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FLORIDA LAW ON SUBSTANCE ABUSE TREATMENT

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You asked for a summary of Florida's law on substance abuse treatment, including involuntary commitment provisions and how these compare to Connecticut law. This report updates OLR Report [2000-R-0858](#).

SUMMARY

Florida's Substance Abuse Impairment Act governs the voluntary and involuntary commitment and treatment for substance abuse (Fl. Stat. Ann. § 397.301 to 397.998). The act is also known as the Hal S. Marchman Alcohol and Other Drug Services Act or Marchman Act.

The Marchman Act permits a person to be admitted for assessment or treatment for substance abuse against his or her will in various ways, according to specified procedures and criteria. For example, a law enforcement officer may have someone placed in protective custody if he or she exhibits a need for treatment (1) in a public place or (2) in a way that attracts the officer's attention. Additionally, any responsible person with knowledge of a person's substance abuse may apply to have that person admitted in an emergency if the person is likely to harm himself or herself or others or is so impaired that he or she cannot recognize the need for treatment. A spouse, relative, guardian, or three adults with knowledge of the person's substance abuse may petition the court for involuntary treatment.

The Marchman Act also contains provisions concerning numerous areas other than involuntary treatment. For example, there are provisions addressing voluntary admission; voluntary drug court programs for offenders; licensing of service providers; local ordinances concerning treatment of habitual abusers; and inmate substance abuse programs.

The Florida Department of Children and Families has created a PowerPoint presentation which provides a detailed overview of the Marchman Act. The PowerPoint is available here: <http://www.dcf.state.fl.us/programs/samh/SubstanceAbuse/marchman/index.shtml>. The full text of the act is available at <http://www.leg.state.fl.us/Statutes> (click on Title XXIX, then chapter 397).

A summary of Connecticut's law on involuntary commitment for substance abuse is available in OLR Report [2012-R-0217](#). Both states (1) allow for commitment when someone is a substance abuser and either poses a danger to himself or herself or others or fails to realize the need for treatment, (2) establish a forum where all evidence is heard, and (3) have expedited procedures for emergency commitment. There are several differences in the particular processes and timeframes. For example, unlike Florida, Connecticut's provisions regarding protective custody refer to people intoxicated by alcohol but not by other drugs. Unlike Connecticut, Florida has separate procedures for involuntary admissions for (1) treatment and (2) assessment and stabilization.

Below, we summarize the Marchman Act's procedures for involuntary admissions for substance abuse. We also compare such procedures to those in Connecticut law.

Another Florida Act (the Florida Mental Health Act, or Baker Act) governs voluntary and involuntary examinations and treatment for mental illness other than substance abuse impairment (Fl. Stat. Ann. § 394.451 *et seq.*). While the Baker Act defines "mental illness" as excluding conditions manifested only by substance abuse impairment, people who suffer from drug abuse along with other mental illnesses can be subject to commitment under the Baker Act. The Florida Department of Children and Families maintains a webpage with information and links related to the Baker Act: <http://www.dcf.state.fl.us/programs/samh/mentalhealth/laws/>.

FLORIDA MARCHMAN ACT

Florida law provides five avenues for involuntary admissions related to substance abuse. Three avenues do not involve the court: protective custody, emergency admission, and alternative involuntary assessment for minors. Two avenues require court involvement: involuntary assessment and stabilization and involuntary treatment. Below, we summarize significant features of these types of admissions, except for alternative involuntary assessment for minors (Fl. Stat. Ann. §§ 397.6798 and 397.6799). For a summary of that type of admission, and more information on how Florida law on minors in need of drug rehabilitation compares to Connecticut law on that topic, please see OLR Report [2012-R-0257](#).

General Involuntary Admission Procedures

These provisions apply to the various avenues of involuntary admission outlined above.

Basis for Commitment. A person may be involuntarily admitted if there is a good faith reason to believe that he or she is substance abuse impaired and, because of that impairment, (1) has lost the power of self-control with respect to substance use and (2) (a) has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another or (b) needs substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating the need for such services and of making a rational decision regarding that need. Mere refusal to receive services does not constitute lack of judgment (Fl. Stat. Ann. § 397.675).

