 petition within 10 court working ~~5~~ days unless a continuance is  
1318 granted. The court may appoint a magistrate to preside at the  
1319 hearing.

1320 (3) A copy of the petition and notice of the hearing must  
1321 be provided to the respondent; the respondent's parent,  
1322 guardian, or legal custodian, in the case of a minor; the  
1323 respondent's attorney, if known; the petitioner; the  
1324 respondent's spouse or guardian, if applicable; and such other  
1325 persons as the court may direct. If the respondent is a minor, a  
1326 copy of the petition and notice of the hearing must be  
1327 personally delivered to the respondent. The court shall also  
1328 issue a summons to the person whose admission is sought.

1329 (4) (a) When the petitioner asserts that emergency  
1330 circumstances exist, or when upon review of the petition the  
1331 court determines that an emergency exists, the court may:

1332 1. Rely solely on the contents of the petition and, without  
1333 the appointment of an attorney, enter an ex parte order for the  
1334 respondent's involuntary assessment and stabilization which must

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1335 be executed during the period that the hearing on the petition  
1336 for treatment is pending;

1337 2. Further order a law enforcement officer or other  
1338 designated agent of the court to take the respondent into  
1339 custody and deliver him or her to the nearest appropriate  
1340 licensed service provider to be evaluated; and

1341 3. If a hearing date is set, serve the respondent with the  
1342 notice of hearing and a copy of the petition. The service  
1343 provider must promptly inform the court and parties of the  
1344 respondent's arrival and may not hold the respondent for longer  
1345 than 72 hours of observation thereafter, unless:

1346 a. The service provider seeks additional time under s.  
1347 397.6957(1)(c) and the court, after a hearing, grants that  
1348 motion; or

1349 b. The respondent shows signs of withdrawal or a need to be  
1350 either detoxified or treated for a medical condition, which  
1351 shall reset the amount of time the respondent may be held for  
1352 observation until the issue is resolved.

1353 (b) If the ex parte order was not executed by the initial  
1354 hearing date, it shall be deemed void. However, should the  
1355 respondent not appear at the hearing for any reason, including  
1356 lack of service, and upon reviewing the petition, testimony, and  
1357 evidence presented, the court reasonably believes the respondent  
1358 meets this chapter's commitment criteria and that a substance  
1359 abuse emergency exists, the court may issue or reissue an ex  
1360 parte assessment and stabilization order that is valid for 90  
1361 days. If the respondent's location is known at the time of the  
1362 hearing, the court:

1363 1. Shall continue the case for no more than 10 court

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1364 working days;

1365 2. May order a law enforcement officer or other designated  
1366 agent of the court to take the respondent into custody and  
1367 deliver him or her to the nearest appropriate licensed service  
1368 provider to be evaluated; and

1369 3. May serve the respondent with notice of the rescheduled  
1370 hearing and a copy of the involuntary treatment petition if the  
1371 respondent has not already been served.

1372  
1373 Otherwise, the petitioner and the service provider must promptly  
1374 inform the court that the respondent has been assessed so that  
1375 the court may schedule a hearing. The service provider must  
1376 serve the respondent, before his or her discharge, with the  
1377 notice of hearing and a copy of the petition. However, if the  
1378 respondent has not been assessed after 90 days, the court must  
1379 dismiss the case.

1380 Section 35. Section 397.6957, Florida Statutes, is amended  
1381 to read:

1382 397.6957 Hearing on petition for involuntary treatment  
1383 services.—

1384 (1) (a) The respondent must be present at a hearing on a  
1385 petition for involuntary treatment services unless he or she  
1386 knowingly, intelligently, and voluntarily waives his or her  
1387 right to be present or, upon receiving proof of service and  
1388 evaluating the circumstances of the case, the court finds that  
1389 his or her presence is inconsistent with his or her best  
1390 interests or is likely to be injurious to himself or herself or  
1391 others. ~~services,~~ The court shall hear and review all relevant  
1392 evidence, including testimony from individuals such as family



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1393 members familiar with the respondent's prior history and how it  
1394 relates to his or her current condition, and the review of  
1395 results of the assessment completed by the qualified  
1396 professional in connection with this chapter. Absent a showing  
1397 of good cause, the court may permit all witnesses, such as any  
1398 medical professionals or personnel who are or have been involved  
1399 with the respondent's treatment, to remotely attend and testify  
1400 at the hearing under oath via the most appropriate and  
1401 convenient technological method of communication available to  
1402 the court, including, but not limited to, teleconference the  
1403 ~~respondent's protective custody, emergency admission,~~  
1404 ~~involuntary assessment, or alternative involuntary admission.~~  
1405 ~~The respondent must be present unless the court finds that his~~  
1406 ~~or her presence is likely to be injurious to himself or herself~~  
1407 ~~or others, in which event the court must appoint a guardian~~  
1408 ~~advocate to act in behalf of the respondent throughout the~~  
1409 ~~proceedings.~~

