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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/17/2025	.	
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The Committee on Fiscal Policy (Rouson) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (3) and paragraph (c) of subsection
(5) of section 394.457, Florida Statutes, are amended, and
paragraph (d) is added to subsection (5) of that section, to
read:

394.457 Operation and administration.—

(3) POWER TO CONTRACT.—The department may contract to



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11 provide, and be provided with, services and facilities in order
12 to carry out its responsibilities under this part with the
13 following agencies: public and private hospitals; receiving and
14 treatment facilities; clinics; laboratories; departments,
15 divisions, and other units of state government; the state
16 colleges and universities; the community colleges; private
17 colleges and universities; counties, municipalities, and any
18 other governmental unit, including facilities of the United
19 States Government; and any other public or private entity which
20 provides or needs facilities or services. The department shall
21 require any provider directly under contract with the department
22 to use, at a minimum, the most recent version of the Daily
23 Living Activities-20 (DLA-20) functional assessment tool for any
24 patients requiring functional assessment, unless the department
25 specifies in rule the use of a different assessment tool. Baker
26 Act funds for community inpatient, crisis stabilization, short-
27 term residential treatment, and screening services must be
28 allocated to each county pursuant to the department's funding
29 allocation methodology. Notwithstanding s. 287.057(3)(e),
30 contracts for community-based Baker Act services for inpatient,
31 crisis stabilization, short-term residential treatment, and
32 screening provided under this part, other than those with other
33 units of government, to be provided for the department must be
34 awarded using competitive sealed bids if the county commission
35 of the county receiving the services makes a request to the
36 department's district office by January 15 of the contracting
37 year. The district may not enter into a competitively bid
38 contract under this provision if such action will result in
39 increases of state or local expenditures for Baker Act services



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40 within the district. Contracts for these Baker Act services
41 using competitive sealed bids are effective for 3 years. The
42 department shall adopt rules establishing minimum standards for
43 such contracted services and facilities and shall make periodic
44 audits and inspections to assure that the contracted services
45 are provided and meet the standards of the department.

46 (5) RULES.—

47 (c) The department shall adopt rules establishing minimum
48 standards for services provided by a mental health overlay
49 program or a mobile crisis response service. Minimum standards
50 for a mobile crisis response service must:

51 1. Include the requirements of the child, adolescent, and
52 young adult mobile response teams established under s.
53 394.495(7) and ensure coverage of all counties by these
54 specified teams; ~~and~~

55 2. Specify any training or other requirements applicable to
56 a mobile crisis response service available to persons age 65 and
57 over to enable the service to meet the specialized needs of such
58 persons; and

59 ~~3.2.~~ Create a structure for general mobile response teams
60 which focuses on crisis diversion and the reduction of
61 involuntary commitment under this chapter. The structure must
62 require, but need not be limited to, the following:

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

64 b. Provision of and referral to evidence-based services
65 that are responsive to the needs of the individual and the
66 individual's family;

67 c. Screening, assessment, early identification, and care
68 coordination; and



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69 d. Confirmation that the individual who received the mobile
70 crisis response was connected to a service provider and
71 prescribed medications, if needed.

72 Section 2. Paragraph (e) of subsection (2) of section
73 394.459, Florida Statutes, is amended to read:

74 394.459 Rights of patients.—

75 (2) RIGHT TO TREATMENT.—

76 (e) Not more than 5 days after admission to a facility,
77 each patient must ~~shall~~ have and receive an individualized
78 treatment plan in writing which the patient has had an
79 opportunity to assist in preparing and to review before ~~prior to~~
80 its implementation. The plan must ~~shall~~ include a space for the
81 patient's comments. Facilities shall update the treatment plan,
82 including, but not limited to, the physician summary, at least
83 every 30 days during the time a patient is in a receiving or
84 treatment facility, except a patient retained for longer than 24
85 months shall have updates to his or her treatment plan at least
86 every 60 days.

87 Section 3. Subsection (2) of section 394.468, Florida
88 Statutes, is amended to read:

89 394.468 Admission and discharge procedures.—

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

94 (a) Followup ~~Follow-up~~ behavioral health appointments;

95 (b) Information on how to obtain prescribed medications,
96 including, but not limited to, administration of long-acting
97 injectable medications. The discharge plan must address any



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98 barriers faced by the patient to accessing long-acting
99 injectable medications after discharge if such medication is
100 part of the patient's plan; and

101 (c) Information pertaining to:

- 102 1. Available living arrangements;
103 2. Transportation; ~~and~~

104 (d) Referral to:

- 105 1. Care coordination services. The patient must be referred
106 for care coordination services if the patient meets the criteria
107 as a member of a priority population as determined by the
108 department under s. 394.9082(3)(c) and is in need of such
109 services.

