

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

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BILL: CS/SB 1620

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Rouson

SUBJECT: Mental Health and Substance Use Disorders

DATE: April 9, 2025

REVISED: \_\_\_\_\_

| ANALYST           | STAFF DIRECTOR   | REFERENCE  | ACTION           |
|-------------------|------------------|------------|------------------|
| 1. <u>Kennedy</u> | <u>Tuszynski</u> | <u>CF</u>  | <b>Fav/CS</b>    |
| 2. <u>Sneed</u>   | <u>McKnight</u>  | <u>AHS</u> | <b>Favorable</b> |
| 3. _____          | _____            | <u>FP</u>  | _____            |

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 1620 codifies recommendations made by Florida's Commission on Mental Health and Substance Use Disorder by making the following changes to Florida's Mental Health Act:

- Defines person-first language to mean language used in a professional medical setting which emphasizes the patient as a person rather than his or her disability or illness and requires use and promotion of person-first language as the standard in professional behavioral health settings.
- Ensures access to mobile response services for persons 65 years of age or older.
- Requires the continued promotion of best practices in crisis intervention and trauma-informed care.
- Requires that individualized treatment plans for adults and juveniles be reevaluated at least every six months.
- Requires the use and statewide integration of the Daily Living Activities-20 function assessment tool.
- Requires the Department of Children and Families (DCF) to review discharge procedures and evaluate access to prescribed behavioral health medications, including data on adherence and readmissions. In collaboration with the Agency for Health Care Administration (AHCA), the DCF must report findings and recommend policies with cost estimates to improve access and promote the use of long-acting injectables as a discharge medication.
- Requires the DCF to conduct reviews every other year and the AHCA to prioritize licensing for short-term residential treatment facilities in underserved counties and high-need areas.

The bill also requires the DCF and the Department of Education to conduct reviews every other year to identify effective models of school-based behavioral health access, particularly in underserved and rural areas, and submit their findings to the Governor and Legislature.

The bill establishes the Center for Substance Abuse and Mental Health Research at the University of South Florida's Louis de la Parte Florida Mental Health Institute to conduct statewide behavioral health research, promote evidence-based practices, and improve workforce development.

The bill has a significant negative fiscal impact on state revenues and expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

## **II. Present Situation:**

The present situation is presented in Section III under the Effect of Proposed Changes.

## **III. Effect of Proposed Changes:**

### **Background**

#### ***Florida Mental Health Act***

In 1971, the Legislature adopted the Florida Mental Health Act, known as the Baker Act.<sup>1</sup> The Baker Act details Florida's mental health commitment laws and includes legal procedures for mental health examination and treatment, including voluntary and involuntary examinations.<sup>2</sup> The Baker Act also protects the rights of all individuals examined or treated for mental illness in Florida.<sup>3</sup>

The Department of Children and Families (DCF) is responsible for the operation and administration of the Baker Act as part of a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. SAMH programs include a range of prevention, acute interventions (e.g., crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services.

#### ***Florida's Commission on Mental Health and Substance Abuse***

In 2021, the Legislature created the Commission on Mental Health and Substance Abuse (Commission) in response to recommendations of the 20<sup>th</sup> Statewide Grand Jury.<sup>4</sup> The DCF is

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<sup>1</sup> Ch. 71-131, L.O.F.; The Baker Act is contained in ch. 394, F.S.

<sup>2</sup> Sections 394.451-394.47891, F.S.

<sup>3</sup> Section 394.459, F.S.

<sup>4</sup> Chapter 2021-170, L.O.F.; See Supreme Court of Florida, *Second Interim Report of the Twentieth Statewide Grand Jury*, Case No. SC19-240, available at: <https://www.myfloridalegal.com/files/pdf/page/E848FB422443B604852584CE000A6AB0/20SGJ+Second+Interim+Report.pdf> (last visited 3/20/25).

required to provide administrative staff and support services for the Commission.<sup>5</sup> The purposes of the Commission include:

- Examining the current methods of providing mental health and substance abuse services in the state;
- Improving the effectiveness of current practices, procedures, programs, and initiatives in providing such services;
- Identifying any barriers or deficiencies in the delivery of such services; and
- Recommending changes to existing laws, rules, and policies necessary to implement the Commission's recommendations.<sup>6</sup>

The duties of the Commission include:

- Review and evaluate the management and functioning of existing publicly supported mental health and substance abuse systems in the DCF, AHCA, and all other relevant state departments;
- Consider the unique needs of people who are dually diagnosed;
- Address access to, financing of, and scope of responsibility in the delivery of emergency behavioral health care services;
- Address the quality and effectiveness of current service delivery systems and professional staffing and clinical structure of services, roles, and responsibilities of public and private providers;
- Address priority population groups for publicly funded services, identify the comprehensive delivery systems, needs assessment and planning activities, and local government responsibilities for funding services;
- Identify gaps in the provision of mental health and substance abuse services;
- Provide recommendations on how managing entities may promote service continuity;
- Make recommendations about the mission and objectives of state-supported mental health and substance abuse services and the planning, management, staffing, financing, contracting, coordination, and accountability of mechanisms best suited for the recommended mission and objectives; and
- Evaluate and make recommendations regarding the establishment of a permanent, agency-level entity to manage mental health, behavioral health, substance abuse, and related services statewide.<sup>7</sup>

The Commission was required to submit an initial report by January 1, 2023, and annually thereafter. A final report is due by September 1, 2026, to the Governor, President of the Senate, and Speaker of the House of Representatives on the Commission's findings and recommendations on how to best provide and facilitate mental health and substance abuse services.<sup>8</sup>

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<sup>5</sup> Section 394.9086(1), F.S.

<sup>6</sup> Section 394.9086(2), F.S.

<sup>7</sup> Section 394.9086(4)(a), F.S.

<sup>8</sup> Section 394.9086(5), F.S.

The Commission's 2025 Annual Interim Report has 30 recommendations that address a wide range of topics, to include the planning, management, staffing, and coordination of state-supported mental health and substance use disorder services.<sup>9</sup>

## **Person-First Language in Medical Care**

### ***Present Situation***

Person-first language (PFL) is a communication approach that emphasizes the individual before their condition, promoting respect and reducing stigma. This approach is widely adopted in the United States across various sectors, including healthcare, education, and government agencies. According to PFL, when referring to a person with a disability, refer to the person first, by using phrases such as, "a person who ...", "a person with ...", or "a person who has ..."<sup>10</sup> The Centers for Disease Control and Prevention (CDC) advocates for PFL to foster dignity and respect when discussing disabilities.<sup>11</sup> Similarly, the National Institutes of Health (NIH) recommends using PFL to avoid defining individuals by their disabilities, suggesting terms like "person with cancer" instead of "cancer patient."<sup>12</sup> The evolution of disability language reflects a growing emphasis on self-identification, autonomy, and respect for diverse perspectives within the disability community.

The Commission recommends the regular sharing of best practices, the use of de-stigmatizing person-first language, and trauma-responsive care to improve patient experience and engagement in treatment.<sup>13</sup>

### ***Effect of Proposed Changes***

**Section 1** amends s. 394.455, F.S., to establish a statutory definition for "person-first language" to mean language used in a professional medical setting which emphasizes the patient as a person rather than his or her disability or illness.

**Section 2** amends s. 394.457, F.S., to require the DCF to adopt rules to ensure access to mobile response services for persons 65 years of age or older and require the sharing of best practices with medical professionals, to include person-first language and trauma-responsive care, as part of the minimum standards of a mobile crisis response service.

**Section 6** amends s. 394.659, F.S., to require the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center to disseminate best practices for crisis intervention, person-

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<sup>9</sup> Commission on Mental Health and Substance Use Disorder, *Annual Interim Report*, January 1, 2025, p. 23, available at: <https://www.myflfamilies.com/sites/default/files/2024-12/2025%20Commission%20on%20Mental%20Health%20and%20Substance%20Use%20Disorder%20Interim%20Report.pdf> (last visited 3/20/25).

<sup>10</sup> U.S. Centers for Disease Control and Prevention, *Communicating with and About People with Disabilities*, available at <https://www.cdc.gov/disability-and-health/articles-documents/communicating-with-and-about-people-with-disabilities.html> (last visited 3/20/2025).

<sup>11</sup> *Id.*

<sup>12</sup> National Institutes of Health, *Person-first and Destigmatizing Language*, available at <https://www.nih.gov/nih-style-guide/person-first-destigmatizing-language> (last visited 3/20/2025).

<sup>13</sup> *Supra*, Note 9, p. 43.

first language, and trauma-informed care among grantees to improve patient experience and outcomes and encourage cooperative engagement.

