



PreK-12 Appropriations Subcommittee

**Tuesday, February 06, 2024
11:30AM – 2:30PM
Morris Hall (17HOB)**

MEETING PACKET

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

PreK-12 Appropriations Subcommittee

Start Date and Time: Tuesday, February 06, 2024 11:30 am
End Date and Time: Tuesday, February 06, 2024 02:30 pm
Location: Morris Hall (17 HOB)
Duration: 3.00 hrs

Consideration of the following bill(s):

HB 895 The Florida Bright Futures Scholarship Program by Arrington
HB 903 Educator Certifications and Training by Daley
CS/HB 1169 Coordinated Systems of Care for Children by Children, Families & Seniors Subcommittee,
Redondo, Hunschofsky

To submit an electronic appearance form, and for information about attending or testifying at a committee meeting, please see the "Visiting the House" tab at www.myfloridahouse.gov.

NOTICE FINALIZED on 02/02/2024 4:00PM by DAD

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 895 The Florida Bright Futures Scholarship Program

SPONSOR(S): Arrington and others

TIED BILLS: None. **IDEN./SIM. BILLS:** SB 1484

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Education Quality Subcommittee	17 Y, 0 N	Collins	Sanchez
2) PreK-12 Appropriations Subcommittee		Bailey	Potvin
3) Education & Employment Committee			

SUMMARY ANALYSIS

Florida's Bright Futures Scholarship Program is a lottery-funded program which rewards Florida high school graduates who merit recognition for high academic achievement and encourages them to continue their postsecondary education at an eligible Florida institution. Current law requires the Department of Education to advise of the availability of the Bright Futures Scholarship Program and notify students, teachers, parents, certified school counselors, and principals or other relevant school administration of the criteria and application procedures.

Current law requires Florida high school counselors to advise students regarding their abilities and aptitudes, educational and occupational opportunities, and personal and social adjustments; provide placement services; and similar functions.

The bill requires each public high school to establish a Bright Futures Scholarship mentorship program. The mentorship program must provide students with access to a certified school counselor and information regarding the Bright Futures Scholarship program.

This bill does not have a fiscal impact.

The bill provides an effective date of July 1, 2024.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Florida School Counselors

Florida high school counselors are responsible for: (1) advising students with regard to their abilities and aptitudes, educational and occupational opportunities, and personal and social adjustments; (2) providing placement services; and (3) similar functions.¹ There are seven standards set out for School Guidance Counselors in Rule 6A-5.079, F.A.C. These standards establish Florida's expectations for school counselors and establish the foundation for school counseling preparation programs, educator certification requirements, professional learning for school counselors, and school counselor evaluation systems.²

One responsibility of school counselors is to help students with career development and postsecondary planning.³ School counselors are to promote awareness of application and admission processes for various postsecondary options, including financial resources.⁴ All students are to receive assistance with developing a path to prepare for postsecondary educational and employment opportunities.⁵

Florida Bright Futures Scholarship Program

Florida's Bright Futures Scholarship Program is a lottery-funded program which rewards Florida high school graduates who merit recognition for high academic achievement and encourages them to continue their postsecondary education at an eligible Florida institution.⁶ Eligible participating institutions include Florida College System institutions, state universities, career centers, and eligible private postsecondary institutions.

The Bright Futures Scholarship Program consists of four types of awards the: (1) Florida Academic Scholars Award, (2) Florida Medallion Scholars Award, (3) Florida Gold Seal CAPE Scholars Award and (4) Florida Gold Seal Vocational Scholars Award.⁷ To be considered for an award under the Bright Futures Scholarship program, a student must be accepted by and enrolled in an eligible Florida public or independent postsecondary education institution for at least 6 credit hours per semester or the equivalent in quarter hours or clock hours.⁸ A student who receives a Bright Futures Scholarship will receive an award for a maximum of 100 percent of the number of credit hours required to complete the program.⁹

The Department of Education must advertise of the availability of the Bright Futures Scholarship Program and notify students, teachers, parents, certified school counselors, and principals or other relevant school administration of the criteria and application procedures.¹⁰ Additionally, each school district shall annually provide to each high school student in grade 11 or 12 a complete and accurate Florida Bright Futures Scholarship Evaluation Report and Key.¹¹

¹ Section 1012.01(2)(b), F.S.

² Rule 6A-5.079(1), F.A.C.

³ Rule 6A-5.079(3)(g), F.A.C.

⁴ *Id.*

⁵ Rule 6A-5.079(3)(f), F.A.C.

⁶ Section 1009.53(1), F. S

⁷ Section 1009.53(2), F. S.

⁸ Section 1009.531(1)(c)(d), F.S

⁹ Sections 1009.532(3)(a) and 1009.536(4), F.S.

¹⁰ Section 1003.53(3), F.S.

¹¹ Section 1009.531(4), F.S.

Effect of the Bill

The bill requires each public high school to establish a Bright Futures Scholarship mentorship program. The mentorship program must provide students with access to a certified school counselor. The school counselor must provide students with information concerning the eligibility requirements for each Bright Futures Scholarship award and what scholarship the student is eligible to receive .

The bill requires the school to create an outreach campaign through the use of social media and the school's website to provide information regarding the Bright Futures Scholarship for parents and students. The mentorship program may connect current students with mentors who have previously received the award.

B. SECTION DIRECTORY:

Section 1: Amends s. 1009.53, F.S.; requiring public high schools to establish a Bright Futures Scholarship mentorship program for students; providing requirements for such program.

Section 2: Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

None.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

None.

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2024

26 | sessions for students and parents.

27 | (c) May connect students with mentors who have received an
28 | award through the Florida Bright Futures Scholarship Program.

29 | Section 2. This act shall take effect July 1, 2024.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 903 Educator Certifications and Training

SPONSOR(S): Daley

TIED BILLS: None. **IDEN./SIM. BILLS:** SB 992

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Education Quality Subcommittee	17 Y, 0 N	Collins	Sanchez
2) PreK-12 Appropriations Subcommittee		Bailey	Potvin
3) Education & Employment Committee			

SUMMARY ANALYSIS

Educator preparation programs are accountable for producing individuals with the competencies and skills necessary to achieve state education goals. Current law requires the State Board of Education to adopt rules to establish uniform core curricula for each state-approved educator preparation program.

The bill establishes additional requirements for the core curricula of educator preparation programs and the Educator Preparation Institutes' competency-based certification programs. The bill requires that the core curricula address strategies and practices related to mass casualty incidents.

The bill specifies that to be eligible to seek an educator certification, including a professional certificate, temporary certificate, temporary apprentice certificate, or adjunct educator certificate, the individual must have received training relating to mass casualty incidents.

Additionally, the bill requires the Department of Education to develop a list of approved trainings to prepare instructional personnel for mass casualty incidents. The training must be included in the requirements for continuing education or in-service training of instructional personnel.

The bill does not have a fiscal impact.

The bill has an effective date of July 1, 2024.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Educator Preparation Programs

Educator preparation programs are accountable for producing individuals with the competencies and skills necessary to achieve the state education goals.¹ State-approved educator preparation programs are offered by Florida public and private postsecondary institutions, public school districts, and private providers by which candidates for educator certification can, depending on the type of program, demonstrate mastery of general knowledge, professional preparation and education competence, and subject area knowledge for purposes of attaining an educator certificate.²

There are various state-approved educator preparation programs that individuals may use to receive the training needed to attain teaching credentials, including:³

- Initial Educator Preparation programs
- Educator Preparation Institutes
- District Professional Development Certification and Education Competency Programs.

Initial Educator Preparation Programs

Initial educator preparation programs are offered at postsecondary institutions and typically culminate in a bachelor's or master's degree. This is a traditional pathway to eligibility for educator certification. The General Knowledge (GK) Examination may be waived for graduate level degrees. Program completers qualify for a professional educator certificate.⁴

Educator Preparation Institutes

Educator preparation institutes (EPI) are alternative certification programs offered by postsecondary institutions and qualified private providers for baccalaureate degree holders as an alternative route to educator certification for career changers and college graduates. The GK Examination may be waived for master's degree or higher; or, subsequent to failing the GK exam, if the educator was provided three or more years of support or instruction designed to help the educator pass the examination, and the final summative rating was either effective or highly effective for each of the three most recent years the educator was rated. Additionally, the Professional Education Competency Exam may be waived if most recent evaluation is highly effective. Program completers qualify for a professional educator certificate.

District Professional Development Certification and Education Competency Programs

District professional development certification and education competency program are cohesive competency-based professional preparation certification programs offered by school districts, charter schools, and charter management organizations by which the instructional staff can satisfy the mastery of professional preparation and education competence requirements.⁵ In addition to completing the

¹ Section 1004.04(1)(b), F.S.

