

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 Fiscal Policy

BILL: CS/SB 1310

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Bradley

SUBJECT: Reporting of Student Mental Health Outcomes

DATE: April 16, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Rao</u>	<u>Tuszynski</u>	<u>CF</u>	Fav/CS
2.	<u>Rao</u>	<u>Siples</u>	<u>FP</u>	Favorable

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1310 requires the Office of Program Policy Analysis and Government Accountability (OPPAGA), in consultation with the Department of Children and Families (DCF), the Department of Education (DOE), the Louis de la Parte Florida Mental Health Institute, and other relevant stakeholders to evaluate school district's compliance with the provision of mental health services and supports to students in school.

The bill requires the DOE, school district threat management coordinators, and mental health coordinators to provide specified information to OPPAGA for reporting and evaluation purposes.

The bill requires the DCF and the Louis de la Parte Florida Mental Health Institute to coordinate with OPPAGA and provide requested information related to the performance of the coordinated behavioral health system of care pursuant to Ch. 394, F.S.

The bill has no fiscal impact on the state government or the private sector. *See* Section V. Fiscal Impact Statement.

The bill takes effect upon becoming a law.

II. Present Situation:

Mental Health in Schools

Mental illnesses are conditions that affect an individual's thinking, feeling, mood, and behavior.¹ While many children may not experience mental distress,² some children may experience prolonged mental distress that may affect their ability to connect with their peers, participate in activities, and affect their day-to-day lives.³ It is estimated that one in six youth aged 6-17 years of age experience a mental health disorder annually.⁴ Receiving school-based early treatment from trained mental health professionals may help students manage their mental health and have positive school outcomes.⁵

Office of Program Policy Analysis and Government Accountability (OPPAGA)

The Florida Legislature created the Office of Program Policy Analysis and Government Accountability (OPPAGA) in 1994.⁶ The OPPAGA is a research arm of the Legislature and conducts examinations of governmental entities to help improve the performance and accountability of state government.⁷ The Legislature, presiding officers of the Legislature, or the Joint Legislative Auditing Committee may direct OPPAGA to conduct research on a specific topic or governmental entity.⁸ Generally, OPPAGA provides the following research services⁹:

- Performance evaluations and policy reviews of government programs.
- Research and technical assistance to legislators and legislative committees.
- Government Program Summaries that contain descriptive and evaluative information on all major state programs.
- Weekly electronic newsletters of policy research.

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.¹⁰ FMHI is designed to provide technical assistance and

¹ National Library of Medicine, *Mental Disorders*, available at: <https://medlineplus.gov/mentaldisorders.html> (last visited 3/20/25).

² U.S. Centers for Disease Control, *Data and Statistics on Children's Mental Health*, available at: <https://www.cdc.gov/children-mental-health/data-research/index.html> (last visited 3/20/25).

³ National Library of Medicine, *Mental Disorders*, available at: <https://medlineplus.gov/mentaldisorders.html> (last visited 3/20/25); and National Alliance on Mental Illness, *Mental Health in Schools*, available at: <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools/> (last visited 3/20/25).

⁴ National Alliance on Mental Illness, *Mental Health in Schools*, available at: <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools/> (last visited 3/20/25).

⁵ National Alliance on Mental Illness, *Mental Health in Schools*, available at: <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools/> (last visited 3/20/25).

⁶ Chapter 94-249, L.O.F.

⁷ Office of Program Policy Analysis and Government Accountability, *About OPPAGA*, available at: <https://oppaga.fl.gov/About> (last visited 3/28/25).

⁸ *Id.*

⁹ *Id.*

¹⁰ Chapter 2002-387, L.O.F.

support services to mental health agencies and mental health professionals.¹¹ Such assistance and services shall include the following¹²:

- 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.¹³ In addition to research, FMHI consults with school districts to ensure mobile response teams can provide immediate, onsite behavioral health crisis services to children.¹⁴

Department of Children and Families

The Department of Children and Families (DCF) is directed to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.¹⁵ The DCF provides services relating to the following¹⁶:

- Adult protection.
- Child care regulation.
- Child welfare.
- Domestic violence.
- Economic self-sufficiency.
- Homelessness.
- Mental health.
- Refugees.
- Substance Abuse.

