



856534

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/19/2025	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs
(Calatayud) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

394.4573 Coordinated system of care; annual assessment;
essential elements; measures of performance; system improvement
grants; reports.—On or before December 1 of each year, the
department shall submit to the Governor, the President of the



856534

11 Senate, and the Speaker of the House of Representatives an
12 assessment of the behavioral health services in this state. The
13 assessment shall consider, at a minimum, the extent to which
14 designated receiving systems function as no-wrong-door models,
15 the availability of treatment and recovery services that use
16 recovery-oriented and peer-involved approaches, the availability
17 of less-restrictive services, and the use of evidence-informed
18 practices. The assessment shall also consider the availability
19 of and access to coordinated specialty care programs and
20 identify any gaps in the availability of and access to such
21 programs in the state. The department's assessment shall
22 consider, at a minimum, the needs assessments conducted by the
23 managing entities pursuant to s. 394.9082(5). The department
24 shall compile and include in the report all plans submitted by
25 managing entities pursuant to s. 394.9082(8) and the
26 department's evaluation of each plan.

27 (2) The essential elements of a coordinated system of care
28 include:

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

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

35 394.4598 Guardian advocate.—

36 (8) The guardian advocate shall be discharged when the
37 patient is discharged from an order for involuntary outpatient
38 services placement or involuntary inpatient placement or when
39 the patient is transferred from involuntary to voluntary status.



856534

40 The court or a hearing officer shall consider the competence of
41 the patient pursuant to subsection (1) and may consider an
42 involuntarily placed patient's competence to consent to
43 treatment at any hearing. Upon sufficient evidence, the court
44 may restore, or the hearing officer may recommend that the court
45 restore, the patient's competence. A copy of the order restoring
46 competence or the certificate of discharge containing the
47 restoration of competence shall be provided to the patient and
48 the guardian advocate.

49 Section 3. Subsection (5) of section 394.4625, Florida
50 Statutes, is amended to read:

51 394.4625 Voluntary admissions.—

52 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary
53 patient, or an authorized person on the patient's behalf, makes
54 a request for discharge, the request for discharge, unless
55 freely and voluntarily rescinded, must be communicated to a
56 physician, a clinical psychologist with at least 3 years of
57 ~~clinical postdoctoral~~ experience ~~in the practice of clinical~~
58 ~~psychology~~, or a psychiatrist as quickly as possible, but not
59 later than 12 hours after the request is made. If the patient
60 meets the criteria for involuntary placement, the administrator
61 of the facility must file with the court a petition for
62 involuntary placement, within 2 court working days after the
63 request for discharge is made. If the petition is not filed
64 within 2 court working days, the patient must be discharged.
65 Pending the filing of the petition, the patient may be held and
66 emergency treatment rendered in the least restrictive manner,
67 upon the order of a physician or a psychiatric nurse practicing
68 within the framework of an established protocol with a



856534

69 psychiatrist, if it is determined that such treatment is
70 necessary for the safety of the patient or others.

71 Section 4. Subsection (2) of section 394.4655, Florida
72 Statutes, is amended to read:

73 394.4655 Orders to involuntary outpatient placement.—

74 (2) A court or a county court may order an individual to
75 involuntary outpatient placement under s. 394.467. The criteria
76 for ordering a person to involuntary outpatient placement, as
77 well as all of the requirements and processes for placement,
78 including, but not limited to, recommendations for involuntary
79 outpatient placement, petitions, appointment of counsel, and
80 hearings on involuntary outpatient placement are provided in s.
81 394.467.

82 (3) When recommending an order to involuntary outpatient
83 placement, the petitioner, as defined in s. 394.467(4), shall
84 prepare a services plan for the patient in accordance with s.
85 394.467.

86 Section 5. Paragraph (a) of subsection (1) and subsection
87 (11) of section 394.467, Florida Statutes, is amended to read:

88 394.467 Involuntary inpatient placement and involuntary
89 outpatient services.—

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

91 (a) "Court" means a circuit court or, for commitments only
92 to involuntary outpatient services ~~as defined in s. 394.4655~~, a
93 county court.

94 (11) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES.—

95 (a) A petition for continued involuntary services must be
96 filed if the patient continues to meet the criteria for
97 involuntary services.



856534

98 (b)1. If a patient receiving involuntary outpatient
99 services continues to meet the criteria for involuntary
100 outpatient services, the service provider must file in the court
101 that issued the initial order for involuntary outpatient
102 services a petition for continued involuntary outpatient
103 services.

