1 A bill to be entitled 2 An act relating to the reporting of student mental 3 health outcomes; creating s. 394.4575, F.S.; requiring 4 the Department of Children and Families to annually 5 submit a specified evaluation to the Governor and 6 Legislature by a specified date; providing evaluation 7 requirements; requiring the department to create a 8 survey tool for specified purposes; authorizing the 9 department to include survey results in the 10 evaluation; amending s. 1001.212, F.S.; requiring the 11 threat management coordinator to report specified 12 referrals to the department for reporting and evaluation purposes; deleting an obsolete provision; 13 14 amending s. 1006.041, F.S.; requiring each school 15 district to provide specified information to the 16 department for reporting and evaluation purposes; revising certain plan requirements to include mobile 17 response teams; requiring each school district to 18 provide recipients of services with a survey and to 19 20 report survey responses in its annual report; removing 21 a provision authorizing a mental health professional 22 to be available to the school district through 23 specified agreements; requiring each school district 24 to submit certain approved plans and reports to the 25 Department of Children and Families and the Department

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of Education; amending s. 1006.07, F.S.; requiring each district school board's mental health coordinator to coordinate with the Department of Children and Families to prepare certain evaluations; requiring the coordinator to annually provide certain policies and procedures to the department; revising requirements for members of a threat management team; requiring the team to provide specified information to the department for reporting and evaluation purposes; requiring a threat management coordinator to report certain data to the department; amending s. 1012.584, F.S.; requiring each school district to notify certain school personnel of the availability of specified mental health providers; providing an effective date.

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

Section 1. Section 394.4575, Florida Statutes, is created to read:

394.4575 Student mental health assistance program evaluation.—

(1) On or before December 1 each year, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives and publish on its website an evaluation of mental health services and supports

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provided to students pursuant to ss. 1001.212(11), 1006.041, and 1012.584(4). The department shall provide an evaluation of expenditure plans and program outcome reports submitted by school districts as required in s. 1006.041, and assess treatment outcomes and the effectiveness of mental health services provided pursuant to s. 1006.041(2)(a) and (b). The department shall also utilize other relevant information collected by the department to evaluate treatment outcomes, system capacity, and performance. School district threat management coordinators and mental health coordinators as described in s. 1006.07 shall provide information and reports to the department for evaluation and inclusion in the report.

(2) The department shall create a survey tool for students using mental health services and supports described in this section for the purpose of assessing the patient experience and self-reported treatment outcomes. The results shall be deidentified before being transmitted to the department.

Students or their parents or legal guardians may complete the survey. The department may include survey results in the annual evaluation under subsection (1).

Section 2. Paragraph (a) of subsection (11) of section 1001.212, Florida Statutes, is amended to read:

1001.212 Office of Safe Schools.—There is created in the Department of Education the Office of Safe Schools. The office is fully accountable to the Commissioner of Education. The

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office shall serve as a central repository for best practices, training standards, and compliance oversight in all matters regarding school safety and security, including prevention efforts, intervention efforts, and emergency preparedness planning. The office shall:

- (11) Develop a statewide behavioral threat management operational process, a Florida-specific behavioral threat assessment instrument, and a threat management portal.
- (a)1. By December 1, 2023, The office shall develop a statewide behavioral threat management operational process to guide school districts, schools, charter school governing boards, and charter schools through the threat management process. The process must be designed to identify, assess, manage, and monitor potential and real threats to schools. This process must include, but is not limited to:
- a. The establishment and duties of threat management teams.
 - b. Defining behavioral risks and threats.
- c. The use of the Florida-specific behavioral threat assessment instrument developed pursuant to paragraph (b) to evaluate the behavior of students who may pose a threat to the school, school staff, or other students and to coordinate intervention and services for such students.
- d. Upon the availability of the threat management portal developed pursuant to paragraph (c), the use, authorized user

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101 criteria, and access specifications of the portal.

- e. Procedures for the implementation of interventions, school support, and community services.
- f. Guidelines for appropriate law enforcement intervention.
 - q. Procedures for risk management.
 - h. Procedures for disciplinary actions.
- i. Mechanisms for continued monitoring of potential and real threats.
- j. Procedures for referrals to mental health services identified by the school district or charter school governing board pursuant to s. 1012.584(4). Referrals to mental health services originating from the behavioral threat process or assessment instrument shall be reported, in the aggregate, by the threat management coordinator, designated in s. 1006.07(7)(j), to the Department of Children and Families for reporting and evaluation purposes pursuant to s. 394.4575.
- k. Procedures and requirements necessary for the creation of a threat assessment report, all corresponding documentation, and any other information required by the Florida-specific behavioral threat assessment instrument under paragraph (b).
- 2. Upon availability, each school district, school, charter school governing board, and charter school must use the statewide behavioral threat management operational process.
 - 3. The office shall provide training to all school

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districts, schools, charter school governing boards, and charter schools on the statewide behavioral threat management operational process.

