

HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

BILL #: CS/HB 899 Mental Health of Students
SPONSOR(S): Education & Employment Committee, Hunschofsky and others
TIED BILLS: None **IDEN./SIM. BILLS:** SB 1240

FINAL HOUSE FLOOR ACTION: 114 Y's 0 N's **GOVERNOR'S ACTION:** Approved

SUMMARY ANALYSIS

CS/HB 899 passed the House on March 2, 2022, and subsequently passed the Senate on March 4, 2022.

The Mental Health Assistance Allocation within the Florida Education Finance Program is intended to provide funding to assist school districts in establishing or expanding school-based mental health care, train educators and other school staff in detecting and responding to student mental health issues, and connecting children, youth, and families who may experience behavioral health issues with appropriate services. The bill provides that a school district's annual mental health assistance allocation plan must include policies and procedures that require the provision of information on available mental health services and resources for students and their families. Additionally, the plan's policies and procedures must require school districts to provide any individual living in the same household as a student receiving services with information about available behavioral health services, when receipt of such services could benefit the well-being of the student.

The bill specifies that charter schools must comply with involuntary examination data reporting requirements established by the Legislature in 2021 for traditional public schools and requires the Department of Education to share school-related involuntary examination data with the Department of Children and Families (DCF) by July 1 each year. The bill requires that the DCF use this data in its biennial analysis of involuntary examinations of minors in Florida.

The bill requires school districts to identify a mental health coordinator that will serve as the primary point of contact regarding the district's student mental health policies, procedures, responsibilities, and reporting.

The bill has an insignificant, negative fiscal impact on the DCF and has no fiscal impact on local governments.

The bill was approved by the Governor on May 18, 2022, ch. 2022-126, L.O.F., and will become effective on July 1, 2022.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Student Mental Health

In 2018, the Marjory Stoneman Douglas High School Public Safety Act¹ created the Mental Health Assistance Allocation within the Florida Education Finance Program.² The allocation is intended to provide funding to assist school districts in establishing or expanding school-based mental health care, train educators and other school staff in detecting and responding to mental health issues, and connect children, youth, and families who may experience behavioral health issues with appropriate services.³ For the 2021-2022 school year, \$120 million was appropriated for the allocation.⁴ 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.⁵ Eligible charter schools are entitled to a proportionate share of the school district's allocation.⁶ Currently, there are 122 mental health professionals employed by Florida's school districts with each school district having at least one such professional.⁷

School districts are prohibited from using the funds allocated under this section to supplant funds from other operating funds used for the provision of mental health services. These funds may not be used for salary increases or bonuses.⁸

To receive allocation 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.⁹ 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.¹⁰ Each approved plan must be submitted to the Commissioner of Education by August 1 each year.¹¹

The plan must be focused on a multitiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services. Supports and services under the allocation are provided to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses. 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.¹²

Plans must include elements such as:¹³

¹ Chapter 2018-3, L.O.F.

² Section 1011.62(14), F.S.

³ *Id.*

⁴ Specific Appropriations 7 and 90, s. 2, ch. 2021-36, L.O.F.

⁵ Section 1011.62(14), F.S.; *See also* Florida Department of Education, *Florida Education Finance Program 2021-22 Second Calculation*, p. 33, available at <https://www.fldoe.org/core/fileparse.php/7507/urlt/2122FEFSecondCalc.pdf>.

⁶ Section 1011.62(14), F.S.

⁷ Email, Allison Hess Sitte, Legislative Affairs Director, Florida Department of Education, (Feb. 17, 2022), on file with the Education & Employment Committee.

⁸ *Id.*

⁹ Section 1011.62(14)(a)1.-2., F.S.

¹⁰ *Id.*

¹¹ Section 1011.62(14)(c), F.S.

¹² Section 1011.62(14)(b), F.S.

¹³ *Id.*

- 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.
- 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 and procedures, to be implemented prior to the initiation of an involuntary examination by a mental or behavioral health provider or school-based law enforcement officer who has completed crisis intervention training, that include attempting to verbally de-escalate a student in crisis, including strategies to de-escalate a student with a developmental disability in crisis.
- 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.

School districts are also required to report program outcomes and expenditures for the previous fiscal year by September 30 each year.¹⁴ The report must, at a minimum, provide the number of each of the following:¹⁵

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

Youth Mental Health Awareness and Assistance

The Department of Education (DOE) is responsible for developing and maintaining an evidence-based youth mental health awareness and assistance training program. The program must be designed to help school personnel identify and understand the signs of emotional disturbance, mental illness, and substance use disorders and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health, or substance use problem.¹⁶ At a minimum the training must include:¹⁷

- An overview of mental illnesses and substance use disorders and the need to reduce the stigma of mental illness.
- Information on the potential risk factors and warning signs of emotional disturbance, mental illness, or substance use disorders, including, but not limited to, depression, anxiety, psychosis, eating disorders, and self-injury, as well as common treatments for those conditions and how to assess those risks.
- Information on how to engage at-risk students with the skills, resources, and knowledge required to assess the situation, and how to identify and encourage the student to use appropriate professional help and other support strategies, including, but not limited to, peer, social, or self-help care.

