FLORIDA HOUSE OF REPRESENTATIVES
BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: CS/HB 1439	**COMPANION BILL:** CS/CS/SB 1620 (Rouson)
TITLE: Mental Health and Substance Use Disorders	**LINKED BILLS:** None
SPONSOR(S): Hunschofsky	**RELATED BILLS:** None

Committee References

Human Services	➤	Health Care Budget	➤	Health & Human Services
17 Y, 0 N, As CS		13 Y, 0 N		22 Y, 0 N

SUMMARY

Effect of the Bill:

CS/HB 1439 implements several recommendations made by the Commission on Mental Health and Substance Use Disorder (Commission) in its January 1, 2025, annual report. The bill:

- Requires the Department of Children and Families (DCF) to adopt rules for mobile response services available for persons age 65 and over to enable the service to meet the specialize needs of such persons;
- Requires managing entities (MEs) to promote the use of person-first language and trauma-informed care through training and sharing of best practices;
- Requires DCF, in consultation with the Agency for Health Care Administration, to biennially assess the need for additional short-term residential facilities and beds and to address such needs;
- Requires discharge plans from certain facilities to address the administration of and access to the use of long-term injectable medication prior to and after discharge, respectively;
- Requires providers under contract with DCF and MEs to use the most recent version of the DLA-20 assessment tool when serving children and adolescents and in school districts' plans for mental health assistance programs; and
- Requires the Louis de la Parte Florida Mental Health Institute to analyze substance abuse and mental health services provided through publicly funding programs, including Medicaid.

Fiscal or Economic Impact:

None.

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ANALYSIS

EFFECT OF THE BILL:

Behavioral Health Services

CS/HB 1439 implements several recommendations made by the Commission on Mental Health and Substance Use Disorder (Commission) through its January 1, 2025 annual report. The Legislature established the Commission after the 2018 tragedy at Marjory Stoneman Douglas High School, tasking it with making recommendations to improve Florida's behavioral health system.

Behavioral Health Services in the Community

Crisis Response Teams Focused on Seniors

Crisis response teams (also known as mobile response teams (MRTs)) travel to the acute situation or crisis to provide assistance and meet the level of need of individuals in crisis, wherever the crisis occurs.[1] MRTs provide readily available crisis care in a community-based setting and increase opportunities to stabilize individuals in the least restrictive setting to avoid the need for jail or crisis stabilization or emergency department utilization.[2]

Historically, MRTs generally focused on youth and young adults under 25 years old, but most teams have now increased their capacity to serve individuals of all ages. The Commission's Jan. 1, 2025, Interim Report highlighted a pilot project in Marion County focused on seniors.[3]

The Commission's Recommendation 13 is to "increase crisis response teams focused on seniors to divert older adults from deeper end services and provide follow-up to ensure continued stabilization."[4] The bill requires the Department of Children and Families (DCF) to adopt rules for mobile response services that 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. (Section 1)

Short-Term Residential Treatment Facility Capacity

Short-term Residential Treatment (SRT) is an acute care residential alternative service which is an integrated part of a designated public receiving facility and receives state mental health funding. A SRT facility provides intensive short-term treatment to individuals who temporarily need a 24-hour-a-day structured therapeutic setting in a less restrictive, but longer-stay alternative to hospitalization. Stays in SRTs typically last fewer than 90 days.[5] A gap analysis published by DCF recommended establishing additional SRTs in the state.[6]

The Commission's Recommendation 8 is to "increase Short-term Residential Treatment facility capacity for adults and children."[7] The bill requires DCF, in consultation with the Agency for Health Care Administration, to biennially assess the need for additional SRT facilities and beds and to take action to address any such need, including requesting funding through a legislative budget request if funding for SRT's is insufficient. (Section 6)

Discharge and Medication

Currently s. 394.468, F.S., specifies minimum requirements for policies and procedures of receiving and treatment facilities on discharging patients. Among the minimum requirements is providing information to patients and caregivers on how to obtain prescribed medications.

The Commission's Recommendation 10 is to "increase use of Long-Acting Injectables prior to discharge from State Mental Health Treatment Facilities and Community Mental Health Providers."[8] The bill requires discharge plans to address administration of long-acting injectable medication before discharge as well as access to use of long-term injectable medication after discharge. (Section 3)

Analysis of Health Plan Panels for Behavioral Health Services

[1] Mobile response services are required to be available 24 hours per day, 7 days per week. S. 394.455(31), F.S.
[2] Department of Children and Families, *Mobile Response Teams Framework*, (August 29, 2018) available at https://www.myflfamilies.com/sites/default/files/2022-12/Mobile%20Response%20Framework.pdf, (last visited March 23, 2025).
[3] Florida Commission on Mental Health and Substance Use Disorder, *2025 Annual Interim Report*, p. 33, https://www.myflfamilies.com/sites/default/files/2024-12/2025%20Commission%20on%20Mental%20Health%20and%20Substance%20Use%20Disorder%20Interim%20Report.pdf (last visited March 22, 2025).
[4] *Id.* at 32.
[5] R. 65E-12.103(27), L.O.F.
[6] Department of Children and Families, *State of Florida Behavioral Health Gap Analysis*, Jan. 31, 2025, p. 34., available at https://www.myflfamilies.com/sites/default/files/2025-03/DCF_Bed%20Capacity%20Assessment_Presentation%203.5..2025%20.pdf, (last visited March 23, 2025).
[7] Commission, *supra* note 3, at 29.
[8] *Id.* at 31.

