1	A bill to be entitled
2	An act relating to substance abuse and mental health
3	care; amending s. 394.4573, F.S.; expanding mental
4	health crisis services to include the 988 suicide and
5	crisis lifeline call center; amending s. 394.4598,
6	F.S.; authorizing a guardian advocate to be discharged
7	when a patient is discharged from involuntary
8	outpatient services; amending s. 394.4625, F.S.;
9	requiring clinical psychologists who make
10	determinations of involuntary placement at certain
11	mental health facilities to have specified clinical
12	experience; amending s. 394.4655, F.S.; providing
13	specified criteria relating to orders to involuntary
14	outpatient placement; amending s. 394.467, F.S.;
15	revising the definition of the term "court"; providing
16	that orders entered by an administrative law judge for
17	continued involuntary placement for patients at
18	certain mental health facilities are final and subject
19	to judicial review; requiring certain hearings to be
20	scheduled immediately; requiring the clerk of the
21	Division of Administrative Hearings to provide copies
22	of petitions and individualized plans for continued
23	services to the Department of Children and Families
24	and other specified individuals; requiring the court
25	or the administrative law judge to make certain

Page 1 of 17

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26 determinations before waiving a patient's attendance 27 at a hearing for continued involuntary placement; 28 authorizing an administrative law judge to issue an 29 order for involuntary services if the patient meets 30 certain criteria; amending s. 394.67, F.S.; revising the definition of "crisis services" to include a 988 31 32 suicide and crisis lifeline call center and defining the term "988 suicide and crisis lifeline call 33 center"; creating s. 394.9088, F.S.; requiring the 34 35 Department of Children and Families to authorize and 36 provide oversight of the 988 suicide and crisis 37 lifeline call centers and adopt specified rules; amending s. 397.427, F.S.; removing requirements 38 39 relating to providers of medication-assisted treatment 40 services for opiate addiction; amending s. 916.111, 41 F.S.; revising training requirements for mental health 42 professionals; amending s. 916.115, F.S.; requiring 43 court appointed experts to have completed specified training and continued education; amending s. 916.12, 44 45 F.S.; providing requirements for an expert to determine acceptable treatments available in a 46 47 community; amending ss. 394.674, 397.68141, and 48 394.74, F.S.; conforming cross-references; providing an effective date. 49

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Page 2 of 17

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51 Be It Enacted by the Legislature of the State of Florida: 52 53 Section 1. Paragraph (d) of subsection (2) of section 54 394.4573, Florida Statutes, is amended to read: 55 394.4573 Coordinated system of care; annual assessment; 56 essential elements; measures of performance; system improvement 57 grants; reports.-On or before December 1 of each year, the

58 department shall submit to the Governor, the President of the 59 Senate, and the Speaker of the House of Representatives an 60 assessment of the behavioral health services in this state. The 61 assessment shall consider, at a minimum, the extent to which 62 designated receiving systems function as no-wrong-door models, 63 the availability of treatment and recovery services that use 64 recovery-oriented and peer-involved approaches, the availability of less-restrictive services, and the use of evidence-informed 65 66 practices. The assessment shall also consider the availability 67 of and access to coordinated specialty care programs and 68 identify any gaps in the availability of and access to such 69 programs in the state. The department's assessment shall 70 consider, at a minimum, the needs assessments conducted by the 71 managing entities pursuant to s. 394.9082(5). The department 72 shall compile and include in the report all plans submitted by 73 managing entities pursuant to s. 394.9082(8) and the 74 department's evaluation of each plan.

75

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

Page 3 of 17

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76 include:

(d) Crisis services, including <u>the 988 suicide and crisis</u>
<u>lifeline call center</u>, mobile response teams, crisis
stabilization units, addiction receiving facilities, and
detoxification facilities.

