

1 A bill to be entitled

2 An act relating to mental health and substance use  
3 disorders; amending s. 394.455, F.S.; defining the  
4 term "person-first language"; amending s. 394.457,  
5 F.S.; revising the minimum standards for a mobile  
6 crisis response service; amending s. 394.459, F.S.;  
7 requiring that an individualized treatment plan be  
8 reevaluated within a specified timeframe to ensure the  
9 recommended care remains necessary for a patient;  
10 amending ss. 394.467 and 394.468, F.S.; requiring a  
11 service provider to provide a patient with certain  
12 medication for a specified timeframe upon discharge  
13 from certain treatment facilities; providing  
14 exceptions; amending s. 394.495, F.S.; requiring that  
15 assessment services be reevaluated at specified  
16 intervals to ensure a patient's clinical needs are  
17 being met; revising such assessment services'  
18 evaluations and screening areas; amending s. 394.659,  
19 F.S.; requiring the Criminal Justice, Mental Health,  
20 and Substance Abuse Technical Assistance Center at the  
21 Louis de la Parte Florida Mental Health Institute at  
22 the University of South Florida to disseminate certain  
23 evidence-based practices and best practices among  
24 grantees; amending s. 394.875, F.S.; requiring the  
25 Department of Children and Families, in consultation

26 | with the Agency for Health Care Administration, to  
27 | conduct a review every other year to identify certain  
28 | counties that require additional resources for short-  
29 | term residential treatment facilities; requiring the  
30 | department to prioritize specified facilities in  
31 | issuing licenses; requiring the department to adopt  
32 | rules in consultation with the agency; amending s.  
33 | 394.9086, F.S.; revising the duties of the Commission  
34 | on Mental Health and Substance Use Disorder; amending  
35 | s. 1004.44, F.S.; revising the assistance and services  
36 | the Louis de la Parte Florida Mental Health Institute  
37 | is required to provide; revising the requirements of  
38 | the Florida Center for Behavioral Health Workforce to  
39 | promote behavioral health professions; requiring the  
40 | center to conduct a workforce compensation study  
41 | annually to identify specified factors that have led  
42 | to a shortage of behavioral health workers in this  
43 | state; amending s. 1006.041, F.S.; revising the plan  
44 | components for mental health assistance programs;  
45 | requiring the Department of Children and Families, in  
46 | consultation with the Department of Education, to  
47 | conduct a review every other year to identify  
48 | effective models of school-based behavioral health  
49 | access; requiring the Department of Children and  
50 | Families to submit its findings to the Governor and

51 the Legislature by a specified date every other year;  
52 amending s. 394.9085, F.S.; conforming a cross-  
53 reference; reenacting s. 984.19(4), F.S., relating to  
54 medical screening and treatment of a child and  
55 examination of a parent, guardian, or person  
56 requesting custody, to incorporate the amendment made  
57 to s. 394.467, F.S., in a reference thereto;  
58 reenacting s. 394.463(2)(g), F.S., relating to  
59 involuntary examination, to incorporate the amendment  
60 made to s. 394.468, F.S., in a reference thereto;  
61 reenacting s. 394.4955(2)(c) and (6), F.S., relating  
62 to coordinated system of care and child and adolescent  
63 mental health treatment and support, to incorporate  
64 the amendment made to s. 394.495, F.S., in references  
65 thereto; reenacting s. 1001.212(7), F.S., relating to  
66 the Office of Safe Schools, to incorporate the  
67 amendment made to s. 1004.44, F.S., in a reference  
68 thereto; providing an effective date.

69  
70 Be It Enacted by the Legislature of the State of Florida:

71  
72 **Section 1. Present subsections (33) through (50) of**  
73 **section 394.455, Florida Statutes, are redesignated as**  
74 **subsections (34) through (51), respectively, and a new**  
75 **subsection (33) is added to that section, to read:**

76 394.455 Definitions.—As used in this part, the term:  
 77 (33) "Person-first language" means language used in a  
 78 professional medical setting which emphasizes the patient as a  
 79 person rather than his or her disability or illness.

