

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 590

INTRODUCER: Senator Harrell

SUBJECT: Involuntary Examinations of Minors

DATE: February 15, 2021

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia _____	Cox _____	CF _____	Favorable
2.	_____	_____	ED _____	_____
3.	_____	_____	AP _____	_____

I. Summary:

SB 590 requires public and charter schools to contact the parents of a minor student before the student is removed from school, school transportation, or a school-sponsored activity for an involuntary mental health examination. The bill provides that a principal or their designee may delay notification if they believe it is necessary for the health and safety of the student or others.

The bill requires schools to contact a mobile response service prior to initiating a student removal and requires all school safety officers to undergo crisis intervention training. The bill also requires school to generate and enter into a memorandum of understanding (MOU) with a local mobile crisis response team, and that the MOU mandate that school and law enforcement personnel contact the crisis response team, either in person or via telehealth, prior to initiating a Baker Act of a student. The bill mandates the collection of data by school districts and the Department of Children and Families (the DCF) relating to the number and frequency of involuntary examinations of minors initiated by schools.

The bill will have a fiscal impact on public and charter schools and has an effective date of July 1, 2021.

II. Present Situation:

Baker Act

The Florida Mental Health Act, otherwise known as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws.¹ The Act includes legal procedures for mental health examination and treatment, including voluntary and involuntary examinations. It additionally protects the rights of all individuals examined or treated for mental illness in Florida.²

¹ Sections 394.451-394.47891, F.S.

² Section 394.459, F.S.

Involuntary Examination and Receiving Facilities

Individuals in an acute mental or behavioral health crisis may require emergency treatment to stabilize their condition. Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.³ An involuntary examination is required if there is reason to believe that the person has a mental illness and because of his or her mental illness:⁴

- The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination or 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 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.

Involuntary patients must be taken to either a public or a private facility that has been designated by the DCF as a Baker Act receiving facility. The purpose of receiving facilities is to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider.⁵ A public receiving facility is a facility that has contracted with a managing entity to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.⁶ Funds appropriated for Baker Act services may only be used to pay for services to diagnostically and financially eligible persons, or those who are acutely ill, in need of mental health services, and who are the least able to pay.⁷

Crisis Stabilization Units (CSUs) are specialized public receiving facilities that receive state funding to provide services to individuals showing acute mental health disorders. CSUs screen, assess, and admit for stabilization individuals who voluntarily present themselves to the unit, as well as individuals who are brought to the unit on an involuntary basis.⁸ CSUs provide patients with 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services.⁹ The purpose of a crisis stabilization unit is to stabilize and redirect a client to the most appropriate and least restrictive community setting available, consistent with the client's needs.¹⁰ Individuals often enter the public mental health system through CSUs.¹¹ For this reason, crisis services are a part of the comprehensive, integrated, community mental health and

³ See Sections 394.4625 and 394.463, F.S.

⁴ Section 394.463(1), F.S.

⁵ Section 394.455(40), F.S. This term does not include a county jail.

⁶ Section 394.455(38), F.S.

⁷ Rule 65E-5.400(2), F.A.C.

⁸ Section 394.875(1)(a), F.S.

⁹ *Id.*

¹⁰ Section 394.875(1)(b) and (c)

¹¹ Florida Senate, Budget Subcommittee on Health and Human Services Appropriations, *Crisis Stabilization Units*, (Interim Report 2012-109), p. 2 (Sept. 2011), available at <https://www.flsenate.gov/PublishedContent/Session/2012/InterimReports/2012-109bha.pdf> (last visited Jan 30, 2020).

substance abuse services established by the Legislature in the 1970s to ensure continuity of care for individuals.¹²

As of February 2, 2021, there are 122 Baker Act receiving facilities in this state, including 54 public receiving facilities and 68 private receiving facilities.¹³ Of the 54 public receiving facilities, 40 are CSU's.¹⁴

Under the Baker Act, a receiving facility must examine an involuntary patient within 72 hours of arrival.¹⁵ During that 72 hours, an involuntary patient must be examined by a physician or a clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a facility to determine if the criteria for involuntary services are met.¹⁶ If the patient is a minor, the examination must be initiated within 12 hours.¹⁷

