Taylor N. Hatch
Secretary

BIENNIAL REVIEW OF SCHOOL-BASED TELEHEALTH BEHAVIORAL HEALTH SERVICES

Florida Department of Children and Families

2025

Office of Substance Abuse and Mental Health

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Background

The biennial report is prepared through collaboration between the Department of Children and Families (Department), and the Florida Department of Education (DOE) to fulfill section 394.495(5)(b), Florida Statutes (F.S.), which requires the Department, in consultation with DOE, to biennially review school-based behavioral health access in the state through telehealth, with an emphasis on underserved and rural communities. The review shall, at a minimum, assess gaps in the provision of school-based behavioral health services, the extent of use of tele-behavioral health for school-based behavioral health services, barriers to use and expansion of such tele-behavioral health services, and recommendations to address barriers and any implementation requirements. The review shall also identify any new models for increasing school-based behavioral health access.

The Department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives its findings by Jan. 1, beginning in 2026. This subsection expires June 30, 2030, unless reenacted by the Legislature. The contents within prioritize research, reviews and discussions completed by the Department and the DOE. The narrative and data cited in this report serves as guidance to inform the planning and implementation of the coming year's efforts, in addition to the generation of the state's next biennial review.

Introduction

The Department serves as the single state authority overseeing the comprehensive system of care for substance use and mental health services across Florida. Through the Substance Abuse and Mental Health (SAMH) program office, the Department leads the development, regulation, and coordination of prevention, treatment, and recovery support services designed to meet the diverse behavioral health needs of Floridians.

Florida's behavioral health system of care emphasizes a community-based, person-centered approach, ensuring that services are accessible, responsive, and integrated with other health and social supports. The Department partners with a broad network of state agencies, local governments, nonprofit organizations, and service providers to create a coordinated infrastructure that addresses the full continuum of behavioral health care, from prevention and early intervention to acute treatment and long-term recovery.

The Department is responsible for developing a statewide strategic plan, adopting rules and standards, and managing funding streams to optimize behavioral health outcomes. This includes oversight of licensed substance use treatment providers, and designation of a Baker Act receiving facilities, ensuring all services meet quality and safety standards.

To ensure effective service delivery, the Department contracts with seven regional Managing Entities (MEs) for the planning, coordination, and management of community-based behavioral health services. MEs serve as the operational foundation of the system, subcontracting with local providers to offer a comprehensive spectrum of services tailored to the unique needs of their communities. This structure promotes efficiency, service continuity, and responsiveness to the regional variation in demand and resources.

The Florida behavioral health system of care prioritizes a holistic integrated model of care that addresses co-occurring mental health and substance use disorders, supports individuals across the lifespan, and incorporates family and peer supports. Emphasis is placed on recovery-oriented practices, trauma informed care, and interventions to enhance engagement and promote sustainable recovery outcomes.

Moreover, the Department continuously monitors performance and outcomes to guide quality improvement initiatives and ensure accountability. Through these efforts, Florida's system of care strives to reduce the impact of behavioral health conditions on individuals and families while promoting wellness, resilience, and community integration.

Managing Entities

The Florida Legislature determined that assigning responsibility for publicly funded behavioral health services to local entities would enhance access to care, ensure continuity, improve efficiency, and streamline administrative processes, resulting in cost saving and greater flexibility to tailor services to community needs. In response, the Department contracts with seven MEs to oversee regional behavioral health systems across the state.

The procurement of the ME contracts is governed by Chapter 287 F.S., along with Chapters 402.7305 and 394.9082 F.S., which provide specific provisions for behavioral health contracting. MEs are procured through a competitive process and awarded contracts that specify payment structures based on deliverables and performance. MEs are permitted to carry forward up to eight percent of state general revenue funds from one fiscal year to the next over the duration of the contract term. In alignment with the Department's organizational structure, the SAMH Program Office is responsible for managing these contracts, ensuring that MEs achieve statewide performance objectives while also responding to the distinct behavioral health needs of their local communities.

Florida's rural, or non-metro, population is approximately 622,000, which is about three percent of Florida's 21.9 million total population. Nearly 48 percent of Florida's 67 counties, a total of 32 counties, are designated as rural. Identifying rural versus non-rural areas enable the development of tailored service strategies that account for regional

differences in outreach needs, service accessibility, and workforce capacity.