4. The office shall coordinate the ongoing development, implementation, and operation of the statewide behavioral threat management operational process.

Section 3. Section 1006.041, Florida Statutes, is amended to read:

district must implement a school-based mental health assistance program that includes training classroom teachers and other school staff in detecting and responding to mental health issues and connecting children, youth, and families who may experience behavioral health issues with appropriate services. Each school district must provide information relating to student mental health programs, services, and treatments to the Department of Children and Families for reporting and evaluation purposes pursuant to s. 394.4575.

(1) Each school district must develop, and submit to the district school board for approval, a detailed plan outlining the components and planned expenditures of the district's mental health assistance program. The plan must include all district schools, including charter schools, unless a charter school elects to submit a plan independently from the school district. A charter school plan must comply with all of the provisions of

this section and must be approved by the charter school's governing body and provided to the charter school's sponsor.

- (2) A plan required under subsection (1) must be focused on a multitiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of 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. At a minimum, the plan must include all of the following components:
- (a) Direct employment of school-based mental health services providers to expand and enhance school-based student services and to reduce the ratio of students to staff in order to better align with nationally recommended ratio models. The providers shall include, but are not limited to, certified school counselors, school psychologists, school social workers, and other licensed mental health professionals. The plan must also identify strategies to increase the amount of time that school-based student services personnel spend providing direct services to students, which may include the review and revision of district staffing resource allocations based on school or student mental health assistance needs.
 - (b) Contracts or interagency agreements with one or more

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local community behavioral health providers, mobile response teams, or providers of Community Action Team services to provide a behavioral health staff presence and services to students at district schools. Services may include, but are not limited to, mental health screenings and assessments, individual counseling, family counseling, group counseling, psychiatric or psychological services, trauma-informed care, mobile crisis services, and behavior modification. These behavioral health services may be provided on or off the school campus and may be supplemented by telehealth as defined in s. 456.47(1).

- (c) Policies and procedures, including contracts with service providers, which will ensure that:
- 1. Students referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed within 15 days after referral. School-based mental health services must be initiated within 15 days after identification and assessment, and support by community-based mental health service providers for students who are referred for community-based mental health services must be initiated within 30 days after the school or district makes a referral.
- 2. Parents of a student receiving services under this subsection are provided information about other behavioral health services available through the student's school or local

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community-based behavioral health services providers. A school may meet this requirement by providing information about and Internet addresses for web-based directories or guides for local behavioral health services.

- 3. Individuals living in a household with a student receiving services under this subsection are provided information about behavioral health services available through other delivery systems or payors for which such individuals may qualify, if such services appear to be needed or enhancements in such individuals' behavioral health would contribute to the improved well-being of the student.
- 4. All students and individuals receiving services are provided the survey created by the Department of Children and Families pursuant to s. 394.4575(2), and all survey responses received by the school district are included, after being deidentified, in the report required by this section.
- (d) Strategies or programs to reduce the likelihood of atrisk students developing social, emotional, or behavioral health problems; depression; anxiety disorders; suicidal tendencies; or substance use disorders.
- (e) Strategies to improve the early identification of social, emotional, or behavioral problems or substance use disorders; to improve the provision of early intervention services; and to assist students in dealing with trauma and violence.

- (f) Procedures to assist a mental health services provider or a behavioral health provider as described in paragraph (a) or paragraph (b), respectively, 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 pursuant to s. 394.463. Such procedures must include strategies to de-escalate a crisis situation for a student with a developmental disability as defined in s. 393.063.
- (g) Policies of the school district which must require that in a student crisis situation, school or law enforcement personnel must make a reasonable attempt to contact a mental health professional as described in paragraph (a) or paragraph (b) who may initiate an involuntary examination pursuant to s. 394.463, unless the child poses an imminent danger to themselves or others, before initiating an involuntary examination pursuant to s. 394.463. Such contact may be in person or through telehealth. The mental health professional may be available to the school district either by a contract or interagency agreement with the managing entity, one or more local community-based behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee.
- (3) Each school district shall submit its approved plan, including approved plans of each charter school in the district, to the Department of Children and Families and the Department of

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Education by August 1 of each fiscal year.