- 110 2. Recovery support opportunities under s. 394.4573(2)(1),
111 including, but not limited to, connection to a peer specialist;
112 and

113 (e) Administration of long-acting injectable medication
114 before discharge if such medication is available to treat the
115 patient's diagnosed behavioral health condition and is
116 clinically appropriate for the patient.

117 Section 4. Subsections (2) and (5) of section 394.495,
118 Florida Statutes, are amended to read:

119 394.495 Child and adolescent mental health system of care;
120 programs and services.—

121 (2) The array of services must include assessment services
122 that provide a professional interpretation of the nature of the
123 problems of the child or adolescent and his or her family;
124 family issues that may impact the problems; additional factors
125 that contribute to the problems; and the assets, strengths, and
126 resources of the child or adolescent and his or her family. The



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127 assessment services to be provided must ~~shall~~ be determined by
128 the clinical needs of each child or adolescent. Assessment tools
129 used must, at a minimum, include the use of the most recent
130 version of the Daily Living Activities-20 (DLA-20) functional
131 assessment tool, unless the department specifies in rule the use
132 of a different assessment tool. Assessment services include, but
133 are not limited to, evaluation and screening in the following
134 areas:

135 (a) Physical and mental health for purposes of identifying
136 medical and psychiatric problems.

137 (b) Psychological functioning, as determined through a
138 battery of psychological tests.

139 (c) Intelligence and academic achievement.

140 (d) Social and behavioral functioning.

141 (e) Family functioning.

142

143 The assessment for academic achievement is the financial
144 responsibility of the school district. The department shall
145 cooperate with other state agencies and the school district to
146 avoid duplicating assessment services.

147 (5) In order to enhance collaboration between agencies and
148 to facilitate the provision of services by the child and
149 adolescent mental health treatment and support system and the
150 school district:r

151 (a) The local child and adolescent mental health system of
152 care shall include the local educational multiagency network for
153 severely emotionally disturbed students specified in s. 1006.04.

154 (b) The department, in consultation with the Department of
155 Education, shall biennially review school-based behavioral



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156 health access in the state through telehealth, with an emphasis
157 on underserved and rural communities. The review shall, at a
158 minimum, assess gaps in the provision of school-based behavioral
159 health services, the extent of use of telehealth for school-
160 based behavioral health services, barriers to use and expansion
161 of such telehealth services, and recommendations to address
162 barriers and any implementation requirements. The review shall
163 also identify any new models for increasing school-based
164 behavioral health access. The Department of Children and
165 Families shall submit to the Governor, the President of the
166 Senate, and the Speaker of the House of Representatives its
167 findings by January 1, beginning in 2026. This subsection
168 expires June 30, 2030, unless reenacted by the Legislature.

169 Section 5. Paragraph (d) of subsection (1) of section
170 394.659, Florida Statutes, is amended to read:

171 394.659 Criminal Justice, Mental Health, and Substance
172 Abuse Technical Assistance Center.—

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

177 (d) Disseminate and share evidence-based practices and best
178 practices among grantees, including, but not limited to, the use
179 of person-first language and trauma-responsive care, to improve
180 patient experiences and outcomes of individuals with behavioral
181 health conditions and encourage cooperative engagement with such
182 individuals. For purposes of this paragraph, the term "person-
183 first language" means language used which emphasizes the
184 individual as a person rather than the individual's disability,



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185 illness, or condition.

186 Section 6. 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,
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 biennially conduct a review to identify the need for new short-
209 term residential treatment facilities and additional beds in
210 existing short-term residential treatment facilities. If
211 additional funding is necessary to address such need, the
212 department shall submit a legislative budget request for such
213 funding. If the department can address the need within existing



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214 resources, the department shall take action to do so.

215 Section 7. Paragraphs (v) and (w) are added to subsection
216 (5) of section 394.9082, Florida Statutes, to read:

217 394.9082 Behavioral health managing entities.—

218 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

219 (v) Promote the use of person-first language and trauma-
220 informed responsive care among providers, peer organizations,
221 and family members, including, but not limited to, through
222 training and sharing best practices. For purposes of this
223 paragraph, the term "person-first language" means language used
224 which emphasizes the patient as a person rather than that
225 patient's disability, illness, or condition.