81 Section 2. Subsection (8) of section 394.4598, Florida
82 Statutes, is amended to read:

83

394.4598 Guardian advocate.-

84 (8) The quardian advocate shall be discharged when the 85 patient is discharged from an order for involuntary outpatient 86 services placement or involuntary inpatient placement or when 87 the patient is transferred from involuntary to voluntary status. 88 The court or a hearing officer shall consider the competence of 89 the patient pursuant to subsection (1) and may consider an involuntarily placed patient's competence to consent to 90 91 treatment at any hearing. Upon sufficient evidence, the court 92 may restore, or the hearing officer may recommend that the court 93 restore, the patient's competence. A copy of the order restoring 94 competence or the certificate of discharge containing the 95 restoration of competence shall be provided to the patient and 96 the guardian advocate.

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

99

100 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary

Page 4 of 17

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394.4625 Voluntary admissions.-

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101 patient, or an authorized person on the patient's behalf, makes 102 a request for discharge, the request for discharge, unless 103 freely and voluntarily rescinded, must be communicated to a physician, a clinical psychologist with at least 3 years of 104 105 clinical postdoctoral experience in the practice of clinical 106 psychology, or a psychiatrist as quickly as possible, but not 107 later than 12 hours after the request is made. If the patient 108 meets the criteria for involuntary placement, the administrator of the facility must file with the court a petition for 109 involuntary placement, within 2 court working days after the 110 request for discharge is made. If the petition is not filed 111 112 within 2 court working days, the patient must be discharged. 113 Pending the filing of the petition, the patient may be held and emergency treatment rendered in the least restrictive manner, 114 115 upon the order of a physician or a psychiatric nurse practicing within the framework of an established protocol with a 116 117 psychiatrist, if it is determined that such treatment is 118 necessary for the safety of the patient or others.

Section 4. Section 394.4655, Florida Statutes, is amended to read:

394.4655 Orders to involuntary outpatient placement.-

(1) As used in this section, the term "involuntary outpatient placement" means involuntary outpatient services as defined in s. 394.467.

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(2) A court or a county court may order an individual to

Page 5 of 17

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126 involuntary outpatient placement in accordance with the criteria 127 for ordering a person to involuntary outpatient placement, and 128 the requirements and processes for placement, including, but not 129 limited to, recommendations for involuntary outpatient 130 placement, petitions, appointment of counsel, and hearings on involuntary outpatient placement as provided under s. 394.467. 131 132 (3) When recommending an order to involuntary outpatient 133 placement, the petitioner, as described in s. 394.467(4), shall 134 prepare a services plan for the patient in accordance with s. 135 394.467. 136 Section 5. Paragraph (a) of subsection (1) and paragraphs 137 (b), (c), (i), and (j) of subsection (11) of section 394.467, 138 Florida Statutes, are amended to read: 139 394.467 Involuntary inpatient placement and involuntary 140 outpatient services.-DEFINITIONS.-As used in this section, the term: 141 (1)"Court" means a circuit court or, for commitments only 142 (a) 143 to involuntary outpatient services as defined in s. 394.4655, a 144 county court. (11) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES.-145 146 (b)1. If a patient receiving involuntary outpatient services continues to meet the criteria for involuntary 147 outpatient services, the service provider must file in the court 148 that issued the initial order for involuntary outpatient 149 services a petition for continued involuntary outpatient 150 Page 6 of 17

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151 services.

2. 152 If a patient in involuntary inpatient placement 153 continues to meet the criteria for involuntary services and is 154 being treated at a receiving facility, the administrator must, 155 before the expiration of the period the receiving facility is authorized to retain the patient, file in the court that issued 156 157 the initial order for involuntary inpatient placement, a 158 petition requesting authorization for continued involuntary 159 services. The administrator may petition for inpatient or 160 outpatient services.

3. If a patient in involuntary inpatient placement 161 162 continues to meet the criteria for involuntary services and is 163 being treated at a treatment facility, the administrator must, 164 before expiration of the period the treatment facility is 165 authorized to retain the patient, file a petition requesting 166 authorization for continued involuntary services. The 167 administrator may petition for inpatient or outpatient services. 168 Hearings on petitions for continued involuntary services of an 169 individual placed at any treatment facility are administrative 170 hearings and must be conducted in accordance with s. 120.57(1), 171 except that any order entered by the administrative law judge is final and subject to judicial review in accordance with s. 172 120.68. Orders concerning patients committed after successfully 173 pleading not guilty by reason of insanity are governed by s. 174 175 916.15.