1410 (b) A respondent cannot be involuntarily ordered into  
1411 treatment under this chapter without a clinical assessment being  
1412 performed unless the respondent is present and expressly waives  
1413 the assessment or the respondent qualifies as a habitual abuser  
1414 under s. 397.6976. In nonemergency situations, if the respondent  
1415 was not, or had previously refused to be, assessed by a  
1416 qualified professional and, based on the petition, testimony,  
1417 and evidence presented, it reasonably appears that the  
1418 respondent qualifies for involuntary placement, the court shall  
1419 issue an involuntary assessment and stabilization order to  
1420 determine the appropriate level of treatment the respondent  
1421 requires. Additionally, in cases where an assessment was

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1422 attached to the petition, the respondent may request, or the  
1423 court on its own motion may order, an independent assessment by  
1424 a court-appointed physician or an otherwise agreed-upon  
1425 physician. If an assessment order is issued, it is valid for 90  
1426 days, and if the respondent is present or there is either proof  
1427 of service or his or her location is known, the involuntary  
1428 treatment hearing shall be continued for no more than 10 court  
1429 working days. Otherwise, the petitioner and the service provider  
1430 must promptly inform the court that the respondent has been  
1431 assessed so that the court may schedule a hearing. The service  
1432 provider shall then serve the respondent, before his or her  
1433 discharge, with the notice of hearing and a copy of the  
1434 petition. The assessment must occur before the new hearing date,  
1435 and if there is evidence indicating that the respondent will not  
1436 voluntarily appear at the forthcoming hearing, or is a danger to  
1437 self or others, the court may enter a preliminary order  
1438 committing the respondent to an appropriate treatment facility  
1439 for further evaluation until the date of the rescheduled  
1440 hearing. However, if after 90 days the respondent remains  
1441 unassessed, the court shall dismiss the case.

1442 (c)1. The respondent's assessment by a qualified  
1443 professional must occur within 72 hours after his or her arrival  
1444 at a licensed service provider unless he or she shows signs of  
1445 withdrawal or a need to be either detoxified or treated for a  
1446 medical condition, which shall reset the amount of time the  
1447 respondent may be held for observation until that issue is  
1448 resolved. If the person conducting the assessment is not a  
1449 licensed physician, the assessment must be reviewed by a  
1450 licensed physician within the 72-hour period. The service

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1451 provider must also discharge the respondent after 72 hours of  
1452 observation unless the service provider petitions the court in  
1453 writing for additional time to observe the respondent or for the  
1454 court to hold the respondent's treatment hearing on an expedited  
1455 basis. The service provider must furnish copies of the motion to  
1456 all parties in accordance with applicable confidentiality  
1457 requirements and, after a hearing, the court may grant  
1458 additional time. The treatment hearing, however, may only be  
1459 expedited by agreement of the parties on the hearing date, or if  
1460 there is notice and proof of service as provided in s. 397.6955  
1461 (1) and (3). If the court grants the service provider's  
1462 petition, the service provider may hold the respondent until its  
1463 extended assessment period expires or until the expedited  
1464 hearing date.

1465 2. Upon the completion of his or her report, the qualified  
1466 professional, in accordance with applicable confidentiality  
1467 requirements, shall provide copies to the court and all relevant  
1468 parties and counsel. This report must contain a recommendation  
1469 on the level, if any, of substance abuse and, if applicable, co-  
1470 occurring mental health treatment the respondent requires. The  
1471 qualified professional's failure to include a treatment  
1472 recommendation, much like a recommendation of no treatment,  
1473 shall result in the petition's dismissal.

1474 (d) The court may order a law enforcement officer or other  
1475 designated agent of the court to take the respondent into  
1476 custody and transport him or her to or from the treating or  
1477 assessing service provider and the court for his or her hearing.

