# FLORIDA HOUSE OF REPRESENTATIVES
# BILL ANALYSIS

*This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.*

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| **BILL #:** CS/CS/HB 969 | **COMPANION BILL:** CS/SB 1310 (Bradley) |
| **TITLE:** Reporting of Student Mental Health Outcomes | **LINKED BILLS:** None |
| **SPONSOR(S):** Cassel | **RELATED BILLS:** None |

**Committee References**

| Education Administration | ➤ | Human Services | ➤ | Education & Employment |
|---|---|---|---|---|
| 15 Y, 0 N, As CS | | 16 Y, 0 N, As CS | | 17 Y, 0 N |

## SUMMARY


**Effect of the Bill:**

The bill requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to evaluate mental health services provided to students by school districts and to provide an initial and final evaluation by December 31, 2025, and December 1, 2026, respectively, to the Governor and Legislature. To assist OPPAGA with the evaluation, the bill requires specified entities to coordinate with OPPAGA to provide data and information needed for evaluation and inclusion in the report, including data related to outcomes and performance of integrated and coordinated behavioral health systems of care and aggregate data related to mental health service referrals stemming from the school threat management process.

**Fiscal or Economic Impact:**

None



JUMP TO SUMMARY ANALYSIS RELEVANT INFORMATION BILL HISTORY


## ANALYSIS

### EFFECT OF THE BILL:

The bill requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to evaluate school district compliance with mental health assistance programs and the mental health services and supports provided to students by school districts through such programs. The bill requires OPPAGA to provide an initial and final evaluation by December 31, 2025, and December 1, 2026, respectively, to the Governor, President of the Senate, and the Speaker of the House. (Section 1)

The initial report must provide an evaluation of expenditure plans and program outcome reports submitted by school districts. The evaluation must include, but is not limited to:

- An assessment of school district compliance with the statewide behavioral threat management operational process, mental health assistance programs, and the notification requirements under the youth mental health awareness and assistance program for school district staff regarding mental health services available to students.
- An assessment of treatment outcomes, system capacity and the performance of the mental health services provided.
- An assessment of policies, procedures, and data collection that inform the reporting by school districts on mental health assistance programs.
- An assessment of the mental health assistance programs' integration into the coordinated system of behavioral health care.
- Identification of, and recommendation for, other relevant data and information needed from the mental health assistance programs to annually perform an effective evaluation of treatment outcomes, system capacity, performance, and level of integration with the coordinated systems of care. (Section 1)

The final report must provide a review and evaluation of the mental health assistance programs within the school districts. The evaluation must include, but is not limited to:

- An assessment of school district compliance with the statewide behavioral threat management operational process, mental health assistance programs, and the notification requirements under the youth mental health awareness and assistance program for school district staff regarding mental health services available to students.
- An assessment of treatment outcomes, system capacity and the performance of the mental health services provided by school districts.
- An assessment of the mental health assistance programs' ongoing level of integration with the coordinated system of behavioral health care.
- Recommendations to enhance treatment outcomes, system capacity, and performance of school-based mental health assistance programs and increase the integration of those programs into the coordinated system of behavioral health care. (Section 1)

To assist OPPAGA with the evaluation, the bill requires the Department of Children and Families (DCF), the Department of Education, school district threat management coordinators, mental health coordinators, and the Louis de la Parte Florida Mental Health Institute, to coordinate with OPPAGA and provide data and information needed for evaluation and inclusion in the report, including data related to outcomes and performance of integrated and coordinated behavioral health systems of care and aggregate data related to mental health service referrals stemming from the school threat management process. (Section 1)

The bill is effective upon becoming law. (Section 2)

## 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

[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.

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.
- 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:

| Fiscal Year | Funding Amount |
|---|---|
| 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

[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.

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

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

[14] Section 1012.584(4), F.S.
[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 Apr. 17, 2025).
[18] Section 1001.212(11)(a)2.-4., F.S.

Each district school board and charter school governing board is required to designate a threat management coordinator[19] 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, 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]

**The Louis de la Parte Florida Mental Health Institute**

In 2002, the Legislature established the Louis de la Parte Florida Mental Health Institute (FMHI) within the University of South Florida.[24] FMHI is designed to provide technical assistance and support services to mental health agencies and mental health professionals.[25] Such assistance and services include the following:[26]

- Technical training and specialized education.
- Development, implementation, and evaluation of mental health service programs.
- Evaluation of availability and effectiveness of existing mental health services.
- Analysis of factors that influence the incidence and prevalence of mental and emotional disorders.
- Dissemination of information about innovations in mental health services.
- Consultation on all aspects of program development and implementation.
- Provisions for direct client services, provided for a limited period of time either in the institute facility or in other facilities within the state, and limited to purposes of research or training.