² See Florida Department of Education, *Professional Development in Florida*, <http://www.fldoe.org/teaching/professional-dev/> (last visited Jan. 16, 2024). See also rule 6A-5.066, F.A.C.; ss. 1004.04(3)(a) and 1004.85(1), F.S.

³ Florida Department of Education, *Educator Preparation*, <http://www.fldoe.org/teaching/preparation> (last visited Jan. 22, 2024). See also r. 6A-5.066, F.A.C.

⁴ Rule 6A-5.066(1)(r), F.A.C.

⁵ Section 1012.56(8)(a), F.S.

program, candidates must demonstrate mastery of general knowledge⁶ and subject area knowledge.⁷ The GK Examination may be waived for master's degree or higher; or, subsequent to failing the exam, the educator was provided three or more years of support or instruction designed to help the educator pass the exam, and the final summative rating was either effective or highly effective for each of the three most recent years the educator was rated.

Educator Preparation Program Uniform Core Curricula

The State Board of Education (SBE) must adopt rules to establish uniform core curricula for each state-approved educator preparation program.⁸ These rules must include, at a minimum, the following:⁹

- The Florida Educator Accomplished Practices.¹⁰
- The state-adopted content standards.
- Scientifically researched and evidence-based reading instructional strategies that improve reading performance for all students, including explicit, systematic, and sequential approaches to teaching phonemic awareness, phonics, vocabulary, fluency, and text comprehension and multisensory intervention strategies.
- Content literacy and mathematics practices.
- Strategies appropriate for the instruction of English language learners.
- Strategies appropriate for the instruction of students with disabilities.
- Strategies to differentiate instruction based on student needs.
- Strategies and practices to support evidence-based content aligned to state standards and grading practices.
- Strategies appropriate for the early identification of a student in crisis or experiencing a mental health challenge and the referral of such student to a mental health professional for support.
- Strategies to support the use of technology in education and distance learning.
- Strategies and practices to support effective, research-based assessment and grading practices aligned to the state's academic standards.

Each educator-candidate must be instructed and assessed on the uniform core curricula in his or her program concentration area during course work and field experiences. Additionally, each candidate must participate in field experience and pass the Florida Teacher Certification Examination.¹¹

Educator Certification

While there are several certification pathways, any individual seeking certification must meet specific eligibility requirements:¹²

- be at least 18 years of age;
- sign an affidavit attesting that the applicant will uphold the United States and State Constitutions;

⁶ See Florida Department of Education, *General Knowledge*, <https://www.fldoe.org/teaching/certification/general-cert-requirements/general-knowledge.stml> (last visited Jan. 22, 2024).

⁷ Florida Department of Education, *Subject Area Knowledge*, <https://www.fldoe.org/teaching/certification/general-cert-requirements/subject-area-knowledge.stml> (last visited Jan. 22, 2024).

⁸ Section 1004.04(2)(a), F.S.

⁹ Section 1004.04(2)(b)1-11, F.S.

¹⁰ Florida Department of Education, *The Florida Educator Accomplished Practices (FEAPs)*, <http://www.fldoe.org/teaching/professional-dev/the-fl-educator-accomplished-practices.stml> (last visited Jan 22, 2024). The Florida Educator Accomplished Practices (FEAPs) are Florida's core standards for effective educators and provide valuable guidance to Florida's public-school educators and educator preparation programs throughout the state on what educators are expected to know and be able to do.

¹¹ Section 1004.04(2)(c)-(d), F.S.

¹² Section 1012.56(2)(a)-(f), F.S.

- earn a bachelor’s or higher degree from an accredited institution of higher learning,¹³ or from a nonaccredited institution identified by the Department of Education (DOE) as having a quality program resulting in a bachelor’s or higher degree;¹⁴
- submit to fingerprinting and background screening and not have a criminal history that requires the applicant’s disqualification from certification or employment;
- be of good moral character; and
- be competent and capable of performing the duties, functions, and responsibilities of a teacher.

After meeting eligibility requirements, an individual may choose a certification route. The DOE issues three types of educator certificates:

- Professional Certificate: Florida’s highest type of full-time educator certification;¹⁵ valid for five years and renewable.¹⁶
- Temporary Certificate: covers employment in full-time positions for which educator certification is required;¹⁷ generally valid for five years and nonrenewable.¹⁸ This includes traditional certificates and military veterans certificate.¹⁹
- Adjunct Certificate: covers three years of full time (or equivalent part-time) occupational experience; only valid for the school district or charter school who issued adjunct teaching certificate.²⁰

An applicant seeking a professional certification must:

- meet the basic eligibility requirements for certification;²¹
- demonstrate mastery of general knowledge;²²
- demonstrate mastery of subject area knowledge;²³ and
- demonstrate mastery of professional preparation and education competence.²⁴

An applicant seeking a temporary certification must:

¹³ Section 1012.56(2)(c), F.S.; r. 6A-4.003(1), F.A.C. (approved accrediting agencies); *see also* 34 C.F.R. ss. 602.1-602.50; United States Department of Education, *Accreditation in the United States*, https://www2.ed.gov/admins/finaid/accred/accreditation_pg3.html#RegionalInstitutional (last visited Jan. 22, 2024) (list of accrediting agencies approved by the United States Department of Education).

¹⁴ Section 1012.56(2)(c), F.S.; r. 6A-4.003(2), F.A.C. (criteria for approval of nonaccredited institutions of higher learning). For initial certification, an applicant must attain at least a 2.5 overall grade point average on a 4.0 scale in the applicant’s major field of study. Section 1012.56(2)(c), F.S.

¹⁵ Rule 6A-4.004(3), F.A.C.

¹⁶ Section 1012.56(7)(a), F.S.; *see r.* 6A-4.0051(3)(d), F.A.C. (validity period is expressed as 5 years from July 1 of the school fiscal year). The DOE also issues a nonrenewable 5-year professional certificate that allows an applicant with a bachelor’s degree in the area of speech-language impairment to complete a master’s degree in speech-language impairment. Section 1012.56(7)(c), F.S.; r. 6A-4.004(4), F.A.C.

¹⁷ Rule 6A-4.004(1)(a)2., F.A.C.

¹⁸ Section 1012.56(7)(f), F.S. (validity period is expressed in school fiscal years); r. 6A-4.004(1)(a), F.A.C. The veteran’s pathway to educator certification authorizes a 5 year nonrenewable temporary certificate. Section 1012.56(7)(e)2., F.S. The DOE also issues a nonrenewable temporary certificate, which is valid for 2 years, in the area of speech-language impairment. Section 1012.56(7)(c), F.S.

¹⁹ Florida House of Representatives Education Quality Subcommittee, *November 15, 2023 Meeting Packet*, available at <https://www.myfloridahouse.gov/Sections/Documents/loaddoc.aspx?PublicationType=Committees&CommitteeId=3245&Session=2024&DocumentType=Meeting+Packets&FileName=eqs+11-15-23.pdf> at pg. 28.

²⁰ Florida House of Representatives Education Quality Subcommittee, *November 15, 2023 Meeting Packet*, available at <https://www.myfloridahouse.gov/Sections/Documents/loaddoc.aspx?PublicationType=Committees&CommitteeId=3245&Session=2024&DocumentType=Meeting+Packets&FileName=eqs+11-15-23.pdf> at pg. 29.

²¹ Section 1012.56(2)(a)-(f), F.S.

²² Section 1012.56(2)(g) and (3), F.S.; Florida Department of Education, *General Knowledge*, <http://www.fldoe.org/teaching/certification/general-cert-requirements/general-knowledge.stml> (last visited Jan. 22, 2024).

²³ Section 1012.56(2)(h) and (5), F.S.

²⁴ Section 1012.56(2)(i) and (6), F.S.; Florida Department of Education, *Professional Preparation and Education Competence*, <http://www.fldoe.org/teaching/certification/general-cert-requirements/professional-preparation-edu-competenc.stml> (last visited Jan. 22, 2024).

- meet the basic eligibility requirements for certification;²⁵
- obtain full-time employment in a position that requires a Florida educator certificate by a school district or private school that has a DOE-approved professional education competence demonstration program;²⁶ and
- do one of the following:
 - demonstrate mastery of subject area knowledge;²⁷ or
 - complete the required degree or content courses specified in the SBE rule for subject area specialization²⁸ and attain at least a 2.5 grade point average on a 4.0 scale in the subject area courses.²⁹

To qualify for a temporary certificate, an applicant must meet subject area specialization requirements in at least one subject. Each subject area has specific degree or course requirements set in the SBE rule,³⁰ and select subject areas, including Reading, Speech-Language Impaired, School Counseling, School Psychology, and School Social Work, require a master's or specialist degree.³¹

An applicant seeking an adjunct teaching certificate must:

- meet all general requirements for educator certification;³² and
- demonstrate expertise in the area to be taught by passing a subject-area test.