1478 (2) The petitioner has the burden of proving by clear and  
1479 convincing evidence that:

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1480 (a) The respondent is substance abuse impaired, has lost  
1481 the power of self-control with respect to substance abuse, or  
1482 ~~and~~ has a history of lack of compliance with treatment for  
1483 substance abuse; ~~and~~

1484 (b) Because of such impairment, the respondent is unlikely  
1485 to voluntarily participate in the recommended services after  
1486 sufficient and conscientious explanation and disclosure of their  
1487 purpose, or is unable to determine for himself or herself  
1488 whether services are necessary and make a rational decision in  
1489 that regard; and ~~÷~~

1490 (c) 1. Without services, the respondent is likely to suffer  
1491 from neglect or refuse to care for himself or herself; that such  
1492 neglect or refusal poses a real and present threat of  
1493 substantial harm to his or her well-being; and that it is not  
1494 apparent that such harm may be avoided through the help of  
1495 willing, able, and responsible family members or friends or the  
1496 provision of other services; or

1497 2. There is a substantial likelihood that ~~without services,~~  
1498 the respondent, in the near future, will inflict serious harm to  
1499 self or others, as evidenced by acts, omissions, or behavior  
1500 causing, attempting, or threatening such harm, which includes,  
1501 but is not limited to, significant property damage ~~cause serious~~  
1502 ~~bodily harm to himself, herself, or another in the near future,~~  
1503 ~~as evidenced by recent behavior; or~~

1504 2. ~~The respondent's refusal to voluntarily receive care is~~  
1505 ~~based on judgment so impaired by reason of substance abuse that~~  
1506 ~~the respondent is incapable of appreciating his or her need for~~  
1507 ~~care and of making a rational decision regarding that need for~~  
1508 ~~care.~~

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1509           (3) ~~One of the qualified professionals who executed the~~  
1510 ~~involuntary services certificate must be a witness. The court~~  
1511 ~~shall allow testimony from individuals, including family~~  
1512 ~~members, deemed by the court to be relevant under state law,~~  
1513 ~~regarding the respondent's prior history and how that prior~~  
1514 ~~history relates to the person's current condition. The Testimony~~  
1515 in the hearing must be taken under oath, and the proceedings  
1516 must be recorded. The respondent patient may refuse to testify  
1517 at the hearing.

1518           (4) If at any point during the hearing the court has reason  
1519 to believe that the respondent, due to mental illness other than  
1520 or in addition to substance abuse impairment, is likely to  
1521 injure himself or herself or another if allowed to remain at  
1522 liberty, or otherwise meets the involuntary commitment  
1523 provisions of part I of chapter 394, the court may initiate  
1524 involuntary proceedings under such provisions and may refer the  
1525 case to the department so that the department may investigate  
1526 and initiate protective services under chapter 39 or chapter 415  
1527 or provide other home health services as needed.

1528           (5)~~(4)~~ At the conclusion of the hearing, the court shall  
1529 either dismiss the petition or order the respondent to receive  
1530 involuntary treatment services from his or her chosen licensed  
1531 service provider if possible and appropriate. Any treatment  
1532 order must include findings regarding the respondent's need for  
1533 treatment and the appropriateness of other least restrictive  
1534 alternatives. The order may designate a specific service  
1535 provider.

1536           Section 36. Section 397.697, Florida Statutes, is amended  
1537 to read:

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1538 397.697 Court determination; effect of court order for  
1539 involuntary treatment ~~services~~.-

1540 (1)(a) When the court finds that the conditions for  
1541 involuntary treatment ~~services~~ have been proved by clear and  
1542 convincing evidence, it may order the respondent to receive  
1543 involuntary treatment ~~services~~ from a publicly funded licensed  
1544 service provider for a period not to exceed 90 days. The court  
1545 may also order a respondent to undergo treatment through a  
1546 privately funded licensed service provider if the respondent has  
1547 the ability to pay for the treatment, or if any person on the  
1548 respondent's behalf voluntarily demonstrates a willingness and  
1549 an ability to pay for the treatment. If the court finds it  
1550 necessary, it may direct the sheriff to take the respondent into  
1551 custody and deliver him or her to the licensed service provider  
1552 specified in the court order, or to the nearest appropriate  
1553 licensed service provider, for involuntary treatment ~~services~~.  
1554 When the conditions justifying involuntary treatment ~~services~~ no  
1555 longer exist, the individual must be released as provided in s.  
1556 397.6971. When the conditions justifying involuntary treatment  
1557 ~~services~~ are expected to exist after 90 days of treatment  
1558 ~~services~~, a renewal of the involuntary treatment ~~services~~ order  
1559 may be requested pursuant to s. 397.6975 before the end of the  
1560 90-day period.

1561 (b) To qualify for involuntary outpatient treatment, an  
1562 individual must be supervised by a willing, able, and  
1563 responsible friend, family member, social worker, guardian,  
1564 guardian advocate, or case manager of a licensed service  
1565 provider; and this supervisor shall inform the court and parties  
1566 if the respondent fails to comply with his or her outpatient

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1567 program. In addition, unless the respondent has been  
1568 involuntarily ordered into inpatient treatment under this  
1569 chapter at least twice during the last 36 months, or  
1570 demonstrates the ability to substantially comply with the  
1571 outpatient treatment while waiting for residential placement to  
1572 become available, he or she must receive an assessment from a  
1573 qualified professional or licensed physician expressly  
1574 recommending outpatient services, and it must appear likely that  
1575 the respondent will follow a prescribed outpatient care plan. It  
1576 must also appear that the respondent is unlikely to become  
1577 dangerous, suffer more serious harm or illness, or further  
1578 deteriorate if such plan is followed.