¹⁴ Section 1011.62(14)(d), F.S.

¹⁵ *Id.*

¹⁶ Section 1012.584(1), F.S.

¹⁷ Section 1012.584(3), F.S.

The DOE must partner with a national organization with expertise in youth mental health to provide the training to all school personnel in Florida's elementary, middle, and high schools. Each school district school safety specialist must ensure that all school personnel within his or her school district receive youth mental health awareness and assistance training.¹⁸

Mental Health Data Reporting & Analysis

A student with an acute mental health crisis may require emergency treatment to stabilize his or her condition. Florida law specifies criteria that a person must meet to be transported to a receiving facility for an involuntary examination; it also limits who may initiate the examination.¹⁹ School personnel are not among those authorized to initiate an involuntary examination, unless they are one of the professional certificate holders identified in law, such as certain nurses, mental health counselors or social workers.²⁰ The majority of involuntary examinations for children are initiated by law enforcement, followed by mental health professionals.²¹ When the determination is made in the affirmative, the transport of a student to a receiving facility occurs pursuant to a county transportation plan, which may include transport by a law enforcement officer.²²

Professionals who initiate involuntary examinations are required to report the circumstances of the mental health crisis and make an affirmative statement that the person examined meets statutory criteria.²³ This information is recorded on a standardized form, which is given to the Department of Children and Families (DCF).²⁴ The DCF contracts with the Louis de la Parte Florida Mental Health Institute at the University of South Florida (Institute) to perform data analysis and create an annual report which uses the information from these forms.²⁵ The Institute also analyzes other information relating to mental health and acts as a provider of crisis services to certain patients.²⁶ Among other sources of information and data, current law requires the Office of Safe Schools within the DOE to provide data to the Institute to support the evaluation of mental health services in the state.²⁷

In addition to the annual report, the Legislature required the DCF to investigate the number of involuntary examinations of minors and provide recommendations for process improvement. In 2017, a DCF task force issued a report concluding that involuntary examinations of minors were increasing but that specific causes of the increase are unknown.²⁸ The increase in Florida was consistent with national statistics, and the report noted that the increase could be a reflection of the increase in the identification of mental health disorders among children and young adults.²⁹ Additionally, the task force suggested that the increase in involuntary examinations among children could be the result of recent initiatives designed to improve Florida's mental health system and provide earlier diagnosis and treatment.³⁰

¹⁸ Section 1012.584(2), F.S.

¹⁹ Section 394.463, F.S.

²⁰ Section 394.463(2)(a), F.S.

²¹ Florida Department of Children and Families, *Task Force Report on Involuntary Examination of Minors*, (Nov. 2017), p. 18, <https://www.myflfamilies.com/service-programs/samh/publications/docs/S17-005766-TASK%20FORCE%20ON%20INVOLUNTARY%20EXAMINATION%20OF%20MINORS.pdf>.

²² Section 394.462(1), F.S.

²³ Section 394.463(2)(a)3., F.S.; Rule 65E-5.280(3), F.A.C.

²⁴ Section 394.463(2)(a)3., F.S.; Rules 65E-5.120 and 65E-5.280(3), F.A.C.

²⁵ University of South Florida, Baker Act Reporting Center, *About Us*, <https://www.usf.edu/cbcs/baker-act/about/index.aspx> (last visited March 6, 2022).

²⁶ See University of South Florida, Baker Act Reporting Center, *What We Do*, <https://www.usf.edu/cbcs/baker-act/about/whatwedo.aspx> (last visited March 6, 2022); and University of South Florida, Louis de la Parte Florida Mental Health Institute, *About the Institute*, <https://www.usf.edu/cbcs/fmhi/about/> (last visited March 6, 2022).

²⁷ Section 1001.212(7), F.S.

²⁸ Florida Department of Children and Families, *Task Force Report on Involuntary Examination of Minors*, (Nov. 2017), p. 21, <https://www.myflfamilies.com/service-programs/samh/publications/docs/S17-005766-TASK%20FORCE%20ON%20INVOLUNTARY%20EXAMINATION%20OF%20MINORS.pdf>.

²⁹ *Id.* at 21-22.

³⁰ *Id.* at 24.