FMHI is the largest behavioral health services research center in the United States. One of its main research focuses is the system of mental health care for children.[27] In addition to research, FMHI consults with school districts to ensure mobile response teams can provide immediate, onsite behavioral health crisis services to children.[28]

**Coordinated System of Behavioral Health Care**

[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.
[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 Apr. 17, 2025).
[23] Section 1006.07(7)(j), F.S.
[24] Chapter 2002-387, L.O.F.
[25] Section 1004.44, F.S.
[26] *Id.*
[27] University of South Florida, *Louis de la Parte Florida Mental Health Institute Research,* available at: https://www.usf.edu/cbcs/fmhi/research/index.aspx (last visited Apr. 17, 2025).
[28] Section 1004.44(4), F.S. and section 394.495, F.S.

Behavioral health care generally refers to the prevention, diagnosis, and treatment of mental health and substance use conditions.[29] In Florida, state agencies work together to create a coordinated system of care for behavioral health. A "coordinated system of care" refers to the full array of behavioral and related services available in a region or community. These services may be offered through managing entities,[30] community partners, or another service provider.[31] The coordinated system of care must include the following:[32]

- Community interventions;
- Case management;
- Care coordination;
- Outpatient services;
- Residential services;
- Hospital inpatient care;
- Aftercare and postdischarge services;
- Medication-assisted treatment and medication management; and
- Recovery support.

Each year, the DCF is required to assess the behavioral health services available in the state to consider the effectiveness of the state's coordinated system of care. This assessment must include, at a minimum, the following[33]:

- The extent to which designated receiving systems function as no-wrong-door models;[34]
- The availability of treatment and recovery services that use recovery-oriented and peer-involved approaches;
- The availability of less-restrictive services; and
- The use of evidence-informed practices.

Individuals may enter the behavioral health care system through a variety of pathways, such as assessment and clinical treatment, crisis intervention, psychiatric hospitalization, and other approaches.[35] Students may become involved in the coordinated system of care for behavioral health upon an involuntary examination, or Baker Act, that is initiated at school. An individual may be taken to a Baker Act Receiving Facility[36] if there is reason to believe that the person has a mental illness and the following conditions have been met[37]:

- The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or
- The person is unable to determine for himself or herself whether examination is necessary; and
- Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; or
- There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

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[29] The American Medical Association, What is behavioral health?, available at: https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health (last visited Apr. 17, 2025).
[30] "Managing entity" refers to a corporation selected by and under contract with the DCF to manage the daily operational delivery of behavioral health services through a coordinated system of care. *See* Section 394.9082, F.S.
[31] Section 394.9082, F.S.
[32] Section 394.4573(2), F.S.
[33] Section 394.4573, F.S.
[34] "No-wrong-door models" refers to a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system. *See* Section 394.4573(1)(d), F.S.
[35] Florida DCF, *The System of Services and Support,* available at: https://prod.myflfamilies.com/services/samh/treatment-services/AMH/system-of-services-and-support (last visited Apr. 17, 2025).
[36] Currently, there are 120 Baker Act Receiving facilities designated by the DCF. *See* Florida Department of Children and Families, Agency Analysis of 2025 House Bill 969, p. 2 (Mar. 27, 2025).
[37] Section 394.463, F.S.

The DCF maintains data on the number of involuntary examinations of students that were removed from school, and is required to share such data with the FMHI.[38] Current law requires the FMHI to use such data to, at a minimum, analyze and report on the following:[39]

- Initiation of involuntary examinations of children and the initiation of involuntary examinations of students who are removed from school;
- Identify any patterns or trends and cases in which involuntary examinations are repeatedly initiated on the same child or student;
- Study root causes for such patterns, trends, or repeated involuntary examinations; and
- Make recommendations to encourage the use of alternatives to eliminate inappropriate initiations of such examinations.

**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

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[38] *Id.*

[39] Section 394.463(4), F.S.

## 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.<br>• Clarified that at least one member of a TMT must have received youth mental health awareness and assistance training.<br>• Required school districts to report information related to their mental health assistance programs to both the DOE and the DCF. | | | |
| Human Services Subcommittee | 16 Y, 0 N, As CS | 4/1/2025 | Mitz | Curry |
| THE CHANGES ADOPTED BY THE COMMITTEE: | • Moved the responsibility of the evaluation and review of the school-district mental health assistance programs from DCF to the OPPAGA.<br>• Removed requirement for annual reports and instead requires an initial evaluation by December 31, 2025, with recommendations for other relevant data and information to perform an effective annual evaluation of outcomes, capacity, performance, and integration, and a final report by December 1, 2026.<br>• Removed requirement for the creation and use of a survey to assess student treatment outcomes.<br>• Required certain entities to coordinate with OPPAGA and provide requested information and data including, but not limited to, data related to mental health service referrals stemming from the school threat management process.<br>• Removed requirement for school districts to collaborate with DCF.<br>• Made the bill effective upon becoming law, instead of July 1, 2025. | | | |
| Education & Employment Committee | 17 Y, 0 N | 4/17/2025 | Hassell | Wolff |

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

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