

By Senator Rouson

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1 A bill to be entitled
2 An act relating to mental health and substance use
3 disorders; amending s. 394.455, F.S.; defining the
4 term "person-first language"; amending s. 394.457,
5 F.S.; revising the minimum standards for a mobile
6 crisis response service; amending s. 394.459, F.S.;
7 requiring that an individualized treatment plan be
8 reevaluated within a specified timeframe to ensure the
9 recommended care remains necessary for a patient;
10 amending s. 394.468, F.S.; requiring a service
11 provider to provide a patient with certain medication
12 for a specified timeframe upon discharge from certain
13 treatment facilities; providing exceptions; amending
14 s. 394.495, F.S.; requiring the department to
15 reevaluate assessment services at specified intervals
16 to ensure a patient's clinical needs are being met;
17 revising such assessment services' evaluations and
18 screening areas; amending s. 394.659, F.S.; requiring
19 the Criminal Justice, Mental Health, and Substance
20 Abuse Technical Assistance Center at the Louis de la
21 Parte Florida Mental Health Institute at the
22 University of South Florida to disseminate certain
23 evidence-based practices and best practices among
24 grantees; amending s. 394.875, F.S.; requiring the
25 Department of Children and Families, in consultation
26 with the Agency for Health Care Administration, to
27 conduct a review every other year to identify certain
28 counties that require additional resources for short-
29 term residential treatment facilities; requiring the

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30 department to prioritize specified facilities in
31 issuing licenses; requiring the department to adopt
32 rules in consultation with the agency; amending s.
33 394.9086, F.S.; revising the duties of the Commission
34 on Mental Health and Substance Use Disorder; amending
35 s. 1004.44, F.S.; revising the assistance and services
36 the Louis de la Parte Florida Mental Health Institute
37 is required to provide; revising the requirements of
38 the Florida Center for Behavioral Health Workforce to
39 promote behavioral health professions; creating the
40 Center for Substance Abuse and Mental Health Research
41 within the institute; specifying the purpose of the
42 center; specifying the goals of the center; specifying
43 the responsibilities of the center; requiring the
44 center to submit a report by a specified date each
45 year to the Governor and the Legislature; specifying
46 the contents of the report; amending s. 1006.041,
47 F.S.; revising the plan components for mental health
48 assistance programs; requiring the Department of
49 Children and Families, in consultation with the
50 Department of Education, to conduct a review every
51 other year to identify effective models of school-
52 based behavioral health access; requiring the
53 Department of Children and Families to submit its
54 findings to the Governor and the Legislature by a
55 specified date every other year; amending s. 394.9085,
56 F.S.; conforming a cross-reference; reenacting s.
57 394.463(2)(g), F.S., relating to involuntary
58 examination, to incorporate the amendment made to s.

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59 394.468, F.S., in a reference thereto; reenacting s.
60 394.4955(2)(c) and (6), F.S., relating to coordinated
61 system of care and child and adolescent mental health
62 treatment and support, to incorporate the amendment
63 made to s. 394.495, F.S., in references thereto;
64 reenacting s. 1001.212(7), F.S., relating to the
65 Office of Safe Schools, to incorporate the amendment
66 made to s. 1004.44, F.S., in a reference thereto;
67 providing an effective date.

68

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

70

71 Section 1. Present subsections (33) through (50) of section
72 394.455, Florida Statutes, are redesignated as subsections (34)
73 through (51), respectively, and a new subsection (33) is added
74 to that section, to read:

75 394.455 Definitions.—As used in this part, the term:

76 (33) "Person-first language" means language used in a
77 professional medical setting which emphasizes the patient as a
78 person rather than his or her disability or illness.