### **Assessments and the Daily Living Activities-20 Functional Assessment Tool**

#### ***Present Situation***

The Daily Living Activities-20 (DLA-20) is a functional assessment tool designed to evaluate daily living areas affected by mental illness or disability.<sup>14</sup> It measures 20 domains of daily activities, providing a 30-day snapshot of an individual's strengths and needs related to whole health.<sup>15</sup> The DLA-20 is suitable for individuals aged 6 and up, regardless of diagnosis, disability, or cultural background.<sup>16</sup> Used in 43 states, including 14 statewide, it serves over a million clients through 500 providers and 35,000 clinicians.<sup>17</sup> The DLA-20 is a dependable and effective tool for evaluating an individual's ability to perform daily living activities, offering healthcare providers meaningful insights to tailor treatment plans. By streamlining the assessment process, it helps measure quality of life, monitor progress, and support improved care for individuals receiving behavioral health services.<sup>18</sup>

The Commission recommends the increase in the number of functional assessments performed and the encouragement of statewide implementation of the DLA-20 functional assessment tool.<sup>19</sup>

#### ***Effect of Proposed Changes***

**Section 3** amends s. 394.459(2), F.S., to enhance the rights of patients and require that individualized treatment plans be reevaluated at least every six months to ensure that the recommended care remains necessary and appropriate.

**Section 5** amends s. 394.495, F.S., to require the DCF to reevaluate child and adolescent mental health assessment services every six months to ensure patients' clinical needs are met. The section also requires evaluation and screening of a child or adolescent's functional daily living through implementation of the Daily Living Activities-20 (DLA-20) functional assessment tool.

**Section 8** amends s. 394.9086, F.S., to require the Commission to identify and assess mental health and substance use disorder needs and planning activities, to include the use of the Daily Living Activities-20 (DLA-20) functional assessment tool.

**Section 10** amends s. 1006.041, F.S., to require that the DLA-20 functional assessment tool be implemented in school-based mental health programs. Additionally, the DCF and the

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<sup>14</sup> MTM Consulting Service, *DLA-20 Outcomes Measurement and Monitoring*, available at <https://www.mtmservices.org/dla> (last visited March 20, 2025).

<sup>15</sup> MTM Services, *DLA-20 Fact Sheet*, available at <https://static1.squarespace.com/static/59c005cd8a02c7dae8cd5e80/t/5e680c77273bb43fae3ac99c/1583877239917/DLA20+FactSheet+-+Updated+March+2020.pdf> (last visited March 20, 2025).

<sup>16</sup> MTM Consulting Service, *DLA-20 Outcomes Measurement and Monitoring*, available at <https://www.mtmservices.org/dla> (last visited March 20, 2025).

<sup>17</sup> *Id.*

<sup>18</sup> National Council for Mental Wellbeing, *DLA-20 Functional Assessment Guide*, available at <https://www.thenationalcouncil.org/product/dla-20-functional-assessment-guide/> (last visited March 20, 2025).

<sup>19</sup> *Supra*, Note 9, pp. 26-27.

Department of Education must conduct biennial reviews of effective school-based behavioral health access models, particularly in underserved and rural areas, and submit their findings to the Governor and Legislature.

### **The Louis de la Parte Florida Mental Health Institute**

#### ***Present Situation***

Section 1004.44, F.S., establishes the Louis de la Parte Florida Mental Health Institute (FMHI) within the University of South Florida. The purpose of the FMHI is to strengthen mental health services throughout the state by providing technical assistance and support to mental health agencies and professionals. Such assistance and services include:

- Technical training and specialized education.
- Development, implementation, and evaluation of mental health services programs.
- Evaluation of availability and effectiveness of existing mental health services.
- Analysis of factors that influence the incidence and prevalence of mental and emotional disorders.
- Dissemination of information about innovations in mental health services.
- Consultation on all aspects of program development and implementation.
- Provisions for direct client services, provided for a limited period of time either in the institute facility or in other facilities within the state, and limited to purposes of research or training.

#### **Florida Center for Behavioral Health Workforce**

The FCBHW was established within the Louis de la Parte FMHI at the University of South Florida (USF) to address the critical shortage of mental health professionals in the state.<sup>20</sup> The FCBHW's mission encompasses conducting original research, performing policy analysis, and developing best practices to support a skilled and resilient behavioral health workforce. By identifying workforce gaps and enhancing educational pathways, the center aims to ensure that Floridians have access to high-quality behavioral health services.<sup>21</sup>

The Commission recommends the bolstering of the behavioral health sector through workforce development and retention efforts.<sup>22</sup>

#### ***Effect of Proposed Changes***

**Section 9** amends s. 1004.44, F.S., to require the FCBHW at the Louis de la Parte Florida Mental Health Institute to conduct a biennial workforce supply and demand analysis and develop recruitment and retention strategies for behavioral health professionals. New workforce developments include:

- Conducting a biennial workforce supply and demand analysis to assess behavioral health staffing shortages.
- Expanding pathways for mental health professionals, such as:

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<sup>20</sup> Section 1004.44(6)(a).