Two MEs, Lutheran Service Florida (LSF) and Northwest Florida Health Network (NWFHN), are responsible for serving 26 of the 32 rural counties, representing approximately 81 percent of the state's rural jurisdictions. LSF oversees the largest number of counties statewide, 23 total, including 13 rural counties, while NWFHN also serves 13 rural counties all concentrated in the Panhandle and Big bend area. By contrast, the Southeast Florida Behavioral Health Network (SEFBHN) includes only one rural county in its catchment area. Several other MEs such as Broward Behavioral Health Coalition (BBHC), Central Florida Cares Health System (CFCHS), and Thriving Mind South Florida (TMSF) operate exclusively in urban counties. Central Florida Behavioral Health Network (CFBHN) in their 14 counties have five rural and nine non-rural, indicating a mixture of service responsibilities.

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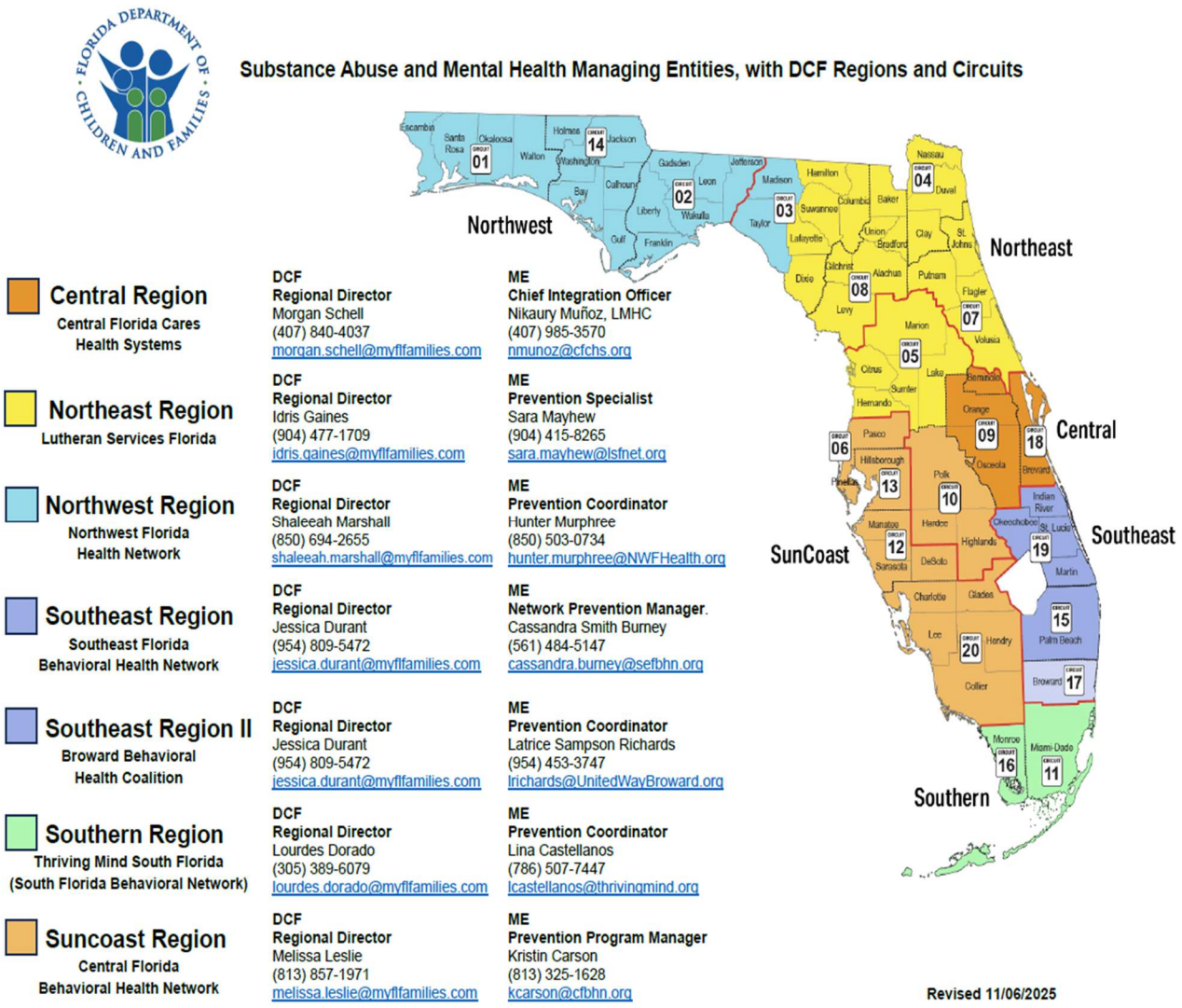
Figure 1 represents the Managing Entities and their service area.