A school district may issue an adjunct teaching certificate for a part-time or full-time teaching position.³³ An adjunct teaching certificate is valid through the term of the annual contract between the educator and the school district.³⁴

For all three certifications, educator-candidates must submit an application, satisfy general eligibility requirements³⁵ and certificate-specific requirements.

Effect of Proposed Changes

The bill provides additional requirements for the core curricula of teacher preparation programs and EPI competency-based certification programs. The bill requires that the core curricula address strategies and practices on identifying, preventing, preparing, addressing, and responding to mass casualty incidents.

The bill provides that to be eligible to seek an educator certification, including a professional certificate, temporary certificate, temporary apprentice certificate, or adjunct educator certificate, the individual must have received training relating to mass casualty incidents.

Additionally, the bill requires the DOE to develop a list of approved trainings to prepare instructional personnel in identifying, preventing, preparing for, addressing, and responding to mass casualty incidents. Beginning with the 2025-2026 school year, the DOE must include the training into existing requirements for continuing education or in-service training of instructional personnel. This required

²⁵ Section 1012.56(2)(a)-(f) and (7)(b), F.S.

²⁶ Section 1012.56(1)(b), F.S.; r. 6A-4.004(1)(a), F.A.C.

²⁷ Section 1012.56(7)(b), F.S.; Florida Department of Education, *Subject Area Knowledge* <http://www.fldoe.org/teaching/certification/general-cert-requirements/subject-area-knowledge.html> (last visited Jan. 22, 2024).

²⁸ Section 1012.56(7)(b), F.S. The degree and content requirements are specified in ch. 6A-4, F.A.C.

²⁹ Section 1012.56(2)(c), F.S.; see Florida Department of Education, *Certificate Types and Requirements*, <https://www.fldoe.org/teaching/certification/general-cert-requirements/> (last visited Jan. 22, 2024).

³⁰ Section 1012.56(7)(b), F.S. The degree and content requirements are established in ch. 6A-4, F.A.C.

³¹ Florida Department of Education, Educator Certification, *Certificate Subjects*, <https://www.fldoe.org/teaching/certification/certificate-subjects/#degreed> (last visited Jan. 22, 2024).

³² Section 1012.57(4), F.S.

³³ Section 1012.57, F.S.

³⁴ Section 1012.57(4), F.S.

³⁵ Section 1012.56(2), F.S.

training may not add to the total hours required by the DOE for continued education or in-service training. The bill does not create a cause of action, a new duty of care, or basis of liability unless willful misconduct caused loss or damage. The SBE may adopt rules to implement this bill.

B. SECTION DIRECTORY:

- Section 1:** Amends s. 1004.04, F. S., revising the core curricula for certain teacher preparation programs to include training relating to mass casualty incidents.
- Section 2:** Amends s. 1004.85, F.S., requiring certain postsecondary educator preparation institution programs to include training relating to mass casualty incidents; conforming a cross-reference.
- Section 3:** Amends s. 1012.56, F. S., revising the certified educator eligibility criteria to require such persons to receive training in mass casualty incidents; conforming cross-references.
- Section 4:** Amends s. 1012.57, F. S., requiring persons who hold adjunct teaching certificates to receive training in mass casualty.
- Section 5:** Creates s. 1012.5841, F.S., requiring the DOE to develop a list of approved trainings relating to mass casualty incidents; beginning in a specified school year, requiring the department to include such trainings in existing continuing education and in-service training requirements for instructional personnel; providing applicability; authorizing the State Board of Education to adopt rules.
- Section 6:** Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:
None.

2. Expenditures:
None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:
None.

2. Expenditures:
None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

None.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill authorizes the SBE to adopt rules to implement the training required by the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

None.

1 A bill to be entitled
2 An act relating to educator certifications and
3 training; amending s. 1004.04, F.S.; revising the core
4 curricula for certain teacher preparation programs to
5 include training relating to mass casualty incidents;
6 amending s. 1004.85, F.S.; requiring certain
7 postsecondary educator preparation institution
8 programs to include training relating to mass casualty
9 incidents; conforming a cross-reference; amending s.
10 1012.56, F.S.; revising the certified educator
11 eligibility criteria to require such persons to
12 receive training in mass casualty incidents;
13 conforming cross-references; amending s. 1012.57,
14 F.S.; requiring persons who hold adjunct teaching
15 certificates to receive training in mass casualty
16 incidents; creating s. 1012.5841, F.S.; requiring the
17 Department of Education to develop a list of approved
18 trainings relating to mass casualty incidents;
19 beginning in a specified school year, requiring the
20 department to include such trainings in existing
21 continuing education and inservice training
22 requirements for instructional personnel; providing
23 applicability; authorizing the State Board of
24 Education to adopt rules; providing an effective date.
25

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

27

28 Section 1. Paragraph (b) of subsection (2) of section
29 1004.04, Florida Statutes, is amended to read:

30 1004.04 Public accountability and state approval for
31 teacher preparation programs.—

32 (2) UNIFORM CORE CURRICULA AND CANDIDATE ASSESSMENT.—

33 (b) The rules to establish uniform core curricula for each
34 state-approved teacher preparation program must include, but are
35 not limited to, the following:

36 1. Candidate instruction and assessment in the Florida
37 Educator Accomplished Practices across content areas.

38 2. The use of state-adopted content standards to guide
39 curricula and instruction.

40 3. Scientifically researched and evidence-based reading
41 instructional strategies grounded in the science of reading
42 which improve reading performance for all students, including
43 explicit, systematic, and sequential approaches to teaching
44 phonemic awareness, phonics, vocabulary, fluency, and text
45 comprehension and multisensory intervention strategies. The
46 primary instructional strategy for teaching word reading is
47 phonics instruction for decoding and encoding. Instructional
48 strategies for foundational skills may not employ the three-
49 cueing system model of reading or visual memory as a basis for
50 teaching word reading. Instructional strategies may include

51 visual information and strategies that improve background and
52 experiential knowledge, add context, and increase oral language
53 and vocabulary to support comprehension, but may not be used to
54 teach word reading.

55 4. Content literacy and mathematics practices.

56 5. Strategies appropriate for the instruction of English
57 language learners.

58 6. Strategies appropriate for the instruction of students
59 with disabilities.

60 7. Strategies to differentiate instruction based on
61 student needs.

62 8. Strategies and practices to support evidence-based
63 content aligned to state standards and grading practices.

64 9. Strategies appropriate for the early identification of
65 a student in crisis or experiencing a mental health challenge
66 and the referral of such student to a mental health professional
67 for support.

68 10. Strategies to support the use of technology in
69 education and distance learning.

70 11. Strategies and practices to support effective,
71 research-based assessment and grading practices aligned to the
72 state's academic standards.

73 12. Strategies and practices on identifying, preventing,
74 preparing, addressing, and responding to mass casualty
75 incidents.

76 Section 2. Paragraphs (a) and (b) of subsection (3) of
 77 section 1004.85, Florida Statutes, are amended to read:

78 1004.85 Postsecondary educator preparation institutes.—

79 (3) Educator preparation institutes approved pursuant to
 80 this section may offer competency-based certification programs
 81 specifically designed for noneducation major baccalaureate
 82 degree holders to enable program participants to meet the
 83 educator certification requirements of s. 1012.56. An educator
 84 preparation institute choosing to offer a competency-based
 85 certification program pursuant to the provisions of this section
 86 must implement a program developed by the institute and approved
 87 by the department for this purpose. Approved programs shall be
 88 available for use by other approved educator preparation
 89 institutes.

90 (a) Within 90 days after receipt of a request for
 91 approval, the Department of Education shall approve a
 92 preparation program pursuant to the requirements of this
 93 subsection or issue a statement of the deficiencies in the
 94 request for approval. The department shall approve a
 95 certification program if the institute provides evidence of the
 96 institute's capacity to implement a competency-based program
 97 that instructs and assesses each candidate in the following:

98 1.a. The Florida Educator Accomplished Practices approved
 99 by the state board.

100 b. The state academic standards provided under s. 1003.41,

101 including scientifically based reading instruction, content
102 literacy, and mathematical practices, for each subject
103 identified on the statement of status of eligibility or the
104 temporary certificate.

105 c. Scientifically researched and evidence-based reading
106 instructional strategies grounded in the science of reading
107 which improve reading performance for all students, including
108 explicit, systematic, and sequential approaches to teaching
109 phonemic awareness, phonics, vocabulary, fluency, and text
110 comprehension and multisensory intervention strategies. The
111 primary instructional strategy for teaching word reading is
112 phonics instruction for decoding and encoding. Instructional
113 strategies for foundational skills may not employ the three-
114 cueing system model of reading or visual memory as a basis for
115 teaching word reading. Instructional strategies may include
116 visual information and strategies which improve background and
117 experiential knowledge, add context, and increase oral language
118 and vocabulary to support comprehension, but may not be used to
119 teach word reading.

