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LEGISLATIVE ACTION

Senate

House

The Committee on Appropriations (Passidomo) recommended the following:

Senate Amendment to Amendment (313546) (with directory and title amendments)

insert:

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> (16) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental health assistance allocation is created to provide funding to assist school districts in establishing or expanding school-based mental health care <u>and mental health programs that increase</u> awareness of mental health issues among children and school-age

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Between lines 906 and 907



11 youth; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth, 12 13 and families who may experience behavioral health issues with 14 appropriate services. These funds shall be allocated annually in the General Appropriations Act or other law to each eligible 15 school district. Each school district shall receive a minimum of 16 17 \$100,000, with the remaining balance allocated based on each 18 school district's proportionate share of the state's total 19 unweighted full-time equivalent student enrollment. Eligible 20 Charter schools that submit a plan separate from the school 21 district are entitled to a proportionate share of district funding. At least 90 percent of a district's allocation must be 22 23 expended on the elements specified in subparagraphs (b)1. and 2. 24 The allocated funds may not supplant funds that are provided for 25 this purpose from other operating funds and may not be used to 26 increase salaries or provide bonuses. School districts are 27 encouraged to maximize third-party third party health insurance 28 benefits and Medicaid claiming for services, where appropriate.

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34 35 (a) Before the distribution of the allocation:

1. The school district must develop and submit a detailed plan outlining the local program and planned expenditures to the district school board for approval. <u>This plan must include all</u> <u>district schools, including charter schools, unless a charter</u> <u>school elects to submit a plan independently from the school</u> <u>district pursuant to subparagraph 2.</u>

36 2. A charter school <u>may</u> must develop and submit a detailed 37 plan outlining the local program and planned expenditures to its 38 governing body for approval. After the plan is approved by the 39 governing body, it must be provided to the charter school's

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COMMITTEE AMENDMENT

Florida Senate - 2019 Bill No. CS for SB 7030



40	sponsor.
41	(b) The plans required under paragraph (a) must be focused
42	on <u>a multi-tiered system of supports to deliver</u> <del>delivering</del>
43	evidence-based mental health care assessment, diagnosis,
44	intervention, treatment, and recovery services to students with
45	one or more mental health or co-occurring substance abuse
46	diagnoses and to students at high risk of such diagnoses. The
47	provision of these services must be coordinated with a student's
48	primary mental health care provider and with other mental health
49	providers involved in the student's care. At a minimum, the
50	plans must treatment to children and include the following
51	elements:
52	1. Direct employment of school-based mental health services
53	providers to expand and enhance school-based student services
54	and to reduce the ratio of students to staff in order to better
55	align with nationally recommended ratio models. These providers
56	include, but are not limited to, school counselors, school
57	health staff, school psychologists, school social workers, and
58	other licensed mental health professionals. The plan also must
59	identify strategies to increase the amount of time that school-
60	based student services personnel spend providing direct services
61	to students, which may include the review and revision of
62	district staffing resource allocations based on school or
63	student mental health assistance needs Provision of mental
64	health assessment, diagnosis, intervention, treatment, and
65	recovery services to students with one or more mental health or
66	co-occurring substance abuse diagnoses and students at high risk
67	of such diagnoses.
68	2. Contracts or interagency agreements with one or more

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69	nationally accredited local community behavioral health
70	providers or providers of Community Action Team services to
71	provide a behavioral health staff presence and services at
72	district schools. Services may include, but are not limited to,
73	mental health screenings and assessments, individual counseling,
74	family counseling, group counseling, psychiatric or
75	psychological services, trauma-informed care, mobile crisis
76	services, and behavior modification. These behavioral health
77	services may be provided on or off the school campus and may be
78	supplemented by telehealth Coordination of such services with a
79	student's primary care provider and with other mental health
80	providers involved in the student's care.
81	3. Policies and procedures, including contracts with
82	service providers, which will ensure that students who are
83	referred to a school-based or community-based mental health
84	service provider for mental health screening for the
85	identification of mental health concerns and ensure that the
86	assessment of students at risk for mental health disorders
87	occurs within 15 days of referral. School-based mental health
88	services must be initiated within 15 days after identification
89	and assessment, and support by community-based mental health
90	service providers for students who are referred for community-
91	based mental health services must be initiated within 30 days
92	after the school or district makes a referral Direct employment
93	such service providers, or a contract-based collaborative effort
94	or partnership with one or more local community mental health
95	programs, agencies, or providers.
96	4. Programs to assist students in dealing with anxiety,
97	depression, bullying, trauma, and violence.

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98	5. Strategies or programs to reduce the likelihood of at-
99	risk students developing social, emotional, or behavioral health
100	problems, suicidal tendencies, or substance use disorders.
101	6. Strategies to improve the early identification of
102	social, emotional, or behavioral problems or substance use
103	disorders and to improve the provision of early intervention
104	services.
105	7. Information and data on the following:
106	a. The number and types of school-based student services
107	personnel employed from the funds provided through the
108	allocation;
109	b. The number of students who received school-based mental
110	health interventions during the prior school year; and
111	c. The number of students referred to community-based
112	mental health care providers for services during the prior
113	school year.
114	(c) School districts shall submit approved plans, including
115	approved plans of each charter school in the district, to the
116	commissioner by August 1 of each fiscal year.
117	(d) Beginning September 30, 2019, and annually by September
118	30 thereafter, each school district shall submit to the
119	Department of Education a report on its program outcomes and
120	expenditures for the previous fiscal year that, at a minimum,
121	must include the number of each of the following:
122	1. Students who receive screenings or assessments.
123	2. Students who are referred for services or assistance.
124	3. Students who receive services or assistance.
125	4. Direct employment service providers employed by each
126	school district.

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127	5. Contract-based collaborative efforts or partnerships
128	with community mental health programs, agencies, or providers.
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130	===== DIRECTORY CLAUSE AMENDMENT ======
131	And the directory clause is amended as follows:
132	Delete lines 845 - 848
133	and insert:
134	Section 14. Effective July 1, 2019, paragraph (b) of
135	subsection (6), subsection (15), as amended by this act, and
136	subsection (16) of section 1011.62, Florida Statutes, are
137	amended to read:
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139	=========== T I T L E A M E N D M E N T =================================
140	And the title is amended as follows:
141	Between lines 1091 and 1092
142	insert:
143	expanding the purpose of the mental health assistance
144	allocation; providing that charter schools that take a
145	specified action are entitled to a proportionate share
146	of certain funding; deleting a requirement that
147	restricted to certain elements how a specified
148	percentage of a district's mental health assistance
149	allocation could be expended; revising requirements
150	for a plan required to be developed by school
151	districts before distribution of such allocation;
152	requiring that the plans include charter schools,
153	except in certain circumstances; authorizing, rather
154	than requiring, charter schools to develop and submit
155	a specified plan; revising requirements for school

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156 districts' and charter schools' plans; deleting a 157 requirement for school districts to submit a specified 158 report to the department;

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