A bill to be entitled
An act relating to behavioral health services;
creating the Florida Priority Care Project; directing
the Department of Children and Families, in
consultation with the Agency for Health Care
Administration and the Department of Corrections, to
develop a behavioral health services pilot project in
two areas in the state; providing purpose; providing
duties of a managing entity; providing duties of a
case manager; amending s. 394.4655, F.S.; establishing
criteria for involuntary placement in assisted
outpatient treatment; providing procedures for
admitting a person for assisted outpatient treatment;
providing responsibilities of providers of assisted
outpatient treatment services; providing conditions
for funding of services; providing for delivery of
services by a managing entity or a managed care plan
in the case of a Medicaid recipient; providing for a
petition for assisted outpatient treatment; requiring
the appointment of counsel; providing for a
continuance of hearing; providing procedures for the
hearing on assisted outpatient treatment; providing a
procedure for continued assisted outpatient treatment;
amending s. 394.9082, F.S.; requiring the department
to establish a mental health treatment bed registry
website; defining the term "receiving facility";
requiring public and private mental health facilities
to participate in the registry; specifying information
contained in the registry; specifying entities with
authorized access to the registry website; amending
ss. 394.455, 394.4598, 394.4615, 394.463, 394.467, and
790.065, F.S.; conforming provisions to changes made
by the act; providing an effective date.

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

Section 1. Florida Priority Care Project.—
(1) The Department of Children and Families, in
consultation with the Agency for Health Care Administration and
the Department of Corrections and within current resources,
shall establish a workgroup, which shall include managing
entities, Medicaid managed care plans, stakeholders, and
behavioral health advocates, for the purpose of developing a 4-
year pilot project entitled the "Florida Priority Care Project."
The workgroup shall act as a policy advisory group for the pilot
project. The department, in consultation with the agency and
within current resources, shall establish the pilot project in
the southeast region and the northeast region of the state. The
managing entity contracted by the department in each region
shall manage the pilot project for its respective region. The
agency shall coordinate with the department to make any needed
changes to contracts with Medicaid managed care plans to help
accomplish the goals of and ensure the realignment of resources associated with the pilot project for the provision of state-funded behavioral health services. It is the goal of the Florida Priority Care Project to create access to a system of care based upon stable housing environments coupled with the provision of stable services. This goal shall be accomplished within current resources through the realignment of funds both through the managing entity and the Medicaid managed care plans. This realignment shall be for the purpose of placing a higher public priority on targeting the needs of adults who have a serious mental illness and who have a history that indicates a high probability that they could pose a threat to public safety.

(2) The pilot project shall:

(a) Include a legal guardianship program.

(b) Include a benefit specialist, who shall determine existing obstacles to the delivery of services that have been identified by intensive case managers and develop solutions based on the available resources and networks accessible through the managed care plans.

(c) Use genetic testing to help establish the correct medication regimes to be used to manage and treat a client's symptoms.

(d) Have a volunteer coordinator, who shall recruit mentors and volunteers and encourage community involvement to foster greater integration of community services.

(e) Coordinate a client's medical and psychiatric
appointments, and all services provided, with treating physicians.

(f) Establish cooperative housing agreements with a range of housing providers, including licensed assisted living facilities, adult family care homes, mental health residential treatment facilities, and department-approved supportive housing programs. Each housing arrangement must demonstrate an ability to ensure appropriate levels of residential supervision.

(g) Establish a professional development support program that ensures that the staff who work with persons enrolled in the pilot project have specialized training in meeting the needs of adults who have forensic mental health needs and have been involved with the criminal justice system. The pilot project in each region shall provide routine access to online training and classroom instruction to ensure that staff are using best practices and that training is uniform throughout the system of care.

(h) Work with the Department of Corrections which shall be the lead agency for enrolled persons who are also on probation or parole.

(i) Coordinate and oversee enrolled persons who are also under the supervision of a court.

(j) Provide a forensic specialist and an intensive case manager for each enrolled person.

(3) The managing entity in each pilot project region shall:
(a) Enter into agreements with the managed care plans for Medicaid-eligible residents who are enrolled in the pilot project and ensure that care and services are provided in a manner that is consistent with pilot project policies and objectives.

(b) Be authorized to reallocate funds within appropriation limits and to realign resources among funding categories to meet the goals of the pilot project.