A variety of payers, both public and private, are involved in treatment for behavioral health. For instance, Medicaid and Medicare Advantage plans offer coverage for behavioral health.

Surveys reflect that concerns about costs are a reason why some individuals do not seek treatment for behavioral health needs.[9]

The Commission's Recommendation 18 is to conduct an analysis of publicly funded health plan panels for mental health and substance use services, citing Medicaid and Medicare Advantage as two types of programs of interest.[10]

The bill requires the Louis de la Parte Florida Mental Health Institute at the University of South Florida to analyze substance abuse and mental health services provided through publicly funded programs, including Medicare. The analysis must 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. (Section 8)

Behavioral Health Services in Schools

School-Based Behavioral Health Access

Under s. 1006.041, F.S., each school district must implement a school-based mental health assistance program. The school district must develop a plan, approved by the school board, focused on a multi-tiered system of supports that includes such elements as:

- Direct employment of school-based mental health services providers;
- Contracts or interagency agreements with local community behavioral health providers or Community Action Team services; and
- Policies and procedures for timelines for services, parental/household notification, at-risk students, early identification, de-escalation, and requirements for contacting mental health professionals.[11]

Behavioral health services may be provided on or off the school campus and may be supplemented by telehealth as defined in s. 456.74(1), F.S.[12]

The Commission's Recommendation 17 is to "assess Florida school districts and identify effective models of school-based behavioral health access through telehealth."[13] The bill requires DCF to consult with the Department of Education to review the use of telehealth in school based behavioral health access and submit its findings to the Governor and Legislature biennially by January 1 from 2026 through 2030. (Section 4)

Behavioral Health Services Quality

Person-First Language and Trauma-Responsive Care

The Commission's Recommendation 28 is to "share best practices on mental health first aid and the use of de-stigmatizing person-first language and trauma-responsive care to improve patient experience and engagement in treatment. "Person-first language" emphasizes a person instead of his or her disability when speaking about them. For example, instead of saying "a disabled person," when using person-first language you would say "a person

[9] *Id.* at 37.
[10] *Id.*
[11] Letter to School District Superintendents from Paul O. Burns on Mental Health Assistance Allocation (MHAA) Plan, June 23, 2030, https://info.fldoe.org/docushare/dsweb/Get/Document-9885/dps-2023-85.pdf (last visited March 20, 2025).
[12] S. 1006.041(2)(b), F.S.
[13] Commission, *supra* note 3, at 32.

living with a disability."[14] Trauma-responsive care is an approach to health care and human services that recognizes, understands and responds to the impact of trauma on individuals, families, and communities.[15]

The bill requires managing entities to promote the use of person-first language and trauma-informed care with providers, peer organizations, and family members through approaches such as training and sharing best practices. Additionally, the bill requires the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center to include person-first language and trauma-responsive care among the evidence-based practices disseminated to grantees. (Sections 5 and 7)

Daily Living Activities-20 Functional Assessment Tool and Frequency of Functional Assessments

The Daily Living Activities-20 (DLA-20) Functional Assessment is a tool administered by providers. It facilitates treatment planning, identifying level of care, and determining outcomes. Under current law, safety-net providers in Florida must use evidence-based assessment tools.[16] While DCF has a list of suggested tools which includes the DLA-20, behavioral health providers may choose which assessments to use[17] and thus are currently not required to specifically use the DLA-20.

The Commission's Recommendation 3 is to "encourage statewide implementation of the DLA-20 functional assessment tool, include it in all new state contracts, and evaluate the DLA-20 tool and the marketplace every two years." The bill requires providers under contract with DCF or managing entities to use the most recent version of the DLA-20, unless DCF specifies in rule the use of a different assessment tool, when serving children and adolescents, and in school districts' plans for their mental health assistance programs. (Sections 1, 4, 7, and 9)

The bill also requires providers to update treatment plans every 30-60 days, depending on a patient's length of stay in a facility. This is consistent with rules adopted by DCF.[18] (Section 2)

Behavioral Health Workforce

The Florida Center for Behavioral Health stated in its first annual report:

> The current Florida behavioral health workforce has insufficient capacity to meet the needs of Florida's existing and growing population. In 2023, the population to provider ratio was 490:1, significantly lower than the broader U.S.'s ratio of 320:1. Available workforce resources are not well distributed throughout the state, with some counties fairing *[sic]* quite well and others with severely limited access to qualified behavioral health professionals.[19]

The Commission's Recommendation 24 is to implement "stipends, compensation, and/or support for clinical supervisors and/or employers, students, and registered interns."[20]