120 d. Strategies and practices on identifying, preventing,
121 preparing, addressing, and responding to mass casualty
122 incidents.

123 2. An educational plan for each participant to meet
124 certification requirements and demonstrate his or her ability to
125 teach the subject area for which the participant is seeking

126 certification, which is based on an assessment of his or her
127 competency in the areas listed in subparagraph 1.

128 3. Field experiences appropriate to the certification
129 subject area specified in the educational plan under the
130 supervision of qualified educators. The state board shall
131 determine in rule the amount of field experience necessary to
132 serve as the teacher of record, beginning with candidates
133 entering a program in the 2023-2024 school year.

134 4. A certification ombudsman to facilitate the process and
135 procedures required for participants who complete the program to
136 meet any requirements related to the background screening
137 pursuant to s. 1012.32 and educator professional or temporary
138 certification pursuant to s. 1012.56.

139 (b) Each program participant must:

140 1. Meet certification requirements pursuant to s.
141 1012.56(1) by obtaining a statement of status of eligibility in
142 the certification subject area of the educational plan and meet
143 the requirements of s. 1012.56(2)(a)-(g) ~~s. 1012.56(2)(a)-(f)~~.

144 2. Demonstrate competency and participate in field
145 experiences that are appropriate to his or her educational plan
146 prepared under paragraph (a). Beginning with candidates entering
147 an educator preparation institute in the 2022-2023 school year,
148 a candidate for certification in a coverage area identified
149 pursuant to s. 1012.585(3)(f) must successfully complete all
150 competencies for a reading endorsement, including completion of

151 the endorsement practicum through the candidate's field
152 experience, in order to graduate from the program.

153 3. Before completion of the program, fully demonstrate his
154 or her ability to teach the subject area for which he or she is
155 seeking certification by documenting a positive impact on
156 student learning growth in a prekindergarten through grade 12
157 setting and, except as provided in s. 1012.56(7)(a)3., achieving
158 a passing score on the professional education competency
159 examination, the basic skills examination, and the subject area
160 examination for the subject area certification which is required
161 by state board rule.

162 Section 3. Paragraphs (g) through (i) of subsection (2) of
163 section 1012.56, Florida Statutes, are redesignated as
164 paragraphs (h) through (j), respectively, paragraphs (a), (b),
165 and (d) of subsection (7) are amended, and a new paragraph (g)
166 is added to that subsection, to read:

167 1012.56 Educator certification requirements.—

168 (2) ELIGIBILITY CRITERIA.—To be eligible to seek
169 certification, a person must:

170 (g) Have received training that includes strategies and
171 practices on identifying, preventing, preparing, addressing, and
172 responding to mass casualty incidents.

173 (7) TYPES AND TERMS OF CERTIFICATION.—

174 (a) The Department of Education shall issue a professional
175 certificate for a period not to exceed 5 years to any applicant

176 | who fulfills one of the following:

177 | 1. Meets all the applicable requirements outlined in
178 | subsection (2).

179 | 2. For a professional certificate covering grades 6
180 | through 12:

181 | a. Meets the applicable requirements of paragraphs (2) (a) -
182 | (i) ~~(2) (a) - (h)~~.

183 | b. Holds a master's or higher degree in the area of
184 | science, technology, engineering, or mathematics.

185 | c. Teaches a high school course in the subject of the
186 | advanced degree.

187 | d. Is rated highly effective as determined by the
188 | teacher's performance evaluation under s. 1012.34, based in part
189 | on student performance as measured by a statewide, standardized
190 | assessment or an Advanced Placement, Advanced International
191 | Certificate of Education, or International Baccalaureate
192 | examination.

193 | e. Achieves a passing score on the Florida professional
194 | education competency examination required by state board rule.

195 | 3. Meets the applicable requirements of paragraphs (2) (a) -
196 | (i) ~~(2) (a) - (h)~~ and completes a professional learning
197 | certification program approved by the department pursuant to
198 | paragraph (8) (b) or an educator preparation institute approved
199 | by the department pursuant to s. 1004.85. An applicant who
200 | completes one of these programs and is rated highly effective as

201 determined by his or her performance evaluation under s. 1012.34
202 is not required to take or achieve a passing score on the
203 professional education competency examination in order to be
204 awarded a professional certificate.

205 (b) The department shall issue a temporary certificate to
206 any applicant who:

207 1. Completes the requirements outlined in paragraphs
208 (2)(a)-(g) ~~(2)(a)-(f)~~ and completes the subject area content
209 requirements specified in state board rule or demonstrates
210 mastery of subject area knowledge pursuant to subsection (5) and
211 holds an accredited degree or a degree approved by the
212 Department of Education at the level required for the subject
213 area specialization in state board rule;

214 2. For a subject area specialization for which the state
215 board otherwise requires a bachelor's degree, documents 48
216 months of active-duty military service with an honorable
217 discharge or a medical separation; completes the requirements
218 outlined in paragraphs (2)(a), (b), and (d)-(g) ~~(d)-(f)~~;
219 completes the subject area content requirements specified in
220 state board rule or demonstrates mastery of subject area
221 knowledge pursuant to subsection (5); and documents completion
222 of 60 college credits with a minimum cumulative grade point
223 average of 2.5 on a 4.0 scale, as provided by one or more
224 accredited institutions of higher learning or a nonaccredited
225 institution of higher learning identified by the Department of

226 Education as having a quality program resulting in a bachelor's
227 degree or higher; or

228 3. Is enrolled in a state-approved teacher preparation
229 program under s. 1004.04; is actively completing the required
230 program field experience or internship at a public school;
231 completes the requirements outlined in paragraphs (2) (a), (b),
232 and (d)-(g) ~~(d)-(f)~~; completes the subject area content
233 requirements specified in state board rule or demonstrates
234 mastery of subject area knowledge pursuant to subsection (5);
235 and documents completion of 60 college credits with a minimum
236 cumulative grade point average of 2.5 on a 4.0 scale, as
237 provided by one or more accredited institutions of higher
238 learning or a nonaccredited institution of higher learning
239 identified by the Department of Education as having a quality
240 program resulting in a bachelor's degree or higher.

241 (d) The department shall issue a temporary apprenticeship
242 certificate to any applicant who:

243 1. Meets the requirements of paragraphs (2) (a), (b), and
244 (d)-(g) ~~(d)-(f)~~.

245 2. Completes the subject area content requirements
246 specified in state board rule or demonstrates mastery of subject
247 area knowledge as provided in subsection (5).

248
249 At least 1 year before an individual's temporary certificate is
250 set to expire, the department shall electronically notify the

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251 individual of the date on which his or her certificate will
252 expire and provide a list of each method by which the
253 qualifications for a professional certificate can be completed.

254 Section 4. Subsection (1) of section 1012.57, Florida
255 Statutes, is amended to read:

256 1012.57 Certification of adjunct educators.—

257 (1) Notwithstanding the provisions of ss. 1012.32,
258 1012.55, and 1012.56, or any other provision of law or rule to
259 the contrary, district school boards and charter school
260 governing boards shall adopt rules to allow for the issuance of
261 an adjunct teaching certificate to any applicant who fulfills
262 the requirements of s. 1012.56(2)(a)-(g) ~~s. 1012.56(2)(a)-(f)~~
263 and (11) and who has expertise in the subject area to be taught.
264 An applicant is considered to have expertise in the subject area
265 to be taught if the applicant demonstrates sufficient subject
266 area mastery through passage of a subject area test or has
267 achieved an industry certification in the subject area to be
268 taught.

269 Section 5. Section 1012.5841, Florida Statutes, is created
270 to read:

271 1012.5841 Continuing education and inservice training for
272 identifying, preventing, preparing, addressing, and responding
273 to mass casualty incidents.—

274 (1) The Department of Education shall develop a list of
275 approved trainings to prepare instructional personnel to

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276 identify, prevent, prepare for, address, and respond to mass
277 casualty incidents.

278 (2) Beginning with the 2025-2026 school year, the
279 department shall incorporate the training included in the list
280 required under subsection (1) into existing requirements for the
281 continuing education or inservice training of instructional
282 personnel. The requirements of this section may not add to the
283 total hours required for continuing education or inservice
284 training as currently established by the department.

285 (3) A person has no cause of action for any loss or damage
286 caused by an act or omission resulting from the implementation
287 of this section or resulting from any training required by this
288 section unless the loss or damage was caused by willful or
289 wanton misconduct. This section does not create any new duty of
290 care or basis of liability.

291 (4) The State Board of Education may adopt rules to
292 implement this section.

