

Amendment No.1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Human Services
 2 Subcommittee

3 Representative Hunschofsky offered the following:

4
 5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 **Section 1. Subsection (3) and paragraph (c) of subsection**
 8 **(5) of section 394.457, Florida Statutes, are amended, and a new**
 9 **paragraph (d) is added to subsection (5), to read:**

10 394.457 Operation and administration.—

11 (3) POWER TO CONTRACT.—The department may contract to
 12 provide, and be provided with, services and facilities in order
 13 to carry out its responsibilities under this part with the
 14 following agencies: public and private hospitals; receiving and
 15 treatment facilities; clinics; laboratories; departments,
 16 divisions, and other units of state government; the state

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

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

47 (5) RULES.—

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

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

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

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

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

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

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

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

73 **Section 2. Paragraph (e) of subsection (2) of section**
74 **394.459, Florida Statutes, is amended to read:**

75 394.459 Rights of patients.—

76 (2) RIGHT TO TREATMENT.—

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

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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) 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
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
106 referred for care coordination services if the patient meets the
107 criteria as a member of a priority population as determined by
108 the 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 (e) Administration of long-acting injectable medication
113 prior to discharge if such medication is available to treat the

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114 patient's diagnosed behavioral health condition and clinically
115 appropriate for the patient.

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

118 394.495 Child and adolescent mental health system of care;
119 programs and services.—

120 (2) The array of services must include assessment services
121 that provide a professional interpretation of the nature of the
122 problems of the child or adolescent and his or her family;
123 family issues that may impact the problems; additional factors
124 that contribute to the problems; and the assets, strengths, and
125 resources of the child or adolescent and his or her family. The
126 assessment services to be provided must ~~shall~~ be determined by
127 the clinical needs of each child or adolescent. Assessment tools
128 used must at a minimum include use of the Daily Living
129 Activities-20 (DLA-20) functional assessment tool, unless the
130 department specifies in rule the use of a different assessment
131 tool. Assessment services include, but are not limited to,
132 evaluation and screening in the following areas:

133 (a) Physical and mental health for purposes of identifying
134 medical and psychiatric problems.

135 (b) Psychological functioning, as determined through a
136 battery of psychological tests.

137 (c) Intelligence and academic achievement.

138 (d) Social and behavioral functioning.

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139 (e) Family functioning.

140
141 The assessment for academic achievement is the financial
142 responsibility of the school district. The department shall
143 cooperate with other state agencies and the school district to
144 avoid duplicating assessment services.

145 (5) In order to enhance collaboration between agencies and
146 to facilitate the provision of services by the child and
147 adolescent mental health treatment and support system and the
148 school district:7

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

152 (b) The department, in consultation with the Department of
153 Education, shall biennially review school-based behavioral
154 health access in the state through telehealth, with an emphasis
155 on underserved and rural communities. The review shall, at a
156 minimum, assess gaps in the provision of school-based behavioral
157 health services, the extent of use of telehealth for school-
158 based behavioral health services, barriers to use and expansion
159 of such telehealth services, and recommendations to address
160 barriers and any implementation requirements. The review shall
161 also identify any new models for increasing school-based
162 behavioral health access. The Department of Children and
163 Families shall submit its findings to the Governor, the

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164 President of the Senate, and the Speaker of the House of
165 Representatives by January 1, beginning in 2026. This subsection
166 shall expire June 30, 2030, unless reenacted by the Legislature.

167 **Section 5.** Paragraph (d) of subsection (1) of section
168 394.659, Florida Statutes, is amended to read:

169 394.659 Criminal Justice, Mental Health, and Substance
170 Abuse Technical Assistance Center.—

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

175 (d) Disseminate and share evidence-based practices and
176 best practices among grantees, including, but not limited to,
177 the use of person-first language and trauma-responsive care, to
178 improve experiences and outcomes of individuals with behavioral
179 health conditions and encourage cooperative engagement with such
180 individuals. "Person-first language" means language used which
181 emphasizes the an individual as a person rather than that
182 individual's disability, illness, or condition.

183 **Section 6. Subsection (11) is added to section 394.875,**
184 **Florida Statutes, and paragraph (c) of subsection (1) and**
185 **paragraph (a) of subsection (8) of that section are republished,**
186 **to read:**

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187 394.875 Crisis stabilization units, residential treatment
188 facilities, and residential treatment centers for children and
189 adolescents; authorized services; license required.-

190 (1)

191 (c) The purpose of a residential treatment center for
192 children and adolescents is to provide mental health assessment
193 and treatment services pursuant to ss. 394.491, 394.495, and
194 394.496 to children and adolescents who meet the target
195 population criteria specified in s. 394.493(1)(a), (b), or (c).

