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A bill to be entitled

An act relating to mental health and substance abuse; amending s. 394.455, F.S.; defining the term "licensed medical practitioner"; conforming a provision to changes made by the act; amending s. 394.4572, F.S.; providing an exception to background screening requirements for certain licensed physicians and nurses; amending s. 394.459, F.S.; specifying a timeframe for recording restrictions in a patient's clinical file; requiring that such recorded restriction be immediately served on certain parties; conforming a provision to changes made by the act; amending s. 394.4598, F.S.; conforming a provision to changes made by the act; amending s. 394.4599, F.S.; revising written notice requirements relating to filing petitions for involuntary services; amending s. 394.461, F.S.; authorizing the state to establish that a transfer evaluation was performed by providing the court with a copy of the evaluation before the close of the state's case-in-chief; prohibiting the court from considering substantive information in the transfer evaluation; providing an exception; revising reporting requirements; amending ss. 394.4615 and 394.462, F.S.; conforming provisions to changes made by the act; amending s. 394.4625, F.S.; revising

26 requirements relating to voluntary admissions to a  
 27 facility for examination and treatment; conforming  
 28 provisions to changes made by the act; amending s.  
 29 394.463, F.S.; authorizing, rather than requiring, law  
 30 enforcement officers to take certain persons into  
 31 custody for involuntary examinations; requiring  
 32 written reports by law enforcement officers to contain  
 33 certain information; removing a provision prohibiting  
 34 a psychiatric nurse from approving the release of a  
 35 patient under certain circumstances; revising the  
 36 types of documents that the department is required to  
 37 receive and maintain and that are considered part of  
 38 the clinical record; requiring the department to post  
 39 a specified report on its website; revising  
 40 requirements for releasing a patient from a receiving  
 41 facility; revising requirements for petitions for  
 42 involuntary services; requiring the department and the  
 43 Agency for Health Care Administration to analyze  
 44 certain data, identify patterns and trends, and make  
 45 recommendations to decrease avoidable admissions;  
 46 authorizing recommendations to be addressed in a  
 47 specified manner; requiring the department to publish  
 48 a specified report on its website and submit such  
 49 report to the Governor and Legislature by a certain  
 50 date; amending s. 394.4655, F.S.; defining the term

51 "involuntary outpatient placement"; authorizing a  
 52 specified court to order an individual to involuntary  
 53 outpatient treatment; removing provisions relating to  
 54 criteria, retention of a patient, and petition for  
 55 involuntary outpatient services and court proceedings  
 56 relating to involuntary outpatient services; amending  
 57 s. 394.467, F.S.; providing definitions; revising  
 58 requirements for ordering a person for involuntary  
 59 services and treatment, petitions for involuntary  
 60 service, appointment of counsel, and continuances of  
 61 hearings, respectively; revising the conditions under  
 62 which a court may waive the requirement for a patient  
 63 to be present at an involuntary inpatient placement  
 64 hearing; authorizing the court to permit witnesses to  
 65 attend and testify remotely at the hearing through  
 66 specified means; providing requirements for a witness  
 67 to attend and testify remotely; requiring facilities  
 68 to make certain clinical records available to a state  
 69 attorney within a specified timeframe; specifying that  
 70 such records remain confidential and may not be used  
 71 for certain purposes; revising the circumstances under  
 72 which a court may appoint a magistrate to preside over  
 73 certain proceedings; requiring the court to allow  
 74 certain testimony from specified persons; revising the  
 75 length of time a court may require a patient to

76 receive services; requiring facilities to discharge  
 77 patients when they no longer meet the criteria for  
 78 involuntary inpatient treatment; prohibiting courts  
 79 from ordering individuals with developmental  
 80 disabilities to be involuntarily placed in a state  
 81 treatment facility; requiring courts to refer such  
 82 individuals, and authorizing courts to refer certain  
 83 other individuals, to specified agencies for  
 84 evaluation and services; providing requirements for  
 85 treatment plan modifications, noncompliance with  
 86 involuntary outpatient services, and discharge,  
 87 respectively; revising requirements for the procedure  
 88 for continued involuntary services and return to  
 89 facilities, respectively; amending s. 394.468, F.S.;  
 90 revising requirements for discharge planning and  
 91 procedures; providing requirements for the discharge  
 92 transition process; amending ss. 394.495 and 394.496,  
 93 F.S.; conforming provisions to changes made by the  
 94 act; amending s. 394.499, F.S.; revising eligibility  
 95 requirements for children's crisis stabilization  
 96 unit/juvenile addictions receiving facility services;  
 97 amending s. 394.875, F.S.; removing a limitation on  
 98 the size of a crisis stabilization unit; removing a  
 99 requirement for the department to implement a certain  
 100 demonstration project; amending s. 394.9085, F.S.;

101 conforming a cross-reference to changes made by the  
 102 act; amending s. 397.305, F.S.; revising the purpose  
 103 to include the most appropriate environment for  
 104 substance abuse services; amending s. 397.311, F.S.;  
 105 revising definitions; amending s. 397.401, F.S.;  
 106 prohibiting certain service providers from exceeding  
 107 their licensed capacity by more than a specified  
 108 percentage or for more than a specified number of  
 109 days; amending s. 397.4073, F.S.; providing an  
 110 exception to background screening requirements for  
 111 certain licensed physicians and nurses; amending s.  
 112 397.501, F.S.; revising notice requirements for the  
 113 right to counsel; amending s. 397.581, F.S.; revising  
 114 actions that constitute unlawful activities relating  
 115 to assessment and treatment; providing penalties;  
 116 amending s. 397.675, F.S.; revising the criteria for  
 117 involuntary admissions for purposes of assessment and  
 118 stabilization, and for involuntary treatment; amending  
 119 s. 397.6751, F.S.; revising service provider  
 120 responsibilities relating to involuntary admissions;  
 121 amending s. 397.681, F.S.; revising where involuntary  
 122 treatment petitions for substance abuse impaired  
 123 persons may be filed; revising the portion of such  
 124 proceedings over which a general or special magistrate  
 125 may preside; providing an exception to a respondent's

126 right to counsel relating to petitions for involuntary  
 127 treatment; revising the circumstances under which  
 128 courts are required to appoint counsel for respondents  
 129 without regard to respondents' wishes; renumbering and  
 130 amending s. 397.693, F.S.; revising the circumstances  
 131 under which a person may be the subject of court-  
 132 ordered involuntary treatment; renumbering and  
 133 amending s. 397.695, F.S.; authorizing the court or  
 134 clerk of the court to waive or prohibit any service of  
 135 process fees for petitioners determined to be  
 136 indigent; renumbering and amending s. 397.6951, F.S.;  
 137 revising the information required to be included in a  
 138 petition for involuntary treatment services;  
 139 authorizing a petitioner to include a certificate or  
 140 report of a qualified professional with such petition;  
 141 requiring such certificate or report to contain  
 142 certain information; requiring that certain additional  
 143 information be included if an emergency exists;  
 144 renumbering and amending s. 397.6955, F.S.; revising  
 145 when the office of criminal conflict and civil  
 146 regional counsel represents a person in the filing of  
 147 a petition for involuntary services and when a hearing  
 148 must be held on such petition; requiring a law  
 149 enforcement agency to effect service for initial  
 150 treatment hearings; providing an exception; amending

151 s. 397.6818, F.S.; authorizing the court to take  
 152 certain actions and issue certain orders regarding a  
 153 respondent's involuntary assessment if emergency  
 154 circumstances exist; providing a specified timeframe  
 155 for taking such actions; amending s. 397.6957, F.S.;  
 156 expanding the exemption from the requirement that a  
 157 respondent be present at a hearing on a petition for  
 158 involuntary treatment services; authorizing the court  
 159 to order drug tests and to permit witnesses to attend  
 160 and testify remotely at the hearing through certain  
 161 means; removing a provision requiring the court to  
 162 appoint a guardian advocate under certain  
 163 circumstances; prohibiting a respondent from being  
 164 involuntarily ordered into treatment unless certain  
 165 requirements are met; providing requirements relating  
 166 to involuntary assessment and stabilization orders;  
 167 providing requirements relating to involuntary  
 168 treatment hearings; requiring that the assessment of a  
 169 respondent occur before a specified time unless  
 170 certain requirements are met; authorizing service  
 171 providers to petition the court in writing for an  
 172 extension of the observation period; providing service  
 173 requirements for such petitions; authorizing the  
 174 service provider to continue to hold the respondent if  
 175 the court grants the petition; requiring a qualified

176 professional to transmit his or her report to the  
 177 clerk of the court within a specified timeframe;  
 178 requiring the clerk of the court to enter the report  
 179 into the court file; providing requirements for the  
 180 report; providing that the report's filing satisfies  
 181 the requirements for release of certain individuals if  
 182 it contains admission and discharge information;  
 183 providing for the petition's dismissal under certain  
 184 circumstances; authorizing the court to order certain  
 185 persons to take a respondent into custody and  
 186 transport him or her to or from certain service  
 187 providers and the court; revising the petitioner's  
 188 burden of proof in the hearing; authorizing the court  
 189 to initiate involuntary proceedings and have the  
 190 respondent evaluated by the Agency for Persons with  
 191 Disabilities under certain circumstances; requiring  
 192 that, if a treatment order is issued, it must include  
 193 certain findings; amending s. 397.6975, F.S.;;  
 194 authorizing certain entities to file a petition for  
 195 renewal of an involuntary treatment services order;  
 196 revising the timeframe during which the court is  
 197 required to schedule a hearing; amending s. 397.6977,  
 198 F.S.; providing requirements for discharge planning  
 199 and procedures for a respondent's release from  
 200 involuntary treatment services; repealing ss.



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201 397.6811, 397.6814, 397.6815, 397.6819, 397.6821,  
 202 397.6822, and 397.6978, F.S., relating to involuntary  
 203 assessment and stabilization and the appointment of  
 204 guardian advocates, respectively; amending s. 916.106,  
 205 F.S.; providing a definition for the term "licensed  
 206 medical practitioner"; amending s. 916.13, F.S.;  
 207 requiring the Department of Children and Families to  
 208 complete and submit a competency evaluation report to  
 209 the circuit court to determine if a defendant  
 210 adjudicated incompetent to proceed meets the criteria  
 211 for involuntary civil commitment if it is determined  
 212 that the defendant will not or is unlikely to regain  
 213 competency; defining the term "competency evaluation  
 214 report to the circuit court"; requiring a qualified  
 215 professional to sign such report under penalty of  
 216 perjury; providing requirements for such report;  
 217 authorizing a defendant who meets the criteria for  
 218 involuntary examination and court witnesses to appear  
 219 remotely for a hearing; amending ss. 40.29, 409.972,  
 220 464.012, 744.2007, 916.107, and 916.15 F.S.;  
 221 conforming provisions to changes made by the act;  
 222 providing an effective date.

223  
 224 Be It Enacted by the Legislature of the State of Florida:  
 225

226 Section 1. Subsections (26) through (50) of section  
 227 394.455, Florida Statutes, are renumbered as subsections (27)  
 228 through (51), respectively, subsection (23) is amended, and a  
 229 new subsection (26) is added to that section, to read:

230 394.455 Definitions.—As used in this part, the term:

231 (23) "Involuntary examination" means an examination  
 232 performed under s. 394.463, s. 397.6772, s. 397.679, s.  
 233 397.6798, or s. 397.6957 ~~s. 397.6811~~ to determine whether a  
 234 person qualifies for involuntary services.

235 (26) "Licensed medical practitioner" means a medical  
 236 provider who is a physician licensed under chapter 458 or  
 237 chapter 459 or an advanced practice registered nurse or  
 238 physician assistant who works under the supervision of a  
 239 licensed physician and an established protocol pursuant to ss.  
 240 458.347, 458.348, 464.003, and 464.0123.

241 Section 2. Paragraph (e) is added to subsection (1) of  
 242 section 394.4572, Florida Statutes, to read:

243 394.4572 Screening of mental health personnel.—

244 (1)

245 (e) Any licensed physician or nurse who requires  
 246 background screening by the Department of Health during initial  
 247 licensure and the renewal of licensure is not subject to  
 248 background screening pursuant to this section if he or she is  
 249 providing a service that is within the scope of his or her  
 250 licensed practice.

251 Section 3. Paragraph (d) of subsection (3) and paragraph  
 252 (d) of subsection (5) of section 394.459, Florida Statutes, are  
 253 amended to read:

254 394.459 Rights of patients.—

255 (3) RIGHT TO EXPRESS AND INFORMED PATIENT CONSENT.—

256 (d) The administrator of a receiving or treatment facility  
 257 may, upon the recommendation of the patient's licensed medical  
 258 practitioner ~~attending physician~~, authorize emergency medical  
 259 treatment, including a surgical procedure, if such treatment is  
 260 deemed lifesaving, or if the situation threatens serious bodily  
 261 harm to the patient, and permission of the patient or the  
 262 patient's guardian or guardian advocate cannot be obtained.

263 (5) COMMUNICATION, ABUSE REPORTING, AND VISITS.—

264 (d) If a patient's right to communicate with outside  
 265 persons; receive, send, or mail sealed, unopened correspondence;  
 266 or receive visitors is restricted by the facility, a qualified  
 267 professional must record the restriction and its underlying  
 268 reasons in the patient's clinical file within 24 hours. The  
 269 notice of the restriction must immediately ~~written notice of~~  
 270 ~~such restriction and the reasons for the restriction shall be~~  
 271 ~~served on the patient, the patient's attorney, and the patient's~~  
 272 ~~guardian, guardian advocate, or representative. A qualified~~  
 273 ~~professional must document any restriction within 24 hours, and~~  
 274 ~~such restriction shall be recorded on the patient's clinical~~  
 275 ~~record with the reasons therefor.~~ The restriction of a patient's

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276 right to communicate or to receive visitors shall be reviewed at  
 277 least every 3 days. The right to communicate or receive visitors  
 278 shall not be restricted as a means of punishment. Nothing in  
 279 this paragraph shall be construed to limit the provisions of  
 280 paragraph (e).

281 Section 4. Subsection (3) of section 394.4598, Florida  
 282 Statutes, is amended to read:

283 394.4598 Guardian advocate.—

284 (3) A facility requesting appointment of a guardian  
 285 advocate must, prior to the appointment, provide the prospective  
 286 guardian advocate with information about the duties and  
 287 responsibilities of guardian advocates, including the  
 288 information about the ethics of medical decisionmaking. Before  
 289 asking a guardian advocate to give consent to treatment for a  
 290 patient, the facility shall provide to the guardian advocate  
 291 sufficient information so that the guardian advocate can decide  
 292 whether to give express and informed consent to the treatment,  
 293 including information that the treatment is essential to the  
 294 care of the patient, and that the treatment does not present an  
 295 unreasonable risk of serious, hazardous, or irreversible side  
 296 effects. Before giving consent to treatment, the guardian  
 297 advocate must meet and talk with the patient and the patient's  
 298 licensed medical practitioner ~~physician~~ in person, if at all  
 299 possible, and by telephone, if not. The decision of the guardian  
 300 advocate may be reviewed by the court, upon petition of the

301 patient's attorney, the patient's family, or the facility  
 302 administrator.

303 Section 5. Paragraph (d) of subsection (2) of section  
 304 394.4599, Florida Statutes, is amended to read:

305 394.4599 Notice.—

306 (2) INVOLUNTARY ADMISSION.—

307 (d) The written notice of the filing of the petition for  
 308 involuntary services for an individual being held must contain  
 309 the following:

310 1. Notice that the petition for:

311 a. Involuntary services ~~inpatient treatment~~ pursuant to s.  
 312 394.467 has been filed with the circuit court and the address of  
 313 such court ~~in the county in which the individual is hospitalized~~  
 314 ~~and the address of such court;~~ or

315 b. Involuntary outpatient services pursuant to s. 394.467  
 316 ~~s. 394.4655~~ has been filed with the criminal county court, as  
 317 defined in s. 394.4655(1), ~~or the circuit court, as applicable,~~  
 318 ~~in the county in which the individual is hospitalized~~ and the  
 319 address of such court.

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

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

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326 4. Notice that the individual, the individual's guardian,  
 327 guardian advocate, health care surrogate or proxy, or  
 328 representative, or the administrator may apply for a change of  
 329 venue for the convenience of the parties or witnesses or because  
 330 of the condition of the individual.

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

334 Section 6. Subsection (2) and paragraph (d) of subsection  
 335 (4) of section 394.461, Florida Statutes, are amended to read:

336 394.461 Designation of receiving and treatment facilities  
 337 and receiving systems.—The department is authorized to designate  
 338 and monitor receiving facilities, treatment facilities, and  
 339 receiving systems and may suspend or withdraw such designation  
 340 for failure to comply with this part and rules adopted under  
 341 this part. The department may issue a conditional designation  
 342 for up to 60 days to allow the implementation of corrective  
 343 measures. Unless designated by the department, facilities are  
 344 not permitted to hold or treat involuntary patients under this  
 345 part.

346 (2) TREATMENT FACILITY.—The department may designate any  
 347 state-owned, state-operated, or state-supported facility as a  
 348 state treatment facility. A civil patient shall not be admitted  
 349 to a state treatment facility without previously undergoing a  
 350 transfer evaluation. Before the close of the state's case-in-

351 chief in a court hearing for involuntary placement ~~in a state~~  
 352 ~~treatment facility~~, the state may establish that the transfer  
 353 evaluation was performed and the document was properly executed  
 354 by providing the court with a copy of the transfer evaluation.  
 355 The court may not ~~shall receive and~~ consider the substantive  
 356 ~~information documented~~ in the transfer evaluation unless the  
 357 evaluator testifies at the hearing. Any other facility,  
 358 including a private facility or a federal facility, may be  
 359 designated as a treatment facility by the department, provided  
 360 that such designation is agreed to by the appropriate governing  
 361 body or authority of the facility.

362 (4) REPORTING REQUIREMENTS.—

363 (d) The department shall issue an annual report based on  
 364 the data required pursuant to this subsection. The report shall  
 365 include individual facilities' data, as well as statewide  
 366 totals. The report shall be posted on the department's website  
 367 ~~submitted to the Governor, the President of the Senate, and the~~  
 368 ~~Speaker of the House of Representatives.~~

369 Section 7. Subsection (3) of section 394.4615, Florida  
 370 Statutes, is amended to read:

371 394.4615 Clinical records; confidentiality.—

372 (3) Information from the clinical record may be released  
 373 in the following circumstances:

374 (a) When a patient has communicated to a service provider  
 375 a specific threat to cause serious bodily injury or death to an

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376 identified or a readily available person, if the service  
 377 provider reasonably believes, or should reasonably believe  
 378 according to the standards of his or her profession, that the  
 379 patient has the apparent intent and ability to imminently or  
 380 immediately carry out such threat. When such communication has  
 381 been made, the administrator may authorize the release of  
 382 sufficient information to provide adequate warning to the person  
 383 threatened with harm by the patient.

