

CHAPTER 2025-184

Committee Substitute for Committee Substitute for Senate Bill No. 1620

An act relating to mental health and substance use disorders; amending s. 394.457, F.S.; requiring the Department of Children and Families to require certain providers to use a specified assessment tool; revising the minimum standards for a mobile crisis response service; amending s. 394.459, F.S.; requiring facilities to update treatment plans within specified timeframes; amending s. 394.468, F.S.; revising requirements for discharge planning regarding medications; amending s. 394.495, F.S.; requiring use of a specified assessment tool; providing an exception; requiring the Department of Children and Families, in consultation with the Department of Education, to conduct a review biennially of school-based behavioral health access through telehealth; providing requirements for review; requiring the Department of Children and Families to submit its findings to the Governor and the Legislature by a specified date; providing for expiration of the review; amending s. 394.659, F.S.; requiring the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Louis de la Parte Florida Mental Health Institute at the University of South Florida to disseminate among grantees certain evidence-based practices and best practices; defining the term “person-first language”; amending s. 394.875, F.S.; requiring the Department of Children and Families, in consultation with the Agency for Health Care Administration, to conduct a review biennially to identify needs regarding short-term residential treatment facilities and beds; specifying actions the department must take under certain conditions; amending s. 394.9082, F.S.; requiring managing entities to promote use of person-first language and trauma-informed care and require use of a specified assessment tool; amending s. 1004.44, F.S.; revising the assistance and services the Louis de la Parte Florida Mental Health Institute is required to provide; revising the requirements of the Florida Center for Behavioral Health Workforce to promote behavioral health professions; amending s. 1006.041, F.S.; revising the plan components for mental health assistance programs; reenacting s. 394.463(2)(g), F.S., relating to involuntary examination, to incorporate the amendment made to s. 394.468, F.S., in a reference thereto; reenacting s. 394.4955(2)(c) and (6), F.S., relating to coordinated system of care and child and adolescent mental health treatment and support, to incorporate the amendment made to s. 394.495, F.S., in references thereto; reenacting s. 1001.212(7), F.S., relating to the Office of Safe Schools, to incorporate the amendment made to s. 1004.44, F.S., in a reference thereto; providing an effective date.

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

Section 1. Subsection (3) and paragraph (c) of subsection (5) of section 394.457, Florida Statutes, are amended to read:

394.457 Operation and administration.—

(3) POWER TO CONTRACT.—The department may contract to provide, and be provided with, services and facilities in order to carry out its responsibilities under this part with the following agencies: public and private hospitals; receiving and treatment facilities; clinics; laboratories; departments, divisions, and other units of state government; the state colleges and universities; the community colleges; private colleges and universities; counties, municipalities, and any other governmental unit, including facilities of the United States Government; and any other public or private entity which provides or needs facilities or services. The department shall require any provider directly under contract with the department to use, at a minimum, the most recent version of the Daily Living Activities-20 (DLA-20) functional assessment tool for any patient requiring functional assessment, unless the department specifies in rule the use of a different assessment tool. Baker Act funds for community inpatient, crisis stabilization, short-term residential treatment, and screening services must be allocated to each county pursuant to the department's funding allocation methodology. Notwithstanding s. 287.057(3)(e), contracts for community-based Baker Act services for inpatient, crisis stabilization, short-term residential treatment, and screening provided under this part, other than those with other units of government, to be provided for the department must be awarded using competitive sealed bids if the county commission of the county receiving the services makes a request to the department's district office by January 15 of the contracting year. The district may not enter into a competitively bid contract under this provision if such action will result in increases of state or local expenditures for Baker Act services within the district. Contracts for these Baker Act services using competitive sealed bids are effective for 3 years. The department shall adopt rules establishing minimum standards for such contracted services and facilities and shall make periodic audits and inspections to assure that the contracted services are provided and meet the standards of the department.

(5) RULES.—

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

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

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

3.2. Create a structure for general mobile response teams which focuses on crisis diversion and the reduction of involuntary commitment under this

chapter. The structure must require, but need not be limited to, the following:

- a. Triage and rapid crisis intervention within 60 minutes;
- b. Provision of and referral to evidence-based services that are responsive to the needs of the individual and the individual’s family;
- c. Screening, assessment, early identification, and care coordination; and
- d. Confirmation that the individual who received the mobile crisis response was connected to a service provider and prescribed medications, if needed.

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

394.459 Rights of patients.—

(2) RIGHT TO TREATMENT.—

(e) Not more than 5 days after admission to a facility, each patient ~~shall~~ must have and receive an individualized treatment plan in writing which the patient has had an opportunity to assist in preparing and to review before ~~prior to~~ its implementation. The plan ~~must shall~~ include a space for the patient’s comments. Facilities shall update the treatment plan, including, but not limited to, the physician summary, at least every 30 days during the time a patient is in a receiving or treatment facility, except a patient retained for longer than 24 months shall have updates to his or her treatment plan at least every 60 days.

