

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/CS/HB 969](#)

TITLE: Reporting of Student Mental Health Outcomes

SPONSOR(S): Cassel

COMPANION BILL: [SB 1310](#) (Bradley)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Education Administration](#)

15 Y, 0 N, As CS



[Human Services](#)

16 Y, 0 N, As CS



[Education & Employment](#)

SUMMARY

Effect of the Bill:

The bill requires the Office of Program Policy Analysis and Government (OPPAGA) to evaluate mental health services provided to students by school districts and to provide an initial and final evaluation by December 1, 2025, and December 1, 2026, respectively, to the Governor and Legislature. To assist OPPAGA with the evaluation, the bill requires specified entities to coordinate with OPPAGA to provide data and information needed for evaluation and inclusion in the report, including data related to outcomes and performance of integrated and coordinated behavioral health systems of care and aggregate data related to mental health service referrals stemming from the school threat management process.

Fiscal or Economic Impact:

The bill will have a significant negative, recurring and nonrecurring, fiscal impact on state government and no impact on local government.

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ANALYSIS

EFFECT OF THE BILL:

The bill requires the Office of Program Policy Analysis and Government (OPPAGA) to evaluate school district compliance with [mental health assistance programs](#) and the mental health services and supports provided to students by school districts through such programs. The bill requires OPPAGA to provide an initial and final evaluation by December 1, 2025, and December 1, 2026, respectively, to the Governor, President of the Senate, and the Speaker of the House. (Section [1](#))

The initial report must provide an evaluation of expenditure plans and program outcome reports submitted by school districts. The evaluation must include, but is not limited to:

- An assessment of school district compliance with the statewide behavioral threat management operational process, mental health assistance programs, and the notification requirements under the [youth mental health awareness and assistance program](#) for school district staff regarding mental health services available to students.
- An assessment of treatment outcomes, system capacity and the performance of the mental health services provided.
- An assessment of policies, procedures, and data collection that inform the reporting by school districts on mental health assistance programs.
- An assessment of the mental health assistance programs' integration into the coordinated system of behavioral health care.

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- Identification of, and recommendation for, other relevant data and information needed from the mental health assistance programs to perform an effective evaluation of treatment outcomes, system capacity, performance, and level of integration with the community coordinated systems of care. (Section [1](#))

The final report must provide a review and evaluation of the mental health assistance programs within the school districts. The evaluation must include, but is not limited to:

- An assessment of school district compliance with the statewide behavioral threat management operational process, mental health assistance programs, and the notification requirements under the youth mental health awareness and assistance program for school district staff regarding mental health services available to students.
- An assessment of treatment outcomes, system capacity and the performance of the mental health services provided by school districts.
- An assessment of the mental health assistance programs' ongoing level of integration with the coordinated system of behavioral health care.
- 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. (Section [1](#))

To assist OPPAGA with the evaluation, the bill requires the Department of Children and Families (DCF), the Department of Education, school district [threat management coordinators](#), [mental health coordinators](#), and the Louis de la Parte Florida Mental Health Institute, to coordinate with OPPAGA and provide data and information needed for evaluation and inclusion in the report, including data related to outcomes and performance of integrated and coordinated behavioral health systems of care and aggregate data related to mental health service referrals stemming from the school [threat management process](#). (Section [1](#))

The bill is effective upon becoming law. (Section [2](#))

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

DCF Data Analysis: The data collected under the bill will require additional contracted expertise. The estimated cost is \$500,000 per year.

IT Infrastructure: To collect the information from each school district required in the bill, DCF will need to create an IT infrastructure to allow school districts to upload the required data. The estimated cost is between \$1.5M to \$2M (nonrecurring) and \$200,000 (recurring).

RELEVANT INFORMATION

SUBJECT OVERVIEW:

[Mental Health Assistance Program](#)

The Mental Health Assistance Allocation is available to annually fund school-based mental health assistance programs. The allocation provides each school district at least \$100,000 and additional funding based on each district's proportionate share of the state's total unweighted full-time equivalent student enrollment.¹

Distribution of funds is conditioned upon each school district submitting a detailed plan which outlines the local program planned expenditures for school-based mental health care. A district plan must include provisions for charter schools, except for those charter schools that submit a separate plan which entitles the charter school to a proportionate share of the funding. Plans must be submitted to the Commissioner of Education by August 1 each