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

391  
 392 For the purpose of determining whether a person meets the  
 393 criteria for involuntary services ~~outpatient placement~~ or for  
 394 preparing the proposed treatment plan pursuant to s. 394.4655 or  
 395 s. 394.467 ~~s. 394.4655~~, the clinical record may be released to  
 396 the state attorney, the public defender or the patient's private  
 397 legal counsel, the court, and to the appropriate mental health  
 398 professionals, including the service provider under s. 394.4655  
 399 or s. 394.467 ~~identified in s. 394.4655(7)(b)2.~~, in accordance  
 400 with state and federal law.



401 Section 8. Section 394.462, Florida Statutes, is amended  
 402 to read:

403 394.462 Transportation.—A transportation plan shall be  
 404 developed and implemented by each county in collaboration with  
 405 the managing entity in accordance with this section. A county  
 406 may enter into a memorandum of understanding with the governing  
 407 boards of nearby counties to establish a shared transportation  
 408 plan. When multiple counties enter into a memorandum of  
 409 understanding for this purpose, the counties shall notify the  
 410 managing entity and provide it with a copy of the agreement. The  
 411 transportation plan shall describe methods of transport to a  
 412 facility within the designated receiving system for individuals  
 413 subject to involuntary examination under s. 394.463 or  
 414 involuntary admission under s. 397.6772, s. 397.679, s.  
 415 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify  
 416 responsibility for other transportation to a participating  
 417 facility when necessary and agreed to by the facility. The plan  
 418 may rely on emergency medical transport services or private  
 419 transport companies, as appropriate. The plan shall comply with  
 420 the transportation provisions of this section and ss. 397.6772,  
 421 397.6795, ~~397.6822~~, and 397.697.

422 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

423 (a) Each county shall designate a single law enforcement  
 424 agency within the county, or portions thereof, to take a person  
 425 into custody upon the entry of an ex parte order or the

426 execution of a certificate for involuntary examination by an  
 427 authorized professional and to transport that person to the  
 428 appropriate facility within the designated receiving system  
 429 pursuant to a transportation plan.

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

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

437 b. The law enforcement agency and the emergency medical  
 438 transport service or private transport company agree that the  
 439 continued presence of law enforcement personnel is not necessary  
 440 for the safety of the person or others.

441 2. The entity providing transportation may seek  
 442 reimbursement for transportation expenses. The party responsible  
 443 for payment for such transportation is the person receiving the  
 444 transportation. The county shall seek reimbursement from the  
 445 following sources in the following order:

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

448 b. From the person receiving the transportation.

449 c. From a financial settlement for medical care,  
 450 treatment, hospitalization, or transportation payable or

451 accruing to the injured party.

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

457 (d) Any company that contracts with a governing board of a  
 458 county to transport patients shall comply with the applicable  
 459 rules of the department to ensure the safety and dignity of  
 460 patients.

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

465 (f) When a member of a mental health overlay program or a  
 466 mobile crisis response service is a professional authorized to  
 467 initiate an involuntary examination pursuant to s. 394.463 or s.  
 468 397.675 and that professional evaluates a person and determines  
 469 that transportation to a receiving facility is needed, the  
 470 service, at its discretion, may transport the person to the  
 471 facility or may call on the law enforcement agency or other  
 472 transportation arrangement best suited to the needs of the  
 473 patient.

474 (g) When any law enforcement officer has custody of a  
 475 person based on either noncriminal or minor criminal behavior

476 that meets the statutory guidelines for involuntary examination  
 477 pursuant to s. 394.463, the law enforcement officer shall  
 478 transport the person to the appropriate facility within the  
 479 designated receiving system pursuant to a transportation plan.  
 480 Persons who meet the statutory guidelines for involuntary  
 481 admission pursuant to s. 397.675 may also be transported by law  
 482 enforcement officers to the extent resources are available and  
 483 as otherwise provided by law. Such persons shall be transported  
 484 to an appropriate facility within the designated receiving  
 485 system pursuant to a transportation plan.

486 (h) When any law enforcement officer has arrested a person  
 487 for a felony and it appears that the person meets the statutory  
 488 guidelines for involuntary examination or placement under this  
 489 part, such person must first be processed in the same manner as  
 490 any other criminal suspect. The law enforcement agency shall  
 491 thereafter immediately notify the appropriate facility within  
 492 the designated receiving system pursuant to a transportation  
 493 plan. The receiving facility shall be responsible for promptly  
 494 arranging for the examination and treatment of the person. A  
 495 receiving facility is not required to admit a person charged  
 496 with a crime for whom the facility determines and documents that  
 497 it is unable to provide adequate security, but shall provide  
 498 examination and treatment to the person where he or she is held.

499 (i) If the appropriate law enforcement officer believes  
 500 that a person has an emergency medical condition as defined in

501 s. 395.002, the person may be first transported to a hospital  
 502 for emergency medical treatment, regardless of whether the  
 503 hospital is a designated receiving facility.

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

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

515 (l) The appropriate facility within the designated  
 516 receiving system pursuant to a transportation plan must provide  
 517 persons brought by law enforcement officers, or an emergency  
 518 medical transport service or a private transport company  
 519 authorized by the county, pursuant to s. 397.675, a basic  
 520 screening or triage sufficient to refer the person to the  
 521 appropriate services.

522 (m) Each law enforcement agency designated pursuant to  
 523 paragraph (a) shall establish a policy that reflects a single  
 524 set of protocols for the safe and secure transportation and  
 525 transfer of custody of the person. Each law enforcement agency

526 shall provide a copy of the protocols to the managing entity.

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

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

539 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

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

547 (b) A company that transports a patient pursuant to this  
 548 subsection is considered an independent contractor and is solely  
 549 liable for the safe and dignified transportation of the patient.  
 550 Such company must be insured and provide no less than \$100,000

551 in liability insurance with respect to the transport of  
 552 patients.

553 (c) A company that contracts with one or more counties to  
 554 transport patients in accordance with this section shall comply  
 555 with the applicable rules of the department to ensure the safety  
 556 and dignity of patients.

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

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

567 Section 9. Paragraphs (a) and (f) of subsection (1) and  
 568 subsection (5) of section 394.4625, Florida Statutes, are  
 569 amended to read:

570 394.4625 Voluntary admissions.—

571 (1) AUTHORITY TO RECEIVE PATIENTS.—

572 (a) A facility may receive for observation, diagnosis, or  
 573 treatment any adult ~~person 18 years of age or older~~ who applies  
 574 by express and informed consent for admission or any minor  
 575 ~~person age 17 or younger~~ whose parent or legal guardian applies

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576 for admission. Such person may be admitted to the facility if  
 577 found to show evidence of mental illness and to be suitable for  
 578 treatment, and:

579 1. If the person is an adult, is found, to be competent to  
 580 provide express and informed consent; or

581 2. If the person is a minor, the parent or legal guardian  
 582 provides express and informed consent and the facility performs,  
 583 ~~and to be suitable for treatment, such person 18 years of age or~~  
 584 ~~older may be admitted to the facility. A person age 17 or~~  
 585 ~~younger may be admitted only after~~ a clinical review to verify  
 586 the voluntariness of the minor's assent.

587 (f) Within 24 hours after admission of a voluntary  
 588 patient, the licensed medical practitioner ~~admitting physician~~  
 589 shall document in the patient's clinical record that the patient  
 590 is able to give express and informed consent for admission. If  
 591 the patient is not able to give express and informed consent for  
 592 admission, the facility shall either discharge the patient or  
 593 transfer the patient to involuntary status pursuant to  
 594 subsection (5).

595 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary  
 596 patient, or an authorized person on the patient's behalf, makes  
 597 a request for discharge, the request for discharge, unless  
 598 freely and voluntarily rescinded, must be communicated to a  
 599 licensed medical practitioner ~~physician~~, clinical psychologist,  
 600 or psychiatrist as quickly as possible, but not later than 12



601 hours after the request is made. If the patient meets the  
 602 criteria for involuntary placement, the administrator of the  
 603 facility must file with the court a petition for involuntary  
 604 placement, within 2 court working days after the request for  
 605 discharge is made. If the petition is not filed within 2 court  
 606 working days, the patient shall be discharged. Pending the  
 607 filing of the petition, the patient may be held and emergency  
 608 treatment rendered in the least restrictive manner, upon the  
 609 ~~written~~ order of a licensed medical practitioner ~~physician~~, if  
 610 it is determined that such treatment is necessary for the safety  
 611 of the patient or others.

612 Section 10. Subsection (1), paragraphs (a), (e), (f), (g),  
 613 and (h) of subsection (2), and subsection (4) of section  
 614 394.463, Florida Statutes, are amended to read:

615 394.463 Involuntary examination.—

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

620 (a)1. The person has refused voluntary examination after  
 621 conscientious explanation and disclosure of the purpose of the  
 622 examination; or

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

625 (b)1. Without care or treatment, the person is likely to

626 | suffer from neglect or refuse to care for himself or herself;  
 627 | such neglect or refusal poses a real and present threat of  
 628 | substantial harm to his or her well-being; and it is not  
 629 | apparent that such harm may be avoided through the help of  
 630 | willing, able, and responsible family members or friends or the  
 631 | provision of other services; or

632 |         2. There is a substantial likelihood that without care or  
 633 | treatment the person will cause serious bodily harm to himself  
 634 | or herself or others in the near future, as evidenced by recent  
 635 | behavior.

636 |         (2) INVOLUNTARY EXAMINATION.—

637 |         (a) An involuntary examination may be initiated by any one  
 638 | of the following means:

639 |         1. A circuit or county court may enter an ex parte order  
 640 | stating that a person appears to meet the criteria for  
 641 | involuntary examination and specifying the findings on which  
 642 | that conclusion is based. The ex parte order for involuntary  
 643 | examination must be based on written or oral sworn testimony  
 644 | that includes specific facts that support the findings. If other  
 645 | less restrictive means are not available, such as voluntary  
 646 | appearance for outpatient evaluation, a law enforcement officer,  
 647 | or other designated agent of the court, shall take the person  
 648 | into custody and deliver him or her to an appropriate, or the  
 649 | nearest, facility within the designated receiving system  
 650 | pursuant to s. 394.462 for involuntary examination. The order of

651 the court shall be made a part of the patient's clinical record.  
 652 A fee may not be charged for the filing of an order under this  
 653 subsection. A facility accepting the patient based on this order  
 654 must send a copy of the order to the department within 5 working  
 655 days. The order may be submitted electronically through existing  
 656 data systems, if available. The order shall be valid only until  
 657 the person is delivered to the facility or for the period  
 658 specified in the order itself, whichever comes first. If a time  
 659 limit is not specified in the order, the order is valid for 7  
 660 days after the date that the order was signed.

661         2. A law enforcement officer may ~~shall~~ take a person who  
 662 appears to meet the criteria for involuntary examination into  
 663 custody and deliver the person or have him or her delivered to  
 664 an appropriate, or the nearest, facility within the designated  
 665 receiving system pursuant to s. 394.462 for examination. A law  
 666 enforcement officer transporting a person pursuant to this  
 667 section ~~subparagraph~~ shall restrain the person in the least  
 668 restrictive manner available and appropriate under the  
 669 circumstances. The officer shall execute a written report  
 670 detailing the circumstances under which the person was taken  
 671 into custody, which must be made a part of the patient's  
 672 clinical record. The report must include all emergency contact  
 673 information for the person that is readily accessible to the law  
 674 enforcement officer, including information available through  
 675 electronic databases maintained by the Department of Law

676 Enforcement or by the Department of Highway Safety and Motor  
 677 Vehicles. Such emergency contact information may be used by a  
 678 receiving facility only for the purpose of informing listed  
 679 emergency contacts of a patient's whereabouts pursuant to s.  
 680 119.0712(2)(d). Any facility accepting the patient based on this  
 681 report must send a copy of the report to the department within 5  
 682 working days.

683 3. A physician, a physician assistant, a clinical  
 684 psychologist, a psychiatric nurse, an advanced practice  
 685 registered nurse registered under s. 464.0123, a mental health  
 686 counselor, a marriage and family therapist, or a clinical social  
 687 worker may execute a certificate stating that he or she has  
 688 examined a person within the preceding 48 hours and finds that  
 689 the person appears to meet the criteria for involuntary  
 690 examination and stating the observations upon which that  
 691 conclusion is based. If other less restrictive means, such as  
 692 voluntary appearance for outpatient evaluation, are not  
 693 available, a law enforcement officer shall take into custody the  
 694 person named in the certificate and deliver him or her to the  
 695 appropriate, or nearest, facility within the designated  
 696 receiving system pursuant to s. 394.462 for involuntary  
 697 examination. The law enforcement officer shall execute a written  
 698 report detailing the circumstances under which the person was  
 699 taken into custody and include all emergency contact information  
 700 required under subparagraph 2. The report must include all

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701 emergency contact information for the person that is readily  
 702 accessible to the law enforcement officer, including information  
 703 available through electronic databases maintained by the  
 704 Department of Law Enforcement or by the Department of Highway  
 705 Safety and Motor Vehicles. Such emergency contact information  
 706 may be used by a receiving facility only for the purpose of  
 707 informing listed emergency contacts of a patient's whereabouts  
 708 pursuant to s. 119.0712(2)(d). The report and certificate shall  
 709 be made a part of the patient's clinical record. Any facility  
 710 accepting the patient based on this certificate must send a copy  
 711 of the certificate to the department within 5 working days. The  
 712 document may be submitted electronically through existing data  
 713 systems, if applicable.

714  
 715 When sending the order, report, or certificate to the  
 716 department, a facility shall, at a minimum, provide information  
 717 about which action was taken regarding the patient under  
 718 paragraph (g), which information shall also be made a part of  
 719 the patient's clinical record.

720 (e) The department shall receive and maintain the copies  
 721 of ex parte orders, involuntary ~~outpatient~~ services orders  
 722 issued pursuant to ss. 394.4655 and 394.467 ~~s. 394.4655,~~  
 723 ~~involuntary inpatient placement orders issued pursuant to s.~~  
 724 ~~394.467,~~ professional certificates, law enforcement officers'  
 725 reports, and reports relating to the transportation of patients.

726 These documents shall be considered part of the clinical record,  
 727 governed by the provisions of s. 394.4615. These documents shall  
 728 be used to prepare annual reports analyzing the data obtained  
 729 from these documents, without including the personal identifying  
 730 information of the patient. ~~identifying patients, and The~~  
 731 department shall post the reports on its website and provide  
 732 copies of such reports to the ~~department, the~~ President of the  
 733 Senate, the Speaker of the House of Representatives, and the  
 734 minority leaders of the Senate and the House of Representatives  
 735 by November 30 of each year.

736 (f) A patient shall be examined by a physician or a  
 737 clinical psychologist, or by a psychiatric nurse performing  
 738 within the framework of an established protocol with a  
 739 psychiatrist at a facility without unnecessary delay to  
 740 determine if the criteria for involuntary services are met.  
 741 Emergency treatment may be provided upon the order of a  
 742 physician if the physician determines that such treatment is  
 743 necessary for the safety of the patient or others. The patient  
 744 may not be released by the receiving facility or its contractor  
 745 without the documented approval of a psychiatrist or a clinical  
 746 psychologist or, if the receiving facility is owned or operated  
 747 by a hospital, health system, or nationally accredited community  
 748 mental health center, the release may also be approved by a  
 749 psychiatric nurse performing within the framework of an  
 750 established protocol with a psychiatrist, or an attending

751 emergency department physician with experience in the diagnosis  
 752 and treatment of mental illness after completion of an  
 753 involuntary examination pursuant to this subsection. A  
 754 ~~psychiatric nurse may not approve the release of a patient if~~  
 755 ~~the involuntary examination was initiated by a psychiatrist~~  
 756 ~~unless the release is approved by the initiating psychiatrist.~~  
 757 The release may be approved through telehealth.

758 (g) The examination period must be for up to 72 hours and  
 759 begins when a patient arrives at the receiving facility. For a  
 760 minor, the examination shall be initiated within 12 hours after  
 761 the patient's arrival at the facility. Within the examination  
 762 period, one of the following actions must be taken, based on the  
 763 individual needs of the patient:

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

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

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

773 4. A petition for involuntary services shall be filed in  
 774 the circuit court ~~if inpatient treatment is deemed necessary~~ or  
 775 with the criminal county court, as defined in s. 394.4655(1), as

776 applicable. When inpatient treatment is deemed necessary, the  
 777 least restrictive treatment consistent with the optimum  
 778 improvement of the patient's condition shall be made available.  
 779 ~~The~~ ~~When a petition is to be filed for involuntary outpatient~~  
 780 ~~placement,~~ it shall be filed by one of the petitioners specified  
 781 in s. 394.467, and the court shall dismiss an untimely filed  
 782 petition s. 394.4655(4)(a). ~~A petition for involuntary inpatient~~  
 783 ~~placement shall be filed by the facility administrator.~~ If a  
 784 patient's 72-hour examination period ends on a weekend or  
 785 holiday, including the hours before the ordinary business hours  
 786 on the morning of the next working day, and the receiving  
 787 facility:

788 a. Intends to file a petition for involuntary services,  
 789 such patient may be held at the ~~a receiving~~ facility through the  
 790 next working day thereafter and the ~~such~~ petition ~~for~~  
 791 ~~involuntary services~~ must be filed no later than such date. If  
 792 the ~~receiving~~ facility fails to file the ~~a~~ petition by ~~for~~  
 793 ~~involuntary services~~ at the ordinary close of business on the  
 794 next working day, the patient shall be released from the  
 795 receiving facility following approval pursuant to paragraph (f).

796 b. Does not intend to file a petition for involuntary  
 797 services, the ~~a~~ receiving facility may postpone release of a  
 798 patient until the next working day thereafter only if a  
 799 qualified professional documents that adequate discharge  
 800 planning and procedures in accordance with s. 394.468, and



801 approval pursuant to paragraph (f), are not possible until the  
 802 next working day.