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

82 394.457 Operation and administration.—

83 (5) RULES.—

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

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

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

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

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

99 b. Provision of and referral to evidence-based services  
 100 that are responsive to the needs of the individual and the

101 individual's family;

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

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

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

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

113 394.459 Rights of patients.—

114 (2) RIGHT TO TREATMENT.—

115 (e) Not more than 5 days after admission to a facility,  
116 each patient must ~~shall~~ have and receive an individualized  
117 treatment plan in writing which the patient has had an  
118 opportunity to assist in preparing and to review before ~~prior to~~  
119 its implementation. The plan must ~~shall~~ include a space for the  
120 patient's comments. An individualized treatment plan must be  
121 reevaluated no less than every 6 months to ensure the treatment  
122 plan's recommended care remains necessary for the patient.

123 **Section 4. Subsection (13) of section 394.467, Florida**  
124 **Statutes, is amended to read:**

125 394.467 Involuntary inpatient placement and involuntary

126 outpatient services.—

127 (13) DISCHARGE.—The patient must ~~shall~~ be discharged upon  
128 expiration of the court order or at any time the patient no  
129 longer meets the criteria for involuntary services, unless the  
130 patient has transferred to voluntary status. Upon discharge, the  
131 service provider shall provide the patient with a sufficient  
132 supply of necessary prescribed medication to cover the patient's  
133 scheduled dosage until his or her scheduled follow-up  
134 appointment or for at least 30 days, unless contraindicated in  
135 the patient's treatment plan or the provider has clinical safety  
136 concerns for giving the patient a supply of medication based on  
137 a safety risk assessment. Such medication may include, but is  
138 not limited to, long-acting injectables. Upon discharge, the  
139 service provider or facility shall send a certificate of  
140 discharge to the court.

141 **Section 5. Paragraph (e) is added to subsection (2) of**  
142 **section 394.468, Florida Statutes, to read:**

143 394.468 Admission and discharge procedures.—

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

148 (a) Follow-up behavioral health appointments;

149 (b) Information on how to obtain prescribed medications;

150 and

151 (c) Information pertaining to:  
 152 1. Available living arrangements; and  
 153 2. Transportation; ~~and~~  
 154 (d) Referral to:  
 155 1. Care coordination services. The patient must be  
 156 referred for care coordination services if the patient meets the  
 157 criteria as a member of a priority population as determined by  
 158 the department under s. 394.9082(3)(c) and is in need of such  
 159 services.  
 160 2. Recovery support opportunities under s. 394.4573(2)(1),  
 161 including, but not limited to, connection to a peer specialist;  
 162 ~~and-~~  
 163 (e) Upon discharge, provision of a sufficient supply  
 164 necessary prescribed medication to cover the patient's scheduled  
 165 dosage until his or her scheduled follow-up appointment or for  
 166 at least 30 days, unless contraindicated in the patient's  
 167 treatment plan or the provider has clinical safety concerns for  
 168 giving the patient a supply of medication based on a safety risk  
 169 assessment. Such medication may include, but is not limited to,  
 170 long-acting injectables.  
 171 **Section 6. Subsection (2) of section 394.495, Florida**  
 172 **Statutes, is amended to read:**  
 173 394.495 Child and adolescent mental health system of care;  
 174 programs and services.-  
 175 (2) The array of services must include assessment services

176 that provide a professional interpretation of the nature of the  
177 problems of the child or adolescent and his or her family;  
178 family issues that may impact the problems; additional factors  
179 that contribute to the problems; and the assets, strengths, and  
180 resources of the child or adolescent and his or her family. The  
181 assessment services to be provided must ~~shall~~ be determined by  
182 the clinical needs of each child or adolescent. The department  
183 shall reevaluate the services no less than every 6 months to  
184 ensure the child's clinical needs are being met. Assessment  
185 services include, but are not limited to, evaluation and  
186 screening in the following areas:

187 (a) Physical and mental health for purposes of identifying  
188 medical and psychiatric problems.

189 (b) Psychological functioning, as determined through a  
190 battery of psychological tests.

191 (c) Intelligence and academic achievement.

192 (d) Social and behavioral functioning.

193 (e) Family functioning.

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

197

198 The assessment for academic achievement is the financial  
199 responsibility of the school district. The department shall  
200 cooperate with other state agencies and the school district to

201 avoid duplicating assessment services.

