

1 A bill to be entitled
2 An act relating to mental health and substance use
3 disorders; amending s. 394.457, F.S.; requiring the
4 Department of Children and Families to require certain
5 providers to use a specified assessment tool; revising
6 the minimum standards for a mobile crisis response
7 service; amending s. 394.459, F.S.; requiring
8 facilities to update treatment plans within specified
9 timeframes; amending s. 394.468, F.S.; revising
10 requirements for discharge planning regarding
11 medications; amending s. 394.495, F.S.; requiring use
12 of a specified assessment tool; providing an
13 exception; requiring the Department of Children and
14 Families, in consultation with the Department of
15 Education, to conduct a review biennially of school-
16 based behavioral health access through telehealth;
17 providing requirements for review; requiring the
18 Department of Children and Families to submit to the
19 Governor and the Legislature its findings by a
20 specified date; providing for expiration of the
21 review; amending s. 394.659, F.S.; requiring the
22 Criminal Justice, Mental Health, and Substance Abuse
23 Technical Assistance Center at the Louis de la Parte
24 Florida Mental Health Institute at the University of
25 South Florida to disseminate among grantees certain

26 | evidence-based practices and best practices; defining
27 | the term "person-first language"; amending s. 394.875,
28 | F.S.; requiring the Department of Children and
29 | Families, in consultation with the Agency for Health
30 | Care Administration, to conduct a review biennially to
31 | identify needs regarding short-term residential
32 | treatment facilities and beds; specifying actions the
33 | department must take under certain conditions;
34 | amending s. 394.9082, F.S.; requiring managing
35 | entities to promote use of person-first language and
36 | trauma-informed care and require use of a specified
37 | assessment tool; amending s. 1004.44, F.S.; revising
38 | the assistance and services the Louis de la Parte
39 | Florida Mental Health Institute is required to
40 | provide; revising the requirements of the Florida
41 | Center for Behavioral Health Workforce to promote
42 | behavioral health professions; amending s. 1006.041,
43 | F.S.; revising the plan components for mental health
44 | assistance programs; reenacting s. 394.463(2)(g),
45 | F.S., relating to involuntary examination, to
46 | incorporate the amendment made to s. 394.468, F.S., in
47 | a reference thereto; reenacting s. 394.4955(2)(c) and
48 | (6), F.S., relating to coordinated system of care and
49 | child and adolescent mental health treatment and
50 | support, to incorporate the amendment made to s.

51 394.495, F.S., in references thereto; reenacting s.
 52 1001.212(7), F.S., relating to the Office of Safe
 53 Schools, to incorporate the amendment made to s.
 54 1004.44, F.S., in a reference thereto; providing an
 55 effective date.

56
 57 Be It Enacted by the Legislature of the State of Florida:

58
 59 **Section 1. Subsection (3) and paragraph (c) of subsection**
 60 **(5) of section 394.457, Florida Statutes, are amended, and**
 61 **paragraph (d) is added to subsection (5) of that section, to**
 62 **read:**

63 394.457 Operation and administration.—

64 (3) POWER TO CONTRACT.—The department may contract to
 65 provide, and be provided with, services and facilities in order
 66 to carry out its responsibilities under this part with the
 67 following agencies: public and private hospitals; receiving and
 68 treatment facilities; clinics; laboratories; departments,
 69 divisions, and other units of state government; the state
 70 colleges and universities; the community colleges; private
 71 colleges and universities; counties, municipalities, and any
 72 other governmental unit, including facilities of the United
 73 States Government; and any other public or private entity which
 74 provides or needs facilities or services. The department shall
 75 require any provider directly under contract with the department

76 | to use, at a minimum, the most recent version of the Daily
77 | Living Activities-20 (DLA-20) functional assessment tool for any
78 | patients requiring functional assessment, unless the department
79 | specifies in rule the use of a different assessment tool. Baker
80 | Act funds for community inpatient, crisis stabilization, short-
81 | term residential treatment, and screening services must be
82 | allocated to each county pursuant to the department's funding
83 | allocation methodology. Notwithstanding s. 287.057(3)(e),
84 | contracts for community-based Baker Act services for inpatient,
85 | crisis stabilization, short-term residential treatment, and
86 | screening provided under this part, other than those with other
87 | units of government, to be provided for the department must be
88 | awarded using competitive sealed bids if the county commission
89 | of the county receiving the services makes a request to the
90 | department's district office by January 15 of the contracting
91 | year. The district may not enter into a competitively bid
92 | contract under this provision if such action will result in
93 | increases of state or local expenditures for Baker Act services
94 | within the district. Contracts for these Baker Act services
95 | using competitive sealed bids are effective for 3 years. The
96 | department shall adopt rules establishing minimum standards for
97 | such contracted services and facilities and shall make periodic
98 | audits and inspections to assure that the contracted services
99 | are provided and meet the standards of the department.

