

HB 453

2021

1 A bill to be entitled
2 An act relating to Student Mental Health; amending s.
3 1011.62, F.S.; revising the elements of a plan
4 required for school district funding under the mental
5 health assistance allocation; providing an effective
6 date.

7
8 Be It Enacted by the Legislature of the State of Florida:

9
10 Section 1. Paragraph (b) of subsection (16) of section
11 1011.62, Florida Statutes, is amended to read:

12 1011.62 Funds for operation of schools.—If the annual
13 allocation from the Florida Education Finance Program to each
14 district for operation of schools is not determined in the
15 annual appropriations act or the substantive bill implementing
16 the annual appropriations act, it shall be determined as
17 follows:

18 (16) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental
19 health assistance allocation is created to provide funding to
20 assist school districts in establishing or expanding school-
21 based mental health care; train educators and other school staff
22 in detecting and responding to mental health issues; and connect
23 children, youth, and families who may experience behavioral
24 health issues with appropriate services. These funds shall be
25 allocated annually in the General Appropriations Act or other

26 | law to each eligible school district. Each school district shall
27 | receive a minimum of \$100,000, with the remaining balance
28 | allocated based on each school district's proportionate share of
29 | the state's total unweighted full-time equivalent student
30 | enrollment. Charter schools that submit a plan separate from the
31 | school district are entitled to a proportionate share of
32 | district funding. The allocated funds may not supplant funds
33 | that are provided for this purpose from other operating funds
34 | and may not be used to increase salaries or provide bonuses.
35 | School districts are encouraged to maximize third-party health
36 | insurance benefits and Medicaid claiming for services, where
37 | appropriate.

38 | (b) The plans required under paragraph (a) must be focused
39 | on a multitiered system of supports to deliver evidence-based
40 | mental health care assessment, diagnosis, intervention,
41 | treatment, and recovery services to students with one or more
42 | mental health or co-occurring substance abuse diagnoses and to
43 | students at high risk of such diagnoses. The provision of these
44 | services must be coordinated with a student's primary mental
45 | health care provider and with other mental health providers
46 | involved in the student's care. At a minimum, the plans must
47 | include the following elements:

48 | 1. Direct employment of school-based mental health
49 | services providers to expand and enhance school-based student
50 | services and to reduce the ratio of students to staff in order

51 to better align with nationally recommended ratio models. These
52 providers include, but are not limited to, certified school
53 counselors, school psychologists, school social workers, and
54 other licensed mental health professionals. The plan also must
55 identify strategies to increase the amount of time that school-
56 based student services personnel spend providing direct services
57 to students, which may include the review and revision of
58 district staffing resource allocations based on school or
59 student mental health assistance needs.

60 2. An interagency agreement or memorandum of understanding
61 with the managing entity, as defined in s. 394.9082(2), that
62 facilitates referrals of students to community-based services
63 and coordinates care for students served by school-based and
64 community-based providers. Such agreement or memorandum of
65 understanding must address the sharing of records and
66 information as authorized under s. 1006.07(7)(d) to coordinate
67 care and increase access to appropriate services.

68 ~~3.2.~~ Contracts or interagency agreements with one or more
69 local community behavioral health providers or providers of
70 Community Action Team services to provide a behavioral health
71 staff presence and services at district schools. Services may
72 include, but are not limited to, mental health screenings and
73 assessments, individual counseling, family counseling, group
74 counseling, psychiatric or psychological services, trauma-
75 informed care, mobile crisis services, and behavior

76 modification. These behavioral health services may be provided
77 on or off the school campus and may be supplemented by
78 telehealth.

79 ~~4.3.~~ Policies and procedures, including contracts with
80 service providers, which will ensure that:

81 a. Parents of students are provided information about
82 behavioral health services available through the students'
83 school or local community-based behavioral health services
84 providers, including, but not limited to, the mobile response
85 team, as established in s. 394.495 serving their area. A school
86 may meet this requirement by providing information about and
87 internet addresses for web-based directories or guides of local
88 behavioral health services as long as such directories or guides
89 are easily navigated and understood by individuals unfamiliar
90 with behavioral health delivery systems or services and include
91 specific contact information for local behavioral health
92 providers.

93 b. School districts use the services of the mobile
94 response teams to the extent that such services are available.
95 Each school district shall establish policies and procedures to
96 carry out the model response protocol developed under s.
97 1004.44.

98 c. Students who are referred to a school-based or
99 community-based mental health service provider for mental health
100 screening for the identification of mental health concerns and

101 ensure that the assessment of students at risk for mental health
102 disorders occurs within 15 days of referral. School-based mental
103 health services must be initiated within 15 days after
104 identification and assessment, and support by community-based
105 mental health service providers for students who are referred
106 for community-based mental health services must be initiated
107 within 30 days after the school or district makes a referral.

108 d. Referrals to behavioral health services available
109 through other delivery systems or payors for which a student or
110 an individual living in the household of a student receiving
111 services under this subsection may qualify, if such services
112 appear to be needed or enhancements in those individuals'
113 behavioral health would contribute to the improved well-being of
114 the student.

115 ~~5.4.~~ Strategies or programs to reduce the likelihood of
116 at-risk students developing social, emotional, or behavioral
117 health problems, depression, anxiety disorders, suicidal
118 tendencies, or substance use disorders.

119 ~~6.5.~~ Strategies to improve the early identification of
120 social, emotional, or behavioral problems or substance use
121 disorders, to improve the provision of early intervention
122 services, and to assist students in dealing with trauma and
123 violence.

124 Section 2. This act shall take effect July 1, 2021.