The DCF is required to prepare a state master plan for the delivery and financing of a system of publicly funded, community-based substance abuse and mental health services throughout the state. This plan must include strategies for meeting the treatment and support needs of children

¹¹ Section 1004.44, F.S.

¹² *Id.*

¹³ 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 3/28/25).

¹⁴ Section 1004.44 (4), F.S. and section 394.495, F.S.

¹⁵ Section 20.19, F.S.

¹⁶ Section 20.19, F.S.

and adolescents who have, or are at risk of having, mental, emotional, or substance abuse problems.¹⁷

State Board of Education

The State Board of Education is the chief implementing and coordinating body of public education in Florida.¹⁸ It consists of seven members appointed by the Governor and confirmed by the Senate.¹⁹ The State Board of Education appoints the Commissioner of Education and is the Executive Director of the Department of Education (DOE).²⁰

The State Board of Education exercises general supervision over the divisions of the Department of Education.²¹ The divisions of the Department of Education include the following²²:

- Division of Florida Colleges.
- Division of Public Schools.
- Division of Early Learning.
- Division of Career and Adult Education.
- Division of Vocational Rehabilitation.
- Division of Blind Services.
- Division of Accountability, Research, and Measurement.
- Division of Finance and Operations.
- Office of K-20 Articulation.
- The Office of Independent Education and Parental Choice.
- The Office of Safe Schools.

Office of Safe Schools

The Office of Safe Schools (Office) was codified within the Department of Education in 2018, after the mass shooting at Marjory Stoneman Douglas High School in Parkland, Florida on February 14, 2018.²³ The mission of the Office is to support school districts in providing a safe learning environment for students and educators through prevention, intervention, and emergency preparedness planning.²⁴

In 2023, the Legislature directed the Office to develop a statewide behavioral threat management operational process, a Florida-specific behavioral threat assessment instrument, and a threat management portal.²⁵ Florida law requires the statewide behavioral threat management operational process to guide school districts, schools, charter school governing boards, and charter schools through the threat management process that identifies, assesses, manages, and

¹⁷ Section 394.75, F.S.

¹⁸ Section 1001.02, F.S.

¹⁹ Section 2, Article IX of the State Constitution.

²⁰ Section 20.15, F.S.

²¹ Section 1001.02, F.S.

²² Section 20.15(3), F.S.

²³ Chapter 2018-3, L.O.F. and Florida Department of Education, *Office of Safe Schools: What We Do*, available at: <https://www.fldoe.org/safe-schools/what-we-do.stml> (last visited 3/20/25).

²⁴ Florida Department of Education, *Office of Safe Schools*, available at: <https://www.fldoe.org/safe-schools/> (last visited 3/20/25).

²⁵ Chapter 2023-18, L.O.F.

monitors potential and real threats to schools. This process must include, but is not limited to the following²⁶:

- The establishment and duties of threat management teams.
- Defining behavioral risks and threats.
- The use of the Florida-specific behavioral threat assessment instrument developed 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.
- Upon the availability of the threat management portal, the use, authorized user criteria, and access specifications of the portal.
- Procedures for the implementation of interventions, school support, 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 pursuant to the statutory requirement for education and inservice training for youth mental health awareness and assistance.
- 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.

Each school district, school, charter school governing board, and charter school are required to use the statewide behavioral threat management operational process. The Office is required to provide training on the operational process and coordinate the ongoing development, implementation, and operation of the operational process.²⁷

Student Mental Health

Each school district is required to 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.²⁸

Generally, school-based mental health services may include mental health screenings and assessments, and referrals to school-based or community-based providers for interventions, services, or assistance.²⁹ These services must be initiated in a timely manner, according to the following timeline³⁰:

- Students referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns must be assessed within 15 days after referral;

²⁶ Section 1001.212(11)(a), F.S.

²⁷ Section 1001.212(11)(a)2.-4., F.S.

²⁸ Section 1006.041, F.S.