79 Section 2. Paragraph (c) of subsection (5) of section
80 394.457, Florida Statutes, is amended to read:

81 394.457 Operation and administration.—

82 (5) RULES.—

83 (c) The department shall adopt rules establishing minimum
84 standards for services provided by a mental health overlay
85 program or a mobile crisis response service. Minimum standards
86 for a mobile crisis response service must:

87 1. Include the requirements of the child, adolescent, and

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88 young adult mobile response teams established under s.
89 394.495(7) and ensure coverage of all counties by these
90 specified teams; ~~and~~

91 2. Ensure access to mobile response services for persons 65
92 years of age or older; and

93 3. Create a structure for general mobile response teams
94 which focuses on crisis diversion and the reduction of
95 involuntary commitment under this chapter. The structure must
96 require, but need not be limited to, the following:

97 a. Triage and rapid crisis intervention within 60 minutes;

98 b. Provision of and referral to evidence-based services
99 that are responsive to the needs of the individual and the
100 individual's family;

101 c. Screening, assessment, early identification, and care
102 coordination; ~~and~~

103 d. Sharing of best practices with medical professionals,
104 including the use of person-first language and trauma-responsive
105 care, to improve patient experiences and outcomes and encourage
106 cooperative engagement from patients seeking treatment; and

107 e. Confirmation that the individual who received the mobile
108 crisis response was connected to a service provider and
109 prescribed medications, if needed.

110 Section 3. Paragraph (e) of subsection (2) of section
111 394.459, Florida Statutes, is amended to read:

112 394.459 Rights of patients.—

113 (2) RIGHT TO TREATMENT.—

114 (e) Not more than 5 days after admission to a facility,
115 each patient must ~~shall~~ have and receive an individualized
116 treatment plan in writing which the patient has had an

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117 opportunity to assist in preparing and to review before ~~prior to~~
118 its implementation. The plan must ~~shall~~ include a space for the
119 patient's comments. An individualized treatment plan must be
120 reevaluated no less than every 6 months to ensure the treatment
121 plan's recommended care remains necessary for the patient.

122 Section 4. Subsection (2) of section 394.468, Florida
123 Statutes, is amended to read:

124 394.468 Admission and discharge procedures.—

125 (2) Discharge planning and procedures for any patient's
126 release from a receiving facility or treatment facility must
127 include and document the patient's needs, and actions to address
128 such needs, for, at a minimum:

129 (a) Follow-up behavioral health appointments;

130 (b) Information on how to obtain prescribed medications;

131 ~~and~~

132 (c) Information pertaining to:

133 1. Available living arrangements; and

134 2. Transportation; ~~and~~

135 (d) Referral to:

136 1. Care coordination services. The patient must be referred
137 for care coordination services if the patient meets the criteria
138 as a member of a priority population as determined by the
139 department under s. 394.9082(3)(c) and is in need of such
140 services.

141 2. Recovery support opportunities under s. 394.4573(2)(1),
142 including, but not limited to, connection to a peer specialist;
143 and.

144 (e) Upon discharge, provision of a sufficient supply
145 necessary prescribed medication to cover the patient's scheduled

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146 dosage until his or her scheduled follow-up appointment or for
147 at least 30 days, unless contraindicated in the patient's
148 treatment plan or the provider has clinical safety concerns for
149 giving the patient a supply of medication based on a safety risk
150 assessment. Such medication may include, but is not limited to,
151 long-acting injectables.

152 Section 5. Subsection (2) of section 394.495, Florida
153 Statutes, is amended to read:

154 394.495 Child and adolescent mental health system of care;
155 programs and services.—

156 (2) The array of services must include assessment services
157 that provide a professional interpretation of the nature of the
158 problems of the child or adolescent and his or her family;
159 family issues that may impact the problems; additional factors
160 that contribute to the problems; and the assets, strengths, and
161 resources of the child or adolescent and his or her family. The
162 assessment services to be provided must ~~shall~~ be determined by
163 the clinical needs of each child or adolescent. The department
164 shall reevaluate the services no less than every 6 months to
165 ensure the child's clinical needs are being met. Assessment
166 services include, but are not limited to, evaluation and
167 screening in the following areas:

168 (a) Physical and mental health for purposes of identifying
169 medical and psychiatric problems.

170 (b) Psychological functioning, as determined through a
171 battery of psychological tests.

172 (c) Intelligence and academic achievement.

173 (d) Social and behavioral functioning.

174 (e) Family functioning.

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175 (f) Functional daily living through the implementation of
176 the Daily Living Activities-20 functional assessment tool as
177 described in s. 1006.041(2) (b).

178
179 The assessment for academic achievement is the financial
180 responsibility of the school district. The department shall
181 cooperate with other state agencies and the school district to
182 avoid duplicating assessment services.

