

1 A bill to be entitled
2 An act relating to substance abuse and mental health
3 care; amending s. 394.4573, F.S.; expanding mental
4 health crisis services to include the 988 suicide and
5 crisis lifeline call center; amending s. 394.4598,
6 F.S.; authorizing a guardian advocate to be discharged
7 when a patient is discharged from involuntary
8 outpatient services; amending s. 394.4625, F.S.;
9 requiring clinical psychologists who make
10 determinations of involuntary placement at certain
11 mental health facilities to have specified clinical
12 experience; amending s. 394.4655, F.S.; providing
13 specified criteria relating to orders to involuntary
14 outpatient placement; amending s. 394.467, F.S.;
15 revising the definition of the term "court"; providing
16 that orders entered by an administrative law judge for
17 continued involuntary placement for patients at
18 certain mental health facilities are final and subject
19 to judicial review; requiring a patient to be
20 represented by the public defender of the circuit in
21 which the patient is receiving services at hearings
22 for continued involuntary services under certain
23 circumstances; requiring the court or the
24 administrative law judge to make certain
25 determinations before waiving a patient's attendance

26 at a hearing for continued involuntary placement;
27 authorizing an administrative law judge to issue an
28 order for involuntary services if the patient meets
29 certain criteria; amending s. 394.67, F.S.; revising
30 the definition of "crisis services" to include a 988
31 suicide and crisis lifeline call center and defining
32 the term "988 suicide and crisis lifeline call
33 center"; creating s. 394.9088, F.S.; requiring the
34 Department of Children and Families to authorize and
35 provide oversight of the 988 suicide and crisis
36 lifeline call centers and adopt specified rules;
37 amending s. 397.427, F.S.; removing requirements
38 relating to providers of medication-assisted treatment
39 services for opiate addiction; amending s. 916.111,
40 F.S.; revising training requirements for mental health
41 professionals; amending s. 916.115, F.S.; requiring
42 court appointed experts to have completed specified
43 training and continued education; amending s. 916.12,
44 F.S.; providing requirements for an expert to
45 determine acceptable treatments available in a
46 community; amending ss. 394.674, 397.68141, and
47 394.74, F.S.; conforming cross-references; providing
48 an effective date.

49
50 Be It Enacted by the Legislature of the State of Florida:

51
52 **Section 1. Paragraph (d) of subsection (2) of section**
53 **394.4573, Florida Statutes, is amended to read:**

54 394.4573 Coordinated system of care; annual assessment;
55 essential elements; measures of performance; system improvement
56 grants; reports.—On or before December 1 of each year, the
57 department shall submit to the Governor, the President of the
58 Senate, and the Speaker of the House of Representatives an
59 assessment of the behavioral health services in this state. The
60 assessment shall consider, at a minimum, the extent to which
61 designated receiving systems function as no-wrong-door models,
62 the availability of treatment and recovery services that use
63 recovery-oriented and peer-involved approaches, the availability
64 of less-restrictive services, and the use of evidence-informed
65 practices. The assessment shall also consider the availability
66 of and access to coordinated specialty care programs and
67 identify any gaps in the availability of and access to such
68 programs in the state. The department's assessment shall
69 consider, at a minimum, the needs assessments conducted by the
70 managing entities pursuant to s. 394.9082(5). The department
71 shall compile and include in the report all plans submitted by
72 managing entities pursuant to s. 394.9082(8) and the
73 department's evaluation of each plan.

74 (2) The essential elements of a coordinated system of care
75 include:

(d) Crisis services, including the 988 suicide and crisis lifeline call center, mobile response teams, crisis stabilization units, addiction receiving facilities, and detoxification facilities.

Section 2. Subsection (8) of section 394.4598, Florida Statutes, is amended to read:

394.4598 Guardian advocate.—

(8) The guardian advocate shall be discharged when the patient is discharged from an order for involuntary outpatient services ~~placement~~ or involuntary inpatient 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 3. Subsection (5) of section 394.4625, Florida Statutes, is amended to read:

394.4625 Voluntary admissions.—

(5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary patient, or an authorized person on the patient's behalf, makes

101 a request for discharge, the request for discharge, unless
102 freely and voluntarily rescinded, must be communicated to a
103 physician, a clinical psychologist with at least 3 years of
104 clinical ~~postdoctoral~~ experience ~~in the practice of clinical~~
105 ~~psychology~~, or a psychiatrist as quickly as possible, but not
106 later than 12 hours after the request is made. If the patient
107 meets the criteria for involuntary placement, the administrator
108 of the facility must file with the court a petition for
109 involuntary placement, within 2 court working days after the
110 request for discharge is made. If the petition is not filed
111 within 2 court working days, the patient must be discharged.
112 Pending the filing of the petition, the patient may be held and
113 emergency treatment rendered in the least restrictive manner,
114 upon the order of a physician or a psychiatric nurse practicing
115 within the framework of an established protocol with a
116 psychiatrist, if it is determined that such treatment is
117 necessary for the safety of the patient or others.