1579 (2) In all cases resulting in an order for involuntary  
1580 treatment services, the court shall retain jurisdiction over the  
1581 case and the parties for the entry of such further orders as the  
1582 circumstances may require, including, but not limited to,  
1583 monitoring compliance with treatment, changing the treatment  
1584 modality, or initiating contempt of court proceedings for  
1585 violating any valid order issued pursuant to this chapter.  
1586 Hearings under this section may be set by motion of the parties  
1587 or under the court's own authority, and the motion and notice of  
1588 hearing for these ancillary proceedings, which include, but are  
1589 not limited to, civil contempt, must be served in accordance  
1590 with chapter 48 or chapter 49. The court's requirements for  
1591 notification of proposed release must be included in the  
1592 original order.

1593 (3) An involuntary treatment ~~services~~ order also authorizes  
1594 the licensed service provider to require the individual to  
1595 receive treatment ~~services~~ that will benefit him or her,

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1596 including treatment ~~services~~ at any licensable service component  
1597 of a licensed service provider. While subject to the court's  
1598 oversight, the service provider's authority under this section  
1599 is separate and distinct from the court's broad continuing  
1600 jurisdiction under subsection (2).

1601 (4) If the court orders involuntary treatment ~~services~~, a  
1602 copy of the order must be sent to the managing entity within 1  
1603 working day after it is received from the court. Documents may  
1604 be submitted electronically through ~~through~~ existing data  
1605 systems, if applicable.

1606 Section 37. Section 397.6971, Florida Statutes, is amended  
1607 to read:

1608 397.6971 Early release from involuntary treatment  
1609 ~~services~~.—

1610 (1) At any time before the end of the 90-day involuntary  
1611 treatment ~~services~~ period, or before the end of any extension  
1612 granted pursuant to s. 397.6975, an individual receiving  
1613 involuntary treatment ~~services~~ may be determined eligible for  
1614 discharge to the most appropriate referral or disposition for  
1615 the individual when any of the following apply:

1616 (a) The individual no longer meets the criteria for  
1617 involuntary admission and has given his or her informed consent  
1618 to be transferred to voluntary treatment status.

1619 (b) If the individual was admitted on the grounds of  
1620 likelihood of infliction of physical harm upon himself or  
1621 herself or others, such likelihood no longer exists.

1622 (c) If the individual was admitted on the grounds of need  
1623 for assessment and stabilization or treatment, accompanied by  
1624 inability to make a determination respecting such need:



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1625 1. Such inability no longer exists; or

1626 2. It is evident that further treatment will not bring  
1627 about further significant improvements in the individual's  
1628 condition.

1629 (d) The individual ~~is~~ no longer needs treatment ~~in need of~~  
1630 ~~services~~.

1631 (e) The director of the service provider determines that  
1632 the individual is beyond the safe management capabilities of the  
1633 provider.

1634 (2) Whenever a qualified professional determines that an  
1635 individual admitted for involuntary treatment ~~services~~ qualifies  
1636 for early release under subsection (1), the service provider  
1637 shall immediately discharge the individual and must notify all  
1638 persons specified by the court in the original treatment order.

1639 Section 38. Section 397.6975, Florida Statutes, is amended  
1640 to read:

1641 397.6975 Extension of involuntary treatment ~~services~~  
1642 period.—

1643 (1) Whenever a service provider believes that an individual  
1644 who is nearing the scheduled date of his or her release from  
1645 involuntary care ~~services~~ continues to meet the criteria for  
1646 involuntary treatment ~~services~~ in s. 397.693 or s. 397.6957, a  
1647 petition for renewal of the involuntary treatment ~~services~~ order  
1648 may be filed with the court ~~at least 10 days~~ before the  
1649 expiration of the court-ordered services period. The petition  
1650 may be filed by the service provider or by the person who filed  
1651 the petition for the initial treatment order if the petition is  
1652 accompanied by supporting documentation from the service  
1653 provider. The court shall immediately schedule a hearing to be

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1654 held not more than 10 court working ~~15~~ days after filing and ~~of~~  
1655 ~~the petition. The court shall~~ provide the copy of the petition  
1656 for renewal and the notice of the hearing to all parties and  
1657 counsel to the proceeding. The hearing is conducted pursuant to  
1658 ss. 397.697 and 397.6957 and must be before the circuit court  
1659 unless referred to a magistrate ~~s. 397.6957.~~

