

## CHAPTER 2022-126

### Committee Substitute for House Bill No. 899

An act relating to mental health of students; amending s. 394.463, F.S.; revising data the Department of Children and Families is required to analyze when creating its annual report on the initiation of certain involuntary examinations; amending s. 1002.33, F.S.; requiring charter schools to be in compliance with laws relating to reporting involuntary examinations; conforming cross-references; amending s. 1006.07, F.S.; requiring district school boards to designate a mental health coordinator; providing requirements and duties for mental health coordinators; requiring the Department of Education, by a specified date, to share with the Department of Children and Families data received from school districts relating to involuntary examinations; amending s. 1011.62, F.S.; revising requirements for plans relating to mental health assistance allocations; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (4) of section 394.463, Florida Statutes, is amended to read:

394.463 Involuntary examination.—

(4) **DATA ANALYSIS.**—Using data collected under paragraph (2)(a) and s. 1006.07(10), the department shall, at a minimum, analyze data on both the initiation of involuntary examinations of children and the initiation of involuntary examinations of students who are removed from a 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. The department shall submit a report on its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1 of each odd-numbered year.

Section 2. Paragraph (b) of subsection (16) of section 1002.33, Florida Statutes, is amended to read:

1002.33 Charter schools.—

(16) **EXEMPTION FROM STATUTES.**—

(b) Additionally, a charter school shall be in compliance with the following statutes:

1. Section 286.011, relating to public meetings and records, public inspection, and criminal and civil penalties.

2. Chapter 119, relating to public records.
3. Section 1003.03, relating to the maximum class size, except that the calculation for compliance pursuant to s. 1003.03 shall be the average at the school level.
4. Section 1012.22(1)(c), relating to compensation and salary schedules.
5. Section 1012.33(5), relating to workforce reductions.
6. Section 1012.335, relating to contracts with instructional personnel hired on or after July 1, 2011.
7. Section 1012.34, relating to the substantive requirements for performance evaluations for instructional personnel and school administrators.
8. Section 1006.12, relating to safe-school officers.
9. Section 1006.07(7), relating to threat assessment teams.
10. Section 1006.07(9), relating to School Environmental Safety Incident Reporting.
11. Section 1006.07(10), relating to reporting of involuntary examinations.
12. Section 1006.1493, relating to the Florida Safe Schools Assessment Tool.
- ~~13.12.~~ Section 1006.07(6)(d) ~~1006.07(6)(e)~~, relating to adopting an active assailant response plan.
- ~~14.13.~~ Section 943.082(4)(b), relating to the mobile suspicious activity reporting tool.
- ~~15.14.~~ Section 1012.584, relating to youth mental health awareness and assistance training.

Section 3. Subsections (6) and (10) of section 1006.07, Florida Statutes, are amended to read:

1006.07 District school board duties relating to student discipline and school safety.—The district school board shall provide for the proper accounting for all students, for the attendance and control of students at school, and for proper attention to health, safety, and other matters relating to the welfare of students, including:

(6) SAFETY AND SECURITY BEST PRACTICES.—Each district school superintendent shall establish policies and procedures for the prevention of violence on school grounds, including the assessment of and intervention with individuals whose behavior poses a threat to the safety of the school community.

(a) School safety specialist.—Each district school superintendent shall designate a school safety specialist for the district. The school safety specialist must be a school administrator employed by the school district or a law enforcement officer employed by the sheriff's office located in the school district. Any school safety specialist designated from the sheriff's office must first be authorized and approved by the sheriff employing the law enforcement officer. Any school safety specialist designated from the sheriff's office remains the employee of the office for purposes of compensation, insurance, workers' compensation, and other benefits authorized by law for a law enforcement officer employed by the sheriff's office. The sheriff and the school superintendent may determine by agreement the reimbursement for such costs, or may share the costs, associated with employment of the law enforcement officer as a school safety specialist. The school safety specialist must earn a certificate of completion of the school safety specialist training provided by the Office of Safe Schools within 1 year after appointment and is responsible for the supervision and oversight for all school safety and security personnel, policies, and procedures in the school district. The school safety specialist shall:

1. Review school district policies and procedures for compliance with state law and rules, including the district's timely and accurate submission of school environmental safety incident reports to the department pursuant to s. 1001.212(8).

