

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.)

Prepared By: The Professional Staff of the Committee on Fiscal Policy

BILL: CS/CS/SB 1620

INTRODUCER: Fiscal Policy Committee; Children, Families, and Elder Affairs Committee; and Senator Rouson

SUBJECT: Mental Health and Substance Use Disorders

DATE: April 18, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Kennedy	Tuszynski	CF	Fav/CS
2.	Sneed	McKnight	AHS	Favorable
3.	Kennedy	Siples	FP	Fav/CS

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 1620 strengthens Florida's Mental Health Act by codifying recommendations made by Florida's Commission on Mental Health and Substance Use Disorder. The bill makes the following specific changes to Florida's Mental Health Act:

- Defines person-first language to mean language used in a professional medical setting must emphasize 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.
- 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 functional assessment tool.
- Requires the DCF to conduct biennial reviews and the AHCA to prioritize licensing for short-term residential treatment facilities in underserved counties and high-need areas.

The bill also 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 an indeterminate but likely significant negative fiscal impact on the government and private sector. *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.¹ 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.² The Baker Act also protects the rights of all individuals examined or treated for mental illness in Florida.³

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 20th Statewide Grand Jury.⁴ The DCF is required to provide administrative staff and support services for the Commission.⁵ 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

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

² Sections 394.451-394.47891, F.S.

³ Section 394.459, F.S.

⁴ 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).

⁵ Section 394.9086(1), F.S.

- Recommending changes to existing laws, rules, and policies necessary to implement the Commission's recommendations.⁶

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.⁷

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.⁸

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.⁹

⁶ Section 394.9086(2), F.S.

⁷ Section 394.9086(4)(a), F.S.

⁸ Section 394.9086(5), F.S.

⁹ 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).

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 ..."¹⁰ The Centers for Disease Control and Prevention (CDC) advocates for PFL to foster dignity and respect when discussing disabilities.¹¹ 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."¹² 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.¹³

Effect of Proposed Changes

Section 5 amends s. 394.659, F.S., to require the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Louis de la Parte Florida Mental Health Institute to promote and disseminate evidence-based and best practices among grantees. These practices include, but are not limited to, the use of person-first language and trauma-responsive care approaches. The bill defines "person-first language" to mean language used which emphasizes the individual as a person rather than the individual's disability, illness, or condition. By integrating person-centered communication and trauma-informed strategies, the goal is to foster more humane, respectful, and effective interventions across the criminal justice and behavioral health systems.

Section 7 amends s. 394.9082, F.S., to require managing entities, as part of their required duties, to promote person-first language and trauma-informed care among providers, peer organizations, and families. This includes training and sharing best practices. "Person-first language" is defined to mean language used which emphasizes the individual as a person rather than the individual's disability, illness, or condition, to support more respectful and recovery-oriented care.

¹⁰ 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).

¹¹ *Id.*

¹² 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).

¹³ *Supra*, Note 9, p. 43.

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.¹⁴ It measures 20 domains of daily activities, providing a 30-day snapshot of an individual's strengths and needs related to whole health.¹⁵ The DLA-20 is suitable for individuals aged 6 and up, regardless of diagnosis, disability, or cultural background.¹⁶ Used in 43 states, including 14 statewide, it serves over a million clients through 500 providers and 35,000 clinicians.¹⁷ 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.¹⁸

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.¹⁹

Effect of Proposed Changes

Section 2 amends s. 394.459, F.S., to require individualized treatment plans for patients in treatment facilities to be updated every 30 days, or every 60 days if the patient has been retained in a treatment facility longer than 24 months.

Section 1 amends s. 394.457, F.S., to require any provider directly under contract with the DCF to use, at a minimum, the most recent version of the DLA-20 functional assessment tool for any patient requiring a functional assessment, unless the DCF specifies a different tool by rule.

Section 4 amends s. 394.495, F.S., to require that all assessment services within the child and adolescent mental health system of care utilize the most recent version of the DLA-20 functional assessment tool, unless the DCF specifies a different tool by rule.

Additionally, the bill directs the DCF, in consultation with the Department of Education (DOE), to conduct a biennial review of access to school-based behavioral health services through telehealth, with special attention to rural and underserved areas. This review must include an assessment of current service gaps, the extent and effectiveness of telehealth use, barriers to service expansion, and any new models to improve access. Findings must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by

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

¹⁵ 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).

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

¹⁷ *Id.*

¹⁸ 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).

¹⁹ *Supra*, Note 9, pp. 26-27.

January 1 of each even-numbered year beginning in 2026. This provision expires on June 30, 2030, unless reenacted by the Legislature.

Section 7 amends s. 394.9082, F.S., to mandate managing entities to require all providers under contract to use the most recent version of the DLA-20 functional assessment tool, unless a different tool is specified by rule.

Section 9 amends s. 1006.041, F.S., to require use of the DLA-20 assessment tool in school mental health programs and requires the Department of Education to consult with the DCF before adopting rules regarding the use of a different tool.

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.²⁰ 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.²¹

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

²⁰ Section 1004.44(6)(a).

²¹ *Id.*

²² *Supra*, Note 9, p. 37.

Effect of Proposed Changes

Section 8 amends s. 1004.44, F.S., to enhance the role of the Louis de la Parte Florida Mental Health Institute at the University of South Florida (Institute) by expanding its technical assistance and support mission and its capacity for statewide behavioral health research.