226 (w) Require use of the most recent version of the Daily
227 Living Activities-20 (DLA-20) functional assessment tool by all
228 providers under contract with the managing entity, unless the
229 department specifies in rule the use of a different assessment
230 tool.

231 Section 8. Paragraph (h) is added to subsection (1) of
232 section 1004.44, paragraph (a) of subsection (6) of that section
233 is amended, and subsection (8) is added to that section, to
234 read:

235 1004.44 Louis de la Parte Florida Mental Health Institute.—
236 There is established the Louis de la Parte Florida Mental Health
237 Institute within the University of South Florida.

238 (1) The purpose of the institute is to strengthen mental
239 health services throughout the state by providing technical
240 assistance and support services to mental health agencies and
241 mental health professionals. Such assistance and services shall
242 include:



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243 (h) Submission of a report analyzing substance abuse and
244 mental health services provided in the state through publicly
245 funded programs, including Medicare. The review shall, at a
246 minimum, identify services covered by such programs, assess
247 quality of care and cost management, and identify services for
248 which additional providers are needed in the state. The
249 institute shall submit the report to the Governor, President of
250 the Senate, and Speaker of the House of Representatives by June
251 30, 2026.

252 (6) (a) There is established within the institute the
253 Florida Center for Behavioral Health Workforce. The purpose of
254 the center is to support an adequate, highly skilled, resilient,
255 and innovative workforce that meets the current and future human
256 resources needs of the state's behavioral health system in order
257 to provide high-quality care, services, and supports to
258 Floridians with, or at risk of developing, behavioral health
259 conditions through original research, policy analysis,
260 evaluation, and development and dissemination of best practices.
261 The goals of the center are, at a minimum, to research the
262 state's current behavioral health workforce and future needs;
263 expand the number of clinicians, professionals, and other
264 workers involved in the behavioral health workforce; and enhance
265 the skill level and innovativeness of the workforce. The center
266 shall, at a minimum, do all of the following:

267 1. Describe and analyze the current workforce and project
268 possible future workforce demand, especially in critical roles,
269 and develop strategies for addressing any gaps. The center's
270 efforts may include, but need not be limited to, producing a
271 statistically valid biennial analysis of the supply and demand



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272 of the behavioral health workforce.

273 2. Expand pathways to behavioral health professions through
274 enhanced educational opportunities and improved faculty
275 development and retention. The center's efforts may include, but
276 need not be limited to:

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

279 b. Facilitating and coordinating the development of
280 academic-practice partnerships that support behavioral health
281 faculty employment and advancement.

282 c. Developing and implementing innovative projects to
283 support the recruitment, development, and retention of
284 behavioral health educators, faculty, and clinical preceptors.

285 d. Developing distance learning infrastructure for
286 behavioral health education and the evidence-based use of
287 technology, simulation, and distance learning techniques.

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

290 a. Conducting original research on the factors affecting
291 recruitment, retention, and advancement of the behavioral health
292 workforce, such as designing and implementing a longitudinal
293 study of the state's behavioral health workforce.

294 b. Developing and implementing innovative projects to
295 support the recruitment, development, and retention of
296 behavioral health workers, including, but not limited to,
297 projects to provide additional stipends, compensation, and
298 financial support for clinical supervisors, workers, interns,
299 and students currently working in the behavioral health field.

300 4. Request from the Board of Clinical Social Work, Marriage



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301 and Family Therapy, and Mental Health Counseling, and the board
302 must provide to the center upon its request, any information
303 held by the board regarding the clinical social work, marriage
304 and family therapy, and mental health counselors licensed in
305 this state or information reported to the board by employers of
306 such counselors, other than personal identifying information.

307 (8) (a) There is created within the institute the Center for
308 Substance Abuse and Mental Health Research. The purpose of the
309 center is to conduct rigorous and relevant research intended to
310 develop knowledge and practice in prevention and intervention
311 for substance abuse and mental health issues, to serve the
312 people and economy in this state in reducing the gap between
313 population needs and the availability of effective treatments
314 and other interventions to improve the capacity of the state to
315 have healthy, resilient communities prevailing over substance
316 abuse, addiction, and mental health challenges.

