

By Senator Powell

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1                   A bill to be entitled  
2           An act relating to the mental health assistance  
3           allocation; amending s. 1011.62, F.S.; revising the  
4           elements of plans required for school district funding  
5           under the mental health assistance allocation;  
6           requiring the plans to include adoption of an  
7           interagency agreement or memorandum of understanding  
8           with a managing entity that performs specified  
9           functions; requiring such agreement or memorandum to  
10          address the sharing of records and information to  
11          coordinate care and increase access to appropriate  
12          services; requiring the plans to include adoption of  
13          policies and procedures that meet specified criteria;  
14          providing an effective date.

15  
16 Be It Enacted by the Legislature of the State of Florida:

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18           Section 1. Paragraph (b) of subsection (16) of section  
19           1011.62, Florida Statutes, is amended to read:

20           1011.62 Funds for operation of schools.—If the annual  
21           allocation from the Florida Education Finance Program to each  
22           district for operation of schools is not determined in the  
23           annual appropriations act or the substantive bill implementing  
24           the annual appropriations act, it shall be determined as  
25           follows:

26           (16) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental health  
27           assistance allocation is created to provide funding to assist  
28           school districts in establishing or expanding school-based  
29           mental health care; train educators and other school staff in

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30 detecting and responding to mental health issues; and connect  
31 children, youth, and families who may experience behavioral  
32 health issues with appropriate services. These funds shall be  
33 allocated annually in the General Appropriations Act or other  
34 law to each eligible school district. Each school district shall  
35 receive a minimum of \$100,000, with the remaining balance  
36 allocated based on each school district's proportionate share of  
37 the state's total unweighted full-time equivalent student  
38 enrollment. Charter schools that submit a plan separate from the  
39 school district are entitled to a proportionate share of  
40 district funding. The allocated funds may not supplant funds  
41 that are provided for this purpose from other operating funds  
42 and may not be used to increase salaries or provide bonuses.  
43 School districts are encouraged to maximize third-party health  
44 insurance benefits and Medicaid claiming for services, where  
45 appropriate.

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

56 1. Direct employment of school-based mental health services  
57 providers to expand and enhance school-based student services  
58 and to reduce the ratio of students to staff in order to better

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59 align with nationally recommended ratio models. These providers  
60 include, but are not limited to, certified school counselors,  
61 school psychologists, school social workers, and other licensed  
62 mental health professionals. The plan also must identify  
63 strategies to increase the amount of time that school-based  
64 student services personnel spend providing direct services to  
65 students, which may include the review and revision of district  
66 staffing resource allocations based on school or student mental  
67 health assistance needs.

68 2. An interagency agreement or memorandum of understanding  
69 with the managing entity, as defined in s. 394.9082(2)(e), which  
70 facilitates referrals of students to community-based services  
71 and coordinates care for students served by school-based and  
72 community-based providers. Such agreement or memorandum of  
73 understanding must address the sharing of records and  
74 information as authorized under s. 1006.07(7)(d) to coordinate  
75 care and increase access to appropriate services.

76 ~~3.2.~~ Contracts or interagency agreements with one or more  
77 local community behavioral health providers or providers of  
78 Community Action Team services to provide a behavioral health  
79 staff presence and services at district schools. Services may  
80 include, but are not limited to, mental health screenings and  
81 assessments, individual counseling, family counseling, group  
82 counseling, psychiatric or psychological services, trauma-  
83 informed care, mobile crisis services, and behavior  
84 modification. These behavioral health services may be provided  
85 on or off the school campus and may be supplemented by  
86 telehealth.

87 ~~4.3.~~ Policies and procedures, including contracts with

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88 service providers, which will ensure that:

89 a. Parents of students are provided information about  
90 behavioral health services available through the students'  
91 school or local community-based behavioral health services  
92 providers, including, but not limited to, the mobile response  
93 team established under s. 394.495 which serves their area. A  
94 school may meet this requirement by providing information about  
95 and Internet addresses for web-based directories of or guides to  
96 local behavioral health services as long as such directories or  
97 guides are easily navigated and understood by individuals  
98 unfamiliar with behavioral health delivery systems or services  
99 and include specific contact information for local behavioral  
100 health providers.

101 b. School districts use the services of the mobile response  
102 teams to the extent that such services are available. Each  
103 school district shall establish policies and procedures to carry  
104 out the model response protocol developed under s. 1004.44.

105 c. Students ~~who~~ are referred to a school-based or  
106 community-based mental health service provider for mental health  
107 screening for the identification of mental health concerns and  
108 ensure that the assessment of students at risk for mental health  
109 disorders occurs within 15 days of referral. School-based mental  
110 health services must be initiated within 15 days after  
111 identification and assessment, and support by community-based  
112 mental health service providers for students who are referred  
113 for community-based mental health services must be initiated  
114 within 30 days after the school or district makes a referral.

115 d. Referrals are made to behavioral health services  
116 available through other delivery systems or payors for which a

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117 student or an individual living in the household of a student  
118 receiving services under this subsection may qualify, if such  
119 services appear to be needed or enhancements in those  
120 individuals' behavioral health would contribute to the improved  
121 well-being of the student.

122 ~~5.4.~~ Strategies or programs to reduce the likelihood of at-  
123 risk students developing social, emotional, or behavioral health  
124 problems, depression, anxiety disorders, suicidal tendencies, or  
125 substance use disorders.

126 ~~6.5.~~ Strategies to improve the early identification of  
127 social, emotional, or behavioral problems or substance use  
128 disorders, to improve the provision of early intervention  
129 services, and to assist students in dealing with trauma and  
130 violence.

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