Within that 72-hour examination period, or if the 72 hours ends on a weekend or holiday, no later than the next business day, one of the following must happen:

- The patient must be released, unless he or she is charged with a crime, in which case law enforcement will assume custody;
- The patient must be released for voluntary outpatient treatment;
- The patient, unless charged with a crime, must give express and informed consent to a placement as a voluntary patient and admitted as a voluntary patient; or
- A petition for involuntary placement must be filed in circuit court for involuntary outpatient or inpatient treatment.¹⁸

Mental Health Services for Students

The Florida Department of Education (DOE), through the Bureau of Exceptional Education and Student Services and the Office of Safe Schools, promotes a system of support, policies, and practices that focus on prevention and early intervention to improve student mental health and school safety. Florida law requires instructional personnel to teach comprehensive health education that addresses concepts of mental and emotional health as well as substance use and abuse.¹⁹ Student Services personnel, which includes school psychologists, school social workers, and school counselors, are classified as instructional personnel responsible for advising students regarding personal and social adjustments, and provide direct and indirect services at the district and school level.²⁰

¹² *Id.* Sections 394.451-394.47891, F.S.

¹³ The Department of Children and Families (The DCF), *Designated Baker Act Receiving Facilities*, (February 2, 2021), available at <https://www.myflfamilies.com/service-programs/samh/crisis-services/docs/baker/Baker%20Act%20Receiving%20Facilities.pdf> (last visited February 10, 2021). Hospitals can also be designated as public receiving facilities.

¹⁴ *Id.*

¹⁵ Section 394.463(2)(g), F.S.

¹⁶ Section 394.463(2)(f), F.S.

¹⁷ Section 394.463(2)(g), F.S.

¹⁸ *Id.*

¹⁹ Section 1003.42(2)(n), F.S.

²⁰ Section 1012.01(2)(b), F.S.

State funding for school districts' mental health services is provided primarily by legislative appropriations, the majority of which is distributed through an allocation through the Florida Education Finance Program (FEFP) to each district. In addition to the basic amount for current operations for the FEFP, the Legislature may appropriate categorical funding for specified programs, activities, or purposes.²¹ Each district school board must include the amount of categorical funds as a part of the district annual financial report to the DOE and The DOE must submit a report to the Legislature that identifies by district and by categorical fund the amount transferred and the specific academic classroom activity for which the funds were spent.²²

The law allows district school boards and state agencies administering children's mental health funds to form a multiagency network to provide support for students with severe emotional disturbance.²³ The program goals for each component of the multiagency network are to:

- Enable students with severe emotional disturbance to learn appropriate behaviors, reduce dependency, and fully participate in all aspects of school and community living;
- Develop individual programs for students with severe emotional disturbance, including necessary educational, residential, and mental health treatment services;
- Provide programs and services as close as possible to the student's home in the least restrictive manner consistent with the student's needs; and
- Integrate a wide range of services necessary to support students with severe emotional disturbances and their families.²⁴

The DOE awards grants to district school boards for statewide planning and development of the multiagency Network for Students with Emotional or Behavioral Disabilities.²⁵ SEDNET is a network of 19 regional projects that are composed of major child-serving agencies, community-based service providers, and students and their families. Local school districts serve as fiscal agents for each local regional project.²⁶ SEDNET focuses on developing interagency collaboration and sustaining partnerships among professionals and families in the education, mental health, substance abuse, child welfare, and juvenile justice systems serving children and youth with and at risk of emotional and behavioral disabilities.²⁷

Mental Health Allocation

The mental health assistance allocation was established in 2018²⁸ to provide funding to assist school districts in establishing or expanding school-based mental health care. These funds must be allocated annually in the General Appropriations Act or other law to each eligible school district. Each school district must receive a minimum of \$100,000 with the remaining balance

²¹ Section 1011.62(6), F.S.

²² *Id.*

²³ See s. 1006.04(1)(a), F.S.