803 (h) A person for whom an involuntary examination has been  
 804 initiated who is being evaluated or treated at a hospital for an  
 805 emergency medical condition specified in s. 395.002 must be  
 806 examined by a facility within the examination period specified  
 807 in paragraph (g). The examination period begins when the patient  
 808 arrives at the hospital and ceases when the attending physician  
 809 documents that the patient has an emergency medical condition.  
 810 If the patient is examined at a hospital providing emergency  
 811 medical services by a professional qualified to perform an  
 812 involuntary examination and is found as a result of that  
 813 examination not to meet the criteria for involuntary ~~outpatient~~  
 814 ~~services pursuant to s. 394.467 s. 394.4655(2) or involuntary~~  
 815 ~~inpatient placement pursuant to s. 394.467(1)~~, the patient may  
 816 be offered voluntary outpatient or inpatient services ~~or~~  
 817 ~~placement~~, if appropriate, or released directly from the  
 818 hospital providing emergency medical services. The finding by  
 819 the professional that the patient has been examined and does not  
 820 meet the criteria for involuntary ~~inpatient~~ services ~~or~~  
 821 ~~involuntary outpatient placement~~ must be entered into the  
 822 patient's clinical record. This paragraph is not intended to  
 823 prevent a hospital providing emergency medical services from  
 824 appropriately transferring a patient to another hospital before  
 825 stabilization if the requirements of s. 395.1041(3)(c) have been

826 met.

827 (4) DATA ANALYSIS.—

828 (a) Using data collected under paragraph (2) (a) and s.  
 829 1006.07(10), the department shall, at a minimum, analyze data on  
 830 both the initiation of involuntary examinations of children and  
 831 the initiation of involuntary examinations of students who are  
 832 removed from a school; identify any patterns or trends and cases  
 833 in which involuntary examinations are repeatedly initiated on  
 834 the same child or student; study root causes for such patterns,  
 835 trends, or repeated involuntary examinations; and make  
 836 recommendations to encourage the use of alternatives to  
 837 eliminate inappropriate initiations of such examinations.

838 (b) The department and the Agency for Health Care  
 839 Administration shall analyze service data that the department  
 840 and the agency collect on individuals who, as determined by the  
 841 department and the agency, are high utilizers of crisis  
 842 stabilization services provided in designated receiving  
 843 facilities, and shall, at a minimum, identify any patterns or  
 844 trends and make recommendations to decrease avoidable  
 845 admissions. Recommendations may be addressed in the department's  
 846 contracts with the behavioral health managing entities and in  
 847 the agency's contracts with the Medicaid managed medical  
 848 assistance plans.

849 (c) The department shall publish ~~submit~~ a report on its  
 850 findings and recommendations on its website and submit the

851 report to the Governor, the President of the Senate, and the  
 852 Speaker of the House of Representatives by November 1 of each  
 853 odd-numbered year.

854 Section 11. Section 394.4655, Florida Statutes, is amended  
 855 to read:

856 394.4655 Involuntary outpatient services.—

857 (1) DEFINITIONS.—As used in this section, the term:

858 (a) "Court" means a circuit court or a criminal county  
 859 court.

860 (b) "Criminal county court" means a county court  
 861 exercising its original jurisdiction in a misdemeanor case under  
 862 s. 34.01.

863 (c) "Involuntary outpatient placement" means involuntary  
 864 outpatient services as defined in s. 394.467, F.S.

865 (2) A criminal county court may order an individual to  
 866 involuntary outpatient placement under s. 394.467. CRITERIA FOR  
 867 INVOLUNTARY OUTPATIENT SERVICES.—A person may be ordered to  
 868 involuntary outpatient services upon a finding of the court, by  
 869 clear and convincing evidence, that the person meets all of the  
 870 following criteria:

871 ~~(a) The person is 18 years of age or older.~~

872 ~~(b) The person has a mental illness.~~

873 ~~(c) The person is unlikely to survive safely in the~~  
 874 ~~community without supervision, based on a clinical~~  
 875 ~~determination.~~

876 ~~(d) The person has a history of lack of compliance with~~  
 877 ~~treatment for mental illness.~~

878 ~~(e) The person has:~~

879 ~~1. At least twice within the immediately preceding 36~~  
 880 ~~months been involuntarily admitted to a receiving or treatment~~  
 881 ~~facility as defined in s. 394.455, or has received mental health~~  
 882 ~~services in a forensic or correctional facility. The 36-month~~  
 883 ~~period does not include any period during which the person was~~  
 884 ~~admitted or incarcerated; or~~

885 ~~2. Engaged in one or more acts of serious violent behavior~~  
 886 ~~toward self or others, or attempts at serious bodily harm to~~  
 887 ~~himself or herself or others, within the preceding 36 months.~~

888 ~~(f) The person is, as a result of his or her mental~~  
 889 ~~illness, unlikely to voluntarily participate in the recommended~~  
 890 ~~treatment plan and has refused voluntary services for treatment~~  
 891 ~~after sufficient and conscientious explanation and disclosure of~~  
 892 ~~why the services are necessary or is unable to determine for~~  
 893 ~~himself or herself whether services are necessary.~~

894 ~~(g) In view of the person's treatment history and current~~  
 895 ~~behavior, the person is in need of involuntary outpatient~~  
 896 ~~services in order to prevent a relapse or deterioration that~~  
 897 ~~would be likely to result in serious bodily harm to himself or~~  
 898 ~~herself or others, or a substantial harm to his or her well-~~  
 899 ~~being as set forth in s. 394.463(1).~~

900 ~~(h) It is likely that the person will benefit from~~

901 ~~involuntary outpatient services.~~

902 ~~(i) All available, less restrictive alternatives that~~

903 ~~would offer an opportunity for improvement of his or her~~

904 ~~condition have been judged to be inappropriate or unavailable.~~

905 ~~(3) INVOLUNTARY OUTPATIENT SERVICES.—~~

906 ~~(a)1. A patient who is being recommended for involuntary~~

907 ~~outpatient services by the administrator of the facility where~~

908 ~~the patient has been examined may be retained by the facility~~

909 ~~after adherence to the notice procedures provided in s.~~

910 ~~394.4599. The recommendation must be supported by the opinion of~~

911 ~~a psychiatrist and the second opinion of a clinical psychologist~~

912 ~~or another psychiatrist, both of whom have personally examined~~

913 ~~the patient within the preceding 72 hours, that the criteria for~~

914 ~~involuntary outpatient services are met. However, if the~~

915 ~~administrator certifies that a psychiatrist or clinical~~

916 ~~psychologist is not available to provide the second opinion, the~~

917 ~~second opinion may be provided by a licensed physician who has~~

918 ~~postgraduate training and experience in diagnosis and treatment~~

919 ~~of mental illness, a physician assistant who has at least 3~~

920 ~~years' experience and is supervised by such licensed physician~~

921 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~

922 ~~nurse. Any second opinion authorized in this subparagraph may be~~

923 ~~conducted through a face-to-face examination, in person or by~~

924 ~~electronic means. Such recommendation must be entered on an~~

925 ~~involuntary outpatient services certificate that authorizes the~~

926 ~~facility to retain the patient pending completion of a hearing.~~  
 927 ~~The certificate must be made a part of the patient's clinical~~  
 928 ~~record.~~

929 ~~2. If the patient has been stabilized and no longer meets~~  
 930 ~~the criteria for involuntary examination pursuant to s.~~  
 931 ~~394.463(1), the patient must be released from the facility while~~  
 932 ~~awaiting the hearing for involuntary outpatient services. Before~~  
 933 ~~filing a petition for involuntary outpatient services, the~~  
 934 ~~administrator of the facility or a designated department~~  
 935 ~~representative must identify the service provider that will have~~  
 936 ~~primary responsibility for service provision under an order for~~  
 937 ~~involuntary outpatient services, unless the person is otherwise~~  
 938 ~~participating in outpatient psychiatric treatment and is not in~~  
 939 ~~need of public financing for that treatment, in which case the~~  
 940 ~~individual, if eligible, may be ordered to involuntary treatment~~  
 941 ~~pursuant to the existing psychiatric treatment relationship.~~

942 ~~3. The service provider shall prepare a written proposed~~  
 943 ~~treatment plan in consultation with the patient or the patient's~~  
 944 ~~guardian advocate, if appointed, for the court's consideration~~  
 945 ~~for inclusion in the involuntary outpatient services order that~~  
 946 ~~addresses the nature and extent of the mental illness and any~~  
 947 ~~co-occurring substance use disorder that necessitate involuntary~~  
 948 ~~outpatient services. The treatment plan must specify the likely~~  
 949 ~~level of care, including the use of medication, and anticipated~~  
 950 ~~discharge criteria for terminating involuntary outpatient~~

951 ~~services. Service providers may select and supervise other~~  
 952 ~~individuals to implement specific aspects of the treatment plan.~~  
 953 ~~The services in the plan must be deemed clinically appropriate~~  
 954 ~~by a physician, clinical psychologist, psychiatric nurse, mental~~  
 955 ~~health counselor, marriage and family therapist, or clinical~~  
 956 ~~social worker who consults with, or is employed or contracted~~  
 957 ~~by, the service provider. The service provider must certify to~~  
 958 ~~the court in the proposed plan whether sufficient services for~~  
 959 ~~improvement and stabilization are currently available and~~  
 960 ~~whether the service provider agrees to provide those services.~~  
 961 ~~If the service provider certifies that the services in the~~  
 962 ~~proposed treatment plan are not available, the petitioner may~~  
 963 ~~not file the petition. The service provider must notify the~~  
 964 ~~managing entity if the requested services are not available. The~~  
 965 ~~managing entity must document such efforts to obtain the~~  
 966 ~~requested services.~~

967 ~~(b) If a patient in involuntary inpatient placement meets~~  
 968 ~~the criteria for involuntary outpatient services, the~~  
 969 ~~administrator of the facility may, before the expiration of the~~  
 970 ~~period during which the facility is authorized to retain the~~  
 971 ~~patient, recommend involuntary outpatient services. The~~  
 972 ~~recommendation must be supported by the opinion of a~~  
 973 ~~psychiatrist and the second opinion of a clinical psychologist~~  
 974 ~~or another psychiatrist, both of whom have personally examined~~  
 975 ~~the patient within the preceding 72 hours, that the criteria for~~

976 ~~involuntary outpatient services are met. However, if the~~  
 977 ~~administrator certifies that a psychiatrist or clinical~~  
 978 ~~psychologist is not available to provide the second opinion, the~~  
 979 ~~second opinion may be provided by a licensed physician who has~~  
 980 ~~postgraduate training and experience in diagnosis and treatment~~  
 981 ~~of mental illness, a physician assistant who has at least 3~~  
 982 ~~years' experience and is supervised by such licensed physician~~  
 983 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~  
 984 ~~nurse. Any second opinion authorized in this subparagraph may be~~  
 985 ~~conducted through a face-to-face examination, in person or by~~  
 986 ~~electronic means. Such recommendation must be entered on an~~  
 987 ~~involuntary outpatient services certificate, and the certificate~~  
 988 ~~must be made a part of the patient's clinical record.~~

989 ~~(c)1. The administrator of the treatment facility shall~~  
 990 ~~provide a copy of the involuntary outpatient services~~  
 991 ~~certificate and a copy of the state mental health discharge form~~  
 992 ~~to the managing entity in the county where the patient will be~~  
 993 ~~residing. For persons who are leaving a state mental health~~  
 994 ~~treatment facility, the petition for involuntary outpatient~~  
 995 ~~services must be filed in the county where the patient will be~~  
 996 ~~residing.~~

997 ~~2. The service provider that will have primary~~  
 998 ~~responsibility for service provision shall be identified by the~~  
 999 ~~designated department representative before the order for~~  
 1000 ~~involuntary outpatient services and must, before filing a~~



1001 ~~petition for involuntary outpatient services, certify to the~~  
 1002 ~~court whether the services recommended in the patient's~~  
 1003 ~~discharge plan are available and whether the service provider~~  
 1004 ~~agrees to provide those services. The service provider must~~  
 1005 ~~develop with the patient, or the patient's guardian advocate, if~~  
 1006 ~~appointed, a treatment or service plan that addresses the needs~~  
 1007 ~~identified in the discharge plan. The plan must be deemed to be~~  
 1008 ~~clinically appropriate by a physician, clinical psychologist,~~  
 1009 ~~psychiatric nurse, mental health counselor, marriage and family~~  
 1010 ~~therapist, or clinical social worker, as defined in this~~  
 1011 ~~chapter, who consults with, or is employed or contracted by, the~~  
 1012 ~~service provider.~~

1013 ~~3. If the service provider certifies that the services in~~  
 1014 ~~the proposed treatment or service plan are not available, the~~  
 1015 ~~petitioner may not file the petition. The service provider must~~  
 1016 ~~notify the managing entity if the requested services are not~~  
 1017 ~~available. The managing entity must document such efforts to~~  
 1018 ~~obtain the requested services.~~

1019 ~~(4) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES.—~~

1020 ~~(a) A petition for involuntary outpatient services may be~~  
 1021 ~~filed by:~~

- 1022 ~~1. The administrator of a receiving facility; or~~
- 1023 ~~2. The administrator of a treatment facility.~~

1024 ~~(b) Each required criterion for involuntary outpatient~~  
 1025 ~~services must be alleged and substantiated in the petition for~~

1026 ~~involuntary outpatient services. A copy of the certificate~~  
 1027 ~~recommending involuntary outpatient services completed by a~~  
 1028 ~~qualified professional specified in subsection (3) must be~~  
 1029 ~~attached to the petition. A copy of the proposed treatment plan~~  
 1030 ~~must be attached to the petition. Before the petition is filed,~~  
 1031 ~~the service provider shall certify that the services in the~~  
 1032 ~~proposed plan are available. If the necessary services are not~~  
 1033 ~~available, the petition may not be filed. The service provider~~  
 1034 ~~must notify the managing entity if the requested services are~~  
 1035 ~~not available. The managing entity must document such efforts to~~  
 1036 ~~obtain the requested services.~~

1037 ~~(c) The petition for involuntary outpatient services must~~  
 1038 ~~be filed in the county where the patient is located, unless the~~  
 1039 ~~patient is being placed from a state treatment facility, in~~  
 1040 ~~which case the petition must be filed in the county where the~~  
 1041 ~~patient will reside. When the petition has been filed, the clerk~~  
 1042 ~~of the court shall provide copies of the petition and the~~  
 1043 ~~proposed treatment plan to the department, the managing entity,~~  
 1044 ~~the patient, the patient's guardian or representative, the state~~  
 1045 ~~attorney, and the public defender or the patient's private~~  
 1046 ~~counsel. A fee may not be charged for filing a petition under~~  
 1047 ~~this subsection.~~

1048 ~~(5) APPOINTMENT OF COUNSEL. Within 1 court working day~~  
 1049 ~~after the filing of a petition for involuntary outpatient~~  
 1050 ~~services, the court shall appoint the public defender to~~

1051 ~~represent the person who is the subject of the petition, unless~~  
 1052 ~~the person is otherwise represented by counsel. The clerk of the~~  
 1053 ~~court shall immediately notify the public defender of the~~  
 1054 ~~appointment. The public defender shall represent the person~~  
 1055 ~~until the petition is dismissed, the court order expires, or the~~  
 1056 ~~patient is discharged from involuntary outpatient services. An~~  
 1057 ~~attorney who represents the patient must be provided access to~~  
 1058 ~~the patient, witnesses, and records relevant to the presentation~~  
 1059 ~~of the patient's case and shall represent the interests of the~~  
 1060 ~~patient, regardless of the source of payment to the attorney.~~

1061 ~~(6) CONTINUANCE OF HEARING.—The patient is entitled, with~~  
 1062 ~~the concurrence of the patient's counsel, to at least one~~  
 1063 ~~continuance of the hearing. The continuance shall be for a~~  
 1064 ~~period of up to 4 weeks.~~

1065 ~~(7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—~~

1066 ~~(a)1. The court shall hold the hearing on involuntary~~  
 1067 ~~outpatient services within 5 working days after the filing of~~  
 1068 ~~the petition, unless a continuance is granted. The hearing must~~  
 1069 ~~be held in the county where the petition is filed, must be as~~  
 1070 ~~convenient to the patient as is consistent with orderly~~  
 1071 ~~procedure, and must be conducted in physical settings not likely~~  
 1072 ~~to be injurious to the patient's condition. If the court finds~~  
 1073 ~~that the patient's attendance at the hearing is not consistent~~  
 1074 ~~with the best interests of the patient and if the patient's~~  
 1075 ~~counsel does not object, the court may waive the presence of the~~

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1076 ~~patient from all or any portion of the hearing. The state~~  
 1077 ~~attorney for the circuit in which the patient is located shall~~  
 1078 ~~represent the state, rather than the petitioner, as the real~~  
 1079 ~~party in interest in the proceeding.~~

1080 ~~2. The court may appoint a magistrate to preside at the~~  
 1081 ~~hearing. One of the professionals who executed the involuntary~~  
 1082 ~~outpatient services certificate shall be a witness. The patient~~  
 1083 ~~and the patient's guardian or representative shall be informed~~  
 1084 ~~by the court of the right to an independent expert examination.~~  
 1085 ~~If the patient cannot afford such an examination, the court~~  
 1086 ~~shall ensure that one is provided, as otherwise provided by law.~~  
 1087 ~~The independent expert's report is confidential and not~~  
 1088 ~~discoverable, unless the expert is to be called as a witness for~~  
 1089 ~~the patient at the hearing. The court shall allow testimony from~~  
 1090 ~~individuals, including family members, deemed by the court to be~~  
 1091 ~~relevant under state law, regarding the person's prior history~~  
 1092 ~~and how that prior history relates to the person's current~~  
 1093 ~~condition. The testimony in the hearing must be given under~~  
 1094 ~~oath, and the proceedings must be recorded. The patient may~~  
 1095 ~~refuse to testify at the hearing.~~

1096 ~~(b)1. If the court concludes that the patient meets the~~  
 1097 ~~criteria for involuntary outpatient services pursuant to~~  
 1098 ~~subsection (2), the court shall issue an order for involuntary~~  
 1099 ~~outpatient services. The court order shall be for a period of up~~  
 1100 ~~to 90 days. The order must specify the nature and extent of the~~

1101 ~~patient's mental illness. The order of the court and the~~  
 1102 ~~treatment plan must be made part of the patient's clinical~~  
 1103 ~~record. The service provider shall discharge a patient from~~  
 1104 ~~involuntary outpatient services when the order expires or any~~  
 1105 ~~time the patient no longer meets the criteria for involuntary~~  
 1106 ~~placement. Upon discharge, the service provider shall send a~~  
 1107 ~~certificate of discharge to the court.~~