1660 (2) If the court finds that the petition for renewal of the  
1661 involuntary treatment ~~services~~ order should be granted, it may  
1662 order the respondent to receive involuntary treatment ~~services~~  
1663 for a period not to exceed an additional 90 days. When the  
1664 conditions justifying involuntary treatment ~~services~~ no longer  
1665 exist, the individual must be released as provided in s.  
1666 397.6971. When the conditions justifying involuntary treatment  
1667 ~~services~~ continue to exist after an additional 90 days of  
1668 treatment ~~service~~, a new petition requesting renewal of the  
1669 involuntary treatment ~~services~~ order may be filed pursuant to  
1670 this section.

1671 ~~(3) Within 1 court working day after the filing of a~~  
1672 ~~petition for continued involuntary services, the court shall~~  
1673 ~~appoint the office of criminal conflict and civil regional~~  
1674 ~~counsel to represent the respondent, unless the respondent is~~  
1675 ~~otherwise represented by counsel. The clerk of the court shall~~  
1676 ~~immediately notify the office of criminal conflict and civil~~  
1677 ~~regional counsel of such appointment. The office of criminal~~  
1678 ~~conflict and civil regional counsel shall represent the~~  
1679 ~~respondent until the petition is dismissed or the court order~~  
1680 ~~expires or the respondent is discharged from involuntary~~  
1681 ~~services. Any attorney representing the respondent shall have~~  
1682 ~~access to the respondent, witnesses, and records relevant to the~~

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1683 ~~presentation of the respondent's case and shall represent the~~  
1684 ~~interests of the respondent, regardless of the source of payment~~  
1685 ~~to the attorney.~~

1686 ~~(4) Hearings on petitions for continued involuntary~~  
1687 ~~services shall be before the circuit court. The court may~~  
1688 ~~appoint a magistrate to preside at the hearing. The procedures~~  
1689 ~~for obtaining an order pursuant to this section shall be in~~  
1690 ~~accordance with s. 397.697.~~

1691 ~~(5) Notice of hearing shall be provided to the respondent~~  
1692 ~~or his or her counsel. The respondent and the respondent's~~  
1693 ~~counsel may agree to a period of continued involuntary services~~  
1694 ~~without a court hearing.~~

1695 ~~(6) The same procedure shall be repeated before the~~  
1696 ~~expiration of each additional period of involuntary services.~~

1697 ~~(7) If the respondent has previously been found incompetent~~  
1698 ~~to consent to treatment, the court shall consider testimony and~~  
1699 ~~evidence regarding the respondent's competence.~~

1700 Section 39. Section 397.6976, Florida Statutes, is created  
1701 to read:

1702 397.6976 Involuntary treatment of habitual abusers.—Upon  
1703 petition by any person authorized under s. 397.695, a person who  
1704 meets the involuntary treatment criteria of this chapter who is  
1705 also determined to be a habitual abuser may be committed by the  
1706 court, after notice and hearing as provided in this chapter, to  
1707 inpatient or outpatient treatment, or some combination thereof,  
1708 without an assessment. Such commitment may not be for longer  
1709 than 90 days, unless extended pursuant to s. 397.6975. For  
1710 purposes of this section, "habitual abuser" means any person who  
1711 has been involuntarily treated for substance abuse under this

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1712 chapter 3 or more times during the 24 months before the date of  
1713 the hearing, if each prior commitment order was initially for a  
1714 period of 90 days.

1715 Section 40. Section 397.6977, Florida Statutes, is amended  
1716 to read:

1717 397.6977 Disposition of individual upon completion of  
1718 involuntary treatment ~~services~~.—At the conclusion of the 90-day  
1719 period of court-ordered involuntary treatment ~~services~~, the  
1720 respondent is automatically discharged unless a motion for  
1721 renewal of the involuntary treatment ~~services~~ order has been  
1722 filed with the court pursuant to s. 397.6975.

1723 Section 41. Section 397.6978, Florida Statutes, is  
1724 repealed.

1725 Section 42. Section 397.706, Florida Statutes, is amended  
1726 to read:

1727 397.706 Screening, assessment, and disposition of minors  
1728 and juvenile offenders.—

1729 (1) The substance abuse treatment needs of juvenile  
1730 offenders and their families must be identified and addressed  
1731 through diversionary programs and adjudicatory proceedings  
1732 pursuant to chapter 984 or chapter 985.

