

FLORIDA HOUSE OF REPRESENTATIVES BILL ANALYSIS

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BILL #: [CS/HB 969](#)

TITLE: Reporting of Student Mental Health Outcomes

SPONSOR(S): Cassel

COMPANION BILL: [SB 1310](#) (Bradley)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Education Administration](#)

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SUMMARY

Effect of the Bill:

The bill requires the Department of Children and Families (DCF) to provide an annual evaluation of the mental health services provided to students by school districts, including evaluating student outcomes. The DCF must create a survey, in coordination with school district mental health coordinators, to assess student experience of school district provided mental health services and supports. To assist the DCF in this evaluation, the bill requires that each school district provide the DCF with the school board approved mental health assistance program plan and outcomes data as well as deidentified survey results and aggregate data related to mental health service referrals stemming from the school threat management process.

Fiscal or Economic Impact:

The bill will have no impact on state expenditures as the new duties assigned to the DCF can be absorbed within existing resources.

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ANALYSIS

EFFECT OF THE BILL:

The bill requires the Department of Children and Families (DCF) to annually, by December 1, evaluate mental health services and supports provided to students by school districts through the [mental health assistance program](#). The DCF must evaluate expenditure plans and program outcome reports submitted by school districts and assess treatment outcomes and the effectiveness of the mental health services provided.

Additionally, the bill requires the DCF to create a survey tool for students using mental health services and supports for the purpose of assessing the patient experience and self-reported treatment outcomes. The bill requires school districts to provide the survey to all students or individuals receiving services. The bill authorizes the student or his or her parent or guardian to complete the survey and school districts must deidentify survey results before providing them to the DCF. (Section [1](#) and [3](#))

The bill amends the school district mental health assistance program to include the provision of information relating to student mental health programs, services, and treatments to the DCF for reporting and evaluation purposes. Each school district must provide its school board approved mental health assistance program plan and program outcomes and expenditures to the DCF and the Department of Education (DOE) by August 1 and September 30, respectively. (Section [3](#) and [4](#))

The bill updates the responsibilities of the school district [mental health coordinator](#) to include coordination with the DCF in the preparation of its evaluation of student mental health programs, services, and treatments. The mental health coordinator must assist the DCF in the evaluation of treatment outcomes and the development of the survey tool. Finally, the mental health coordinator is responsible for providing the DCF with copies of the school district student mental health policies and procedures. (Section [4](#))

STORAGE NAME: h0969.EAS

DATE: 3/19/2025

The bill requires the Office of Safe Schools (OSS) within the DOE to amend the [statewide behavioral threat management operational process](#) to require school district threat management coordinators to provide the DCF with aggregate data related to referrals to mental health services originating from the behavioral threat process or assessment instrument. (Section [2](#))

The bill adds mobile response teams to this listed mental health service providers a school district is authorized to contract with to provide services to students. The bill clarifies that when responding to a student in crisis the school district must contact a school district or contracted mental health provider who may initiate an involuntary examination. (Section [3](#))

The bill requires that at least one member of the [Threat Management Team](#) (TMT) be trained through the mandatory youth mental health and awareness and assistance training program. The bill updates notification requirements under the [youth mental health awareness and assistance program](#) for school district staff regarding mental health services available to students to include not only district mental health staff but also contracted service providers. (Section [4](#) and [5](#))

The bill has an effective date of July 1, 2025. (Section [6](#))

RELEVANT INFORMATION

SUBJECT OVERVIEW:

[Mental Health Assistance Program](#)

The Mental Health Assistance Allocation is available to annually fund school-based mental health assistance programs. The allocation provides each school district at least \$100,000 and additional funding based on each district's proportionate share of the state's total unweighted full-time equivalent student enrollment.¹

Distribution of funds is conditioned upon each school district submitting a detailed plan which outlines the local program planned expenditures for school-based mental health care. A district plan must include provisions for charter schools, except for those charter schools that submit a separate plan which entitles the charter school to a proportionate share of the funding. Plans must be submitted to the Commissioner of Education by August 1 each year. Each school district must submit an annual report to the DOE on its program outcomes and its expenditures, including services provided.²

The plans must focus on a multi-tiered system of supports to deliver evidence-based mental health care for students with mental health and/or substance abuse diagnoses or students at-risk for 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. The plans must include the following elements:³

- Direct employment of school-based mental health providers and strategies to increase the time providers spend in direct services.
- Contracts or agreements with local community health providers or providers of Community Action Team services to provide a behavioral health staff presence and services at district schools.⁴
- Policies and procedures, including contracts with service providers, which will ensure that students who are referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns are timely assessed following referral and that parents and other members of the student's household are provided information about available community mental health resources.

