

By the Committee on Children, Families, and Elder Affairs; and
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 the Department of
11 Children and Families to review and evaluate the
12 discharge procedures and policies for all receiving
13 facilities; specifying the criteria of such
14 evaluations; requiring the department, in
15 collaboration with the Agency for Health Care
16 Administration, to report its findings to the Governor
17 and the Legislature by a specified date; specifying
18 what must be included in such report; amending s.
19 394.495, F.S.; requiring the department to reevaluate
20 assessment services at specified intervals to ensure a
21 patient's clinical needs are being met; revising such
22 assessment services' evaluations and screening areas;
23 amending s. 394.659, F.S.; requiring the Criminal
24 Justice, Mental Health, and Substance Abuse Technical
25 Assistance Center at the Louis de la Parte Florida
26 Mental Health Institute at the University of South
27 Florida to disseminate certain evidence-based
28 practices and best practices among grantees; amending
29 s. 394.875, F.S.; requiring the Department of Children

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

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

69

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

71

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

76 394.455 Definitions.—As used in this part, the term:

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

80 Section 2. Paragraph (c) of subsection (5) of section
81 394.457, Florida Statutes, is amended to read:

82 394.457 Operation and administration.—

83 (5) RULES.—

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

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88 1. Include the requirements of the child, adolescent, and
89 young adult mobile response teams established under s.
90 394.495(7) and ensure coverage of all counties by these
91 specified teams; ~~and~~

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

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

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

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

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

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

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

111 Section 3. Paragraph (e) of subsection (2) of section
112 394.459, Florida Statutes, is amended to read:

113 394.459 Rights of patients.—

114 (2) RIGHT TO TREATMENT.—

115 (e) Not more than 5 days after admission to a facility,
116 each patient must ~~shall~~ have and receive an individualized

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

123 Section 4. Subsection (4) is added to section 394.468,
124 Florida Statutes, to read:

125 394.468 Admission and discharge procedures.—

126 (4) The department shall review the discharge procedure for
127 all receiving facilities and evaluate current policy,
128 strategies, and actions taken to meet the need for access to
129 prescribed behavioral health medications at discharge. The
130 evaluation shall include data related to medication adherence
131 and readmission rates of discharged patients. The department
132 shall, in collaboration with the Agency for Health Care
133 Administration, report its findings from the evaluation and
134 provide actionable policy recommendations and cost estimates to
135 increase medication adherence of patients after discharge,
136 increase access to prescribed behavioral health medications for
137 uninsured and underinsured patients at discharge, and increase
138 the use of long-acting injectables as a discharge medication.
139 The report must be submitted to the Governor, the President of
140 the Senate, and the Speaker of the House of Representatives by
141 December 31, 2025.

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

144 394.495 Child and adolescent mental health system of care;
145 programs and services.—

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146 (2) The array of services must include assessment services
147 that provide a professional interpretation of the nature of the
148 problems of the child or adolescent and his or her family;
149 family issues that may impact the problems; additional factors
150 that contribute to the problems; and the assets, strengths, and
151 resources of the child or adolescent and his or her family. The
152 assessment services to be provided must ~~shall~~ be determined by
153 the clinical needs of each child or adolescent. The department
154 shall reevaluate the services no less than every 6 months to
155 ensure the child's clinical needs are being met. Assessment
156 services include, but are not limited to, evaluation and
157 screening in the following areas:

158 (a) Physical and mental health for purposes of identifying
159 medical and psychiatric problems.

160 (b) Psychological functioning, as determined through a
161 battery of psychological tests.

162 (c) Intelligence and academic achievement.

163 (d) Social and behavioral functioning.

164 (e) Family functioning.

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

168
169 The assessment for academic achievement is the financial
170 responsibility of the school district. The department shall
171 cooperate with other state agencies and the school district to
172 avoid duplicating assessment services.

173 Section 6. Paragraph (d) of subsection (1) of section
174 394.659, Florida Statutes, is amended to read:

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175 394.659 Criminal Justice, Mental Health, and Substance
176 Abuse Technical Assistance Center.—

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

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

186 Section 7. Subsection (11) is added to section 394.875,
187 Florida Statutes, and paragraph (c) of subsection (1) and
188 paragraph (a) of subsection (8) of that section are republished,
189 to read:

190 394.875 Crisis stabilization units, residential treatment
191 facilities, and residential treatment centers for children and
192 adolescents; authorized services; license required.—

193 (1)

194 (c) The purpose of a residential treatment center for
195 children and adolescents is to provide mental health assessment
196 and treatment services pursuant to ss. 394.491, 394.495, and
197 394.496 to children and adolescents who meet the target
198 population criteria specified in s. 394.493(1)(a), (b), or (c).

