

CHAPTER 2025-143

Committee Substitute for Committee Substitute for House Bill No. 1091

An act relating to substance abuse and mental health care; amending s. 394.4573, F.S.; expanding mental health crisis services to include the 988 suicide and crisis lifeline call center; amending s. 394.4598, F.S.; authorizing a guardian advocate to be discharged when a patient is discharged from involuntary outpatient services; amending s. 394.4625, F.S.; requiring clinical psychologists who make determinations of involuntary placement at certain mental health facilities to have specified clinical experience; amending s. 394.463, F.S.; authorizing a designated facility to retain a patient for the remainder of a specified timeframe under certain circumstances; amending s. 394.4655, F.S.; providing specified criteria relating to orders to involuntary outpatient placement; amending s. 394.467, F.S.; revising the definition of the term “court”; providing that orders entered by an administrative law judge for continued involuntary placement for patients at certain mental health facilities are final and subject to judicial review; requiring a patient to be represented by the public defender of the circuit in which the patient is receiving services at hearings for continued involuntary services under certain circumstances; requiring the court or the administrative law judge to make certain determinations before waiving a patient’s attendance at a hearing for continued involuntary placement; authorizing an administrative law judge to issue an order for involuntary services if the patient meets certain criteria; amending s. 394.67, F.S.; revising the definition of “crisis services” to include a 988 suicide and crisis lifeline call center and defining the term “988 suicide and crisis lifeline call center”; creating s. 394.9088, F.S.; requiring the Department of Children and Families to authorize and provide oversight of the 988 suicide and crisis lifeline call centers and adopt specified rules; amending s. 397.427, F.S.; removing requirements relating to providers of medication-assisted treatment services for opiate addiction; amending s. 916.111, F.S.; revising training requirements for mental health professionals; amending s. 916.115, F.S.; requiring court appointed experts to have completed specified training and continued education; amending s. 916.12, F.S.; providing requirements for an expert to determine acceptable treatments available in a community; amending ss. 394.674, 397.68141, and 394.74, F.S.; conforming cross-references; providing an effective date.

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

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

394.4573 Coordinated system of care; annual assessment; essential elements; measures of performance; system improvement grants; reports.

On or before December 1 of each year, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an assessment of the behavioral health services in this state. The assessment shall consider, at a minimum, the extent to which designated receiving systems function as no-wrong-door models, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, and the use of evidence-informed practices. The assessment shall also consider the availability of and access to coordinated specialty care programs and identify any gaps in the availability of and access to such programs in the state. The department's assessment shall consider, at a minimum, the needs assessments conducted by the managing entities pursuant to s. 394.9082(5). The department shall compile and include in the report all plans submitted by managing entities pursuant to s. 394.9082(8) and the department's evaluation of each plan.

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

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

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

394.4598 Guardian advocate.—

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

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

394.4625 Voluntary admissions.—

(5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary patient, or an authorized person on the patient's behalf, makes a request for discharge, the request for discharge, unless freely and voluntarily rescinded, must be communicated to a physician, a clinical psychologist with at least 3 years of clinical postdoctoral experience in the practice of clinical psychology, or a psychiatrist as quickly as possible, but not later than 12

hours after the request is made. If the patient meets the criteria for involuntary placement, the administrator of the facility must file with the court a petition for involuntary placement, within 2 court working days after the request for discharge is made. If the petition is not filed within 2 court working days, the patient must be discharged. Pending the filing of the petition, the patient may be held and emergency treatment rendered in the least restrictive manner, upon the order of a physician or a psychiatric nurse practicing within the framework of an established protocol with a psychiatrist, if it is determined that such treatment is necessary for the safety of the patient or others.

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

394.463 Involuntary examination.—

(2) INVOLUNTARY EXAMINATION.—

(i) One of the following must occur within 12 hours after the patient's attending physician documents that the patient's medical condition has stabilized or that an emergency medical condition does not exist:

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

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

Section 5. 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.

(2) A court or a county court may order an individual to involuntary outpatient placement in accordance with the criteria for ordering a person to involuntary outpatient placement, and the requirements and processes for placement, including, but not limited to, recommendations for involuntary outpatient placement, petitions, appointment of counsel, and hearings on involuntary outpatient placement as provided under s. 394.467.

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

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

394.467 Involuntary inpatient placement and involuntary outpatient services.—

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

(a) “Court” means a circuit court or, for commitments only to involuntary outpatient services as defined in paragraph (c) s. 394.4655, a county court.

(11) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES.—

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

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.

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

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

(i) If a patient's attendance at the hearing is voluntarily waived, the court or the administrative law judge must determine that the patient knowingly, intelligently, and voluntarily waived his or her right to be present, before waiving the presence of the patient from all or a portion of the hearing. Alternatively, if at the hearing the court or the administrative law judge finds that attendance at the hearing is not consistent with the best interests of the patient, the court or the administrative law judge may waive the presence of the patient from all or any portion of the hearing, unless the patient, through counsel, objects to the waiver of presence. The testimony in the hearing must be under oath, and the proceedings 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.

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

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

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

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

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

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

~~(b) If needs assessment is required, the department shall annually conduct the assessment and publish a statement of findings which identifies each substate entity's need.~~

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

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

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

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

(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. Training must include, but is not limited to, information on statutes and rules related to competency restoration, evidence-based practices, least restrictive treatment alternatives and placement options as described in s. 916.12(4)(c); and

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

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.

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

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

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

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

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

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

Section 12. Paragraph (d) of subsection (4) of section 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 state in the report. In determining what acceptable treatments are available in the community, the expert shall, at a minimum, use current information or resources on less restrictive treatment alternatives, as described in paragraph (c) and those obtained from forensic evaluators training provided by the department.

The examining expert's report to the court shall include a full and detailed explanation regarding why the alternative treatment 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.
2. Persons who are experiencing an acute mental or emotional crisis as defined in s. 394.67 ~~s. 394.67(18)~~.

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

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

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

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

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

(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 s. 394.67 ~~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;

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

Approved by the Governor June 13, 2025.

Filed in Office Secretary of State June 13, 2025.