

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 1240

INTRODUCER: Senator Calatayud

SUBJECT: Substance Abuse and Mental Health Care

DATE: March 18, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Kennedy</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Pre-meeting</u>
2.	_____	_____	<u>AHS</u>	_____
3.	_____	_____	<u>RC</u>	_____

I. Summary:

SB 1240 integrates the 988 Suicide and Crisis Lifeline Call Center into the state mental health crisis response network. The bill requires the Florida Department of Children and Families (DCF) to authorize, regulate, and oversee 988 call centers.

The bill removes the “needs assessment” requirement for licensure of medication-assisted treatment (MAT) programs for opioid addiction.

The bill establishes enhanced training standards for mental health professionals conducting forensic evaluations, emphasizing competency restoration, evidence-based practices, and placement alternatives to ensure consistent and effective forensic evaluations. The bill requires court-appointed mental health experts performing forensic evaluations to complete DCF-approved forensic training and ongoing education. The bill also requires mental health professionals to assess the availability of community-based treatment before recommending involuntary hospitalization.

The bill does not have a fiscal impact on state government or the private sector. See Section V. Fiscal Impact Statement.

The bill takes effect July 1, 2025.

II. Present Situation:

The present situation for each issue is described below in Section III, Effect of Proposed Changes.

III. Effect of Proposed Changes:

SB 1240 makes changes to Florida's mental health and substance abuse care systems of care by integrating crisis services, expanding treatment accessibility, and strengthening provider oversight. The bill improves response times for mental health emergencies, streamlines treatment, and enhances training for behavioral health professionals.

Background

Mental Health and Mental Illness

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.¹ The primary indicators used to evaluate an individual's mental health are:²

- Emotional well-being- Perceived life satisfaction, happiness, cheerfulness, peacefulness;
- Psychological well-being- Self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality,
- Self-direction, and positive relationships; and
- Social well-being- Social acceptance, beliefs in the potential of people and society as a whole,
- Personal self-worth and usefulness to society, sense of community.

Mental illness is collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress or impaired functioning.³ Thus, mental health refers to an individual's mental state of well-being whereas mental illness signifies an alteration of that well-being. Mental illness affects millions of people in the United States each year. Nearly one in five adults lives with a mental illness.⁴ During childhood and adolescence, almost half of children will experience a mental disorder, though the proportion experiencing severe impairment during childhood and adolescence is lower, at about 22%.⁵

Florida Mental Health and Substance Abuse Services Acts

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment and recovery for children and adults who are otherwise unable to obtain these services.⁶ The DCF is charged with providing a coordinated system of care, to serves as a "no-wrong-door model" that provides a

¹ World Health Organization, *Mental Health: Concepts in Mental Health*, available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (last visited 3/7/25).

² Centers for Disease Control and Prevention, *Mental Health Basics*, available at: <http://medbox.iab.me/modules/en-cdc/www.cdc.gov/mentalhealth/basics.htm> (last visited 3/7/25).

³ *Id.*

⁴ National Institute of Mental Health (NIHM), *Mental Illness*, available at: <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited 3/7/25).

⁵ *Id.*

⁶ See generally, Part I, Ch. 394, F.S., and Ch. 397, F.S.

fully array of behavioral health services from front end crisis intervention through long-term recovery services, including a range of prevention, acute interventions (e.g. crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services.⁷

988 Suicide and Crisis Lifeline

Present Situation

The 988 Suicide & Crisis Lifeline is the United States' three-digit telephone number for mental health crises, providing connection to free and confidential emotional support 24/7.⁸ Launched nationally on July 16, 2022, 988 was established by federal law as an easy-to-remember alternative to the 10-digit National Suicide Prevention Lifeline.⁹ By dialing 988 (or texting 988, or using the web chat), callers in distress are routed to one of over 200 local crisis centers nationwide, where trained crisis counselors provide immediate counseling, support, and referrals to resources.¹⁰ By May 2024, nearly two years post-launch, the Lifeline had fielded 10.8 million total interactions, comprising roughly 6.4 million calls, 1.6 million chats, and 1.6 million texts.¹¹

Florida has also experienced growth in the 988 program. Since launching in July 2022, the 988 Lifeline has connected 95,672 individuals to mental health or related services and offered telephone-based support to 398,939 people across Florida.¹² The Florida 988 program is funded through a federal discretionary grant that will end in September of 2026; the DCF intends to become one of the first states to fully fund and operate their in-state 988 network without the need for federal discretionary grant funding.¹³ The 988 network ensures individuals have immediate access to trained professionals through a centralized helpline which ultimately reduces dependence on 911 and law enforcement for mental health emergencies.

Effect of Proposed Changes

Section 1 of the bill amends s. 394.4573, F.S., to add the 988 Suicide and Crisis Lifeline Call Center as a statutorily required part of the state's crisis response as part of the coordinated system of care. This change places duty of regulation and assessment of the 988 Suicide Crisis Lifeline with the DCF.

⁷ See s. 394.4573, F.S.

⁸ 988 Suicide & Crisis Lifeline, The Lifeline and 988, available at: <https://988lifeline.org/current-events/the-lifeline-and-988/#:~:text=On%20July%2016%2C%202022%2C%20the,Vibrant> (last visited 3/7/25).

