

**By** the Appropriations Committee on Health and Human Services;  
the Committee on Children, Families, and Elder Affairs; and  
Senator Calatayud

603-03590-25

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A bill to be entitled

An act relating to substance abuse and mental health care; amending s. 394.4573, F.S.; expanding mental health crisis services to include the 988 suicide and crisis lifeline call center; amending s. 394.4598, F.S.; authorizing the guardian advocate to be discharged when a patient is discharged from involuntary outpatient services; amending s. 394.4625, F.S.; requiring clinical psychologists who make determinations of involuntary placement at certain mental health facilities to have specified clinical experience; amending s. 394.463, F.S.; revising the timeframe within which a receiving facility must take certain actions after the attending physician of a patient being involuntarily examined documents certain information about the patient's medical condition; revising a required action; amending s. 394.4655, F.S.; providing a cross-reference for specified criteria relating to orders to involuntary outpatient placement; amending s. 394.467, F.S.; revising the definition of the term "court"; providing that orders entered by administrative law judges for continued involuntary placement for patients at certain mental health facilities are final and subject to judicial review; requiring that hearings on petitions for certain continued involuntary services be scheduled immediately; requiring the clerk of the Division of Administrative Hearings to provide copies of petitions and individualized plans for continued services to the

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Department of Children and Families and other specified individuals; requiring the court or the administrative law judge to make certain determinations before waiving a patient's attendance at a hearing for continued involuntary placement; authorizing an administrative law judge to issue an order for involuntary services if the patient meets certain criteria; amending s. 394.67, F.S.; defining the term "988 suicide and crisis lifeline call center"; revising the definition of "crisis services" to include a 988 suicide and crisis lifeline call center; creating s. 394.9088, F.S.; requiring the department to authorize and provide oversight of the 988 suicide and crisis lifeline call centers; authorizing the department to take certain actions for failure to comply with certain provisions; requiring the department to adopt specified rules; amending s. 397.427, F.S.; deleting requirements relating to providers of medication-assisted treatment services for opiate addiction; amending s. 916.111, F.S.; revising training requirements for mental health professionals; amending s. 916.115, F.S.; requiring certain court-appointed experts to have completed specified training and continued education; amending s. 916.12, F.S.; providing requirements for an examining expert to determine acceptable treatments available in a community; amending ss. 394.674, 394.74, and 397.68141 F.S.; conforming cross-references; providing an effective date.

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

61  
62 Section 1. Paragraph (d) of subsection (2) of section  
63 394.4573, Florida Statutes, is amended to read:

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

84 (2) The essential elements of a coordinated system of care  
85 include:

86 (d) Crisis services, including the 988 suicide and crisis  
87 lifeline call center, mobile response teams, crisis

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88 stabilization units, addiction receiving facilities, and  
89 detoxification facilities.

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

92 394.4598 Guardian advocate.—

93 (8) The guardian advocate shall be discharged when the  
94 patient is discharged from an order for involuntary outpatient  
95 services ~~placement~~ or involuntary inpatient placement or when  
96 the patient is transferred from involuntary to voluntary status.  
97 The court or a hearing officer shall consider the competence of  
98 the patient pursuant to subsection (1) and may consider an  
99 involuntarily placed patient's competence to consent to  
100 treatment at any hearing. Upon sufficient evidence, the court  
101 may restore, or the hearing officer may recommend that the court  
102 restore, the patient's competence. A copy of the order restoring  
103 competence or the certificate of discharge containing the  
104 restoration of competence shall be provided to the patient and  
105 the guardian advocate.

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

108 394.4625 Voluntary admissions.—

109 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary  
110 patient, or an authorized person on the patient's behalf, makes  
111 a request for discharge, the request for discharge, unless  
112 freely and voluntarily rescinded, must be communicated to a  
113 physician, a clinical psychologist with at least 3 years of  
114 clinical ~~postdoctoral~~ experience ~~in the practice of clinical~~  
115 ~~psychology~~, or a psychiatrist as quickly as possible, but not  
116 later than 12 hours after the request is made. If the patient

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meets the criteria for involuntary placement, the administrator of the facility must file with the court a petition for involuntary placement, within 2 court working days after the request for discharge is made. If the petition is not filed within 2 court working days, the patient must be discharged. Pending the filing of the petition, the patient may be held and emergency treatment rendered in the least restrictive manner, upon the order of a physician or a psychiatric nurse practicing within the framework of an established protocol with a psychiatrist, if it is determined that such treatment is necessary for the safety of the patient or others.