Service Provider Responsibilities. When someone is involuntarily admitted, the service provider must:

1. make sure that the person meets the admission criteria,
2. determine whether the person's medical and behavioral conditions are beyond the provider's safe management capabilities,
3. admit the person to the least restrictive available setting that meets his or her treatment needs,

4. verify that the admission will not exceed the facility's service capacity,
5. determine whether the person or those financially responsible for the person can afford the services,
6. provide a safe environment, and
7. discharge and refer to a more appropriate setting any client whose medical condition or behavioral problem becomes more than the facility can safely manage.

If the person should not be admitted for any of the above reasons, the service provider must attempt to contact the referral source and assist in arranging alternative interventions. If the referring party cannot be reached, the provider must refuse admission and attempt to assist the person gain access to other appropriate services, if indicated. Within one work day, the service provider must give the referring party a written report of the reasons for the refusal to admit and documentation of its efforts to contact the referral source and assist the client in accessing more appropriate services, if indicated.

If the service provider determines that an involuntary client's medical condition or behavioral problems have become unmanageable, it must discharge the client and attempt to assist him or her in securing more appropriate services in a setting more responsive to the client's needs. Within 72 hours after taking this action, the service provider must complete a report stating the reasons for the discharge and documenting its efforts to assist the client in finding other services.

These required attempts to contact the referral source and reports must be in accordance with federal confidentiality regulations (Fl. Stat. Ann. § 397.6751).

Release from Involuntary Commitment. Only a qualified professional in a hospital, a detoxification facility, an addiction receiving facility, or any less restrictive treatment component may release an involuntarily-admitted client without a court order. The service provider must give notice of the release to different parties depending on the nature of the commitment. For example, applicants must be notified when someone admitted in an emergency is released (Fl. Stat. Ann. § 397.6758).

Habeas Corpus. At any time and without notice, a person involuntarily retained by a provider, or the person's parent, guardian, custodian, or attorney, may petition for a writ of habeas corpus to question the cause and legality of the retention and request that the court issue a writ for the person's release (Fl. Stat. Ann. § 397.501).

Noncourt Involved Admissions: Protective Custody

Who May Commit and When. A law enforcement officer can seek to place in protective custody someone who appears to meet the involuntary admission criteria stated above and who is brought to the officer's attention or observed in a public place (Fl. Stat. Ann. § 397.677).

A law enforcement officer acting in good faith when placing someone in protective custody cannot be held criminally or civilly liable for false imprisonment (Fl. Stat. Ann. § 397.6775).

Procedure for Involuntary Placement. If such a person does not consent to assistance, a law enforcement officer, after giving consideration to that refusal and the person's expressed wishes, may take the person to a hospital or a licensed detoxification or addictions receiving facility (against the person's will, but without using unreasonable force). In this situation, the officer also may detain the person (adults only) in a municipal or county jail or other appropriate detention facility. Such a detention is not considered an arrest.

The officer in charge of the detention facility must notify the nearest appropriate licensed service provider of the detention within the first eight hours. The facility must arrange transportation to an appropriate provider with an available bed.

An attending physician must assess people in protective custody within the first 72 hours to determine the need for further services. The law enforcement officer must notify the nearest relative of the person placed in protective custody unless the person is an adult who requests no notification (Fl. Stat. Ann. § 397.6772).

Release from Protective Custody. A qualified professional must release a client from protective custody when (1) he or she no longer meets the involuntary admission criteria, (2) the 72 hours have elapsed, or (3) the client agrees to voluntary admission. The person can be retained in protective custody beyond 72 hours only when a petition for involuntary assessment or treatment has been initiated (Fl. Stat. Ann. § 397.6773).

Noncourt Involved Admissions: Emergency

Who May Commit and When. A physician, spouse, guardian, relative, or any other responsible adult with personal knowledge of a person's substance abuse may request an emergency admission. A minor's parent, legal guardian, or legal custodian may seek an admission for a minor in an emergency (Fl. Stat. Ann. § 397.6791).

A treatment facility may admit a person for emergency assessment and stabilization upon a physician's certificate and the completion of an application for emergency admission. To be admitted in this way, the person must meet the involuntary admission criteria outlined above (Fl. Stat. Ann. § 397.679).