199 (8)(a) The department, in consultation with the agency,
200 must adopt rules governing a residential treatment center for
201 children and adolescents which specify licensure standards for:
202 admission; length of stay; program and staffing; discharge and
203 discharge planning; treatment planning; seclusion, restraints,

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204 and time-out; rights of patients under s. 394.459; use of
205 psychotropic medications; and standards for the operation of
206 such centers.

207 (11) The department, in consultation with the agency, shall
208 conduct a review every other year to identify counties that
209 require additional resources for short-term residential
210 treatment facilities. The agency shall give priority in issuing
211 licenses to short-term residential treatment facilities located
212 in counties identified by the review.

213 Section 8. Paragraph (a) of subsection (4) of section
214 394.9086, Florida Statutes, is amended to read:

215 394.9086 Commission on Mental Health and Substance Use
216 Disorder.—

217 (4) DUTIES.—

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

220 1. Conducting a review and evaluation of the management and
221 functioning of the existing publicly supported mental health and
222 substance use disorder systems and services in the department,
223 the Agency for Health Care Administration, and all other
224 departments which administer mental health and substance use
225 disorder services. Such review must ~~shall~~ include, at a minimum,
226 a review of current goals and objectives, current planning,
227 services strategies, coordination management, purchasing,
228 contracting, financing, local government funding responsibility,
229 and accountability mechanisms.

230 2. Considering the unique needs of persons who are dually
231 diagnosed.

232 3. Addressing access to, financing of, and scope of

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233 responsibility in the delivery of emergency behavioral health
234 care services.

235 4. Addressing the quality and effectiveness of current
236 mental health and substance use disorder services delivery
237 systems, and professional staffing and clinical structure of
238 services, roles, and responsibilities of public and private
239 providers, such as community mental health centers; community
240 substance use disorder agencies; hospitals, including emergency
241 services departments; law enforcement agencies; and the judicial
242 system.

243 5. Addressing priority population groups for publicly
244 funded mental health and substance use disorder services;~~7~~
245 identifying the comprehensive mental health and substance use
246 disorder services delivery systems;~~7~~ mental health and substance
247 use disorder needs assessment and planning activities,
248 including, but not limited to, the use of the Daily Living
249 Activities-20 functional assessment tool as described in s.
250 1006.041(2)(b); and local government funding responsibilities
251 for mental health and substance use disorder services.

252 6. Reviewing the implementation of chapter 2020-107, Laws
253 of Florida.

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

256 8. Providing recommendations on how behavioral health
257 managing entities may fulfill their purpose of promoting service
258 continuity and work with community stakeholders throughout this
259 state in furtherance of supporting the 988 Suicide and Crisis
260 Lifeline system and other crisis response services.

261 9. Conducting an overview of the current infrastructure of

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262 the 988 Suicide and Crisis Lifeline system.

263 10. Analyzing the current capacity of crisis response
264 services available throughout this state, including services
265 provided by mobile response teams and centralized receiving
266 facilities. The analysis must include information on the
267 geographic area and the total population served by each mobile
268 response team along with the average response time to each call
269 made to a mobile response team; the number of calls that a
270 mobile response team was unable to respond to due to staff
271 limitations, travel distance, or other factors; and the veteran
272 status and age groups of individuals served by mobile response
273 teams.

274 11. Evaluating and making recommendations to improve
275 linkages between the 988 Suicide and Crisis Lifeline
276 infrastructure and crisis response services within this state.

277 12. Identifying available mental health block grant funds
278 that can be used to support the 988 Suicide and Crisis Lifeline
279 and crisis response infrastructure within this state, including
280 any available funding through opioid settlements or through the
281 American Rescue Plan Act of 2021, Pub. L. No. 117-2; the
282 Coronavirus Aid, Relief, and Economic Security (CARES) Act, Pub.
283 L. No. 116-136; or other federal legislation.

284 13. In consultation with the Agency for Health Care
285 Administration, identifying sources of funding available through
286 the Medicaid program specifically for crisis response services,
287 including funding that may be available by seeking approval of a
288 Section 1115 waiver submitted to the Centers for Medicare and
289 Medicaid Services.