183 Section 6. Paragraph (d) of subsection (1) of section
184 394.659, Florida Statutes, is amended to read:

185 394.659 Criminal Justice, Mental Health, and Substance
186 Abuse Technical Assistance Center.—

187 (1) There is created a Criminal Justice, Mental Health, and
188 Substance Abuse Technical Assistance Center at the Louis de la
189 Parte Florida Mental Health Institute at the University of South
190 Florida, which shall:

191 (d) Disseminate and share evidence-based practices and best
192 practices among grantees, including, but not limited to, the use
193 of person-first language and trauma-responsive care, to improve
194 patient experiences and outcomes and encourage cooperative
195 engagement for patients seeking treatment.

196 Section 7. Subsection (11) is added to section 394.875,
197 Florida Statutes, and paragraph (c) of subsection (1) and
198 paragraph (a) of subsection (8) of that section are republished,
199 to read:

200 394.875 Crisis stabilization units, residential treatment
201 facilities, and residential treatment centers for children and
202 adolescents; authorized services; license required.—

203 (1)

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204 (c) The purpose of a residential treatment center for
205 children and adolescents is to provide mental health assessment
206 and treatment services pursuant to ss. 394.491, 394.495, and
207 394.496 to children and adolescents who meet the target
208 population criteria specified in s. 394.493(1)(a), (b), or (c).

209 (8)(a) The department, in consultation with the agency,
210 must adopt rules governing a residential treatment center for
211 children and adolescents which specify licensure standards for:
212 admission; length of stay; program and staffing; discharge and
213 discharge planning; treatment planning; seclusion, restraints,
214 and time-out; rights of patients under s. 394.459; use of
215 psychotropic medications; and standards for the operation of
216 such centers.

217 (11) The department, in consultation with the agency, shall
218 conduct a review every other year to identify counties that
219 require additional resources for short-term residential
220 treatment facilities. The department, in consultation with the
221 agency, shall give priority in issuing licenses to short-term
222 residential treatment facilities located in counties identified
223 by the review. The department, in consultation with the agency,
224 shall adopt rules prescribing procedures for prioritizing short-
225 term residential treatment facilities in such counties.

226 Section 8. Paragraph (a) of subsection (4) of section
227 394.9086, Florida Statutes, is amended to read:

228 394.9086 Commission on Mental Health and Substance Use
229 Disorder.—

230 (4) DUTIES.—

231 (a) The duties of the Commission on Mental Health and
232 Substance Use Disorder include the following:

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233 1. Conducting a review and evaluation of the management and
234 functioning of the existing publicly supported mental health and
235 substance use disorder systems and services in the department,
236 the Agency for Health Care Administration, and all other
237 departments which administer mental health and substance use
238 disorder services. Such review must ~~shall~~ include, at a minimum,
239 a review of current goals and objectives, current planning,
240 services strategies, coordination management, purchasing,
241 contracting, financing, local government funding responsibility,
242 and accountability mechanisms.

243 2. Considering the unique needs of persons who are dually
244 diagnosed.

245 3. Addressing access to, financing of, and scope of
246 responsibility in the delivery of emergency behavioral health
247 care services.

248 4. Addressing the quality and effectiveness of current
249 mental health and substance use disorder services delivery
250 systems, and professional staffing and clinical structure of
251 services, roles, and responsibilities of public and private
252 providers, such as community mental health centers; community
253 substance use disorder agencies; hospitals, including emergency
254 services departments; law enforcement agencies; and the judicial
255 system.

256 5. Addressing priority population groups for publicly
257 funded mental health and substance use disorder services;;
258 identifying the comprehensive mental health and substance use
259 disorder services delivery systems;; mental health and substance
260 use disorder needs assessment and planning activities,
261 including, but not limited to, the use of the Daily Living

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262 Activities-20 functional assessment tool as described in s.
263 1006.041(2)(b); and local government funding responsibilities
264 for mental health and substance use disorder services.

265 6. Reviewing the implementation of chapter 2020-107, Laws
266 of Florida.

267 7. Identifying any gaps in the provision of mental health
268 and substance use disorder services.

269 8. Providing recommendations on how behavioral health
270 managing entities may fulfill their purpose of promoting service
271 continuity and work with community stakeholders throughout this
272 state in furtherance of supporting the 988 Suicide and Crisis
273 Lifeline system and other crisis response services.