- (4) Annually by September 30, each school district shall submit to the <u>Department of Children and Families and the</u>

 Department of Education a report on its program outcomes and expenditures for the previous fiscal year. that, At a minimum, the report must include <u>deidentified responses to the survey created pursuant to s. 394.4575(2) received by the school district and the total number of each of the following:</u>
 - (a) Students who receive screenings or assessments.
- (b) Students who are referred to school-based or community-based providers for services or assistance.
- (c) Students who receive school-based or community-based interventions, services, or assistance.
- (d) School-based and community-based mental health providers, including licensure type.
- (e) Contract-based or interagency agreement-based collaborative efforts or partnerships with community-based mental health programs, agencies, or providers.
- Section 4. Paragraph (b) of subsection (6) and paragraphs (b), (i), and (j) of subsection (7) of section 1006.07, Florida Statutes, are amended to read:
- 1006.07 District school board duties relating to student discipline and school safety.—The district school board shall provide for the proper accounting for all students, for the attendance and control of students at school, and for proper

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attention to health, safety, and other matters relating to the welfare of students, including:

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- (6) SAFETY AND SECURITY BEST PRACTICES.—Each district school superintendent shall establish policies and procedures for the prevention of violence on school grounds, including the assessment of and intervention with individuals whose behavior poses a threat to the safety of the school community.
- (b) Mental health coordinator.—Each district school board shall identify a mental health coordinator for the district. The mental health coordinator shall serve as the district's primary point of contact regarding the district's coordination, communication, and implementation of student mental health policies, procedures, responsibilities, and reporting, including:
- 1. Coordinating with the <u>Department of Children and Families and the Office of Safe Schools</u>, established pursuant to s. 1001.212.
- 2. Maintaining records and reports regarding student mental health as it relates to the mental health assistance program under s. 1006.041 and school safety.
- 3. Facilitating the implementation of school district policies relating to the respective duties and responsibilities of the school district, the superintendent, and district school principals.
 - 4. Coordinating with the Department of Children and

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Families to prepare evaluations on student mental health programs, services, and treatments provided pursuant to s.

394.4575. The coordinator shall assist the Department of Children and Families in the evaluation of treatment outcomes and the development of a survey tool as described in s.

394.4575(2).

- 5.4. Coordinating with the school safety specialist on the staffing and training of threat management teams and facilitating referrals to mental health services, as appropriate, for students and their families.
- $\underline{6.5.}$ 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.
- 7.6. Reviewing annually the school district's policies and procedures related to student mental health for compliance with state law and alignment with current best practices and making recommendations, as needed, for amending such policies and procedures to the superintendent and the district school board. Policies and procedures shall be provided to the Department of Children and Families annually.
- (7) THREAT MANAGEMENT TEAMS.—Each district school board and charter school governing board shall establish a threat management team at each school whose duties include the coordination of resources and assessment and intervention with students whose behavior may pose a threat to the safety of the

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school, school staff, or students.

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- A threat management team shall include persons with expertise in counseling, instruction, school administration, and law enforcement, at least one of whom must have received the training under s. 1012.584. All members of the threat management team must be involved in the threat assessment and threat management process and final decisionmaking. At least one member of the threat management team must have personal familiarity with the individual who is the subject of the threat assessment. If no member of the threat management team has such familiarity, a member of the instructional personnel or administrative personnel, as those terms are defined in s. 1012.01(2) and (3), who is personally familiar with the individual who is the subject of the threat assessment must consult with the threat management team for the purpose of assessing the threat. The instructional or administrative personnel who provides such consultation may shall not participate in the decisionmaking process.
- (i) The threat management team shall prepare a threat assessment report required by the Florida-specific behavioral threat assessment instrument developed pursuant to s. 1001.212(11). A threat assessment report, all corresponding documentation, and any other information required by the Florida-specific behavioral threat assessment instrument in the threat management portal is an education record. Information

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relating to treatment referrals and mental health assessments

shall be provided to the Department of Children and Families for reporting and evaluation purposes pursuant to s. 394.4575.

- (j) Each district school board shall establish a threat management coordinator to serve as the primary point of contact regarding the district's coordination, communication, and implementation of the threat management program and to report quantitative data to the <u>Department of Children and Families and the</u> Office of Safe Schools in accordance with guidance from the office.
- Section 5. Subsection (4) of section 1012.584, Florida Statutes, is amended to read:
- 1012.584 Continuing education and inservice training for youth mental health awareness and assistance.—
- (4) Each school district shall notify all school personnel who have received training pursuant to this section of mental health services that are available to students from mental health services providers as described in s. 1006.041(2)(a) and (b) 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 under ss. 1006.04 and 1006.041.
 - Section 6. This act shall take effect July 1, 2025.

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