1108 ~~2. The court may not order the department or the service~~  
 1109 ~~provider to provide services if the program or service is not~~  
 1110 ~~available in the patient's local community, if there is no space~~  
 1111 ~~available in the program or service for the patient, or if~~  
 1112 ~~funding is not available for the program or service. The service~~  
 1113 ~~provider must notify the managing entity if the requested~~  
 1114 ~~services are not available. The managing entity must document~~  
 1115 ~~such efforts to obtain the requested services. A copy of the~~  
 1116 ~~order must be sent to the managing entity by the service~~  
 1117 ~~provider within 1 working day after it is received from the~~  
 1118 ~~court. The order may be submitted electronically through~~  
 1119 ~~existing data systems. After the order for involuntary services~~  
 1120 ~~is issued, the service provider and the patient may modify the~~  
 1121 ~~treatment plan. For any material modification of the treatment~~  
 1122 ~~plan to which the patient or, if one is appointed, the patient's~~  
 1123 ~~guardian advocate agrees, the service provider shall send notice~~  
 1124 ~~of the modification to the court. Any material modifications of~~  
 1125 ~~the treatment plan which are contested by the patient or the~~

1126 ~~patient's guardian advocate, if applicable, must be approved or~~  
 1127 ~~disapproved by the court consistent with subsection (3).~~  
 1128 ~~3. If, in the clinical judgment of a physician, the~~  
 1129 ~~patient has failed or has refused to comply with the treatment~~  
 1130 ~~ordered by the court, and, in the clinical judgment of the~~  
 1131 ~~physician, efforts were made to solicit compliance and the~~  
 1132 ~~patient may meet the criteria for involuntary examination, a~~  
 1133 ~~person may be brought to a receiving facility pursuant to s.~~  
 1134 ~~394.463. If, after examination, the patient does not meet the~~  
 1135 ~~criteria for involuntary inpatient placement pursuant to s.~~  
 1136 ~~394.467, the patient must be discharged from the facility. The~~  
 1137 ~~involuntary outpatient services order shall remain in effect~~  
 1138 ~~unless the service provider determines that the patient no~~  
 1139 ~~longer meets the criteria for involuntary outpatient services or~~  
 1140 ~~until the order expires. The service provider must determine~~  
 1141 ~~whether modifications should be made to the existing treatment~~  
 1142 ~~plan and must attempt to continue to engage the patient in~~  
 1143 ~~treatment. For any material modification of the treatment plan~~  
 1144 ~~to which the patient or the patient's guardian advocate, if~~  
 1145 ~~applicable, agrees, the service provider shall send notice of~~  
 1146 ~~the modification to the court. Any material modifications of the~~  
 1147 ~~treatment plan which are contested by the patient or the~~  
 1148 ~~patient's guardian advocate, if applicable, must be approved or~~  
 1149 ~~disapproved by the court consistent with subsection (3).~~  
 1150 ~~(c) If, at any time before the conclusion of the initial~~

1151 ~~hearing on involuntary outpatient services, it appears to the~~  
 1152 ~~court that the person does not meet the criteria for involuntary~~  
 1153 ~~outpatient services under this section but, instead, meets the~~  
 1154 ~~criteria for involuntary inpatient placement, the court may~~  
 1155 ~~order the person admitted for involuntary inpatient examination~~  
 1156 ~~under s. 394.463. If the person instead meets the criteria for~~  
 1157 ~~involuntary assessment, protective custody, or involuntary~~  
 1158 ~~admission pursuant to s. 397.675, the court may order the person~~  
 1159 ~~to be admitted for involuntary assessment for a period of 5 days~~  
 1160 ~~pursuant to s. 397.6811. Thereafter, all proceedings are~~  
 1161 ~~governed by chapter 397.~~

1162 ~~(d) At the hearing on involuntary outpatient services, the~~  
 1163 ~~court shall consider testimony and evidence regarding the~~  
 1164 ~~patient's competence to consent to services. If the court finds~~  
 1165 ~~that the patient is incompetent to consent to treatment, it~~  
 1166 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~  
 1167 ~~The guardian advocate shall be appointed or discharged in~~  
 1168 ~~accordance with s. 394.4598.~~

1169 ~~(e) The administrator of the receiving facility or the~~  
 1170 ~~designated department representative shall provide a copy of the~~  
 1171 ~~court order and adequate documentation of a patient's mental~~  
 1172 ~~illness to the service provider for involuntary outpatient~~  
 1173 ~~services. Such documentation must include any advance directives~~  
 1174 ~~made by the patient, a psychiatric evaluation of the patient,~~  
 1175 ~~and any evaluations of the patient performed by a psychologist~~

1176 ~~or a clinical social worker.~~

1177 ~~(8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~  
 1178 ~~SERVICES.—~~

1179 ~~(a)1. If the person continues to meet the criteria for~~  
 1180 ~~involuntary outpatient services, the service provider shall, at~~  
 1181 ~~least 10 days before the expiration of the period during which~~  
 1182 ~~the treatment is ordered for the person, file in the court that~~  
 1183 ~~issued the order for involuntary outpatient services a petition~~  
 1184 ~~for continued involuntary outpatient services. The court shall~~  
 1185 ~~immediately schedule a hearing on the petition to be held within~~  
 1186 ~~15 days after the petition is filed.~~

1187 ~~2. The existing involuntary outpatient services order~~  
 1188 ~~remains in effect until disposition on the petition for~~  
 1189 ~~continued involuntary outpatient services.~~

1190 ~~3. A certificate shall be attached to the petition which~~  
 1191 ~~includes a statement from the person's physician or clinical~~  
 1192 ~~psychologist justifying the request, a brief description of the~~  
 1193 ~~patient's treatment during the time he or she was receiving~~  
 1194 ~~involuntary services, and an individualized plan of continued~~  
 1195 ~~treatment.~~

1196 ~~4. The service provider shall develop the individualized~~  
 1197 ~~plan of continued treatment in consultation with the patient or~~  
 1198 ~~the patient's guardian advocate, if applicable. When the~~  
 1199 ~~petition has been filed, the clerk of the court shall provide~~  
 1200 ~~copies of the certificate and the individualized plan of~~



1201 ~~continued services to the department, the patient, the patient's~~  
 1202 ~~guardian advocate, the state attorney, and the patient's private~~  
 1203 ~~counsel or the public defender.~~

1204 ~~(b) Within 1 court working day after the filing of a~~  
 1205 ~~petition for continued involuntary outpatient services, the~~  
 1206 ~~court shall appoint the public defender to represent the person~~  
 1207 ~~who is the subject of the petition, unless the person is~~  
 1208 ~~otherwise represented by counsel. The clerk of the court shall~~  
 1209 ~~immediately notify the public defender of such appointment. The~~  
 1210 ~~public defender shall represent the person until the petition is~~  
 1211 ~~dismissed or the court order expires or the patient is~~  
 1212 ~~discharged from involuntary outpatient services. Any attorney~~  
 1213 ~~representing the patient shall have access to the patient,~~  
 1214 ~~witnesses, and records relevant to the presentation of the~~  
 1215 ~~patient's case and shall represent the interests of the patient,~~  
 1216 ~~regardless of the source of payment to the attorney.~~

1217 ~~(c) Hearings on petitions for continued involuntary~~  
 1218 ~~outpatient services must be before the court that issued the~~  
 1219 ~~order for involuntary outpatient services. The court may appoint~~  
 1220 ~~a magistrate to preside at the hearing. The procedures for~~  
 1221 ~~obtaining an order pursuant to this paragraph must meet the~~  
 1222 ~~requirements of subsection (7), except that the time period~~  
 1223 ~~included in paragraph (2) (c) is not applicable in determining~~  
 1224 ~~the appropriateness of additional periods of involuntary~~  
 1225 ~~outpatient placement.~~

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1226 ~~(d) Notice of the hearing must be provided as set forth in~~  
 1227 ~~s. 394.4599. The patient and the patient's attorney may agree to~~  
 1228 ~~a period of continued outpatient services without a court~~  
 1229 ~~hearing.~~

1230 ~~(e) The same procedure must be repeated before the~~  
 1231 ~~expiration of each additional period the patient is placed in~~  
 1232 ~~treatment.~~

1233 ~~(f) If the patient has previously been found incompetent~~  
 1234 ~~to consent to treatment, the court shall consider testimony and~~  
 1235 ~~evidence regarding the patient's competence. Section 394.4598~~  
 1236 ~~governs the discharge of the guardian advocate if the patient's~~  
 1237 ~~competency to consent to treatment has been restored.~~

1238 Section 12. Section 394.467, Florida Statutes, is amended  
 1239 to read:

1240 394.467 Involuntary services inpatient placement.-

1241 (1) DEFINITIONS.-As used in this section, the term:

1242 (a) "Court" means a circuit court.

1243 (b) "Involuntary inpatient placement" means services  
 1244 provided on an inpatient basis to a person 18 years of age or  
 1245 older who does not voluntarily consent to services under this  
 1246 chapter, or a minor who does not voluntarily assent to services  
 1247 under this chapter.

1248 (c) "Involuntary outpatient services" means services  
 1249 provided on an outpatient basis to a person who does not  
 1250 voluntarily consent to services under this chapter.

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1251 (2)-(1) CRITERIA FOR INVOLUNTARY SERVICES.—A person may be  
 1252 ordered by a court to be provided for involuntary services  
 1253 ~~inpatient placement for treatment~~ upon a finding of the court,  
 1254 by clear and convincing evidence, that the person meets the  
 1255 following criteria:

1256 (a) The person ~~He or she~~ has a mental illness and because  
 1257 of his or her mental illness:

1258 1.a. Is unlikely to voluntarily participate in the  
 1259 recommended treatment plan and has refused voluntary services or  
 1260 ~~He or she has refused~~ voluntary inpatient placement for  
 1261 treatment after sufficient and conscientious explanation and  
 1262 disclosure of the purpose of ~~inpatient placement for~~ treatment;  
 1263 or

1264 b. ~~He or she~~ Is unable to determine for himself or herself  
 1265 whether services or inpatient placement is necessary; and

1266 2.a. Is unlikely to survive safely in the community  
 1267 without supervision, based on clinical determination;

1268 ~~b.2.a.~~ ~~He or she~~ Is incapable of surviving alone or with  
 1269 the help of willing, able, and responsible family or friends,  
 1270 including available alternative services, and, without  
 1271 treatment, is likely to suffer from neglect or refuse to care  
 1272 for himself or herself, and such neglect or refusal poses a real  
 1273 and present threat of substantial harm to his or her well-being;  
 1274 or

1275 ~~c.b.~~ Without treatment, there is a substantial likelihood

1276 that in the near future the person ~~he or she~~ will inflict  
 1277 serious bodily harm on self or others, as evidenced by recent  
 1278 behavior causing, attempting to cause, or threatening to cause  
 1279 such harm. ~~;~~ and

1280 (b) In view of the person's treatment history and current  
 1281 behavior, the person is in need of involuntary outpatient  
 1282 services to prevent a relapse or deterioration of his or her  
 1283 mental health that would be likely to result in serious bodily  
 1284 harm to self or others, or a substantial harm to his or her  
 1285 well-being as set forth in s. 394.463(1).

1286 (c) The person has a history of lack of compliance with  
 1287 treatment for mental illness.

1288 (d) It is likely that the person will benefit from  
 1289 involuntary services.

1290 ~~(e)-(b)~~ All available less restrictive treatment  
 1291 alternatives that would offer an opportunity for improvement of  
 1292 the person's ~~his or her~~ condition have been deemed ~~judged~~ to be  
 1293 inappropriate or unavailable.

1294 ~~(3)-(2)~~ RECOMMENDATION FOR INVOLUNTARY SERVICES AND  
 1295 ~~ADMISSION TO A TREATMENT FACILITY.~~—A patient may be recommended  
 1296 for involuntary inpatient placement, involuntary outpatient  
 1297 services, or a combination of both.

1298 (a) A patient may be retained by a facility for  
 1299 involuntary services ~~or involuntarily placed in a treatment~~  
 1300 ~~facility~~ upon the recommendation of the administrator of the

1301 facility where the patient has been examined and after adherence  
 1302 to the notice and hearing procedures provided in s. 394.4599.  
 1303 However, if a patient who is being recommended for only  
 1304 involuntary outpatient services has been stabilized and no  
 1305 longer meets the criteria for involuntary examination pursuant  
 1306 to s. 394.463(1), the patient must be released from the facility  
 1307 while awaiting the hearing for involuntary outpatient services.

1308 (b) The recommendation must be supported by the opinion of  
 1309 a psychiatrist and the second opinion of a clinical psychologist  
 1310 or another psychiatrist, both of whom have personally examined  
 1311 the patient within the preceding 72 hours, that the criteria for  
 1312 involuntary services inpatient placement are met.

1313 (c) ~~If~~ However, if the administrator certifies that a  
 1314 psychiatrist or clinical psychologist is not available to  
 1315 provide a the second opinion, the administrator must certify  
 1316 that a clinical psychologist is not available and the second  
 1317 opinion may be provided by a licensed physician who has  
 1318 postgraduate training and experience in diagnosis and treatment  
 1319 of mental illness or by a psychiatric nurse. If the patient is  
 1320 being recommended for involuntary outpatient services only, the  
 1321 second opinion may be provided by a physician assistant who has  
 1322 at least 3 years' experience and is supervised by a licensed  
 1323 physician or psychiatrist or a clinical social worker.

1324 (d) Any opinion authorized in this subsection may be  
 1325 conducted through a face-to-face or in-person examination, ~~in~~

1326 ~~person,~~ or by electronic means. Recommendations for involuntary  
 1327 services must be ~~Such recommendation shall be entered on an a~~  
 1328 ~~petition for involuntary services inpatient placement~~  
 1329 certificate, which shall be made a part of the patient's  
 1330 clinical record. The certificate must either authorize the  
 1331 facility to retain the patient pending completion of a hearing  
 1332 or authorize ~~that authorizes~~ the facility to retain the patient  
 1333 pending transfer to a treatment facility or completion of a  
 1334 hearing.

1335 (4)-(3) PETITION FOR INVOLUNTARY SERVICES ~~INPATIENT~~  
 1336 ~~PLACEMENT.~~-

1337 (a) A petition for involuntary services may be filed by:  
 1338 1. The administrator of a receiving ~~the~~ facility; or  
 1339 2. The administrator of a treatment facility.

1340 (b) A ~~shall file a~~ petition for involuntary inpatient  
 1341 placement, or inpatient placement followed by outpatient  
 1342 services, must be filed in the court in the county where the  
 1343 patient is located.

1344 (c) A petition for involuntary outpatient services must be  
 1345 filed in the county where the patient is located, unless the  
 1346 patient is being placed from a state treatment facility, in  
 1347 which case the petition must be filed in the county where the  
 1348 patient will reside.

1349 (d)1. The petitioner must state in the petition:  
 1350 a. Whether the petitioner is recommending inpatient

1351 placement, outpatient services, or both.

1352 b. The length of time recommended for each type of

1353 involuntary services.

1354 c. The reasons for the recommendation.

1355 2. If recommending involuntary outpatient services, or a

1356 combination of involuntary inpatient placement and outpatient

1357 services, the petitioner must identify the service provider that

1358 will have primary responsibility for providing such services

1359 under an order for involuntary outpatient services, unless the

1360 person is otherwise participating in outpatient psychiatric

1361 treatment and is not in need of public financing for that

1362 treatment, in which case the individual, if eligible, may be

1363 ordered to involuntary treatment pursuant to the existing

1364 psychiatric treatment relationship.

1365 3. If recommending an immediate order to involuntary

1366 outpatient placement, the service provider shall prepare a

1367 written proposed treatment plan in consultation with the patient

1368 or the patient's guardian advocate, if appointed, for the

1369 court's consideration for inclusion in the involuntary

1370 outpatient services order that addresses the nature and extent

1371 of the mental illness and any co-occurring substance use

1372 disorder that necessitate involuntary outpatient services. The

1373 treatment plan must specify the likely level of care, including

1374 the use of medication, and anticipated discharge criteria for

1375 terminating involuntary outpatient services. Service providers

1376 may select and supervise other individuals to implement specific  
 1377 aspects of the treatment plan. The services in the plan must be  
 1378 deemed clinically appropriate by a physician, clinical  
 1379 psychologist, psychiatric nurse, mental health counselor,  
 1380 marriage and family therapist, or clinical social worker who  
 1381 consults with, or is employed or contracted by, the service  
 1382 provider. The service provider must certify to the court in the  
 1383 proposed plan whether sufficient services for improvement and  
 1384 stabilization are currently available and whether the service  
 1385 provider agrees to provide those services. If the service  
 1386 provider certifies that the services in the proposed treatment  
 1387 plan are not available, the petitioner may not file the  
 1388 petition. The service provider must notify the managing entity  
 1389 if the requested services are not available. The managing entity  
 1390 must document such efforts to obtain the requested service.

1391 (e) Each required criterion for the recommended  
 1392 involuntary services must be alleged and substantiated in the  
 1393 petition. A copy of the certificate recommending involuntary  
 1394 services completed by a qualified professional specified in  
 1395 subsection (3) and, if applicable, a copy of the proposed  
 1396 treatment plan must be attached to the petition.

1397 (f) When the petition has been filed ~~Upon filing,~~ the  
 1398 clerk of the court shall provide copies of the petition and, if  
 1399 applicable, the proposed treatment plan to the department, the  
 1400 managing entity, the patient, the patient's guardian or



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1401 representative, ~~and~~ the state attorney, and the public defender  
 1402 or the patient's private counsel of the judicial circuit in  
 1403 ~~which the patient is located~~. A fee may not be charged for the  
 1404 filing of a petition under this subsection.

1405 (5)-(4) APPOINTMENT OF COUNSEL.—Within 1 court working day  
 1406 after the filing of a petition for involuntary services  
 1407 ~~inpatient placement~~, the court shall appoint the public defender  
 1408 to represent the person who is the subject of the petition,  
 1409 unless the person is otherwise represented by counsel or  
 1410 ineligible. The clerk of the court shall immediately notify the  
 1411 public defender of such appointment. The public defender shall  
 1412 represent the person until the petition is dismissed, the court  
 1413 order expires, or the patient is discharged from involuntary  
 1414 services. Any attorney who represents ~~representing~~ the patient  
 1415 shall be provided ~~have~~ access to the patient, witnesses, and  
 1416 records relevant to the presentation of the patient's case and  
 1417 shall represent the interests of the patient, regardless of the  
 1418 source of payment to the attorney.