293 Section 6. This act shall take effect July 1, 2024.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1169 Coordinated Systems of Care for Children
SPONSOR(S): Children, Families & Seniors Subcommittee, Redondo and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 1340

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	15 Y, 0 N, As CS	Curry	Brazzell
2) PreK-12 Appropriations Subcommittee		Bailey	Potvin
3) Education & Employment Committee			

SUMMARY ANALYSIS

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment and recovery for children and adults who are otherwise unable to obtain these services.

The DCF must establish a coordinated system of care that includes an array of services to meet the individual mental health service and treatment needs of children and adolescents who are members of the target population and experiencing an acute mental or emotional crisis, have a serious emotional disturbance or mental illness, have an emotional disturbance or are at risk of an emotional disturbance.

The bill establishes a mental health treatment and support system within school districts. The bill requires school districts providing certain mental health services to students diagnosed with, or at risk of being diagnosed with, one or more mental health issues or any co-occurring substance use disorder to adhere to certain guiding principles and performance outcome requirements when implementing and developing a mental health treatment and support system within the school district. Adhering to these principles and guidelines will help to further promote effective implementation of a coordinated system of care.

The bill requires each school district to annually report to the Department of Education the general performance outcomes for the child and adolescent mental health treatment and support system and how funding for the support system is allocated and spent.

The bill has an indeterminate fiscal impact. See Fiscal Comments.

The bill provides an effective date of July 1, 2024.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Mental Health and Mental Illness

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.¹ The primary indicators used to evaluate an individual's mental health are:²

- **Emotional well-being-** Perceived life satisfaction, happiness, cheerfulness, peacefulness.
- **Psychological well-being-** Self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality, self-direction, and positive relationships.
- **Social well-being-** Social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community.

Mental illness is collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress or impaired functioning.³ Thus, mental health refers to an individual's mental state of well-being whereas mental illness signifies an alteration of that well-being. Mental illness affects millions of people in the United States each year. Nearly one in five adults lives with a mental illness.⁴ During their childhood and adolescence, almost half of children will experience a mental disorder, though the proportion experiencing severe impairment during childhood and adolescence is much lower, at about 22%.⁵

Mental Health Safety Net Services

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. SAMH programs include a range of prevention, acute interventions (e.g. crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations.

Behavioral Health Managing Entities

In 2001, the Legislature authorized the DCF to implement behavioral health managing entities (ME) as the management structure for the delivery of local mental health and substance abuse services.⁶ The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature authorized the DCF to implement MEs statewide.⁷ MEs were fully implemented statewide in 2013, serving all geographic regions.

¹ World Health Organization, *Mental Health: Strengthening Our Response*, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (last visited January 21, 2024).

² Centers for Disease Control and Prevention, *Mental Health Basics*, <http://medbox.iab.me/modules/en-cdc/www.cdc.gov/mentalhealth/basics.htm> (last visited January 21, 2024).

³ *Id.*

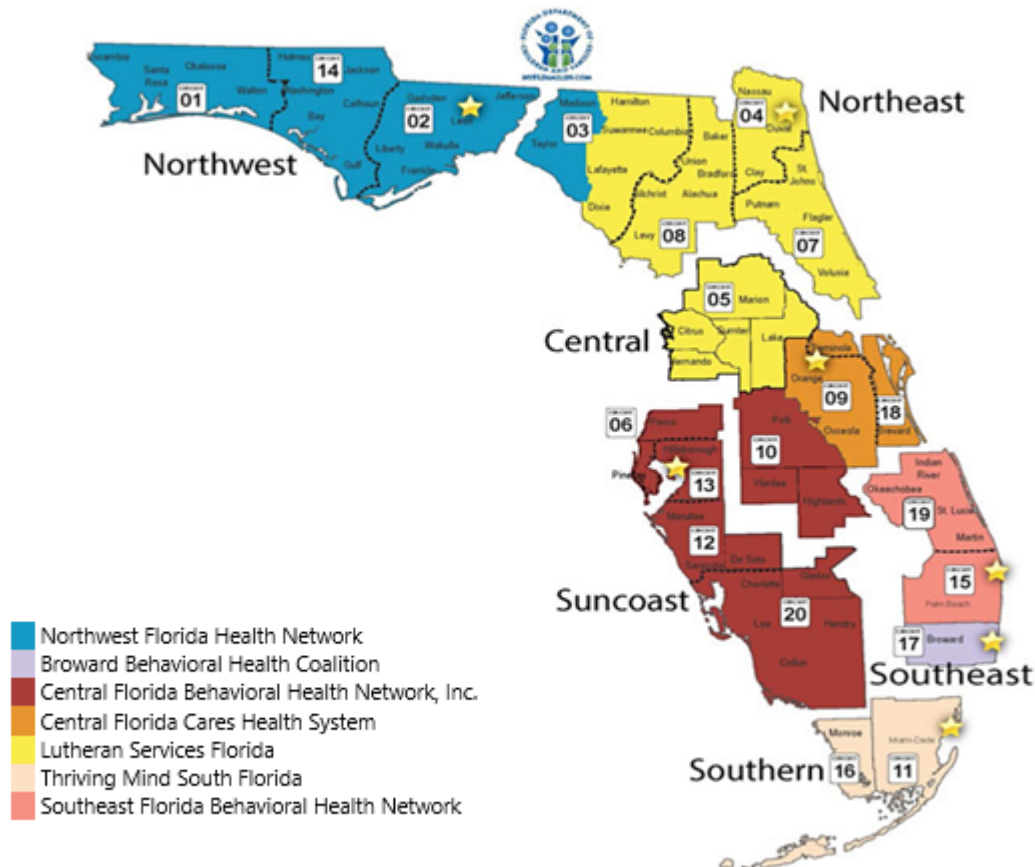
⁴ National Institute of Mental Health (NIH), *Mental Illness*, <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited January 21, 2024).

⁵ *Id.*

⁶ Chapter 2001-191, Laws of Fla.

⁷ Chapter 2008-243, Laws of Fla

The DCF currently contracts with seven MEs for behavioral health services throughout the state. These entities do not provide direct services; rather, they contract with local service providers⁸ for the delivery of mental health and substance abuse services.⁹ This allows the department’s funding to be tailored to the specific behavioral health needs in the various regions of the state.



Coordinated System of Care

The MEs are required to promote the development and implementation of a coordinated system of care.¹⁰ A coordinated system of care means a full array of behavioral and related services in a region or community offered by all service providers, participating either under contract with a managing entity or by another method of community partnership or mutual agreement.¹¹ A community or region provides a coordinated system of care for those with a mental illness or substance abuse disorder through a no-wrong-door model, to the extent allowed by available resources. If funding is provided by the Legislature, the DCF may award system improvement grants to managing entities.¹² The MEs must submit detailed plans to enhance crisis services based on the no-wrong-door model or to meet specific needs identified in DCF’s assessment of behavioral health services in this state.¹³ The DCF must use performance-based contracts to award grants.¹⁴

⁸ Managing entities create and manage provider networks by contracting with service providers for the delivery of substance abuse and mental health services.

⁹ DCF, *Managing Entities*, available at <https://www.myflfamilies.com/services/samh/providers/managing-entities>, (last visited January 21, 2024).

¹⁰ Section 394.9082(5)(d), F.S.

¹¹ Section 394.4573(1)(c), F.S.

¹² Section 394.4573(3), F.S. The Legislature has not funded system improvement grants.

¹³ *Id.*

¹⁴ *Id.*

There are several essential elements which make up a coordinated system of care, including:¹⁵

- community interventions;
- case management;
- care coordination;
- outpatient services;
- residential services;
- hospital inpatient care;
- aftercare and post-discharge services;
- medication assisted treatment and medication management; and
- recovery support.

A coordinated system of care must include, but is not limited to, the following array of services:¹⁶

- prevention services;
- home-based services;
- school-based services;
- family therapy;
- family support;
- respite services;
- outpatient treatment;
- crisis stabilization;
- therapeutic foster care;
- residential treatment;
- inpatient hospitalization;
- case management;
- services for victims of sex offenses;
- transitional services; and
- trauma-informed services for children who have suffered sexual exploitation.

The DCF must define the priority populations which would benefit from receiving care coordination.¹⁷ In defining priority populations, the DCF must consider the number and duration of involuntary admissions, the degree of involvement with the criminal justice system, the risk to public safety posed by the individual, the utilization of a treatment facility by the individual, the degree of utilization of behavioral health services, and whether the individual is a parent or caregiver who is involved with the child welfare system.