118 **Section 4. Section 394.4655, Florida Statutes, is amended**
119 **to read:**

120 394.4655 Orders to involuntary outpatient placement.—

121 (1) As used in this section, the term "involuntary
122 outpatient placement" means involuntary outpatient services as
123 defined in s. 394.467.

124 (2) A court or a county court may order an individual to
125 involuntary outpatient placement in accordance with the criteria

126 for ordering a person to involuntary outpatient placement, and
127 the requirements and processes for placement, including, but not
128 limited to, recommendations for involuntary outpatient
129 placement, petitions, appointment of counsel, and hearings on
130 involuntary outpatient placement as provided under s. 394.467.

131 (3) When recommending an order to involuntary outpatient
132 placement, the petitioner, as described in s. 394.467(4), shall
133 prepare a services plan for the patient in accordance with s.
134 394.467.

135 **Section 5. Paragraph (a) of subsection (1) and paragraphs**
136 **(b), (d), (i), and (j) of subsection (11) of section 394.467,**
137 **Florida Statutes, are amended to read:**

138 394.467 Involuntary inpatient placement and involuntary
139 outpatient services.—

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

141 (a) "Court" means a circuit court or, for commitments only
142 to involuntary outpatient services as defined in paragraph (c)
143 ~~s. 394.4655~~, a county court.

144 (11) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES.—

145 (b)1. If a patient receiving involuntary outpatient
146 services continues to meet the criteria for involuntary
147 outpatient services, the service provider must file in the court
148 that issued the initial order for involuntary outpatient
149 services a petition for continued involuntary outpatient
150 services.

151 2. If a patient in involuntary inpatient placement
152 continues to meet the criteria for involuntary services and is
153 being treated at a receiving facility, the administrator must,
154 before the expiration of the period the receiving facility is
155 authorized to retain the patient, file in the court that issued
156 the initial order for involuntary inpatient placement, a
157 petition requesting authorization for continued involuntary
158 services. The administrator may petition for inpatient or
159 outpatient services.

160 3. If a patient in involuntary inpatient placement
161 continues to meet the criteria for involuntary services and is
162 being treated at a treatment facility, the administrator must,
163 before expiration of the period the treatment facility is
164 authorized to retain the patient, file a petition requesting
165 authorization for continued involuntary services. The
166 administrator may petition for inpatient or outpatient services.
167 Hearings on petitions for continued involuntary services of an
168 individual placed at any treatment facility are administrative
169 hearings and must be conducted in accordance with s. 120.57(1),
170 except that any order entered by the administrative law judge is
171 final and subject to judicial review in accordance with s.
172 120.68. Orders concerning patients committed after successfully
173 pleading not guilty by reason of insanity are governed by s.
174 916.15.

175 4. The court shall immediately schedule a hearing on the

petition to be held within 15 days after the petition is filed.

5. The existing involuntary services order shall remain in effect until disposition on the petition for continued involuntary services.

(d) Unless a patient is otherwise represented or is ineligible, the public defender of the circuit in which the patient is receiving services shall represent the patient at the hearing on the petition for continued involuntary services ~~The court shall appoint counsel to represent the person who is the subject of the petition for continued involuntary services in accordance with the provisions set forth in subsection (5), unless the person is otherwise represented by counsel or ineligible.~~

(i) If a patient's attendance at the hearing is voluntarily waived, the court or the administrative law judge must determine that the patient knowingly, intelligently, and voluntarily waived his or her right to be present, before waiving the presence of the patient from all or a portion of the hearing. Alternatively, if at the hearing the court or the administrative law judge finds that attendance at the hearing is not consistent with the best interests of the patient, the court or the administrative law judge may waive the presence of the patient from all or any portion of the hearing, unless the patient, through counsel, objects to the waiver of presence. The testimony in the hearing must be under oath, and the proceedings

201 must be recorded.