(c) Work with the department, the agency, and managed care plans to create a uniform database for tracking client information and monitoring compliance with project guidelines.

(4) To qualify for enrollment in the pilot project, a person must have a serious and persistent mental illness and:

(a) Been involuntarily committed for treatment under the Baker Act more than seven times within a 2-year period;

(b) Been admitted to a state mental health treatment facility more than three times within a 5-year period;

(c) Been placed on conditional release for a felony;

(d) Violated a condition of probation 3 times; or

(e) Been arrested for a misdemeanor more than five times within a 2-year period.

(5) A person, whether Medicaid eligible or not, who is enrolled in the pilot project shall be assigned to a case manager within an intensive case management unit under contract with the managing entity operating in the pilot project region. The case manager must:
(a) Hold a bachelor's degree, have at least 3 years' experience, and have completed specialized training in forensic mental health.

(b) Be assigned no more than 15 clients.

(c) Conduct face-to-face meetings weekly with each client.

(d) Be allocated the resources as available to meet the clients' emergency medication needs.

(e) Coordinate treatment plans and monitoring of compliance with the forensic specialist, if one is assigned, the probation and parole officer, if one is assigned, or the court, if the client is under the supervision of a court.

(f) Coordinate supportive education and employment programs for the client.

(g) Place a client under the supervision of a court in assisted outpatient treatment, when appropriate.

(h) Place a client under supervision of a court or the Department of Corrections in medication-assisted treatment, when appropriate.

(i) Submit monthly reports on client compliance with treatment and care recommendations to the managing entity, the court, or the probation officer, as appropriate.

(j) Report all evidence of noncompliance with treatment plans to the managing entity for inclusion in the database pursuant to paragraph (3)(c).

(k) Monitor a client's housing arrangements for compliance with supervision and program standards.
157 (l) Be on call to respond to the needs of the client; law
158 enforcement, probation, and parole officers; forensic
159 specialists; family members; housing providers; and treatment
160 professionals after normal working hours and during holidays and
161 weekends.

162 Section 2. Section 394.4655, Florida Statutes, is amended
163 to read:

164 394.4655 Involuntary outpatient placement in assisted
165 outpatient treatment.—

166 (1) CRITERIA FOR INVOLUNTARY OUTPATIENT PLACEMENT IN
167 ASSISTED OUTPATIENT TREATMENT.—A person may be ordered to
168 assisted outpatient treatment involuntary outpatient placement
169 upon a finding of the court that by clear and convincing
170 evidence:

171 (a) The person is 18 years of age or older;
172 (b) The person has a mental illness;
173 (c) The person is unlikely to survive safely in the
174 community without supervision, based on a clinical
175 determination;
176 (d) The person has a history of lack of compliance with
177 treatment for mental illness;
178 (e) The person has:

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

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

(f) The person is, as a result of his or her mental illness, unlikely to voluntarily participate in the recommended treatment plan and either he or she has refused voluntary placement for treatment after sufficient and conscientious explanation and disclosure of the purpose of placement for treatment or he or she is unable to determine for himself or herself whether treatment placement is necessary;

(g) In view of the person's treatment history and current behavior, the person is in need of court-ordered assisted involuntary outpatient treatment placement in order to prevent a relapse or deterioration that would be likely to result in serious bodily harm to himself or herself or others, or a substantial harm to his or her well-being as set forth in s. 394.463(1);

(h) It is likely that the person will benefit from assisted involuntary outpatient treatment placement; and

(i) Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability. All available, less restrictive alternatives that would offer an opportunity for improvement of his or her condition have been judged to be

Page 8 of 37

CODING: Words stricken are deletions; words underlined are additions.
(2) SERVICE REQUIREMENTS FOR ASSISTED OUTPATIENT TREATMENT.—

(a) Subject to the availability of funds, the department shall distribute funds for the provision of services under this section to managing entities under contract with the department. Services shall be available to adults who have a mental illness, meet the eligibility criteria specified in subsection (1), and reside in a judicial circuit that has implemented assisted outpatient treatment.

(b) Funding shall be provided at sufficient levels to ensure that managing entities can provide each adult served under this section with the medically necessary mental health services, medications, and supportive services set forth in the applicable treatment plan.