Page 7 of 17

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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.

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

182 (C) The petition must be accompanied by a statement from 183 the patient's physician, psychiatrist, psychiatric nurse, or clinical psychologist justifying the request, a brief 184 185 description of the patient's treatment during the time he or she was receiving involuntary services, and an individualized plan 186 187 of continued treatment developed in consultation with the patient or the patient's guardian advocate, if applicable. If 188 189 the petition is for involuntary outpatient services, it must 190 comply with the requirements of subparagraph (4)(d)3. When the 191 petition has been filed, the clerk of the court or the clerk of 192 the Division of Administrative Hearings, as applicable, shall 193 provide copies of the petition and the individualized plan of 194 continued services to the department, the patient, the patient's 195 guardian advocate, the state attorney, and the patient's private 196 counsel or the public defender.

(i) If a patient's attendance at the hearing is
voluntarily waived, the <u>court or the administrative law</u> judge
must determine that the patient knowingly, intelligently, and
voluntarily waived his or her right to be present, before

Page 8 of 17

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201 waiving the presence of the patient from all or a portion of the 202 hearing. Alternatively, if at the hearing the court or the 203 administrative law judge finds that attendance at the hearing is 204 not consistent with the best interests of the patient, the court or the administrative law judge may waive the presence of the 205 patient from all or any portion of the hearing, unless the 206 207 patient, through counsel, objects to the waiver of presence. The 208 testimony in the hearing must be under oath, and the proceedings 209 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.

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

Section 6. Subsections (1) through (25) of section 394.67,
Florida Statutes, are renumbered as subsections (2) through
(26), respectively, present subsection (4) is amended, and a new
subsection (1) is added to that section, to read:

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217

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

Page 9 of 17

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226 "988 suicide and crisis lifeline call center" means a (1)227 call center meeting national accreditation and recognized by the 228 department to receive 988 calls, texts, or other forms of 229 communication in this state. 230 (5) (4) "Crisis services" means short-term evaluation, stabilization, and brief intervention services provided to a 231 232 person who is experiencing an acute mental or emotional crisis, 233 as defined in subsection (19) (18), or an acute substance abuse 234 crisis, as defined in subsection (20) (19), to prevent further 235 deterioration of the person's mental health. Crisis services are provided in settings such as a crisis stabilization unit, an 236 237 inpatient unit, a short-term residential treatment program, a 238 detoxification facility, or an addictions receiving facility; at 239 the site of the crisis by a mobile crisis response team; or at a 240 hospital on an outpatient basis; or telephonically by a 988 241 suicide and crisis lifeline call center.

242 Section 7. Section 394.9088, Florida Statutes, is created 243 to read:

244394.9088988 suicide and crisis lifeline call center.-245(1) The department shall authorize and provide oversight246of 988 suicide and crisis lifeline call centers. Unless247authorized by the department, call centers are not permitted to248conduct 988 suicide and crisis lifeline services. The department249may implement a corrective action plan, suspension or revocation250of authorization for failure to comply with this section and