Physician's Certificate. The physician's certificate must (1) specify the relationship between the physician and person to be admitted, the applicant, and the treatment facility; (2) state that the physician examined and assessed the person to be admitted within five days of the application date; and (3) include factual allegations that support the need for emergency admission, based on the involuntary admission criteria.

The certificate must recommend the least restrictive service appropriate for the person to be admitted. A signed copy of the certificate must accompany the admittee and becomes a part of his or her clinical record (Fl. Stat. Ann. § 397.6793).

Release after Emergency Admission. A physician must assess clients to determine their need for further services within 72 hours after their emergency admission to a residential treatment facility. A qualified professional must assess clients in nonresidential facilities within five days. Based upon this assessment, the facility must either (1) release the client and refer him or her to any other needed services or (2) continue the admission (a) with the client's consent or (b) without it if a petition for involuntary assessment or treatment has been initiated (Fl. Stat. Ann. § 397.6797).

Court Involved Admissions: Involuntary Assessment and Stabilization

Who May Apply. A spouse, guardian, relative, private practitioner, the director of a licensed service provider or his or her designee, or any three adults with personal knowledge of a person's substance abuse impairment may petition for involuntary assessment and stabilization treatment. If the substance abuser is a minor, his or her parent, legal guardian or custodian, or service provider may complete the petition (Fl. Stat. Ann. § 397.6811).

Who May Be Committed and When. A person determined by the court to appear to meet the criteria for involuntary admission may be admitted for a period of five days, upon entry of a court order or receipt of a petition by the provider, to a (1) hospital or licensed detoxification facility or addictions receiving facility for involuntary assessment and stabilization or (2) less restrictive component of a provider for assessment only (Fl. Stat. Ann. § 397.6811).

Petition. The petition must name the person to be committed (respondent), the petitioner, the respondent's attorney (if known), and a statement of the petitioner's knowledge of the respondent's ability to afford an attorney. The petition must state the respondent's relationship to the petitioner. It must also state facts to support the need for involuntary assessment and stabilization, based on the involuntary admission criteria. If the respondent has refused to submit to an assessment, that refusal must be alleged in the petition (Fl. Stat. Ann. § 397.6814).

Once the petition is filed, the court must determine if the respondent is represented by an attorney or if he or she needs appointed counsel. The court then has two options. It can conduct a hearing within 10 days, after sending a copy of the petition and notice of the hearing to the respondent, the petitioner, other specified people (the respondent's spouse, guardian, and attorney; and parents, guardians, or legal custodians of minors), and others that the court may direct. The court must also send the respondent a summons.

Alternatively, the court may enter an ex parte order authorizing involuntary assessment and stabilization, without a hearing and without appointing counsel, relying solely on the contents of the petition. After issuing such an order, the court can order a law enforcement officer or other designated court agent to take the respondent into custody and deliver him or her to the nearest appropriate provider (Fl. Stat. Ann. § 397.6815).

If the court orders a hearing, the respondent must be present during the hearing, unless the court finds that the respondent's presence is likely to be injurious to the respondent or others. In that case, the court must appoint a guardian advocate to act on the respondent's behalf.

The court must hear all relevant testimony. The respondent has the right to be examined by a court-appointed qualified professional. After hearing all the evidence, the court must determine whether there is a reasonable basis to believe the respondent meets the involuntary admission criteria.

The court must either (1) dismiss the petition; (2) order the respondent's involuntary assessment or stabilization; or (3) if it believes that due to other mental illness, the respondent is likely to injure himself or herself or another if allowed to remain at liberty, the court can initiate involuntary commitment proceedings under the Baker Act.

A court order authorizing involuntary assessment and stabilization must include findings concerning the availability and appropriateness of the least restrictive alternatives and the need for the appointment of an attorney. The order may designate a specific licensed service provider to perform the assessment and stabilization. The respondent may choose the provider where possible and appropriate.

When necessary, the court may order the sheriff to take the respondent into custody and deliver him or her to the provider (Fl. Stat. Ann. § 397.6818).

A respondent has the right to counsel at every stage of a proceeding relating to such petitions; if unable to afford counsel, the respondent has the right to court-appointed counsel (Fl. Stat. Ann. § 397.681).