274 9. Conducting an overview of the current infrastructure of
275 the 988 Suicide and Crisis Lifeline system.

276 10. Analyzing the current capacity of crisis response
277 services available throughout this state, including services
278 provided by mobile response teams and centralized receiving
279 facilities. The analysis must include information on the
280 geographic area and the total population served by each mobile
281 response team along with the average response time to each call
282 made to a mobile response team; the number of calls that a
283 mobile response team was unable to respond to due to staff
284 limitations, travel distance, or other factors; and the veteran
285 status and age groups of individuals served by mobile response
286 teams.

287 11. Evaluating and making recommendations to improve
288 linkages between the 988 Suicide and Crisis Lifeline
289 infrastructure and crisis response services within this state.

290 12. Identifying available mental health block grant funds

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291 that can be used to support the 988 Suicide and Crisis Lifeline
292 and crisis response infrastructure within this state, including
293 any available funding through opioid settlements or through the
294 American Rescue Plan Act of 2021, Pub. L. No. 117-2; the
295 Coronavirus Aid, Relief, and Economic Security (CARES) Act, Pub.
296 L. No. 116-136; or other federal legislation.

297 13. In consultation with the Agency for Health Care
298 Administration, identifying sources of funding available through
299 the Medicaid program specifically for crisis response services,
300 including funding that may be available by seeking approval of a
301 Section 1115 waiver submitted to the Centers for Medicare and
302 Medicaid Services.

303 14. Making recommendations regarding the mission and
304 objectives of state-supported mental health and substance use
305 disorder services and the planning, management, staffing,
306 financing, contracting, coordination, and accountability
307 mechanisms which will best foster the recommended mission and
308 objectives.

309 15. Evaluating and making recommendations regarding the
310 establishment of a permanent, agency-level entity to manage
311 mental health, substance use disorder, and related services
312 statewide. At a minimum, the evaluation must consider and
313 describe the:

314 a. Specific duties and organizational structure proposed
315 for the entity;

316 b. Resource needs of the entity and possible sources of
317 funding;

318 c. Estimated impact on access to and quality of services;

319 d. Impact on individuals with behavioral health needs and

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320 their families, both those currently served through the affected
321 systems providing behavioral health services and those in need
322 of services; and

323 e. Relation to, integration with, and impact on providers,
324 managing entities, communities, state agencies, and systems
325 which provide mental health and substance use disorder services
326 in this state. Such recommendations must ensure that the ability
327 of such other agencies and systems to carry out their missions
328 and responsibilities is not impaired.

329 16. Evaluating and making recommendations regarding skills-
330 based training that teaches participants about mental health and
331 substance use disorder issues, including, but not limited to,
332 Mental Health First Aid models.

333 Section 9. Paragraph (a) of subsection (6) of section
334 1004.44, Florida Statutes, is amended, and paragraph (h) of
335 subsection (1) and subsection (8) are added to that section, to
336 read:

337 1004.44 Louis de la Parte Florida Mental Health Institute.—
338 There is established the Louis de la Parte Florida Mental Health
339 Institute within the University of South Florida.

340 (1) The purpose of the institute is to strengthen mental
341 health services throughout the state by providing technical
342 assistance and support services to mental health agencies and
343 mental health professionals. Such assistance and services shall
344 include:

345 (h) Analysis of publicly funded substance abuse and mental
346 health services to identify gaps in patients' insurance
347 coverage, monitor quality of care and cost management, enhance
348 provider networks by identifying areas where additional

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349 providers are needed, and ensure compliance.

350 (6) (a) There is established within the institute the
351 Florida Center for Behavioral Health Workforce. The purpose of
352 the center is to support an adequate, highly skilled, resilient,
353 and innovative workforce that meets the current and future human
354 resources needs of the state's behavioral health system in order
355 to provide high-quality care, services, and supports to
356 Floridians with, or at risk of developing, behavioral health
357 conditions through original research, policy analysis,
358 evaluation, and development and dissemination of best practices.
359 The goals of the center are, at a minimum, to research the
360 state's current behavioral health workforce and future needs;
361 expand the number of clinicians, professionals, and other
362 workers involved in the behavioral health workforce; and enhance
363 the skill level and innovativeness of the workforce. The center
364 shall, at a minimum, do all of the following:

365 1. Describe and analyze the current workforce and project
366 possible future workforce demand, especially in critical roles,
367 and develop strategies for addressing any gaps. The center's
368 efforts may include, but need not be limited to, producing a
369 statistically valid biennial analysis of the supply and demand
370 of the behavioral health workforce.