290 14. Making recommendations regarding the mission and

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291 objectives of state-supported mental health and substance use
292 disorder services and the planning, management, staffing,
293 financing, contracting, coordination, and accountability
294 mechanisms which will best foster the recommended mission and
295 objectives.

296 15. Evaluating and making recommendations regarding the
297 establishment of a permanent, agency-level entity to manage
298 mental health, substance use disorder, and related services
299 statewide. At a minimum, the evaluation must consider and
300 describe the:

301 a. Specific duties and organizational structure proposed
302 for the entity;

303 b. Resource needs of the entity and possible sources of
304 funding;

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

306 d. Impact on individuals with behavioral health needs and
307 their families, both those currently served through the affected
308 systems providing behavioral health services and those in need
309 of services; and

310 e. Relation to, integration with, and impact on providers,
311 managing entities, communities, state agencies, and systems
312 which provide mental health and substance use disorder services
313 in this state. Such recommendations must ensure that the ability
314 of such other agencies and systems to carry out their missions
315 and responsibilities is not impaired.

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

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320 Section 9. Paragraph (a) of subsection (6) of section
321 1004.44, Florida Statutes, is amended, and subsection (8) is
322 added to that section, to read:

323 1004.44 Louis de la Parte Florida Mental Health Institute.—
324 There is established the Louis de la Parte Florida Mental Health
325 Institute within the University of South Florida.

326 (6) (a) There is established within the institute the
327 Florida Center for Behavioral Health Workforce. The purpose of
328 the center is to support an adequate, highly skilled, resilient,
329 and innovative workforce that meets the current and future human
330 resources needs of the state's behavioral health system in order
331 to provide high-quality care, services, and supports to
332 Floridians with, or at risk of developing, behavioral health
333 conditions through original research, policy analysis,
334 evaluation, and development and dissemination of best practices.
335 The goals of the center are, at a minimum, to research the
336 state's current behavioral health workforce and future needs;
337 expand the number of clinicians, professionals, and other
338 workers involved in the behavioral health workforce; and enhance
339 the skill level and innovativeness of the workforce. The center
340 shall, at a minimum, do all of the following:

341 1. Describe and analyze the current workforce and project
342 possible future workforce demand, especially in critical roles,
343 and develop strategies for addressing any gaps. The center's
344 efforts may include, but need not be limited to, producing a
345 statistically valid biennial analysis of the supply and demand
346 of the behavioral health workforce.

347 2. Expand pathways to behavioral health professions through
348 enhanced educational opportunities and improved faculty

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349 development and retention. The center's efforts may include, but
350 need not be limited to:

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

353 b. Facilitating and coordinating the development of
354 academic-practice partnerships that support behavioral health
355 faculty employment and advancement.

356 c. Developing and implementing innovative projects to
357 support the recruitment, development, and retention of
358 behavioral health educators, faculty, and clinical preceptors.

359 d. Developing distance learning infrastructure for
360 behavioral health education and the evidence-based use of
361 technology, simulation, and distance learning techniques.

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

364 a. Conducting original research on the factors affecting
365 recruitment, retention, and advancement of the behavioral health
366 workforce, such as designing and implementing a longitudinal
367 study of the state's behavioral health workforce.

368 b. Developing and implementing innovative projects to
369 support the recruitment, development, and retention of
370 behavioral health workers.

371 4. Analyze compensation and benefit data every other year
372 to identify factors that have led to the shortage of behavioral
373 health workers in this state and make recommendations for
374 funding programs to support the growth and retention of the
375 behavioral health workforce, such as stipends or other financial
376 support for clinical supervisors, workers, interns, and students
377 currently working in the field of behavioral health.

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378 5. Request from the Board of Clinical Social Work, Marriage
379 and Family Therapy, and Mental Health Counseling, and the board
380 must provide to the center upon its request, any information
381 held by the board regarding the clinical social work, marriage
382 and family therapy, and mental health counselors licensed in
383 this state or information reported to the board by employers of
384 such counselors, other than personal identifying information.

385 6. Develop and routinely analyze a behavioral health
386 workforce survey to increase insight into service provision and
387 access, inform priorities that support retention, strategically
388 address critical gaps, and inform workforce-related policy
389 decisions. In conjunction with the Department of Health, the
390 center shall conduct the survey at the time of initial licensure
391 and license renewal for psychologists licensed under chapter 490
392 and social workers, marriage and family therapists, and mental
393 health counselors licensed under chapter 491. The survey must
394 solicit information including, but not limited to:

395 a. The frequency and geographic location of practice.