<sup>21</sup> *Id.*

<sup>22</sup> *Supra*, Note 9, p. 37.

- Enhancing educational opportunities and faculty development.
- Supporting clinical training programs for new professionals.
- Exploring loan forgiveness or incentive programs to retain behavioral health workers.
- Promoting behavioral health professions through research on recruitment and retention trends.
- Collecting and analyzing compensation and benefits data to assess workforce sustainability.
- Implementing a statewide behavioral health workforce survey at the time of professional licensure and renewal to track provider trends and needs.

The bill establishes the Center for Substance Abuse and Mental Health Research (Center), which will conduct research on evidence-based treatments, workforce shortages, and best practices to improve behavioral health care statewide. The Center will:

- Conduct scientific research on substance abuse and mental health disorders.
- Study the link between substance use and mental illness, including co-occurring disorders.
- Develop and evaluate evidence-based prevention and treatment strategies.
- Investigate alternative, low-cost interventions, particularly for underserved and rural communities.
- Utilize technology-based treatment models, such as telehealth and digital interventions.
- Collaborate with community organizations and providers to promote research-driven improvements in behavioral health care.

## **Long-acting Injectables**

### ***Present Situation***

Long-acting injectables (LAIs) are injectable medications used for individuals living with mental illness. They are typically the same medications as their oral counterparts but formulated to release slowly into the bloodstream over an extended period.<sup>23</sup> This extended release allows for less frequent dosing, ranging from every two weeks to every six months, depending on the specific medication.<sup>24</sup> LAIs are primarily used to treat psychosis, including hallucinations or delusions, in individuals with schizophrenia. Some LAIs may also serve as mood stabilizers for those with bipolar disorder.<sup>25</sup> By providing a steady level of medication in the blood, LAIs help individuals adhere to their medication plans, potentially reducing hospitalization and improving relationships with family and friends.

The Commission recommends the increased use of long-acting injectables prior to discharge from state mental health treatment facilities and community mental health providers, leading to better symptom control.<sup>26</sup>

<sup>23</sup> National Alliance on Mental Illness, *What You Need to Know About Long-Acting Injectables (LAIs)*, available at [https://www.nami.org/NAMI/media/NAMI-Media/Research/Long-Acting-Injectables\\_2022.pdf](https://www.nami.org/NAMI/media/NAMI-Media/Research/Long-Acting-Injectables_2022.pdf) (last visited March 20, 2025).

<sup>24</sup> National Alliance on Mental Illness, *Long-Acting Injectables (LAIs)*, available at <https://www.nami.org/about-mental-illness/treatments/mental-health-medications/long-acting-injectables-lais/> (last visited March 20, 2025).

<sup>25</sup> *Id.*

<sup>26</sup> Commission on Mental Health and Substance Use Disorder, *Annual Interim Report*, January 1, 2025, p. 23, available at: <https://www.myflfamilies.com/sites/default/files/2024-12/2025%20Commission%20on%20Mental%20Health%20and%20Substance%20Use%20Disorder%20Interim%20Report.pdf> (last visited 3/20/25).

### *Effect of Proposed Changes*

**Section 4** amends s. 394.468, F.S., to require the DCF, in collaboration with the AHCA, to review discharge procedures at receiving facilities and evaluate access to prescribed behavioral health medications. The review must include data on medication adherence and readmission rates. A report with findings, policy recommendations, and cost estimates must be submitted to the Governor, Senate President, and Speaker of the House by December 31, 2025.

### **Short-term Residential Treatment**

#### *Present Situation*

Short-term residential treatment (SRT) programs in Florida were established to provide structured, live-in, non-hospital settings with 24-hour supervision for individuals experiencing mental health crises.<sup>27</sup> These programs serve as a bridge between acute care settings, such as Crisis Stabilization Units (CSUs),<sup>28</sup> and longer-term residential treatment facilities.<sup>29</sup> The goal is to offer intensive therapeutic interventions in a less restrictive environment, facilitating stabilization and preparation for community reintegration.<sup>30</sup> In practice, SRT programs in Florida operate by admitting adults who require extended, yet less intensive, active psychiatric treatment than what is provided in CSUs.<sup>31</sup> These facilities maintain a nurse on duty at all times and deliver a range of services, including individual and group therapy, medication management, and life skills training. The typical length of stay varies based on individual needs but is generally longer than that of CSUs, allowing for comprehensive stabilization and recovery planning.<sup>32</sup>

The Commission recommends increased capacity for short-term residential treatment facilities for both adults and children.<sup>33</sup>

### *Effect of Proposed Changes*

**Section 7** amends s. 394.875, F.S., to require the DCF to conduct a review every other year to identify counties with a shortage of SRT facilities and requires the AHCA to give priority to licensing SRTs in counties identified in the review.