371 2. Expand pathways to behavioral health professions through
372 enhanced educational opportunities and improved faculty
373 development and retention. The center's efforts may include, but
374 need not be limited to:

375 a. Identifying best practices in the academic preparation
376 and continuing education of behavioral health professionals.

377 b. Facilitating and coordinating the development of

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378 academic-practice partnerships that support behavioral health
379 faculty employment and advancement.

380 c. Developing and implementing innovative projects to
381 support the recruitment, development, and retention of
382 behavioral health educators, faculty, and clinical preceptors.

383 d. Developing distance learning infrastructure for
384 behavioral health education and the evidence-based use of
385 technology, simulation, and distance learning techniques.

386 3. Promote behavioral health professions. The center's
387 efforts may include, but need not be limited to:

388 a. Conducting original research on the factors affecting
389 recruitment, retention, and advancement of the behavioral health
390 workforce, such as designing and implementing a longitudinal
391 study of the state's behavioral health workforce.

392 b. Developing and implementing innovative projects to
393 support the recruitment, development, and retention of
394 behavioral health workers.

395 4. Analyze compensation and benefit data biennially to
396 identify factors that have led to the shortage of behavioral
397 health workers in this state and make recommendations for
398 funding programs to support the growth and retention of the
399 behavioral health workforce, such as stipends or other financial
400 support for clinical supervisors, workers, interns, and students
401 currently working in the field of behavioral health.

402 5. Request from the Board of Clinical Social Work, Marriage
403 and Family Therapy, and Mental Health Counseling, and the board
404 must provide to the center upon its request, any information
405 held by the board regarding the clinical social work, marriage
406 and family therapy, and mental health counselors licensed in

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407 this state or information reported to the board by employers of
408 such counselors, other than personal identifying information.

409 6. Develop and routinely analyze a behavioral health
410 workforce survey to increase insight into service provision and
411 access, inform priorities that support retention, strategically
412 address critical gaps, and inform workforce-related policy
413 decisions. In conjunction with the Department of Health, the
414 center shall conduct the survey at the time of initial licensure
415 and license renewal for psychologists licensed under chapter 490
416 and social workers, marriage and family therapists, and mental
417 health counselors licensed under chapter 491. The survey must
418 solicit information including, but not limited to:

419 a. The frequency and geographic location of practice.

420 b. Participation in interjurisdictional practice and
421 percentage of Florida and non-Florida residents served.

422 c. Practice setting and populations served, including
423 availability for critically needed services.

424 d. Percentage of time spent in direct patient care.

425 e. Compensation and benefits.

426 f. Anticipated change to license or practice status.

427 (8)(a) There is created within the institute the Center for
428 Substance Abuse and Mental Health Research. The purpose of the
429 center is to conduct rigorous and relevant research intended to
430 develop knowledge and practice in prevention and intervention
431 for substance abuse and mental health issues, to serve the
432 people and economy in this state in reducing the gap between
433 population needs and the availability of effective treatments
434 and other interventions to improve the capacity of the state to
435 have healthy, resilient communities prevailing over substance

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436 abuse, addiction, and mental health challenges.

437 (b) The goals of the center are, at a minimum, to advance
438 the scientific understanding of the relationship between
439 substance abuse and mental health issues, improving treatment
440 outcomes, and reducing the societal impact and burden of
441 substance abuse and mental health conditions. The center shall,
442 at a minimum, do all of the following:

443 1. Analyze publicly funded substance abuse and mental
444 health services to identify gaps in insurance coverage, monitor
445 quality of care and cost management, and enhance provider
446 networks by identifying gaps in service provision by type and
447 geographic location.

448 2. Research and study the complex relationship between
449 substance abuse and mental health disorders, including analyzing
450 how substances may contribute to the onset of mental health
451 conditions, how those conditions can lead to substance abuse,
452 and how both can interact to create and worsen negative
453 outcomes, such as violence, infectious disease, suicide, and
454 overdose. The center must also study the range, distribution,
455 and concentration of such negative outcomes.