Page 10 of 17

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251	rules adopted under this section.
252	(2) The department shall adopt rules relating to minimum
253	standards for 988 suicide and crisis lifeline call centers to be
254	authorized, including, but not limited to:
255	(a) Service delivery, quality of care, and performance
256	outcomes; quality assurance standards; the adequacy and
257	consistency of personnel certifications; and minimum training
258	standards for personnel.
259	(b) The process for authorization of 988 suicide and
260	crisis lifeline call centers.
261	(3) Authorized 988 suicide and crisis lifeline call
262	centers shall implement a cohesive statewide plan for 988
263	suicide and crisis lifeline call centers to achieve statewide
264	interoperability with the 911 system and to provide individuals
265	with rapid and direct access to the appropriate care. The
266	department may adopt rules to implement this subsection.
267	Section 8. Subsections (3) through (9) of section 397.427,
268	Florida Statutes, are renumbered as subsections (2) through (8),
269	respectively, and present subsections (2) and (5) are amended,
270	to read:
271	397.427 Medication-assisted treatment service providers;
272	rehabilitation program; needs assessment and provision of
273	services; persons authorized to issue takeout medication;
274	unlawful operation; penalty
275	(2) The department shall determine the need for
	Page 11 of 17

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276 establishing providers of medication-assisted treatment services 277 for opiate addiction. 278 (a) Providers of medication-assisted treatment services 279 for opiate addiction may be established only in response department's determination and publication of need for 280 additional medication treatment services. 281 282 (b) If needs assessment is required, the department shall 283 annually conduct the assessment and publish a statement of 284 findings which identifies each substate entity's need. 285 (c) Notwithstanding paragraphs (a) and (b), the license 286 for medication-assisted treatment programs for opiate addiction 287 licensed before October 1, 1990, may not be revoked solely because of the department's determination concerning the need 288 289 for medication-assisted treatment services for opiate addiction. 290 (4) (5) The department shall also determine the need for 291 establishing medication-assisted treatment for substance use disorders other than opiate dependence. Service providers within 292 293 the publicly funded system shall be funded for provision of 294 these services based on the availability of funds. 295 Section 9. Paragraph (c) of subsection (1) of section 296 916.111, Florida Statutes, is amended to read: 297 916.111 Training of mental health experts.-The evaluation 298 of defendants for competency to proceed or for sanity at the time of the commission of the offense shall be conducted in such 299 300 a way as to ensure uniform application of the criteria

Page 12 of 17

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301 enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal 302 Procedure. The department shall develop, and may contract with 303 accredited institutions:

304

(1) To provide:

(c) Training for mental health professionals in the
application of these protocols and procedures in performing
forensic evaluations and providing reports to the courts.
<u>Training must include, but is not limited to, information on</u>
<u>statutes and rules related to competency restoration, evidence-</u>
<u>based practices, least restrictive treatment alternatives and</u>
placement options as described in s. 916.12(4)(c); and

312 Section 10. Subsection (1) of section 916.115, Florida
313 Statutes, is amended to read:

314

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.

321 (a) <u>The court</u> To the extent possible, The appointed 322 experts shall:

323 <u>1.</u> have completed forensic evaluator training approved by 324 the department, and each shall Be a psychiatrist, licensed 325 psychologist, or physician.