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<sup>27</sup> Department of Children and Families, *The System of Services and Support – Treatment*, available at <https://www.myflfamilies.com/services/samh/treatment-services/AMH/system-of-services-and-support> (last visited March 20, 2025).

<sup>28</sup> Section 394.67(5), F.S.; “Crisis Stabilization Unit” means a program that provides an alternative to inpatient hospitalization and that provides brief, intensive services 24 hours a day, 7 days a week, for mentally ill individuals who are in an acutely disturbed state.

<sup>29</sup> Section 394.67(23), F.S.; “Residential Treatment Facility” means a facility providing residential care and treatment to individuals exhibiting symptoms of mental illness who are in need of a 24-hour-per-day, 7-day-a-week structured living environment, respite care, or long-term community placement.

<sup>30</sup> Agency for Health Care Administration, *Crisis Stabilization Units*, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/crisis-stabilization-units> (last visited March 20, 2025).

<sup>31</sup> *Id.*

<sup>32</sup> Department of Children and Families, *The System of Services and Support – Treatment*, available at <https://www.myflfamilies.com/services/samh/treatment-services/AMH/system-of-services-and-support> (last visited March 20, 2025).

<sup>33</sup> *Supra*, Note 9, p. 28.



**Other**

**Sections 11, 12, 13 and 14** make conforming changes or reenact current law to implement the substantive effects of the bill.

The bill takes effect July 1, 2025.

**IV. Constitutional Issues:****A. Municipality/County Mandates Restrictions:**

The bill does not require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, s. 18 of the State Constitution.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

None Identified.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

The bill requires the use and tracking of the Daily Living Activities-20 Function Assessment Tool. Integrating this tool into operations may require providers to receive system updates, technical support, and staff training. The total cost is indeterminate.

**C. Government Sector Impact:**

The bill creates the Center for Substance Abuse and Mental Health Research (Center) within the University of South Florida's Louis de la Parte Florida Mental Health Institute (FMHI) to conduct statewide behavioral health research, promote evidence-based

practices, and improve workforce development. The estimated annual cost to operate the new Center is \$5 million. The cost breakdown is as follows:

- Research & Data Analysis - \$1,250,000
- Treatment & Intervention Development - \$1,000,000
- Policy & Public Health Impact - \$500,000
- Training & Workforce Development - \$750,000
- Community Collaboration & Outreach - \$500,000
- Technology & Infrastructure - \$500,000
- Administration & Operations - \$500,000

The bill also requires the Florida Center for Behavioral Health Workforce (FCBHW) at the FMHI to conduct a biennial workforce supply and demand analysis and develop recruitment and retention strategies for behavioral health professionals. It is likely that the FCBHW would be able to absorb the current requirements of the bill within the existing resources.

This bill could have an indeterminate, yet insignificant fiscal impact on the Department of Children and Families and the Department of Education to conduct reviews identifying effective models of school-based behavioral health access. However, it is anticipated that both departments would be able to absorb the current requirements of the bill within existing resources.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 394.455, 394.457, 394.459, 394.468, 394.495, 394.659, 394.875, 394.9086, 1004.44, 1006.041, 394.9085, 394.463, 394.4955, and 1001.212.

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Children, Families, and Elder Affairs on March 25, 2025:**

The CS makes the following changes:

- Clarifies that the Agency for Healthcare Administration (ACHA) is the agency responsible for prioritizing the licensure of short-term residential treatment programs;
- Removes duplicative language that put unnecessary added duties on the Louis de la Parte Florida Mental Health Institute;

- Makes a technical language change from “biennial” to “every other year” for clarity; and
- Removes the current language requiring specific action by the facilities to provide medications at discharge and instead:
  - Requires the Department of Children and Families (DCF) to perform a review and evaluation of current discharge procedures, to include specific data related to medication adherence and readmission rates of discharged patients.
  - Requires the DCF, in collaboration with AHCA, submit a report on the evaluation to include findings, policy recommendations, and cost estimates to increase:
    - Medication adherence post-discharge;
    - Access to prescribed behavioral health medications at discharge; and
    - The use of long-acting injectables as a discharge medication.

B. Amendments:

None.