Section 4. Paragraph (i) of subsection (2) of section 394.463, Florida Statutes, is amended to read:

394.463 Involuntary examination.—

(2) INVOLUNTARY EXAMINATION.—

(i) One of the following must occur within 24 ~~12~~ hours after the patient's attending physician documents that the patient's medical condition has stabilized or that an emergency medical condition does not exist:

1. The patient must be examined by a facility and released;  
or

2. The patient must be accepted for transfer ~~transferred~~ to a designated facility in which appropriate medical treatment is available. However, the facility must be notified of the transfer within 12 ~~2~~ hours after the patient's condition has been stabilized or after determination that an emergency medical condition does not exist.

Section 5. Subsection (2) of section 394.4655, Florida Statutes, is amended, and subsection (3) is added to that

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section, to read:

394.4655 Orders to involuntary outpatient placement.—

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

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

Section 6. Paragraph (a) of subsection (1) and subsection (11) of section 394.467, Florida Statutes, are amended to read:

394.467 Involuntary inpatient placement and involuntary outpatient services.—

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

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

(11) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES.—

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

(b)1. If a patient receiving involuntary outpatient services continues to meet the criteria for involuntary outpatient services, the service provider must file in the court

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175 that issued the initial order for involuntary outpatient  
176 services a petition for continued involuntary outpatient  
177 services.

178 2. If a patient in involuntary inpatient placement  
179 continues to meet the criteria for involuntary services and is  
180 being treated at a receiving facility, the administrator must,  
181 before the expiration of the period the receiving facility is  
182 authorized to retain the patient, file in the court that issued  
183 the initial order for involuntary inpatient placement, a  
184 petition requesting authorization for continued involuntary  
185 services. The administrator may petition for inpatient or  
186 outpatient services.

187 3. If a patient in involuntary inpatient placement  
188 continues to meet the criteria for involuntary services and is  
189 being treated at a treatment facility, the administrator must,  
190 before expiration of the period the treatment facility is  
191 authorized to retain the patient, file a petition requesting  
192 authorization for continued involuntary services. The  
193 administrator may petition for inpatient or outpatient services.  
194 Hearings on petitions for continued involuntary services of an  
195 individual placed at any treatment facility are administrative  
196 hearings and must be conducted in accordance with s. 120.57(1),  
197 except that any order entered by the administrative law judge is  
198 final and subject to judicial review in accordance with s.  
199 120.68. Orders concerning patients committed after successfully  
200 pleading not guilty by reason of insanity are governed by s.  
201 916.15.

202 4. ~~The court shall immediately schedule~~ A hearing on the  
203 petition shall ~~to~~ be scheduled immediately and held within 15

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204 days after the petition is filed.

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

208 (c) The petition must be accompanied by a statement from  
209 the patient's physician, psychiatrist, psychiatric nurse, or  
210 clinical psychologist justifying the request, a brief  
211 description of the patient's treatment during the time he or she  
212 was receiving involuntary services, and an individualized plan  
213 of continued treatment developed in consultation with the  
214 patient or the patient's guardian advocate, if applicable. If  
215 the petition is for involuntary outpatient services, it must  
216 comply with the requirements of subparagraph (4)(d)3. When the  
217 petition has been filed, the clerk of the court or the clerk of  
218 the Division of Administrative Hearings, as applicable, shall  
219 provide copies of the petition and the individualized plan of  
220 continued services to the department, the patient, the patient's  
221 guardian advocate, the state attorney, and the patient's private  
222 counsel or the public defender.

223 (d) The court shall appoint counsel to represent the person  
224 who is the subject of the petition for continued involuntary  
225 services in accordance with the provisions set forth in  
226 subsection (5), unless the person is otherwise represented by  
227 counsel or ineligible.

228 (e) Hearings on petitions for continued involuntary  
229 outpatient services must be before the court that issued the  
230 order for involuntary outpatient services. However, the patient  
231 and the patient's attorney may agree to a period of continued  
232 outpatient services without a court hearing.



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

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

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

(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 must be recorded.

(j) If at a hearing it is shown that the patient continues to meet the criteria for involuntary services, the court or the administrative law judge shall issue an order for continued involuntary outpatient services, involuntary inpatient placement, or a combination of involuntary services for up to 6 months. The same procedure shall be repeated before the

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expiration of each additional period the patient is retained.