456 3. Develop and test strategies to prevent the development
457 of both substance use and mental health disorders, including
458 early risk factor identification and interventions designed for
459 at-risk populations, specifically in rural settings, where
460 resources may be limited and integrated care is essential.

461 4. Conduct research on alternative, low-cost strategies for
462 prevention and early intervention.

463 5. Conduct outcomes and implementation research on
464 optimizing application of technology for efficient and effective

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465 dissemination of evidence-based treatment across this state,
466 with specific attention to rural and other low-resource areas,
467 using telehealth, mobile device remote monitoring, delivery of
468 patient-specific prompts via technology platforms for self-
469 management, and other aspects of care.

470 6. Investigate and improve treatment options for
471 individuals suffering from co-occurring substance use and mental
472 health disorders, including developing integrated treatment
473 programs that address both issues simultaneously.

474 7. Generate evidence-based data to inform public policy and
475 promote substance use disorder services and mental health
476 disorder services.

477 8. Develop community-based sharing agreements, local
478 infrastructure, and methodologies to encourage data-informed
479 decisionmaking to encourage economic efficiency and targeted
480 service delivery.

481 9. Develop and provide training for health care
482 professionals, social workers, counselors, and researchers on
483 the latest findings related to substance abuse and mental
484 health, fostering a workforce capable of providing effective
485 care.

486 10. Articulate methods to align and adapt training
487 approaches for delivering evidence-based practices to locally
488 identified needs, including implementing evidence-based training
489 and tools at community health centers to improve identification
490 of mental health and substance use disorders and create plans
491 for referral and continuity of care.

492 11. Collaborate with community organizations to offer
493 resources and education about substance use and mental health to

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494 reduce stigma and raise awareness.

495 (c) By July 1 of each year, the center shall submit a
496 report to the Governor, the President of the Senate, and the
497 Speaker of the House of Representatives providing details of its
498 activities during the preceding calendar year in pursuit of its
499 goals and in the execution of its duties under paragraph (b).

500 Section 10. Paragraph (b) of subsection (2) of section
501 1006.041, Florida Statutes, is amended, and subsection (5) is
502 added to that section, to read:

503 1006.041 Mental health assistance program.—Each school
504 district must implement a school-based mental health assistance
505 program that includes training classroom teachers and other
506 school staff in detecting and responding to mental health issues
507 and connecting children, youth, and families who may experience
508 behavioral health issues with appropriate services.

509 (2) A plan required under subsection (1) must be focused on
510 a multitiered system of supports to deliver evidence-based
511 mental health care assessment, diagnosis, intervention,
512 treatment, and recovery services to students with one or more
513 mental health or co-occurring substance abuse diagnoses and to
514 students at high risk of such diagnoses. The provision of these
515 services must be coordinated with a student's primary mental
516 health care provider and with other mental health providers
517 involved in the student's care. At a minimum, the plan must
518 include all of the following components:

519 (b) Contracts or interagency agreements with one or more
520 local community behavioral health providers or providers of
521 Community Action Team services to provide a behavioral health
522 staff presence and services at district schools. Services may

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523 include, but are not limited to, mental health screenings and
524 assessments, individual counseling, family counseling, group
525 counseling, psychiatric or psychological services, trauma-
526 informed care, mobile crisis services, and behavior
527 modification. These behavioral health services may be provided
528 on or off the school campus and may be supplemented by
529 telehealth as defined in s. 456.47(1). In addition to the
530 services in this paragraph, the department shall implement the
531 Daily Living Activities-20 (DLA-20) functional assessment tool
532 to further assist providers in creating recommended treatment
533 plans. The department shall review the DLA-20 functional
534 assessment tool every other year to implement the most updated
535 version. The department is authorized to replace the DLA-20
536 functional assessment tool if it determines that a better
537 alternative is available.

538 (5) The Department of Children and Families, in
539 consultation with the Department of Education, shall conduct a
540 review every other year to identify effective models of school-
541 based behavioral health access, with an emphasis on underserved
542 and rural communities. Such models must include, but are not
543 limited to, telehealth services. The Department of Children and
544 Families shall submit its findings to the Governor, the
545 President of the Senate, and the Speaker of the House of
546 Representatives by January 1 every other year, beginning in
547 2026.