196 (8)(a) The department, in consultation with the agency,
197 must adopt rules governing a residential treatment center for
198 children and adolescents which specify licensure standards for:
199 admission; length of stay; program and staffing; discharge and
200 discharge planning; treatment planning; seclusion, restraints,
201 and time-out; rights of patients under s. 394.459; use of
202 psychotropic medications; and standards for the operation of
203 such centers.

204 (11) The department, in consultation with the agency,
205 shall conduct a review every other year to identify the need for
206 new short-term residential treatment facilities and additional
207 beds in existing short-term residential treatment facilities. If
208 additional funding is necessary to address such need, the
209 department shall submit a legislative budget request for such
210 funding. If the department can address the need within existing
211 resources, the department shall take action to do so.

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

214 394.9082 Behavioral health managing entities.—

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

216 (v) Promote use of person-first language and trauma-
217 informed care among providers, peer organizations, and family
218 members, including, but not limited to, through training and
219 sharing best practices. "Person-first language" means language
220 used which emphasizes the patient as a person rather than that
221 patient's disability, illness, or condition.

222 (w) Require use of the most recent version of the Daily
223 Living Activities-20 (DLA-20) functional assessment tool by all
224 providers under contract with the managing entity, unless the
225 department specifies use of a different assessment tool.

226 **Section 8. Paragraph (a) of subsection (6) of section**
227 **1004.44, Florida Statutes, is amended, and paragraph (h) is**
228 **added to subsection (1) of that section, to read:**

229 1004.44 Louis de la Parte Florida Mental Health
230 Institute.—There is established the Louis de la Parte Florida
231 Mental Health Institute within the University of South Florida.

232 (1) The purpose of the institute is to strengthen mental
233 health services throughout the state by providing technical
234 assistance and support services to mental health agencies and
235 mental health professionals. Such assistance and services shall
236 include:

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

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

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261 1. Describe and analyze the current workforce and project
262 possible future workforce demand, especially in critical roles,
263 and develop strategies for addressing any gaps. The center's
264 efforts may include, but need not be limited to, producing a
265 statistically valid biennial analysis of the supply and demand
266 of the behavioral health workforce.

267 2. Expand pathways to behavioral health professions
268 through enhanced educational opportunities and improved faculty
269 development and retention. The center's efforts may include, but
270 need not be limited to:

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

273 b. Facilitating and coordinating the development of
274 academic-practice partnerships that support behavioral health
275 faculty employment and advancement.

276 c. Developing and implementing innovative projects to
277 support the recruitment, development, and retention of
278 behavioral health educators, faculty, and clinical preceptors.

279 d. Developing distance learning infrastructure for
280 behavioral health education and the evidence-based use of
281 technology, simulation, and distance learning techniques.

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

284 a. Conducting original research on the factors affecting
285 recruitment, retention, and advancement of the behavioral health

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286 workforce, such as designing and implementing a longitudinal
287 study of the state's behavioral health workforce.

288 b. Developing and implementing innovative projects to
289 support the recruitment, development, and retention of
290 behavioral health workers, including but not limited to projects
291 to provide additional stipends, compensation, and financial
292 support for clinical supervisors, workers, interns, and students
293 currently working in the behavioral health field.

294 **Section 9. Subsection (2) of section 1006.041, Florida**
295 **Statutes, is amended, to read:**

296 1006.041 Mental health assistance program.—Each school
297 district must implement a school-based mental health assistance
298 program that includes training classroom teachers and other
299 school staff in detecting and responding to mental health issues
300 and connecting children, youth, and families who may experience
301 behavioral health issues with appropriate services.

302 (2) A plan required under subsection (1) must be focused
303 on a multitiered system of supports to deliver evidence-based
304 mental health care assessment, diagnosis, intervention,
305 treatment, and recovery services to students with one or more
306 mental health or co-occurring substance abuse diagnoses and to
307 students at high risk of such diagnoses. Assessment procedures
308 must at a minimum include use of the most recent version of the
309 Daily Living Activities-20 (DLA-20) functional assessment tool,
310 unless the department specifies in rule the use of a different

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311 assessment tool. The department shall consult with the
312 Department of Children and Families before adopting rules
313 regarding use of a different assessment tool. The provision of
314 these services must be coordinated with a student's primary
315 mental health care provider and with other mental health
316 providers involved in the student's care. At a minimum, the plan
317 must include all of the following components:

318 (a) Direct employment of school-based mental health
319 services providers to expand and enhance school-based student
320 services and to reduce the ratio of students to staff in order
321 to better align with nationally recommended ratio models. The
322 providers shall include, but are not limited to, certified
323 school counselors, school psychologists, school social workers,
324 and other licensed mental health professionals. The plan must
325 also identify strategies to increase the amount of time that
326 school-based student services personnel spend providing direct
327 services to students, which may include the review and revision
328 of district staffing resource allocations based on school or
329 student mental health assistance needs.