The MEs are required to conduct a community behavioral health care needs assessment once every three years in the geographic area served by the managing entity, which identifies needs by sub-region.¹⁸ The assessments must be submitted to the DCF for inclusion in the state and district substance abuse and mental health plan.¹⁹

Child and Adolescent Mental Health System of Care

Under current law, the DCF must establish a system of care that includes an array of services to meet the individual mental health service and treatment needs of children and adolescents who reside with their parents or legal guardians or who are placed in state custody and:²⁰

¹⁵ Section 394.4573(2), F.S.

¹⁶ Section 394.495(4), F.S.

¹⁷ Section 394.9082(3)(c), F.S.

¹⁸ Section 394.9082(5)(b), F.S.

¹⁹ Section 394.75(3), F.S.

²⁰ Section 394.495, F.S.

- Are experiencing an acute mental or emotional crisis.
- Have a serious emotional disturbance or mental illness.
- Have an emotional disturbance.
- Are at risk of emotional disturbance.

The services must include assessment services that provide a professional interpretation of the nature of the problems of the child or adolescent and his or her family; family issues that may impact the problems; additional factors that contribute to the problems; and the assets, strengths, and resources of the child or adolescent and his or her family. The assessment services to be provided must be determined by the clinical needs of each child or adolescent and include, but are not limited to, evaluation and screening in the following areas:²¹

- physical and mental health for purposes of identifying medical and psychiatric problems;
- psychological functioning, as determined through a battery of psychological tests;
- intelligence and academic achievement;
- social and behavioral functioning; and
- family functioning.

The guiding principles of the system require that services be community-based, individualized, provide timely access to a comprehensive array of cost-effective mental health treatment and support services, be culturally competent, integrated, and coordinated. The goal is to provide a smooth transition, from children’s mental health to the adult mental health system for continued age-appropriate services and supports. These services are designed to build resilience and to prevent, severity, duration and disabling aspects of children’s mental and emotional disorders.²²

The system must achieve certain general performance outcomes for the children and adolescents who receive services through the system of care, which include:²³

- Stabilization or improvement of the emotional condition or behavior of the child or adolescent, as evidenced by resolving the presented problems and symptoms of the serious emotional disturbance recorded in the initial assessment.
- Stabilization or improvement of the behavior or condition of the child or adolescent with respect to the family and school, so that the child or adolescent can function in the family and the school with minimum appropriate support.
- Stabilization or improvement of the behavior or condition of the child or adolescent with respect to the way he or she interacts in the community, so that the child or adolescent can avoid behaviors that may be attributable to the emotional disturbance, such as substance abuse, unintended pregnancy, delinquency, sexually transmitted diseases, and other negative consequences.

Community Action Treatment Teams

Community Action Treatment (CAT) Teams are an important component of the child and adolescent mental health system of care. CAT teams are multi-disciplinary clinical teams that provide comprehensive, intensive community-based treatment to families with youth and young adults, ages 11 up to 21, who are at risk of out-of-home placement due to a mental health or co-occurring disorder and related complex issues for whom traditional services are not or have not been adequate.²⁴ CAT teams help these children and young adults recover at home safely and provide a safe and effective

²¹ *Id.*

²² *Id.*

²³ Section 394.494, F.S.

²⁴ Central Florida Cares Health System, *House Bill 945 Children’s Coordinated System of Care Plan Central Region: Circuits 9 & 18 2022-2025*, available at https://centralfloridacares.org/wp-content/uploads/2022/01/CFCHS_Coordinated-Childrens-System-Plan_Rev-12.29.21.pdf, (last visited January 23, 2024)

alternative to out-of-home treatment or residential care for children with serious behavioral health conditions. These teams also assist families in building and maintaining a support system within their community. CAT teams are available to:²⁵

- Children and young adults with serious behavioral health conditions.
- Youth with complex needs that contribute to family disruption or increase the risk of family separation such as:
 - Multiple behavioral health hospitalizations;
 - Involvement with the Department of Juvenile Justice or law enforcement;
 - School challenges like poor academic performance or suspensions; and
 - Repeated failures at lower levels of care.

Mobile Response Teams

A mental health crisis can be an extremely frightening and difficult experience for both the individual in crisis and those around him or her. It can be caused by a variety of factors and occur at any hour of the day.²⁶ 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.²⁷ Law enforcement or EMTs may be called to respond to mental health crises, and may lack the training and experience to effectively handle the situation.²⁸ Mobile response teams (MRT) can be beneficial in such instances.

MRTs support the child and adolescent mental health system of care and the behavioral health crisis response system as these teams travel to the acute situation or crisis to provide assistance. MRTs provide on-demand, community-based crisis intervention services 24 hours a day, seven days per week, in any setting in which a behavioral health crisis is occurring.²⁹ Mobile response services are typically provided by a team of crisis-intervention trained professionals and paraprofessionals who use face-to-face professional and peer intervention. MRTs are deployed in real time to the location of the person in crisis in order to achieve the best outcomes necessary for that individual, ensuring timely access to assessment, evaluation, support, and other services.³⁰ MRTs provide a warm handoff to other services, coordinate care, and ensure that the individual is engaged in services. MRTs are required to remain engaged for a minimum of 72 hours to ensure that the individual is actively connected to another service provider.³¹

In 2020, the Legislature required crisis response services be provided through MRTs under the Comprehensive Child and Adolescent Mental Health Services Act, which requires the DCF to contract with the MEs to procure mobile response teams throughout the state to provide immediate, onsite behavioral health crisis services to children, adolescents, and young adults ages 18-25, inclusive, who.³²

- have an emotional disturbance;
- are experiencing an acute mental or emotional crisis;
- are experiencing escalating emotional or behavioral reactions and symptoms that impact their ability to function normally within their environment; or

²⁵ DCF, *Community Action Treatment Teams*, available at [https://www.myflfamilies.com/services/samh/community-action-treatment-teams#:~:text=Community%20Action%20Treatment%20\(CAT\)%20Teams.support%20system%20within%20their%20community.](https://www.myflfamilies.com/services/samh/community-action-treatment-teams#:~:text=Community%20Action%20Treatment%20(CAT)%20Teams.support%20system%20within%20their%20community.) (last visited January 23, 2024).

²⁶ Department of Children and Families, *Mobile Response Teams Framework*, (August 29, 2018), p. 4 <https://myflfamilies.com/sites/default/files/2022-12/Mobile%20Response%20Framework.pdf> (last visited December 18, 2023).

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Id.*

³¹ DCF correspondence to House Children, Families, & Seniors Subcommittee staff (Email dated December 4, 2023, on file with House Children, Families, & Seniors Subcommittee).

³² See ch. 2020-107, Laws of Fla. and s. 394.495(7), F.S.

- are served by the child welfare system and are experiencing or are at high risk of placement instability.

In Fiscal Year 2022-23, the DCF received additional funding for MRTs allowing for the implementation of 12 new MRTs and the expansion of 30 existing teams. Currently there are 51 MRTs serving all 67 counties in Florida.³³ A recent review of MRT data from 2019 through 2022 shows that approximately 82 percent of MRT engagements resulted in community stabilization rather than involuntary admission or deeper penetration into the behavioral health system.³⁴

The Baker Act

The Florida Mental Health Act, commonly referred to as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws.³⁵ 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.³⁶

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.³⁷ Individuals receiving services on an involuntary basis must be taken to a facility that has been designated by the DCF as a receiving facility.

Receiving facilities, often referred to as Baker Act receiving facilities, are public or private facilities designated by the DCF 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.³⁸ 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.³⁹ 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 the least able to pay.⁴⁰

Crisis Stabilization Units (CSUs) are public receiving facilities that receive state funding and provide a less intensive and less costly alternative to inpatient psychiatric hospitalization for individuals presenting as acutely mentally ill. CSUs screen, assess, and admit individuals brought to the unit under the Baker Act, as well as those individuals who voluntarily present themselves, for short-term services. CSUs provide services 24 hours a day, seven days a week, through a team of mental health professionals. The purpose of the CSU is to examine, stabilize, and redirect people to the most appropriate and least restrictive treatment settings, consistent with their mental health needs.⁴¹ Individuals often enter the public mental health system through CSUs. For this reason, crisis services

³³ DCF, *Agency Legislative Budget Request for Fiscal Year 2024-2025*, available at <http://floridafiscalportal.state.fl.us/Document.aspx?ID=26122&DocType=PDF>, (last visited January 22, 2024).

³⁴ Department of Children and Families, *Triennial Plan for the Delivery of Mental Health and Substance Abuse Services: State Fiscal Years 2023-2024 and 2025-2026*, pg. 6, available at https://www.google.com/url?client=internal-element-cse&cx=b5f7422ffe5734ed7&q=https://www.my_fifamilies.com/sites/default/files/2023-06/Substance%2520Abuse%2520%2526%2520Mental%2520Health%2520Services%2520Triennial%2520State%2520and%2520Regional%2520Master%2520Plan%2520%25202023-2025.pdf (last visited Nov. 28, 2023).