¹ Section [1011.62\(13\), F.S.](#)

² Section [1006.041\(1\), \(3\), and \(9\), F.S.](#)

³ Section [1006.041\(2\), F.S.](#)

⁴ Services may include mental health screenings and assessments, individual counseling, family counseling, group counseling, psychiatric or psychological services, trauma-informed care, mobile crisis services, and behavior modification, and may be provided on or off the school campus, or by telehealth.

- Strategies or programs to reduce the likelihood of at-risk students developing social, emotional, or behavioral health problems, depression, anxiety disorders, suicidal tendencies, or substance use disorders.
- Strategies to improve early identification of social, emotional, or behavioral problems or substance abuse disorders, to improve the provision of early intervention services, and to assist students in dealing with trauma and violence.
- Procedures to assist a mental health services provider, a behavioral health provider, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student’s crisis situation before initiating an involuntary examination.
- Policies that require, in a student crisis situation, school or law enforcement personnel to make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination, unless the child poses an imminent danger to themselves or others, before initiating an involuntary examination.

At-risk students must be assessed and begin receiving services under the following timeframes:⁵

- Assessed within 15 days of the referral;
- School-based mental health services are initiated within 15 days after the assessment; and
- Community-based mental health services are initiated within 30 days of the referral.

Mental Health Assistance Allocation Appropriations

The Legislature has provided the following funding for the Mental Health Assistance Allocation each year since it was established:

<u>Fiscal Year</u>	<u>Funding Amount</u>
2018-2019 ⁶	\$ 69,237,286
2019-2020 ⁷	\$ 75,000,000
2020-2021 ⁸	\$ 100,000,000
2021-2022 ⁹	\$ 120,000,000
2022-2023 ¹⁰	\$ 140,000,000
2023-2024 ¹¹	\$ 160,000,000
2024-2025 ¹²	\$ 180,000,000
Total	\$ 844,237,286

Youth Mental Health Awareness and Assistance Program

The DOE oversees an evidence-based youth mental health awareness and assistance training program 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. Every school district has at least one certified trainer to implement the program adopted by the DOE and all school personnel must be trained through this program.¹³

Each school district must notify all school personnel who have received training pursuant to this section of mental health services that are available in the school district, and the individual to contact if a student needs services. The term “mental health services” includes, but is not limited to, community mental health services, health care providers, and services provided through the school district mental health assistance program.¹⁴

Mental Health Coordinator

⁵ Section [1006.041\(2\)\(c\)1, F.S.](#)

⁶ Section 36, ch. 2018-3, L.O.F.

⁷ Specific Appropriations 6 and 93, s. 2, ch. 2019-115, L.O.F.

⁸ Specific Appropriations 8 and 92, s. 2, ch. 2020-111, L.O.F.

⁹ Specific Appropriations 7 and 90, s. 2, ch. 2021-36, L.O.F.

¹⁰ Specific Appropriations 5 and 86, s. 2, ch. 2022-156, L.O.F.

¹¹ Specific Appropriations 5 and 80, s. 2, ch. 2023-239, L.O.F.

¹² Specific Appropriations 5 and 84, s. 2, ch. 2024-231, L.O.F.

¹³ Section [1012.584\(1\) and \(2\), F.S.](#)

¹⁴ Section [1012.584\(4\), F.S.](#)

Each district school board is required to identify a mental health coordinator for the district to serve as the primary point of contact regarding the district's coordination, communication, and implementation of student mental health policies, procedures, responsibilities and reporting. The responsibilities of the mental health coordinator include, but are not limited to, the following:¹⁵

- coordinating with the OSS;
- 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; and
- annually reviewing 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.

