

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

595-03801-25

20251240c3

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.; providing that a designated facility that has received the transfer of a patient outside a specified timeframe or that does not receive timely notification of a transfer may not release such patient or be ordered by a court to release such patient under specified circumstances; 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

595-03801-25

20251240c3

individualized plans for continued services to the 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 the term "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-

595-03801-25

20251240c3

references; providing an effective date.

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

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

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

(d) Crisis services, including the 988 suicide and crisis

595-03801-25

20251240c3

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 a request for discharge, the request for discharge, unless freely and voluntarily rescinded, must be communicated to a physician, a clinical psychologist with at least 3 years of clinical ~~postdoctoral~~ experience ~~in the practice of clinical~~ ~~psychology~~, or a psychiatrist as quickly as possible, but not

595-03801-25

20251240c3

117 later than 12 hours after the request is made. If the patient
118 meets the criteria for involuntary placement, the administrator
119 of the facility must file with the court a petition for
120 involuntary placement, within 2 court working days after the
121 request for discharge is made. If the petition is not filed
122 within 2 court working days, the patient must be discharged.
123 Pending the filing of the petition, the patient may be held and
124 emergency treatment rendered in the least restrictive manner,
125 upon the order of a physician or a psychiatric nurse practicing
126 within the framework of an established protocol with a
127 psychiatrist, if it is determined that such treatment is
128 necessary for the safety of the patient or others.

129 Section 4. Paragraph (i) of subsection (2) of section
130 394.463, Florida Statutes, is amended to read:

131 394.463 Involuntary examination.—

132 (2) INVOLUNTARY EXAMINATION.—

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

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

139 2. The patient must be transferred to a designated facility
140 in which appropriate medical treatment is available. However,
141 the facility must be notified of the transfer within 2 hours
142 after the patient's condition has been stabilized or after
143 determination that an emergency medical condition does not
144 exist. If a physician at the designated facility to which the
145 patient was transferred examines the patient and documents that

595-03801-25

20251240c3

the patient still poses a threat to himself or herself or to others, the designated facility may not release or be ordered by a court to release the patient based solely on a failure to meet either the 12-hour transfer requirement or the 2-hour notice requirement of this section, unless the patient's 72-hour examination period has ended.

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

595-03801-25

20251240c3

175 county court.

176 (11) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES.—

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

180 (b)1. If a patient receiving involuntary outpatient
181 services continues to meet the criteria for involuntary
182 outpatient services, the service provider must file in the court
183 that issued the initial order for involuntary outpatient
184 services a petition for continued involuntary outpatient
185 services.

186 2. If a patient in involuntary inpatient placement
187 continues to meet the criteria for involuntary services and is
188 being treated at a receiving facility, the administrator must,
189 before the expiration of the period the receiving facility is
190 authorized to retain the patient, file in the court that issued
191 the initial order for involuntary inpatient placement, a
192 petition requesting authorization for continued involuntary
193 services. The administrator may petition for inpatient or
194 outpatient services.

195 3. If a patient in involuntary inpatient placement
196 continues to meet the criteria for involuntary services and is
197 being treated at a treatment facility, the administrator must,
198 before expiration of the period the treatment facility is
199 authorized to retain the patient, file a petition requesting
200 authorization for continued involuntary services. The
201 administrator may petition for inpatient or outpatient services.
202 Hearings on petitions for continued involuntary services of an
203 individual placed at any treatment facility are administrative

595-03801-25

20251240c3

hearings and must be conducted in accordance with s. 120.57(1), except that any order entered by the administrative law judge is final and subject to judicial review in accordance with s. 120.68. Orders concerning patients committed after successfully pleading not guilty by reason of insanity are governed by s. 916.15.

4. ~~The court shall immediately schedule~~ A hearing on the petition shall ~~to~~ be scheduled immediately and 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.

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

(d) The court shall appoint counsel to represent the person who is the subject of the petition for continued involuntary

595-03801-25

20251240c3

services in accordance with the provisions set forth in subsection (5), unless the person is otherwise represented by counsel or ineligible.

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

(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

595-03801-25

20251240c3

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 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.

595-03801-25

20251240c3

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 present subsection (4) of that section is amended, to read:

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.

(5)~~(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

595-03801-25

20251240c3

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 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~~

595-03801-25

20251240c3

349 ~~for opiate addiction.~~

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

354 ~~(b) If needs assessment is required, the department shall~~
355 ~~annually conduct the assessment and publish a statement of~~
356 ~~findings which identifies each substate entity's need.~~

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

362 ~~(4)(5) The department shall also determine the need for~~
363 ~~establishing medication-assisted treatment for substance use~~
364 ~~disorders other than opiate dependence. Service providers within~~
365 ~~the publicly funded system shall be funded for provision of~~
366 ~~these services based on the availability of funds.~~

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

369 916.111 Training of mental health experts.—The evaluation
370 of defendants for competency to proceed or for sanity at the
371 time of the commission of the offense shall be conducted in such
372 a way as to ensure uniform application of the criteria
373 enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal
374 Procedure. The department shall develop, and may contract with
375 accredited institutions:

376 (1) To provide:

377 (a) A plan for training mental health professionals to

595-03801-25

20251240c3

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

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

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

916.115 Appointment of experts.—

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

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

595-03801-25

20251240c3

407 ~~1. have completed forensic evaluator training approved by~~
408 ~~the department, and each shall Be a psychiatrist, licensed~~
409 ~~psychologist, or physician.~~

410 2. Have completed initial and ongoing forensic evaluator
411 training, provided by the department.

412 3. If performing juvenile evaluations, annually complete
413 juvenile forensic competency evaluation training approved by the
414 department.

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

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

422 Section 12. Paragraph (d) of subsection (4) of section
423 916.12, Florida Statutes, is amended to read:

424 916.12 Mental competence to proceed.—

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

430 (d) The availability of acceptable treatment and, if
431 treatment is available in the community, the expert shall so
432 state in the report. In determining what acceptable treatments
433 are available in the community, the expert shall, at a minimum,
434 use current information or resources on less restrictive
435 treatment alternatives, as described in paragraph (c), and those

595-03801-25

20251240c3

obtained from training and continuing education approved 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 13. 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.

595-03801-25

20251240c3

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.—

(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;

595-03801-25

20251240c3

(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.

Section 15. 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 16. This act shall take effect July 1, 2025.