³⁵ The Baker Act is contained in Part I of ch. 394, F.S.

³⁶ Section 394.459, F.S.

³⁷ Sections 394.4625 and 394.463, F.S.

³⁸ Section 394.455(40), F.S. This term does not include a county jail.

³⁹ Section 394.455(38), F.S.

⁴⁰ Rule 65E-5.400(2), F.A.C.

⁴¹ Section 394.875, F.S.

are a part of the comprehensive, integrated, community mental health and substance abuse services established by the Legislature in the 1970s to ensure continuity of care for individuals.⁴²

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, has refused voluntary examination, is likely to refuse to care for him or herself to the extent that such refusal threatens to cause substantial harm to that person's well-being, and such harm is unavoidable through help of willing family members or friends, or will cause serious bodily harm to him or herself or others in the near future based on recent behavior.⁴³

An involuntary examination may be initiated by:

- A court entering an ex parte order stating that a person appears to meet the criteria for involuntary examination, based on sworn testimony.⁴⁴
- A law enforcement officer taking a person who appears to meet the criteria for involuntary examination into custody and delivering the person or having him or her delivered to a receiving facility for examination⁴⁵
- A qualified professional (physician, clinical psychologist, psychiatric nurse, an autonomous advanced practice registered nurse, mental health counselor, marriage and family therapist, or clinical social worker) executing a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination, including a statement of the professional's observations supporting such conclusion.⁴⁶

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. Under the Baker Act, a receiving facility must examine an involuntary patient within 72 hours of arrival.⁴⁷ 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.⁴⁸ If the patient is a minor, the examination must be initiated within 12 hours.⁴⁹

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:⁵⁰

- 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.
- A petition for involuntary placement must be filed in circuit court for involuntary outpatient or inpatient treatment.

⁴² *Id.* Sections 394.65-394.9085, F.S.

⁴³ Section 394.463(1), F.S.

⁴⁴ Section 394.463(2)(a)1., F.S. The order of the court must be made a part of the patient's clinical record.

⁴⁵ Section 394.463(2)(a)2., F.S.

⁴⁶ Section 394.463(2)(a)3., F.S. The report and certificate shall be made a part of the patient's clinical record.

⁴⁷ Section 394.463(2)(g), F.S.

⁴⁸ Section 394.463(2)(f), F.S.

⁴⁹ Section 394.463(2)(g), F.S.

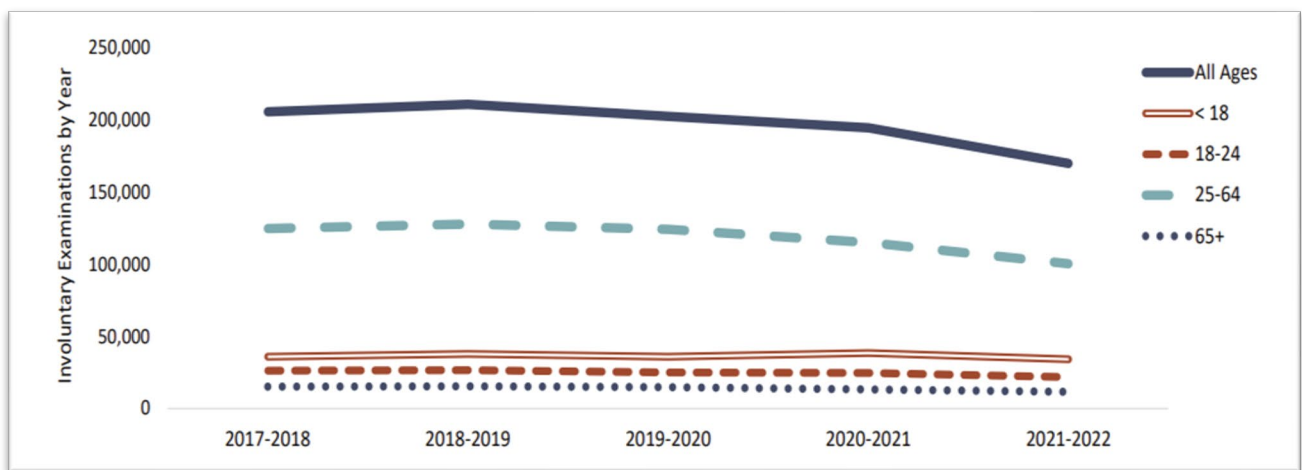
⁵⁰ Section 394.463(2)(g), F.S.

Involuntary Examination of Minors

During fiscal year (FY) 2021-2022, 170,048 involuntary examinations were conducted for 115,239 individuals under the Baker Act;⁵¹ of those examined, just over 36,000 were minors.⁵² Individuals with multiple involuntary examinations accounted for a disproportionate number of examinations. Of the total involuntary examinations, there were 21.78 percent of individuals with two or more exams in FY 2021-2022. These individuals accounted for 46.99 percent of involuntary exams during the three-year period for FY 2019-2020 through FY 2021-2022.⁵³

Approximately one in five (21.23 percent) of children with an involuntary examination in FY 2021-2022 had two or more involuntary exams. These children accounted for 44.93 percent of the of the involuntary examinations for the year.⁵⁴ According to the annual Baker Act Report, 12.40 percent of Baker Act examinations for children were initiated while at school.⁵⁵

Involuntary Examinations For 5 FY for All Ages⁵⁶



⁵¹ DCF, *The Baker Act Florida Mental Health Act Fiscal Year 2021-2022 Report*, available at <https://www.myflfamilies.com/sites/default/files/2023-07/FY%202021%202022%20Annual%20Report.pdf>, (last visited January 21, 2024).

⁵² DCF, *Report on Involuntary Examination of Minors*, available at https://www.usf.edu/cbcs/baker-act/documents/ba_minors_report_nov2023.pdf, (last visited January 21, 2024).

