The Committee on Appropriations (Passidomo) recommended the following:

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

Between lines 906 and 907 insert:

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

(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. This plan must include all district schools, including charter schools, unless a charter school elects to submit a plan independently from the school district pursuant to subparagraph 2.  
2. A charter school must develop and submit a detailed plan outlining the local program and planned expenditures to its governing body for approval. After the plan is approved by the governing body, it must be provided to the charter school’s
sponsor.

(b) The plans required under paragraph (a) must be focused on a multi-tiered system of supports to deliver delivering 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 plans must treatment to children and include the following elements:

1. 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. These providers include, but are not limited to, school counselors, school health staff, school psychologists, school social workers, and other licensed mental health professionals. The plan also must 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. Provision of mental health assessment, diagnosis, intervention, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

2. Contracts or interagency agreements with one or more
nationally accredited local community behavioral health providers or providers of Community Action Team services to provide a behavioral health staff presence and services 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 Coordination of such services with a student’s primary care provider and with other mental health providers involved in the student’s care.

3. 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 and ensure that the assessment of students at risk for mental health disorders occurs within 15 days of 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 Direct employment of such service providers, or a contract-based collaborative effort or partnership with one or more local community mental health programs, agencies, or providers.

4. Programs to assist students in dealing with anxiety, depression, bullying, trauma, and violence.
5. Strategies or programs to reduce the likelihood of at-risk students developing social, emotional, or behavioral health problems, suicidal tendencies, or substance use disorders.

6. Strategies to improve the early identification of social, emotional, or behavioral problems or substance use disorders and to improve the provision of early intervention services.

7. Information and data on the following:
   a. The number and types of school-based student services personnel employed from the funds provided through the allocation;
   b. The number of students who received school-based mental health interventions during the prior school year; and
   c. The number of students referred to community-based mental health care providers for services during the prior school year.

(c) School districts shall submit approved plans, including approved plans of each charter school in the district, to the commissioner by August 1 of each fiscal year.

(d) Beginning September 30, 2019, and annually by September 30 thereafter, each school district shall submit to the Department of Education a report on its program outcomes and expenditures for the previous fiscal year that, at a minimum, must include the number of each of the following:

1. Students who receive screenings or assessments.
2. Students who are referred for services or assistance.
3. Students who receive services or assistance.
4. Direct employment service providers employed by each school district.
5. Contract-based collaborative efforts or partnerships with community mental health programs, agencies, or providers.

====== DIRECTORY CLAUSE AMENDMENT ======

And the directory clause is amended as follows:

Delete lines 845 - 848 and insert:

Section 14. Effective July 1, 2019, paragraph (b) of subsection (6), subsection (15), as amended by this act, and subsection (16) of section 1011.62, Florida Statutes, are amended to read:

============ TITLE AMENDMENT =============

And the title is amended as follows:

Between lines 1091 and 1092 insert:

expanding the purpose of the mental health assistance allocation; providing that charter schools that take a specified action are entitled to a proportionate share of certain funding; deleting a requirement that restricted to certain elements how a specified percentage of a district’s mental health assistance allocation could be expended; revising requirements for a plan required to be developed by school districts before distribution of such allocation; requiring that the plans include charter schools, except in certain circumstances; authorizing, rather than requiring, charter schools to develop and submit a specified plan; revising requirements for school
districts’ and charter schools’ plans; deleting a requirement for school districts to submit a specified report to the department;