1733 (2) The juvenile and circuit courts, in conjunction with  
1734 department substate entity administration, shall establish  
1735 policies and procedures to ensure that juvenile offenders are  
1736 appropriately screened for substance abuse problems and that  
1737 diversionary and adjudicatory proceedings include appropriate  
1738 conditions and sanctions to address substance abuse problems.  
1739 Policies and procedures must address:

1740 (a) The designation of local service providers responsible

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1741 for screening and assessment services and dispositional  
1742 recommendations to the department and the court.

1743 (b) The means by which juvenile offenders are processed to  
1744 ensure participation in screening and assessment services.

1745 (c) The role of the court in securing assessments when  
1746 juvenile offenders or their families are noncompliant.

1747 (d) Safeguards to ensure that information derived through  
1748 screening and assessment is used solely to assist in  
1749 dispositional decisions and not for purposes of determining  
1750 innocence or guilt.

1751 (3) Because resources available to support screening and  
1752 assessment services are limited, the judicial circuits and  
1753 department substate entity administration must develop those  
1754 capabilities to the extent possible within available resources  
1755 according to the following priorities:

1756 (a) Juvenile substance abuse offenders.

1757 (b) Juvenile offenders who are substance abuse impaired at  
1758 the time of the offense.

1759 (c) Second or subsequent juvenile offenders.

1760 (d) Minors taken into custody.

1761 (4) The court may require minors found to be substance  
1762 abuse impaired under s. 397.6957, juvenile offenders, and the  
1763 families of such minors or juvenile offenders ~~and their families~~  
1764 to participate in substance abuse assessment and treatment  
1765 services in accordance with ~~the provisions of~~ chapter 984 or  
1766 chapter 985, and the court may use its contempt powers to  
1767 enforce its orders. If a minor violates an involuntary treatment  
1768 order and there is a substantial risk of overdose or danger to  
1769 self or others, the court's civil contempt powers are exempt

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1770 from the time limitations of chapters 984 and 985, and the court  
1771 may instead hold the minor in contempt for the same amount of  
1772 time as his or her court-ordered treatment, if the court clearly  
1773 informs the minor that he or she may immediately purge the  
1774 contempt finding by complying with the treatment order. If the  
1775 contempt order results in incarceration, the minor must be  
1776 placed in a juvenile addictions receiving facility or, if no  
1777 such facility is available, a facility for juveniles. The court  
1778 must also hold a status conference every 1 to 2 weeks to assess  
1779 the minor's well-being and inquire as to whether he or she will  
1780 go to, and remain in, treatment. If the incarcerated minor  
1781 agrees to comply with the court's involuntary treatment order,  
1782 service providers must prioritize his or her placement into  
1783 treatment.

1784 Section 43. Paragraph (b) of subsection (1) of section  
1785 409.972, Florida Statutes, is amended to read:

1786 409.972 Mandatory and voluntary enrollment.—

1787 (1) The following Medicaid-eligible persons are exempt from  
1788 mandatory managed care enrollment required by s. 409.965, and  
1789 may voluntarily choose to participate in the managed medical  
1790 assistance program:

1791 (b) Medicaid recipients residing in residential commitment  
1792 facilities operated through the Department of Juvenile Justice  
1793 or a treatment facility as defined in s. 394.455 ~~s. 394.455(47)~~.

1794 Section 44. Paragraph (e) of subsection (4) of section  
1795 464.012, Florida Statutes, is amended to read:

1796 464.012 Licensure of advanced practice registered nurses;  
1797 fees; controlled substance prescribing.—

1798 (4) In addition to the general functions specified in

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1799 subsection (3), an advanced practice registered nurse may  
1800 perform the following acts within his or her specialty:

1801 (e) A psychiatric nurse, who meets the requirements in s.  
1802 394.455(36) ~~s. 394.455(35)~~, within the framework of an  
1803 established protocol with a psychiatrist, may prescribe  
1804 psychotropic controlled substances for the treatment of mental  
1805 disorders.

1806 Section 45. Subsection (7) of section 744.2007, Florida  
1807 Statutes, is amended to read:

1808 744.2007 Powers and duties.—

1809 (7) A public guardian may not commit a ward to a treatment  
1810 facility, as defined in s. 394.455 ~~s. 394.455(47)~~, without an  
1811 involuntary placement proceeding as provided by law.