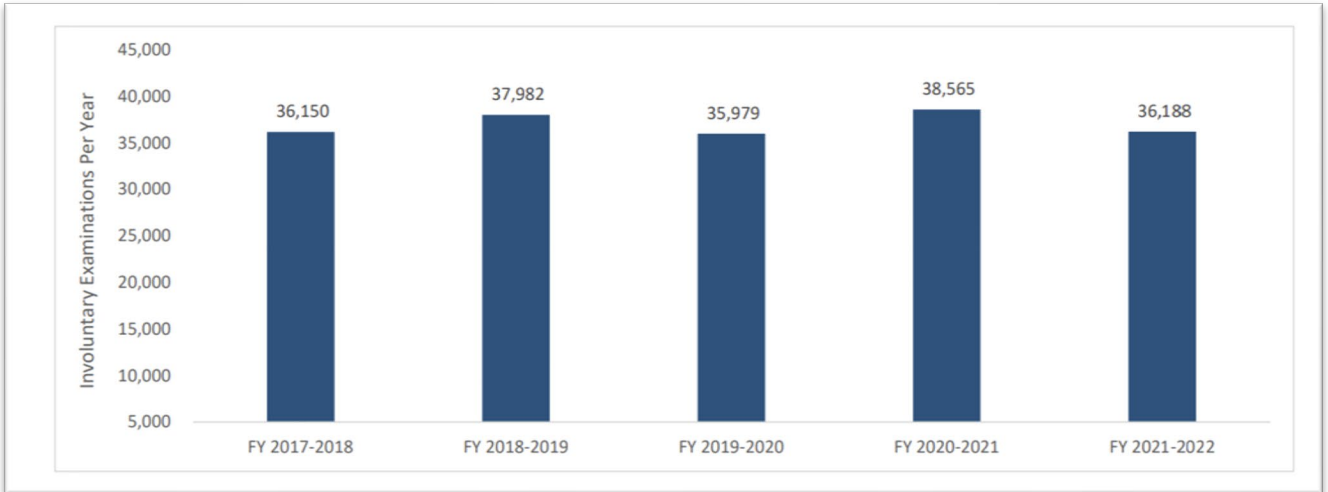
⁵³ *Id.*

⁵⁴ *Id.*

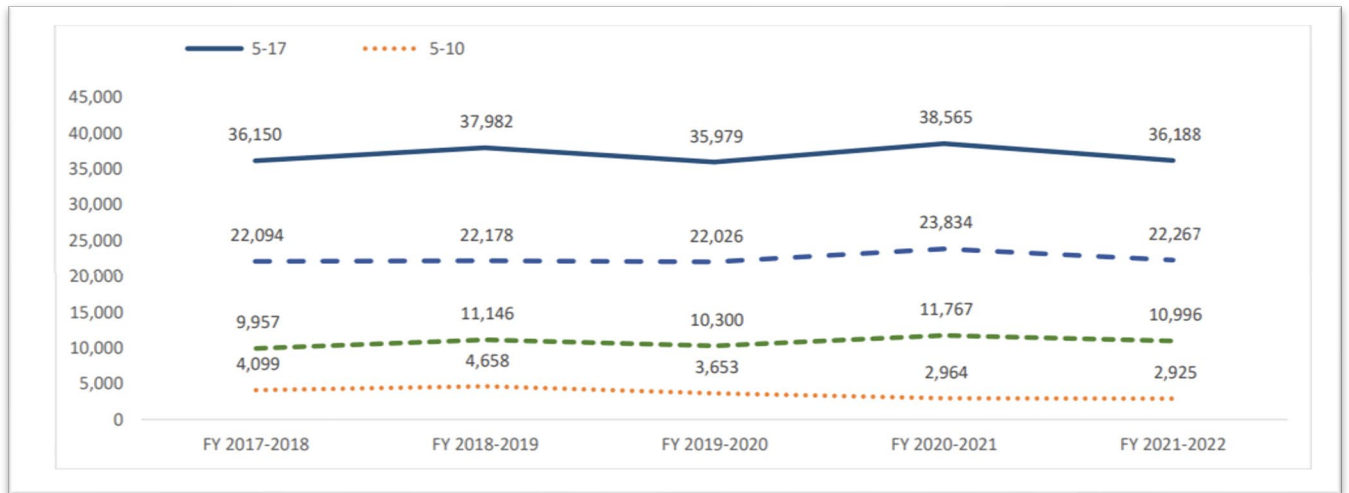
⁵⁵ DCF, *The Baker Act Florida Mental Health Act Fiscal Year 2021-2022 Report*, available at <https://www.myflfamilies.com/sites/default/files/2023-07/FY%202021%202022%20Annual%20Report.pdf>, (last visited January 21, 2024).

⁵⁶ DCF, *Report on Involuntary Examination of Minors*, available at https://www.usf.edu/cbcs/baker-act/documents/ba_minors_report_nov2023.pdf, (last visited January 21, 2024).

Involuntary Examinations for Children (< 18) for 5 FY Years⁵⁷



Involuntary Examinations for Children by Age Group for 5 FY Years⁵⁸



Report on Involuntary Examinations of Minors

Under current law, the DCF is required to prepare a report on the initiation of involuntary examinations of minors age 17 years and younger and submit the report by November 1 of each year.⁵⁹ The report must:⁶⁰

- 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.⁶¹
- 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.

⁵⁷ *Id.*

⁵⁸ *Id.*

⁵⁹ Section. 394.463(4), F.S. The report must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

⁶⁰ *Id.*

⁶¹ Each district school board is required to annually report to DCF the number of involuntary examinations that were initiated at school, on school transportation, or at a school-sponsored activity. Section 1006.07(10), F.S.

Student Mental Health

In 2018, the Marjory Stoneman Douglas High School Public Safety Act⁶² created the Mental Health Assistance Allocation within the Florida Education Finance Program.⁶³ The allocation is intended 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.⁶⁴ For the 2023-2024 school year \$160 million was appropriated for the allocation.⁶⁵ Each school district receives a minimum of \$100,000, and the remaining balance is allocated based on each district's proportionate share of the state's total unweighted full-time equivalent student enrollment.⁶⁶

To receive allocation funds, a school district must develop and submit to the district school board for approval a detailed plan outlining its local program and planned expenditures.⁶⁷ A school district's plan must include all district schools, including charter schools, unless a charter school elects to submit a plan independently from the school district.⁶⁸ Each approved plan must be submitted to the Commissioner of Education by August 1 each year.⁶⁹

The plan 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.⁷⁰

Plans must include components such as:⁷¹

- Direct employment of school-based mental health service providers to expand and enhance school-based student services and reduce the ratio of students to staff to align with nationally recommended ratio models.
- Contracts or interagency agreements with one or more local community behavioral health providers or providers of CAT services to provide behavioral health staff presence and services at district schools.
- Policies and procedures which ensure:
 - Students who are referred to a school-based or community-based mental health service provider for mental health screening are assessed within 15 days of referral;
 - School-based mental health services are initiated within 15 days after identification and assessment and community-based mental health services are initiated within 30 days after school or district referral;
 - Parents and of a student receiving services are provided information about other behavioral services available through the student's school or local community-based behavioral health service providers; and
 - Individuals living in a household with a student receiving services are provided information about behavioral health services available through other delivery systems or payors for which the individuals may qualify, if such services appear to be needed or enhancement in such individual's behavioral health would contribute to the improve well-being of the student.

⁶² Chapter 2018-3, Laws of Fla.

⁶³ Section 1006.041, F.S.

⁶⁴ *Id.*

⁶⁵ Specific Appropriations 5 and 80, s. 2, ch. 2023-239, Laws of Fla.

⁶⁶ Section 1011.62(13), F.S.; See also Florida Department of Education, *Florida Education Finance Program 2023-24 Second Calculation*, p. 28, available at <https://www.fldoe.org/core/fileparse.php/7507/urlt/2324FEFP2ndCalc.pdf>, (last visited January 22, 2024).

⁶⁷ Section 1006.041(1), F.S.

⁶⁸ *Id.*

⁶⁹ Section 1006.041(3), F.S.

⁷⁰ Section 1006.041(2), F.S.

⁷¹

- 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 or a behavioral health provider, or a school resource officer or school safety officer who has completed mental health crisis intervention training with attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination.
- Policies requiring that school or law enforcement personnel, prior to initiating an involuntary examination, make a reasonable attempt to contact a mental health professional authorized to initiate an involuntary examination, unless the student in crisis poses an imminent danger to him- or herself or others.

School districts are also required to report program outcomes and expenditures for the previous fiscal year by September 30 each year.⁷² The report must, at a minimum, provide the number of each of the following:⁷³

- Students who receive screenings or assessments.
- Students who are referred to either school-based or community-based providers for services.
- Students who receive either school-based or community-based interventions, or assistance.
- School-based and community-based mental health providers, including licensure type, that were paid out of the mental health assistance allocation.
- Contract-based or interagency agreement-based collaborative efforts or partnerships with community mental health programs, agencies, or providers.

Effect of the Bill

The bill establishes a mental health treatment and support system within school districts. The bill requires school districts that provide mental health assessment, diagnosis, intervention, treatment, and recovery services to students diagnosed with, or at risk of being diagnosed with, one or more mental health issues or any co-occurring substance use disorder to adhere to the guiding principles and the performance outcomes requirements under the DCF child and adolescent mental health treatment and support system when implementing and developing a mental health support system within the school district. Adhering to these principles and guidelines will help to further promote effective implementation of a coordinated system of care.

The bill requires each school district to report to the Department of Education, annually, the general performance outcomes for the child and adolescent mental health treatment and support system and how funding for the support system is allocated and spent.

The bill provides an effective date of July 1, 2024.

B. SECTION DIRECTORY:

Section 1: Amends s. 397.96, F.S., relating to care coordination.

Section 2: Creates s. 1006.041, F.S., relating to mental health coordinated system of care.

⁷² Section 1006.041(4), F.S.

⁷³ *Id.*

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

School districts that provide the specified mental health assessment, diagnosis, intervention, treatment, and recovery services may incur additional expenses related to implementing the provisions of the bill and complying with the additional reporting requirements. The impact is indeterminate.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill does not provide rulemaking authority to implement the bill. However, the DCF has sufficient rulemaking authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
 2 An act relating to coordinated systems of care for
 3 children; creating s. 1006.05, F.S.; requiring certain
 4 school districts to adhere to a specified mental
 5 health and treatment support system for certain
 6 children and meet specified performance outcomes;
 7 requiring each school district to report annually to
 8 the Department of Education on certain outcomes and
 9 funding; providing an effective date.

10
 11 Be It Enacted by the Legislature of the State of Florida:

12
 13 Section 1. Section 1006.05, Florida Statutes, is created
 14 to read:

15 1006.05 Mental health coordinated system of care.-

16 (1) Pursuant to s. 394.491 and to further promote the
 17 effective implementation of a coordinated system of care
 18 pursuant to ss. 394.4573 and 394.495, each school district that
 19 provides mental health assessment, diagnosis, intervention,
 20 treatment, and recovery services to students diagnosed with one
 21 or more mental health or any co-occurring substance use disorder
 22 and students at high risk of such diagnoses shall be guided by
 23 and adhere to the guiding principles of the mental health
 24 treatment and support system as provided under s. 394.491.

25 (2) (a) Pursuant to s. 394.494, each school district shall

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26 meet the general performance outcomes for the child and
27 adolescent mental health treatment and support system.

28 (b) Each school district shall report annually to the
29 department on the general performance outcomes for the child and
30 adolescent mental health treatment and support system and how
31 the support system funding is allocated and spent.

32 Section 2. This act shall take effect July 1, 2024.