	DCF	ME
Central Region Central Florida Cares Health Systems	**Regional Director** Morgan Schell (407) 840-4037 morgan.schell@myflfamilies.com	**Chief Integration Officer** Nikaury Muñoz, LMHC (407) 985-3570 nmunoz@cfchs.org
Northeast Region Lutheran Services Florida	**Regional Director** Idris Gaines (904) 477-1709 idris.gaines@myflfamilies.com	**Prevention Specialist** Sara Mayhew (904) 415-8265 sara.mayhew@lsfnet.org
Northwest Region Northwest Florida Health Network	**Regional Director** Shaleeah Marshall (850) 694-2655 shaleeah.marshall@myflfamilies.com	**Prevention Coordinator** Hunter Murphree (850) 503-0734 hunter.murphree@NWFHealth.org
Southeast Region Southeast Florida Behavioral Health Network	**Regional Director** Jessica Durant (954) 809-5472 jessica.durant@myflfamilies.com	**Network Prevention Manager.** Cassandra Smith Burney (561) 484-5147 cassandra.burney@sefbhn.org
Southeast Region II Broward Behavioral Health Coalition	**Regional Director** Jessica Durant (954) 809-5472 jessica.durant@myflfamilies.com	**Prevention Coordinator** Latrice Sampson Richards (954) 453-3747 lrichards@UnitedWayBroward.org
Southern Region Thriving Mind South Florida (South Florida Behavioral Network)	**Regional Director** Lourdes Dorado (305) 389-6079 lourdes.dorado@myflfamilies.com	**Prevention Coordinator** Lina Castellanos (786) 507-7447 lcastellanos@thrivingmind.org
Suncoast Region Central Florida Behavioral Health Network	**Regional Director** Melissa Leslie (813) 857-1971 melissa.leslie@myflfamilies.com	**Prevention Program Manager** Kristin Carson (813) 325-1628 kcarson@cfbhn.org

Table 1 displays the distribution of Florida's rural and non-rural counties across ME service areas.

Managing Entity	DCF Region	Rural Counties	Non-Rural Counties	Total Counties
Broward Behavioral Health Coalition (BBH)	Southeast	0	1	1
Central Florida Cares Health System (CFCHS)	Central	0	4	4
Central Florida Behavioral Health Network (CFBHN)	Suncoast	5	9	14
Lutheran Services Florida (LSF)	Northwest and Central	13	10	23
Northwest Florida Health Network (NWFHN)	Northeast and Northwest	13	5	18
Thriving Mind (TM)	Southern	0	2	2
Southeast Florida Behavioral Health Network (SEFBHN)	Southeast	1	4	5
Statewide		**32**	**35**	**67**

Source: Florida Department of Health 2023 - https://www.floridahealth.gov/wp-content/uploads/2025/07/Rural_Counties_February_2023.pdf

The Florida Department of Education

The Florida Department of Education (DOE) serves approximately 2.8 million students, 4,471 public schools, 28 colleges with 175 locations, 204,654 instructional staff, 39,000 professors and administrators, and 340,000 full-time staff throughout the state. DOE enhances the economic self-sufficiency of Floridians through programs and services geared toward college, workforce education, apprenticeships, job-specific skills, and career development.

Florida is leading a first-in-the-nation approach, Resiliency Florida, that empowers students to persevere and overcome life's inevitable challenges. The DOE developed state education standards and resources to equip students with skills that build resiliency. These resources can be found at https://www.buildresiliency.org.

Local resources, including mental health professionals, are essential in addressing the needs of Florida's youth. With the goal of building resiliency and helping children persevere through life's challenges, the DOE remains committed to the well-being of Florida's children and students.