1419 (6)-(5) CONTINUANCE OF HEARING.—The patient and the state  
 1420 are independently ~~is~~ entitled, ~~with the concurrence of the~~  
 1421 ~~patient's counsel~~, to at least one continuance of the hearing.  
 1422 The patient's continuance may be for a period of up to 4 weeks  
 1423 and requires the concurrence of the patient's counsel. The  
 1424 state's continuance may be for a period of up to 5 court working  
 1425 days and requires a showing of good cause and due diligence by

1426 the state before requesting the continuance. The state's failure  
 1427 to timely review any readily available document or failure to  
 1428 attempt to contact a known witness does not warrant a  
 1429 continuance.

1430 (7)-(6) HEARING ON INVOLUNTARY SERVICES INPATIENT  
 1431 PLACEMENT.-

1432 (a)1. The court shall hold a ~~the~~ hearing on the  
 1433 involuntary services petition inpatient placement within 5 court  
 1434 working days after the filing of the petition, unless a  
 1435 continuance is granted.

1436 2. The court must hold any hearing on involuntary  
 1437 outpatient services in the county where the petition is filed. A  
 1438 hearing on involuntary inpatient placement, or a combination of  
 1439 involuntary inpatient placement and involuntary outpatient  
 1440 services, ~~Except for good cause documented in the court file,~~  
 1441 ~~the hearing~~ must be held in the county or the facility, as  
 1442 appropriate, where the patient is located, except for good cause  
 1443 documented in the court file.

1444 3. A hearing on involuntary services must be as convenient  
 1445 to the patient as is consistent with orderly procedure, and  
 1446 shall be conducted in physical settings not likely to be  
 1447 injurious to the patient's condition. If the court finds that  
 1448 the patient's attendance at the hearing is not consistent with  
 1449 the best interests of the patient, or the patient knowingly,  
 1450 intelligently, and voluntarily waives his or her right to be

1451 present, and if the patient's counsel does not object, the court  
 1452 may waive the attendance presence of the patient from all or any  
 1453 portion of the hearing. The state attorney for the circuit in  
 1454 which the patient is located shall represent the state, rather  
 1455 than the petitioner, as the real party in interest in the  
 1456 proceeding. The facility shall make the respondent's clinical  
 1457 records available to the state attorney and the respondent's  
 1458 attorney so that the state can evaluate and prepare its case.  
 1459 However, these records shall remain confidential, and the state  
 1460 attorney may not use any record obtained under this part for  
 1461 criminal investigation or prosecution purposes, or for any  
 1462 purpose other than the patient's civil commitment under this  
 1463 chapter petitioning facility administrator, as the real party in  
 1464 interest in the proceeding.

1465 (b)3- The court may appoint a magistrate to preside at the  
 1466 hearing on the petition and any ancillary proceedings,  
 1467 including, but not limited to, writs of habeas corpus issued  
 1468 pursuant to s. 394.459. Upon a finding of good cause, the court  
 1469 may permit all witnesses, including, but not limited to, medical  
 1470 professionals who are or have been involved with the patient's  
 1471 treatment, to remotely attend and testify at the hearing under  
 1472 oath via audio-video teleconference. A witness intending to  
 1473 remotely attend and testify must provide the parties with all  
 1474 relevant documents by the close of business on the day before  
 1475 the hearing. One of the professionals who executed the petition

1476 ~~for~~ involuntary services ~~inpatient placement~~ certificate shall  
 1477 be a witness. The patient and the patient's guardian or  
 1478 representative shall be informed by the court of the right to an  
 1479 independent expert examination. If the patient cannot afford  
 1480 such an examination, the court shall ensure that one is  
 1481 provided, as otherwise provided for by law. The independent  
 1482 expert's report is confidential and not discoverable, unless the  
 1483 expert is to be called as a witness for the patient at the  
 1484 hearing. The court shall allow testimony from persons, including  
 1485 family members, deemed by the court to be relevant under state  
 1486 law, regarding the person's prior history and how that prior  
 1487 history relates to the person's current condition. The testimony  
 1488 in the hearing must be given under oath, and the proceedings  
 1489 must be recorded. The patient may refuse to testify at the  
 1490 hearing.

1491 ~~(c)(b)~~ At the hearing, the court shall consider testimony  
 1492 and evidence regarding the patient's competence to consent to  
 1493 services and treatment. If the court finds that the patient is  
 1494 incompetent to consent to treatment, it shall appoint a guardian  
 1495 advocate as provided in s. 394.4598.

1496 (8) ORDERS OF THE COURT.-

1497 (a)1. If the court concludes that the patient meets the  
 1498 criteria for involuntary services, the court may order a patient  
 1499 to involuntary inpatient placement, involuntary outpatient  
 1500 services, or a combination of involuntary services depending on

1501 the criteria met and which type of involuntary services best  
 1502 meet the needs of the patient. However, if the court orders the  
 1503 patient to involuntary outpatient services, the court may not  
 1504 order the department or the service provider to provide services  
 1505 if the program or service is not available in the patient's  
 1506 local community, if there is no space available in the program  
 1507 or service for the patient, or if funding is not available for  
 1508 the program or service. The service provider must notify the  
 1509 managing entity if the requested services are not available. The  
 1510 managing entity must document such efforts to obtain the  
 1511 requested services. A copy of the order must be sent to the  
 1512 managing entity by the service provider within 1 working day  
 1513 after it is received from the court.

1514 2. The order must specify the nature and extent of the  
 1515 patient's mental illness.

1516 3.a. An order for only involuntary outpatient services  
 1517 shall be for a period of up to 90 days.

1518 b. An order for involuntary inpatient placement, or a  
 1519 combination of inpatient placement and outpatient services, may  
 1520 be up to 6 months.

1521 4. An order for a combination of involuntary services  
 1522 shall specify the length of time the patient shall be ordered  
 1523 for involuntary inpatient placement and involuntary outpatient  
 1524 services.

1525 5. The order of the court and the patient's treatment

1526 plan, if applicable, must be made part of the patient's clinical  
 1527 record.

1528 (b) If the court orders a patient into involuntary  
 1529 inpatient placement, the court ~~it~~ may order that the patient be  
 1530 transferred to a treatment facility, ~~or,~~ if the patient is at a  
 1531 treatment facility, that the patient be retained there or be  
 1532 treated at any other appropriate facility, or that the patient  
 1533 receive services, on an involuntary basis, ~~for up to 90 days.~~  
 1534 However, any order for involuntary mental health services in a  
 1535 treatment facility may be for up to 6 months. The order shall  
 1536 specify the nature and extent of the patient's mental illness.  
 1537 The court may not order an individual with a developmental  
 1538 disability as defined in s. 393.063 or a traumatic brain injury  
 1539 or dementia who lacks a co-occurring mental illness to be  
 1540 involuntarily placed in a state treatment facility. ~~The facility~~  
 1541 shall discharge a patient any time the patient no longer meets  
 1542 the criteria for involuntary inpatient placement, unless the  
 1543 patient has transferred to voluntary status.

1544 (c) If at any time before the conclusion of a ~~the~~ hearing  
 1545 on involuntary services, ~~inpatient placement~~ it appears to the  
 1546 court that the patient ~~person does not meet the criteria for~~  
 1547 involuntary inpatient placement under this section, but instead  
 1548 meets the criteria for involuntary ~~outpatient services,~~ the  
 1549 court may order the person evaluated for involuntary outpatient  
 1550 services pursuant to s. 394.4655. ~~The petition and hearing~~

1551 ~~procedures set forth in s. 394.4655 shall apply. If the person~~  
 1552 ~~instead meets the criteria for involuntary assessment,~~  
 1553 ~~protective custody, or involuntary admission or treatment~~  
 1554 pursuant to s. 397.675, then the court may order the person to  
 1555 be admitted for involuntary assessment ~~for a period of 5 days~~  
 1556 pursuant to s. 397.6757 ~~s. 397.6811~~. Thereafter, all proceedings  
 1557 are governed by chapter 397.

1558 ~~(d) At the hearing on involuntary inpatient placement, the~~  
 1559 ~~court shall consider testimony and evidence regarding the~~  
 1560 ~~patient's competence to consent to treatment. If the court finds~~  
 1561 ~~that the patient is incompetent to consent to treatment, it~~  
 1562 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~

1563 (d)(e) The administrator of the petitioning facility or  
 1564 the designated department representative shall provide a copy of  
 1565 the court order and adequate documentation of a patient's mental  
 1566 illness to the service provider for involuntary outpatient  
 1567 services or the administrator of a treatment facility if the  
 1568 patient is ordered for involuntary inpatient placement, ~~whether~~  
 1569 ~~by civil or criminal court~~. The documentation must include any  
 1570 advance directives made by the patient, a psychiatric evaluation  
 1571 of the patient, and any evaluations of the patient performed by  
 1572 a psychiatric nurse, a clinical psychologist, a marriage and  
 1573 family therapist, a mental health counselor, or a clinical  
 1574 social worker. The administrator of a treatment facility may  
 1575 refuse admission to any patient directed to its facilities on an

1576 involuntary basis, whether by civil or criminal court order, who  
 1577 is not accompanied by adequate orders and documentation.

1578 (9) TREATMENT PLAN MODIFICATION—After the order for  
 1579 involuntary outpatient services is issued, the service provider  
 1580 and the patient may modify the treatment plan. For any material  
 1581 modification of the treatment plan to which the patient or, if  
 1582 one is appointed, the patient's guardian advocate agrees, the  
 1583 service provider shall send notice of the modification to the  
 1584 court. Any material modifications of the treatment plan which  
 1585 are contested by the patient or the patient's guardian advocate,  
 1586 if applicable, must be approved or disapproved by the court  
 1587 consistent with subsection (4).

1588 (10) NONCOMPLIANCE WITH INVOLUNTARY OUTPATIENT SERVICES.—  
 1589 If, in the clinical judgment of a physician, a patient receiving  
 1590 involuntary outpatient services has failed or has refused to  
 1591 comply with the treatment plan ordered by the court, and, in the  
 1592 clinical judgment of the physician, efforts were made to solicit  
 1593 compliance and the patient may meet the criteria for involuntary  
 1594 examination, a person may be brought to a receiving facility  
 1595 pursuant to s. 394.463. If, after examination, the patient does  
 1596 not meet the criteria for involuntary inpatient placement under  
 1597 this section, the patient must be discharged from the facility.  
 1598 The involuntary outpatient services order shall remain in effect  
 1599 unless the service provider determines that the patient no  
 1600 longer meets the criteria for involuntary outpatient services or



1601 until the order expires. The service provider must determine  
 1602 whether modifications should be made to the existing treatment  
 1603 plan and must attempt to continue to engage the patient in  
 1604 treatment. For any material modification of the treatment plan  
 1605 to which the patient or the patient's guardian advocate, if  
 1606 applicable, agrees, the service provider shall send notice of  
 1607 the modification to the court. Any material modifications of the  
 1608 treatment plan which are contested by the patient or the  
 1609 patient's guardian advocate, if applicable, must be approved or  
 1610 disapproved by the court consistent with subsection (4).

1611 (11)-(7)- PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES  
 1612 INPATIENT PLACEMENT.-

1613 (a) A petition for continued involuntary services shall be  
 1614 filed if the patient continues to meets the criteria for  
 1615 involuntary services.

1616 (b)1. If a patient receiving involuntary outpatient  
 1617 services continues to meet the criteria for involuntary  
 1618 outpatient services, the service provider shall file in the  
 1619 court that issued the order for involuntary outpatient services  
 1620 a petition for continued involuntary outpatient services.

1621 2. If the patient in involuntary inpatient placement

1622 ~~(a) Hearings on petitions for continued involuntary~~  
 1623 ~~inpatient placement of an individual placed at any treatment~~  
 1624 ~~facility are administrative hearings and must be conducted in~~  
 1625 ~~accordance with s. 120.57(1), except that any order entered by~~

1626 ~~the administrative law judge is final and subject to judicial~~  
 1627 ~~review in accordance with s. 120.68. Orders concerning patients~~  
 1628 ~~committed after successfully pleading not guilty by reason of~~  
 1629 ~~insanity are governed by s. 916.15.~~

1630 ~~(b)~~ If the patient continues to meet the criteria for  
 1631 involuntary inpatient placement and is being treated at a  
 1632 treatment facility, the administrator shall, before the  
 1633 expiration of the period the treatment facility is authorized to  
 1634 retain the patient, file a petition requesting authorization for  
 1635 continued involuntary inpatient placement.

1636 3. The court shall immediately schedule a hearing on the  
 1637 petition to be held within 15 days after the petition is filed.

1638 4. The existing involuntary services order shall remain in  
 1639 effect until disposition on the petition for continued  
 1640 involuntary services.

1641 (c) A certificate for continued involuntary services must  
 1642 be attached to the petition and shall include ~~The request must~~  
 1643 ~~be accompanied by~~ a statement from the patient's physician,  
 1644 psychiatrist, psychiatric nurse, or clinical psychologist  
 1645 justifying the request, a brief description of the patient's  
 1646 treatment during the time he or she was receiving involuntary  
 1647 services involuntarily placed, and, if requesting involuntary  
 1648 outpatient services, an individualized plan of continued  
 1649 treatment. The individualized plan of continued treatment shall  
 1650 be developed in consultation with the patient or the patient's

1651 guardian advocate, if applicable. When the petition has been  
 1652 filed, the clerk of the court shall provide copies of the  
 1653 certificate and the individualized plan of continued services to  
 1654 the department, the patient, the patient's guardian advocate,  
 1655 the state attorney, and the patient's private counsel or the  
 1656 public defender.

1657 (d) The court shall appoint counsel to represent the  
 1658 person who is the subject of the petition for continued  
 1659 involuntary services in accordance to the provisions set forth  
 1660 in subsection (5), unless the person is otherwise represented by  
 1661 counsel or ineligible.

1662 (e) Hearings on petitions for continued involuntary  
 1663 outpatient services must be before the court that issued the  
 1664 order for involuntary outpatient services. However, the patient  
 1665 and the patient's attorney may agree to a period of continued  
 1666 outpatient services without a court hearing.

1667 (f) Hearings on petitions for continued involuntary  
 1668 inpatient placement must be held in the county or the facility,  
 1669 as appropriate, where the patient is located.

1670 (g) The court may appoint a magistrate to preside at the  
 1671 hearing. The procedures for obtaining an order pursuant to this  
 1672 paragraph must meet the requirements of subsection (7).

1673 (h) Notice of the hearing must be provided as set forth  
 1674 ~~provided~~ in s. 394.4599.

1675 (i) If a patient's attendance at the hearing is

1676 voluntarily waived, the ~~administrative law~~ judge must determine  
 1677 that the patient knowingly, intelligently, and voluntarily  
 1678 waived his or her right to be present, ~~waiver is knowing and~~  
 1679 ~~voluntary~~ before waiving the presence of the patient from all or  
 1680 a portion of the hearing. Alternatively, if at the hearing the  
 1681 ~~administrative law~~ judge finds that attendance at the hearing is  
 1682 not consistent with the best interests of the patient, the  
 1683 ~~administrative law~~ judge may waive the presence of the patient  
 1684 from all or any portion of the hearing, unless the patient,  
 1685 through counsel, objects to the waiver of presence. The  
 1686 testimony in the hearing must be under oath, and the proceedings  
 1687 must be recorded.

1688 (j) Hearings on petitions for continued involuntary  
 1689 inpatient placement of an individual placed at any treatment  
 1690 facility are administrative hearings and must be conducted in  
 1691 accordance with s. 120.57(1), except that any order entered by  
 1692 the judge is final and subject to judicial review in accordance  
 1693 with s. 120.68. Orders concerning patients committed after  
 1694 successfully pleading not guilty by reason of insanity are  
 1695 governed by s. 916.15.

1696 ~~(c) Unless the patient is otherwise represented or is~~  
 1697 ~~ineligible, he or she shall be represented at the hearing on the~~  
 1698 ~~petition for continued involuntary inpatient placement by the~~  
 1699 ~~public defender of the circuit in which the facility is located.~~

1700 (k)-(d) If at a hearing it is shown that the patient

1701 continues to meet the criteria for involuntary services  
 1702 ~~inpatient placement~~, the court administrative law judge shall  
 1703 issue an ~~sign the~~ order for continued involuntary services  
 1704 ~~inpatient placement~~ for up to 90 days. However, any order for  
 1705 involuntary inpatient placement, or mental health services in a  
 1706 combination of involuntary services treatment facility may be  
 1707 for up to 6 months. The same procedure shall be repeated before  
 1708 the expiration of each additional period the patient is  
 1709 retained.

1710 (l) If the patient has been ordered to undergo involuntary  
 1711 services and has previously been found incompetent to consent to  
 1712 treatment, the court shall consider testimony and evidence  
 1713 regarding the patient's competence. If the patient's competency  
 1714 to consent to treatment is restored, the discharge of the  
 1715 guardian advocate shall be governed by s. 394.4598. If the  
 1716 patient has been ordered to undergo involuntary inpatient  
 1717 placement only and the patient's competency to consent to  
 1718 treatment is restored, the administrative law judge may issue a  
 1719 recommended order, to the court that found the patient  
 1720 incompetent to consent to treatment, that the patient's  
 1721 competence be restored and that any guardian advocate previously  
 1722 appointed be discharged.

1723 (m)-(e) If continued involuntary inpatient placement is  
 1724 necessary for a patient in involuntary inpatient placement who  
 1725 was admitted while serving a criminal sentence, but his or her

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1726 sentence is about to expire, or for a minor involuntarily  
 1727 placed, but who is about to reach the age of 18, the  
 1728 administrator shall petition the administrative law judge for an  
 1729 order authorizing continued involuntary inpatient placement.  
 1730 The procedure required in this section ~~subsection~~ must be  
 1731 followed before the expiration of each additional period the  
 1732 patient is involuntarily receiving services.

1733 (12) ~~(8)~~ RETURN TO FACILITY.—If a patient has been ordered  
 1734 to undergo involuntary inpatient placement ~~involuntarily~~ held at  
 1735 a treatment facility under this part leaves the facility without  
 1736 the administrator's authorization, the administrator may  
 1737 authorize a search for the patient and his or her return to the  
 1738 facility. The administrator may request the assistance of a law  
 1739 enforcement agency in this regard.

1740 (13) DISCHARGE—The patient shall be discharged upon  
 1741 expiration of the court order or at any time the patient no  
 1742 longer meets the criteria for involuntary services, unless the  
 1743 patient has transferred to voluntary status. Upon discharge, the  
 1744 service provider or facility shall send a certificate of  
 1745 discharge to the court.