Length of Assessment and Stabilization; Extension. Following the procedures outlined above, a provider can admit someone for involuntary assessment and stabilization for up to five days. The assessment must occur without unnecessary delay (Fl. Stat. Ann. § 397.6819).

Within the five day period, if the provider cannot complete the assessment or stabilization, he or she can request an extension. When doing so, the provider must provide a copy to all parties, in accordance with confidentiality requirements. With or without a hearing, the court can grant additional time, not to exceed 7 days after the date of the renewal order, to complete the assessment and stabilization. The original court order authorizing the involuntary assessment and stabilization, or a request for an extension, constitutes legal authority to involuntarily hold the individual for up to 10 days in the absence of a court order to the contrary (Fl. Stat. Ann. § 397.6821).

Disposition After Involuntary Assessment. Based on the assessment, a qualified professional must

1. release the individual and, where appropriate, refer him or her to another treatment facility or service provider or to community services;
2. allow the individual, with consent, to remain voluntarily at the provider; or
3. retain the individual when a petition for involuntary treatment has been initiated, pending further order of the court.

The professional must provide notice of the disposition to the petitioner and the court, while adhering to federal confidentiality regulations (Fl. Stat. Ann. § 397.6822).

Court Involved Admissions: Involuntary Treatment

Who May Apply. A spouse, guardian, relative, service provider, or any three adults with personal knowledge of a person's substance abuse and treatment and assessment history may petition for involuntary treatment. For minors, a parent, legal guardian, or service provider may complete the petition (Fl. Stat. Ann. § 397.695).

Who May Be Committed and When. A person may be the subject of a petition for court-ordered involuntary treatment if he or she meets the criteria for involuntary admission and has been (1) placed under protective custody or subjected to emergency admission during the previous 10 days, (2) assessed by a qualified professional within the past five days, or (3) subjected to involuntary assessment and stabilization or alternative involuntary admission within the previous 12 days (Fl. Stat. Ann. § 397.693).

Petition. The petition must name the same individuals as in a petition for involuntary stabilization and assessment, including the respondent's relationship to the petitioner. It must also contain the findings and recommendations of the professional assessment, and the factual allegations establishing the need for involuntary treatment based on the criteria noted above (Fl. Stat. Ann. § 397.6951).

Once the petition is filed, the court must immediately determine if the respondent is represented by an attorney or if he or she needs appointed counsel. The court must schedule a hearing on the petition within 10 days. The court must send the respondent, the petitioner, specified legal representatives, and any other people it may direct a copy of the petition and notice of the hearing. The court must also send the respondent a summons (Fl. Stat. Ann. § 397.6955).

The court must hear and review all relevant evidence and render a decision at the conclusion of the hearing. The court must either dismiss the petition or order the respondent to involuntary treatment (with the respondent's chosen provider when possible and appropriate).

The petitioner has the burden of proving by clear and convincing evidence that the respondent is substance abuse impaired, that this condition has caused him or her to lose the power of self-control with respect to substance abuse, and that (1) he or she has inflicted or is likely to inflict physical harm to himself or herself or others unless admitted or (2) the refusal to receive care voluntarily is based on judgment impaired by substance abuse (Fl. Stat. Ann. § 397.6957).

If the petitioner meets this burden, the court may order treatment for up to 60 days. If necessary, the court may order the sheriff to take the respondent into custody and deliver him or her to a licensed service provider. The facility must release the respondent when the conditions justifying treatment no longer exist. When these conditions are expected to last longer than 60 days, applicants may request a renewal before the 60 days expire. The original court retains jurisdiction of the case for the entry of such further orders as circumstances may require (Fl. Stat. Ann. § 397.697).

The respondent's right to counsel and right to be present during the hearing are the same as in hearings concerning involuntary assessment and stabilization (see above).

Early Release. At any time before the 60 days expire, the respondent may be discharged if he or she:

1. no longer meets the criteria for involuntary admission and has given informed consent to be transferred to voluntary treatment,
2. was admitted because of the likelihood to inflict physical harm on himself or herself or others and that likelihood no longer exists,
3. becomes capable of making a sound decision regarding the need for treatment or shows signs that further treatment will not bring about further significant improvements in his or her condition,
4. no longer needs services, or
5. is beyond the service provider's safe management capabilities (Fl. Stat. Ann. § 397.6971).