Page 13 of 17

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326	2. Have completed initial and annual forensic evaluator
327	training, provided by the department.
328	3. If performing juvenile evaluations, have completed
329	initial and annual juvenile forensic competency evaluation
330	training provided by the department.
331	(b) Existing evaluators as of July 1, 2024, shall complete
332	department-provided annual forensic evaluator training by July
333	1, 2026, to remain active on the list described in paragraph
334	<u>(c).</u>
335	<u>(c)(b) The department shall maintain and annually provide</u>
336	the courts with a list of available mental health professionals
337	who have completed the <u>initial and annual</u> approved training as
338	experts.
339	Section 11. Paragraph (d) of subsection (4) of section
339 340	Section 11. Paragraph (d) of subsection (4) of section 916.12, Florida Statutes, is amended to read:
340	916.12, Florida Statutes, is amended to read:
340 341	916.12, Florida Statutes, is amended to read: 916.12 Mental competence to proceed
340 341 342	<pre>916.12, Florida Statutes, is amended to read: 916.12 Mental competence to proceed (4) If an expert finds that the defendant is incompetent</pre>
340 341 342 343	<pre>916.12, Florida Statutes, is amended to read: 916.12 Mental competence to proceed (4) If an expert finds that the defendant is incompetent to proceed, the expert shall report on any recommended treatment</pre>
340 341 342 343 344	<pre>916.12, Florida Statutes, is amended to read: 916.12 Mental competence to proceed (4) If an expert finds that the defendant is incompetent to proceed, the expert shall report on any recommended treatment for the defendant to attain competence to proceed. In</pre>
340 341 342 343 344 345	<pre>916.12, Florida Statutes, is amended to read: 916.12 Mental competence to proceed (4) If an expert finds that the defendant is incompetent to proceed, the expert shall report on any recommended treatment for the defendant to attain competence to proceed. In considering the issues relating to treatment, the examining</pre>
340 341 342 343 344 345 346	<pre>916.12, Florida Statutes, is amended to read: 916.12 Mental competence to proceed (4) If an expert finds that the defendant is incompetent to proceed, the expert shall report on any recommended treatment for the defendant to attain competence to proceed. In considering the issues relating to treatment, the examining expert shall specifically report on:</pre>
340 341 342 343 344 345 346 347	<pre>916.12, Florida Statutes, is amended to read:</pre>
340 341 342 343 344 345 346 347 348	<pre>916.12, Florida Statutes, is amended to read: 916.12 Mental competence to proceed (4) If an expert finds that the defendant is incompetent to proceed, the expert shall report on any recommended treatment for the defendant to attain competence to proceed. In considering the issues relating to treatment, the examining expert shall specifically report on: (d) The availability of acceptable treatment and, if treatment is available in the community, the expert shall so</pre>

Page 14 of 17

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2025

351 use current information or resources on less restrictive 352 treatment alternatives, as described in paragraph (c) and those 353 obtained from forensic evaluators training provided by the 354 department. 355 356 The examining expert's report to the court shall include a full 357 and detailed explanation regarding why the alternative treatment options referenced in the evaluation are insufficient to meet 358 359 the needs of the defendant. 360 Section 12. Paragraph (a) of subsection (1) of section 361 394.674, Florida Statutes, is amended to read: 362 394.674 Eligibility for publicly funded substance abuse 363 and mental health services; fee collection requirements.-364 To be eligible to receive substance abuse and mental (1)365 health services funded by the department, an individual must be 366 a member of at least one of the department's priority 367 populations approved by the Legislature. The priority 368 populations include: 369 (a) For adult mental health services: 370 Adults who have severe and persistent mental illness, 1. 371 as designated by the department using criteria that include 372 severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt 373 374 of disability income for a psychiatric condition. Included 375 within this group are:

Page 15 of 17

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376	a. Older adults in crisis.
377	b. Older adults who are at risk of being placed in a more
378	restrictive environment because of their mental illness.
379	c. Persons deemed incompetent to proceed or not guilty by
380	reason of insanity under chapter 916.
381	d. Other persons involved in the criminal justice system.
382	e. Persons diagnosed as having co-occurring mental illness
383	and substance abuse disorders.
384	2. Persons who are experiencing an acute mental or
385	emotional crisis as defined in <u>s. 394.67</u> s. 394.67(18) .
386	Section 13. Subsection (3) of section 397.68141, Florida
387	Statutes, is amended to read:
388	397.68141 Contents of petition for involuntary treatment
389	services.—A petition for involuntary services must contain the
390	name of the respondent; the name of the petitioner; the
391	relationship between the respondent and the petitioner; the name
392	of the respondent's attorney, if known; and the factual
393	allegations presented by the petitioner establishing the need
394	for involuntary services for substance abuse impairment.
395	(3) If there is an emergency, the petition must also
396	describe the respondent's exigent circumstances and include a
397	request for an ex parte assessment and stabilization order that
398	must be executed pursuant to <u>s. 397.6818</u> s. 397.68151 .
399	Section 14. Paragraph (a) of subsection (3) of section
400	394.74, Florida Statutes, is amended to read:
	Page 16 of 17

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401 394.74 Contracts for provision of local substance abuse402 and mental health programs.-

403 (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 <u>s. 394.67</u> 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;

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

Page 17 of 17

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