1746 Section 13. Subsection (2) of section 394.468, Florida  
 1747 Statutes, is amended and subsection (3) is added to that section  
 1748 to read:

1749 394.468 Admission and discharge procedures.—

1750 (2) Discharge planning and procedures for any patient's

1751 release from a receiving facility or treatment facility must  
 1752 include and document the patient's needs, and actions to address  
 1753 such needs, for consideration of, at a minimum:

- 1754 (a) Follow-up behavioral health appointments;
- 1755 (b) Information on how to obtain prescribed medications;

1756 and

- 1757 (c) Information pertaining to:
  - 1758 1. Available living arrangements;
  - 1759 2. Transportation; and

- 1760 (d) Referral to:
  - 1761 1. Care coordination services. The patient must be  
 1762 referred for care coordination services if the patient meets the  
 1763 criteria as a member of a priority population as determined by  
 1764 the department under s. 394.9082 (3) (c) .

1765 ~~2.3.~~ Recovery support opportunities under s.  
 1766 394.4573(2)(1), including, but not limited to, connection to a  
 1767 peer specialist.

- 1768 (3) During the discharge transition process and while the  
 1769 patient is present unless determined inappropriate by a licensed  
 1770 medical practitioner, a receiving facility shall coordinate,  
 1771 face-to-face or through electronic means, ongoing treatment and  
 1772 discharge plans to a less restrictive community behavioral  
 1773 health provider, a peer specialist, a case manager, or a care  
 1774 coordination service. The transition process must include all of  
 1775 the following criteria:

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1776 (a) Implementation of policies and procedures outlining  
 1777 strategies for how the receiving facility will comprehensively  
 1778 address the needs of patients who demonstrate a high use of  
 1779 receiving facility services to avoid or reduce future use of  
 1780 crisis stabilization services.

1781 (b) Developing and including in discharge paperwork a  
 1782 personalized crisis prevention plan that identifies stressors,  
 1783 early warning signs or symptoms, and strategies to deal with  
 1784 crisis.

1785 (c) Requiring a master's-level staff member or licensed  
 1786 professional-level staff member to engage a family member, legal  
 1787 guardian, legal representative, or natural support in discharge  
 1788 planning and meet face to face or through electronic means to  
 1789 review the discharge instructions, including prescribed  
 1790 medications, follow-up appointments, and any other recommended  
 1791 services or follow-up resources, and document the outcome of  
 1792 such meeting.

1793 (d) When the recommended level of care at discharge is not  
 1794 immediately available to the patient, the receiving facility  
 1795 must initiate a referral to an appropriate provider to meet the  
 1796 needs of the patient and make appointments for interim services  
 1797 to continue care until the recommended level of care is  
 1798 available.

1799 Section 14. Subsection (3) of section 394.495, Florida  
 1800 Statutes, is amended to read:



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1801 394.495 Child and adolescent mental health system of care;  
 1802 programs and services.—

1803 (3) Assessments must be performed by:

1804 (a) A clinical psychologist, clinical social worker,  
 1805 physician, psychiatric nurse, or psychiatrist, as those terms  
 1806 are defined in s. 394.455 ~~professional as defined in s.~~  
 1807 ~~394.455(5), (7), (33), (36), or (37);~~

1808 (b) A professional licensed under chapter 491; or

1809 (c) A person who is under the direct supervision of a  
 1810 clinical psychologist, clinical social worker, physician,  
 1811 psychiatric nurse, or psychiatrist, as those terms are defined  
 1812 in s. 394.455, ~~qualified professional as defined in s.~~  
 1813 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed  
 1814 under chapter 491.

1815 Section 15. Subsection (5) of section 394.496, Florida  
 1816 Statutes, is amended to read:

1817 394.496 Service planning.—

1818 (5) A clinical psychologist, clinical social worker,  
 1819 physician, psychiatric nurse, or psychiatrist, as those terms  
 1820 are defined in s. 394.455, ~~professional as defined in s.~~  
 1821 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed  
 1822 under chapter 491 must be included among those persons  
 1823 developing the services plan.

1824 Section 16. Paragraph (a) of subsection (2) of section  
 1825 394.499, Florida Statutes, is amended to read:

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1826 394.499 Integrated children's crisis stabilization  
 1827 unit/juvenile addictions receiving facility services.—

1828 (2) Children eligible to receive integrated children's  
 1829 crisis stabilization unit/juvenile addictions receiving facility  
 1830 services include:

1831 (a) A minor whose parent makes ~~person under 18 years of~~  
 1832 ~~age for whom~~ voluntary application based on the parent's express  
 1833 and informed consent, and the requirements of s. 394.4625(1) (a)  
 1834 are met ~~is made by his or her guardian, if such person is found~~  
 1835 ~~to show evidence of mental illness and to be suitable for~~  
 1836 ~~treatment pursuant to s. 394.4625. A person under 18 years of~~  
 1837 ~~age may be admitted for integrated facility services only after~~  
 1838 ~~a hearing to verify that the consent to admission is voluntary.~~

1839 Section 17. Paragraphs (a) and (d) of subsection (1) of  
 1840 section 394.875, Florida Statutes, are amended to read:

1841 394.875 Crisis stabilization units, residential treatment  
 1842 facilities, and residential treatment centers for children and  
 1843 adolescents; authorized services; license required.—

1844 (1)(a) The purpose of a crisis stabilization unit is to  
 1845 stabilize and redirect a client to the most appropriate and  
 1846 least restrictive community setting available, consistent with  
 1847 the client's needs. Crisis stabilization units may screen,  
 1848 assess, and admit for stabilization persons who present  
 1849 themselves to the unit and persons who are brought to the unit  
 1850 under s. 394.463. Clients may be provided 24-hour observation,

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1851 medication prescribed by a licensed medical practitioner  
 1852 ~~physician~~ or psychiatrist, and other appropriate services.  
 1853 Crisis stabilization units shall provide services regardless of  
 1854 the client's ability to pay and ~~shall be limited in size to a~~  
 1855 ~~maximum of 30 beds.~~

1856 ~~(d) The department is directed to implement a~~  
 1857 ~~demonstration project in circuit 18 to test the impact of~~  
 1858 ~~expanding beds authorized in crisis stabilization units from 30~~  
 1859 ~~to 50 beds. Specifically, the department is directed to~~  
 1860 ~~authorize existing public or private crisis stabilization units~~  
 1861 ~~in circuit 18 to expand bed capacity to a maximum of 50 beds and~~  
 1862 ~~to assess the impact such expansion would have on the~~  
 1863 ~~availability of crisis stabilization services to clients.~~

1864 Section 18. Subsection (6) of section 394.9085, Florida  
 1865 Statutes, is amended to read:

1866 394.9085 Behavioral provider liability.—

1867 (6) For purposes of this section, the terms  
 1868 "detoxification ~~services,~~" "addictions receiving facility," and  
 1869 "receiving facility" have the same meanings as those provided in  
 1870 ss. 397.311(26) (a) 4. ~~397.311(26) (a) 3.,~~ 397.311(26) (a) 1., and  
 1871 394.455(41) ~~394.455(40),~~ respectively.

1872 Section 19. Subsection (3) of section 397.305, Florida  
 1873 Statutes, is amended to read:

1874 397.305 Legislative findings, intent, and purpose.—

1875 (3) It is the purpose of this chapter to provide for a

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1876 comprehensive continuum of accessible and quality substance  
 1877 abuse prevention, intervention, clinical treatment, and recovery  
 1878 support services in the most appropriate and least restrictive  
 1879 environment which promotes long-term recovery while protecting  
 1880 and respecting the rights of individuals, primarily through  
 1881 community-based private not-for-profit providers working with  
 1882 local governmental programs involving a wide range of agencies  
 1883 from both the public and private sectors.

1884 Section 20. Subsections (19) and (23) of section 397.311,  
 1885 Florida Statutes, are amended to read:

1886 397.311 Definitions.—As used in this chapter, except part  
 1887 VIII, the term:

1888 (19) "Impaired" or "substance abuse impaired" means having  
 1889 a substance use disorder or a condition involving the use of  
 1890 alcoholic beverages, illicit or prescription drugs, or any  
 1891 psychoactive or mood-altering substance in such a manner as to  
 1892 induce mental, emotional, or physical problems or ~~and~~ cause  
 1893 socially dysfunctional behavior.

1894 (23) "Involuntary treatment services" means an array of  
 1895 behavioral health services that may be ordered by the court for  
 1896 persons with substance abuse impairment or co-occurring  
 1897 substance abuse impairment and mental health disorders.

1898 Section 21. Subsection (6) is added to section 397.401,  
 1899 Florida Statutes, to read:

1900 397.401 License required; penalty; injunction; rules

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1901 | waivers.-

1902 |       (6) A service provider operating an addictions receiving  
 1903 | facility or providing detoxification on a nonhospital inpatient  
 1904 | basis may not exceed its licensed capacity by more than 10  
 1905 | percent and may not exceed their licensed capacity for more than  
 1906 | 3 consecutive working days or for more than 7 days in 1 month.

1907 |       Section 22. Paragraph (i) is added to subsection (1) of  
 1908 | section 397.4073, Florida Statutes, to read:

1909 |       397.4073 Background checks of service provider personnel.-

1910 |       (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND  
 1911 | EXCEPTIONS.-

1912 |       (i) Any licensed physician or nurse who requires  
 1913 | background screening by the Department of Health during initial  
 1914 | licensure and the renewal of licensure is not subject to  
 1915 | background screening pursuant to this section if he or she is  
 1916 | providing a service that is within the scope of his or her  
 1917 | licensed practice.

1918 |       Section 23. Subsection (8) of section 397.501, Florida  
 1919 | Statutes, is amended to read:

1920 |       397.501 Rights of individuals.-Individuals receiving  
 1921 | substance abuse services from any service provider are  
 1922 | guaranteed protection of the rights specified in this section,  
 1923 | unless otherwise expressly provided, and service providers must  
 1924 | ensure the protection of such rights.

1925 |       (8) RIGHT TO COUNSEL.-Each individual must be informed

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1926 that he or she has the right to be represented by counsel in any  
 1927 judicial involuntary proceeding for involuntary substance abuse  
 1928 ~~assessment, stabilization, or~~ treatment and that he or she, or  
 1929 if the individual is a minor his or her parent, legal guardian,  
 1930 or legal custodian, may apply immediately to the court to have  
 1931 an attorney appointed if he or she cannot afford one.

1932 Section 24. Section 397.581, Florida Statutes, is amended  
 1933 to read:

1934 397.581 Unlawful activities relating to assessment and  
 1935 treatment; penalties.—

1936 (1) A person may not knowingly and willfully:

1937 (a) Furnish ~~furnishing~~ false information for the purpose  
 1938 of obtaining emergency or other involuntary admission of another  
 1939 person ~~for any person is a misdemeanor of the first degree,~~  
 1940 ~~punishable as provided in s. 775.082 and by a fine not exceeding~~  
 1941 ~~\$5,000.~~

1942 (b) ~~(2)~~ Cause or otherwise secure, or conspire with or  
 1943 assist another to cause or secure ~~Causing or otherwise securing,~~  
 1944 ~~or conspiring with or assisting another to cause or secure,~~  
 1945 ~~without reason for believing a person to be impaired,~~ any  
 1946 emergency or other involuntary procedure of another ~~for the~~  
 1947 person under false pretenses ~~is a misdemeanor of the first~~  
 1948 ~~degree, punishable as provided in s. 775.082 and by a fine not~~  
 1949 ~~exceeding \$5,000.~~

1950 (c) ~~(3)~~ Cause, or conspire with or assist another to cause,

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1951 without lawful justification ~~Causing, or conspiring with or~~  
 1952 ~~assisting another to cause,~~ the denial to any person of any  
 1953 right accorded pursuant to this chapter.

1954 (2) A person who violates subsection (1) commits ~~is~~ a  
 1955 misdemeanor of the first degree, punishable as provided in s.  
 1956 775.082 and by a fine not exceeding \$5,000.

1957 Section 25. Section 397.675, Florida Statutes, is amended  
 1958 to read:

1959 397.675 Criteria for involuntary admissions, including  
 1960 protective custody, emergency admission, and other involuntary  
 1961 assessment, involuntary treatment, and alternative involuntary  
 1962 assessment for minors, for purposes of assessment and  
 1963 stabilization, and for involuntary treatment.—A person meets the  
 1964 criteria for involuntary admission if there is good faith reason  
 1965 to believe that the person is substance abuse impaired or has a  
 1966 substance use disorder and a co-occurring mental health disorder  
 1967 and, because of such impairment or disorder:

1968 (1) Has lost the power of self-control with respect to  
 1969 substance abuse; and

1970 (2) (a) Is in need of substance abuse services and, by  
 1971 reason of substance abuse impairment, his or her judgment has  
 1972 been so impaired that he or she is incapable of appreciating his  
 1973 or her need for such services and of making a rational decision  
 1974 in that regard, although mere refusal to receive such services  
 1975 does not constitute evidence of lack of judgment with respect to

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1976 | his or her need for such services; or  
 1977 |       (b) Without care or treatment, is likely to suffer from  
 1978 | neglect or refuse to care for himself or herself; that such  
 1979 | neglect or refusal poses a real and present threat of  
 1980 | substantial harm to his or her well-being; and that it is not  
 1981 | apparent that such harm may be avoided through the help of  
 1982 | willing, able, and responsible family members or friends or the  
 1983 | provision of other services, or there is substantial likelihood  
 1984 | that the person has inflicted, or threatened to or attempted to  
 1985 | inflict, or, unless admitted, is likely to inflict, physical  
 1986 | harm on himself, herself, or another.  
 1987 |       Section 26. Subsection (1) of section 397.6751, Florida  
 1988 | Statutes, is amended to read:  
 1989 |       397.6751 Service provider responsibilities regarding  
 1990 | involuntary admissions.—  
 1991 |       (1) It is the responsibility of the service provider to:  
 1992 |       (a) Ensure that a person who is admitted to a licensed  
 1993 | service component meets the admission criteria specified in s.  
 1994 | 397.675;  
 1995 |       (b) Ascertain whether the medical and behavioral  
 1996 | conditions of the person, as presented, are beyond the safe  
 1997 | management capabilities of the service provider;  
 1998 |       (c) Provide for the admission of the person to the service  
 1999 | component that represents the most appropriate and least  
 2000 | restrictive available setting that is responsive to the person's



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2001 treatment needs;

2002 (d) Verify that the admission of the person to the service  
2003 component does not result in a census in excess of its licensed  
2004 service capacity;

2005 (e) Determine whether the cost of services is within the  
2006 financial means of the person or those who are financially  
2007 responsible for the person's care; and

2008 (f) Take all necessary measures to ensure that each  
2009 individual in treatment is provided with a safe environment, and  
2010 to ensure that each individual whose medical condition or  
2011 behavioral problem becomes such that he or she cannot be safely  
2012 managed by the service component is discharged and referred to a  
2013 more appropriate setting for care.

2014 Section 27. Section 397.681, Florida Statutes, is amended  
2015 to read:

2016 397.681 Involuntary petitions; general provisions; court  
2017 jurisdiction and right to counsel.—

2018 (1) JURISDICTION.—The courts have jurisdiction of  
2019 ~~involuntary assessment and stabilization petitions and~~  
2020 involuntary treatment petitions for substance abuse impaired  
2021 persons, and such petitions must be filed with the clerk of the  
2022 court in the county where the person resides ~~is located~~. The  
2023 clerk of the court may not charge a fee for the filing of a  
2024 petition under this section. The chief judge may appoint a  
2025 general or special magistrate to preside over all or part of the

2026 | proceedings related to the petition or any ancillary matters  
 2027 | thereto. The alleged impaired person is named as the respondent.

2028 | (2) RIGHT TO COUNSEL.—Unless the respondent is present and  
 2029 | the court finds he or she knowingly, intelligently, and  
 2030 | voluntarily waived legal representation, a respondent has the  
 2031 | right to counsel at every stage of a judicial proceeding  
 2032 | relating to a petition for his or her ~~involuntary assessment and~~  
 2033 | ~~a petition for his or her~~ involuntary treatment for substance  
 2034 | abuse impairment. A respondent who desires counsel and is unable  
 2035 | to afford private counsel has the right to court-appointed  
 2036 | counsel and to the benefits of s. 57.081. If the court believes  
 2037 | that the respondent needs or desires the assistance of counsel,  
 2038 | the court shall appoint such counsel for the respondent without  
 2039 | regard to the respondent's wishes. If the respondent is a minor  
 2040 | not otherwise represented in the proceeding, the court shall  
 2041 | immediately appoint a guardian ad litem to act on the minor's  
 2042 | behalf.

2043 | Section 28. Section 397.693, Florida Statutes, is  
 2044 | renumbered as 397.68111, Florida Statutes, and amended to read:

2045 | 397.68111 ~~397.693~~ Involuntary treatment.—A person may be  
 2046 | the subject of a petition for court-ordered involuntary  
 2047 | treatment pursuant to this part, if that person:

2048 | (1) Reasonably appears to meet ~~meets~~ the criteria for  
 2049 | involuntary admission provided in s. 397.675; ~~and:~~

2050 | (2)-(1) Has been placed under protective custody pursuant

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2051 to s. 397.677 within the previous 10 days;

2052 (3)~~(2)~~ Has been subject to an emergency admission pursuant

2053 to s. 397.679 within the previous 10 days; or

2054 (4)~~(3)~~ Has been assessed by a qualified professional

2055 within 30 ~~5~~ days;

2056 ~~(4) Has been subject to involuntary assessment and~~

2057 ~~stabilization pursuant to s. 397.6818 within the previous 12~~

2058 ~~days; or~~

2059 ~~(5) Has been subject to alternative involuntary admission~~

2060 ~~pursuant to s. 397.6822 within the previous 12 days.~~

2061 Section 29. Section 397.695, Florida Statutes, is

2062 renumbered as section 397.68112, Florida Statutes, and amended

2063 to read:

2064 397.68112 ~~397.695~~ Involuntary services; persons who may

2065 petition.—

2066 (1) If the respondent is an adult, a petition for

2067 involuntary treatment services may be filed by the respondent's

2068 spouse or legal guardian, any relative, a service provider, or

2069 an adult who has direct personal knowledge of the respondent's

2070 substance abuse impairment and his or her prior course of

2071 assessment and treatment.

2072 (2) If the respondent is a minor, a petition for

2073 involuntary treatment services may be filed by a parent, legal

2074 guardian, or service provider.