202 **Section 7. Paragraph (d) of subsection (1) of section**  
 203 **394.659, Florida Statutes, is amended to read:**

204 394.659 Criminal Justice, Mental Health, and Substance  
 205 Abuse Technical Assistance Center.—

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

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

215 **Section 8. Subsection (11) is added to section 394.875,**  
 216 **Florida Statutes, and paragraph (c) of subsection (1) and**  
 217 **paragraph (a) of subsection (8) of that section are republished,**  
 218 **to read:**

219 394.875 Crisis stabilization units, residential treatment  
 220 facilities, and residential treatment centers for children and  
 221 adolescents; authorized services; license required.—

222 (1)

223 (c) The purpose of a residential treatment center for  
 224 children and adolescents is to provide mental health assessment  
 225 and treatment services pursuant to ss. 394.491, 394.495, and

226 394.496 to children and adolescents who meet the target  
 227 population criteria specified in s. 394.493(1)(a), (b), or (c).

228 (8)(a) The department, in consultation with the agency,  
 229 must adopt rules governing a residential treatment center for  
 230 children and adolescents which specify licensure standards for:  
 231 admission; length of stay; program and staffing; discharge and  
 232 discharge planning; treatment planning; seclusion, restraints,  
 233 and time-out; rights of patients under s. 394.459; use of  
 234 psychotropic medications; and standards for the operation of  
 235 such centers.

236 (11) The department, in consultation with the agency,  
 237 shall conduct a review every other year to identify counties  
 238 that require additional resources for short-term residential  
 239 treatment facilities. The department, in consultation with the  
 240 agency, shall give priority in issuing licenses to short-term  
 241 residential treatment facilities located in counties identified  
 242 by the review. The department, in consultation with the agency,  
 243 shall adopt rules prescribing procedures for prioritizing short-  
 244 term residential treatment facilities in such counties.

245 **Section 9. Paragraph (a) of subsection (4) of section**  
 246 **394.9086, Florida Statutes, is amended to read:**

247 394.9086 Commission on Mental Health and Substance Use  
 248 Disorder.—

249 (4) DUTIES.—

250 (a) The duties of the Commission on Mental Health and

251 Substance Use Disorder include the following:

252       1. Conducting a review and evaluation of the management  
253 and functioning of the existing publicly supported mental health  
254 and substance use disorder systems and services in the  
255 department, the Agency for Health Care Administration, and all  
256 other departments which administer mental health and substance  
257 use disorder services. Such review must ~~shall~~ include, at a  
258 minimum, a review of current goals and objectives, current  
259 planning, services strategies, coordination management,  
260 purchasing, contracting, financing, local government funding  
261 responsibility, and accountability mechanisms.

262       2. Considering the unique needs of persons who are dually  
263 diagnosed.

264       3. Addressing access to, financing of, and scope of  
265 responsibility in the delivery of emergency behavioral health  
266 care services.

267       4. Addressing the quality and effectiveness of current  
268 mental health and substance use disorder services delivery  
269 systems, and professional staffing and clinical structure of  
270 services, roles, and responsibilities of public and private  
271 providers, such as community mental health centers; community  
272 substance use disorder agencies; hospitals, including emergency  
273 services departments; law enforcement agencies; and the judicial  
274 system.

275       5. Addressing priority population groups for publicly

276 funded mental health and substance use disorder services;~~it~~  
277 identifying the comprehensive mental health and substance use  
278 disorder services delivery systems;~~it~~ mental health and substance  
279 use disorder needs assessment and planning activities,  
280 including, but not limited to, the use of the Daily Living  
281 Activities-20 functional assessment tool as described in s.  
282 1006.041(2)(b); and local government funding responsibilities  
283 for mental health and substance use disorder services.

284 6. Reviewing the implementation of chapter 2020-107, Laws  
285 of Florida.

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

288 8. Providing recommendations on how behavioral health  
289 managing entities may fulfill their purpose of promoting service  
290 continuity and work with community stakeholders throughout this  
291 state in furtherance of supporting the 988 Suicide and Crisis  
292 Lifeline system and other crisis response services.