104 2. If a patient in involuntary inpatient placement
105 continues to meet the criteria for involuntary services and is
106 being treated at a receiving facility, the administrator must,
107 before the expiration of the period the receiving facility is
108 authorized to retain the patient, file in the court that issued
109 the initial order for involuntary inpatient placement, a
110 petition requesting authorization for continued involuntary
111 services. The administrator may petition for inpatient or
112 outpatient services.

113 3. If a patient in involuntary inpatient placement
114 continues to meet the criteria for involuntary services and is
115 being treated at a treatment facility, the administrator must,
116 before expiration of the period the treatment facility is
117 authorized to retain the patient, file a petition requesting
118 authorization for continued involuntary services. The
119 administrator may petition for inpatient or outpatient services.
120 Hearings on petitions for continued involuntary services of an
121 individual placed at any treatment facility are administrative
122 hearings and must be conducted in accordance with s. 120.57(1),
123 except that any order entered by the administrative law judge is
124 final and subject to judicial review in accordance with s.
125 120.68. Orders concerning patients committed after successfully
126 pleading not guilty by reason of insanity are governed by s.



856534

127 916.15.

128 4. ~~The court shall immediately schedule a~~ A hearing on the
129 petition ~~shall~~ to be scheduled immediately and held within 15
130 days after the petition is filed.

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

134 (c) The petition must be accompanied by a statement from
135 the patient's physician, psychiatrist, psychiatric nurse, or
136 clinical psychologist justifying the request, a brief
137 description of the patient's treatment during the time he or she
138 was receiving involuntary services, and an individualized plan
139 of continued treatment developed in consultation with the
140 patient or the patient's guardian advocate, if applicable. If
141 the petition is for involuntary outpatient services, it must
142 comply with the requirements of subparagraph (4)(d)3. When the
143 petition has been filed, the clerk of the court or the clerk of
144 the Division of Administrative Hearings, as applicable, shall
145 provide copies of the petition and the individualized plan of
146 continued services to the department, the patient, the patient's
147 guardian advocate, the state attorney, and the patient's private
148 counsel or the public defender.

149 (d) The court shall appoint counsel to represent the person
150 who is the subject of the petition for continued involuntary
151 services in accordance with the provisions set forth in
152 subsection (5), unless the person is otherwise represented by
153 counsel or ineligible.

154 (e) Hearings on petitions for continued involuntary
155 outpatient services must be before the court that issued the



856534

156 order for involuntary outpatient services. However, the patient
157 and the patient's attorney may agree to a period of continued
158 outpatient services without a court hearing.

159 (f) Hearings on petitions for continued involuntary
160 inpatient placement in receiving facilities, or involuntary
161 outpatient services following involuntary inpatient services,
162 must be held in the county or the facility, as appropriate,
163 where the patient is located.

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

167 (h) Notice of the hearing must be provided as set forth in
168 s. 394.4599.

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

182 (j) If at a hearing it is shown that the patient continues
183 to meet the criteria for involuntary services, the court or the
184 administrative law shall issue an order for continued



856534

185 involuntary outpatient services, involuntary inpatient
186 placement, or a combination of involuntary services for up to 6
187 months. The same procedure shall be repeated before the
188 expiration of each additional period the patient is retained.

189 (k) If the patient has been ordered to undergo involuntary
190 services and has previously been found incompetent to consent to
191 treatment, the court shall consider testimony and evidence
192 regarding the patient's competence. If the patient's competency
193 to consent to treatment is restored, the discharge of the
194 guardian advocate is governed by s. 394.4598. If the patient has
195 been ordered to undergo involuntary inpatient placement only and
196 the patient's competency to consent to treatment is restored,
197 the administrative law judge may issue a recommended order, to
198 the court that found the patient incompetent to consent to
199 treatment, that the patient's competence be restored and that
200 any guardian advocate previously appointed be discharged.

201 (l) If continued involuntary inpatient placement is
202 necessary for a patient in involuntary inpatient placement who
203 was admitted while serving a criminal sentence, but his or her
204 sentence is about to expire, or for a minor involuntarily
205 placed, but who is about to reach the age of 18, the
206 administrator shall petition the administrative law judge for an
207 order authorizing continued involuntary inpatient placement.

208
209 The procedure required in this subsection must be followed
210 before the expiration of each additional period the patient is
211 involuntarily receiving services.

