

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. 394.463, F.S.; authorizing a  
13      designated facility to retain a patient for the  
14      remainder of a specified timeframe under certain  
15      circumstances; amending s. 394.4655, F.S.; providing  
16      specified criteria relating to orders to involuntary  
17      outpatient placement; amending s. 394.467, F.S.;  
18      revising the definition of the term "court"; providing  
19      that orders entered by an administrative law judge for  
20      continued involuntary placement for patients at  
21      certain mental health facilities are final and subject  
22      to judicial review; requiring a patient to be  
23      represented by the public defender of the circuit in  
24      which the patient is receiving services at hearings  
25      for continued involuntary services under certain

26 |       circumstances; requiring the court or the  
27 |       administrative law judge to make certain  
28 |       determinations before waiving a patient's attendance  
29 |       at a hearing for continued involuntary placement;  
30 |       authorizing an administrative law judge to issue an  
31 |       order for involuntary services if the patient meets  
32 |       certain criteria; amending s. 394.67, F.S.; revising  
33 |       the definition of "crisis services" to include a 988  
34 |       suicide and crisis lifeline call center and defining  
35 |       the term "988 suicide and crisis lifeline call  
36 |       center"; creating s. 394.9088, F.S.; requiring the  
37 |       Department of Children and Families to authorize and  
38 |       provide oversight of the 988 suicide and crisis  
39 |       lifeline call centers and adopt specified rules;  
40 |       amending s. 397.427, F.S.; removing requirements  
41 |       relating to providers of medication-assisted treatment  
42 |       services for opiate addiction; amending s. 916.111,  
43 |       F.S.; revising training requirements for mental health  
44 |       professionals; amending s. 916.115, F.S.; requiring  
45 |       court appointed experts to have completed specified  
46 |       training and continued education; amending s. 916.12,  
47 |       F.S.; providing requirements for an expert to  
48 |       determine acceptable treatments available in a  
49 |       community; amending ss. 394.674, 397.68141, and  
50 |       394.74, F.S.; conforming cross-references; providing

51           an effective date.

52  
53   Be It Enacted by the Legislature of the State of Florida:

54  
55           Section 1. Paragraph (d) of subsection (2) of section  
56   394.4573, Florida Statutes, is amended to read:

57           394.4573 Coordinated system of care; annual assessment;  
58   essential elements; measures of performance; system improvement  
59   grants; reports.—On or before December 1 of each year, the  
60   department shall submit to the Governor, the President of the  
61   Senate, and the Speaker of the House of Representatives an  
62   assessment of the behavioral health services in this state. The  
63   assessment shall consider, at a minimum, the extent to which  
64   designated receiving systems function as no-wrong-door models,  
65   the availability of treatment and recovery services that use  
66   recovery-oriented and peer-involved approaches, the availability  
67   of less-restrictive services, and the use of evidence-informed  
68   practices. The assessment shall also consider the availability  
69   of and access to coordinated specialty care programs and  
70   identify any gaps in the availability of and access to such  
71   programs in the state. The department's assessment shall  
72   consider, at a minimum, the needs assessments conducted by the  
73   managing entities pursuant to s. 394.9082(5). The department  
74   shall compile and include in the report all plans submitted by  
75   managing entities pursuant to s. 394.9082(8) and the

76 department's evaluation of each plan.

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

79 (d) Crisis services, including the 988 suicide and crisis  
80 lifeline call center, mobile response teams, crisis  
81 stabilization units, addiction receiving facilities, and  
82 detoxification facilities.

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

85 394.4598 Guardian advocate.—

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

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

101 394.4625 Voluntary admissions.—

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

121 Section 4. Paragraph (i) of subsection (2) of section  
122 394.463, Florida Statutes, is amended to read:

123 394.463 Involuntary examination.—

124 (2) INVOLUNTARY EXAMINATION.—

125 (i) One of the following must occur within 12 hours after

126 the patient's attending physician documents that the patient's  
127 medical condition has stabilized or that an emergency medical  
128 condition does not exist:

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

131 2. The patient must be transferred to a designated  
132 facility in which appropriate medical treatment is available.  
133 However, the facility must be notified of the transfer within 2  
134 hours after the patient's condition has been stabilized or after  
135 determination that an emergency medical condition does not  
136 exist. The designated facility may retain the patient for the  
137 remainder of the 72-hour examination period under paragraph (g),  
138 notwithstanding a failure of the transferring facility to comply  
139 with the 12-hour transfer requirement or the 2-hour notice  
140 requirement of this paragraph, if the patient continues to meet  
141 the criteria for involuntary examination under subsection (1).

142 Section 5. Section 394.4655, Florida Statutes, is amended  
143 to read:

144 394.4655 Orders to involuntary outpatient placement.—

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

148 (2) A court or a county court may order an individual to  
149 involuntary outpatient placement in accordance with the criteria  
150 for ordering a person to involuntary outpatient placement, and

151 the requirements and processes for placement, including, but not  
152 limited to, recommendations for involuntary outpatient  
153 placement, petitions, appointment of counsel, and hearings on  
154 involuntary outpatient placement as provided under s. 394.467.

