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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 its  
19          findings to the Governor and the Legislature 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

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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:  
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59 Section 1. Subsection (3) and paragraph (c) of subsection  
60 (5) of section 394.457, Florida Statutes, are amended to read:

61 394.457 Operation and administration.—

62 (3) POWER TO CONTRACT.—The department may contract to  
63 provide, and be provided with, services and facilities in order  
64 to carry out its responsibilities under this part with the  
65 following agencies: public and private hospitals; receiving and  
66 treatment facilities; clinics; laboratories; departments,  
67 divisions, and other units of state government; the state  
68 colleges and universities; the community colleges; private  
69 colleges and universities; counties, municipalities, and any  
70 other governmental unit, including facilities of the United  
71 States Government; and any other public or private entity which  
72 provides or needs facilities or services. The department shall  
73 require any provider directly under contract with the department  
74 to use, at a minimum, the most recent version of the Daily  
75 Living Activities-20 (DLA-20) functional assessment tool for any  
76 patient requiring functional assessment, unless the department  
77 specifies in rule the use of a different assessment tool. Baker  
78 Act funds for community inpatient, crisis stabilization, short-  
79 term residential treatment, and screening services must be  
80 allocated to each county pursuant to the department's funding  
81 allocation methodology. Notwithstanding s. 287.057(3)(e),  
82 contracts for community-based Baker Act services for inpatient,  
83 crisis stabilization, short-term residential treatment, and  
84 screening provided under this part, other than those with other  
85 units of government, to be provided for the department must be  
86 awarded using competitive sealed bids if the county commission  
87 of the county receiving the services makes a request to the

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88 department's district office by January 15 of the contracting  
89 year. The district may not enter into a competitively bid  
90 contract under this provision if such action will result in  
91 increases of state or local expenditures for Baker Act services  
92 within the district. Contracts for these Baker Act services  
93 using competitive sealed bids are effective for 3 years. The  
94 department shall adopt rules establishing minimum standards for  
95 such contracted services and facilities and shall make periodic  
96 audits and inspections to assure that the contracted services  
97 are provided and meet the standards of the department.

98 (5) RULES.—

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

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

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

111 ~~3.2.~~ Create a structure for general mobile response teams  
112 which focuses on crisis diversion and the reduction of  
113 involuntary commitment under this chapter. The structure must  
114 require, but need not be limited to, the following:

115 a. Triage and rapid crisis intervention within 60 minutes;  
116 b. Provision of and referral to evidence-based services

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117 that are responsive to the needs of the individual and the  
118 individual's family;

119 c. Screening, assessment, early identification, and care  
120 coordination; and

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

124 Section 2. Paragraph (e) of subsection (2) of section  
125 394.459, Florida Statutes, is amended to read:

126 394.459 Rights of patients.—

127 (2) RIGHT TO TREATMENT.—

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

139 Section 3. Subsection (2) of section 394.468, Florida  
140 Statutes, is amended to read:

141 394.468 Admission and discharge procedures.—

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

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- 146 (a) ~~Followup~~ Follow-up behavioral health appointments;
- 147 (b) Information on how to obtain prescribed medications,  
148 including, but not limited to, administration of long-acting  
149 injectable medications. The discharge plan must address any  
150 barriers faced by the patient to accessing long-acting  
151 injectable medications after discharge if such medication is  
152 part of the patient's plan; and
- 153 (c) Information pertaining to:
- 154 1. Available living arrangements;
- 155 2. Transportation; ~~and~~
- 156 (d) Referral to:
- 157 1. Care coordination services. The patient must be referred  
158 for care coordination services if the patient meets the criteria  
159 as a member of a priority population as determined by the  
160 department under s. 394.9082(3)(c) and is in need of such  
161 services.
- 162 2. Recovery support opportunities under s. 394.4573(2)(1),  
163 including, but not limited to, connection to a peer specialist;  
164 and
- 165 (e) Administration of long-acting injectable medication  
166 before discharge if such medication is available to treat the  
167 patient's diagnosed behavioral health condition and is  
168 clinically appropriate for the patient.
- 169 Section 4. Subsections (2) and (5) of section 394.495,  
170 Florida Statutes, are amended to read:
- 171 394.495 Child and adolescent mental health system of care;  
172 programs and services.—
- 173 (2) The array of services must include assessment services  
174 that provide a professional interpretation of the nature of the

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

187 (a) Physical and mental health for purposes of identifying  
188 medical and psychiatric problems.