The bill specifies that among the special projects that the Florida Center for Behavioral Health Workforce may develop and implement are those that include additional stipends, compensation, and financial support for clinical supervisors, workers, interns, and students currently working in the behavioral health field. (Section 8)

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[14] Educations Resources, Inc., *Person-First vs. Identity-First Language*, available at https://educationresourcesinc.com/person-first-vs-identity-first-language/, (last visited March 23, 2025).
[15] Hazelden Betty Ford Foundation, *Moving to Trauma-Response Care*, Butler Center for Research – April 2021, available at https://www.hazeldenbettyford.org/research-studies/addiction-research/trauma-responsive-care, (last visited March 23, 2025).
[16] Ss. 394.4573, F.S., and 394.455(10), F.S., and the Department of Children and Families, Agency Analysis of House Bill 1439, p. 4., on file with House Health Services Subcommittee (March 18, 2025).
[17] Department of Children and Families, Agency Analysis of House Bill 1439, p. 4., on file with House Health Services Subcommittee (March 18, 2025).
[18] *Id.* at 4.
[19] Florida Center for Behavioral Health Workforce, *Annual Report January 2025*, p. 4 https://www.usf.edu/cbcs/documents/research/fcbhw/2024-2025-annual-report.pdf (last visited March 22, 2025).
[20] Commission, *supra* note 3, at 40.

The bill provides an effective date of July, 2025. (Section 13)

RULEMAKING:

The bill requires DCF to adopt rules at a minimum regarding mobile crisis response services and short-term residential facilities.

Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Behavioral Health

Mental illness affects millions of people in the U.S. each year. More than one in five adults live with a mental illness.[21] In 2023, approximately 22.8 percent of adults experienced mental illness.[22]

Approximately, 48.5 million people in the U.S. aged 12 and older had a substance use disorder in 2023.[23] The most common substance use disorders in the U.S. are from the use of alcohol, tobacco, cannabis, stimulants, hallucinogens, and opioids.[24]

Challenges for Elderly Persons Regarding Behavioral Health

Persons who are elderly face additional risk factors for behavioral health issues and challenges in being diagnosed appropriately and obtaining treatment. For example:

- Age affects the body's metabolism of alcohol and drugs (prescription and non-prescription), which can cause or exacerbate mental, physical, and substance use conditions.
- Losses often experienced by elders, such as the deaths of loved ones, can trigger emotional reactions that lead to onset and increase in severity of behavioral health conditions.
- Cognitive, functional, and sensory conditions that come with aging can complicate professionals' detecting and diagnosing mental illness and substance use disorder; the conditions can also interfere with adherence to treatment regimens.
- Medications for acute and chronic physical health conditions, often chronic among older adults, can cause or exacerbate mental health conditions.
- Challenges in accessing transportation, or reliance on family members for obtaining treatment, hinder older adults' getting behavioral health care and following through with recommended courses of action.[25]

Commission on Mental Health and Substance Abuse

In February 2019, responding to the shooting at Marjory Stoneman Douglas High School the previous year, the Florida Supreme Court convened a grand jury to study systemic school safety failures. The Grand Jury's third

[21] National Institute of Mental Health (NIH), *Mental Illness*, https://www.nimh.nih.gov/health/statistics/mental-illness (last visited March 23, 2025).
[22] Substance Abuse and Mental Health Services Administration (SAMHSA), *Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health, available at https://library.samhsa.gov/product/2023-nsduh-report/pep24-07-021*, (last visited March 23, 2025).
[23] *Id*.
[24] National Library of Medicine, *Commonalities and Differences Across Substance Use Disorders: Phenomenological and Epidemiological Aspects*, available at https://pmc.ncbi.nlm.nih.gov/articles/PMC5096462/, (last visited March 23, 2025).
[25] SAHMSA, *Older Adults Living with Serious Mental Illness: the State of the Behavioral Health Workforce*, 2019, p. 4, https://library.samhsa.gov/sites/default/files/pep19-olderadults-smi.pdf (last visited March 21, 2025)

report, issued in December 2020, included an analysis of the state's mental health infrastructure and found systemic problems are impacting mental health:[26]

- The current mental health system is underfunded, leading to an inability to diagnose and properly treat mental health problems;
- The system is too decentralized, with national, state, and local entities providing parallel and duplicative resources with little to no coordination;
- Many of the entities involved work for different agencies with different goals; and
- DCF is not currently equipped or empowered to exercise the degree of leadership and control necessary to correct problems in the system.

To address such problems, the Grand Jury recommended that the Legislature appoint a commission to specifically examine the provision of mental health services in the state.[27] In 2021, the Legislature created the Commission on Mental Health and Substance Abuse (Commission).[28] The Commission consists of 20 members, which include the Secretaries of DCF and the Agency of Health Care Administration (AHCA). The remaining members are appointed by the Governor, the President of the Senate, and the Speaker of the House of Representatives.[29]

The Commission was created to:

- Examine the current methods of providing mental health and substance abuse services in the state;
- Improve the effectiveness of current practices, procedures, programs, and initiatives in providing such services;
- Identify any barriers or deficiencies in the delivery of such services; and
- Recommend changes to existing laws, rules, and policies necessary to implement the Commission's recommendations.[30]

The duties of the Commission include, but are not limited to: [31]

- Addressing the quality and effectiveness of current mental health and substance use disorder services delivery systems, and professional staffing and clinical structure of services, roles, and responsibilities of public and private providers, such as community mental health centers; community substance use disorder agencies; hospitals, including emergency services departments; law enforcement agencies; and the judicial system;
- Analyzing the current capacity of crisis response services available throughout this state, including services provided by mobile response teams and centralized receiving facilities; and
- Evaluating and making recommendations regarding skills-based training that teaches participants about mental health and substance use disorder issues.