To aid in finding help for their children, parents and caregivers are encouraged to contact their child's school for additional resources from the school counselor, school social worker, school psychologist, or other professional staff. According to sections 1001.42 and 1014.04, F.S., parents and guardians have the fundamental right to direct the upbringing, education, and care of their minor children, including the right to make informed decisions regarding behavioral and mental health services provided in school. Florida schools are committed to maintaining open communication with parents and ensuring families have the information necessary to actively participate in decisions affecting their child's well-being.

In accordance with section 1006.041, F.S., the purpose of the Mental Health Assistance Program allocation is to assist districts in establishing or expanding school-based mental health care; training educators and other school staff to detect and respond to mental health issues; and connecting children, youth, and families who may experience behavioral health concerns with appropriate services.

Additionally, consistent with section 1012.584, F.S., the DOE has identified an evidence-based, nationally recognized youth mental health awareness and assistance training program to help school personnel identify and understand the signs of mental health concerns and substance use disorders, and to provide them with the next steps to help a person who is experiencing or developing such concerns.

Geographic Distribution of Florida School Districts

Florida's school districts are uniquely organized on a countywide basis, meaning each of the state's 67 counties operates its own district rather than having multiple districts within a single county. This structure creates a geographic distribution that mirrors Florida's county map, with large, densely populated districts such as Miami-Dade, Broward, and Hillsborough located in the urbanized southern and central regions, and smaller, less populated districts like Liberty, Lafayette, and Glades in the rural northern and inland areas. Due to this county-based system, district boundaries align directly with county lines, resulting in significant variation in student population size, funding levels, and educational resources across the state.

In addition to the 67 county school districts, Florida includes several public education entities that operate independently of county governance. University laboratory schools such as Florida High School and P.K. Yonge Developmental Research School function as their own districts and are administered by state universities pursuant to statute. The Florida School for the Deaf and the Blind and Florida Virtual School also operate as statewide public education entities with distinct governance, funding, and service models. Collectively, these non-county districts serve specialized student populations and operate outside the traditional county-based district framework. These disparities highlight the importance of accessible mental health services, within the educational system, that support student emotional wellbeing, academic success, and overall development.

The Florida Youth Substance Abuse Survey includes a set of four questions that assess general indicators of depression among middle and high school students. Results show that the percentage of students reporting symptoms of depression increased from 2014 to 2022 but has declined since then. For example, in 2022, nearly half (47.3 percent) of Florida students reported feeling "depressed or sad most days" during the past year; by 2025, this had decreased to 37.3 percent. Although these findings indicate improvement, Florida must continue investing in school-based mental health resources to support early identification and intervention, reduce barriers to learning, and ensure that students in all counties, regardless of district size or location, can thrive.

In Florida, the public school system serves students from pre-kindergarten through 12th grade. Children typically enter kindergarten at age 5 and complete high school by age 18. DOE requires that mental health education and services be available to students for the duration. Mental health services in school, such as counseling, behavioral support, and crisis intervention are offered to all grade levels, beginning in elementary school and continuing through high school. These services aim to identify and address emotional, behavioral, or psychological needs early, ensuring that students, from early childhood through adolescence, receive appropriate support for their well-being and academic success.

Behavioral Health Services

In Florida, “behavioral health” is defined as the prevention and treatment of, and recovery from, any substance use disorder, mental health disorder, or co-occurring disorder (section 394, F.S.).

Substance use treatment services in Florida are governed by Chapter 397 F.S. and regulated through Rule 65D-30, Florida Administrative Code (F.A.C.). The Department is statutorily responsible for licensing specified substance use service components. This allows for quality, safety, and effectiveness of services delivered across the state to individuals and families utilizing this service array.

Chapter 397 F.S., provides for a community-based system of care that reflects the principles of recovery and resiliency. This system promotes accessible, person-centered services designed to meet individual needs in the least restrictive environment and to support sustained recovery.

The Department’s substance use treatment system of care includes four broad categories of services:

- **Primary prevention** efforts to prevent or delay the onset of substance use through education, awareness campaigns, and community engagement.
- **Intervention services** aim to identifying individuals at risk and providing support before a substance use disorder develops.
- **Evidence-based treatment services**, including detoxification, residential care, outpatient treatment, and medication assisted treatment (MAT).
- **Recovery support** through ongoing services that help individuals maintain recovery, such as housing support, employment assistance, peer mentoring, and life skills development.

Florida law mandates the development and maintenance of a comprehensive system of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED). This system is designed to ensure access to effective, coordinated, and person-centered services that promote recovery and improve quality of life.