189 (b) Psychological functioning, as determined through a  
190 battery of psychological tests.

191 (c) Intelligence and academic achievement.

192 (d) Social and behavioral functioning.

193 (e) Family functioning.

194

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

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

203 (a) The local child and adolescent mental health system of

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204 care shall include the local educational multiagency network for  
205 severely emotionally disturbed students specified in s. 1006.04.

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

221 Section 5. Paragraph (d) of subsection (1) of section  
222 394.659, Florida Statutes, is amended to read:

223 394.659 Criminal Justice, Mental Health, and Substance  
224 Abuse Technical Assistance Center.—

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

229 (d) Disseminate and share evidence-based practices and best  
230 practices among grantees, including, but not limited to, the use  
231 of person-first language and trauma-responsive care, to improve  
232 patient experiences and outcomes of individuals with behavioral

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233 health conditions and encourage cooperative engagement with such  
234 individuals. For purposes of this paragraph, the term "person-  
235 first language" means language used which emphasizes the  
236 individual as a person rather than the individual's disability,  
237 illness, or condition.

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

242 394.875 Crisis stabilization units, residential treatment  
243 facilities, and residential treatment centers for children and  
244 adolescents; authorized services; license required.—

245 (1)

246 (c) The purpose of a residential treatment center for  
247 children and adolescents is to provide mental health assessment  
248 and treatment services pursuant to ss. 394.491, 394.495, and  
249 394.496 to children and adolescents who meet the target  
250 population criteria specified in s. 394.493(1)(a), (b), or (c).

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

259 (11) The department, in consultation with the agency, shall  
260 biennially conduct a review to identify the need for new short-  
261 term residential treatment facilities and additional beds in

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262 existing short-term residential treatment facilities. If  
263 additional funding is necessary to address such need, the  
264 department shall submit a legislative budget request for such  
265 funding. If the department can address the need within existing  
266 resources, the department shall take action to do so.

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

269 394.9082 Behavioral health managing entities.—

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

271 (v) Promote the use of person-first language and trauma-  
272 informed responsive care among providers, peer organizations,  
273 and family members, including, but not limited to, through  
274 training and sharing best practices. For purposes of this  
275 paragraph, the term "person-first language" means language used  
276 which emphasizes the patient as a person rather than that  
277 patient's disability, illness, or condition.

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

283 Section 8. Paragraph (a) of subsection (6) of section  
284 1004.44, Florida Statutes, is amended, and paragraph (h) is  
285 added to subsection (1) of that section, to read:

286 1004.44 Louis de la Parte Florida Mental Health Institute.—  
287 There is established the Louis de la Parte Florida Mental Health  
288 Institute within the University of South Florida.

289 (1) The purpose of the institute is to strengthen mental  
290 health services throughout the state by providing technical

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291 assistance and support services to mental health agencies and  
292 mental health professionals. Such assistance and services shall  
293 include:

294 (h) Submission of a report analyzing substance abuse and  
295 mental health services provided in the state through publicly  
296 funded programs, including Medicare. The review shall, at a  
297 minimum, identify services covered by such programs, assess  
298 quality of care and cost management, and identify services for  
299 which additional providers are needed in the state. The  
300 institute shall submit the report to the Governor, President of  
301 the Senate, and Speaker of the House of Representatives by June  
302 30, 2026.

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

318 1. Describe and analyze the current workforce and project  
319 possible future workforce demand, especially in critical roles,

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320 and develop strategies for addressing any gaps. The center's  
321 efforts may include, but need not be limited to, producing a  
322 statistically valid biennial analysis of the supply and demand  
323 of the behavioral health workforce.