¹ Section [1011.62\(13\), F.S.](#)

year. Each school district must submit an annual report to the DOE on its program outcomes and its expenditures, including services provided.²

The plans must focus on a multi-tiered system of supports to deliver evidence-based mental health care for students with mental health and/or substance abuse diagnoses or students at-risk for 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. The plans must include the following elements:³

- Direct employment of school-based mental health providers and strategies to increase the time providers spend in direct services.
- Contracts or 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.⁴
- 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 are timely assessed following referral and that parents and other members of the student's household are provided information about available community mental health resources.
- 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 early identification of social, emotional, or behavioral problems or substance abuse 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 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.
- Policies that require, in a student crisis situation, school or law enforcement personnel to 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.

At-risk students must be assessed and begin receiving services under the following timeframes:⁵

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

Mental Health Assistance Allocation Appropriations

The Legislature has provided the following funding for the Mental Health Assistance Allocation each year since it was established:

<u>Fiscal Year</u>	<u>Funding Amount</u>
2018-2019 ⁶	\$ 69,237,286
2019-2020 ⁷	\$ 75,000,000
2020-2021 ⁸	\$ 100,000,000
2021-2022 ⁹	\$ 120,000,000
2022-2023 ¹⁰	\$ 140,000,000

² Section [1006.041\(1\), \(3\), and \(9\), F.S.](#)

³ Section [1006.041\(2\), F.S.](#)

⁴ Services may include mental health screenings and assessments, individual counseling, family counseling, group counseling, psychiatric or psychological services, trauma-informed care, mobile crisis services, and behavior modification, and may be provided on or off the school campus, or by telehealth.

⁵ Section [1006.041\(2\)\(c\)1, F.S.](#)

⁶ Section 36, ch. 2018-3, L.O.F.

⁷ Specific Appropriations 6 and 93, s. 2, ch. 2019-115, L.O.F.

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

⁹ Specific Appropriations 7 and 90, s. 2, ch. 2021-36, L.O.F.

¹⁰ Specific Appropriations 5 and 86, s. 2, ch. 2022-156, L.O.F.

2023-2024 ¹¹	\$ 160,000,000
2024-2025 ¹²	\$ 180,000,000
Total	\$ 844,237,286

Youth Mental Health Awareness and Assistance Program

The DOE oversees an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness, and substance use disorders and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health, or substance use problem. Every school district has at least one certified trainer to implement the program adopted by the DOE and all school personnel must be trained through this program.¹³

Each school district must notify all school personnel who have received training pursuant to this section of mental health services that are available 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 through the school district mental health assistance program.¹⁴

Mental Health Coordinator

Each district school board is required to identify a mental health coordinator for the district to serve as the primary point of contact regarding the district’s coordination, communication, and implementation of student mental health policies, procedures, responsibilities and reporting. The responsibilities of the mental health coordinator include, but are not limited to, the following:¹⁵

- coordinating with the OSS;
- maintaining records and reports regarding student mental health as it relates to school safety and the mental health assistance allocation;
- 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 assessment 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; and
- annually reviewing the school district's policies and procedures related to student mental health for compliance with state law and alignment with current best practices and make recommendations, as needed, for amending such policies and procedures to the superintendent and the district school board.

Statewide Behavioral Threat Management Operational Process

In 2023, the Legislature tasked the OSS with developing a statewide behavioral threat management operational process, a Florida-specific behavioral threat assessment instrument, and a threat management portal.¹⁶ The statewide behavioral threat management operational process must include, at least, the following:¹⁷

- The establishment and duties of threat management teams.
- Definition of behavior risks and threats.
- Use of the Florida-specific behavioral threat assessment instrument.
- Use and access specifications of the threat management portal.
- Procedures for the implementation of interventions, supports, and community services.
- Guidelines for appropriate law enforcement intervention.
- Procedures for risk management.

¹¹ Specific Appropriations 5 and 80, s. 2, ch. 2023-239, L.O.F.

¹² Specific Appropriations 5 and 84, s. 2, ch. 2024-231, L.O.F.

¹³ Section [1012.584\(1\) and \(2\), F.S.](#)

¹⁴ Section [1012.584\(4\), F.S.](#)

¹⁵ Section [1006.07\(6\)\(b\), F.S.](#)

¹⁶ Section 19, ch. 2023-18, L.O.F.