317 (b) The goals of the center are, at a minimum, to advance
318 the scientific understanding of the relationship between
319 substance abuse and mental health issues, to improve treatment
320 outcomes, and to reduce the societal impact and burden of
321 substance abuse and mental health conditions. The center shall,
322 at a minimum, do all of the following:

323 1. Analyze publicly funded substance abuse and mental
324 health services to identify gaps in insurance coverage, monitor
325 quality of care and cost management, and enhance provider
326 networks by identifying gaps in service provision by type and
327 geographic location.

328 2. Research and study the complex relationship between
329 substance abuse and mental health disorders, including analyzing



330 how substances may contribute to the onset of mental health
331 conditions, how those conditions can lead to substance abuse,
332 and how both can interact to create and worsen negative
333 outcomes, such as violence, infectious disease, suicide, and
334 overdose. The center must also study the range, distribution,
335 and concentration of such negative outcomes.

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

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

343 5. Conduct outcomes and implementation research on
344 optimizing application of technology for efficient and effective
345 dissemination of evidence-based treatment across this state,
346 with specific attention to rural and other low-resource areas,
347 using telehealth, mobile device remote monitoring, delivery of
348 patient-specific prompts via technology platforms for self-
349 management, and other aspects of care.

350 6. Investigate and improve treatment options for
351 individuals suffering from co-occurring substance use and mental
352 health disorders, including developing integrated treatment
353 programs that address both issues simultaneously.

354 7. Generate evidence-based data to inform public policy and
355 promote substance use disorder services and mental health
356 disorder services.

357 8. Develop community-based sharing agreements, local
358 infrastructure, and methodologies to encourage data-informed



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359 decisionmaking to encourage economic efficiency and targeted
360 service delivery.

361 9. Develop and provide training for health care
362 professionals, social workers, counselors, and researchers on
363 the latest findings related to substance abuse and mental
364 health, fostering a workforce capable of providing effective
365 care.

366 10. Articulate methods to align and adapt training
367 approaches for delivering evidence-based practices to locally
368 identified needs, including implementing evidence-based training
369 and tools at community health centers to improve identification
370 of mental health and substance use disorders and create plans
371 for referral and continuity of care.

372 11. Collaborate with community organizations to offer
373 resources and education about substance use and mental health to
374 reduce stigma and raise awareness.

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

380 Section 9. Subsection (2) of section 1006.041, Florida
381 Statutes, is amended to read:

382 1006.041 Mental health assistance program.—Each school
383 district must implement a school-based mental health assistance
384 program that includes training classroom teachers and other
385 school staff in detecting and responding to mental health issues
386 and connecting children, youth, and families who may experience
387 behavioral health issues with appropriate services.



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388 (2) A plan required under subsection (1) must be focused on
389 a multitiered system of supports to deliver evidence-based
390 mental health care assessment, diagnosis, intervention,
391 treatment, and recovery services to students with one or more
392 mental health or co-occurring substance abuse diagnoses and to
393 students at high risk of such diagnoses. Assessment procedures
394 must, at a minimum, include the use of the most recent version
395 of the Daily Living Activities-20 (DLA-20) functional assessment
396 tool, unless the department specifies in rule the use of a
397 different assessment tool. The department shall consult with the
398 Department of Children and Families before adopting rules
399 regarding use of a different assessment tool. The provision of
400 these services must be coordinated with a student's primary
401 mental health care provider and with other mental health
402 providers involved in the student's care. At a minimum, the plan
403 must include all of the following components:

404 (a) Direct employment of school-based mental health
405 services providers to expand and enhance school-based student
406 services and to reduce the ratio of students to staff in order
407 to better align with nationally recommended ratio models. The
408 providers shall include, but are not limited to, certified
409 school counselors, school psychologists, school social workers,
410 and other licensed mental health professionals. The plan must
411 also identify strategies to increase the amount of time that
412 school-based student services personnel spend providing direct
413 services to students, which may include the review and revision
414 of district staffing resource allocations based on school or
415 student mental health assistance needs.

416 (b) Contracts or interagency agreements with one or more



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417 local community behavioral health providers or providers of
418 Community Action Team services to provide a behavioral health
419 staff presence and services at district schools. Services may
420 include, but are not limited to, mental health screenings and
421 assessments, individual counseling, family counseling, group
422 counseling, psychiatric or psychological services, trauma-
423 informed care, mobile crisis services, and behavior
424 modification. These behavioral health services may be provided
425 on or off the school campus and may be supplemented by
426 telehealth as defined in s. 456.47(1).