100 | (5) RULES.—

101 (c) The department shall adopt rules establishing minimum
102 standards for services provided by a mental health overlay
103 program or a mobile crisis response service. Minimum standards
104 for a mobile crisis response service must:

105 1. Include the requirements of the child, adolescent, and
106 young adult mobile response teams established under s.
107 394.495(7) and ensure coverage of all counties by these
108 specified teams; ~~and~~

109 2. Specify any training or other requirements applicable
110 to a mobile crisis response service available to persons age 65
111 and over to enable the service to meet the specialized needs of
112 such persons; and

113 ~~3.2.~~ Create a structure for general mobile response teams
114 which focuses on crisis diversion and the reduction of
115 involuntary commitment under this chapter. The structure must
116 require, but need not be limited to, the following:

117 a. Triage and rapid crisis intervention within 60 minutes;

118 b. Provision of and referral to evidence-based services
119 that are responsive to the needs of the individual and the
120 individual's family;

121 c. Screening, assessment, early identification, and care
122 coordination; and

123 d. Confirmation that the individual who received the
124 mobile crisis response was connected to a service provider and
125 prescribed medications, if needed.

126 **Section 2. Paragraph (e) of subsection (2) of section**
 127 **394.459, Florida Statutes, is amended to read:**

128 394.459 Rights of patients.—

129 (2) RIGHT TO TREATMENT.—

130 (e) Not more than 5 days after admission to a facility,
 131 each patient must ~~shall~~ have and receive an individualized
 132 treatment plan in writing which the patient has had an
 133 opportunity to assist in preparing and to review before ~~prior to~~
 134 its implementation. The plan must ~~shall~~ include a space for the
 135 patient's comments. Facilities shall update the treatment plan,
 136 including, but not limited to, the physician summary, at least
 137 every 30 days during the time a patient is in a receiving or
 138 treatment facility, except a patient retained for longer than 24
 139 months shall have updates to his or her treatment plan at least
 140 every 60 days.

141 **Section 3. Subsection (2) of section 394.468, Florida**
 142 **Statutes, is amended to read:**

143 394.468 Admission and discharge procedures.—

144 (2) Discharge planning and procedures for any patient's
 145 release from a receiving facility or treatment facility must
 146 include and document the patient's needs, and actions to address
 147 such needs, for, at a minimum:

148 (a) Followup ~~Follow-up~~ behavioral health appointments;

149 (b) Information on how to obtain prescribed medications,
 150 including, but not limited to, administration of long-acting

151 injectable medications. The discharge plan must address any
 152 barriers faced by the patient to accessing long-acting
 153 injectable medications after discharge if such medication is
 154 part of the patient's plan; and

155 (c) Information pertaining to:

- 156 1. Available living arrangements;
- 157 2. Transportation; ~~and~~

158 (d) Referral to:

- 159 1. Care coordination services. The patient must be
 160 referred for care coordination services if the patient meets the
 161 criteria as a member of a priority population as determined by
 162 the department under s. 394.9082(3)(c) and is in need of such
 163 services.

- 164 2. Recovery support opportunities under s. 394.4573(2)(1),
 165 including, but not limited to, connection to a peer specialist;
 166 and

167 (e) Administration of long-acting injectable medication
 168 before discharge if such medication is available to treat the
 169 patient's diagnosed behavioral health condition and is
 170 clinically appropriate for the patient.