As a follow up to the 2017 task force report, in 2019, the Legislature required the DCF to publish a report every other year to examine the initiation of involuntary examinations for minors. The initial report published pursuant to this requirement found that of the 36,078 involuntary examinations of minors in FY 2017-2018, ³¹ only 20 percent were initiated while the child was in a school setting.³² Of the number of all involuntary examinations in that year, minors represented only 18 percent of the total.³³ From FY 2013-2014 to FY 2017-2018, statewide involuntary examinations of children increased 19 percent, while only increasing by 14 percent for young adults (ages 18-24) and 16 percent overall.³⁴

In 2021, the Legislature³⁵ required the DCF to include in its analysis data on the initiation of involuntary examinations of students who are removed from schools, to identify trends in involuntary examinations involving students, and to make recommendations to encourage the use of alternatives to involuntary examinations.³⁶ To aid the DCF in this task, school districts are required to annually report to the DOE the number of involuntary examinations initiated at a school, on school transportation, or at a school-sponsored event.³⁷ However, the law does not explicitly require charter schools to report such data to the DOE. Additionally, the DOE is required to share this data with the DCF, but the law does not provide a timeframe for doing so.³⁸ The law also is silent on whether the DCF must use school district-reported data in its analysis.

In its 2021 biennial analysis of involuntary examinations of minors, the DCF reported 24,171 involuntary examinations of minors under the age of 18 for FY 2019-2020 and that these made up 18 percent of all (128,193) involuntary examinations that year.³⁹ Based on preliminary data from FY 2020-2021, the DCF reports a decrease in involuntary examinations of children occurring in the school setting, with fewer than 15 percent of such involuntary examinations being initiated at schools.⁴⁰

Effect of the Bill

The bill explicitly requires charter schools to report involuntary examination data.

The bill directs the DOE to share the school district reported involuntary examination data with the DCF no later than July 1 each year and requires the DCF to use this data in its analysis for its biennial report on involuntary examinations of minors.

The bill revises requirements for a school district's annual mental health assistance allocation plan to include policies and procedures that require the provision of information on available mental health services and resources for students and their families. Specifically, the bill requires school districts to:

- 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; and
- provide any individual living in the same household as a student receiving services under this section information about behavioral health services available through other delivery systems or

³¹ Florida Department of Children and Families, *Report on Involuntary Examinations of Minors*, (Nov. 2019), available at <https://www.myflfamilies.com/service-programs/samh/publications/docs/Report%20on%20Involuntary%20Examination%20of%20Minors.pdf>.

³² *Id.* at 14.

³³ *Id.* at 25.

³⁴ *Id.*

³⁵ Chapter 2021-176, L.O.F.

³⁶ Section 394.463(4), F.S.

³⁷ Section 1006.07(10), F.S.

³⁸ *See* s. 1001.212(7), F.S.

³⁹ Florida Department of Children and Families, *Report of Involuntary Examinations of Children*, (Nov. 2021), p. 8, available at <https://www.myflfamilies.com/service-programs/samh/publications/docs/Report%20on%20Involuntary%20Examination%20of%20Minors%20-%202021.pdf>.

⁴⁰ *Id.* at 9. The report notes that for 8 percent of Baker Acts the setting of the initiation was not reported.

payors for which they may qualify, if such services appear to be needed or enhancements in their behavioral health would contribute to the improved well-being of the student.

The bill requires school districts to identify a mental health coordinator that will serve as the primary point of contact regarding the district's student mental health policies, procedures, responsibilities, and reporting. The mental health coordinator's responsibilities include:

- Coordinating with the Office of Safe Schools.
- Maintaining records and reports regarding student mental health as it relates to school safety and the mental health assistance allocation.
- Facilitating the implementation of school district policies relating to the respective duties and responsibilities of the school district, the superintendent, and district school principals.
- Coordinating with the school safety specialist on the staffing and training of threat assessment teams and facilitating referrals to mental health services, as appropriate, for students and their families.
- Coordinating with the school safety specialist on the training and resources for students and school district staff relating to youth mental health awareness and assistance.
- Reviewing annually the school district's policies and procedures related to student mental health for compliance with state law and alignment with current best practices and make recommendations, as needed, for amending such policies and procedures to the superintendent and the district school board.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill has an insignificant, negative fiscal impact on DCF related to reporting requirements under DCF's contact with the University of South Florida's Baker Act Reporting Center. DCF estimates the additional reporting element would require an additional \$30,000⁴¹, which can be absorbed within existing resources.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

According to the DCF, there may be some costs to school districts related to reporting involuntary examinations.⁴² However, the reporting requirements were established in 2021 under SB 590.⁴³

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

⁴¹ Department of Children and Families Agency Analysis of 2022 House Bill 899 (Jan. 14, 2022).

⁴² *Id.*

⁴³ Chapter 2021-176, L.O.F.

D. FISCAL COMMENTS:

None.