202 (j) If at a hearing it is shown that the patient continues
203 to meet the criteria for involuntary services, the court or the
204 administrative law judge shall issue an order for continued
205 involuntary outpatient services, involuntary inpatient
206 placement, or a combination of involuntary services for up to 6
207 months, as applicable. The same procedure shall be repeated
208 before the expiration of each additional period the patient is
209 retained.

210
211 The procedure required in this subsection must be followed
212 before the expiration of each additional period the patient is
213 involuntarily receiving services.

214 **Section 6. Subsections (1) through (25) of section 394.67,**
215 **Florida Statutes, are renumbered as subsections (2) through**
216 **(26), respectively, present subsection (4) is amended, and a new**
217 **subsection (1) is added to that section, to read:**

218 394.67 Definitions.—As used in this part, the term:

219 (1) "988 suicide and crisis lifeline call center" means a
220 call center meeting national accreditation and recognized by the
221 department to receive 988 calls, texts, or other forms of
222 communication in this state.

223 (5)~~(4)~~ "Crisis services" means short-term evaluation,
224 stabilization, and brief intervention services provided to a
225 person who is experiencing an acute mental or emotional crisis,

as defined in subsection (19) ~~(18)~~, or an acute substance abuse crisis, as defined in subsection (20) ~~(19)~~, to prevent further deterioration of the person's mental health. Crisis services are provided in settings such as a crisis stabilization unit, an inpatient unit, a short-term residential treatment program, a detoxification facility, or an addictions receiving facility; at the site of the crisis by a mobile crisis response team; ~~or~~ at a hospital on an outpatient basis; or telephonically by a 988 suicide and crisis lifeline call center.

Section 7. Section 394.9088, Florida Statutes, is created to read:

394.9088 988 suicide and crisis lifeline call center.—

(1) The department shall authorize and provide oversight of 988 suicide and crisis lifeline call centers. Unless authorized by the department, call centers are not permitted to conduct 988 suicide and crisis lifeline services. The department may implement a corrective action plan, suspension or revocation of authorization for failure to comply with this section and rules adopted under this section.

(2) The department shall adopt rules relating to minimum standards for 988 suicide and crisis lifeline call centers to be authorized, including, but not limited to:

(a) Service delivery, quality of care, and performance outcomes; quality assurance standards; the adequacy and consistency of personnel certifications; and minimum training

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standards for personnel.

(b) The process for authorization of 988 suicide and crisis lifeline call centers.

(3) Authorized 988 suicide and crisis lifeline call centers shall implement a cohesive statewide plan for 988 suicide and crisis lifeline call centers to achieve statewide interoperability with the 911 system and to provide individuals with rapid and direct access to the appropriate care. The department may adopt rules to implement this subsection.

Section 8. Subsections (3) through (9) of section 397.427, Florida Statutes, are renumbered as subsections (2) through (8), respectively, and present subsections (2) and (5) are amended, to read:

397.427 Medication-assisted treatment service providers; rehabilitation program; needs assessment and provision of services; persons authorized to issue takeout medication; unlawful operation; penalty.—

~~(2) The department shall determine the need for establishing providers of medication-assisted treatment services for opiate addiction.~~

~~(a) Providers of medication-assisted treatment services for opiate addiction may be established only in response to the department's determination and publication of need for additional medication treatment services.~~

~~(b) If needs assessment is required, the department shall~~

276 ~~annually conduct the assessment and publish a statement of~~
277 ~~findings which identifies each substate entity's need.~~

278 ~~(c) Notwithstanding paragraphs (a) and (b), the license~~
279 ~~for medication-assisted treatment programs for opiate addiction~~
280 ~~licensed before October 1, 1990, may not be revoked solely~~
281 ~~because of the department's determination concerning the need~~
282 ~~for medication-assisted treatment services for opiate addiction.~~

283 (4) ~~(5)~~ ~~The department shall also determine the need for~~
284 ~~establishing medication-assisted treatment for substance use~~
285 ~~disorders other than opiate dependence.~~ Service providers within
286 the publicly funded system shall be funded for provision of
287 these services based on the availability of funds.

288 **Section 9. Paragraph (c) of subsection (1) of section**
289 **916.111, Florida Statutes, is amended to read:**

290 916.111 Training of mental health experts.—The evaluation
291 of defendants for competency to proceed or for sanity at the
292 time of the commission of the offense shall be conducted in such
293 a way as to ensure uniform application of the criteria
294 enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal
295 Procedure. The department shall develop, and may contract with
296 accredited institutions:

297 (1) To provide:

298 (c) Training for mental health professionals in the
299 application of these protocols and procedures in performing
300 forensic evaluations and providing reports to the courts.