1812 Section 46. Paragraph (a) of subsection (2) of section  
1813 790.065, Florida Statutes, is amended to read:

1814 790.065 Sale and delivery of firearms.—

1815 (2) Upon receipt of a request for a criminal history record  
1816 check, the Department of Law Enforcement shall, during the  
1817 licensee's call or by return call, forthwith:

1818 (a) Review any records available to determine if the  
1819 potential buyer or transferee:

1820 1. Has been convicted of a felony and is prohibited from  
1821 receipt or possession of a firearm pursuant to s. 790.23;

1822 2. Has been convicted of a misdemeanor crime of domestic  
1823 violence, and therefore is prohibited from purchasing a firearm;

1824 3. Has had adjudication of guilt withheld or imposition of  
1825 sentence suspended on any felony or misdemeanor crime of  
1826 domestic violence unless 3 years have elapsed since probation or  
1827 any other conditions set by the court have been fulfilled or

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1828 expunction has occurred; or

1829 4. Has been adjudicated mentally defective or has been  
1830 committed to a mental institution by a court or as provided in  
1831 sub-sub-subparagraph b.(II), and as a result is prohibited by  
1832 state or federal law from purchasing a firearm.

1833 a. As used in this subparagraph, "adjudicated mentally  
1834 defective" means a determination by a court that a person, as a  
1835 result of marked subnormal intelligence, or mental illness,  
1836 incompetency, condition, or disease, is a danger to himself or  
1837 herself or to others or lacks the mental capacity to contract or  
1838 manage his or her own affairs. The phrase includes a judicial  
1839 finding of incapacity under s. 744.331(6)(a), an acquittal by  
1840 reason of insanity of a person charged with a criminal offense,  
1841 and a judicial finding that a criminal defendant is not  
1842 competent to stand trial.

1843 b. As used in this subparagraph, "committed to a mental  
1844 institution" means:

1845 (I) Involuntary commitment, commitment for mental  
1846 defectiveness or mental illness, and commitment for substance  
1847 abuse. The phrase includes involuntary inpatient placement under  
1848 ~~as defined in s. 394.467~~, involuntary outpatient placement as  
1849 defined in s. 394.4655, ~~involuntary assessment and stabilization~~  
1850 ~~under s. 397.6818~~, and involuntary substance abuse treatment  
1851 under s. 397.6957, but does not include a person in a mental  
1852 institution for observation or discharged from a mental  
1853 institution based upon the initial review by the physician or a  
1854 voluntary admission to a mental institution; or

1855 (II) Notwithstanding sub-sub-subparagraph (I), voluntary  
1856 admission to a mental institution for outpatient or inpatient



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1857 treatment of a person who had an involuntary examination under  
1858 s. 394.463, where each of the following conditions have been  
1859 met:

1860 (A) An examining physician found that the person is an  
1861 imminent danger to himself or herself or others.

1862 (B) The examining physician certified that if the person  
1863 did not agree to voluntary treatment, a petition for involuntary  
1864 outpatient or inpatient treatment would have been filed under s.  
1865 394.463(2)(g)4., or the examining physician certified that a  
1866 petition was filed and the person subsequently agreed to  
1867 voluntary treatment prior to a court hearing on the petition.

1868 (C) Before agreeing to voluntary treatment, the person  
1869 received written notice of that finding and certification, and  
1870 written notice that as a result of such finding, he or she may  
1871 be prohibited from purchasing a firearm, and may not be eligible  
1872 to apply for or retain a concealed weapon or firearms license  
1873 under s. 790.06 and the person acknowledged such notice in  
1874 writing, in substantially the following form:

1875

1876 "I understand that the doctor who examined me believes I am a  
1877 danger to myself or to others. I understand that if I do not  
1878 agree to voluntary treatment, a petition will be filed in court  
1879 to require me to receive involuntary treatment. I understand  
1880 that if that petition is filed, I have the right to contest it.  
1881 In the event a petition has been filed, I understand that I can  
1882 subsequently agree to voluntary treatment prior to a court  
1883 hearing. I understand that by agreeing to voluntary treatment in  
1884 either of these situations, I may be prohibited from buying  
1885 firearms and from applying for or retaining a concealed weapons

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1886 or firearms license until I apply for and receive relief from  
1887 that restriction under Florida law.”

1888  
1889 (D) A judge or a magistrate has, pursuant to sub-sub-  
1890 subparagraph c.(II), reviewed the record of the finding,  
1891 certification, notice, and written acknowledgment classifying  
1892 the person as an imminent danger to himself or herself or  
1893 others, and ordered that such record be submitted to the  
1894 department.

1895 c. In order to check for these conditions, the department  
1896 shall compile and maintain an automated database of persons who  
1897 are prohibited from purchasing a firearm based on court records  
1898 of adjudications of mental defectiveness or commitments to  
1899 mental institutions.

1900 (I) Except as provided in sub-sub-subparagraph (II), clerks  
1901 of court shall submit these records to the department within 1  
1902 month after the rendition of the adjudication or commitment.  
1903 Reports shall be submitted in an automated format. The reports  
1904 must, at a minimum, include the name, along with any known alias  
1905 or former name, the sex, and the date of birth of the subject.