293 9. Conducting an overview of the current infrastructure of  
294 the 988 Suicide and Crisis Lifeline system.

295 10. Analyzing the current capacity of crisis response  
296 services available throughout this state, including services  
297 provided by mobile response teams and centralized receiving  
298 facilities. The analysis must include information on the  
299 geographic area and the total population served by each mobile  
300 response team along with the average response time to each call

301 made to a mobile response team; the number of calls that a  
302 mobile response team was unable to respond to due to staff  
303 limitations, travel distance, or other factors; and the veteran  
304 status and age groups of individuals served by mobile response  
305 teams.

306 11. Evaluating and making recommendations to improve  
307 linkages between the 988 Suicide and Crisis Lifeline  
308 infrastructure and crisis response services within this state.

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

316 13. In consultation with the Agency for Health Care  
317 Administration, identifying sources of funding available through  
318 the Medicaid program specifically for crisis response services,  
319 including funding that may be available by seeking approval of a  
320 Section 1115 waiver submitted to the Centers for Medicare and  
321 Medicaid Services.

322 14. Making recommendations regarding the mission and  
323 objectives of state-supported mental health and substance use  
324 disorder services and the planning, management, staffing,  
325 financing, contracting, coordination, and accountability

326 mechanisms which will best foster the recommended mission and  
327 objectives.

328 15. Evaluating and making recommendations regarding the  
329 establishment of a permanent, agency-level entity to manage  
330 mental health, substance use disorder, and related services  
331 statewide. At a minimum, the evaluation must consider and  
332 describe the:

333 a. Specific duties and organizational structure proposed  
334 for the entity;

335 b. Resource needs of the entity and possible sources of  
336 funding;

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

338 d. Impact on individuals with behavioral health needs and  
339 their families, both those currently served through the affected  
340 systems providing behavioral health services and those in need  
341 of services; and

342 e. Relation to, integration with, and impact on providers,  
343 managing entities, communities, state agencies, and systems  
344 which provide mental health and substance use disorder services  
345 in this state. Such recommendations must ensure that the ability  
346 of such other agencies and systems to carry out their missions  
347 and responsibilities is not impaired.

348 16. Evaluating and making recommendations regarding  
349 skills-based training that teaches participants about mental  
350 health and substance use disorder issues, including, but not

351 limited to, Mental Health First Aid models.

352 **Section 10. Paragraph (a) of subsection (6) of section**  
 353 **1004.44, Florida Statutes, is amended, and paragraph (h) is**  
 354 **added to subsection (1) of that section, to read:**

355 1004.44 Louis de la Parte Florida Mental Health  
 356 Institute.—There is established the Louis de la Parte Florida  
 357 Mental Health Institute within the University of South Florida.

358 (1) The purpose of the institute is to strengthen mental  
 359 health services throughout the state by providing technical  
 360 assistance and support services to mental health agencies and  
 361 mental health professionals. Such assistance and services shall  
 362 include:

363 (h) Analysis of publicly funded substance abuse and mental  
 364 health services to identify gaps in patients' insurance  
 365 coverage, monitor quality of care and cost management, enhance  
 366 provider networks by identifying areas where additional  
 367 providers are needed, and ensure compliance.

368 (6) (a) There is established within the institute the  
 369 Florida Center for Behavioral Health Workforce. The purpose of  
 370 the center is to support an adequate, highly skilled, resilient,  
 371 and innovative workforce that meets the current and future human  
 372 resources needs of the state's behavioral health system in order  
 373 to provide high-quality care, services, and supports to  
 374 Floridians with, or at risk of developing, behavioral health  
 375 conditions through original research, policy analysis,

376 evaluation, and development and dissemination of best practices.  
377 The goals of the center are, at a minimum, to research the  
378 state's current behavioral health workforce and future needs;  
379 expand the number of clinicians, professionals, and other  
380 workers involved in the behavioral health workforce; and enhance  
381 the skill level and innovativeness of the workforce. The center  
382 shall, at a minimum, do all of the following:

383 1. Describe and analyze the current workforce and project  
384 possible future workforce demand, especially in critical roles,  
385 and develop strategies for addressing any gaps. The center's  
386 efforts may include, but need not be limited to, producing a  
387 statistically valid biennial analysis of the supply and demand  
388 of the behavioral health workforce.