2075 (3) The court may prohibit, or a law enforcement agency

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2076 may waive, any service of process fees if a petitioner is  
 2077 determined to be indigent.

2078 Section 30. Section 397.6951, Florida Statutes, is  
 2079 renumbered as 397.68141, Florida Statutes, and amended to read:

2080 397.68141 ~~397.6951~~ Contents of petition for involuntary  
 2081 treatment services.—A petition for involuntary services must  
 2082 contain the name of the respondent; the name of the petitioner  
 2083 ~~or petitioners~~; the relationship between the respondent and the  
 2084 petitioner; the name of the respondent's attorney, if known; ~~the~~  
 2085 ~~findings and recommendations of the assessment performed by the~~  
 2086 ~~qualified professional~~; and the factual allegations presented by  
 2087 the petitioner establishing the need for involuntary ~~outpatient~~  
 2088 services for substance abuse impairment. The factual allegations  
 2089 must demonstrate:

2090 (1) The reason for the petitioner's belief that the  
 2091 respondent is substance abuse impaired;

2092 (2) The reason for the petitioner's belief that because of  
 2093 such impairment the respondent has lost the power of self-  
 2094 control with respect to substance abuse; and

2095 (3) (a) The reason the petitioner believes that the  
 2096 respondent has inflicted or is likely to inflict physical harm  
 2097 on himself or herself or others unless the court orders the  
 2098 involuntary services; or

2099 (b) The reason the petitioner believes that the  
 2100 respondent's refusal to voluntarily receive care is based on

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2101 judgment so impaired by reason of substance abuse that the  
 2102 respondent is incapable of appreciating his or her need for care  
 2103 and of making a rational decision regarding that need for care.

2104 (4) The petition may be accompanied by a certificate or  
 2105 report of a qualified professional who examined the respondent  
 2106 within 30 days before the petition was filed. The certificate or  
 2107 report must include the qualified professional's findings  
 2108 relating to his or her assessment of the patient and his or her  
 2109 treatment recommendations. If the respondent was not assessed  
 2110 before the filing of a treatment petition or refused to submit  
 2111 to an evaluation, the lack of assessment or refusal must be  
 2112 noted in the petition.

2113 (5) If there is an emergency, the petition must also  
 2114 describe the respondent's exigent circumstances and include a  
 2115 request for an ex parte assessment and stabilization order that  
 2116 must be executed pursuant to s. 397.68151.

2117 Section 31. Section 397.6955, Florida Statutes, is  
 2118 renumbered as section 397.68151, Florida Statutes, and amended  
 2119 to read:

2120 397.68151 ~~397.6955~~ Duties of court upon filing of petition  
 2121 for involuntary services.-

2122 (1) Upon the filing of a petition for involuntary services  
 2123 for a substance abuse impaired person with the clerk of the  
 2124 court, the court shall immediately determine whether the  
 2125 respondent is represented by an attorney or whether the

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2126 appointment of counsel for the respondent is appropriate. If the  
 2127 court appoints counsel for the person, the clerk of the court  
 2128 shall immediately notify the office of criminal conflict and  
 2129 civil regional counsel, created pursuant to s. 27.511, of the  
 2130 appointment. The office of criminal conflict and civil regional  
 2131 counsel shall represent the person until the petition is  
 2132 dismissed, the court order expires, ~~or~~ the person is discharged  
 2133 from involuntary treatment services, or the office is otherwise  
 2134 discharged by the court. An attorney that represents the person  
 2135 named in the petition shall have access to the person,  
 2136 witnesses, and records relevant to the presentation of the  
 2137 person's case and shall represent the interests of the person,  
 2138 regardless of the source of payment to the attorney.

2139 (2) The court shall schedule a hearing to be held on the  
 2140 petition within 10 court working ~~5~~ days unless a continuance is  
 2141 granted. ~~The court may appoint a magistrate to preside at the~~  
 2142 ~~hearing.~~

2143 (3) A copy of the petition and notice of the hearing must  
 2144 be provided to the respondent; the respondent's parent,  
 2145 guardian, or legal custodian, in the case of a minor; the  
 2146 respondent's attorney, if known; the petitioner; the  
 2147 respondent's spouse or guardian, if applicable; and such other  
 2148 persons as the court may direct. If the respondent is a minor, a  
 2149 copy of the petition and notice of the hearing must be  
 2150 personally delivered to the respondent. The clerk ~~court~~ shall

2151 also issue a summons to the person whose admission is sought and  
 2152 unless a circuit court's chief judge authorizes disinterested  
 2153 private process servers to serve parties under this chapter, a  
 2154 law enforcement agency must effect such service on the person  
 2155 whose admission is sought for the initial treatment hearing.

2156 Section 32. Section 397.6818, Florida Statutes, is amended  
 2157 to read:

2158 397.6818 Court determination.—

2159 (1) When the petitioner asserts that emergency  
 2160 circumstances exist, or when upon review of the petition the  
 2161 court determines that an emergency exists, the court may rely  
 2162 solely on the contents of the petition and, without the  
 2163 appointment of an attorney, enter an ex parte order for the  
 2164 respondent's involuntary assessment and stabilization which must  
 2165 be executed during the period when the hearing on the petition  
 2166 for treatment is pending.

2167 (2) The court may further order a law enforcement officer  
 2168 or another designated agent of the court to:

2169 (a) Take the respondent into custody and deliver him or  
 2170 her for evaluation to either the nearest appropriate licensed  
 2171 service provider or a licensed service provider designated by  
 2172 the court.

2173 (b) Serve the respondent with the notice of hearing and a  
 2174 copy of the petition.

2175 (3) The service provider may not hold the respondent for

2176 longer than 72 hours of observation, unless:

2177 (a) The service provider seeks additional time under s.

2178 397.6957(1)(c) and the court, after a hearing, grants that

2179 motion;

2180 (b) The respondent shows signs of withdrawal, or a need to

2181 be either detoxified or treated for a medical condition, which

2182 shall extend the amount of time the respondent may be held for

2183 observation until the issue is resolved but no later than the

2184 scheduled hearing date, absent a court-approved extension; or

2185 (c) The original or extended observation period ends on a

2186 weekend or holiday, including the hours before the ordinary

2187 business hours of the following workday morning, in which case

2188 the provider may hold the respondent until the next court

2189 working day.

2190 (4) If the ex parte order was not executed by the initial

2191 hearing date, it shall be deemed void. However, should the

2192 respondent not appear at the hearing for any reason, including

2193 lack of service, and upon reviewing the petition, testimony, and

2194 evidence presented, the court reasonably believes the respondent

2195 meets this chapter's commitment criteria and that a substance

2196 abuse emergency exists, the court may issue or reissue an ex

2197 parte assessment and stabilization order that is valid for 90

2198 days. If the respondent's location is known at the time of the

2199 hearing, the court:

2200 (a) Shall continue the case for no more than 10 court



2201 working days; and

2202 (b) May order a law enforcement officer or another

2203 designated agent of the court to:

2204 1. Take the respondent into custody and deliver him or her

2205 for evaluation to either the nearest appropriate licensed

2206 service provider or a licensed service provider designated by

2207 the court; and

2208 2. If a hearing date is set, serve the respondent with

2209 notice of the rescheduled hearing and a copy of the involuntary

2210 treatment petition if the respondent has not already been

2211 served.

2212

2213 Otherwise, the petitioner must inform the court that the

2214 respondent has been assessed so that the court may schedule a

2215 hearing as soon as is practicable. However, if the respondent

2216 has not been assessed within 90 days, the court must dismiss the

2217 case. At the hearing initiated in accordance with s.

2218 397.6811(1), the court shall hear all relevant testimony. The

2219 respondent must be present unless the court has reason to

2220 believe that his or her presence is likely to be injurious to

2221 him or her, in which event the court shall appoint a guardian

2222 advocate to represent the respondent. The respondent has the

2223 right to examination by a court-appointed qualified

2224 professional. After hearing all the evidence, the court shall

2225 determine whether there is a reasonable basis to believe the

2226 ~~respondent meets the involuntary admission criteria of s.~~  
 2227 ~~397.675.~~

2228 ~~(1) Based on its determination, the court shall either~~  
 2229 ~~dismiss the petition or immediately enter an order authorizing~~  
 2230 ~~the involuntary assessment and stabilization of the respondent;~~  
 2231 ~~or, if in the course of the hearing the court has reason to~~  
 2232 ~~believe that the respondent, due to mental illness other than or~~  
 2233 ~~in addition to substance abuse impairment, is likely to injure~~  
 2234 ~~himself or herself or another if allowed to remain at liberty,~~  
 2235 ~~the court may initiate involuntary proceedings under the~~  
 2236 ~~provisions of part I of chapter 394.~~

2237 ~~(2) If the court enters an order authorizing involuntary~~  
 2238 ~~assessment and stabilization, the order shall include the~~  
 2239 ~~court's findings with respect to the availability and~~  
 2240 ~~appropriateness of the least restrictive alternatives and the~~  
 2241 ~~need for the appointment of an attorney to represent the~~  
 2242 ~~respondent, and may designate the specific licensed service~~  
 2243 ~~provider to perform the involuntary assessment and stabilization~~  
 2244 ~~of the respondent. The respondent may choose the licensed~~  
 2245 ~~service provider to deliver the involuntary assessment where~~  
 2246 ~~possible and appropriate.~~

2247 ~~(3) If the court finds it necessary, it may order the~~  
 2248 ~~sheriff to take the respondent into custody and deliver him or~~  
 2249 ~~her to the licensed service provider specified in the court~~  
 2250 ~~order or, if none is specified, to the nearest appropriate~~

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2251 ~~licensed service provider for involuntary assessment.~~

2252 ~~(4) The order is valid only for the period specified in~~  
 2253 ~~the order or, if a period is not specified, for 7 days after the~~  
 2254 ~~order is signed.~~

2255 Section 33. Section 397.6957, Florida Statutes, is amended  
 2256 to read:

2257 397.6957 Hearing on petition for involuntary treatment  
 2258 services.—

2259 (1)(a) The respondent must be present at a hearing on a  
 2260 petition for involuntary treatment services, unless the court  
 2261 finds that he or she knowingly, intelligently, and voluntarily  
 2262 waives his or her right to be present or, upon receiving proof  
 2263 of service and evaluating the circumstances of the case, that  
 2264 his or her presence is inconsistent with his or her best  
 2265 interests or is likely to be injurious to self or others. The  
 2266 court shall hear and review all relevant evidence, including  
 2267 testimony from individuals such as family members familiar with  
 2268 the respondent's prior history and how it relates to his or her  
 2269 current condition, and the ~~review of~~ results of the assessment  
 2270 completed by the qualified professional in connection with this  
 2271 chapter. The court may also order drug tests. Upon a finding of  
 2272 good cause, the court may permit all witnesses, including, but  
 2273 not limited to, medical professionals who are or have been  
 2274 involved with the respondent's treatment, to remotely attend and  
 2275 testify at the hearing under oath via audio-video

2276 teleconference. A witness intending to remotely attend and  
 2277 testify must provide the parties with all relevant documents by  
 2278 the close of business on the day before the hearing the  
 2279 ~~respondent's protective custody, emergency admission,~~  
 2280 ~~involuntary assessment, or alternative involuntary admission.~~  
 2281 ~~The respondent must be present unless the court finds that his~~  
 2282 ~~or her presence is likely to be injurious to himself or herself~~  
 2283 ~~or others, in which event the court must appoint a guardian~~  
 2284 ~~advocate to act in behalf of the respondent throughout the~~  
 2285 ~~proceedings.~~

2286 (b) A respondent may not be involuntarily ordered into  
 2287 treatment under this chapter without a clinical assessment being  
 2288 performed, unless he or she is present in court and expressly  
 2289 waives the assessment. In nonemergency situations, if the  
 2290 respondent was not, or had previously refused to be, assessed by  
 2291 a qualified professional and, based on the petition, testimony,  
 2292 and evidence presented, it reasonably appears that the  
 2293 respondent qualifies for involuntary treatment services, the  
 2294 court shall issue an involuntary assessment and stabilization  
 2295 order to determine the appropriate level of treatment the  
 2296 respondent requires. Additionally, in cases where an assessment  
 2297 was attached to the petition, the respondent may request, or the  
 2298 court on its own motion may order, an independent assessment by  
 2299 a court-appointed or otherwise agreed upon qualified  
 2300 professional. If an assessment order is issued, it is valid for

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2301 90 days, and if the respondent is present or there is either  
 2302 proof of service or his or her location is known, the  
 2303 involuntary treatment hearing shall be continued for no more  
 2304 than 10 court working days. Otherwise, the petitioner must  
 2305 inform the court that the respondent has been assessed so that  
 2306 the court may schedule a hearing as soon as is practicable. The  
 2307 assessment must occur before the new hearing date, and if there  
 2308 is evidence indicating that the respondent will not voluntarily  
 2309 appear at the forthcoming hearing or is a danger to self or  
 2310 others, the court may enter a preliminary order committing the  
 2311 respondent to an appropriate treatment facility for further  
 2312 evaluation until the date of the rescheduled hearing. However,  
 2313 if after 90 days the respondent remains unassessed, the court  
 2314 shall dismiss the case.

2315 (c)1. The respondent's assessment by a qualified  
 2316 professional must occur within 72 hours after his or her arrival  
 2317 at a licensed service provider unless the respondent shows signs  
 2318 of withdrawal or a need to be either detoxified or treated for a  
 2319 medical condition, which shall extend the amount of time the  
 2320 respondent may be held for observation until such issue is  
 2321 resolved but no later than the scheduled hearing date, absent a  
 2322 court-approved extension. If the respondent is a minor, such  
 2323 assessment must be initiated within the first 12 hours of the  
 2324 minor's admission to the facility. The service provider may also  
 2325 move to extend the 72 hours of observation by petitioning the

2326 court in writing for additional time. The service provider must  
 2327 furnish copies of such motion to all parties in accordance with  
 2328 applicable confidentiality requirements, and after a hearing,  
 2329 the court may grant additional time. If the court grants the  
 2330 service provider's petition, the service provider may continue  
 2331 to hold the respondent, and if the original or extended  
 2332 observation period ends on a weekend or holiday, including the  
 2333 hours before the ordinary business hours of the following  
 2334 workday morning, the provider may hold the respondent until the  
 2335 next court working day.

2336 2. No later than the ordinary close of business on the day  
 2337 before the hearing, the qualified professional shall transmit,  
 2338 in accordance with any applicable confidentiality requirements,  
 2339 his or her clinical assessment to the clerk of the court, who  
 2340 shall enter it into the court file. The report must contain a  
 2341 recommendation on the level of substance abuse treatment the  
 2342 respondent requires, if any, and the relevant information on  
 2343 which the qualified professional's findings are based. This  
 2344 document must further note whether the respondent has any co-  
 2345 occurring mental health or other treatment needs. For adults  
 2346 subject to an involuntary assessment, the report's filing with  
 2347 the court satisfies s. 397.6758 if it also contains the  
 2348 respondent's admission and discharge information. The qualified  
 2349 professional's failure to include a treatment recommendation,  
 2350 much like a recommendation of no treatment, shall result in the

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2351 petition's dismissal.

2352 (2) The petitioner has the burden of proving by clear and  
2353 convincing evidence that:

2354 (a) The respondent is substance abuse impaired and has a  
2355 history of lack of compliance with treatment for substance  
2356 abuse; and

2357 (b) Because of such impairment the respondent is unlikely  
2358 to voluntarily participate in the recommended services or is  
2359 unable to determine for himself or herself whether services are  
2360 necessary and:

2361 1. Without services, the respondent is likely to suffer  
2362 from neglect or refuse to care for himself or herself; that such  
2363 neglect or refusal poses a real and present threat of  
2364 substantial harm to his or her well-being; and that there is a  
2365 substantial likelihood that without services the respondent will  
2366 cause serious bodily harm to himself, herself, or another in the  
2367 near future, as evidenced by recent behavior; or

2368 2. The respondent's refusal to voluntarily receive care is  
2369 based on judgment so impaired by reason of substance abuse that  
2370 the respondent is incapable of appreciating his or her need for  
2371 care and of making a rational decision regarding that need for  
2372 care.

2373 ~~(3) One of the qualified professionals who executed the~~  
2374 ~~involuntary services certificate must be a witness. The court~~  
2375 ~~shall allow testimony from individuals, including family~~

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2376 ~~members, deemed by the court to be relevant under state law,~~  
 2377 ~~regarding the respondent's prior history and how that prior~~  
 2378 ~~history relates to the person's current condition. The Testimony~~  
 2379 in the hearing must be taken under oath, and the proceedings  
 2380 must be recorded. The respondent ~~patient~~ may refuse to testify  
 2381 at the hearing.

2382 (4) If at any point during the hearing the court has  
 2383 reason to believe that the respondent, due to mental illness  
 2384 other than or in addition to substance abuse impairment, meets  
 2385 the involuntary commitment provisions of part I of chapter 394,  
 2386 the court may initiate involuntary examination proceedings under  
 2387 such provisions.

2388 (5) ~~(4)~~ At the conclusion of the hearing the court shall  
 2389 either dismiss the petition or order the respondent to receive  
 2390 involuntary treatment services from his or her chosen licensed  
 2391 service provider if possible and appropriate. Any treatment  
 2392 order must include findings regarding the respondent's need for  
 2393 treatment and the appropriateness of other less restrictive  
 2394 alternatives.

2395 Section 34. Section 397.6975, Florida Statutes, is amended  
 2396 to read:

2397 397.6975 Extension of involuntary treatment services  
 2398 period.—

2399 (1) Whenever a service provider believes that an  
 2400 individual who is nearing the scheduled date of his or her



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2401 release from involuntary treatment services continues to meet  
 2402 the criteria for involuntary services in s. 397.68111 or s.  
 2403 397.6957 ~~s. 397.693~~, a petition for renewal of the involuntary  
 2404 treatment services order may be filed with the court at least 10  
 2405 days before the expiration of the court-ordered services period.  
 2406 The petition may be filed by the service provider or by the  
 2407 person who filed the petition for the initial treatment order if  
 2408 the petition is accompanied by supporting documentation from the  
 2409 service provider. The court shall immediately schedule a hearing  
 2410 within 10 court working days to be held not more than 15 days  
 2411 after filing of the petition ~~and~~ the court shall provide the  
 2412 copy of the petition for renewal and the notice of the hearing  
 2413 to all parties and counsel to the proceeding. The hearing is  
 2414 conducted pursuant to ss. 397.6957 and 397.697 and must be held  
 2415 before the circuit court unless referred to a magistrate ~~s.~~  
 2416 ~~397.6957.~~

2417 (2) If the court finds that the petition for renewal of  
 2418 the involuntary treatment services order should be granted, it  
 2419 may order the respondent to receive involuntary treatment  
 2420 services for a period not to exceed an additional 90 days. When  
 2421 the conditions justifying involuntary treatment services no  
 2422 longer exist, the individual must be released as provided in s.  
 2423 397.6971. When the conditions justifying involuntary services  
 2424 continue to exist after an additional 90 days of service, a new  
 2425 petition requesting renewal of the involuntary treatment

2426 services order may be filed pursuant to this section.