330 (b) Contracts or interagency agreements with one or more
331 local community behavioral health providers or providers of
332 Community Action Team services to provide a behavioral health
333 staff presence and services at district schools. Services may
334 include, but are not limited to, mental health screenings and
335 assessments, individual counseling, family counseling, group

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336 counseling, psychiatric or psychological services, trauma-
337 informed care, mobile crisis services, and behavior
338 modification. These behavioral health services may be provided
339 on or off the school campus and may be supplemented by
340 telehealth as defined in s. 456.47(1).

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

343 1. Students referred to a school-based or community-based
344 mental health service provider for mental health screening for
345 the identification of mental health concerns and students at
346 risk for mental health disorders are assessed within 15 days
347 after referral. School-based mental health services must be
348 initiated within 15 days after identification and assessment,
349 and support by community-based mental health service providers
350 for students who are referred for community-based mental health
351 services must be initiated within 30 days after the school or
352 district makes a referral.

353 2. Parents of a student receiving services under this
354 subsection are provided information about other behavioral
355 health services available through the student's school or local
356 community-based behavioral health services providers. A school
357 may meet this requirement by providing information about and
358 Internet addresses for web-based directories or guides for local
359 behavioral health services.

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360 3. Individuals living in a household with a student
361 receiving services under this subsection are provided
362 information about behavioral health services available through
363 other delivery systems or payors for which such individuals may
364 qualify, if such services appear to be needed or enhancements in
365 such individuals' behavioral health would contribute to the
366 improved well-being of the student.

367 (d) Strategies or programs to reduce the likelihood of at-
368 risk students developing social, emotional, or behavioral health
369 problems; depression; anxiety disorders; suicidal tendencies; or
370 substance use disorders.

371 (e) Strategies to improve the early identification of
372 social, emotional, or behavioral problems or substance use
373 disorders; to improve the provision of early intervention
374 services; and to assist students in dealing with trauma and
375 violence.

376 (f) Procedures to assist a mental health services provider
377 or a behavioral health provider as described in paragraph (a) or
378 paragraph (b), respectively, or a school resource officer or
379 school safety officer who has completed mental health crisis
380 intervention training in attempting to verbally de-escalate a
381 student's crisis situation before initiating an involuntary
382 examination pursuant to s. 394.463. Such procedures must include
383 strategies to de-escalate a crisis situation for a student with
384 a developmental disability as defined in s. 393.063.

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385 (g) Policies of the school district which must require
386 that in a student crisis situation, school or law enforcement
387 personnel must make a reasonable attempt to contact a mental
388 health professional who may initiate an involuntary examination
389 pursuant to s. 394.463, unless the child poses an imminent
390 danger to themselves or others, before initiating an involuntary
391 examination pursuant to s. 394.463. Such contact may be in
392 person or through telehealth. The mental health professional may
393 be available to the school district either by a contract or
394 interagency agreement with the managing entity, one or more
395 local community-based behavioral health providers, or the local
396 mobile response team, or be a direct or contracted school
397 district employee.

398 **Section 10. For the purpose of incorporating the amendment**
399 **made by this act to section 394.468, Florida Statutes, in a**
400 **reference thereto, paragraph (g) of subsection (2) of section**
401 **394.463, Florida Statutes, is reenacted to read:**

402 394.463 Involuntary examination.—

403 (2) INVOLUNTARY EXAMINATION.—

404 (g) The examination period must be for up to 72 hours and
405 begins when a patient arrives at the receiving facility. For a
406 minor, the examination shall be initiated within 12 hours after
407 the patient's arrival at the facility. Within the examination
408 period, one of the following actions must be taken, based on the
409 individual needs of the patient:

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

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

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

419 4. A petition for involuntary services shall be filed in
420 the circuit court or with the county court, as applicable. When
421 inpatient treatment is deemed necessary, the least restrictive
422 treatment consistent with the optimum improvement of the
423 patient's condition shall be made available. The petition shall
424 be filed by one of the petitioners specified in s. 394.467, and
425 the court shall dismiss an untimely filed petition. If a
426 patient's 72-hour examination period ends on a weekend or
427 holiday, including the hours before the ordinary business hours
428 on the morning of the next working day, and the receiving
429 facility:

430 a. Intends to file a petition for involuntary services,
431 such patient may be held at the facility through the next
432 working day thereafter and the petition must be filed no later
433 than such date. If the facility fails to file the petition by
434 the ordinary close of business on the next working day, the

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435 patient shall be released from the receiving facility following
436 approval pursuant to paragraph (f).