171 **Section 4. Subsections (2) and (5) of section 394.495,**
 172 **Florida Statutes, are amended to read:**

173 394.495 Child and adolescent mental health system of care;
 174 programs and services.—

- 175 (2) The array of services must include assessment services

176 that provide a professional interpretation of the nature of the
177 problems of the child or adolescent and his or her family;
178 family issues that may impact the problems; additional factors
179 that contribute to the problems; and the assets, strengths, and
180 resources of the child or adolescent and his or her family. The
181 assessment services to be provided must ~~shall~~ be determined by
182 the clinical needs of each child or adolescent. Assessment tools
183 used must, at a minimum, include the use of the most recent
184 version of the Daily Living Activities-20 (DLA-20) functional
185 assessment tool, unless the department specifies in rule the use
186 of a different assessment tool. Assessment services include, but
187 are not limited to, evaluation and screening in the following
188 areas:

- 189 (a) Physical and mental health for purposes of identifying
190 medical and psychiatric problems.
- 191 (b) Psychological functioning, as determined through a
192 battery of psychological tests.
- 193 (c) Intelligence and academic achievement.
- 194 (d) Social and behavioral functioning.
- 195 (e) Family functioning.

196

197 The assessment for academic achievement is the financial
198 responsibility of the school district. The department shall
199 cooperate with other state agencies and the school district to
200 avoid duplicating assessment services.

201 (5) In order to enhance collaboration between agencies and
 202 to facilitate the provision of services by the child and
 203 adolescent mental health treatment and support system and the
 204 school district:~~7~~

205 (a) The local child and adolescent mental health system of
 206 care shall include the local educational multiagency network for
 207 severely emotionally disturbed students specified in s. 1006.04.

208 (b) The department, in consultation with the Department of
 209 Education, shall biennially review school-based behavioral
 210 health access in the state through telehealth, with an emphasis
 211 on underserved and rural communities. The review shall, at a
 212 minimum, assess gaps in the provision of school-based behavioral
 213 health services, the extent of use of telehealth for school-
 214 based behavioral health services, barriers to use and expansion
 215 of such telehealth services, and recommendations to address
 216 barriers and any implementation requirements. The review shall
 217 also identify any new models for increasing school-based
 218 behavioral health access. The Department of Children and
 219 Families shall submit to the Governor, the President of the
 220 Senate, and the Speaker of the House of Representatives its
 221 findings by January 1, beginning in 2026. This subsection
 222 expires June 30, 2030, unless reenacted by the Legislature.

223 **Section 5. Paragraph (d) of subsection (1) of section**
 224 **394.659, Florida Statutes, is amended to read:**

225 394.659 Criminal Justice, Mental Health, and Substance

226 Abuse Technical Assistance Center.—

227 (1) There is created a Criminal Justice, Mental Health,
 228 and Substance Abuse Technical Assistance Center at the Louis de
 229 la Parte Florida Mental Health Institute at the University of
 230 South Florida, which shall:

231 (d) Disseminate and share evidence-based practices and
 232 best practices among grantees, including, but not limited to,
 233 the use of person-first language and trauma-responsive care, to
 234 improve patient experiences and outcomes of individuals with
 235 behavioral health conditions and encourage cooperative
 236 engagement with such individuals. For purposes of this
 237 paragraph, the term "person-first language" means language used
 238 which emphasizes the individual as a person rather than the
 239 individual's disability, illness, or condition.

240 **Section 6. Subsection (11) is added to section 394.875,**
 241 **Florida Statutes, and paragraph (c) of subsection (1) and**
 242 **paragraph (a) of subsection (8) of that section are republished,**
 243 **to read:**

244 394.875 Crisis stabilization units, residential treatment
 245 facilities, and residential treatment centers for children and
 246 adolescents; authorized services; license required.—

247 (1)

248 (c) The purpose of a residential treatment center for
 249 children and adolescents is to provide mental health assessment
 250 and treatment services pursuant to ss. 394.491, 394.495, and

251 394.496 to children and adolescents who meet the target
 252 population criteria specified in s. 394.493(1)(a), (b), or (c).

253 (8)(a) The department, in consultation with the agency,
 254 must adopt rules governing a residential treatment center for
 255 children and adolescents which specify licensure standards for:
 256 admission; length of stay; program and staffing; discharge and
 257 discharge planning; treatment planning; seclusion, restraints,
 258 and time-out; rights of patients under s. 394.459; use of
 259 psychotropic medications; and standards for the operation of
 260 such centers.

261 (11) The department, in consultation with the agency,
 262 shall biennially conduct a review to identify the need for new
 263 short-term residential treatment facilities and additional beds
 264 in existing short-term residential treatment facilities. If
 265 additional funding is necessary to address such need, the
 266 department shall submit a legislative budget request for such
 267 funding. If the department can address the need within existing
 268 resources, the department shall take action to do so.