396 b. Participation in interjurisdictional practice and
397 percentage of Florida and non-Florida residents served.

398 c. Practice setting and populations served, including
399 availability for critically needed services.

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

401 e. Compensation and benefits.

402 f. Anticipated change to license or practice status.

403 (8)(a) There is created within the institute the Center for
404 Substance Abuse and Mental Health Research. The purpose of the
405 center is to conduct rigorous and relevant research intended to
406 develop knowledge and practice in prevention and intervention

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407 for substance abuse and mental health issues, to serve the
408 people and economy in this state in reducing the gap between
409 population needs and the availability of effective treatments
410 and other interventions to improve the capacity of the state to
411 have healthy, resilient communities prevailing over substance
412 abuse, addiction, and mental health challenges.

413 (b) The goals of the center are, at a minimum, to advance
414 the scientific understanding of the relationship between
415 substance abuse and mental health issues, to improve treatment
416 outcomes, and to reduce the societal impact and burden of
417 substance abuse and mental health conditions. The center shall,
418 at a minimum, do all of the following:

419 1. Analyze publicly funded substance abuse and mental
420 health services to identify gaps in insurance coverage, monitor
421 quality of care and cost management, and enhance provider
422 networks by identifying gaps in service provision by type and
423 geographic location.

424 2. Research and study the complex relationship between
425 substance abuse and mental health disorders, including analyzing
426 how substances may contribute to the onset of mental health
427 conditions, how those conditions can lead to substance abuse,
428 and how both can interact to create and worsen negative
429 outcomes, such as violence, infectious disease, suicide, and
430 overdose. The center must also study the range, distribution,
431 and concentration of such negative outcomes.

432 3. Develop and test strategies to prevent the development
433 of both substance use and mental health disorders, including
434 early risk factor identification and interventions designed for
435 at-risk populations, specifically in rural settings, where

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436 resources may be limited and integrated care is essential.

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

439 5. Conduct outcomes and implementation research on
440 optimizing application of technology for efficient and effective
441 dissemination of evidence-based treatment across this state,
442 with specific attention to rural and other low-resource areas,
443 using telehealth, mobile device remote monitoring, delivery of
444 patient-specific prompts via technology platforms for self-
445 management, and other aspects of care.

446 6. Investigate and improve treatment options for
447 individuals suffering from co-occurring substance use and mental
448 health disorders, including developing integrated treatment
449 programs that address both issues simultaneously.

450 7. Generate evidence-based data to inform public policy and
451 promote substance use disorder services and mental health
452 disorder services.

453 8. Develop community-based sharing agreements, local
454 infrastructure, and methodologies to encourage data-informed
455 decisionmaking to encourage economic efficiency and targeted
456 service delivery.

457 9. Develop and provide training for health care
458 professionals, social workers, counselors, and researchers on
459 the latest findings related to substance abuse and mental
460 health, fostering a workforce capable of providing effective
461 care.

462 10. Articulate methods to align and adapt training
463 approaches for delivering evidence-based practices to locally
464 identified needs, including implementing evidence-based training

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465 and tools at community health centers to improve identification
466 of mental health and substance use disorders and create plans
467 for referral and continuity of care.

468 11. Collaborate with community organizations to offer
469 resources and education about substance use and mental health to
470 reduce stigma and raise awareness.

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

476 Section 10. Paragraph (b) of subsection (2) of section
477 1006.041, Florida Statutes, is amended, and subsection (5) is
478 added to that section, to read:

479 1006.041 Mental health assistance program.—Each school
480 district must implement a school-based mental health assistance
481 program that includes training classroom teachers and other
482 school staff in detecting and responding to mental health issues
483 and connecting children, youth, and families who may experience
484 behavioral health issues with appropriate services.

485 (2) A plan required under subsection (1) must be focused on
486 a multitiered system of supports to deliver evidence-based
487 mental health care assessment, diagnosis, intervention,
488 treatment, and recovery services to students with one or more
489 mental health or co-occurring substance abuse diagnoses and to
490 students at high risk of such diagnoses. The provision of these
491 services must be coordinated with a student's primary mental
492 health care provider and with other mental health providers
493 involved in the student's care. At a minimum, the plan must

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494 include all of the following components:

495 (b) Contracts or interagency agreements with one or more
496 local community behavioral health providers or providers of
497 Community Action Team services to provide a behavioral health
498 staff presence and services at district schools. Services may
499 include, but are not limited to, mental health screenings and
500 assessments, individual counseling, family counseling, group
501 counseling, psychiatric or psychological services, trauma-
502 informed care, mobile crisis services, and behavior
503 modification. These behavioral health services may be provided
504 on or off the school campus and may be supplemented by
505 telehealth as defined in s. 456.47(1). In addition to the
506 services in this paragraph, the department shall implement the
507 Daily Living Activities-20 (DLA-20) functional assessment tool
508 to further assist providers in creating recommended treatment
509 plans. The department shall review the DLA-20 functional
510 assessment tool every other year to implement the most updated
511 version. The department is authorized to replace the DLA-20
512 functional assessment tool if it determines that a better
513 alternative is available.