212 Section 6. Subsections (1) through (25) of section 394.67,
213 Florida Statutes, are renumbered as subsections (2) through



856534

214 (26), respectively, subsection (4) is amended, and a new
215 subsection (1) is added to that section, to read:

216 394.67 Definitions.—As used in this part, the term:

217 (1) “988 suicide and crisis lifeline call center” means a
218 call center meeting national accreditation and recognized by the
219 department to receive 988 calls, texts, or other forms of
220 communication in this state.

221 (4) “Crisis services” means short-term evaluation,
222 stabilization, and brief intervention services provided to a
223 person who is experiencing an acute mental or emotional crisis,
224 as defined in subsection (19) ~~(18)~~, or an acute substance abuse
225 crisis, as defined in subsection (20) ~~(19)~~, to prevent further
226 deterioration of the person’s mental health. Crisis services are
227 provided in settings such as a crisis stabilization unit, an
228 inpatient unit, a short-term residential treatment program, a
229 detoxification facility, or an addictions receiving facility; at
230 the site of the crisis by a mobile crisis response team; or at a
231 hospital on an outpatient basis; or telephonically by a 988
232 suicide and crisis lifeline call center.

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

235 394.9088 988 suicide and crisis lifeline call center.—

236 (1) The department shall authorize and provide oversight to
237 988 suicide and crisis lifeline call centers. Unless authorized
238 by the department, call centers are not permitted to conduct 988
239 suicide and crisis lifeline services. The department may
240 implement a corrective action plan, suspension or revocation of
241 authorization for failure to comply with this section and rules
242 adopted under this section.



856534

243 (2) The department shall adopt rules relating to:

244 (a) The process for authorization of 988 suicide and crisis
245 lifeline call centers.

246 (b) Minimum standards for 988 suicide and crisis lifeline
247 call centers to be authorized, including but not limited to,
248 service delivery, quality of care, and performance outcomes.

249 (c) The adequacy and consistency of 988 suicide and crisis
250 lifeline call centers' personnel certifications, accreditations,
251 quality assurance standards, and minimum training standards.

252 (d) Implementation of a cohesive statewide plan for 988
253 suicide and crisis lifeline call centers to achieve statewide
254 interoperability with the 911 system and to provide individuals
255 with rapid and direct access to the appropriate care.

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

260 397.427 Medication-assisted treatment service providers;
261 rehabilitation program; needs assessment and provision of
262 services; persons authorized to issue takeout medication;
263 unlawful operation; penalty.—

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

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

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



856534

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

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

279 ~~(4)-(5) The department shall also determine the need for~~
280 ~~establishing medication-assisted treatment for substance use~~
281 ~~disorders other than opiate dependence. Service providers within~~
282 ~~the publicly funded system shall be funded for provision of~~
283 ~~these services based on the availability of funds.~~

284 Section 9. Subsection (3) of section 397.68141, Florida
285 Statutes, is amended to read:

286 397.68141 Contents of petition for involuntary treatment
287 services.—A petition for involuntary services must contain the
288 name of the respondent; the name of the petitioner; the
289 relationship between the respondent and the petitioner; the name
290 of the respondent's attorney, if known; and the factual
291 allegations presented by the petitioner establishing the need
292 for involuntary services for substance abuse impairment.

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

297 Section 10. Paragraph (c) of subsection (1) of section
298 916.111, Florida Statutes, is amended to read:

299 916.111 Training of mental health experts.—The evaluation
300 of defendants for competency to proceed or for sanity at the



856534

301 time of the commission of the offense shall be conducted in such
302 a way as to ensure uniform application of the criteria
303 enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal
304 Procedure. The department shall develop, and may contract with
305 accredited institutions:

306 (1) To provide:

307 (c) Training for mental health professionals in the
308 application of these protocols and procedures in performing
309 forensic evaluations and providing reports to the courts.
310 Training must include, but is not limited to, information on
311 statutes and rules related to competency restoration, evidence-
312 based practices, least restrictive treatment alternatives and
313 placement options as described in s. 916.12(4)(c); and

314 Section 11. Subsection (1) of section 916.115, Florida
315 Statutes, is amended to read:

316 916.115 Appointment of experts.—

317 (1) The court shall appoint no more than three experts to
318 determine the mental condition of a defendant in a criminal
319 case, including competency to proceed, insanity, involuntary
320 placement, and treatment. The experts may evaluate the defendant
321 in jail or in another appropriate local facility or in a
322 facility of the Department of Corrections.

323 (a) The court ~~To the extent possible,~~ The appointed experts
324 shall:

325 1. have completed forensic evaluator training approved by
326 ~~the department, and each shall~~ Be a psychiatrist, licensed
327 psychologist, or physician.