269 **Section 7. Paragraphs (v) and (w) are added to subsection**
 270 **(5) of section 394.9082, Florida Statutes, to read:**

271 394.9082 Behavioral health managing entities.—

272 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

273 (v) Promote the use of person-first language and trauma-
 274 informed responsive care among providers, peer organizations,
 275 and family members, including, but not limited to, through

276 training and sharing best practices. For purposes of this
277 paragraph, the term "person-first language" means language used
278 which emphasizes the patient as a person rather than that
279 patient's disability, illness, or condition.

280 (w) Require use of the most recent version of the Daily
281 Living Activities-20 (DLA-20) functional assessment tool by all
282 providers under contract with the managing entity, unless the
283 department specifies in rule the use of a different assessment
284 tool.

285 **Section 8. Paragraph (a) of subsection (6) of section**
286 **1004.44, Florida Statutes, is amended, and paragraph (h) is**
287 **added to subsection (1) of that section, to read:**

288 1004.44 Louis de la Parte Florida Mental Health
289 Institute.—There is established the Louis de la Parte Florida
290 Mental Health Institute within the University of South Florida.

291 (1) The purpose of the institute is to strengthen mental
292 health services throughout the state by providing technical
293 assistance and support services to mental health agencies and
294 mental health professionals. Such assistance and services shall
295 include:

296 (h) Submission of a report analyzing substance abuse and
297 mental health services provided in the state through publicly
298 funded programs, including Medicare. The review shall, at a
299 minimum, identify services covered by such programs, assess
300 quality of care and cost management, and identify services for

301 which additional providers are needed in the state. The
302 institute shall submit the report to the Governor, President of
303 the Senate, and Speaker of the House of Representatives by June
304 30, 2026.

305 (6) (a) There is established within the institute the
306 Florida Center for Behavioral Health Workforce. The purpose of
307 the center is to support an adequate, highly skilled, resilient,
308 and innovative workforce that meets the current and future human
309 resources needs of the state's behavioral health system in order
310 to provide high-quality care, services, and supports to
311 Floridians with, or at risk of developing, behavioral health
312 conditions through original research, policy analysis,
313 evaluation, and development and dissemination of best practices.
314 The goals of the center are, at a minimum, to research the
315 state's current behavioral health workforce and future needs;
316 expand the number of clinicians, professionals, and other
317 workers involved in the behavioral health workforce; and enhance
318 the skill level and innovativeness of the workforce. The center
319 shall, at a minimum, do all of the following:

320 1. Describe and analyze the current workforce and project
321 possible future workforce demand, especially in critical roles,
322 and develop strategies for addressing any gaps. The center's
323 efforts may include, but need not be limited to, producing a
324 statistically valid biennial analysis of the supply and demand
325 of the behavioral health workforce.

326 2. Expand pathways to behavioral health professions
327 through enhanced educational opportunities and improved faculty
328 development and retention. The center's efforts may include, but
329 need not be limited to:

330 a. Identifying best practices in the academic preparation
331 and continuing education of behavioral health professionals.

332 b. Facilitating and coordinating the development of
333 academic-practice partnerships that support behavioral health
334 faculty employment and advancement.

335 c. Developing and implementing innovative projects to
336 support the recruitment, development, and retention of
337 behavioral health educators, faculty, and clinical preceptors.

338 d. Developing distance learning infrastructure for
339 behavioral health education and the evidence-based use of
340 technology, simulation, and distance learning techniques.

341 3. Promote behavioral health professions. The center's
342 efforts may include, but need not be limited to:

343 a. Conducting original research on the factors affecting
344 recruitment, retention, and advancement of the behavioral health
345 workforce, such as designing and implementing a longitudinal
346 study of the state's behavioral health workforce.

347 b. Developing and implementing innovative projects to
348 support the recruitment, development, and retention of
349 behavioral health workers, including, but not limited to,
350 projects to provide additional stipends, compensation, and

351 financial support for clinical supervisors, workers, interns,
352 and students currently working in the behavioral health field.