¹⁷ Section [1001.212\(11\)\(a\)1, F.S.](#) See Florida Department of Education, *Behavioral Threat Management*, <https://www.fldoe.org/safe-schools/threat-assessment.stml> (last visited March 19, 2025).

- 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.
- Procedures and requirements necessary for the creation of a threat assessment report and corresponding documentation required by the Florida-specific behavioral threat assessment instrument.

Each school district and charter school must use the process and the OSS must provide training to all school districts and charter schools. The OSS must coordinate the ongoing development, implementation, and operation of the process.¹⁸

Threat Management Coordinator and Teams

Each district school board and charter school governing board is required to designate a threat management coordinator¹⁹ and adopt policies for establishing a TMT at each school, which is responsible for coordinating resources and threat assessments, and intervening with individuals whose behavior may pose a threat to the safety of students or school staff, consistent with model policies developed by the OSS. The policies must include procedures for referrals to community mental health services or health care providers for evaluation or treatment, when appropriate, and for behavioral threat assessments in compliance with the standardized, statewide behavioral threat assessment instrument.²⁰

A TMT must include persons with expertise in counseling, instruction, school administration, and law enforcement and all members of the TMT must participate in the threat assessment process and final decisionmaking. Additionally, an instructional or administrative staff member personally familiar with the subject of the threat assessment must be involved in the threat management process.²¹ The TMT is required to:

- identify school community members to whom threatening behavior should be reported;
- provide guidance to students, faculty, and staff for recognizing threatening or aberrant behavior that may represent a threat to the community, school, or self; and
- must use the model behavioral threat assessment instrument developed by the OSS.²²

Threat assessment teams must report quantitative data on their activities in accordance with guidance from the OSS, and are required to use the threat assessment database.²³

RECENT LEGISLATION:

YEAR	BILL #	HOUSE SPONSOR(S)	SENATE SPONSOR	OTHER INFORMATION
2023	HB 5101	Tomkow	Hooper	Became law on July 1, 2023.
2023	CS/HB 543	Brannan, Payne	Collins	Became law on July 1, 2023.
2022	CS/HB 899	Hunschofsky	Harrell	Became law on July 1, 2022.
2021	CS/SB 590	LaMarca	Harrell	Became law on July 1, 2021.

¹⁸ Section [1001.212\(11\)\(a\)2.-4, F.S.](#)

¹⁹ The threat management coordinator serves as the primary point of contact regarding the district's coordination, communication and implementation of the threat management program and bears the responsibility of submitting data to the OSS. Section [1006.07\(7\)\(j\), F.S.](#)

²⁰ Section [1006.07\(7\), F.S.](#) See also ss. [1001.212\(11\)](#) and [1002.33\(16\)\(b\), F.S.](#)

²¹ Section [1006.07\(7\)\(b\), F.S.](#)

²² Section [1006.07\(7\)\(c\), F.S.](#); r. 6A-1.0019, F.A.C.; See Florida Department of Education, *Behavioral Threat Management*, <https://www.fldoe.org/safe-schools/threat-assessment.stml> (last visited March 19, 2025).

²³ Section [1006.07\(7\)\(j\), F.S.](#)

OTHER RESOURCES:

Education & Employment Committee: [School Safety and Student Discipline Fact Sheet](#)

BILL HISTORY				
COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Education Administration Subcommittee	15 Y, 0 N, As CS	3/19/2025	Sleap	Wolff
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none">Required school districts to provide the DCF developed survey to students and other individuals receiving services and to submit any survey responses received to the DCF, after they have been deidentified.Clarified that at least one member of a TMT must have received youth mental health awareness and assistance training.Required school districts to report information related to their mental health assistance programs to both the DOE and the DCF.			
Human Services Subcommittee	16 Y, 0 N, As CS	4/1/2025	Mitz	Curry
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none">Moved the responsibility of the evaluation and review of the school-district mental health assistance programs from DCF to the OPPAGA.Removed requirement for annual reports and instead requires an initial evaluation by December 31, 2025, with recommendations for other relevant data and information to perform an effective annual evaluation of outcomes, capacity, performance, and integration, and a final report by December 1, 2026.Removed requirement for the creation and use of a survey to assess student treatment outcomes.Required certain entities to coordinate with OPPAGA and provide requested information and data including, but not limited to, data related to mental health service referrals stemming from the school threat management process.Removed requirement for school districts to collaborate with DCF.Made the bill effective upon becoming law, instead of July 1, 2025.			
Education & Employment Committee				

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