(c) The funding shall cover only the portions of those costs of services that cannot be paid for with other funds, including public and private insurance, and other local, state, and federal funds.

(d) Each managing entity shall provide for services as defined in this chapter and chapter 397.

(e) Planning for provision of services shall be consistent with the philosophy, principles, and practices of a recovery oriented system of care.

(f) The department may adopt rules establishing minimum standards for services provided in assisted outpatient treatment
and procedures for reporting performance outcomes.

(3)(2) ASSISTED INVOLUNTARY OUTPATIENT TREATMENT PLACEMENT.—

(a) 1. A person patient who is being recommended for assisted involuntary outpatient treatment placement by the administrator of the receiving facility where the person patient has been examined may be retained by the facility after adherence to the notice procedures provided in s. 394.4599. The recommendation must be supported by the opinion of a psychiatrist and the second opinion of a clinical psychologist or another psychiatrist, both of whom have personally examined the person patient within the preceding 72 hours, that the criteria for involuntary outpatient placement are met. However, in a county having a population of fewer than 50,000, if the administrator certifies that a psychiatrist or clinical psychologist is not available to provide the second opinion, the second opinion may be provided by a licensed physician who has postgraduate training and experience in diagnosis and treatment of mental and nervous disorders or by a psychiatric nurse. Any second opinion authorized in this subparagraph may be conducted through a face-to-face examination, in person or by electronic means. Such recommendation must be entered on an assisted involuntary outpatient treatment placement certificate that authorizes the receiving facility to retain the person patient pending completion of a hearing. The certificate shall be made a part of the person's patient's clinical record.
2. If the person patient has been stabilized and no longer meets the criteria for involuntary examination pursuant to s. 394.463(1), the person patient must be released from the receiving facility while awaiting the hearing for assisted involuntary outpatient treatment placement. Before filing a petition for assisted involuntary outpatient treatment, the administrator of a receiving facility must coordinate the treatment plan with a managing entity or a managed care plan representative who is responsible for the coordination of the person's care or a designated department representative must identify the service provider that will have primary responsibility for service provision under an order for assisted involuntary outpatient placement. If, unless the person is otherwise participating in outpatient psychiatric treatment, he or she and is not in need of public financing for that treatment, in which case the individual, if eligible, may be ordered to assisted outpatient involuntary treatment pursuant to the existing outpatient psychiatric treatment relationship.

3. The service provider shall prepare a written proposed treatment plan in consultation with the person patient or the person's patient's guardian advocate, if appointed, for the court's consideration for inclusion in the assisted involuntary outpatient treatment placement order. The service provider shall also provide a copy of the proposed treatment plan to the person patient and the administrator of the receiving facility. The treatment plan must specify the nature and extent of the
patient's mental illness, address the reduction of symptoms that necessitate assisted involuntary outpatient treatment placement, and include measurable goals and objectives for the services and treatment that are provided to treat the person's mental illness and assist the person in living and functioning in the community or to prevent a relapse or deterioration. Service providers may select and coordinate with supervise other qualified individuals to implement specific aspects of the treatment plan. The services in the treatment plan must be deemed clinically appropriate by a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker who consults with, or is employed or contracted by, the service provider. The service provider must certify to the court in the proposed treatment plan whether sufficient services for improvement and stabilization are currently available and whether the service provider agrees to provide those services. If the service provider certifies that the services in the proposed treatment plan are not available, the petitioner may not file the petition.

(b) If a person patient in involuntary inpatient placement meets the criteria for assisted involuntary outpatient treatment placement, the administrator of the treatment facility may, before the expiration of the period during which the treatment facility is authorized to retain the patient, recommend assisted involuntary outpatient treatment placement. The recommendation must be supported by the opinion of a psychiatrist and the
second opinion of a clinical psychologist or another psychiatrist, both of whom have personally examined the person patient within the preceding 72 hours, that the criteria for assisted involuntary outpatient treatment placement are met.

However, in a county having a population of fewer than 50,000, if the administrator certifies that a psychiatrist or clinical psychologist is not available to provide the second opinion, the second opinion may be provided by a licensed physician who has postgraduate training and experience in diagnosis and treatment of mental and nervous disorders or by a psychiatric nurse. Any second opinion authorized in this subparagraph may be conducted through a face-to-face examination, in person or by electronic means. Such recommendation must be entered on an assisted involuntary outpatient treatment placement certificate, and the certificate must be made a part of the person's patient's clinical record.