301 Training must include, but is not limited to, information on
302 statutes and rules related to competency restoration, evidence-
303 based practices, least restrictive treatment alternatives and
304 placement options as described in s. 916.12(4)(c); and

305 **Section 10. Subsection (1) of section 916.115, Florida**
306 **Statutes, is amended to read:**

307 916.115 Appointment of experts.—

308 (1) The court shall appoint no more than three experts to
309 determine the mental condition of a defendant in a criminal
310 case, including competency to proceed, insanity, involuntary
311 placement, and treatment. The experts may evaluate the defendant
312 in jail or in another appropriate local facility or in a
313 facility of the Department of Corrections.

314 (a) The court ~~To the extent possible, The~~ appointed
315 experts shall:

316 1. have completed forensic evaluator training approved by
317 ~~the department, and each shall~~ Be a psychiatrist, licensed
318 psychologist, or physician.

319 2. Have completed initial and annual forensic evaluator
320 training, provided by the department.

321 3. If performing juvenile evaluations, have completed
322 initial and annual juvenile forensic competency evaluation
323 training provided by the department.

324 (b) Existing evaluators as of July 1, 2024, shall complete
325 department-provided annual forensic evaluator training by July

1, 2026, to remain active on the list described in paragraph
(c).

~~(c)-(b)~~ The department shall maintain and annually provide
the courts with a list of available mental health professionals
who have completed the initial and annual ~~approved~~ training as
experts.

**Section 11. Paragraph (d) of subsection (4) of section
916.12, Florida Statutes, is amended to read:**

916.12 Mental competence to proceed.—

(4) If an expert finds that the defendant is incompetent
to proceed, the expert shall report on any recommended treatment
for the defendant to attain competence to proceed. In
considering the issues relating to treatment, the examining
expert shall specifically report on:

(d) The availability of acceptable treatment and, if
treatment is available in the community, the expert shall so
state in the report. In determining what acceptable treatments
are available in the community, the expert shall, at a minimum,
use current information or resources on less restrictive
treatment alternatives, as described in paragraph (c) and those
obtained from forensic evaluators training provided by the
department.

The examining expert's report to the court shall include a full
and detailed explanation regarding why the alternative treatment

options referenced in the evaluation are insufficient to meet the needs of the defendant.

Section 12. Paragraph (a) of subsection (1) of section 394.674, Florida Statutes, is amended to read:

394.674 Eligibility for publicly funded substance abuse and mental health services; fee collection requirements.—

(1) To be eligible to receive substance abuse and mental health services funded by the department, an individual must be a member of at least one of the department's priority populations approved by the Legislature. The priority populations include:

(a) For adult mental health services:

1. Adults who have severe and persistent mental illness, as designated by the department using criteria that include severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt of disability income for a psychiatric condition. Included within this group are:

a. Older adults in crisis.

b. Older adults who are at risk of being placed in a more restrictive environment because of their mental illness.

c. Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.

d. Other persons involved in the criminal justice system.

e. Persons diagnosed as having co-occurring mental illness

and substance abuse disorders.

2. Persons who are experiencing an acute mental or emotional crisis as defined in s. 394.67 ~~s. 394.67(18)~~.

Section 13. Subsection (3) of section 397.68141, Florida Statutes, is amended to read:

397.68141 Contents of petition for involuntary treatment services.—A petition for involuntary services must contain the name of the respondent; the name of the petitioner; the relationship between the respondent and the petitioner; the name of the respondent's attorney, if known; and the factual allegations presented by the petitioner establishing the need for involuntary services for substance abuse impairment.

(3) If there is an emergency, the petition must also describe the respondent's exigent circumstances and include a request for an ex parte assessment and stabilization order that must be executed pursuant to s. 397.6818 ~~s. 397.68151~~.

Section 14. Paragraph (a) of subsection (3) of section 394.74, Florida Statutes, is amended to read:

394.74 Contracts for provision of local substance abuse and mental health programs.—

(3) Contracts shall include, but are not limited to:

(a) A provision that, within the limits of available resources, substance abuse and mental health crisis services, as defined in s. 394.67 ~~s. 394.67(4)~~, shall be available to any individual residing or employed within the service area,

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401 | regardless of ability to pay for such services, current or past
402 | health condition, or any other factor;

403 | **Section 15.** This act shall take effect July 1, 2025.