The Commission is required to submit interim and final reports on how to best provide and facilitate mental health and substance abuse services in Florida.[32] Unless saved from repeal through reenactment by the Legislature, the Commission will cease on September 1, 2026, when its final report is due.[33]

In January 2025, the Commission released its annual interim report. The Commission offered 30 recommendations in the following four general areas:

[26] Statewide Grand Jury # 20, *Third Interim Report of the Twentieth Statewide Grand Jury*, (Dec. 10, 2020), https://efactssc-public.flcourts.org/casedocuments/2019/240/2019-240_miscdoc_365089_e20.pdf (last visited March 23, 2025).
[27] *Id*. at p. 21
[28] See Chapter 2021-170, L.O.F.
[29] S. 394.9086(3), F.S.
[30] S. 394.9086(2), F.S.
[31] S. 394.9086(4)(a), F.S.
[32] S. 394.9086(5), F.S.
[33] S. 394.9086(6), F.S.

- Establishing a comprehensive data infrastructure and utilizing current evidence-based tools and methodologies,
- Enhancing behavioral health services and infrastructure,
- Bolstering the behavioral health sector through workforce development and retention efforts, and
- Elevating awareness and multidisciplinary collaboration.[34]

The Louis de la Parte Florida Mental Health Institute at the University of South Florida

The Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida (USF) provides technical assistance and support services to mental health agencies, mental health professionals, and government and non-profit administrators.[35] In addition, FMHI provides direct services to other government agencies.[36]

The Florida Center for Behavioral Health Workforce at the Louis de la Parte FHMI at the University of South Florida

SB 330 (2024) created the Florida Center for Behavioral Health Workforce (Center) within the Louis de la Parte Florida Mental Health Institute at USF. 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. To this end, the Center performs original research, policy analysis and evaluation, and develops and shares best practices.[37]

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Louis de la Parte FMHI

A key role of the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Louis de la Parte Florida Mental Health Institute is providing support to applicants to and grantees of the state's Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grants.[38] The reinvestment grants support local efforts to:

- Divert individuals with behavioral health issues from the criminal and juvenile justice systems,
- Improve the accessibility and effectiveness of treatment services for adults and juveniles who have a behavioral health issues and who are in or at risk of entering the criminal or juvenile justice systems, and
- Plan, implement, or expand initiatives that increase public safety and avert increased spending on criminal and juvenile justice systems.[39]

Publicly-Funded Behavioral Health Services

Several agencies provide publicly-funded behavioral health services in Florida. For example, agencies such as the Department of Education and the Department of Corrections provide behavioral health services ancillary to their broader missions of education and incarceration, respectively. The Agency for Health Care Administration provides behavioral health services as part of their primary charge to provide health care, but restricts services to those individuals eligible based on income, age, and disability.

However, the Department of Children and Families (DCF), responsible for safety-net behavioral health services, serves all Floridians who are otherwise unable to obtain certain behavioral health services, within the limitations of available funding. DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment and recovery for children and adults meeting eligibility requirements based on severity of illness and inability to pay. SAMH programs include a range of prevention, acute interventions (e.g. crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support

[34] Commission, *supra* note 3.
[35] S. 1004.44(1), F.S.
[36] S. 1004.44(3), F.S.
[37] S. 1004.44(6), F.S.
[38] USF Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center, *About Us,* *https://www.usf.edu/cbcs/mhlp/tac/about-us/index.aspx* (last visited March 22, 2025).
[39] *Id.*

services.[40] Services are provided based upon state and federally-established priority populations.[41] DCF provides these services primarily through behavioral health managing entities (MEs).

Behavioral Health Managing Entities

In 2001, the Legislature authorized DCF to implement MEs as the management structure for the delivery of local mental health and substance abuse services.[42] The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature authorized DCF to implement MEs statewide.[43] MEs were fully implemented statewide in 2013, serving all geographic regions.