²⁴ Section 1006.04(1)(b), F.S.

²⁵ Section 1006.04(2), F.S.

²⁶ Fiscal agencies include the Brevard, Broward, Clay, Columbia, Miami-Dade, Escambia, Hendry, Hernando, Hillsborough, Levy, Liberty, Orange, Palm Beach, Pinellas, Polk, St. Lucie, Volusia, and Washington school districts. Florida Department of Education (DOE), Bureau of Exceptional Education and Student Services, *BEESS Discretionary Projects*, January 2017, at p. 11, available at <http://www.fldoe.org/core/fileparse.php/7567/urlt/projectslisting.pdf> (last visited February 10, 2021).

²⁷ The DOE, Bureau of Exceptional Education and Student Services, *BEESS Discretionary Projects*, January 2017, p. 11, available at <http://www.fldoe.org/core/fileparse.php/7567/urlt/projectslisting.pdf> (last visited February 10, 2021).

²⁸ Section 29, ch. 2018-4, L.O.F. In 2018, \$69,237,286 was appropriated to fund the mental health assistance allocation.

allocated based on each school district's proportionate share of the state's total unweighted full-time equivalent student enrollment. Eligible charter schools 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 law. The allocated funds may not replace funds that are provided for this purpose from other operating funds or 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.²⁹

Before the distribution of the allocation:

- The school district must develop and submit a detailed plan outlining the local program and planned expenditures to the district school board for approval.
- A charter school must develop and submit a detailed plan outlining the local program and planned expenditures to its governing body for approval and it must be provided to the charter school's sponsor after the plan is approved by the governing body.
- The required plans must be focused on delivering evidence-based mental health care treatment to children and include the following elements:
 - 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.
 - Coordination of such services with a student's primary care provider and with other mental health providers involved in the student's care.
 - 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.³⁰

School districts must submit approved plans, including approved plans of each charter school in the district, to the commissioner by August 1 of each fiscal year.³¹

Beginning September 30, 2019, and annually by September 30, each school district must submit to the DOE 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:

- Students who receive screenings or assessments.
- Students who are referred for services or assistance.
- Students who receive services or assistance.
- Direct employment service providers employed by each school district.
- Contract-based collaborative efforts or partnerships with community mental health programs, agencies, or providers.³²

Office of Safe Schools

The Office of Safe Schools (OSS) in the DOE serves as a central repository for best practices, training standards, and compliance oversight in all matters regarding school safety and security,

²⁹ Section 1011.62(16), F.S.

³⁰ Section 1011.62(16)(b), F.S.

³¹ Section 1011.62(16)(c), F.S.

³² Section 1011.62(16)(d), F.S.

including prevention efforts, intervention efforts, and emergency preparedness planning.³³ The OSS requirements include:

- Establishing and updating as necessary a school security risk assessment tool³⁴ for use by school districts and charter schools.
- Providing ongoing professional development opportunities to school district personnel.
- Providing a coordinated and interdisciplinary approach to providing technical assistance and guidance to school districts on safety and security and recommendations to address findings identified in the school security risk assessment.³⁵
- Developing and implementing a School Safety Specialist Training Program for school safety specialists. The office must develop the training program based on national and state best practices on school safety and security and must include active shooter training.³⁶
- Reviewing and providing recommendations on the security risk assessments.

Safe-School Officers

Florida law requires each district school board and school district superintendent to partner with law enforcement agencies to establish or assign one or more safe-school officers at each school facility within the district by implementing one or more safe-school officer options which best meet the needs of the school district.³⁷ These options include:

- Establishing a school resource officer program, through a cooperative agreement with law enforcement agencies.³⁸
- Commissioning one or more school safety officers. The district school superintendent may recommend, and the district school board may appoint, one or more school safety officers.³⁹
- Participating in the Coach Aaron Feis Guardian Program if such program is established by the sheriff.⁴⁰

Coach Aaron Feis Guardian Program

The Coach Aaron Feis Guardian Program (guardian program) was established in 2018⁴¹ as an option for school districts to meet the safe-school officer requirements in law.⁴² Each sheriff has the discretion to establish a guardian program to aid in the prevention or abatement of active assailant incidents on school premises. School employees, except individuals who exclusively perform classroom duties as classroom teachers as defined in law,⁴³ may participate in the guardian program. The sheriff who chooses to establish a guardian program shall appoint as

³³ Section 1001.212, F.S. See also The DOE, *Office of Safe Schools*, available at <http://www.fldoe.org/safe-schools/> (last visited February 12, 2021).