389 2. Expand pathways to behavioral health professions  
390 through enhanced educational opportunities and improved faculty  
391 development and retention. The center's efforts may include, but  
392 need not be limited to:

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

395 b. Facilitating and coordinating the development of  
396 academic-practice partnerships that support behavioral health  
397 faculty employment and advancement.

398 c. Developing and implementing innovative projects to  
399 support the recruitment, development, and retention of  
400 behavioral health educators, faculty, and clinical preceptors.

401 d. Developing distance learning infrastructure for  
402 behavioral health education and the evidence-based use of  
403 technology, simulation, and distance learning techniques.

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

406 a. Conducting original research on the factors affecting  
407 recruitment, retention, and advancement of the behavioral health  
408 workforce, such as designing and implementing a longitudinal  
409 study of the state's behavioral health workforce.

410 b. Developing and implementing innovative projects to  
411 support the recruitment, development, and retention of  
412 behavioral health workers, including additional stipends,  
413 compensation, and financial support for clinical supervisors,  
414 workers, interns, and students currently working in the  
415 behavioral health field.

416 4. Conduct a workforce compensation study annually to  
417 identify factors that have led to the shortage of behavioral  
418 health workers in this state.

419 **Section 11. Paragraph (b) of subsection (2) of section**  
420 **1006.041, Florida Statutes, is amended, and subsection (5) is**  
421 **added to that section, to read:**

422 1006.041 Mental health assistance program.—Each school  
423 district must implement a school-based mental health assistance  
424 program that includes training classroom teachers and other  
425 school staff in detecting and responding to mental health issues

426 and connecting children, youth, and families who may experience  
427 behavioral health issues with appropriate services.

428 (2) A plan required under subsection (1) must be focused  
429 on a multitiered system of supports to deliver evidence-based  
430 mental health care assessment, diagnosis, intervention,  
431 treatment, and recovery services to students with one or more  
432 mental health or co-occurring substance abuse diagnoses and to  
433 students at high risk of such diagnoses. The provision of these  
434 services must be coordinated with a student's primary mental  
435 health care provider and with other mental health providers  
436 involved in the student's care. At a minimum, the plan must  
437 include all of the following components:

438 (b) Contracts or interagency agreements with one or more  
439 local community behavioral health providers or providers of  
440 Community Action Team services to provide a behavioral health  
441 staff presence and services at district schools. Services may  
442 include, but are not limited to, mental health screenings and  
443 assessments, individual counseling, family counseling, group  
444 counseling, psychiatric or psychological services, trauma-  
445 informed care, mobile crisis services, and behavior  
446 modification. These behavioral health services may be provided  
447 on or off the school campus and may be supplemented by  
448 telehealth as defined in s. 456.47(1). In addition to the  
449 services in this paragraph, the department shall implement the  
450 Daily Living Activities-20 (DLA-20) functional assessment tool

451 to further assist providers in creating recommended treatment  
452 plans. The department shall review the DLA-20 functional  
453 assessment tool every other year to implement the most updated  
454 version. The department is authorized to replace the DLA-20  
455 functional assessment tool if it determines that a better  
456 alternative is available.

457 (5) The Department of Children and Families, in  
458 consultation with the Department of Education, shall conduct a  
459 review every other year to identify effective models of school-  
460 based behavioral health access, with an emphasis on underserved  
461 and rural communities. Such models must include, but are not  
462 limited to, telehealth services. The Department of Children and  
463 Families shall submit its findings to the Governor, the  
464 President of the Senate, and the Speaker of the House of  
465 Representatives by January 1 every other year, beginning in  
466 2026.

467 **Section 12. Subsection (6) of section 394.9085, Florida**  
468 **Statutes, is amended to read:**

469 394.9085 Behavioral provider liability.—

470 (6) For purposes of this section, the terms  
471 "detoxification," "addictions receiving facility," and  
472 "receiving facility" have the same meanings as those provided in  
473 ss. 397.311(27)(a)4., 397.311(27)(a)1., and 394.455 ~~394.455(40)~~,  
474 respectively.