Statewide Behavioral Threat Management Operational Process

In 2023, the Legislature tasked the OSS with developing a statewide behavioral threat management operational process, a Florida-specific behavioral threat assessment instrument, and a threat management portal.¹⁶ The statewide behavioral threat management operational process must include, at least, the following:¹⁷

- The establishment and duties of threat management teams.
- Definition of behavior risks and threats.
- Use of the Florida-specific behavioral threat assessment instrument.
- Use and access specifications of the threat management portal.
- Procedures for the implementation of interventions, supports, and community services.
- Guidelines for appropriate law enforcement intervention.
- Procedures for risk management.
- Procedures for disciplinary actions.
- Mechanisms for continued monitoring of potential and real threats.
- Procedures for referrals to mental health services identified by the school district or charter school governing board.
- Procedures and requirements necessary for the creation of a threat assessment report and corresponding documentation required by the Florida-specific behavioral threat assessment instrument.

Each school district and charter school must use the process and the OSS must provide training to all school districts and charter schools. The OSS must coordinate the ongoing development, implementation, and operation of the process.¹⁸

Threat Management Coordinator and Teams

Each district school board and charter school governing board is required to designate a threat management coordinator¹⁹ and adopt policies for establishing a TMT at each school, which is responsible for coordinating resources and threat assessments, and intervening with individuals whose behavior may pose a threat to the safety of students or school staff, consistent with model policies developed by the OSS. The policies must include procedures for referrals to community mental health services or health care providers for evaluation or treatment,

¹⁵ Section [1006.07\(6\)\(b\), F.S.](#)

¹⁶ Section 19, ch. 2023-18, L.O.F.

¹⁷ Section [1001.212\(11\)\(a\)1., F.S.](#) See Florida Department of Education, *Behavioral Threat Management*, <https://www.fldoe.org/safe-schools/threat-assessment.stml> (last visited March 19, 2025).

¹⁸ Section [1001.212\(11\)\(a\)2.-4., F.S.](#)

¹⁹ The threat management coordinator serves as the primary point of contact regarding the district's coordination, communication and implementation of the threat management program and bears the responsibility of submitting data to the OSS. Section [1006.07\(7\)\(j\), F.S.](#)

when appropriate, and for behavioral threat assessments in compliance with the standardized, statewide behavioral threat assessment instrument.²⁰

A TMT must include persons with expertise in counseling, instruction, school administration, and law enforcement and all members of the TMT must participate in the threat assessment process and final decisionmaking. Additionally, an instructional or administrative staff member personally familiar with the subject of the threat assessment must be involved in the threat management process.²¹ The TMT is required to:

- identify school community members to whom threatening behavior should be reported;
- provide guidance to students, faculty, and staff for recognizing threatening or aberrant behavior that may represent a threat to the community, school, or self; and
- must use the model behavioral threat assessment instrument developed by the OSS.²²

Threat assessment teams must report quantitative data on their activities in accordance with guidance from the OSS, and are required to use the threat assessment database.²³

RECENT LEGISLATION:

YEAR	BILL #	HOUSE SPONSOR(S)	SENATE SPONSOR	OTHER INFORMATION
2023	HB 5101	Tomkow	Hooper	Became law on July 1, 2023.
2023	CS/HB 543	Brannan, Payne	Collins	Became law on July 1, 2023.
2022	CS/HB 899	Hunschofsky	Harrell	Became law on July 1, 2022.
2021	CS/SB 590	LaMarca	Harrell	Became law on July 1, 2021.

OTHER RESOURCES:

Education & Employment Committee: [School Safety and Student Discipline Fact Sheet](#)

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Education Administration Subcommittee	15 Y, 0 N, As CS	3/19/2025	Sleap	Wolff

THE CHANGES ADOPTED BY THE COMMITTEE:

- Required school districts to provide the DCF developed survey to students and other individuals receiving services and to submit any survey responses received to the DCF, after they have been deidentified.
- Clarified that at least one member of a TMT must have received youth mental health awareness and assistance training.
- Required school districts to report information related to their mental health assistance programs to both the DOE and the DCF.

²⁰ Section [1006.07\(7\), F.S.](#) See also ss. [1001.212\(11\)](#) and [1002.33\(16\)\(b\), F.S.](#)

²¹ Section [1006.07\(7\)\(b\), F.S.](#)

²² Section [1006.07\(7\)\(c\), F.S.](#); r. 6A-1.0019, F.A.C.; See Florida Department of Education, *Behavioral Threat Management*, <https://www.fldoe.org/safe-schools/threat-assessment.stml> (last visited March 19, 2025).

²³ Section [1006.07\(7\)\(j\), F.S.](#)

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
