

By the Committee on Children, Families, and Elder Affairs; and
Senator Harrell

586-02658-24

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1 A bill to be entitled
2 An act relating to coordinated systems of care for
3 children; creating s. 1006.05, F.S.; defining the term
4 "care coordinator"; requiring certain school districts
5 to be guided by and adhere to a specified mental
6 health and treatment support system for certain
7 children; requiring school districts to contract with
8 managing entities to provide care coordinators for
9 certain students; requiring that a care coordinator
10 provided by the managing entity be placed in certain
11 school districts, for specified purposes; requiring
12 school districts to address certain recommendations,
13 and meet specified performance outcomes; requiring
14 each school district to report annually to the
15 Department of Education on certain performance
16 outcomes and the allocation and expenditure of certain
17 funding; providing an effective date.

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

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21 Section 1. Section 1006.05, Florida Statutes, is created to
22 read:

23 1006.05 Mental health coordinated system of care.—

24 (1) For purposes of this section, the term "care
25 coordinator" means a person who is responsible for participating
26 in the development and implementation of a services plan,
27 linking service providers to a child or adolescent and his or
28 her family, monitoring the delivery of services, providing
29 advocacy, collecting information to determine the effect of

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30 services and treatment, and performing care coordination as
31 defined in s. 394.4573(1).

32 (2) Pursuant to s. 394.491 and to further promote the
33 effective implementation of a coordinated system of care
34 pursuant to ss. 394.4573 and 394.495, each school district that
35 provides mental health assessment, diagnosis, intervention,
36 treatment, and recovery services to students diagnosed with one
37 or more mental health or any co-occurring substance use disorder
38 and students at high risk of such diagnoses must be guided by
39 and adhere to the guiding principles of the mental health
40 treatment and support system as provided under s. 394.491.

41 (3) (a) School districts shall contract with managing
42 entities to provide care coordinators for students with complex
43 behavioral health needs who continue to experience adverse
44 outcomes due to unmet needs or an inability to engage.

45 (b) A care coordinator provided by the managing entity must
46 be placed in each school district implementing a coordinated
47 system of care to ensure that students are receiving necessary
48 services and that appropriate funds are being used to support
49 the cost of treatment, including all available public and
50 private health insurance funds, before school-based mental
51 health treatment and support system funding is accessed to
52 purchase community-based services.

53 (c) When a student is identified as having experienced an
54 involuntary admission to an acute psychiatric care facility,
55 school districts must address recommendations from the care
56 coordinator provided by the managing entity upon the return of
57 the student to the school setting.

58 (4) (a) Pursuant to s. 394.494, each school district shall

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59 meet the general performance outcomes for the child and
60 adolescent mental health treatment and support system.

61 (b) Each school district shall report annually to the
62 department on the general performance outcomes for the child and
63 adolescent mental health treatment and support system and how
64 the support system funding is allocated and spent.

65 Section 2. This act shall take effect July 1, 2024.