Pursuant to section 394.453 F.S., the Legislature has declared: “It is the intent of the Legislature to authorize and direct the Department to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders.”

This statutory directive forms the foundation for Florida's behavioral health system, which emphasizes early intervention, continuity of care, and support for individuals in the least restrictive and most appropriate settings.

The mental health system of care is structured to:

- Promote prevention and early intervention.
- Improve access to timely and appropriate treatment.
- Support recovery and resiliency across the lifespan.
- Ensure coordination among community-based services.
- Protect the rights and dignity of individuals receiving care.

The continuum of services within the system include:

- Outpatient and inpatient mental health services.
- Crisis stabilization and mobile response teams.
- Case management and care coordination.
- Housing and supported employment.
- Peer support and recovery-oriented services.

Tele-Behavioral Health in Schools

Tele-behavioral health refers to the use of telecommunications technology, such as video conferencing, to deliver mental health and substance use services remotely. In school settings, this model allows students to access licensed behavioral health professionals without leaving campus, reducing barriers such as transportation, provider shortages, and scheduling conflicts. Nationally, tele-behavioral health has gained momentum as a cost-effective, scalable solution to address youth mental health needs. The pandemic accelerated adoption, and many states, including Florida, have since expanded infrastructure and policy support to sustain these services.

Pursuant to the General Appropriations Act, $4,000,000 in recurring general revenue was appropriated for Fiscal Year (FY) 2023-24 to support the provision of tele-behavioral health services in schools. These funds were distributed through the Department's specific funding category to five of the seven MEs in Florida, based on the rural population served, as shown in Table 1.

Table 2 represents school tele-behavioral health funds that were distributed through the Department to the MEs for FY 2023-24.

Managing Entity	Total Budget	Expenditure	Balance	Utilization
NWFHN	$1,533,336	$787,625	$745,711	51%
LSF	$1,333,334	$852,233	$481,101	64%
SEFBHN	$266,665	$192,000	$74,665	72%
SFBHN	$111,112	$111,112	$0	100%
CFBHN	$755,553	$60,000	$695,553	8%
Statewide	**$4,000,000**	**$2,002,970**	**$1,997,030**	**50%**

Pursuant to the General Appropriations Act, a total of $2,569,220 in recurring general revenue was allocated for FY 2024-25, to support the provision of tele-behavioral health services in schools. These funds were distributed through the Department's specific funding category to five of the seven MEs in Florida, based on the rural population served, as shown in Table 3.

Table 3 represents school tele-behavioral health funds that were distributed through the Department to the MEs for FY 2024-25.

Managing Entity	Total Budget	Expenditure	Balance	Utilization
NWFHN	$1,533,336	$606,550	$926,785	40%
LSF	$402,694	$402,694	$0	100%
SEFBHN	$266,666	$96,000	$170,666	36%
SFBHN	$111,110	$107,199	$3,910	96%
CFBHN	$255, 414	$197,236	$58,177	77%
Statewide	**$2,569,220**	**$1,409,680**	**$1,159,539**	**55%**

Use of Funds and Impact

MEs reported that many expenditures to date have supported technology infrastructure in schools, such as computers, software, and connectivity tools, to enable students to access to tele-behavioral health services. These investments have been critical in laying the groundwork for virtual care delivery, particularly in underserved or rural areas.

Two MEs are leveraging this funding source to pay for direct behavioral health services through a school-based tele-behavioral health approach. Services delivered included

assessments and treatment planning, case management, psychiatric services, mental health and substance use therapy, and peer support. In FY 2023-24 and FY 2024-25, a combined 1,455 students received 7,886 school-based tele-behavioral health services through MEs in rural areas.

Table 4 represents MEs services delivered with this fund source for FYs 2023-24 and 2024-25.

Fiscal Year	Managing Entity	Total Services
2023-24	LSF	1,568
2023-24	SFBHN	1,273
2024-25	LSF	1,136
2024-25	SFBHN	1,131

For other MEs, initial stages of funding have been used to primarily purchase software, equipment, and paying salaries for staff. Service provision to students should increase in subsequent years by MEs, to support the provision of tele-behavioral health services in schools.