(c)1. The administrator of the treatment facility shall provide a copy of the assisted involuntary outpatient treatment placement certificate and a copy of the state mental health discharge form to a managing entity department representative in the county where the patient will be residing or a managed care plan representative, if the person is covered under Medicaid. For persons who are leaving a state mental health treatment facility, the petition for assisted involuntary outpatient treatment placement must be filed in the county where the patient will be residing.
2. The service provider that will have primary responsibility for service provision shall be identified by the designated managing entity or managed care plan department representative prior to the order for assisted involuntary outpatient treatment placement and must, prior to filing a petition for assisted involuntary outpatient treatment placement, certify to the court whether the services recommended in the person's patient's discharge plan are available in the local community and whether the service provider agrees to provide those services. The service provider must develop with the person patient, or the person's patient's guardian advocate, if appointed, a treatment or service plan that addresses the needs identified in the discharge plan. The plan must be deemed to be clinically appropriate by a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker, as defined in this chapter, who consults with, or is employed or contracted by, the service provider.

3. If the service provider certifies that the services in the proposed treatment or service plan are not available, the petitioner may not file the petition.

(4)(3) PETITION FOR ASSISTED INVOLUNTARY OUTPATIENT TREATMENT PLACEMENT.—

(a) A petition for assisted involuntary outpatient treatment placement may be filed by:

1. The administrator of a receiving facility; or
2. The administrator of a treatment facility.

(b) Each required criterion for assisted involuntary outpatient treatment placement must be alleged and substantiated in the petition for assisted involuntary outpatient treatment placement. A copy of the certificate recommending assisted involuntary outpatient treatment placement completed by a qualified professional specified in subsection (3)(2) must be attached to the petition. A copy of the proposed treatment plan must be attached to the petition. Before the petition is filed, the service provider shall certify that the services in the proposed treatment plan are available. If the necessary services are not available in the person's patient's local community to respond to the person's individual needs, the petition may not be filed.

(c) The petition for assisted involuntary outpatient treatment placement must be filed in the county where the person patient is located, unless the person patient is being placed from a state treatment facility, in which case the petition must be filed in the county where the person patient will reside. When the petition has been filed, the clerk of the court shall provide copies of the petition and the proposed treatment plan to the person, the person's department, the patient, the patient's guardian or representative, the state attorney, and the public defender or the person's patient's private counsel. A fee may not be charged for filing a petition under this subsection.
(5)(4) APPOINTMENT OF COUNSEL.—Within 1 court working day after the filing of a petition for assisted involuntary outpatient treatment placement, the court shall appoint the public defender to represent the person who is the subject of the petition, unless the person is otherwise represented by counsel. The clerk of the court shall immediately notify the public defender of the appointment. The public defender shall represent the person until the petition is dismissed, the court order expires, or the person patient is discharged from assisted involuntary outpatient treatment placement. An attorney who represents the person patient shall have access to the person patient, witnesses, and records relevant to the presentation of the person's patient's case and shall represent the interests of the person patient, regardless of the source of payment to the attorney.

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

(7)(6) HEARING ON ASSISTED INVOLUNTARY OUTPATIENT TREATMENT—PLACEMENT.—

(a)1. The court shall hold the hearing on assisted involuntary outpatient treatment placement within 5 working days after the filing of the petition, unless a continuance is granted. The hearing shall be held in the county where the petition is filed, shall be as convenient to the person patient
as is consistent with orderly procedure, and shall be conducted in physical settings not likely to be injurious to the person's patient's condition. If the court finds that the person's patient's attendance at the hearing is not consistent with the best interests of the person patient and if the person's patient's counsel does not object, the court may waive the presence of the person patient from all or any portion of the hearing. The state attorney for the circuit in which the person patient is located shall represent the state, rather than the petitioner, as the real party in interest in the proceeding.