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

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

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

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

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

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

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

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

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

351 4. Request from the Board of Clinical Social Work, Marriage  
352 and Family Therapy, and Mental Health Counseling, and the board  
353 must provide to the center upon its request, any information  
354 held by the board regarding the clinical social work, marriage  
355 and family therapy, and mental health counselors licensed in  
356 this state or information reported to the board by employers of  
357 such counselors, other than personal identifying information.

358 Section 9. Subsection (2) of section 1006.041, Florida  
359 Statutes, is amended to read:

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

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

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378 these services must be coordinated with a student's primary  
379 mental health care provider and with other mental health  
380 providers involved in the student's care. At a minimum, the plan  
381 must include all of the following components:

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

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

405 (c) Policies and procedures, including contracts with  
406 service providers, which will ensure that:

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

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

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

431           (d) Strategies or programs to reduce the likelihood of at-  
432 risk students developing social, emotional, or behavioral health  
433 problems; depression; anxiety disorders; suicidal tendencies; or  
434 substance use disorders.

435           (e) Strategies to improve the early identification of

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436 social, emotional, or behavioral problems or substance use  
437 disorders; to improve the provision of early intervention  
438 services; and to assist students in dealing with trauma and  
439 violence.

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

449 (g) Policies of the school district which must require that  
450 in a student crisis situation, school or law enforcement  
451 personnel must make a reasonable attempt to contact a mental  
452 health professional who may initiate an involuntary examination  
453 pursuant to s. 394.463, unless the child poses an imminent  
454 danger to themselves or others, before initiating an involuntary  
455 examination pursuant to s. 394.463. Such contact may be in  
456 person or through telehealth. The mental health professional may  
457 be available to the school district either by a contract or  
458 interagency agreement with the managing entity, one or more  
459 local community-based behavioral health providers, or the local  
460 mobile response team, or be a direct or contracted school  
461 district employee.

462 Section 10. For the purpose of incorporating the amendment  
463 made by this act to section 394.468, Florida Statutes, in a  
464 reference thereto, paragraph (g) of subsection (2) of section

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465 394.463, Florida Statutes, is reenacted to read:

466 394.463 Involuntary examination.—

467 (2) INVOLUNTARY EXAMINATION.—

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

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

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

479 3. The patient, unless he or she is charged with a crime,  
480 shall be asked to give express and informed consent to placement  
481 as a voluntary patient and, if such consent is given, the  
482 patient shall be admitted as a voluntary patient; or

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

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

501 b. Does not intend to file a petition for involuntary  
502 services, the receiving facility may postpone release of a  
503 patient until the next working day thereafter only if a  
504 qualified professional documents that adequate discharge  
505 planning and procedures in accordance with s. 394.468, and  
506 approval pursuant to paragraph (f), are not possible until the  
507 next working day.

508 Section 11. For the purpose of incorporating the amendment  
509 made by this act to section 394.495, Florida Statutes, in  
510 references thereto, paragraph (c) of subsection (2) and  
511 subsection (6) of section 394.4955, Florida Statutes, are  
512 reenacted to read:

513 394.4955 Coordinated system of care; child and adolescent  
514 mental health treatment and support.—

515 (2)

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

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

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523           Section 12. For the purpose of incorporating the amendment  
524 made by this act to section 1004.44, Florida Statutes, in a  
525 reference thereto, subsection (7) of section 1001.212, Florida  
526 Statutes, is reenacted to read:

527           1001.212 Office of Safe Schools.—There is created in the  
528 Department of Education the Office of Safe Schools. The office  
529 is fully accountable to the Commissioner of Education. The  
530 office shall serve as a central repository for best practices,  
531 training standards, and compliance oversight in all matters  
532 regarding school safety and security, including prevention  
533 efforts, intervention efforts, and emergency preparedness  
534 planning. The office shall:

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

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