As foundational technology needs have been largely addressed, MEs are now encountering barriers to fully expend these funds. According to MEs, these challenges include:

- Overlap with existing insurance coverage: Many students already receive behavioral health services through Medicaid, Florida Healthy Kids, or private insurance, reducing the demand for state-funded tele-behavioral health services in some areas.
- Limited flexibility in fund use: The MEs report that restricting the funding to telehealth technology and system implementation supports does not address the evolving needs of school-based behavioral health systems. The MEs with significant surplus balances have requested flexibility to fund other covered behavioral health services.

The initial investment allowed for the develop of tele-behavioral health infrastructure within school settings in these specified pilot areas. It is important to note the infrastructure may be used by the school to support any youth that needs telehealth services. However, the Managing Entity only has access to information related to the youth that are served through Department funded services. Current utilization rates demonstrate that some Managing Entities were successful in supporting reimbursement for a variety of behavioral health services for eligible youth. In the upcoming fiscal year,

the Department, in partnership with the Managing Entities and DOE, will identify best practices and policies to replicate that service delivery approach.

MEs identified several other areas that are impactful in student populations including:

- Suicide prevention initiatives, including the Zero Suicide framework
- Workforce development and training to support sustainable service delivery

Importantly this demonstrates that needs vary across regions, reflecting the diverse demographics and behavioral health landscapes of Florida's communities.

School-Based Behavioral Health Access Through Tele-Behavioral Health

In Florida, school-based behavioral services are designed to support student emotional, mental health, and behavioral needs. The Department conducted a survey with providers as part of the state's assessment of the biennial review of school-based behavioral health access and services. The survey focused on underserved and rural communities across the state. The input from providers helped the Department identify service gaps, current use of tele-behavioral health, barriers, and potential solutions for improving student access to behavioral health care. There was a mixture of multiple choice, fill in the blank, open and closed ended question along with free text. The different response options allowed providers to further explain their answers and provide additional information if necessary. For example, the prompt involving *"barriers to telehealth access and expansion"*, included 10 pre-populated answers about insurance, language barriers, internet or broadband connectivity concerns, school district reluctance, and a section identified as "other" where providers could describe in detail the option selected or recognize a new answer and expand further.

The survey included county and regional area specificity, as it was important to distinguish urban from rural and underserved communities. Providers were asked to provide information about the location of services being provided and how many children have access to their tele-behavioral health services.

For purposes of the survey "behavioral health" was defined to mean the prevention and treatment of, and recovery from, any substance use disorder, mental health disorder, or co-occurring disorder (Chapter 394, F.S.).

Key survey findings include:

- Most agencies surveyed provide school-based services and use tele-behavioral

health, but use varies significantly across districts.
- Tele-behavioral health is used most frequently for counseling, assessments, and family engagement.
- Significant barriers include technology limitations, lack of private space, insurance/reimbursement challenges, and school administrative reluctance.
- Students experiencing homelessness face the greatest gaps in access.
- Providers overwhelmingly identified increased collaboration with schools and improved funding structures as the most impactful changes needed to improve access.

Survey respondents represented all six Department regions, with the highest participation from the Central Region, and second highest participation from the Southern Region.

Provider and behavioral health agencies included children's behavioral health, community mental health, prevention, and many provide both substance abuse and mental health services, with many offering multiple types of services. Most respondents held administrative or clinical leadership roles. Overall, responses reflect a diverse mix of organizations serving school-aged children across the state.

Most behavioral health agencies responding to the survey currently provide school-based behavioral health services, primarily through a combination of face-to-face and tele-communication formats. The most common service settings include in-office, in-home, and virtual delivery. Agencies offer a wide range of services, including individual therapy, crisis intervention, psychiatric services, preventive programs, and care coordination.

Providers reported variability in how many students have access to services, with many estimating wide coverages but noting challenges related to timely access:

- One respondent noted that their children's behavioral health staff are co-located at schools throughout the district and each school has staff present at least one day a week to reduce access barriers.
- One statewide provider responded that they provide all behavioral health services through tele-behavioral health but the school systems they work with do not allow tele-behavioral health on campus, so they reach families after school hours.

A strong majority (86 percent) of agencies responding to the survey use tele-behavioral health to deliver behavioral health services. Tele-behavioral health is most used to provide counseling, assessments, family engagement, crisis intervention, and

psychiatric consultation. However, the percentage of visits conducted via tele-behavioral health varies considerably across agencies, with half reporting that only a quarter of services occur virtually. Tele-behavioral health use has remained stable for most, while some agencies reported increases or decreases depending on district policies and student needs.