1906 (II) For persons committed to a mental institution pursuant  
1907 to sub-sub-subparagraph b.(II), within 24 hours after the  
1908 person's agreement to voluntary admission, a record of the  
1909 finding, certification, notice, and written acknowledgment must  
1910 be filed by the administrator of the receiving or treatment  
1911 facility, as defined in s. 394.455, with the clerk of the court  
1912 for the county in which the involuntary examination under s.  
1913 394.463 occurred. No fee shall be charged for the filing under  
1914 this sub-sub-subparagraph. The clerk must present the records to

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1915 a judge or magistrate within 24 hours after receipt of the  
1916 records. A judge or magistrate is required and has the lawful  
1917 authority to review the records ex parte and, if the judge or  
1918 magistrate determines that the record supports the classifying  
1919 of the person as an imminent danger to himself or herself or  
1920 others, to order that the record be submitted to the department.  
1921 If a judge or magistrate orders the submittal of the record to  
1922 the department, the record must be submitted to the department  
1923 within 24 hours.

1924 d. A person who has been adjudicated mentally defective or  
1925 committed to a mental institution, as those terms are defined in  
1926 this paragraph, may petition the court that made the  
1927 adjudication or commitment, or the court that ordered that the  
1928 record be submitted to the department pursuant to sub-sub-  
1929 subparagraph c. (II), for relief from the firearm disabilities  
1930 imposed by such adjudication or commitment. A copy of the  
1931 petition shall be served on the state attorney for the county in  
1932 which the person was adjudicated or committed. The state  
1933 attorney may object to and present evidence relevant to the  
1934 relief sought by the petition. The hearing on the petition may  
1935 be open or closed as the petitioner may choose. The petitioner  
1936 may present evidence and subpoena witnesses to appear at the  
1937 hearing on the petition. The petitioner may confront and cross-  
1938 examine witnesses called by the state attorney. A record of the  
1939 hearing shall be made by a certified court reporter or by court-  
1940 approved electronic means. The court shall make written findings  
1941 of fact and conclusions of law on the issues before it and issue  
1942 a final order. The court shall grant the relief requested in the  
1943 petition if the court finds, based on the evidence presented

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1944 with respect to the petitioner's reputation, the petitioner's  
1945 mental health record and, if applicable, criminal history  
1946 record, the circumstances surrounding the firearm disability,  
1947 and any other evidence in the record, that the petitioner will  
1948 not be likely to act in a manner that is dangerous to public  
1949 safety and that granting the relief would not be contrary to the  
1950 public interest. If the final order denies relief, the  
1951 petitioner may not petition again for relief from firearm  
1952 disabilities until 1 year after the date of the final order. The  
1953 petitioner may seek judicial review of a final order denying  
1954 relief in the district court of appeal having jurisdiction over  
1955 the court that issued the order. The review shall be conducted  
1956 de novo. Relief from a firearm disability granted under this  
1957 sub-subparagraph has no effect on the loss of civil rights,  
1958 including firearm rights, for any reason other than the  
1959 particular adjudication of mental defectiveness or commitment to  
1960 a mental institution from which relief is granted.

1961 e. Upon receipt of proper notice of relief from firearm  
1962 disabilities granted under sub-subparagraph d., the department  
1963 shall delete any mental health record of the person granted  
1964 relief from the automated database of persons who are prohibited  
1965 from purchasing a firearm based on court records of  
1966 adjudications of mental defectiveness or commitments to mental  
1967 institutions.

1968 f. The department is authorized to disclose data collected  
1969 pursuant to this subparagraph to agencies of the Federal  
1970 Government and other states for use exclusively in determining  
1971 the lawfulness of a firearm sale or transfer. The department is  
1972 also authorized to disclose this data to the Department of

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1973 Agriculture and Consumer Services for purposes of determining  
1974 eligibility for issuance of a concealed weapons or concealed  
1975 firearms license and for determining whether a basis exists for  
1976 revoking or suspending a previously issued license pursuant to  
1977 s. 790.06(10). When a potential buyer or transferee appeals a  
1978 nonapproval based on these records, the clerks of court and  
1979 mental institutions shall, upon request by the department,  
1980 provide information to help determine whether the potential  
1981 buyer or transferee is the same person as the subject of the  
1982 record. Photographs and any other data that could confirm or  
1983 negate identity must be made available to the department for  
1984 such purposes, notwithstanding any other provision of state law  
1985 to the contrary. Any such information that is made confidential  
1986 or exempt from disclosure by law shall retain such confidential  
1987 or exempt status when transferred to the department.

1988 Section 47. This act shall take effect July 1, 2020.