Section 3. Subsection (2) of section 394.468, Florida Statutes, is amended to read:

394.468 Admission and discharge procedures.—

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

- (a) Followup ~~Follow-up~~ behavioral health appointments;
- (b) Information on how to obtain prescribed medications, including, but not limited to, administration of long-acting injectable medications. The discharge plan must address any barriers faced by the patient to accessing long-acting injectable medications after discharge if such medication is part of the patient’s plan; and
- (c) Information pertaining to:
 - 1. Available living arrangements;

2. Transportation; ~~and~~

(d) Referral to:

1. Care coordination services. The patient must be referred for care coordination services if the patient meets the criteria as a member of a priority population as determined by the department under s. 394.9082(3)(c) and is in need of such services.

2. Recovery support opportunities under s. 394.4573(2)(1), including, but not limited to, connection to a peer specialist; and

(e) Administration of long-acting injectable medication before discharge if such medication is available to treat the patient's diagnosed behavioral health condition and is clinically appropriate for the patient.

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

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

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

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

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

(c) Intelligence and academic achievement.

(d) Social and behavioral functioning.

(e) Family functioning.

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

(5) In order to enhance collaboration between agencies and to facilitate the provision of services by the child and adolescent mental health treatment and support system and the school district;

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

(b) The department, in consultation with the Department of Education, shall biennially review school-based behavioral health access in the state through telehealth, with an emphasis on underserved and rural communities. The review shall, at a minimum, assess gaps in the provision of school-based behavioral health services, the extent of use of telehealth for school-based behavioral health services, barriers to use and expansion of such telehealth services, and recommendations to address barriers and any implementation requirements. The review shall also identify any new models for increasing school-based behavioral health access. The Department of Children and Families shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives its findings by January 1, beginning in 2026. This subsection expires June 30, 2030, unless reenacted by the Legislature.

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

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

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

(d) Disseminate and share evidence-based practices and best practices among grantees, including, but not limited to, the use of person-first language and trauma-responsive care, to improve patient experiences and outcomes of individuals with behavioral health conditions and encourage cooperative engagement with such individuals. For purposes of this paragraph, the term “person-first language” means language used which emphasizes the individual as a person rather than the individual’s disability, illness, or condition.

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

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

(1)

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

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

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

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

394.9082 Behavioral health managing entities.—

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

(v) Promote the use of person-first language and trauma-informed responsive care among providers, peer organizations, and family members, including, but not limited to, through training and sharing best practices. For purposes of this paragraph, the term “person-first language” means language used which emphasizes the patient as a person rather than that patient’s disability, illness, or condition.

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

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

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

(1) The purpose of the institute is to strengthen mental health services throughout the state by providing technical assistance and support services

to mental health agencies and mental health professionals. Such assistance and services shall include:

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

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

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

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

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

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

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

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

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

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

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

4. Request from the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, and the board must provide to the center upon its request, any information held by the board regarding the clinical social work, marriage and family therapy, and mental health counselors licensed in this state or information reported to the board by employers of such counselors, other than personal identifying information.

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

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

(2) A plan required under subsection (1) must be focused on a multitiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses. Assessment procedures must, at a minimum, include the use of the most recent version of the Daily Living Activities-20 (DLA-20) functional assessment tool, unless the department specifies in rule the use of a different assessment tool. The department shall consult with the Department of Children and Families before adopting rules regarding use of a different assessment tool. The provision of these services must be coordinated with a student's primary mental health care provider and with other mental health providers involved in the student's care. At a minimum, the plan must include all of the following components:

(a) Direct employment of school-based mental health services providers to expand and enhance school-based student services and to reduce the ratio of students to staff in order to better align with nationally recommended ratio models. The providers shall include, but are not limited to, certified school counselors, school psychologists, school social workers, and other

licensed mental health professionals. The plan must also identify strategies to increase the amount of time that school-based student services personnel spend providing direct services to students, which may include the review and revision of district staffing resource allocations based on school or student mental health assistance needs.

(b) Contracts or interagency agreements with one or more local community behavioral health providers or providers of Community Action Team services to provide a behavioral health staff presence and services at district schools. Services may include, but are not limited to, mental health screenings and assessments, individual counseling, family counseling, group counseling, psychiatric or psychological services, trauma-informed care, mobile crisis services, and behavior modification. These behavioral health services may be provided on or off the school campus and may be supplemented by telehealth as defined in s. 456.47(1).

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

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

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

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

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

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

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

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

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

394.463 Involuntary examination.—

(2) INVOLUNTARY EXAMINATION.—

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

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

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

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

4. A petition for involuntary services shall be filed in the circuit court or with the county court, as applicable. When inpatient treatment is deemed necessary, the least restrictive treatment consistent with the optimum

improvement of the patient's condition shall be made available. The petition shall be filed by one of the petitioners specified in s. 394.467, and the court shall dismiss an untimely filed petition. If a patient's 72-hour examination period ends on a weekend or holiday, including the hours before the ordinary business hours on the morning of the next working day, and the receiving facility:

a. Intends to file a petition for involuntary services, such patient may be held at the facility through the next working day thereafter and the petition must be filed no later than such date. If the facility fails to file the petition by the ordinary close of business on the next working day, the patient shall be released from the receiving facility following approval pursuant to paragraph (f).

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

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

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

(2)

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

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

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

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

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

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

Approved by the Governor June 25, 2025.

Filed in Office Secretary of State June 25, 2025.