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

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

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

Section 7. Present subsections (1) through (25) of section 394.67, Florida Statutes, are redesignated as subsections (2) through (26), respectively, a new subsection (1) is added to that section, and subsection (4) of that section is amended, to read:

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

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

(4) "Crisis services" means short-term evaluation, stabilization, and brief intervention services provided to a 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 8. 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 to 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:

(a) The process for authorization of 988 suicide and crisis

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lifeline call centers.

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

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

(d) Implementation of 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.

Section 9. Present subsections (3) through (9) of section 397.427, Florida Statutes, are redesignated as subsections (2) through (8), respectively, and present subsections (2) and (5) of that section 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 annually conduct the assessment and publish a statement of findings which identifies each substate entity's need.~~

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

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

Section 10. Section 916.111, Florida Statutes, is amended to read:

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

(1) To provide:

(a) A plan for training mental health professionals to perform forensic evaluations and to standardize the criteria and procedures to be used in these evaluations;

(b) Clinical protocols and procedures based upon the criteria of Rules 3.210 and 3.216, Florida Rules of Criminal Procedure; and

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

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378 Training must include, but not be limited to, information on  
379 statutes and rules related to competency restoration, evidence-  
380 based practices, and least restrictive treatment alternatives  
381 and placement options as described in s. 916.12(4)(c); and

382 (2) To compile and maintain the necessary information for  
383 evaluating the success of this program, including the number of  
384 persons trained, the cost of operating the program, and the  
385 effect on the quality of forensic evaluations as measured by  
386 appropriateness of admissions to state forensic facilities and  
387 to community-based care programs.

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

390 916.115 Appointment of experts.—

391 (1) The court shall appoint no more than three experts to  
392 determine the mental condition of a defendant in a criminal  
393 case, including competency to proceed, insanity, involuntary  
394 placement, and treatment. The experts may evaluate the defendant  
395 in jail or in another appropriate local facility or in a  
396 facility of the Department of Corrections.

397 (a) The court-appointed ~~To the extent possible, The~~  
398 ~~appointed~~ experts shall:

399 1. have completed forensic evaluator training approved by  
400 ~~the department, and each shall~~ Be a psychiatrist, licensed  
401 psychologist, or physician.

402 2. Have completed initial and ongoing forensic evaluator  
403 training, provided by the department.

404 3. If performing juvenile evaluations, annually complete  
405 juvenile forensic competency evaluation training approved by the  
406 department.

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

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

414        Section 12. Paragraph (d) of subsection (4) of section  
415 916.12, Florida Statutes, is amended to read:

416        916.12 Mental competence to proceed.—

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

422        (d) The availability of acceptable treatment and, if  
423 treatment is available in the community, the expert shall so  
424 state in the report. In determining what acceptable treatments  
425 are available in the community, the expert shall, at a minimum,  
426 use current information or resources on less restrictive  
427 treatment alternatives, as described in paragraph (c), and those  
428 obtained from training and continuing education approved by the  
429 department.

430  
431 The examining expert's report to the court shall include a full  
432 and detailed explanation regarding why the alternative treatment  
433 options referenced in the evaluation are insufficient to meet  
434 the needs of the defendant.

435        Section 13. Paragraph (a) of subsection (1) of section

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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 14. 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.—



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

(b) A provision that such services be available with priority of attention being given to individuals who exhibit symptoms of chronic or acute substance abuse or mental illness and who are unable to pay the cost of receiving such services;

(c) A provision that every reasonable effort to collect appropriate reimbursement for the cost of providing substance abuse and mental health services to persons able to pay for services, including first-party payments and third-party payments, shall be made by facilities providing services pursuant to this act;

(d) A program description and line-item operating budget by program service component for substance abuse and mental health services, provided the entire proposed operating budget for the service provider will be displayed;

(e) A provision that client demographic, service, and outcome information required for the department's Mental Health and Substance Abuse Data System be submitted to the department by a date specified in the contract. The department may not pay the provider unless the required information has been submitted by the specified date; and

(f) A requirement that the contractor must conform to department rules and the priorities established thereunder.

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494       Section 15. Subsection (3) of section 397.68141, Florida  
495 Statutes, is amended to read:

496       397.68141 Contents of petition for involuntary treatment  
497 services.—A petition for involuntary services must contain the  
498 name of the respondent; the name of the petitioner; the  
499 relationship between the respondent and the petitioner; the name  
500 of the respondent's attorney, if known; and the factual  
501 allegations presented by the petitioner establishing the need  
502 for involuntary services for substance abuse impairment.

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

507       Section 16. This act shall take effect July 1, 2025.