DCF currently contracts with seven MEs for behavioral health services throughout the state. These contracts totaled $1.083 billion[44] in FY 2022-23, with $919 million spent on direct services.[45] MEs plan for and coordinate the delivery of community mental health and substance abuse services, improve access to care, promote service continuity, purchase services, and support efficient and effective service delivery. MEs subcontract with community providers to serve clients directly; this allows services to be tailored to the specific behavioral health needs in the various regions of the state.[46]

In FY 2022-23, in the aggregate, DCF reported serving 243,403 unduplicated behavioral health clients[47], including through the MEs. Client counts for individuals served through some ME specialty programs included:

- Mobile response teams (MRT): 28,394.[48]
- Care coordination: 4,701.[49]
- Family Intensive Teams (FIT): 1,581.[50]

DCF contracts specify ME responsibilities based on requirements in Florida law. For example, MEs are responsible for the system of care in their regions. MEs also must provide data and information to facilitate DCF oversight of ME services.[51]

Medicaid

Medicaid is the health care safety net for low-income Floridians. Medicaid is a partnership of the federal and state governments established to provide coverage for health services for eligible persons. The program is administered by the Agency for Health Care Administration (AHCA) and financed by federal and state funds. AHCA delegates certain functions to other state agencies, including DCF, the Department of Health, the Agency for Persons with Disabilities, and the Department of Elderly Affairs.

The structure of each state's Medicaid program varies and what states must pay for is largely determined by the federal government, as a condition of receiving federal funds.[52] Federal law sets the amount, scope, and duration of services offered in the program, among other requirements. The federal government sets the minimum mandatory populations to be included in every state Medicaid program. The federal government also sets the minimum mandatory benefits to be covered in every state Medicaid program. These benefits include physician services,

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[40] S. 394.453, F.S.
[41] S. 394.674(1), F.S.
[42] Ch. 2001-191, Laws of Fla.
[43] Ch. 2008-243, Laws of Fla.
[44] Department of Children and Families, *A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Positions of the Managing Entities Including a System of Care Analysis*, p. 5., available at https://myflfamilies.com/document/57451, (last visited March 23, 2025).
[45] *Id.* at 11.
[46] Department of Children and Families, *Managing Entities,* available at https://www.myflfamilies.com/services/samh/prov*I*ders/managing-entities, (last visited March 23, 2025).
[47] DCF, *supra* note 44, at 14.
[48] *Id.* at 18.
[49] *Id.* at 20.
[50] *Id.* at 23.
[51] Ss. 394.9082(5), F.S., and 394.9082(7), F.S.
[52] Title 42 U.S.C. §§ 1396-1396w-5; Title 42 C.F.R. Part 430-456 (§§ 430.0-456.725) (2016).

hospital services, home health services, and family planning.[53] States can add benefits, with federal approval; Florida has added many optional benefits.

Medicare

Medicare is a federal health insurance program for individuals age 65 and above, though younger individuals may be able to obtain Medicare coverage due to a disability.[54] In 2022, nearly 20% of the U.S. population was covered by Medicare. Medicare's behavioral health coverage includes services such as counseling, medication management, opioid use disorder treatment and psychiatric hospitalization. However, Medicare has access limitations, such as fewer providers available for behavioral health compared to physical health care. Additionally, costs are occasionally a barrier, with over a quarter of Medicare beneficiaries with a mental health condition missing or delaying treatment for that reason in 2022.[55]

Mental Health and Schools

Mental Health Assistance Allocation

In 2018, the Marjory Stoneman Douglas High School Public Safety Act[56] created the Mental Health Assistance Allocation within the Florida Education Finance Program.[57] The allocation provides funding for schools' mental health assistance programs under s. 1006.041, F.S., based on Legislative appropriations. Each school district receives a minimum of $100,000, and the remaining balance is allocated based on each district's proportionate share of the state's total unweighted full-time equivalent student enrollment.[58]

Allocations help fund 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. School districts' 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.[59]

To receive an allocation of funds, a school district must develop and submit to the district school board for approval a detailed plan outlining its local program and planned expenditures.[60] A school district's plan must include all district schools, including charter schools, unless a charter school elects to submit a plan independently from the school district.[61] Each approved plan must be submitted to the Department of Education by August 1 each year.[62]

Plans must include elements such as: [63]

- Direct employment of school-based mental health service providers to expand and enhance school-based student services and reduce the ratio of students to staff to align with nationally recommended ratio models;
- Contracts or interagency agreements with one or more local community behavioral health providers or providers of Community Action Team services to provide behavioral health staff presence and services at district schools;

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[53] S. 409.905, F.S.
[54] Department of Health and Human Services, *Get started with Medicare,* https://www.medicare.gov/basics/get-started-with-medicare (last visited March 22, 2025).
[55] SAHMSA, *Supporting the Mental Health Needs of Older Adults, 2024,* p. 4 *https://www.samhsa.gov/sites/default/files/state-ta-supporting-mental-health-older-adults.pdf* (last visited March 20, 2025).
[56] Chapter 2018-3, Laws of Fla.
[57] S. 1011.62(13), F.S.
[58] *Id.*.
[59] S. 1006.041(2), F.S.
[60] *Id.*
[61] S. 1006.041(1), F.S.
[62] S. 1006.041(3), F.S.
[63] S. 1006.041(2), F.S.