²⁹ Section 1006.041, F.S.

³⁰ Section 1006.041(c), F.S.

- School-based mental health services must be initiated within 15 days after identification and assessment; and
- Community-based mental health services must be initiated within 30 days of the referral.

Mental Health Assistance Allocation

The mental health assistance allocation provides funding to assist school districts in implementing the required school-based mental health assistance program.³¹ Each school district must receive a minimum of \$100,000 annually, with additional funding based on each school district's proportionate share of the state's total unweighted full-time equivalent student enrollment.³²

To receive the funding, each school district must develop a detailed plan outlining the components of the mental health assistance program and submit the plan to the district school board for approval.³³ All district schools, including charter schools, must be included in the plan, unless a charter school elects to submit a plan independently from the school district.³⁴

The plan must be focused on a multi-tiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with mental health and/or substance abuse diagnoses and to students at high risk of such diagnoses.³⁵ 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 the following components³⁶:

- 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. The plan must identify strategies to increase the amount of time that school-based student services personnel spend providing direct services to students.
- Contracts or interagency 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.³⁷
- 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 are timely assessed following referral, and that parents and other members of the student's household are provided with information about available community mental health resources.

³¹ Section 1011.62, F.S.

³² Section 1011.62(13), F.S.

³³ Section 1006.041, F.S.

³⁴ Section 1006.041, F.S.

³⁵ Section 1006.041(2), F.S.

³⁶ *Id.*

³⁷ 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.

- 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 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.
- Procedures to assist a mental health services provider, a behavioral health provider, or a school resource officer of 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.
- School district policies which require that school or law enforcement personnel 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.

Each school district is required to submit its approved plans, including approved plans of each charter school in the district, to the Department of Education by August 1 of each fiscal year.³⁸

The following chart displays the funding for the Mental Health Assistance Allocation since it was established in 2018:

Mental Health Assistance Allocation FY 2018-2025	
Fiscal Year	Funding Amount
2018-2019 ³⁹	\$69,237,286
2019-2020 ⁴⁰	\$75,000,000
2020-2021 ⁴¹	\$100,000,000
2021-2022 ⁴²	\$120,000,000
2022-2023 ⁴³	\$140,000,000
2023-2024 ⁴⁴	\$160,000,000
2024-2025 ⁴⁵	\$180,000,000
Total	\$844,237,286

District School Boards

Each district school board is responsible for attending to the health, safety, and other matters relating to the welfare of students in the district's geographic area.⁴⁶ Each district school superintendent is required to establish policies and procedures for the prevention of violence on

³⁸ Section 1006.041(3), F.S.

³⁹ Section 36, ch. 2018-3, L.O.F.

⁴⁰ Specific Appropriations 6 and 93, s. 2, ch. 2019-115, L.O.F.

⁴¹ Specific Appropriations 8 and 92, s. 2, ch. 2020-111, L.O.F.

⁴² Specific Appropriations 7 and 90, s. 2, ch. 2021-36, L.O.F.

⁴³ Specific Appropriations 5 and 86, s. 2, ch. 2022-156, L.O.F.

⁴⁴ Specific Appropriations 5 and 80, s. 2, ch. 2023-239, L.O.F.

⁴⁵ Specific Appropriations 5 and 84, s. 2, ch. 2024-231, L.O.F.

⁴⁶ Section 1001.42(8), F.S.

school grounds, including the assessment of and intervention with individuals whose behavior poses a threat to the safety of the school community.⁴⁷

Mental Health Coordinator

Each school district board is required to identify a mental health coordinator for the district that 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 the following⁴⁸:

- Coordinating with the Office of Safe Schools.
- Maintaining records and reports regarding student mental health as it relates to the mental health assistance program and school safety.
- 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 management 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.
- 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.