328 2. Have completed initial and ongoing forensic evaluator
329 training, provided by the department.



856534

330 3. If performing juvenile evaluations, complete annually,
331 juvenile forensic competency evaluation training approved by the
332 department.

333 (b) Existing evaluators shall complete department-provided
334 continuing education training by July 1, 2026, to remain active
335 on the list.

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

340 Section 12. Paragraph (d) of subsection (4) of section
341 916.12, Florida Statutes, is amended to read:

342 916.12 Mental competence to proceed.—

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

348 (d) The availability of acceptable treatment and, if
349 treatment is available in the community, the expert shall so
350 state in the report. In determining what acceptable treatments
351 are available in the community, the expert shall, at a minimum,
352 use current information or resources on less restrictive
353 treatment alternatives, as described in paragraph (c) and those
354 obtained from training and continuing education approved by the
355 department.

356
357 The examining expert's report to the court shall include a full
358 and detailed explanation regarding why the alternative treatment



856534

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

361 Section 13. Paragraph (a) of subsection (1) of section
362 394.674, Florida Statutes, is amended to read:

363 394.674 Eligibility for publicly funded substance abuse and
364 mental health services; fee collection requirements.—

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

370 (a) For adult mental health services:

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

377 a. Older adults in crisis.

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

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

382 d. Other persons involved in the criminal justice system.

383 e. Persons diagnosed as having co-occurring mental illness
384 and substance abuse disorders.

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

387 Section 14. Paragraph (a) of subsection (3) of section



856534

388 394.74, Florida Statutes, is amended to read:

389 394.74 Contracts for provision of local substance abuse and
390 mental health programs.—

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

392 (a) A provision that, within the limits of available
393 resources, substance abuse and mental health crisis services, as
394 defined in s. 394.67 ~~s. 394.67(4)~~, shall be available to any
395 individual residing or employed within the service area,
396 regardless of ability to pay for such services, current or past
397 health condition, or any other factor;

398 Section 15. This act shall take effect July 1, 2025.

399

400 ===== T I T L E A M E N D M E N T =====

401 And the title is amended as follows:

402 Delete everything before the enacting clause
403 and insert:

404 A bill to be entitled
405 An act relating to substance abuse and mental health
406 care; amending s. 394.4573, F.S.; expanding mental
407 health crisis services to include the 988 suicide and
408 crisis lifeline call center; amending s. 394.4598,
409 F.S.; authorizing the guardian advocate to be
410 discharged when a patient is discharged from
411 involuntary outpatient services; amending s. 394.4625,
412 F.S.; requiring clinical psychologists who make
413 determinations of involuntary placement at certain
414 mental health facilities to have specified clinical
415 experience; amending s. 394.4655, F.S.; providing
416 cross-reference for specified criteria relating to



856534

417 orders to involuntary outpatient placement; amending
418 s. 394.467, F.S.; providing that orders entered by
419 administrative law judges for continued involuntary
420 placement for patients at certain mental health
421 facilities are final and subject to judicial review;
422 requiring hearings to be scheduled immediately;
423 requiring the clerk of the Division of Administrative
424 Hearings to provide copies of petitions and
425 individualized plans for continued services to the
426 Department of Children and Families and other
427 specified individuals; requiring the court or the
428 administrative law judge to make certain
429 determinations before waiving a patient's attendance
430 at a hearing for continued involuntary placement;
431 authorizing an administrative law judge to issue an
432 order for involuntary services if the patient meets
433 certain criteria; amending s. 394.67, F.S.; revising
434 the definition of "crisis services" to include a 988
435 suicide and crisis lifeline call center and defining
436 the term "988 suicide and crisis lifeline call
437 center"; creating s. 394.9088, F.S.; requiring the
438 Department of Children and Families to authorize and
439 provide oversight of the 988 suicide and crisis
440 lifeline call centers and adopt specified rules;
441 amending s. 397.427, F.S.; removing requirements
442 relating to providers of medication-assisted treatment
443 services for opiate addiction; amending s. 916.111,
444 F.S.; revising training requirements for mental health
445 professionals; amending s. 916.115, F.S.; requiring



856534

446 court appointed experts to have completed specified
447 training and continued education; amending s. 916.12,
448 F.S.; providing requirements for an expert to
449 determine acceptable treatments available in a
450 community; amending ss. 394.674, 394.74, and 397.68141
451 F.S.; conforming cross-references; providing an
452 effective date.