³⁴ Section 1006.1493, F.S., provides for the Florida Safe Schools Assessment Tool (FSSAT).

³⁵ Section 1006.07(6)(a)4., F.S., requires a school security risk assessment at each public school using the school security risk assessment tool (FSSAT) developed by the OSS.

³⁶ Section 1006.07(6)(a), F.S., requires each district school superintendent to designate a school administrator as a school safety specialist for the district.

³⁷ Section 1006.12, F.S.

³⁸ Section 1006.12(1), F.S.

³⁹ Section 1006.12(2), F.S.

⁴⁰ Section 1006.12(3), F.S.

⁴¹ Section 26, ch. 2018-3, L.O.F.

⁴² Section 1006.12, F.S.

⁴³ Section 1012.01(2)(a), F.S.

school guardians, without the power of arrest, school employees who volunteer and who comply with all of the following:

- Hold a valid license issued under s. 790.06, F.S. (license to carry a concealed firearm).
- Complete 132 total hours of comprehensive firearm safety and proficiency training conducted by Criminal Justice Standards and Training Commission-certified instructors, which must include:
 - Eighty hours of firearms instruction based on the Criminal Justice Standards and Training Commission's Law Enforcement Academy training model, which must include at least 10 percent but no more than 20 percent more rounds fired than associated with academy training. Program participants must achieve an 85 percent pass rate on the firearms training.
 - Sixteen hours of instruction in precision pistol.
 - Eight hours of discretionary shooting instruction using state-of-the-art simulator exercises.
 - Eight hours of instruction in active shooter or assailant scenarios.
 - Eight hours of instruction in defensive tactics.
 - Twelve hours of instruction in legal issues.
- Pass a psychological evaluation administered by a psychologist licensed under ch. 490, F.S., and designated by the Florida Department of Law Enforcement (FDLE) and submit the results of the evaluation to the sheriff's office. The FDLE may provide the sheriff's office with mental health and substance abuse data for compliance with this requirement.
- Submit to and pass an initial drug test and subsequent random drug tests in accordance with the requirements of s. 112.0455, F.S.,⁴⁴ and the sheriff's office.
- Successfully complete ongoing training, weapon inspection, and firearm qualification on at least an annual basis.
- Successfully complete at least 12 hours of a certified nationally recognized diversity training program.⁴⁵

A sheriff must issue a school guardian certificate to individuals who meet the requirements specified in law.⁴⁶ The sheriff must maintain documentation of weapon and equipment inspections, as well as the training, certification, inspection, and qualification records of each school guardian appointed by the sheriff.⁴⁷

In ch. 2018-3, L.O.F., the Legislature appropriated \$500,000 in recurring funds and \$67 million in nonrecurring funds to the DOE to allocate to sheriffs' offices that establish a guardian program. These funds were appropriated for screening-related and training-related costs and providing a one-time stipend of \$500 to school guardians who participate in the guardian program. As of January 2019, the department had received \$9.3 million in funding requests and \$2.6 million had been paid out to sheriff's offices for authorized expenses.⁴⁸

⁴⁴ Section 112.0455, F.S., relates to the Drug-Free Workplace Act.

⁴⁵ Section 30.15(1)(k), F.S.

⁴⁶ Section 30.15(1)(k)2., F.S.