155 (3) When recommending an order to involuntary outpatient  
156 placement, the petitioner, as described in s. 394.467(4), shall  
157 prepare a services plan for the patient in accordance with s.  
158 394.467.

159 Section 6. Paragraph (a) of subsection (1) and paragraphs  
160 (b), (d), (i), and (j) of subsection (11) of section 394.467,  
161 Florida Statutes, are amended to read:

162 394.467 Involuntary inpatient placement and involuntary  
163 outpatient services.—

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

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

168 (11) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES.—

169 (b)1. If a patient receiving involuntary outpatient  
170 services continues to meet the criteria for involuntary  
171 outpatient services, the service provider must file in the court  
172 that issued the initial order for involuntary outpatient  
173 services a petition for continued involuntary outpatient  
174 services.

175 2. If a patient in involuntary inpatient placement

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

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

4. The court shall immediately schedule a hearing on the petition to be held within 15 days after the petition is filed.



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

204           (d) Unless a patient is otherwise represented or is  
205 ineligible, the public defender of the circuit in which the  
206 patient is receiving services shall represent the patient at the  
207 hearing on the petition for continued involuntary services ~~The~~  
208 ~~court shall appoint counsel to represent the person who is the~~  
209 ~~subject of the petition for continued involuntary services in~~  
210 ~~accordance with the provisions set forth in subsection (5),~~  
211 ~~unless the person is otherwise represented by counsel or~~  
212 ~~ineligible.~~

213           (i) If a patient's attendance at the hearing is  
214 voluntarily waived, the court or the administrative law judge  
215 must determine that the patient knowingly, intelligently, and  
216 voluntarily waived his or her right to be present, before  
217 waiving the presence of the patient from all or a portion of the  
218 hearing. Alternatively, if at the hearing the court or the  
219 administrative law judge finds that attendance at the hearing is  
220 not consistent with the best interests of the patient, the court  
221 or the administrative law judge may waive the presence of the  
222 patient from all or any portion of the hearing, unless the  
223 patient, through counsel, objects to the waiver of presence. The  
224 testimony in the hearing must be under oath, and the proceedings  
225 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, as applicable. 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 7. 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:

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

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

(5) ~~(4)~~ "Crisis services" means short-term evaluation, stabilization, and brief intervention services provided to a person who is experiencing an acute mental or emotional crisis, as defined in subsection (19) ~~(18)~~, or an acute substance abuse

crisis, as defined in subsection (20) ~~(19)~~, to prevent further deterioration of the person's mental health. Crisis services are provided in settings such as a crisis stabilization unit, an inpatient unit, a short-term residential treatment program, a detoxification facility, or an addictions receiving facility; at the site of the crisis by a mobile crisis response team; ~~or~~ at a hospital on an outpatient basis; or telephonically by a 988 suicide and crisis lifeline call center.

Section 8. Section 394.9088, Florida Statutes, is created to read:

394.9088 988 suicide and crisis lifeline call center.—

(1) The department shall authorize and provide oversight of 988 suicide and crisis lifeline call centers. Unless authorized by the department, call centers are not permitted to conduct 988 suicide and crisis lifeline services. The department may implement a corrective action plan, suspension or revocation of authorization for failure to comply with this section and rules adopted under this section.

(2) The department shall adopt rules relating to minimum standards for 988 suicide and crisis lifeline call centers to be authorized, including, but not limited to:

(a) Service delivery, quality of care, and performance outcomes; quality assurance standards; the adequacy and consistency of personnel certifications; and minimum training standards for personnel.

276        (b) The process for authorization of 988 suicide and  
277 crisis lifeline call centers.

278        (3) Authorized 988 suicide and crisis lifeline call  
279 centers shall implement a cohesive statewide plan for 988  
280 suicide and crisis lifeline call centers to achieve statewide  
281 interoperability with the 911 system and to provide individuals  
282 with rapid and direct access to the appropriate care. The  
283 department may adopt rules to implement this subsection.

284        Section 9. Subsections (3) through (9) of section 397.427,  
285 Florida Statutes, are renumbered as subsections (2) through (8),  
286 respectively, and present subsections (2) and (5) are amended,  
287 to read:

288        397.427 Medication-assisted treatment service providers;  
289 rehabilitation program; needs assessment and provision of  
290 services; persons authorized to issue takeout medication;  
291 unlawful operation; penalty.—

292        ~~(2) The department shall determine the need for~~  
293 ~~establishing providers of medication-assisted treatment services~~  
294 ~~for opiate addiction.~~

295        ~~(a) Providers of medication-assisted treatment services~~  
296 ~~for opiate addiction may be established only in response to the~~  
297 ~~department's determination and publication of need for~~  
298 ~~additional medication treatment services.~~

299        ~~(b) If needs assessment is required, the department shall~~  
300 ~~annually conduct the assessment and publish a statement of~~

301 ~~findings which identifies each substate entity's need.~~

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

307 ~~(4)-(5) The department shall also determine the need for~~  
308 ~~establishing medication-assisted treatment for substance use~~  
309 ~~disorders other than opiate dependence.~~ Service providers within  
310 the publicly funded system shall be funded for provision of  
311 these services based on the availability of funds.