⁹ KFF, *One Year After the Launch of 988, the National Suicide and Crisis Hotline Has Received Nearly 5 Million Combined Calls, Texts, and Chats*, Available at: <https://www.kff.org/mental-health/press-release/one-year-after-the-launch-of-988-the-national-suicide-and-crisis-hotline-has-received-nearly-5-million-combined-calls-texts-and-chats/#:~:text=Overall%2C%20the%20988%20line%20steers,mental%20health%20crisis%20to%20recall> (last visited 3/7/25).

¹⁰ 988 Suicide & Crisis Lifeline, *The Lifeline and 988*, available at: <https://988lifeline.org/current-events/the-lifeline-and-988/#:~:text=On%20July%2016%2C%202022%2C%20the,Vibrant> (last visited 3/7/25).

¹¹ KFF, *988 Suicide & Crisis Lifeline: Two Years After Launch*, available at: <https://www.kff.org/mental-health/issue-brief/988-suicide-crisis-lifeline-two-years-after-launch/#:~:text=Since%20launch%20in%20July%202022%2C,third%20of%20total%20contacts%2C%20accounting> (last visited 3/7/25).

¹² Florida Department of Children and Families, 2025 Agency Analysis, p. 2 (on file with the Children, Families, and Elder Affairs Committee).

¹³ *Id.*

Section 2 amends s. 394.67, F.S., to define “988 suicide and crisis lifeline call center” to mean a call center that meets national accreditation and recognized by the DCF to receive 988 calls, texts, or other forms of communication. The bill also adds the 988 suicide and crisis lifeline call center to the definition of “crisis services.” These changes integrate the role of 988 centers into the state’s behavioral health system, specifically as a crisis response service.

Section 3 creates s. 394.9088, F.S., to require the DCF to authorize and provide oversight to the 988 network crisis call centers. The bill prohibits 988 services to be provided by non-authorized call centers. The bill allows the DCF to ensure compliance with state and federal crisis response standards, improving service quality, and establishing a framework for coordination between 988 and 911 emergency services.

Medication-Assisted Treatment (MAT) Needs Assessment

Present Situation

Medication-Assisted Treatment (MAT) for opioid use disorders is a service that uses methadone or other medication as authorized by state and federal law, in combination with medical, rehabilitative, supportive, and counseling services in the treatment of individuals who are dependent on opioid drugs.¹⁴ This integrated approach aims to provide a whole-patient treatment strategy.¹⁵ Medications commonly used in MAT include methadone, buprenorphine, and naltrexone, which work by reducing cravings, alleviating withdrawal symptoms, and blocking the euphoric effects of substances.¹⁶

Current law requires the DCF to determine the need for new MAT providers in the state.¹⁷ This requirement does not allow opioid treatment programs (OTPs) or methadone clinics to open freely at will; instead, new clinics can only be established if the DCF finds there is an unmet need in a region for additional services.¹⁸ This needs-based licensure process serves as a state-level control on the number and location of MAT clinics.

Florida currently has 72 operational MAT clinics, collectively assisting nearly 22,000 clients statewide.¹⁹ However, under the current federal methodology, three needs assessments have been conducted since FY 2018/2019, and none have identified a statewide need for additional facilities. The Department lacks the flexibility to grant licenses outside of the annual need determination process, even in urgent situations such as the closure of the only clinic in a given area.²⁰

¹⁴ Section 397.311,7

¹⁵ Florida Department of Health – Palm Beach County, *Medication Assisted Treatment (MAT)*, <https://palmbeach.floridahealth.gov/programs-and-services/OD2A/documents/Fact-Sheet-Medication-Assisted-Treatment.pdf> (last visited March 17, 2025)

¹⁶ Substance Abuse and Mental Health Services Administration, *Find Substance Use Disorder Treatment*, available at <https://www.samhsa.gov/substance-use/treatment/find-treatment> (last visited March 17, 2025); Addiction Group, *What is Medication-Assisted Treatment (MAT)*, available at <https://www.addictiongroup.org/treatment/therapies/mat/> (last visited March 17, 2025)

¹⁷ Section 397.427, F.S.

¹⁸ *Id.*

¹⁹ Florida Department of Children and Families, 2025 Agency Analysis, pg.2 (on file with the Children, Families, and Elder Affairs Committee).

²⁰ *Id.*

The federal algorithm presents additional challenges in addressing the needs of jail-based and rural populations. Current law does not exempt agencies that serve specific, limited groups, such as jails, prisons, and federally qualified health centers.²¹ Providing these facilities with the flexibility to offer services as needed would improve access to care for those specialized populations.

Effect of Proposed Changes

Section 4 of the bill deletes s. 397.427(2) and amends s. 397.427(4), F.S., removing the requirement that the DCF must determine the need for establishing MAT programs. Removing the requirement for new providers to demonstrate community need fosters the expansion of MAT services, increasing access to treatment, especially within rural communities.