514 (5) The Department of Children and Families, in
515 consultation with the Department of Education, shall conduct a
516 review every other year to identify effective models of school-
517 based behavioral health access, with an emphasis on underserved
518 and rural communities. Such models must include, but are not
519 limited to, telehealth services. The Department of Children and
520 Families shall submit its findings to the Governor, the
521 President of the Senate, and the Speaker of the House of
522 Representatives by January 1 every other year, beginning in

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523 2026.

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

526 394.9085 Behavioral provider liability.—

527 (6) For purposes of this section, the terms
528 “detoxification,” “addictions receiving facility,” and
529 “receiving facility” have the same meanings as those provided in
530 ss. 397.311(27)(a)4., 397.311(27)(a)1., and 394.455 ~~394.455(40)~~,
531 respectively.

532 Section 12. For the purpose of incorporating the amendment
533 made by this act to section 394.468, Florida Statutes, in a
534 reference thereto, paragraph (g) of subsection (2) of section
535 394.463, Florida Statutes, is reenacted to read:

536 394.463 Involuntary examination.—

537 (2) INVOLUNTARY EXAMINATION.—

538 (g) The examination period must be for up to 72 hours and
539 begins when a patient arrives at the receiving facility. For a
540 minor, the examination shall be initiated within 12 hours after
541 the patient’s arrival at the facility. Within the examination
542 period, one of the following actions must be taken, based on the
543 individual needs of the patient:

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

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

549 3. The patient, unless he or she is charged with a crime,
550 shall be asked to give express and informed consent to placement
551 as a voluntary patient and, if such consent is given, the

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552 patient shall be admitted as a voluntary patient; or

553 4. A petition for involuntary services shall be filed in
554 the circuit court or with the county court, as applicable. When
555 inpatient treatment is deemed necessary, the least restrictive
556 treatment consistent with the optimum improvement of the
557 patient's condition shall be made available. The petition shall
558 be filed by one of the petitioners specified in s. 394.467, and
559 the court shall dismiss an untimely filed petition. If a
560 patient's 72-hour examination period ends on a weekend or
561 holiday, including the hours before the ordinary business hours
562 on the morning of the next working day, and the receiving
563 facility:

564 a. Intends to file a petition for involuntary services,
565 such patient may be held at the facility through the next
566 working day thereafter and the petition must be filed no later
567 than such date. If the facility fails to file the petition by
568 the ordinary close of business on the next working day, the
569 patient shall be released from the receiving facility following
570 approval pursuant to paragraph (f).

571 b. Does not intend to file a petition for involuntary
572 services, the receiving facility may postpone release of a
573 patient until the next working day thereafter only if a
574 qualified professional documents that adequate discharge
575 planning and procedures in accordance with s. 394.468, and
576 approval pursuant to paragraph (f), are not possible until the
577 next working day.

578 Section 13. For the purpose of incorporating the amendment
579 made by this act to section 394.495, Florida Statutes, in
580 references thereto, paragraph (c) of subsection (2) and

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581 subsection (6) of section 394.4955, Florida Statutes, are
582 reenacted to read:

583 394.4955 Coordinated system of care; child and adolescent
584 mental health treatment and support.—

585 (2)

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

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

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

597 1001.212 Office of Safe Schools.—There is created in the
598 Department of Education the Office of Safe Schools. The office
599 is fully accountable to the Commissioner of Education. The
600 office shall serve as a central repository for best practices,
601 training standards, and compliance oversight in all matters
602 regarding school safety and security, including prevention
603 efforts, intervention efforts, and emergency preparedness
604 planning. The office shall:

605 (7) Provide data to support the evaluation of mental health
606 services pursuant to s. 1004.44. Such data must include, for
607 each school, the number of involuntary examinations as defined
608 in s. 394.455 which are initiated at the school, on school
609 transportation, or at a school-sponsored activity and the number

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610 of children for whom an examination is initiated.

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