- Policies and procedures which ensure students who are referred to a school-based or community-based mental health service provider for mental health screening are assessed within 15 days of referral, and that school-based mental health services are initiated within 15 days after identification and assessment and community-based mental health services are initiated within 30 days after school or district referral;
- Policies requiring that school or law enforcement personnel, prior to initiating an involuntary examination, make a reasonable attempt to contact a mental health professional authorized to initiate an involuntary examination, unless the student in crisis poses an imminent danger to him- or herself or others; and
- Policies that provide a parent of a student receiving services information about available behavioral health services through the school or local community-based behavioral health providers. To meet this requirement, a school may provide internet addresses of online directories or guides for local behavioral health services.

School districts are also required to report program outcomes and expenditures for the previous fiscal year by September 30 each year.[64] The report must, at a minimum, provide the number of each of the following:[65]

- Students who receive screenings or assessments;
- Students who are referred to either school-based or community-based providers for services or assistance;
- Students who receive either school-based or community-based interventions, services, or assistance;
- School-based or community-based mental health providers that were paid out of the mental health assistance allocation; and
- Contract-based collaboration efforts or partnerships with community mental health programs, agencies, or providers.

School-based Access and Telehealth

The Commission stated in its 2025 annual interim report that school-based behavioral health care can help students who otherwise would lack access to mental health services. Benefits of school-based behavioral health access through telehealth include:

- Enabling regular attendance at appointments.
- Addressing teacher-identified concerns that parents or guardians may not see at home.
- Creating an alternative to detention or disciplinary action.
- Allowing immediate access to care during a crisis.
- Facilitating increased access to specialists.
- Keeping appointments private.[66]

Mobile Response Teams

A mental health crisis can be an extremely frightening and difficult experience for both the individual in crisis and those around him or her. It can be caused by a variety of factors and occur at any hour of the day.[67] Family members and caregivers of an individual experiencing a mental health crisis are often ill-equipped to handle these situations and need the advice and support of professionals.[68] All too frequently, law enforcement or EMTs are called to respond to mental health crises, and they often lack the training and experience to effectively handle the situation.[69] Mobile response teams (MRT) can be beneficial in such instances. MRTs support the state's no-wrong-

[64] S. 1006.041(4), F.S.
[65] *Id.*
[66] Department of Health and Human Services, Telehealth for school-based services, https://telehealth.hhs.gov/providers/best-practice-guides/school-based-telehealth/behavioral-health-appointments#:~:text=Behavioral%20health%20school%2Dbased%20telehealth%20benefits,-There%20are%20many&text=Students%20can%20address%20behaviors%20in,have%20increased%20access%20to%20specialists. (last visited March 22, 2025).
[67] Department of Children and Families, *Mobile Response Teams Framework*, (August 29, 2018), p. 4 https://myflfamilies.com/sites/default/files/2022-12/Mobile%20Response%20Framework.pdf (last visited March 22, 2025).
[68] *Id.*
[69] *Id.*

door approach as these teams travel to the acute situation or crisis to provide assistance and meet the level of need of individuals in crisis, wherever the crisis occurs.

MRTs provide readily available crisis care in a community-based setting and increase opportunities to stabilize individuals in the least restrictive setting to avoid the need for jail or hospital/emergency department utilization.[70] There are 51 MRTs available statewide in all 67 counties[71] to individuals in need, regardless of their ability to pay, and must be ready to respond to any mental health emergency.[72] During FY 2023 – 2024, MRTs received more than 31,500 calls to support individuals and maintained an 80% diversion rate from involuntary Baker Act examinations.[73] Historically, MRTs generally focused on youth and young adults under 25 years old but most teams have now increased their capacity to serve individuals of all ages.[74] Telehealth can be used to provide direct services to individuals via video-conferencing systems, mobile phones, and remote monitoring.[75] It can also be used to provide assessments and follow-up consultation as well as initial triage to determine if an in-person visit is needed to respond to the crisis call.[76]

Receiving and Treatment Facilities

Residential mental health and substance abuse treatment provider licensure programs are shared between DCF and AHCA. AHCA licenses residential mental health programs, while DCF is responsible for the planning, evaluation, and implementation of a complete and comprehensive statewide program of mental health, and the coordination of care through contracts with the MEs.[77]

Key providers of residential behavioral health services in Florida's system of care include crisis stabilization units, state treatment facilities, and short-term residential facilities. CSUs offer assessment and stabilization and short-term residential care, while state treatment facilities provide longer-term residential care for those individuals with the most significant mental health challenges. Short-term residential facilities offer inpatient care of a length and intensity in between that found in CSUs and state treatment facilities.

Short-Term Residential Facilities

Short-term Residential (SRT) is a state-supported acute care residential alternative service that operates around the clock, which is an integrated part of a designated public receiving facility and receives state mental health funding. A SRT facility provides intensive short-term treatment to individuals who temporarily need a 24-hour-a-day structured therapeutic setting in a less restrictive, but longer-stay alternative to hospitalization.