Extension of Involuntary Treatment. A service provider may file a petition to renew a treatment order at least 10 days before the initial order expires if the respondent continues to meet the criteria for involuntary treatment. The court must immediately schedule a hearing within 15 days after the petition is filed. The notification required and the hearing process are the same as that for the initial hearing.

The court may grant the extension for up to 90 days. As with the initial order, the respondent must be released when the conditions justifying treatment no longer exist. If such conditions continue to exist after 90 days of additional treatment, the provider can file a new petition requesting renewal of the voluntary treatment order (Fl. Stat. Ann. § 397.6975).

Client Disposition. At the conclusion of 60 days, the respondent is automatically discharged unless the service provider makes a motion for an extension as indicated above (Fl. Stat. Ann. § 397.6977).

COMPARISON OF INVOLUNTARY TREATMENT FOR SUBSTANCE ABUSE IN FLORIDA AND CONNECTICUT

Table 1 below compares several features of Connecticut's and Florida's law on involuntary treatment for substance abuse. The table addresses the standard for involuntary commitment as well as the basic procedures for protective custody, emergency admission, and involuntary commitment.

For involuntary commitment, the table compares Connecticut and Florida law on involuntary commitment for treatment. As noted above, Florida has separate procedures for involuntary (1) treatment and (2) assessment and stabilization; Florida courts can issue ex parte orders without a hearing, authorizing up to five days' commitment for involuntary assessment and stabilization. Connecticut does not have separate procedures for involuntary admissions for (1) treatment and (2) assessment and stabilization.

The table does not contain all details about these provisions; for more information, please see the statutes, the discussion of Florida law above, and the discussion of Connecticut law in OLR Report [2012-R-0217](#).

**Table 1: Comparison of Connecticut and Florida Law,
Involuntary Treatment for Substance Abuse**

Provision	Connecticut	Florida
Standard for Involuntary Admission	<p>Alcohol- or drug-dependent person who is (1) dangerous to himself, herself, or others when he or she is an intoxicated person (i.e., a substantial risk that the person will inflict physical harm) or (2) gravely disabled.</p> <p>“Gravely disabled” means the person, as a result of the periodic or continuous use of alcohol or drugs, is in danger of serious physical harm because the person:</p> <ol style="list-style-type: none"> 1. is not providing for essential needs such as food, clothing, shelter, vital medical care, or safety; 2. needs, but is not receiving, inpatient treatment for alcohol or drug dependency; and 3. is incapable of determining whether to accept such treatment because of impaired judgment (CGS § 17a-680, 17a-685(b)). 	<p>Good faith reason to believe that person is substance abuse impaired, cannot control his or her substance use, and (1) has inflicted, threatened, or attempted to inflict, or is likely to inflict, physical harm on himself or herself or others or (2) is in need of substance abuse services but is incapable of realizing it or making a rational decision regarding it. Mere refusal to receive services does not constitute lack of judgment (Fl. Stat. Ann. § 397.675).</p>
Protective Custody		
When permitted or required	Police officer finding a person who appears to be incapacitated by alcohol must take person into protective custody and have him or her brought to a treatment facility or hospital (CGS § 17a-683).	Law enforcement officer can seek to place in protective custody someone who appears to meet the involuntary admission criteria and who is brought to the officer’s attention or observed in a public place (Fl. Stat. Ann. § 397.677).
Procedure after person is taken into custody	Person must be examined as soon as possible. If medical officer determines that the person requires inpatient treatment, the person must be (1) admitted to, referred to, or detained at a treatment facility or hospital or (2) committed to a treatment facility operated by the Department of Mental Health and Addiction Services for emergency treatment (CGS § 17a-683).	<p>Law enforcement officer may take the person to (1) a hospital or detoxification or addictions receiving facility or (2) (adults only) jail or other detention facility. The detention facility must (1) notify the nearest appropriate service provider within eight hours and (2) arrange transportation to a provider with an available bed.</p> <p>Person must be assessed within 72 hours (Fl. Stat. Ann. § 397.6772).</p>