548 Section 11. Subsection (6) of section 394.9085, Florida
549 Statutes, is amended to read:

550 394.9085 Behavioral provider liability.—

551 (6) For purposes of this section, the terms

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552 "detoxification," "addictions receiving facility," and
553 "receiving facility" have the same meanings as those provided in
554 ss. 397.311(27)(a)4., 397.311(27)(a)1., and 394.455 ~~394.455(40)~~,
555 respectively.

556 Section 12. For the purpose of incorporating the amendment
557 made by this act to section 394.468, Florida Statutes, in a
558 reference thereto, paragraph (g) of subsection (2) of section
559 394.463, Florida Statutes, is reenacted to read:

560 394.463 Involuntary examination.—

561 (2) INVOLUNTARY EXAMINATION.—

562 (g) The examination period must be for up to 72 hours and
563 begins when a patient arrives at the receiving facility. For a
564 minor, the examination shall be initiated within 12 hours after
565 the patient's arrival at the facility. Within the examination
566 period, one of the following actions must be taken, based on the
567 individual needs of the patient:

568 1. The patient shall be released, unless he or she is
569 charged with a crime, in which case the patient shall be
570 returned to the custody of a law enforcement officer;

571 2. The patient shall be released, subject to subparagraph
572 1., for voluntary outpatient treatment;

573 3. The patient, unless he or she is charged with a crime,
574 shall be asked to give express and informed consent to placement
575 as a voluntary patient and, if such consent is given, the
576 patient shall be admitted as a voluntary patient; or

577 4. A petition for involuntary services shall be filed in
578 the circuit court or with the county court, as applicable. When
579 inpatient treatment is deemed necessary, the least restrictive
580 treatment consistent with the optimum improvement of the

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581 patient's condition shall be made available. The petition shall
582 be filed by one of the petitioners specified in s. 394.467, and
583 the court shall dismiss an untimely filed petition. If a
584 patient's 72-hour examination period ends on a weekend or
585 holiday, including the hours before the ordinary business hours
586 on the morning of the next working day, and the receiving
587 facility:

588 a. Intends to file a petition for involuntary services,
589 such patient may be held at the facility through the next
590 working day thereafter and the petition must be filed no later
591 than such date. If the facility fails to file the petition by
592 the ordinary close of business on the next working day, the
593 patient shall be released from the receiving facility following
594 approval pursuant to paragraph (f).

595 b. Does not intend to file a petition for involuntary
596 services, the receiving facility may postpone release of a
597 patient until the next working day thereafter only if a
598 qualified professional documents that adequate discharge
599 planning and procedures in accordance with s. 394.468, and
600 approval pursuant to paragraph (f), are not possible until the
601 next working day.

602 Section 13. For the purpose of incorporating the amendment
603 made by this act to section 394.495, Florida Statutes, in
604 references thereto, paragraph (c) of subsection (2) and
605 subsection (6) of section 394.4955, Florida Statutes, are
606 reenacted to read:

607 394.4955 Coordinated system of care; child and adolescent
608 mental health treatment and support.—

609 (2)

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610 (c) To the extent permitted by available resources, the
611 coordinated system of care shall include the array of services
612 listed in s. 394.495.

613 (6) The managing entity shall identify gaps in the arrays
614 of services for children and adolescents listed in s. 394.495
615 available under each plan and include relevant information in
616 its annual needs assessment required by s. 394.9082.

617 Section 14. For the purpose of incorporating the amendment
618 made by this act to section 1004.44, Florida Statutes, in a
619 reference thereto, subsection (7) of section 1001.212, Florida
620 Statutes, is reenacted to read:

621 1001.212 Office of Safe Schools.—There is created in the
622 Department of Education the Office of Safe Schools. The office
623 is fully accountable to the Commissioner of Education. The
624 office shall serve as a central repository for best practices,
625 training standards, and compliance oversight in all matters
626 regarding school safety and security, including prevention
627 efforts, intervention efforts, and emergency preparedness
628 planning. The office shall:

629 (7) Provide data to support the evaluation of mental health
630 services pursuant to s. 1004.44. Such data must include, for
631 each school, the number of involuntary examinations as defined
632 in s. 394.455 which are initiated at the school, on school
633 transportation, or at a school-sponsored activity and the number
634 of children for whom an examination is initiated.

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