Forensic Evaluators

Present Situation

Chapter 916, F.S., establishes the Forensic Client Services Act detailing the framework for addressing mental health issues within the state's criminal justice system, specifically requiring the DCF to establish, locate, and maintain facilities and programs for the treatment or training of defendants who have been charged with a felony and who have been found to be incompetent to proceed in the legal system due to mental illness.²² The law guides how courts appoint mental health experts, assess a defendant's competency to stand trial, and manage individuals found not guilty by reason of insanity.

Mental health evaluations ensure that defendants with mental health conditions receive proper assessment and treatment. Courts appoint licensed psychiatrists, psychologists, or physicians to determine a defendant's competency, sanity, or need for involuntary treatment.²³ These professionals have specific forensic training and a one-time class from the DCF. These evaluations, conducted in jails, forensic centers, or medical facilities, help courts decide whether a defendant can stand trial or requires hospitalization. If deemed incompetent, individuals may be committed to a DCF facility for treatment until they can participate in legal proceedings or, if their behavior is non-threatening, may be released under supervision.²⁴

Defendants found not guilty by reason of insanity may be involuntarily committed if they pose a danger to themselves or others.²⁵ Placement in a State Mental Health Treatment Facility (SMHTF) ensures access to necessary treatment while maintaining public safety. Regular evaluations determine whether continued hospitalization is required or if a supervised release plan is appropriate. Mental health professionals conduct these assessments, provide expert testimony, and oversee treatment, helping courts balance the needs of individuals with mental illness against legal and public safety concerns.²⁶

²¹ *Id.*

²² Chapter 916, F.S.

²³ Section s. 916.11, F.S.

²⁴ Section 916.12, F.S.

²⁵ Section 916.15, F.S.

²⁶ *Id.*

Florida faces growing challenges with increasing referrals to the SMHTFs from courts and forensic hospital beds occupancy rates are above 97%. These challenges delay care and leave individuals in jail awaiting inpatient services. With 462 people on the waitlist and 333 waiting more than 15 days, the backlog continues to strain the system.²⁷ However, many of these individuals could be restored to competency through less restrictive alternatives, reducing the need for full hospitalization in an SMHTF. Court decisions on commitment orders are heavily influenced by evaluators' findings and recommendations, which help determine the most appropriate treatment setting.²⁸

In 2023, changes to Chapter 916, F.S., introduced a requirement for expert evaluators and courts to assess alternative treatment options before committing a defendant to a SMHTF. Evaluators are expected to provide a comprehensive report on available alternatives, including a thorough justification if those options are deemed inadequate.²⁹ Evaluators must consider a list of minimum alternative treatment options before ordering a defendant to be placed in a treatment facility. Experts must also report on the appropriateness of the following community-based options for treating and supporting the recovery of a patient:³⁰

- Mental health services;
- Treatment services;
- Rehabilitative services;
- Support services; and
- Case management services as those terms are defined in s. 394.67(16), F.S., which may be provided by or within:
 - Multidisciplinary community treatment teams;
 - Community treatment teams, such as Florida Assertive Community Treatment (FACT) teams;
 - Conditional release programs;
 - Outpatient services or intensive outpatient treatment programs; and
 - Supportive employment and supportive housing opportunities.³¹

However, the implementation of this requirement has not been consistent statewide. Without a legal requirement for forensic evaluators to participate in ongoing training, evaluators lack critical updates on new or revised statutes, alternative placements, and least restrictive options.³²

Effect of Proposed Changes

Section 5 amends s. 916.111, F.S., to update training requirements for mental health professionals conducting forensic evaluations, to require training on statutes and rules related to competency restoration, evidence-based practices, and least restrictive treatment alternatives and

²⁷ Florida Department of Children and Families, 2025 Agency Analysis, p. 3 (on file with the Children, Families, and Elder Affairs Committee).

²⁸ *Id.*

²⁹ *Id.*

³⁰ Section 916.12, F.S.

³¹ Section 394.67, F.S.

³² *Id.*

placements. This change will require provided trainings to be more accurate, aligned with current law, and produce more standardized evaluations in legal proceedings.

Section 6 amends s. 916.115, F.S., to require court-appointed mental health experts to complete both an initial and ongoing DCF-approved forensic training. The bill requires those experts performing juvenile evaluations to complete annual juvenile forensic competency evaluation training. The bill also requires all current expert evaluators to complete the newly created DCF-provided continuing education for experts by July 1, 2026 to remain an active evaluator.

These changes are intended to increase the training for expert forensic evaluators to increase the consistency of evaluations and ultimately improve judicial decision-making in criminal cases involving defendants with mental illness.

Section 7 amends s. 916.12, F.S., to require mental health evaluators to assess whether less restrictive treatment alternatives are available in the community and acceptable. The bill requires this assessment to involve current resources and information, to include the ongoing DCF-approved training required under the bill's language. This change is intended to ensure individuals receive care in the least restrictive setting possible, reducing unnecessary institutionalization.

Section 8 and Section 9 are conforming cross-reference changes.

Section 10 of the bill provides an effective date of July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill amends the following sections of the Florida Statutes: 394.4573, 394.67, 397.427, 916.111, 916.115, 916.12, 394.674, and 394.74.

This bill creates s. 394.9088 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.