2. The court may appoint a master to preside at the hearing. One of the professionals who executed the assisted involuntary outpatient treatment placement certificate shall be a witness. The person patient and the person's patient's guardian or representative shall be informed by the court of the right to an independent expert examination. If the person patient cannot afford such an examination, the court shall provide for one. The independent expert's report shall be confidential and not discoverable, unless the expert is to be called as a witness for the person patient at the hearing. The court shall allow testimony from individuals, including family members, deemed by the court to be relevant under state law, regarding the person's prior history and how that prior history relates to the person's current condition. The testimony in the hearing must be given under oath, and the proceedings must be recorded. The person patient may refuse to testify at the
hearing.

(b)1. If the court concludes that the person patient meets the criteria for assisted involuntary outpatient treatment placement pursuant to subsection (1), the court shall issue an order for assisted involuntary outpatient treatment placement. The court order shall be for a period of up to 6 months. The order must specify the nature and extent of the person's patient's mental illness. The order of the court and the treatment plan shall be made part of the person's patient's clinical record. The service provider shall discharge a person patient from assisted involuntary outpatient treatment placement when the order expires or any time the person patient no longer meets the criteria for assisted outpatient treatment involuntary placement. Upon discharge, the service provider shall send a certificate of discharge to the court.

2. The court may not order the department or the service provider to provide services if the program or service is not available in the person's patient's local community, if there is no space available in the program or service for the person patient, or if funding is not available for the program or service. A copy of the order must be sent to the Agency for Health Care Administration by the service provider within 1 working day after it is received from the court. After the treatment placement order is issued, the service provider and the person patient may modify provisions of the treatment plan. For any material modification of the treatment plan to which the
person patient or the person's patient's guardian advocate, if appointed, does agree, the service provider shall send notice of the modification to the court. Any material modifications of the treatment plan which are contested by the person patient or the person's patient's guardian advocate, if appointed, must be approved or disapproved by the court consistent with subsection (3) (2).

3. If, in the clinical judgment of a physician, the person patient has failed or has refused to comply with the treatment ordered by the court, and, in the clinical judgment of the physician, efforts were made to solicit compliance and the person patient may meet the criteria for involuntary examination, a person may be brought to a receiving facility pursuant to s. 394.463. If, after examination, the person patient does not meet the criteria for involuntary inpatient placement pursuant to s. 394.467, the person patient must be discharged from the receiving facility. The assisted involuntary outpatient treatment placement order shall remain in effect unless the service provider determines that the person patient no longer meets the criteria for assisted involuntary outpatient treatment placement or until the order expires. The service provider must determine whether modifications should be made to the existing treatment plan and must attempt to continue to engage the person patient in treatment. For any material modification of the treatment plan to which the person patient or the person's patient's guardian advocate, if appointed, does
agree, the service provider shall send notice of the
modification to the court. Any material modifications of the
treatment plan which are contested by the person patient or the
person's patient's guardian advocate, if appointed, must be
approved or disapproved by the court consistent with subsection
(3) (2).

(c) If, at any time before the conclusion of the initial
hearing on assisted involuntary outpatient treatment placement,
it appears to the court that the person does not meet the
criteria for assisted involuntary outpatient treatment placement
under this section but, instead, meets the criteria for
involuntary inpatient placement, the court may order the person
admitted for involuntary inpatient examination under s. 394.463.
If the person instead meets the criteria for involuntary
assessment, protective custody, or involuntary admission
pursuant to s. 397.675, the court may order the person to be
admitted for involuntary assessment for a period of 5 days
pursuant to s. 397.6811. Thereafter, all proceedings shall be
governed by chapter 397.

(d) At the hearing on assisted involuntary outpatient
treatment placement, the court shall consider testimony and
evidence regarding the person's patient's competence to consent
to treatment. If the court finds that the person patient is
incompetent to consent to treatment, it shall appoint a guardian
advocate as provided in s. 394.4598. The guardian advocate shall
be appointed or discharged in accordance with s. 394.4598.
(e) The administrator of the receiving facility or the designated managing entity or managed care plan department representative shall provide a copy of the court order and adequate documentation of a person's patient's mental illness to the service provider for assisted involuntary outpatient treatment placement. Such documentation must include any advance directives made by the person patient, a psychiatric evaluation of the person patient, and any evaluations of the person patient performed by the receiving facility a clinical psychologist or a clinical social worker.