Currently, there are nine adult SRTs with a total capacity of 200 beds and one children's SRT with 16 beds total.[78] Based on a behavioral health gap analysis study, the state needs additional SRTs:

The Northeastern and Southern regions do not have any adult short-term treatment facilities currently in operation. Short-term residential treatment for children and adolescents is not available in [five] regions; currently only available in the Southern region. To provide a consistent level of care throughout Florida, at least one adult and one child and adolescent short-term residential treatment facility should be in operation within each DCF region, with an estimated number of 22 and 16 beds, respectively, based on the average capacity of similar facilities in the state.[79]

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[70] *Id.* at 2.
[71] DCF, *supra* note 44, at 17.
[72] DCF, *supra* note 65, at 2.
[73] DCF, *Triennial Master Plan Annual Update Delivery of Substance Abuse and Mental Health Services,* p. 5 https://www.myflfamilies.com/sites/default/files/2024-12/FY23-24%20SAMH%20Services%20Plan%20Triennial%20State%20and%20Region.pdf (last visited March 22, 2025).
[74] *Id.* at 6.
[75] DCF, supra note 67, at 7.
[76] *Id.*
[77] DCF, *supra* note 14, at 4.
[78] *Id.* at 5.
[79] DCF, *supra* note 6.

DCF has worked to expand SRT availability. For example, the state's first SRT for children opened in 2024, with one more facility expected to open that will primarily serve DCF's Central and Northeast regions this year.[80]

Assessments and Treatment Plans

There are many assessments available for use in the behavioral health field. For example, one listing of outcome assessments includes 86 different tools.[81] The majority of assessments are conducted by providers. These assessment tools are not one size fits all and based upon the individual's needs.[82] Providers must complete individualized treatment plans no more than five days after an individual's admission to a receiving or treatment facility.[83] Additionally, DCF Rule 65E-5.160, F.A.C., requires designated receiving and treatment facilities to update an individual's treatment plan every 30 days, up until the 24th month in a facility, after which the providers may update treatment plans every 60 days.[84]

Daily Living Activities-20

The Daily Living Activities-20 *(DLA-20)* is a brief functional assessment tool. This means the tool considers levels of functionality related to activities of daily living (ADLs) as a basis of measuring improvement, quality, and value, instead of symptomatology. Individuals with serious mental illness may continue to present some levels of symptoms, so outcome measurement tools based on level of symptoms will not produce any measurable improvements over time. According to a consultant involved in supporting the use of the tool, "However, if the measure is based on how the clinic and the services provided the ability of the client to function at higher levels with the level of symptoms that remain, then not only has the quality of life of the client been improved, but also the clinic can more objectively measure the areas of functional improvement related to the 20 ADLs. Also, the ongoing ADL measurement through the use of the DLA-20 measurement tool will also indicate where additional support is needed in the treatment plan review process to gain improvements with specific ADLs that need additional support."[85]

The DLA-20 is integrated with many provider electronic health record systems. The tool can be used with ages 6 and up, regardless of diagnosis, disability, or cultural background. It provides a 30-day snapshot of 20 domains and a summary of strengths and needs at a specific point related to whole health.[86] Examples of domains are managing time, coping skills, housing stability, and safety.

Discharge and Medication

Before a patient is released from a receiving or treatment facility, providers must follow certain discharge planning procedures. For example, each facility must have discharge planning and procedures that include and document consideration of, at a minimum:

- Follow-up behavioral health appointments;
- Information on prescribed medications access, living arrangements, and transportation; and
- Referral to care coordination services, under certain conditions, and recovery support opportunities.[87]

Facilities' discharge processes must attempt to engage the patient's support network, coordinate transitions to follow-up services, and address factors that lead to the patient's needing crisis care.[88]

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[80] DCF, *supra* note 14, at 5.
[81] The Joint Commission, *Behavioral Healthcare Assessments Listing*, https://manual.jointcommission.org/BHCInstruments/WebHome (last visited March 22, 2025).
[82] DCF, *supra* note 14, at 4.
[83] S. 394.459(2)(e), F.S.
[84] DCF, *supra* note 14, at 4.
[85] MTM Consulting, *DLA-20 Youth Executive Summary and Interim Case Studies January 26, 2017,* p. 3, https://static1.squarespace.com/static/59c005cd8a02c7dae8cd5e80/t/5a09bc33ec212d1131c26349/1510587447756/DLA-20_Youth+Executive+Summary_Case+Studies+Rev+11.9.17.pdf (last visited March 20, 2025).
[86] MTM Consulting, *DLA-20: Outcomes Measurement and Monitoring*, https://www.mtmservices.org/dla (last visited March 20, 2025).
[87] S. 394.468(2), F.S.
[88] S. 394.468(3), F.S.

Long-Acting Injectables

Long-acting injectables (LAIs) are injectable medications used by individuals with mental illness. LAIs are typically the same medication as can be taken orally in pill form, often on a daily basis. However, the injected liquid formulation permits medication to be released into the bloodstream over a longer period of time. This allows injections to be given only every two weeks to six months, depending on the medication and formulation.[89]

Advantages may include increased adherence and lower side effects. This can have the outcome of reduced readmissions for inpatient care. However, use of LAIs remains relatively low. Some barriers to increased LAI use include:

- Cost of LAIs, particularly newer second generation medications.
- Fear of needles.
- Negative patient attitudes about LAIs or medication generally.[90]
- Clinician discomfort with administering injections.[91]
- Clinician perception that LAIs are more appropriate for nonadherent patients.