437 b. Does not intend to file a petition for involuntary
438 services, the receiving facility may postpone release of a
439 patient until the next working day thereafter only if a
440 qualified professional documents that adequate discharge
441 planning and procedures in accordance with s. 394.468, and
442 approval pursuant to paragraph (f), are not possible until the
443 next working day.

444 **Section 11. For the purpose of incorporating the amendment**
445 **made by this act to section 394.495, Florida Statutes, in**
446 **references thereto, paragraph (c) of subsection (2) and**
447 **subsection (6) of section 394.4955, Florida Statutes, are**
448 **reenacted to read:**

449 394.4955 Coordinated system of care; child and adolescent
450 mental health treatment and support.—

451 (2)

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

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

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459 **Section 12. For the purpose of incorporating the amendment**
460 **made by this act to section 1004.44, Florida Statutes, in a**
461 **reference thereto, subsection (7) of section 1001.212, Florida**
462 **Statutes, is reenacted to read:**

463 1001.212 Office of Safe Schools.—There is created in the
464 Department of Education the Office of Safe Schools. The office
465 is fully accountable to the Commissioner of Education. The
466 office shall serve as a central repository for best practices,
467 training standards, and compliance oversight in all matters
468 regarding school safety and security, including prevention
469 efforts, intervention efforts, and emergency preparedness
470 planning. The office shall:

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

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

478
479 -----
480 **T I T L E A M E N D M E N T**

481 Remove everything before the enacting clause and insert:
482

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483 An act relating to mental health and substance use
484 disorders; amending s. 394.457, F.S.; requiring the
485 Department of Children and Families to require certain
486 providers to use a specified assessment tool; revising
487 the minimum standards for a mobile crisis response
488 service; amending s. 394.459, F.S.; requiring
489 facilities to update treatment plans within specified
490 timeframes; amending s. 394.468, F.S.; revising
491 requirements for discharge planning regarding
492 medications; amending s. 394.495, F.S.; requiring use
493 of a specified assessment; providing exceptions;
494 requiring the Department of Children and Families, in
495 consultation with the Department of Education, to
496 conduct a review biennially of school-based behavioral
497 health access through telehealth; providing
498 requirements for report content; requiring the
499 Department of Children and Families to submit its
500 findings to the Governor and the Legislature by a
501 specified date every other year; providing for
502 expiration of the subsection; amending s. 394.659,
503 F.S.; requiring the Criminal Justice, Mental Health,
504 and Substance Abuse Technical Assistance Center at the
505 Louis de la Parte Florida Mental Health Institute at
506 the University of South Florida to disseminate certain
507 evidence-based practices and best practices among

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508 grantees; providing a definition; amending s. 394.875,
509 F.S.; requiring the Department of Children and
510 Families, in consultation with the Agency for Health
511 Care Administration, to conduct a review every other
512 year to identify needs regarding short-term
513 residential treatment facilities and beds; specifying
514 actions the department must take under certain
515 conditions; amending s. 394.9082, F.S.; adding to
516 duties of managing entities to promote use of person-
517 first language and trauma-informed care and require
518 use of a specified assessment tool; reamending s.
519 1004.44, F.S.; revising the assistance and services
520 the Louis de la Parte Florida Mental Health Institute
521 is required to provide; revising the requirements of
522 the Florida Center for Behavioral Health Workforce to
523 promote behavioral health professions; amending s.
524 1006.041, F.S.; revising the plan components for
525 mental health assistance programs; amending s.
526 394.9082, F.S.; defining the term "person-first
527 language"; reenacting s. 394.463(2)(g), F.S., relating
528 to involuntary examination, to incorporate the
529 amendment made to s. 394.468, F.S., in a reference
530 thereto; reenacting s. 394.4955(2)(c) and (6), F.S.,
531 relating to coordinated system of care and child and
532 adolescent mental health treatment and support, to

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1439 (2025)

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533 | incorporate the amendment made to s. 394.495, F.S., in
534 | references thereto; reenacting s. 1001.212(7), F.S.,
535 | relating to the Office of Safe Schools, to incorporate
536 | the amendment made to s. 1004.44, F.S., in a reference
537 | thereto; providing an effective date.