Threat Management Coordinator

Each district school board and charter school governing board is required to establish a threat management team at each school. Threat management teams are tasked with utilizing resources, assessment, and intervention services with students whose behavior may pose a threat to the safety of the school, school staff, or students.⁴⁹ The teams are required to inform students, faculty, and staff how to recognize threatening or aberrant behavior that may represent a threat to the community, school, or self. Further, threat management teams are required to inform students, faculty, and staff which members of the school community to whom they can report threatening behavior.⁵⁰

Individuals on the threat management team have expertise in counseling, instruction, school administration, and law enforcement. Upon a suspected immediate mental health or substance abuse crisis, threat management teams direct school personnel to engage behavioral health crisis resources.⁵¹ These behavioral health crisis resources provide emergency intervention and assessments, make recommendations, and refer the student for appropriate services.⁵²

⁴⁷ Section 1006.07(6), F.S.

⁴⁸ Section 1006.07(6)(b), F.S.

⁴⁹ Section 1006.07(7), F.S.

⁵⁰ Section 1006.07(7)(c), F.S.

⁵¹ Section 1006.07(7)(h), F.S.

⁵² *Id.*

Each district school board is required to establish a threat management coordinator who serves as the primary point of contact regarding the district's coordination, communication, and implementation of the threat management program. The threat management coordinator must report quantitative data from the program to the Office of Safe Schools.⁵³

Evidence-Based Mental Health Awareness and Assistance Program

In 2018 the Legislature required the Department of Education to establish an evidence-based youth mental health awareness training program to help school personnel identify and understand the signs of emotional disturbance, mental illness, and substance use disorders.⁵⁴ The DOE was tasked with providing school personnel with the skills necessary to help a person who is developing or experiencing an emotional disturbance, mental health, or substance use problem.⁵⁵ Every school district has at least one certified youth mental health awareness and assistance trainer that can train all school personnel within the school district.⁵⁶

The training program must include, but is not limited to, the following⁵⁷:

- An overview of mental illnesses and substance use disorders and the need to reduce the stigma of mental illness.
- Information on the potential risk factors and warning signs of emotional disturbance, mental illness, or substance use disorders, including, but not limited to, depression, anxiety, psychosis, eating disorders, and self-injury, as well as common treatments for those conditions and how to assess those risks.
- Information on how to engage at-risk students with the skills, resources, and knowledge required to assess the situation, and how to identify and encourage the student to use appropriate professional help and other support strategies, including, but not limited to, peer, social, or self-help care.

Each school district is required to notify all school personnel who have received this youth mental health awareness and assistance training, 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 by multiple agencies for students with severe emotional disturbance, and services provided from the mental health assistance program.⁵⁸

Charter Schools

Charter schools are public schools that operate under a performance contract, or a “charter” between the charter school governing board and the charter school's sponsor.⁵⁹ They are held to the same evaluation and “grading” standards as traditional public schools and may be closed if

⁵³ Section 1006.07(7)(j), F.S.

⁵⁴ 2018-3, L.O.F.

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ Section 1012.584(3), F.S.

⁵⁸ Section 1012.584(4), F.S.

⁵⁹ Florida Department of Education, *Charter Schools*, available at: <https://www.fldoe.org/schools/school-choice/charter-schools/charter-school-faqs.shtml> (last visited 3/21/25).

they fail to meet these standards.⁶⁰ Further, they are funded through the same funding sources as traditional public schools. During the 2023-2024 school year, there were over 730 charter schools in Florida, serving 397,656 students.⁶¹

Coordinated System of Behavioral Health Care

Behavioral health care generally refers to the prevention, diagnosis, and treatment of mental health and substance use conditions.⁶² 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,⁶³ community partners, or another service provider.⁶⁴ The coordinated system of care must include the following⁶⁵:

- 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 following⁶⁶:

- The extent to which designated receiving systems function as no-wrong-door models⁶⁷;
- 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.

⁶⁰ *Id.*

⁶¹ Florida Department of Education, *School Choice*, available at: <https://www.fldoe.org/schools/school-choice/charter-schools/> (last visited 3/21/25).

⁶² The American Medical Association, What is behavioral health?, available at: <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health> (last visited 3/30/25).

⁶³ “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.

⁶⁴ Section 394.9082, F.S.

⁶⁵ Section 394.4573(2), F.S.

⁶⁶ Section 394.4573, F.S.

⁶⁷ “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.