2427 ~~(3) Within 1 court working day after the filing of a~~  
 2428 ~~petition for continued involuntary services, the court shall~~  
 2429 ~~appoint the office of criminal conflict and civil regional~~  
 2430 ~~counsel to represent the respondent, unless the respondent is~~  
 2431 ~~otherwise represented by counsel. The clerk of the court shall~~  
 2432 ~~immediately notify the office of criminal conflict and civil~~  
 2433 ~~regional counsel of such appointment. The office of criminal~~  
 2434 ~~conflict and civil regional counsel shall represent the~~  
 2435 ~~respondent until the petition is dismissed or the court order~~  
 2436 ~~expires or the respondent is discharged from involuntary~~  
 2437 ~~services. Any attorney representing the respondent shall have~~  
 2438 ~~access to the respondent, witnesses, and records relevant to the~~  
 2439 ~~presentation of the respondent's case and shall represent the~~  
 2440 ~~interests of the respondent, regardless of the source of payment~~  
 2441 ~~to the attorney.~~

2442 ~~(4) Hearings on petitions for continued involuntary~~  
 2443 ~~services shall be before the circuit court. The court may~~  
 2444 ~~appoint a magistrate to preside at the hearing. The procedures~~  
 2445 ~~for obtaining an order pursuant to this section shall be in~~  
 2446 ~~accordance with s. 397.697.~~

2447 ~~(5) Notice of hearing shall be provided to the respondent~~  
 2448 ~~or his or her counsel. The respondent and the respondent's~~  
 2449 ~~counsel may agree to a period of continued involuntary services~~  
 2450 ~~without a court hearing.~~

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2451 ~~(6) The same procedure shall be repeated before the~~  
 2452 ~~expiration of each additional period of involuntary services.~~

2453 ~~(7) If the respondent has previously been found~~  
 2454 ~~incompetent to consent to treatment, the court shall consider~~  
 2455 ~~testimony and evidence regarding the respondent's competence.~~

2456 Section 35. Section 397.6977, Florida Statutes, is amended  
 2457 to read:

2458 397.6977 Disposition of individual upon completion of  
 2459 involuntary services.—

2460 (1) At the conclusion of the 90-day period of court-  
 2461 ordered involuntary services, the respondent is automatically  
 2462 discharged unless a motion for renewal of the involuntary  
 2463 services order has been filed with the court pursuant to s.  
 2464 397.6975.

2465 (2) Discharge planning and procedures for any respondent's  
 2466 release from involuntary treatment services must include and  
 2467 document the respondent's needs, and actions to address such  
 2468 needs, for, at a minimum:

2469 (a) Follow-up behavioral health appointments.

2470 (b) Information on how to obtain prescribed medications.

2471 (c) Information pertaining to available living  
 2472 arrangements and transportation.

2473 (d) Referral to recovery support opportunities, including,  
 2474 but not limited to, connection to a peer specialist.

2475 Section 36. Section 397.6811, Florida Statutes, is

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2476 repealed.  
 2477 Section 37. Section 397.6814, Florida Statutes, is  
 2478 repealed.  
 2479 Section 38. Section 397.6815, Florida Statutes, is  
 2480 repealed.  
 2481 Section 39. Section 397.6819, Florida Statutes, is  
 2482 repealed.  
 2483 Section 40. Section 397.6821, Florida Statutes, is  
 2484 repealed.  
 2485 Section 41. Section 397.6822, Florida Statutes, is  
 2486 repealed.  
 2487 Section 42. Section 397.6978, Florida Statutes, is  
 2488 repealed.  
 2489 Section 43. Subsections (14) through (17) of section  
 2490 916.106, Florida Statutes, are renumbered as subsections (15)  
 2491 through (18), respectively, and a new subsection (14) is added  
 2492 to that section, to read:  
 2493 916.106 Definitions.—For the purposes of this chapter, the  
 2494 term:  
 2495 (14) "Licensed medical practitioner" means a medical  
 2496 provider who is a physician licensed under chapter 458 or  
 2497 chapter 459 or an advanced practice registered nurse or  
 2498 physician assistant who works under the supervision of a  
 2499 licensed physician and an established protocol pursuant to ss.  
 2500 458.347, 458.348, 464.003, and 464.0123.

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2501           Section 44. Section (2) of section 916.13, Florida  
 2502 Statutes, is amended to read:  
 2503           916.13 Involuntary commitment of defendant adjudicated  
 2504 incompetent.—  
 2505           (2) A defendant who has been charged with a felony and who  
 2506 has been adjudicated incompetent to proceed due to mental  
 2507 illness, and who meets the criteria for involuntary commitment  
 2508 under this chapter, may be committed to the department, and the  
 2509 department shall retain and treat the defendant.  
 2510           (a) Immediately after receipt of a completed copy of the  
 2511 court commitment order containing all documentation required by  
 2512 the applicable Florida Rules of Criminal Procedure, the  
 2513 department shall request all medical information relating to the  
 2514 defendant from the jail. The jail shall provide the department  
 2515 with all medical information relating to the defendant within 3  
 2516 business days after receipt of the department's request or at  
 2517 the time the defendant enters the physical custody of the  
 2518 department, whichever is earlier.  
 2519           (b) Within 60 days after the date of admission and at the  
 2520 end of any period of extended commitment, or at any time the  
 2521 administrator or his or her designee determines that the  
 2522 defendant has regained competency to proceed or no longer meets  
 2523 the criteria for continued commitment, the administrator or  
 2524 designee shall file a report with the court pursuant to the  
 2525 applicable Florida Rules of Criminal Procedure.

2526 (c)1. If the department determines at any time that a  
 2527 defendant will not or is unlikely to regain competency to  
 2528 proceed, the department shall, within 30 days after the  
 2529 determination, complete and submit a competency evaluation  
 2530 report to the circuit court to determine if the defendant meets  
 2531 the criteria for involuntary civil commitment under s. 394.467.  
 2532 A qualified professional, as defined in s. 394.455, must sign  
 2533 the competency evaluation report for the circuit court under  
 2534 penalty of perjury. A copy of the report shall be provided, at a  
 2535 minimum, to the court, state attorney, and counsel for the  
 2536 defendant before initiating any transfer of the defendant back  
 2537 to the committing jurisdiction.

2538 2. For purposes of this paragraph, the term "competency  
 2539 evaluation report to the circuit court" means a report by the  
 2540 department regarding a defendant's incompetence to proceed in a  
 2541 criminal proceeding due to mental illness as set forth in this  
 2542 section. The report shall include, at a minimum, the following  
 2543 regarding the defendant:

2544 a. A description of mental, emotional, and behavioral  
 2545 disturbances.

2546 b. An explanation to support the opinion of incompetence  
 2547 to proceed.

2548 c. The rationale to support why the defendant is unlikely  
 2549 to gain competence to proceed in the foreseeable future.

2550 d. A clinical opinion regarding whether the defendant no

2551 longer meets the criteria for involuntary forensic commitment  
 2552 pursuant to this section.

2553 e. A recommendation on whether the defendant meets the  
 2554 criteria for involuntary services pursuant to s. 394.467.

2555 (d)-(e) The defendant must be transported, in accordance  
 2556 with s. 916.107, to the committing court's jurisdiction within 7  
 2557 days after ~~of~~ notification that the defendant is competent to  
 2558 proceed or no longer meets the criteria for continued  
 2559 commitment. A determination on the issue of competency must be  
 2560 made at a hearing within 30 days of the notification. If the  
 2561 defendant is receiving psychotropic medication at a mental  
 2562 health facility at the time he or she is discharged and  
 2563 transferred to the jail, the administering of such medication  
 2564 must continue unless the jail physician documents the need to  
 2565 change or discontinue it. To ensure continuity of care, the  
 2566 referring mental health facility must transfer the patient with  
 2567 up to 30 days of medications and assist in discharge planning  
 2568 with medical teams at the receiving county jail. The jail and  
 2569 facility's licensed medical practitioners ~~department physicians~~  
 2570 shall collaborate to ensure that medication changes do not  
 2571 adversely affect the defendant's mental health status or his or  
 2572 her ability to continue with court proceedings; however, the  
 2573 final authority regarding the administering of medication to an  
 2574 inmate in jail rests with the jail physician. Notwithstanding  
 2575 this paragraph, a defendant who meets the criteria for

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2576 involuntary examination pursuant to s. 394.463 as determined by  
 2577 an independent clinical opinion shall appear remotely for the  
 2578 hearing. Court witnesses may appear remotely.

2579 Section 45. Subsection (6) of section 40.29, Florida  
 2580 Statutes, is amended to read:

2581 40.29 Payment of due-process costs; reimbursement for  
 2582 petitions and orders.—

2583 (6) Subject to legislative appropriation, the clerk of the  
 2584 circuit court may, on a quarterly basis, submit to the Justice  
 2585 Administrative Commission a certified request for reimbursement  
 2586 for petitions and orders filed under ss. 394.459, 394.463,  
 2587 394.467, and 394.917, ~~and 397.6814,~~ at the rate of \$40 per  
 2588 petition or order. Such request for reimbursement shall be  
 2589 submitted in the form and manner prescribed by the Justice  
 2590 Administrative Commission pursuant to s. 28.35(2)(i).

2591 Section 46. Paragraph (b) of subsection (1) of section  
 2592 409.972, Florida Statutes, is amended to read:

2593 409.972 Mandatory and voluntary enrollment.—

2594 (1) The following Medicaid-eligible persons are exempt  
 2595 from mandatory managed care enrollment required by s. 409.965,  
 2596 and may voluntarily choose to participate in the managed medical  
 2597 assistance program:

2598 (b) Medicaid recipients residing in residential commitment  
 2599 facilities operated through the Department of Juvenile Justice  
 2600 or a treatment facility as defined in s. 394.455 ~~s. 394.455(49)~~.



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2601 Section 47. Paragraph (e) of subsection (4) of section  
 2602 464.012, Florida Statutes, is amended to read:

2603 464.012 Licensure of advanced practice registered nurses;  
 2604 fees; controlled substance prescribing.—

2605 (4) In addition to the general functions specified in  
 2606 subsection (3), an advanced practice registered nurse may  
 2607 perform the following acts within his or her specialty:

2608 (e) A psychiatric nurse, who meets the requirements in s.  
 2609 394.455(37) ~~s. 394.455(36)~~, within the framework of an  
 2610 established protocol with a psychiatrist, may prescribe  
 2611 psychotropic controlled substances for the treatment of mental  
 2612 disorders.

2613 Section 48. Subsection (7) of section 744.2007, Florida  
 2614 Statutes, is amended to read:

2615 744.2007 Powers and duties.—

2616 (7) A public guardian may not commit a ward to a treatment  
 2617 facility, as defined in s. 394.455 ~~s. 394.455(49)~~, without an  
 2618 involuntary placement proceeding as provided by law.

2619 Section 49. Subsection (3) of section 916.107, Florida  
 2620 Statutes, is amended to read:

2621 916.107 Rights of forensic clients.—

2622 (3) RIGHT TO EXPRESS AND INFORMED CONSENT.—

2623 (a) A forensic client shall be asked to give express and  
 2624 informed written consent for treatment. If a client refuses such  
 2625 treatment as is deemed necessary and essential by the client's

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2626 multidisciplinary treatment team for the appropriate care of the  
 2627 client, such treatment may be provided under the following  
 2628 circumstances:

2629 1. In an emergency situation in which there is immediate  
 2630 danger to the safety of the client or others, such treatment may  
 2631 be provided upon the ~~written~~ order of a licensed medical  
 2632 practitioner ~~physician~~ for up to 48 hours, excluding weekends  
 2633 and legal holidays. If, after the 48-hour period, the client has  
 2634 not given express and informed consent to the treatment  
 2635 initially refused, the administrator or designee of the civil or  
 2636 forensic facility shall, within 48 hours, excluding weekends and  
 2637 legal holidays, petition the committing court or the circuit  
 2638 court serving the county in which the facility is located, at  
 2639 the option of the facility administrator or designee, for an  
 2640 order authorizing the continued treatment of the client. In the  
 2641 interim, the need for treatment shall be reviewed every 48 hours  
 2642 and may be continued without the consent of the client upon the  
 2643 continued ~~written~~ order of a licensed medical practitioner  
 2644 ~~physician~~ who has determined that the emergency situation  
 2645 continues to present a danger to the safety of the client or  
 2646 others.

2647 2. In a situation other than an emergency situation, the  
 2648 administrator or designee of the facility shall petition the  
 2649 court for an order authorizing necessary and essential treatment  
 2650 for the client.

2651 a. If the client has been receiving psychotropic  
 2652 medication at the jail at the time of transfer to the forensic  
 2653 or civil facility and lacks the capacity to make an informed  
 2654 decision regarding mental health treatment at the time of  
 2655 admission, the admitting licensed medical practitioner ~~physician~~  
 2656 shall order continued administration of psychotropic medication  
 2657 if, in the clinical judgment of the licensed medical  
 2658 practitioner ~~physician~~, abrupt cessation of that psychotropic  
 2659 medication could pose a risk to the health or safety of the  
 2660 client while a court order to medicate is pursued. The  
 2661 administrator or designee of the forensic or civil facility  
 2662 shall, within 5 days after a client's admission, excluding  
 2663 weekends and legal holidays, petition the committing court or  
 2664 the circuit court serving the county in which the facility is  
 2665 located, at the option of the facility administrator or  
 2666 designee, for an order authorizing the continued treatment of a  
 2667 client with psychotropic medication. The jail physician shall  
 2668 provide a current psychotropic medication order at the time of  
 2669 transfer to the forensic or civil facility or upon request of  
 2670 the admitting licensed medical practitioner ~~physician~~ after the  
 2671 client is evaluated.

2672 b. The court order shall allow such treatment for up to 90  
 2673 days after the date that the order was entered. Unless the court  
 2674 is notified in writing that the client has provided express and  
 2675 informed written consent or that the client has been discharged

2676 | by the committing court, the administrator or designee of the  
 2677 | facility shall, before the expiration of the initial 90-day  
 2678 | order, petition the court for an order authorizing the  
 2679 | continuation of treatment for an additional 90 days. This  
 2680 | procedure shall be repeated until the client provides consent or  
 2681 | is discharged by the committing court.

2682 |         3. At the hearing on the issue of whether the court should  
 2683 | enter an order authorizing treatment for which a client was  
 2684 | unable to or refused to give express and informed consent, the  
 2685 | court shall determine by clear and convincing evidence that the  
 2686 | client has mental illness, intellectual disability, or autism,  
 2687 | that the treatment not consented to is essential to the care of  
 2688 | the client, and that the treatment not consented to is not  
 2689 | experimental and does not present an unreasonable risk of  
 2690 | serious, hazardous, or irreversible side effects. In arriving at  
 2691 | the substitute judgment decision, the court must consider at  
 2692 | least the following factors:

- 2693 |             a. The client's expressed preference regarding treatment;
- 2694 |             b. The probability of adverse side effects;
- 2695 |             c. The prognosis without treatment; and
- 2696 |             d. The prognosis with treatment.

2697 |  
 2698 | The hearing shall be as convenient to the client as may be  
 2699 | consistent with orderly procedure and shall be conducted in  
 2700 | physical settings not likely to be injurious to the client's

2701 condition. The court may appoint a general or special magistrate  
 2702 to preside at the hearing. The client or the client's guardian,  
 2703 and the representative, shall be provided with a copy of the  
 2704 petition and the date, time, and location of the hearing. The  
 2705 client has the right to have an attorney represent him or her at  
 2706 the hearing, and, if the client is indigent, the court shall  
 2707 appoint the office of the public defender to represent the  
 2708 client at the hearing. The client may testify or not, as he or  
 2709 she chooses, and has the right to cross-examine witnesses and  
 2710 may present his or her own witnesses.

2711 (b) In addition to the provisions of paragraph (a), in the  
 2712 case of surgical procedures requiring the use of a general  
 2713 anesthetic or electroconvulsive treatment or nonpsychiatric  
 2714 medical procedures, and prior to performing the procedure,  
 2715 written permission shall be obtained from the client, if the  
 2716 client is legally competent, from the parent or guardian of a  
 2717 minor client, or from the guardian of an incompetent client. The  
 2718 administrator or designee of the forensic facility or a  
 2719 designated representative may, with the concurrence of the  
 2720 client's attending licensed medical practitioner ~~physician~~,  
 2721 authorize emergency surgical or nonpsychiatric medical treatment  
 2722 if such treatment is deemed lifesaving or for a situation  
 2723 threatening serious bodily harm to the client and permission of  
 2724 the client or the client's guardian could not be obtained before  
 2725 provision of the needed treatment.

2726 Section 50. Subsection (5) of section 916.15, Florida  
 2727 Statutes, is amended to read:  
 2728 916.15 Involuntary commitment of defendant adjudicated not  
 2729 guilty by reason of insanity.—  
 2730 (5) The commitment hearing shall be held within 30 days  
 2731 after the court receives notification that the defendant no  
 2732 longer meets the criteria for continued commitment. The  
 2733 defendant must be transported to the committing court's  
 2734 jurisdiction for the hearing. Each defendant returning to a jail  
 2735 shall continue to receive the same psychotropic medications as  
 2736 prescribed by the facility's licensed medical practitioner  
 2737 ~~facility physician~~ at the time of discharge from a forensic or  
 2738 civil facility, unless the jail physician determines there is a  
 2739 compelling medical reason to change or discontinue the  
 2740 medication for the health and safety of the defendant. If the  
 2741 jail physician changes or discontinues the medication and the  
 2742 defendant is later determined at the competency hearing to be  
 2743 incompetent to stand trial and is recommitted to the department,  
 2744 the jail physician may not change or discontinue the defendant's  
 2745 prescribed psychotropic medication upon the defendant's next  
 2746 discharge from the forensic or civil facility.  
 2747 Section 51. This act shall take effect July 1, 2024.