2. Provide the necessary training and resources to students and school district staff in matters relating to youth mental health awareness and assistance; emergency procedures, including active shooter training; and school safety and security.

3. Serve as the school district liaison with local public safety agencies and national, state, and community agencies and organizations in matters of school safety and security.

4. In collaboration with the appropriate public safety agencies, as that term is defined in s. 365.171, by October 1 of each year, conduct a school security risk assessment at each public school using the Florida Safe Schools Assessment Tool developed by the Office of Safe Schools pursuant to s. 1006.1493. Based on the assessment findings, the district's school safety specialist shall provide recommendations to the district school superintendent and the district school board which identify strategies and activities that the district school board should implement in order to address the findings and improve school safety and security. Each district school board must receive such findings and the school safety specialist's recommendations at a publicly noticed district school board meeting to provide the public an opportunity to hear the district school board members discuss and take action on the findings and recommendations. Each school safety specialist shall report such findings and school board action to the Office of Safe Schools within 30 days after the district school board meeting.

(b) Mental health coordinator.—Each district school board shall identify a mental health coordinator for the district. The mental health coordinator 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:

1. Coordinating with the Office of Safe Schools, established pursuant to s. 1001.212.

2. Maintaining records and reports regarding student mental health as it relates to school safety and the mental health assistance allocation under s. 1011.62(14).

3. Facilitating the implementation of school district policies relating to the respective duties and responsibilities of the school district, the superintendent, and district school principals.

4. 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.

5. 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.

6. 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 make recommendations, as needed, for amending such policies and procedures to the superintendent and the district school board.

~~(c)~~ (b) School campus tours.—Each school safety specialist shall coordinate with the appropriate public safety agencies, as defined in s. 365.171, that are designated as first responders to a school’s campus to conduct a tour of such campus once every 3 years and provide recommendations related to school safety. The recommendations by the public safety agencies must be considered as part of the recommendations by the school safety specialist pursuant to paragraph (a).

~~(d)~~ (e) Active assailant response plans.—Each district school board and charter school governing board must adopt an active assailant response plan. By October 1 of each year, 2019, and annually thereafter, each district school superintendent and charter school principal shall certify that all school personnel have received annual training on the procedures contained in the active assailant response plan for the applicable school district or charter school.

**(10) REPORTING OF INVOLUNTARY EXAMINATIONS.—**Each district school board shall adopt a policy to require the district superintendent to annually report to the department the number of involuntary examinations, as defined in s. 394.455, which are initiated at a school, on school

transportation, or at a school-sponsored activity. By July 1 of each year, the department shall share such data received from school districts during the previous year with the Department of Children and Families.

Section 4. Paragraph (b) of subsection (14) of section 1011.62, Florida Statutes, is amended to read:

1011.62 Funds for operation of schools.—If the annual allocation from the Florida Education Finance Program to each district for operation of schools is not determined in the annual appropriations act or the substantive bill implementing the annual appropriations act, it shall be determined as follows:

(14) 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; 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. Charter schools that submit a plan separate from the school district are entitled to a proportionate share of district funding. 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.

(b) The plans required under paragraph (a) must be focused on a multitiered system of supports to deliver 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 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, certified school counselors, 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.

2. Contracts or interagency agreements with one or more 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.

3. Policies and procedures, including contracts with service providers, which will ensure that:

a. Students referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed 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.

b. Parents of a student receiving services under this subsection are provided information about other behavioral health services available through the student's school or local community-based behavioral health services providers. A school may meet this requirement by providing information about and Internet addresses for web-based directories or guides for local behavioral health services.

c. Individuals living in a household with a student receiving services under this subsection are provided information about behavioral health services available through other delivery systems or payors for which such individuals may qualify, if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student 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.

4. 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.

5. 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.

6. Procedures to assist a mental health services provider or a behavioral health provider as described in subparagraph 1. or subparagraph 2., respectively, 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 pursuant to s. 394.463. Such procedures must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. 393.063.

7. Policies of the school district must require that in a student crisis situation, school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, unless the child poses an imminent danger to themselves or others, before initiating an involuntary examination pursuant to s. 394.463. Such contact may be in person or using telehealth as defined in s. 456.47. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team or be a direct or contracted school district employee.

Section 5. This act shall take effect July 1, 2022.

Approved by the Governor May 18, 2022.

Filed in Office Secretary of State May 18, 2022.