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.⁶⁸ 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 Facility⁶⁹ if there is reason to believe that the person has a mental illness and the following conditions have been met⁷⁰:

- 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.

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 Louis de la Parte Florida Mental Health Institute (FMHI).⁷¹ Current law requires the FMHI to use such data to, at a minimum, analyze and report on the following⁷²:

- 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.

III. Effect of Proposed Changes:

Section 1 of the bill creates s. 394.4575, F.S. to require the OPPAGA to evaluate school district's compliance with the provision of mental health services and supports provided to students by the statewide behavioral threat management operational process, the mental health assistance program, and continuing education and inservice training for youth mental health awareness and assistance. The bill requires the OPPAGA to consult with the DCF, DOE, the Louis de la Parte Florida Mental Health Institute, and any other relevant stakeholders during the evaluation.

⁶⁸ 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 3/30/25).

⁶⁹ Currently, there are 120 Baker Act Receiving facilities designated by the DCF. See DCF agency analysis.

⁷⁰ Section 394.463, F.S.

⁷¹ *Id.*

⁷² Section 394.463(4), F.S.

The bill requires the OPPAGA to do the following:

- Provide an initial evaluation of expenditure plans and program outcome reports submitted by school districts pursuant to mental health assistance program in s. 1006.041, F.S. to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 31, 2025. The evaluation must include, but is not limited to, the following:
 - An assessment of school district compliance with the requirements of the statewide behavioral threat management operational process, the mental health assistance program, and continuing education and inservice training for youth mental health assistance.
 - An assessment of treatment outcomes, system capacity, and performance of mental health services in the mental health assistance program.
 - An assessment of the policies, procedures, and data collection that inform the school district's reporting of information required in the mental health assistance program.
 - An assessment of the mental health assistance programs' integration into the coordinated system of behavioral health care required under s. 394.4573, F.S.
 - Identification of, and recommendations for, other relevant data and information needed from the mental health assistance programs to perform an effective annual evaluation of treatment outcomes, system capacity, performance, and level of integration with community coordinated systems of care.
- Provide a final review and evaluation of the mental health assistance programs within the school districts to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2026. The evaluation must include, but is not limited to, the following:
 - An assessment of school district compliance with the requirements of the statewide behavioral threat management operational process, the mental health assistance program, and continuing education and inservice training for youth mental health assistance.
 - An assessment of the treatment outcomes, system capacity, and performance of mental health services provided pursuant to the mental health assistance program.
 - An assessment of the mental health assistance programs' ongoing level of integration with the coordinated system of behavioral health care in the state.
 - 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.

The bill requires the DOE, school district threat management coordinators, and mental health coordinators to coordinate with the OPPAGA and provide requested information, reports, and data for evaluation and inclusion in the report. This information must include, but is not limited to, the following:

- Referrals to mental health services originating from the behavioral threat process or assessment instrument, in the aggregate.
- OPPAGA identified:
 - Performance metrics.
 - Treatment outcome metrics.
 - System capacity metrics.

The bill requires the DCF and the Louis de la Parte Florida Mental Health Institute to coordinate with OPPAGA and provide requested information and data related to outcomes and performance

of integrated and coordinated behavioral health systems of care pursuant to ch. 394, F.S. for evaluation and inclusion in the report.

Section 2 of the bill provides the act shall take effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The bill does not require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, s. 18, of the State Constitution.

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:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates s. 394.4575, Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Children, Families, and Elder Affairs Committee on April 1, 2025:

- Requires the OPPAGA, rather than the DCF, to evaluate school district's compliance with the provision of mental health services and supports to students in school.
- Requires the OPPAGA to submit an initial evaluation and final review of the mental health programs within school districts by December 31, 2025 and December 1, 2026, respectively.
- Requires the DOE, school district threat management coordinators, and mental health coordinators to provide the OPPAGA with requested information, reports, and data for the purposes of inclusion in the OPPAGA's evaluation and report.
- Changes the effective date of the bill to take effect upon becoming law.
- Removes language requiring the DCF to create and utilize a survey or tool to evaluate the provision of mental health services and supports within schools.

B. Amendments:

None.