(8)(7) PROCEDURE FOR CONTINUED ASSISTED INVOLUNTARY OUTPATIENT TREATMENT PLACEMENT.—

(a) 1. If the person continues to meet the criteria for assisted involuntary outpatient treatment placement, the service provider shall, before the expiration of the period during which the treatment is ordered for the person, file in the circuit court a petition for continued assisted involuntary outpatient treatment placement.

2. The existing assisted involuntary outpatient treatment placement order remains in effect until disposition on the petition for continued assisted involuntary outpatient treatment placement.

3. A certificate shall be attached to the petition which includes a statement from the person's physician or clinical psychologist justifying the request, a brief description of the person's patient's treatment during the time he or she was
involuntarily placed, and an individualized plan of continued treatment.

4. The service provider shall develop the individualized plan of continued treatment in consultation with the person patient or the person's patient's guardian advocate, if appointed. When the petition has been filed, the clerk of the court shall provide copies of the certificate and the individualized plan of continued treatment to the department, the person patient, the person's patient's guardian advocate, the state attorney, and the person's patient's private counsel or the public defender.

(b) Within 1 court working day after the filing of a petition for continued assisted involuntary outpatient treatment placement, the court shall appoint the public defender to represent the person who is the subject of the petition, unless the person is otherwise represented by counsel. The clerk of the court shall immediately notify the public defender of such appointment. The public defender shall represent the person until the petition is dismissed or the court order expires or the person patient is discharged from assisted involuntary outpatient treatment placement. Any attorney representing the person patient shall have access to the person patient, witnesses, and records relevant to the presentation of the person's patient's case and shall represent the interests of the person patient, regardless of the source of payment to the attorney.
(c) Hearings on petitions for continued assisted involuntary outpatient treatment placement shall be before the circuit court. The court may appoint a master to preside at the hearing. The procedures for obtaining an order pursuant to this paragraph shall be in accordance with subsection (7), except that the time period included in paragraph (1)(e) is not applicable in determining the appropriateness of additional periods of assisted involuntary outpatient treatment placement.

(d) Notice of the hearing shall be provided as set forth in s. 394.4599. The person patient and the person's patient's attorney may agree to a period of continued outpatient placement without a court hearing.

(e) The same procedure shall be repeated before the expiration of each additional period the person patient is placed in treatment.

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

Section 3. Subsections (34) and (35) of section 394.455, Florida Statutes, are amended to read:

394.455 Definitions.—As used in this part, unless the context clearly requires otherwise, the term:

(34) "Involuntary examination" means an examination
performed under s. 394.463 to determine if an individual qualifies for involuntary inpatient treatment under s. 394.467(1) or assisted involuntary outpatient treatment under s. 394.4655(1).

(35) "Involuntary placement" means either assisted involuntary outpatient treatment pursuant to s. 394.4655 or involuntary inpatient treatment pursuant to s. 394.467.

Section 4. Subsection (7) of section 394.4598, Florida Statutes, is amended to read:

394.4598  Guardian advocate.—

(7) The guardian advocate shall be discharged when the patient is discharged from an order for assisted involuntary outpatient treatment or involuntary placement or when the patient is transferred from involuntary to voluntary status. The court or a hearing officer shall consider the competence of the patient pursuant to subsection (1) and may consider an involuntarily placed patient's competence to consent to treatment at any hearing. Upon sufficient evidence, the court may restore, or the hearing officer may recommend that the court restore, the patient's competence. A copy of the order restoring competence or the certificate of discharge containing the restoration of competence shall be provided to the patient and the guardian advocate.

Section 5. Subsection (3) of section 394.4615, Florida Statutes, is amended to read:

394.4615  Clinical records; confidentiality.—
(3) Information from the clinical record may be released in the following circumstances:

(a) When a patient has declared an intention to harm other persons. When such declaration has been made, the administrator may authorize the release of sufficient information to provide adequate warning to the person threatened with harm by the patient.

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

For the purpose of determining whether a person meets the criteria for involuntary outpatient treatment placement or for preparing the proposed treatment plan pursuant to s. 394.4655, the clinical record may be released to the state attorney, the public defender or the person's private legal counsel, the court, and to the appropriate mental health professionals, including the service provider identified in s. 394.4655(7)(b)2., 394.4655(6)(b)2., in accordance with state and federal law.