427 (c) Policies and procedures, including contracts with
428 service providers, which will ensure that:

429 1. Students referred to a school-based or community-based
430 mental health service provider for mental health screening for
431 the identification of mental health concerns and students at
432 risk for mental health disorders are assessed within 15 days
433 after referral. School-based mental health services must be
434 initiated within 15 days after identification and assessment,
435 and support by community-based mental health service providers
436 for students who are referred for community-based mental health
437 services must be initiated within 30 days after the school or
438 district makes a referral.

439 2. Parents of a student receiving services under this
440 subsection are provided information about other behavioral
441 health services available through the student's school or local
442 community-based behavioral health services providers. A school
443 may meet this requirement by providing information about and
444 Internet addresses for web-based directories or guides for local
445 behavioral health services.



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446 3. Individuals living in a household with a student
447 receiving services under this subsection are provided
448 information about behavioral health services available through
449 other delivery systems or payors for which such individuals may
450 qualify, if such services appear to be needed or enhancements in
451 such individuals' behavioral health would contribute to the
452 improved well-being of the student.

453 (d) Strategies or programs to reduce the likelihood of at-
454 risk students developing social, emotional, or behavioral health
455 problems; depression; anxiety disorders; suicidal tendencies; or
456 substance use disorders.

457 (e) Strategies to improve the early identification of
458 social, emotional, or behavioral problems or substance use
459 disorders; to improve the provision of early intervention
460 services; and to assist students in dealing with trauma and
461 violence.

462 (f) Procedures to assist a mental health services provider
463 or a behavioral health provider as described in paragraph (a) or
464 paragraph (b), respectively, or a school resource officer or
465 school safety officer who has completed mental health crisis
466 intervention training in attempting to verbally de-escalate a
467 student's crisis situation before initiating an involuntary
468 examination pursuant to s. 394.463. Such procedures must include
469 strategies to de-escalate a crisis situation for a student with
470 a developmental disability as defined in s. 393.063.

471 (g) Policies of the school district which must require that
472 in a student crisis situation, school or law enforcement
473 personnel must make a reasonable attempt to contact a mental
474 health professional who may initiate an involuntary examination



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475 pursuant to s. 394.463, unless the child poses an imminent
476 danger to themselves or others, before initiating an involuntary
477 examination pursuant to s. 394.463. Such contact may be in
478 person or through telehealth. The mental health professional may
479 be available to the school district either by a contract or
480 interagency agreement with the managing entity, one or more
481 local community-based behavioral health providers, or the local
482 mobile response team, or be a direct or contracted school
483 district employee.

484 Section 10. For the purpose of incorporating the amendment
485 made by this act to section 394.468, Florida Statutes, in a
486 reference thereto, paragraph (g) of subsection (2) of section
487 394.463, Florida Statutes, is reenacted to read:

488 394.463 Involuntary examination.—

489 (2) INVOLUNTARY EXAMINATION.—

490 (g) The examination period must be for up to 72 hours and
491 begins when a patient arrives at the receiving facility. For a
492 minor, the examination shall be initiated within 12 hours after
493 the patient's arrival at the facility. Within the examination
494 period, one of the following actions must be taken, based on the
495 individual needs of the patient:

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

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

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



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504 patient shall be admitted as a voluntary patient; or

505 4. A petition for involuntary services shall be filed in
506 the circuit court or with the county court, as applicable. When
507 inpatient treatment is deemed necessary, the least restrictive
508 treatment consistent with the optimum improvement of the
509 patient's condition shall be made available. The petition shall
510 be filed by one of the petitioners specified in s. 394.467, and
511 the court shall dismiss an untimely filed petition. If a
512 patient's 72-hour examination period ends on a weekend or
513 holiday, including the hours before the ordinary business hours
514 on the morning of the next working day, and the receiving
515 facility:

516 a. Intends to file a petition for involuntary services,
517 such patient may be held at the facility through the next
518 working day thereafter and the petition must be filed no later
519 than such date. If the facility fails to file the petition by
520 the ordinary close of business on the next working day, the
521 patient shall be released from the receiving facility following
522 approval pursuant to paragraph (f).