Not all surveys distributed to provider agencies were returned as anticipated, resulting in a smaller dataset than expected for analysis. As this is a biennial report, it is recommended that timelines for survey distribution, participation, and submission be reviewed to ensure a more comprehensive range of data in future reporting cycles. Additionally, administering corresponding surveys directly to school districts would allow for comparison between district responses and provider submissions, thereby enhancing the reliability and breadth of the findings.

Barriers to Tele-behavioral Health Access and Expansion

Providers responding to the survey identified multiple barriers to expanding tele-behavioral health in school settings. Organizational barriers include limited private space in schools, scheduling conflicts, insurance and reimbursement challenges, and shortages of qualified staff.

Clinician-related barriers include staffing shortages, provider availability, and technology limitations. Student and family barriers include cost, lack of awareness, stigma, digital literacy, and inconsistent access to devices or internet. Collectively, these factors restrict the scalability of tele-behavioral health services in school environments.

Opportunities for Innovation and Enhancements to Access

Providers identified several opportunities to strengthen and modernize school-based tele-behavioral health services. Key priorities include increasing family engagement, improving awareness of community-based resources, expanding early intervention efforts, increasing the availability of school-based providers, and strengthening tele-behavioral health partnerships. Among these, family engagement was consistently cited as a critical factor for successful service delivery.

Promising best practices to enhance family engagement include providing clear, accessible information to families about how tele-behavioral health services function, offering virtual parent orientations in collaboration with schools and providers, and designating staff to assist families in navigating tele-behavioral health platforms. At the system level, providers emphasized the need for statewide guidance on parental consent procedures and consistent expectations for family involvement before, during,

and after virtual sessions, particularly in rural and underserved communities where in-person access is limited.

While few innovative models were widely implemented, respondents noted localized efforts and emphasized the need for greater consistency in how schools permit and support tele-behavioral health services. Increased collaboration between schools and community mental health agencies was viewed as a key strategy for improving access and service continuity.

At the state level, agencies could support innovation by partnering with stakeholders to develop pilot programs, expanding education and outreach to school districts and providers, and creating regional or statewide directories to improve access to tele-behavioral health resources, especially in rural and underserved areas. Strengthening and scaling existing collaborations, along with providing targeted resources to expand effective models, may further enhance service delivery statewide.

Conclusion

This biennial review underscores the critical role school-based behavioral health services play in supporting Florida's students, particularly those in rural and underserved communities. Through collaboration between the Department and DOE, the report highlights both the progress made in establishing tele-behavioral health infrastructure and the persistent gaps that continue to limit access to care statewide.

Findings demonstrate that tele-behavioral health is a viable and effective modality for delivering school-based behavioral health services, especially where workforce shortages, transportation barriers, and geographic isolation exist. Initial state investments successfully laid the technological foundation necessary to support virtual care delivery in schools. However, utilization data and provider feedback reveal that infrastructure alone is insufficient to ensure sustained service delivery. Variability in district policies, reimbursement limitations, workforce challenges, and inconsistent family engagement continue to constrain broader adoption and impact.

Survey results further identify students experiencing homelessness, low-income students, rural populations, and students in foster care as facing the most significant barriers to behavioral health access. Unmet needs span the continuum of care, including counseling, care coordination, family engagement, preventive services, and psychiatric supports. These gaps reinforce the importance of early intervention, integrated service models, and coordinated partnerships between schools, providers, and community systems.

Moving forward, a coordinated and flexible approach is essential to advancing school-based tele-behavioral health statewide. Key strategies include strengthening partnerships between school districts and local behavioral health providers, increasing consistency in district-level policies that support tele-behavioral health, and expanding guidance on consent, reimbursement, and family engagement practices. At the state level, opportunities exist to pilot innovative service models, enhance data collection and evaluation, increase technical assistance, and provide targeted flexibility in funding to better align with evolving community needs.

Continued collaboration among the Department, DOE, Managing Entities, school districts, providers, and families will be critical to sustaining momentum and maximizing the impact of tele-behavioral health services. By building on existing infrastructure, addressing identified barriers, and scaling effective practices, Florida can strengthen its school-based behavioral health system and improve timely access to care for students across all regions of the state.