312 Section 10. Paragraph (c) of subsection (1) of section  
313 916.111, Florida Statutes, is amended to read:

314 916.111 Training of mental health experts.—The evaluation  
315 of defendants for competency to proceed or for sanity at the  
316 time of the commission of the offense shall be conducted in such  
317 a way as to ensure uniform application of the criteria  
318 enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal  
319 Procedure. The department shall develop, and may contract with  
320 accredited institutions:

321 (1) To provide:

322 (c) Training for mental health professionals in the  
323 application of these protocols and procedures in performing  
324 forensic evaluations and providing reports to the courts.  
325 Training must include, but is not limited to, information on

326 statutes and rules related to competency restoration, evidence-  
327 based practices, least restrictive treatment alternatives and  
328 placement options as described in s. 916.12(4)(c); and

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

331 916.115 Appointment of experts.—

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

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

340 1. have completed forensic evaluator training approved by  
341 ~~the department, and each shall~~ Be a psychiatrist, licensed  
342 psychologist, or physician.

343 2. Have completed initial and annual forensic evaluator  
344 training, provided by the department.

345 3. If performing juvenile evaluations, have completed  
346 initial and annual juvenile forensic competency evaluation  
347 training provided by the department.

348 (b) Existing evaluators as of July 1, 2024, shall complete  
349 department-provided annual forensic evaluator training by July  
350 1, 2026, to remain active on the list described in paragraph

351 (c).

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

356 Section 12. Paragraph (d) of subsection (4) of section  
357 916.12, Florida Statutes, is amended to read:

358 916.12 Mental competence to proceed.—

359 (4) If an expert finds that the defendant is incompetent  
360 to proceed, the expert shall report on any recommended treatment  
361 for the defendant to attain competence to proceed. In  
362 considering the issues relating to treatment, the examining  
363 expert shall specifically report on:

364 (d) The availability of acceptable treatment and, if  
365 treatment is available in the community, the expert shall so  
366 state in the report. In determining what acceptable treatments  
367 are available in the community, the expert shall, at a minimum,  
368 use current information or resources on less restrictive  
369 treatment alternatives, as described in paragraph (c) and those  
370 obtained from forensic evaluators training provided by the  
371 department.

372  
373 The examining expert's report to the court shall include a full  
374 and detailed explanation regarding why the alternative treatment  
375 options referenced in the evaluation are insufficient to meet

the needs of the defendant.

Section 13. Paragraph (a) of subsection (1) of section 394.674, Florida Statutes, is amended to read:

394.674 Eligibility for publicly funded substance abuse and mental health services; fee collection requirements.—

(1) To be eligible to receive substance abuse and mental health services funded by the department, an individual must be a member of at least one of the department's priority populations approved by the Legislature. The priority populations include:

(a) For adult mental health services:

1. Adults who have severe and persistent mental illness, as designated by the department using criteria that include severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt of disability income for a psychiatric condition. Included within this group are:

a. Older adults in crisis.

b. Older adults who are at risk of being placed in a more restrictive environment because of their mental illness.

c. Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.

d. Other persons involved in the criminal justice system.

e. Persons diagnosed as having co-occurring mental illness and substance abuse disorders.



401           2. Persons who are experiencing an acute mental or  
402 emotional crisis as defined in s. 394.67 ~~s. 394.67(18)~~.

403           Section 14. Subsection (3) of section 397.68141, Florida  
404 Statutes, is amended to read:

405           397.68141 Contents of petition for involuntary treatment  
406 services.—A petition for involuntary services must contain the  
407 name of the respondent; the name of the petitioner; the  
408 relationship between the respondent and the petitioner; the name  
409 of the respondent's attorney, if known; and the factual  
410 allegations presented by the petitioner establishing the need  
411 for involuntary services for substance abuse impairment.

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

416           Section 15. Paragraph (a) of subsection (3) of section  
417 394.74, Florida Statutes, is amended to read:

418           394.74 Contracts for provision of local substance abuse  
419 and mental health programs.—

420           (3) Contracts shall include, but are not limited to:

421           (a) A provision that, within the limits of available  
422 resources, substance abuse and mental health crisis services, as  
423 defined in s. 394.67 ~~s. 394.67(4)~~, shall be available to any  
424 individual residing or employed within the service area,  
425 regardless of ability to pay for such services, current or past

426 | health condition, or any other factor;

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