353 **Section 9. Subsection (2) of section 1006.041, Florida**
354 **Statutes, is amended to read:**

355 1006.041 Mental health assistance program.—Each school
356 district must implement a school-based mental health assistance
357 program that includes training classroom teachers and other
358 school staff in detecting and responding to mental health issues
359 and connecting children, youth, and families who may experience
360 behavioral health issues with appropriate services.

361 (2) A plan required under subsection (1) must be focused
362 on a multitiered system of supports to deliver evidence-based
363 mental health care assessment, diagnosis, intervention,
364 treatment, and recovery services to students with one or more
365 mental health or co-occurring substance abuse diagnoses and to
366 students at high risk of such diagnoses. Assessment procedures
367 must, at a minimum, include the use of the most recent version
368 of the Daily Living Activities-20 (DLA-20) functional assessment
369 tool, unless the department specifies in rule the use of a
370 different assessment tool. The department shall consult with the
371 Department of Children and Families before adopting rules
372 regarding use of a different assessment tool. The provision of
373 these services must be coordinated with a student's primary
374 mental health care provider and with other mental health
375 providers involved in the student's care. At a minimum, the plan

376 must include all of the following components:

377 (a) Direct employment of school-based mental health
378 services providers to expand and enhance school-based student
379 services and to reduce the ratio of students to staff in order
380 to better align with nationally recommended ratio models. The
381 providers shall include, but are not limited to, certified
382 school counselors, school psychologists, school social workers,
383 and other licensed mental health professionals. The plan must
384 also identify strategies to increase the amount of time that
385 school-based student services personnel spend providing direct
386 services to students, which may include the review and revision
387 of district staffing resource allocations based on school or
388 student mental health assistance needs.

389 (b) Contracts or interagency agreements with one or more
390 local community behavioral health providers or providers of
391 Community Action Team services to provide a behavioral health
392 staff presence and services at district schools. Services may
393 include, but are not limited to, mental health screenings and
394 assessments, individual counseling, family counseling, group
395 counseling, psychiatric or psychological services, trauma-
396 informed care, mobile crisis services, and behavior
397 modification. These behavioral health services may be provided
398 on or off the school campus and may be supplemented by
399 telehealth as defined in s. 456.47(1).

400 (c) Policies and procedures, including contracts with

401 service providers, which will ensure that:

402 1. Students referred to a school-based or community-based
403 mental health service provider for mental health screening for
404 the identification of mental health concerns and students at
405 risk for mental health disorders are assessed within 15 days
406 after referral. School-based mental health services must be
407 initiated within 15 days after identification and assessment,
408 and support by community-based mental health service providers
409 for students who are referred for community-based mental health
410 services must be initiated within 30 days after the school or
411 district makes a referral.

412 2. Parents of a student receiving services under this
413 subsection are provided information about other behavioral
414 health services available through the student's school or local
415 community-based behavioral health services providers. A school
416 may meet this requirement by providing information about and
417 Internet addresses for web-based directories or guides for local
418 behavioral health services.

419 3. Individuals living in a household with a student
420 receiving services under this subsection are provided
421 information about behavioral health services available through
422 other delivery systems or payors for which such individuals may
423 qualify, if such services appear to be needed or enhancements in
424 such individuals' behavioral health would contribute to the
425 improved well-being of the student.

426 (d) Strategies or programs to reduce the likelihood of at-
427 risk students developing social, emotional, or behavioral health
428 problems; depression; anxiety disorders; suicidal tendencies; or
429 substance use disorders.

430 (e) Strategies to improve the early identification of
431 social, emotional, or behavioral problems or substance use
432 disorders; to improve the provision of early intervention
433 services; and to assist students in dealing with trauma and
434 violence.

435 (f) Procedures to assist a mental health services provider
436 or a behavioral health provider as described in paragraph (a) or
437 paragraph (b), respectively, or a school resource officer or
438 school safety officer who has completed mental health crisis
439 intervention training in attempting to verbally de-escalate a
440 student's crisis situation before initiating an involuntary
441 examination pursuant to s. 394.463. Such procedures must include
442 strategies to de-escalate a crisis situation for a student with
443 a developmental disability as defined in s. 393.063.

444 (g) Policies of the school district which must require
445 that in a student crisis situation, school or law enforcement
446 personnel must make a reasonable attempt to contact a mental
447 health professional who may initiate an involuntary examination
448 pursuant to s. 394.463, unless the child poses an imminent
449 danger to themselves or others, before initiating an involuntary
450 examination pursuant to s. 394.463. Such contact may be in

451 person or through telehealth. The mental health professional may
452 be available to the school district either by a contract or
453 interagency agreement with the managing entity, one or more
454 local community-based behavioral health providers, or the local
455 mobile response team, or be a direct or contracted school
456 district employee.