The bill requires the Institute to submit a report analyzing substance abuse and mental health services provided through publicly funded programs, including Medicare. The report is due June 30, 2026 to the Governor, President of the Senate, and Speaker of the house and must:

- Identify services covered by publicly funded programs;
- Assess quality of care and cost management; and
- Identify services for which additional providers are needed.

Florida Center for Behavioral Health Workforce

The bill requires the Florida Center for Behavioral Health Workforce, as a minimum duty, to request any depersonalized information held by the Boards of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling and for those Boards to provide such requested information, regarding clinical social work, marriage and family therapy, and mental health counselors in this state or information reported to the board by employers of those counselors.

Center for Substance Abuse and Mental Health Research

The bill also creates the Center for Substance Abuse and Mental Health Research within the institute to conduct rigorous and relevant research to develop knowledge and drive evidence-based innovations in behavioral health care and reduce the gap between needs and availability of effective treatment and other interventions. The goals of the Center are to advance scientific understanding, improve treatment outcomes, and reduce societal impact of substance abuse and mental health conditions. To achieve these goals, the Center must:

- Analyze publicly funded services and identify gaps in insurance coverage, monitor quality of care and cost management, and enhance provider networks.
- Conduct scientific research on the interaction between substance abuse and mental illness, including co-occurring conditions, the negative outcomes of those conditions co-occurring, and the range, distribution, and concentration of such outcomes.
- Analyze gaps in service access, quality of care, and provider distribution, and develop strategies to prevent the development of co-occurring disorders particularly in rural and underserved areas.
- Evaluate and test low-cost, scalable prevention and intervention strategies using telehealth and mobile health technologies.
- Promote and develop integrated care models and training for health professionals aligned with evolving community needs.
- Generate evidence-based data to inform public policy and promote services.

The bill requires the Center to submit an annual report, by July 1 of each year to the Governor and Legislature detailing its findings, progress, and recommendations to improve behavioral health care statewide.

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.²³ This extended release allows for less frequent dosing, ranging from every two weeks to every six months, depending on the specific medication.²⁴ 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.²⁵ 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.²⁶

Effect of Proposed Changes

Section 3 amends s. 394.468, F.S., to strengthen discharge planning protocols in receiving or treatment facilities. This includes information on how to obtain prescription medications, including, but not limited to, administration of long-acting injectables. The discharge plan must also address any barriers faced by the patient to accessing long-acting injectables after discharge.

The bill requires the administration of long-acting injectables before discharge if that medication is available and clinically appropriate.

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.²⁷ These programs serve as a bridge between acute care settings, such as

²³ 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 (last visited March 20, 2025).

²⁴ 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).

²⁵ *Id.*

²⁶ 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).

²⁷ 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).

Crisis Stabilization Units (CSUs),²⁸ and longer-term residential treatment facilities.²⁹ The goal is to offer intensive therapeutic interventions in a less restrictive environment, facilitating stabilization and preparation for community reintegration.³⁰ 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.³¹ 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.³²

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

Effect of Proposed Changes

Section 6 amends s. 394.875, F.S., to require the DCF, in consultation with the AHCA, to conduct biennial reviews identifying the need for new or expanded short-term residential (SRT) treatment facilities. Depending on findings and the need for SRT system expansion, the department must either submit a legislative budget request or reallocate existing department resources to support.

Other

Sections 10, 11, and 12 reenact current law to implement the substantive effects of the bill.

Section 13 of 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.

²⁸ 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.

²⁹ 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.

³⁰ 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).

³¹ *Id.*

³² 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).

³³ *Supra*, Note 9, p. 28.

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:

Daily Living Activities-20 Functional Assessment Tool

Indeterminant, likely negative fiscal impact. The bill requires the use and tracking of the Daily Living Activities-20 Functional Assessment Tool. Integrating this tool into operations may require providers to receive system updates, technical support, and staff training.

C. Government Sector Impact:

Florida Mental Health Institute

Indeterminant, likely significant negative fiscal impact on state government expenditures, based on the expanded responsibilities for the Louis de la Parte Florida Mental Health Institute (FMHI) and the creation and implementation of the new Center for Substance Abuse and Mental Health Research within FMHI.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 394.457, 394.459, 394.468, 394.495, 394.659, 394.875, 394.9082, 1004.44, and 1006.041.

IX. Additional Information:

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

CS/CS by Fiscal Policy on April 17, 2025:

The committee substitute aligns the Senate bill more closely with the House bill and makes the following changes:

- Requires DCF-contracted providers and Managing Entity subcontractors to use the DLA-20 functional assessment tool unless otherwise specified.
- Updates minimum standards for mobile crisis response services.
- Requires individualized treatment plans to be created within 5 days of admission and reviewed with the patient and updated every 30 days (60 for long-term patients).
- Expands state mental health treatment facility discharge planning to include providing long-acting injectable medications, if available, and addressing barriers to access of necessary medications, to include long-acting injectables.
- Mandates biennial review of school-based telehealth behavioral health access conducted by the DCF and the DOE, to sunset in 2030.
- Expands Mental Health Technical Assistance Center duties by promoting person-first language, trauma-informed care, and dissemination of best practices.
- Requires the DCF and the AHCA to conduct biennial review of short-term residential treatment needs and submit budget requests to or act using existing department resources to create new or expand existing SRTs.
- Expands managing entity duties to promote person-first language and trauma-informed care.
- Expands role of the Florida Mental Health Institute by requiring a statewide report to be submitted on publicly funded behavioral health services by June 30, 2026.
- Strengthens the Florida Center for Behavioral Health Workforce to conduct biennial workforce analysis and support training, retention, and educational pipelines.
- Provides an effective date of July 1, 2025.

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.