Section 6. Paragraphs (e), (g), and (i) of subsection (2) of section 394.463, Florida Statutes, are amended to read:
394.463 Involuntary examination.—

(2) INVOLUNTARY EXAMINATION.—

(e) The Agency for Health Care Administration shall receive and maintain the copies of ex parte orders, assisted involuntary outpatient treatment, placement orders issued pursuant to s. 394.4655, involuntary inpatient placement orders issued pursuant to s. 394.467, professional certificates, and law enforcement officers' reports. These documents shall be considered part of the clinical record, governed by the provisions of s. 394.4615. The agency shall prepare annual reports analyzing the data obtained from these documents, without information identifying patients, and shall provide copies of reports to the department, the President of the Senate, the Speaker of the House of Representatives, and the minority leaders of the Senate and the House of Representatives.

(g) A person for whom an involuntary examination has been initiated who is being evaluated or treated at a hospital for an emergency medical condition specified in s. 395.002 must be examined by a receiving facility within 72 hours. The 72-hour period begins when the person patient arrives at the hospital and ceases when the attending physician documents that the person patient has an emergency medical condition. If the person patient is examined at a hospital providing emergency medical services by a professional qualified to perform an involuntary examination and is found as a result of that examination not to meet the criteria for assisted involuntary outpatient treatment
placement pursuant to s. 394.4655(1) or involuntary inpatient placement pursuant to s. 394.467(1), the person patient may be offered voluntary placement, if appropriate, or released directly from the hospital providing emergency medical services. The finding by the professional that the person patient has been examined and does not meet the criteria for involuntary inpatient placement or assisted involuntary outpatient treatment placement must be entered into the person's patient's clinical record. Nothing in this paragraph is intended to prevent a hospital providing emergency medical services from appropriately transferring a person patient to another hospital prior to stabilization, provided the requirements of s. 395.1041(3)(c) have been met.

(i) Within the 72-hour examination period or, if the 72 hours ends on a weekend or holiday, no later than the next working day thereafter, one of the following actions must be taken, based on the individual needs of the person patient:

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

2. The person patient shall be released, subject to the provisions of subparagraph 1., for assisted voluntary outpatient treatment;

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

4. A petition for **assisted treatment or involuntary** placement shall be filed in the circuit court when outpatient or inpatient treatment is deemed necessary. When inpatient treatment is deemed necessary, the least restrictive treatment consistent with the optimum improvement of the patient's condition shall be made available. When a petition is to be filed for **assisted involuntary outpatient treatment placement**, it shall be filed by one of the petitioners specified in s. 394.4655(4)(a) 394.4655(3)(a). A petition for involuntary inpatient placement shall be filed by the facility administrator.

Section 7. Paragraph (c) of subsection (6) of section 394.467, Florida Statutes, is amended to read:

394.467 Involuntary inpatient placement.—

(6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

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

Section 8. Subsections (10) and (11) of section 394.9082, 
Florida Statutes, are renumbered as subsections (11) and (12), 
respectively, and a new subsection (10) is added to that 
section, to read:

394.9082 Behavioral health managing entities.—

(10) MENTAL HEALTH TREATMENT BED REGISTRY WEBSITE.—The 
department shall develop, implement, and administer a website 
that collects, aggregates, and publishes utilization data 
regarding available mental health treatment beds from all public 
and private mental health receiving facilities. As used in this 
subsection, the term "receiving facility" means an entity that 
meets the licensure requirements of and is designated by the 
department to operate as a receiving facility under s. 394.875 
and that is operating as a licensed crisis stabilization unit. 
Each public and private mental health receiving facility shall 
participate in the registry website and designate employees 
responsible for receiving, submitting, and updating registry 
information. The website shall:

(a) Include descriptive and contact information for each 
facility.

(b) Provide real-time information about the number of beds 
available at each facility and, for each available bed, the type
of patient who may be admitted, the level of security provided, and any other information that may be necessary to determine appropriate placement for an individual who meets the criteria for temporary detention under this part.

(c) Be accessible to and searchable by facility administrators, service providers, health care providers, and designated county law enforcement agencies.