Patients typically begin receiving medication orally to identify which medicine is most effective for them before receiving the medication through a LAI. Some patients may receive a LAI while in inpatient care but discontinue use after discharge.[92]

LAI are more widely available for treating schizophrenia, with some also available for bipolar disorder or opioid use disorder.[93] However, a 2019 study indicated that only about 10% of patients with schizophrenia were taking LAI's.[94]

Behavioral Health Workforce

The workforce for behavioral health serves individuals across the wide range of providers and services. For example, behavioral health professionals work in prevention, health care, and social service settings. These include community-based behavioral health programs, inpatient treatment programs, primary health care, private practice, and emergency departments in hospitals, as well as in prisons, schools, and higher education institutions.[95] The range of professions is vast, from medical doctors to individuals with lived experience, including such roles as:

- Psychiatrists
- Psychologists
- Social workers
- Advanced practice registered psychiatric nurses
- Marriage and family therapists
- Certified prevention specialists
- Addiction counselors
- Mental health counselors

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[89] National Alliance on Mental Illness, Long-Acting Injectables (LAIs), https://www.nami.org/about-mental-illness/treatments/mental-health-medications/long-acting-injectables-lais/ (last visited March 20, 2025).
[90] S. Schwartz, et al., *Attitudes and perceptions about the use of long-acting injectable antipsychotics among behavioral health practitioners*, Mental Health Clinician, Aug. 23, 2022, https://mhc.kglmeridian.com/view/journals/mhcl/12/4/article-p232.xml (last visited March 22, 2025).
[91] Lovett, L., *Behavioral Health Business*, Behavioral Providers Turn to Long-acting Injectables to Boost Adherence, Decrease Burden, July 3, 2024, https://bhbusiness.com/2024/07/03/behavioral-providers-turn-to-long-acting-injectables-to-boost-adherence-decrease-burden/ (last visited March 20, 2025).
[92] *Id.*
[93] *Id.*
[94] Schwartz, *supra* note 91.
[95] Federal Substance Abuse and Mental Health Services Administration, *Behavioral Health Workforce*, https://www.samhsa.gov/about/careers/behavioral-health-workforce (last visited March 22, 2025).

- Psychiatric rehabilitation specialists
- Psychiatric aides and technicians
- Paraprofessionals in psychiatric rehabilitation and addiction recovery fields (e.g., case managers, homeless outreach specialists, or parent aides)
- Peer support specialists
- Recovery coaches[96]

In its first report, the Florida Center for Behavioral Health Workforce found an uneven distribution of clinicians across the state in four key professions—licensed clinical social workers, licensed marriage and family therapists, licensed mental health counselors, and psychologists.[97] For example, the number of licensed mental health counselors per 10,000 residents ranged from 0.00 in Glades County to 17.89 in Alachua County.[98]

RECENT LEGISLATION:

YEAR	BILL #	HOUSE SPONSOR(S)	SENATE SPONSOR	OTHER INFORMATION
2024	CS/SB 330	Garrison	Boyd	Passed, Chapter No. 2024-12
2024	CS/CS/HB 7021	Maney	Grall	Passed, Chapter No. 2024-245

OTHER RESOURCES:

- Florida Commission on Mental Health and Substance Use Disorder, Annual Interim Report-January 1, 2025
- Department of Children and Families, Triennial Master Plan Annual Update Delivery of Substance Abuse and Mental Health Services, Jan. 1, 2025
- University of South Florida, Florida Center for Behavioral Health Workforce, Annual Report, January 2025

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[96] *Id.*
[97] USF, *supra* note 19 at 20-23.
[98] *Id. at* 23. The report notes that not all therapists in a county may be actively providing services.

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Human Services Subcommittee	17 Y, 0 N, As CS	3/25/2025	Mitz	Curry
THE CHANGES ADOPTED BY THE COMMITTEE:	• Requires DCF rules to ensure mobile crisis response services meet the needs of older individuals • Requires managing entities to promote the use of person-first language and trauma-informed care with providers, peer organizations, and family members through approaches such as training and sharing best practices. • Removes requirement to provide up to 30 days' supply of medication and instead requires discharge plans to address administration of long-acting injectable medication before discharge as well as access to use of long-term injectable medication after discharge. • Focuses the study regarding school-based behavioral health study on use of telehealth, specifies additional detail to be included in the study, and sunsets the study after the submission of 3 reports. • Removes the Commission's responsibility to recommend the DLA-20 and the Department of Education's requirement to review it every two years, requires providers in the safety-net system or serving children and adolescents to use the most recent version of the DLA-20, and requires use of the most recent version of the DLA-20 as part of school districts' plans for their mental health assistance programs. • Provides a deadline and distribution requirements for the study of publicly funded services, and specifies that it must include analysis of Medicare program coverage. • Removes the requirement to conduct a workforce compensation study.			
Health Care Budget Subcommittee	13 Y, 0 N	4/9/2025	Clark	Smith
Health & Human Services Committee	22 Y, 0 N	4/22/2025	Calamas	Curry

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THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