457 **Section 10. For the purpose of incorporating the amendment**
458 **made by this act to section 394.468, Florida Statutes, in a**
459 **reference thereto, paragraph (g) of subsection (2) of section**
460 **394.463, Florida Statutes, is reenacted to read:**

461 394.463 Involuntary examination.—

462 (2) INVOLUNTARY EXAMINATION.—

463 (g) The examination period must be for up to 72 hours and
464 begins when a patient arrives at the receiving facility. For a
465 minor, the examination shall be initiated within 12 hours after
466 the patient's arrival at the facility. Within the examination
467 period, one of the following actions must be taken, based on the
468 individual needs of the patient:

469 1. The patient shall be released, unless he or she is
470 charged with a crime, in which case the patient shall be
471 returned to the custody of a law enforcement officer;

472 2. The patient shall be released, subject to subparagraph
473 1., for voluntary outpatient treatment;

474 3. The patient, unless he or she is charged with a crime,
475 shall be asked to give express and informed consent to placement

476 as a voluntary patient and, if such consent is given, the
477 patient shall be admitted as a voluntary patient; or

478 4. A petition for involuntary services shall be filed in
479 the circuit court or with the county court, as applicable. When
480 inpatient treatment is deemed necessary, the least restrictive
481 treatment consistent with the optimum improvement of the
482 patient's condition shall be made available. The petition shall
483 be filed by one of the petitioners specified in s. 394.467, and
484 the court shall dismiss an untimely filed petition. If a
485 patient's 72-hour examination period ends on a weekend or
486 holiday, including the hours before the ordinary business hours
487 on the morning of the next working day, and the receiving
488 facility:

489 a. Intends to file a petition for involuntary services,
490 such patient may be held at the facility through the next
491 working day thereafter and the petition must be filed no later
492 than such date. If the facility fails to file the petition by
493 the ordinary close of business on the next working day, the
494 patient shall be released from the receiving facility following
495 approval pursuant to paragraph (f).

496 b. Does not intend to file a petition for involuntary
497 services, the receiving facility may postpone release of a
498 patient until the next working day thereafter only if a
499 qualified professional documents that adequate discharge
500 planning and procedures in accordance with s. 394.468, and

501 approval pursuant to paragraph (f), are not possible until the
 502 next working day.

503 **Section 11. For the purpose of incorporating the amendment**
 504 **made by this act to section 394.495, Florida Statutes, in**
 505 **references thereto, paragraph (c) of subsection (2) and**
 506 **subsection (6) of section 394.4955, Florida Statutes, are**
 507 **reenacted to read:**

508 394.4955 Coordinated system of care; child and adolescent
 509 mental health treatment and support.—

510 (2)

511 (c) To the extent permitted by available resources, the
 512 coordinated system of care shall include the array of services
 513 listed in s. 394.495.

514 (6) The managing entity shall identify gaps in the arrays
 515 of services for children and adolescents listed in s. 394.495
 516 available under each plan and include relevant information in
 517 its annual needs assessment required by s. 394.9082.

518 **Section 12. For the purpose of incorporating the amendment**
 519 **made by this act to section 1004.44, Florida Statutes, in a**
 520 **reference thereto, subsection (7) of section 1001.212, Florida**
 521 **Statutes, is reenacted to read:**

522 1001.212 Office of Safe Schools.—There is created in the
 523 Department of Education the Office of Safe Schools. The office
 524 is fully accountable to the Commissioner of Education. The
 525 office shall serve as a central repository for best practices,

526 training standards, and compliance oversight in all matters
527 regarding school safety and security, including prevention
528 efforts, intervention efforts, and emergency preparedness
529 planning. The office shall:

530 (7) Provide data to support the evaluation of mental
531 health services pursuant to s. 1004.44. Such data must include,
532 for each school, the number of involuntary examinations as
533 defined in s. 394.455 which are initiated at the school, on
534 school transportation, or at a school-sponsored activity and the
535 number of children for whom an examination is initiated.

536 **Section 13.** This act shall take effect July 1, 2025.