523 b. Does not intend to file a petition for involuntary
524 services, the receiving facility may postpone release of a
525 patient until the next working day thereafter only if a
526 qualified professional documents that adequate discharge
527 planning and procedures in accordance with s. 394.468, and
528 approval pursuant to paragraph (f), are not possible until the
529 next working day.

530 Section 11. For the purpose of incorporating the amendment
531 made by this act to section 394.495, Florida Statutes, in
532 references thereto, paragraph (c) of subsection (2) and



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533 subsection (6) of section 394.4955, Florida Statutes, are
534 reenacted to read:

535 394.4955 Coordinated system of care; child and adolescent
536 mental health treatment and support.—

537 (2)

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

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

545 Section 12. For the purpose of incorporating the amendment
546 made by this act to section 1004.44, Florida Statutes, in a
547 reference thereto, subsection (7) of section 1001.212, Florida
548 Statutes, is reenacted to read:

549 1001.212 Office of Safe Schools.—There is created in the
550 Department of Education the Office of Safe Schools. The office
551 is fully accountable to the Commissioner of Education. The
552 office shall serve as a central repository for best practices,
553 training standards, and compliance oversight in all matters
554 regarding school safety and security, including prevention
555 efforts, intervention efforts, and emergency preparedness
556 planning. The office shall:

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



562 of children for whom an examination is initiated.

563 Section 13. This act shall take effect July 1, 2025.

564

565 ===== T I T L E A M E N D M E N T =====

566 And the title is amended as follows:

567 Delete everything before the enacting clause

568 and insert:

569 A bill to be entitled

570 An act relating to mental health and substance use
571 disorders; amending s. 394.457, F.S.; requiring the
572 Department of Children and Families to require certain
573 providers to use a specified assessment tool; revising
574 the minimum standards for a mobile crisis response
575 service; amending s. 394.459, F.S.; requiring
576 facilities to update treatment plans within specified
577 timeframes; amending s. 394.468, F.S.; revising
578 requirements for discharge planning regarding
579 medications; amending s. 394.495, F.S.; requiring use
580 of a specified assessment tool; providing an
581 exception; requiring the Department of Children and
582 Families, in consultation with the Department of
583 Education, to conduct a review biennially of school-
584 based behavioral health access through telehealth;
585 providing requirements for review; requiring the
586 Department of Children and Families to submit to the
587 Governor and the Legislature its findings by a
588 specified date; providing for expiration of the
589 review; amending s. 394.659, F.S.; requiring the
590 Criminal Justice, Mental Health, and Substance Abuse



591 Technical Assistance Center at the Louis de la Parte
592 Florida Mental Health Institute at the University of
593 South Florida to disseminate among grantees certain
594 evidence-based practices and best practices; defining
595 the term "person-first language"; amending s. 394.875,
596 F.S.; requiring the Department of Children and
597 Families, in consultation with the Agency for Health
598 Care Administration, to conduct a review biennially to
599 identify needs regarding short-term residential
600 treatment facilities and beds; specifying actions the
601 department must take under certain conditions;
602 amending s. 394.9082, F.S.; requiring managing
603 entities to promote use of person-first language and
604 trauma-informed care and require use of a specified
605 assessment tool; amending s. 1004.44, F.S.; revising
606 the assistance and services the Louis de la Parte
607 Florida Mental Health Institute is required to
608 provide; revising the requirements of the Florida
609 Center for Behavioral Health Workforce to promote
610 behavioral health professions; creating the Center for
611 Substance Abuse and Mental Health Research within the
612 institute; specifying the purpose of the center;
613 specifying the goals of the center; specifying the
614 responsibilities of the center; requiring the center
615 to submit a report by a specified date each year to
616 the Governor and the Legislature; specifying the
617 contents of the report; amending s. 1006.041, F.S.;
618 revising the plan components for mental health
619 assistance programs; reenacting s. 394.463(2)(g),



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620 F.S., relating to involuntary examination, to
621 incorporate the amendment made to s. 394.468, F.S., in
622 a reference thereto; reenacting s. 394.4955(2)(c) and
623 (6), F.S., relating to coordinated system of care and
624 child and adolescent mental health treatment and
625 support, to incorporate the amendment made to s.
626 394.495, F.S., in references thereto; reenacting s.
627 1001.212(7), F.S., relating to the Office of Safe
628 Schools, to incorporate the amendment made to s.
629 1004.44, F.S., in a reference thereto; providing an
630 effective date.