475 **Section 13. For the purpose of incorporating the amendment**

476 **made by this act to section 394.467, Florida Statutes, in a**  
477 **reference thereto, subsection (4) of section 984.19, Florida**  
478 **Statutes, is reenacted to read:**

479 984.19 Medical screening and treatment of child;  
480 examination of parent, guardian, or person requesting custody.—

481 (4) A judge may order that a child alleged to be or  
482 adjudicated a child in need of services be treated by a licensed  
483 health care professional. The judge may also order such child to  
484 receive mental health or intellectual disability services from a  
485 psychiatrist, psychologist, or other appropriate service  
486 provider. If it is necessary to place the child in a residential  
487 facility for such services, the procedures and criteria  
488 established in s. 394.467 or chapter 393 shall be used, as  
489 applicable. A child may be provided services in emergency  
490 situations pursuant to the procedures and criteria contained in  
491 s. 394.463(1) or chapter 393, as applicable.

492 **Section 14. For the purpose of incorporating the amendment**  
493 **made by this act to section 394.468, Florida Statutes, in a**  
494 **reference thereto, paragraph (g) of subsection (2) of section**  
495 **394.463, Florida Statutes, is reenacted to read:**

496 394.463 Involuntary examination.—

497 (2) INVOLUNTARY EXAMINATION.—

498 (g) The examination period must be for up to 72 hours and  
499 begins when a patient arrives at the receiving facility. For a  
500 minor, the examination shall be initiated within 12 hours after

501 the patient's arrival at the facility. Within the examination  
502 period, one of the following actions must be taken, based on the  
503 individual needs of the patient:

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

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

509 3. The patient, unless he or she is charged with a crime,  
510 shall be asked to give express and informed consent to placement  
511 as a voluntary patient and, if such consent is given, the  
512 patient shall be admitted as a voluntary patient; or

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

524 a. Intends to file a petition for involuntary services,  
525 such patient may be held at the facility through the next

526 working day thereafter and the petition must be filed no later  
527 than such date. If the facility fails to file the petition by  
528 the ordinary close of business on the next working day, the  
529 patient shall be released from the receiving facility following  
530 approval pursuant to paragraph (f).

531 b. Does not intend to file a petition for involuntary  
532 services, the receiving facility may postpone release of a  
533 patient until the next working day thereafter only if a  
534 qualified professional documents that adequate discharge  
535 planning and procedures in accordance with s. 394.468, and  
536 approval pursuant to paragraph (f), are not possible until the  
537 next working day.

538 **Section 15. For the purpose of incorporating the amendment**  
539 **made by this act to section 394.495, Florida Statutes, in**  
540 **references thereto, paragraph (c) of subsection (2) and**  
541 **subsection (6) of section 394.4955, Florida Statutes, are**  
542 **reenacted to read:**

543 394.4955 Coordinated system of care; child and adolescent  
544 mental health treatment and support.—

545 (2)

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

549 (6) The managing entity shall identify gaps in the arrays  
550 of services for children and adolescents listed in s. 394.495

551 available under each plan and include relevant information in  
552 its annual needs assessment required by s. 394.9082.

553 **Section 16. For the purpose of incorporating the amendment**  
554 **made by this act to section 1004.44, Florida Statutes, in a**  
555 **reference thereto, subsection (7) of section 1001.212, Florida**  
556 **Statutes, is reenacted to read:**

557 1001.212 Office of Safe Schools.—There is created in the  
558 Department of Education the Office of Safe Schools. The office  
559 is fully accountable to the Commissioner of Education. The  
560 office shall serve as a central repository for best practices,  
561 training standards, and compliance oversight in all matters  
562 regarding school safety and security, including prevention  
563 efforts, intervention efforts, and emergency preparedness  
564 planning. The office shall:

565 (7) Provide data to support the evaluation of mental  
566 health services pursuant to s. 1004.44. Such data must include,  
567 for each school, the number of involuntary examinations as  
568 defined in s. 394.455 which are initiated at the school, on  
569 school transportation, or at a school-sponsored activity and the  
570 number of children for whom an examination is initiated.

571 **Section 17.** This act shall take effect July 1, 2025.