Table 1 (continued)

Provision	Connecticut	Florida
Release	Anyone admitted or detained under (1) above must be released once he or she is no longer incapacitated by alcohol or within forty-eight hours, whichever is shorter, unless he or she consents to further evaluation or treatment (CGS § 17a-683).	Person must be released when he or she no longer meets the involuntary admission criteria, the 72 hours have elapsed, or the person agrees to voluntary admission. Person can be retained in protective custody beyond 72 hours only when a petition for involuntary assessment or treatment has been initiated (Fl. Stat. Ann. § 397.6773).
Emergency Admission		
Who can apply and how	A physician, spouse, guardian, relative of the person to be committed, or any other responsible person. Application to treatment facility must state facts in support of the need for emergency treatment, and must be accompanied by a physician's certificate in support; physician must have examined the person within two days before the certificate's date (CGS § 17a-684).	A physician, spouse, guardian, relative, or any other responsible adult with personal knowledge of a person's substance abuse. For minors: a parent, legal guardian, or legal custodian (Fl. Stat. Ann. § 397.6791). Application must be accompanied by physician's certificate in support; physician must have examined the person within five days of the application date (Fl. Stat. Ann. § 397.6793).
Who can be admitted	Person to be admitted must (1) be dangerous to self or others unless committed, (2) need medical treatment for detoxification for potentially life-threatening withdrawal symptoms or (3) be incapacitated by alcohol. Person must also be intoxicated at time of application, but this can be waived if physician determines there is immediate need of treatment for detoxification for potentially life-threatening withdrawal symptoms (CGS § 17a-684).	Person to be admitted must meet involuntary admission criteria outlined above; admission is for emergency assessment and stabilization. (Fl. Stat. Ann. § 397.679).

Table 1 (continued)

Provision	Connecticut	Florida
<p>Procedure upon admission; discharge</p>	<p>Facility medical officer must immediately examine the person and advise the facility administrator whether the application sustains the grounds to commit the person.</p> <p>Once someone is admitted, facility administrator must discharge him or her upon determining that grounds for commitment no longer exist.</p> <p>Emergency admission can be for up to five days, except if an application for involuntary commitment is filed within the five-day period and the administrator finds that grounds for commitment exist, he or she may detain the person until application has been heard, but no longer than seven business days after the application is filed (CGS § 17a-684).</p>	<p>Residential facility: physician must assess client to determine need for further service within 72 hours after admission.</p> <p>Nonresidential facility: qualified professional must assess client within five days.</p> <p>Based upon assessment, the facility must either (1) release the client and refer him or her to any other needed services or (2) continue the admission (a) with the client's consent or (b) without it if a petition for involuntary assessment or treatment has been initiated (Fl. Stat. Ann. § 397.6797).</p>
<p>Involuntary Commitment for Treatment</p>		
<p>Who can apply and how</p>	<p>Any person, including the spouse, a relative or a conservator of a person sought to be committed, a certifying physician, or a treatment facility administrator (CGS § 17a-685(a)).</p> <p>Must petition the court. The petitioner must also file with the court a certificate from a licensed physician who has examined the person within two days before the application was submitted.</p> <p>The physician's certificate must include (1) findings supporting the application, (2) a finding of whether the person needs and is likely to benefit from treatment; and (3) a recommendation about the type and length of treatment and inpatient facilities available for that treatment (CGS § 17a-685(b)).</p>	<p>A spouse, guardian, relative, service provider, or any three adults with personal knowledge of a person's substance abuse and treatment and assessment history. If the substance abuser is a minor, his parent, legal guardian, or service provider may complete the petition (Fl. Stat. Ann. § 397.695).</p> <p>Must petition the court. The petition must also contain the findings and recommendations of the professional assessment, and the factual allegations establishing the need for involuntary treatment (Fl. Stat. Ann. § 397.6951)</p>
<p>Who can be admitted</p>	<p>Person to be admitted must meet the criteria for involuntary admission outlined above (CGS § 17a-685(b)).</p>	<p>Person to be admitted must meet the criteria for involuntary admission and have been (1) placed under protective custody or subjected to emergency admission during the previous 10 days, (2) assessed by a qualified professional within the previous five days, or (3) subjected to involuntary assessment and stabilization or alternative involuntary admission within the previous 12 days (Fl. Stat. Ann. § 397.693).</p>
<p>Hearing requirement</p>	<p>Must occur within seven days (CGS § 17a-685(c)).</p>	<p>Must occur within 10 days (Fl. Stat. Ann. § 397.6955).</p>