⁴⁷ *Id.*

⁴⁸ *Id.*

Children and the Baker Act

Over a 15-year period, the number of children subject to involuntary commitments under the Baker Act have increased at a faster pace than any other age group.⁴⁹ Children are incapable of legally consenting to medical intervention needed to gauge whether an involuntary examination under the Baker Act is necessary.⁵⁰ School officials and mental health professionals have stressed the need for additional mobile response teams, greater access to telehealth technology in accessing the teams, and more school psychologists as methods of addressing the growing number of children subjected to the Baker Act.⁵¹ Over 130 law enforcement agencies across the state have policies in place requiring a parent or family member of a minor to be contacted prior to initiating a Baker Act, however there is no currently no statewide statutory requirement for parental or family notification.⁵²

Report on Involuntary Examinations of Minors

In 2017, the Legislature created a task force within the DCF⁵³ to address the issue of involuntary examination of minors age 17 years or younger, specifically by:⁵⁴

- Analyzing data on the initiation of involuntary examinations of minors;
- Researching the root causes of and trends in such involuntary examinations;
- Identifying and evaluating options for expediting the examination process; and
- Identifying recommendations for encouraging alternatives to or eliminating inappropriate initiations of such examinations.

The task force found that specific causes of increases in involuntary examinations of children are unknown. Possible factors cited in the task force report include:

- Increase in mental health concerns:
 - In 2017, 31.5% of high school students experienced periods of persistent feelings of sadness or hopelessness within the past year, an increase from 2007 (28.5%).
 - In 2017, 17.2% of high school students seriously considered attempting suicide in the past year, increasing from 14.5% in 2007.⁵⁵
- Social stressors such as parental substance use, poverty and economic insecurity, mass shootings, and social media and cyber bullying.⁵⁶

⁴⁹ Lynn Hatter, WFSU Public Media, *Committed: Improving Florida's Baker Act for Children a Challenge*, December 17, 2020, available at <https://news.wfsu.org/2020-12-17/committed-improving-floridas-baker-act-for-children-a-challenge> (last visited February 11, 2021).

⁵⁰ *Id.*

⁵¹ *Id.*

⁵² *Id.*

⁵³ Ch. 2017-151, LO.F.

⁵⁴ The DCF, *Task Force Report on Involuntary Examination of Minors*, (Nov. 2017), p. 1, available at <https://www.myflfamilies.com/service-programs/samh/publications/docs/S17-005766-TASK%20FORCE%20ON%20INVOLUNTARY%20EXAMINATION%20OF%20MINORS.pdf> (last visited February 11, 2021) (hereinafter cited as “The 2017 Task Force Report”).

⁵⁵ The DCF, *Task Force Report on Involuntary Examination of Minors*, (Nov. 2019), p. 6, available at <https://www.myflfamilies.com/service-programs/samh/publications/docs/Report%20on%20Involuntary%20Examination%20of%20Minors.pdf> (last visited February 11, 2021) (hereinafter cited as “The 2019 Task Force Report”).

⁵⁶ *Id.* at p. 3.

- Lack of availability of mental health services, due to wait lists for services, limitations on coverage or approval, lack of funding for prevention and diversion, and shortage of psychiatrists and other mental health professionals.
 - Among children ages 12-17 in Florida, approximately 13.0% experienced a major depressive episode in the past year, but only about 33% of children experiencing a major depressive episode in the past year receive treatment.⁵⁷

As a follow up to the 2017 task force report, in 2019, the Legislature instructed the DCF to prepare a report on the initiation of involuntary examinations of minors age 17 years and younger and submit it by November 1 of each odd numbered year.⁵⁸ As part of the report (2019 report), the DCF was required to:

- Analyze data on the initiation of involuntary examinations of minors;
- Identify any patterns or trends and cases in which involuntary examinations are repeatedly initiated on the same child;
- Study root causes for such patterns, trends, or repeated involuntary examinations; and
- Make recommendations for encouraging alternatives to and eliminating inappropriate initiations of such examinations.⁵⁹

Task Force Recommendations

Among the 2017 task force report recommendations were to:

- Amend statute to increase the number of days that the receiving facility has to submit required forms to the DCF to capture additional data;
- Expedite involuntary exams by expanding the list of mental health professionals who can conduct the clinical exam to include physician assistants, psychiatric advanced registered nurse practitioners, licensed clinical social workers, licensed mental health counselors, and licensed marriage and family therapist;
- Increase funding for mobile crisis teams;
- Fund an adequate network of prevention and early intervention services so that mental health challenges are addressed prior to becoming a crisis;
- Expand access to outpatient crisis intervention services and treatment especially for children under 13;
- Create the “Invest in the Mental Health of our Children” grant program to provide matching funds to counties to enhance their systems of care serving these children;
- Encourage school districts to adopt a standardized suicide risk assessment tool that school-based mental health professionals would implement prior to initiation of a Baker Act examination;
- Revise statutes to include school psychologists licensed under ch. 490, F.S., to the list of mental health professionals who are qualified to initiate a Baker Act;
- Require Youth Mental Health First Aid and/or CIT training for school resource officers and other law enforcement officers who initiate Baker Act examinations from schools;
- Require AHCA to post quarterly Medicaid health plans’ EPSDT compliance reports on its website; and

⁵⁷ *Id.* at p. 5.

⁵⁸ Chapter 2019-134, LO.F.

⁵⁹ *Id.*

- Supporting Baker Act training and technical assistance by funding a position in the DCF to train and provide technical assistance to providers, clinicians, and other professionals who are responsible for implementing the Baker Act.⁶⁰

Several of these recommendations have been implemented through statutory change or legislative appropriations.

The 2019 report recommended:

- Increasing care coordination for minors with multiple involuntary examinations;
- Utilizing the wraparound care coordination approach for children with complex behavioral health needs and multi-system involvement to ensure one point of accountability and individualized care planning;
- Utilizing existing local review teams;
- Revising administrative rules to gather more information about actions taken after the initiation of exams, require electronic submission of forms, and improve care coordination and discharge planning;
- Funding an additional FTE at the DCF to provide technical assistance; and
- Ensuring that parents receive information about mobile crisis response teams and other community resources and supports upon child's discharge.⁶¹

Mobile Response Teams

A mental health crisis can be caused by a variety of factors at any hour of the day.⁶² Family members and caregivers of an individual experiencing a mental health crisis are often ill-equipped to handle these situations and need the advice and support of professionals.⁶³ All too frequently, law enforcement or EMTs are called to respond to mental health crises and they often lack the training and experience to effectively handle the situation.⁶⁴ Mobile response teams can be beneficial in such instances.

Mobile response teams provide readily available crisis care in a community-based setting and increase opportunities to stabilize individuals in the least restrictive setting to avoid the need for jail or hospital/emergency department utilization.⁶⁵ Early intervention services are critical to reducing involuntary examinations in minors and there are areas across the state where options short of involuntary examination via the Baker Act are limited or nonexistent.⁶⁶ Response teams are available to individuals 25 years of age and under, regardless of their ability to pay, and must be ready to respond to any mental health emergency.⁶⁷ Telehealth can be used to provide direct

⁶⁰ The 2017 Task Force Report, p. 1.

⁶¹ The 2019 Task Force Report, p. 17-18.

⁶² The DCF, *Mobile Response Teams Framework*, (August 29, 2018), p. 4, available at <https://www.myflfamilies.com/service-programs/samh/publications/docs/Mobile%20Response%20Framework.pdf> (last visited February 11, 2021)(hereinafter cited as "MRT Framework").

⁶³ *Id.*

⁶⁴ *Id.*

⁶⁵ *Id.* at 2

⁶⁶ MRT Framework, p. 4.

⁶⁷ *Id.*

services to individuals via video-conferencing systems, mobile phones, and remote monitoring.⁶⁸ It can also be used to provide assessments and follow-up consultation as well as initial triage to determine if an in-person visit is needed to respond to the crisis call.⁶⁹

SB 7026 (2018) funded additional mobile response teams to serve areas of the state that were not being served by such teams at a total of \$18.3 million. There are 40 MRTs serving all 67 counties in Florida, targeting services to individuals under the age of 25.⁷⁰ Recent MRT monthly reports showed an 80% statewide average of diverting individuals from involuntary examination.⁷¹

The DCF established a framework to guide procurement of MRTs. This framework suggests that the procurement:

- Be conducted with the collaboration of local Sheriff's Offices and public schools in the procurement planning, development, evaluation, and selection process;
- Be designed to ensure reasonable access to services among all counties in the Managing Entity's service region, taking into consideration the geographic location of existing mobile crisis teams;
- Require services be available 24 hours per day, seven days per week with on-site response time to the location of referred crises within 60 minutes of the request for services;
- Require the Network Service Provider to establish formalized written agreements to establish response protocols with local law enforcement agencies and local school districts or superintendents;
- Require access to a board-certified or board-eligible Psychiatrist or Psychiatric Nurse Practitioner; and
- Provide for an array of crisis response services that are responsive to the individual and family needs, including screening, standardized assessments, early identification, or linkage to community services as necessary to address the immediate crisis event.⁷²

III. Effect of Proposed Changes:

Notification Requirements to Parents

The bill amends s. 381.0056, F.S., related to the school health services program, requiring school health services plans to mandate that a parent or guardian be notified before a student is removed from school or a school-sponsored activity for an involuntary examination except for when a principal or principal's designee believes that a delay in removal would jeopardize the health and safety of the student.

The bill amends ss. 1002.20 and 1002.33, F.S., related to K-12 student and parent rights and charter schools, respectively, requiring the appropriate principal or principal's designee to notify a parent before a student is removed from school, school transportation, or a school-sponsored activity to be taken to a receiving facility for an involuntary examination. The bill allows the

⁶⁸ MRT Framework, p. 7.

⁶⁹ *Id.*

⁷⁰ The 2019 Task Force Report, p. 4

⁷¹ *Id.*

⁷² MDT Framework, p. 2-3.

principal or principal's designee to delay notification, for no more than 24 hours, if the principal or designee believes that such a delay is necessary to avoid jeopardizing the health and safety of the student.

Reporting Requirements

The bill amends s. 394.463, F.S., related to involuntary examinations, adding the initiation of involuntary examinations of students who are removed from school, school transportation, or a school-sponsored activity to the elements that must be included in data collected by the DCF, and requiring the DCF to submit a report on findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House by November 1 of each odd-numbered year.

The bill amends s. 1001.212, F.S., related to the Office of Safe Schools, requiring that both the number of involuntary examinations initiated at each school or school-sponsored activity and the number of students for whom an involuntary examination was initiated be included in the data provided by the Office of Safe Schools to support the evaluation of mental health services.

The bill amends s. 1006.07, F.S., related to district school board duties relating to student discipline and school safety, requiring each district school board to adopt a policy requiring that the superintendent annually report to the DOE the number of involuntary examinations initiated at a school, on school transportation, or at a school-sponsored activity.

Training Requirements

The bill amends s. 1006.12, F.S., related to safe school officers at each public school, requiring that school safety officers complete mental health crisis intervention training using a curriculum developed by a national organization with expertise in mental health crisis intervention to improve skills in responding to students with emotional behavioral disability or mental illness, including de-escalation techniques.

Mental Health Assistance Allocation Memorandum of Understanding

The bill requires school districts to develop a memorandum of understanding with a local crisis response service and requires that school or law enforcement personnel contact the mobile crisis response service, in person or through telehealth, before initiating an involuntary examination. The bill requires school districts to provide all school resource officers and school safety officers with training on protocols established in the memorandum of understanding.

The bill provides an effective date of July 1, 2021.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

There will be an indeterminate impact to providers of crisis intervention training for school safety officers and school resource officers.

C. Government Sector Impact:

The DCF anticipates an indeterminate, negative fiscal impact generated by additional calls from schools to mobile response teams in instances where schools do not already contact teams prior to initiating a Baker Act.⁷³

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends sections 381.0056, 394.463, 1001.212, 1002.20, 1002.33, 1006.07, 1006.12, and 1011.62 of the Florida Statutes.

⁷³ The DCF Analysis of SB 590 (January 19, 2021), p. 6. (on file with the Senate Children, Families, and Elder Affairs Committee).

IX. Additional Information:

- A. **Committee Substitute – Statement of Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