Section 9. Paragraph (a) of subsection (2) of section 790.065, Florida Statutes, is amended to read:

790.065 Sale and delivery of firearms.—

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

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

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

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

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

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

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

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

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

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

CODING: Words stricken are deletions; words underlined are additions.
treatment of a person who had an involuntary examination under s. 394.463, where each of the following conditions have been met:

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

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

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

"I understand that the doctor who examined me believes I am a danger to myself or to others. I understand that if I do not agree to voluntary treatment, a petition will be filed in court to require me to receive involuntary treatment. I understand that if that petition is filed, I have the right to contest it. In the event a petition has been filed, I understand that I can subsequently agree to voluntary treatment prior to a court
hearing. I understand that by agreeing to voluntary treatment in either of these situations, I may be prohibited from buying firearms and from applying for or retaining a concealed weapons or firearms license until I apply for and receive relief from that restriction under Florida law."

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

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

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

(II) For persons committed to a mental institution pursuant to sub-sub-subparagraph b.(II), within 24 hours after the person's agreement to voluntary admission, a record of the
finding, certification, notice, and written acknowledgment must be filed by the administrator of the receiving or treatment facility, as defined in s. 394.455, with the clerk of the court for the county in which the involuntary examination under s. 394.463 occurred. No fee shall be charged for the filing under this sub-sub-subparagraph. The clerk must present the records to a judge or magistrate within 24 hours after receipt of the records. A judge or magistrate is required and has the lawful authority to review the records ex parte and, if the judge or magistrate determines that the record supports the classifying of the person as an imminent danger to himself or herself or others, to order that the record be submitted to the department. If a judge or magistrate orders the submittal of the record to the department, the record must be submitted to the department within 24 hours.

d. A person who has been adjudicated mentally defective or committed to a mental institution, as those terms are defined in this paragraph, may petition the circuit court that made the adjudication or commitment, or the court that ordered that the record be submitted to the department pursuant to sub-sub-subparagraph c.(II), for relief from the firearm disabilities imposed by such adjudication or commitment. A copy of the petition shall be served on the state attorney for the county in which the person was adjudicated or committed. The state attorney may object to and present evidence relevant to the relief sought by the petition. The hearing on the petition may
be open or closed as the petitioner may choose. The petitioner may present evidence and subpoena witnesses to appear at the hearing on the petition. The petitioner may confront and cross-examine witnesses called by the state attorney. A record of the hearing shall be made by a certified court reporter or by court-approved electronic means. The court shall make written findings of fact and conclusions of law on the issues before it and issue a final order. The court shall grant the relief requested in the petition if the court finds, based on the evidence presented with respect to the petitioner's reputation, the petitioner's mental health record and, if applicable, criminal history record, the circumstances surrounding the firearm disability, and any other evidence in the record, that the petitioner will not be likely to act in a manner that is dangerous to public safety and that granting the relief would not be contrary to the public interest. If the final order denies relief, the petitioner may not petition again for relief from firearm disabilities until 1 year after the date of the final order. The petitioner may seek judicial review of a final order denying relief in the district court of appeal having jurisdiction over the court that issued the order. The review shall be conducted de novo. Relief from a firearm disability granted under this sub-subparagraph has no effect on the loss of civil rights, including firearm rights, for any reason other than the particular adjudication of mental defectiveness or commitment to a mental institution from which relief is granted.
e. Upon receipt of proper notice of relief from firearm disabilities granted under sub-subparagraph d., the department shall delete any mental health record of the person granted relief from the automated database of persons who are prohibited from purchasing a firearm based on court records of adjudications of mental defectiveness or commitments to mental institutions.

f. The department is authorized to disclose data collected pursuant to this subparagraph to agencies of the Federal Government and other states for use exclusively in determining the lawfulness of a firearm sale or transfer. The department is also authorized to disclose this data to the Department of Agriculture and Consumer Services for purposes of determining eligibility for issuance of a concealed weapons or concealed firearms license and for determining whether a basis exists for revoking or suspending a previously issued license pursuant to s. 790.06(10). When a potential buyer or transferee appeals a nonapproval based on these records, the clerks of court and mental institutions shall, upon request by the department, provide information to help determine whether the potential buyer or transferee is the same person as the subject of the record. Photographs and any other data that could confirm or negate identity must be made available to the department for such purposes, notwithstanding any other provision of state law to the contrary. Any such information that is made confidential or exempt from disclosure by law shall retain such confidential
or exempt status when transferred to the department.

Section 10. This act shall take effect July 1, 2015.