Table 1 (continued)

Provision	Connecticut	Florida
Right to court-appointed counsel	Yes (CGS § 17a-685(c)).	Yes (Fl. Stat. Ann. § 397.681).
Burden of proof to support petition	Clear and convincing evidence (CGS § 17a-685(d)).	Clear and convincing evidence (Fl. Stat. Ann. § 397.6957).
Length of commitment; recommitment or extension	<p>30 to 180 days (CGS § 17a-685(d)).</p> <p>Recommitment: Before commitment period expires, the facility administrator may apply to court for recommitment (CGS § 17a-685(f)). The court must hold a hearing on such an application, within 10 business days (CGS § 17a-685(g)). Recommitment can be for 30 to 180 days. The law limits the court from making more than one recommitment order (1) immediately following an original commitment order or (2) from an outpatient treatment facility (CGS § 17a-685(h)).</p>	<p>Up to 60 days. Applicants can request a renewal before the 60 days expire (Fl. Stat. Ann. § 397.697).</p> <p>A service provider may file a petition to renew a treatment order at least 10 days before the initial order expires if the respondent continues to meet the criteria for involuntary treatment. The court must immediately schedule a hearing within 15 days after the petition is filed. The notification required and the hearing process is the same as that for the initial hearing.</p> <p>The court may grant the extension for up to 90 days. The respondent must be released when the conditions justifying treatment no longer exist. If the conditions justifying involuntary treatment continue to exist after 90 days of additional treatment, the provider can file a new petition requesting renewal of the voluntary treatment order (Fl. Stat. Ann. § 397.6975).</p>

Table 1 (continued)

Provision	Connecticut	Florida
Discharge	<p>At the end of the commitment period, the person must be discharged automatically unless the facility administrator has obtained a court order for recommitment. Upon discharge, the administrator must refer the person to an outpatient treatment facility, if the facility's medical officer recommends it (CGS § 17a-685(e)).</p> <p>Facility administrator must discharge a person before the end of the commitment period if (1) the person no longer needs treatment, (2) further treatment is unlikely to significantly improve the person's condition, or (3) treatment is no longer adequate or appropriate (CGS § 17a-685(k)).</p> <p>If a committed or recommitted person has not been discharged, any responsible person, including the committed or recommitted person, can apply to the probate court to terminate the commitment. The application must allege that the person meets the discharge standards set forth above. The court must hold a hearing within 10 business days (CGS § 17a-685(l)).</p> <p>Expiration of Recommitment Period: A person who has been recommitted and who has not been discharged before the end of the recommitment period must be discharged automatically at the expiration of that period. Upon discharge, the facility administrator, if advised to do so by the facility medical officer, must refer the person to an outpatient treatment facility (CGS § 17a-685(i)).</p>	<p>At the conclusion of the 60 day period, the respondent is automatically discharged unless the service provider makes a motion for an extension as indicated above (Fl. Stat. Ann. § 397.6977).</p> <p>At any time before the 60 days expire, the respondent may be discharged if he or she:</p> <ul style="list-style-type: none"> • no longer meets the criteria for involuntary admission and has given informed consent to be transferred to voluntary treatment; • was admitted because of likelihood to inflict physical harm on himself or others and that likelihood no longer exists • is no longer incapable of making sound decisions regarding treatment needs or shows signs that further treatment will not bring about further significant improvements in his or her condition; • no longer needs services; or • is beyond the service provider's safe management capabilities (Fl. Stat. Ann. § 397.6971).
Right to habeas corpus to challenge confinement (all types of involuntary confinement for substance abuse treatment)	Yes, brought by the confined person or a relative, friend, or interested person on the confined person's behalf (CGS § 17a-686a).	Yes, brought by the confined person or the individual's parent, guardian, custodian, or attorney on the person's behalf (Fl. Stat. Ann. § 397.501).

JO:ts