California Board of
PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 7, 2016
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Coordinator
SUBJECT	Agenda Item #4(e) – AB 2017 (McCarty and Gonzalez) College Mental Health Services Program

Background:

This bill establishes the College Mental Health Services Trust Account and appropriates $40,000,000 annually to that account funding that would otherwise be allocated to Mental Health Services Act Prevention and Early Intervention Programs, and would continuously appropriate those funds to the Department of Health Care Services to create a grant program for public community colleges, colleges, and universities to improve access to mental health services on campus, as specified. The bill would require campuses that have been awarded grants annually to report on the use of grant funds. The bill would also require the Department of Health Care Services to submit a report to the Legislature evaluating the impact of the program, as specified.

At the May Board Meeting, The Board took a Support position on AB 2017.

Location: Senate Education Committee

Status: Do pass as amended, but first amend, and re-refer to the Committee on Appropriations

Action Requested:
This is for informational purposes only; no action is required at this time.

Attachment A is the language of AB 2017 (McCarty and Gonzalez)
Attachment B is the Senate Education Committee Analysis of AB 2017 (McCarty and Gonzalez)
Attachment C is the Board's Support letter for AB 2017 (McCarty and Gonzalez)

California LEGISLATIVE INFORMATION

AB-2017 College Mental Health Services Program. (2015-2016)

SECTION 1. *(a) The Legislature finds and declares that this measure is consistent with and furthers the purposes of the Mental Health Services Act within the meaning of Section 18 of that act.*

(b) Students, faculty, health practitioners, and college administrators are reporting increased rates of mental health needs by students attending public colleges in California.

(c) One in four students have a diagnosable mental illness and 40 percent of students do not seek mental health when they need it.

(d) Eight out of 10 people who experience psychosis have their first episode between 15 and 30 years of age.

(e) The demand for mental health services by public college students far outpaces the ability of colleges to provide them. California public college campuses and higher education systems do not meet national staffing standards for psychiatric services and other mental health professionals.

(f) The lack of services directly impacts college students' success and academic performance as well as their ability to develop socially as productive members of society.

(g) The effects of untreated mental health needs are long lasting and can include college students dropping out of school, experiencing homelessness, and dying of suicide.

(h) One in 10 college students has considered suicide and suicide is the second leading cause of death among college students, claiming more than 1,100 lives every year nationally.

(i) Research shows that for each dollar invested in student prevention and early intervention mental health services, California will see a return of at least six dollars ($6) and up to eleven dollars ($11) as a result of more students graduating.

SEC. 2. *Part 3.3 (commencing with Section 5832) is added to Division 5 of the Welfare and Institutions Code, to read:*

PART 3.3. College Mental Health Services Program

5832. *This part shall be known, and may be cited, as the College Mental Health Services Program Act.*

5832.1. *(a) There is hereby established in the State Treasury the College Mental Health Services Trust Account. Notwithstanding Section 13340 of the Government Code, moneys in the account are hereby continuously appropriated to the State Department of Health Care Services to fund the grant program established pursuant to this part.*

(b) Notwithstanding Section 5892 or any other law, beginning July 1, 2017, and annually thereafter, forty million dollars ($40,000,000) shall be transferred from funding that would otherwise be allocated to Mental Health Services Act Prevention and Early Intervention Programs into the College Mental Health Services Trust Account annually.

5832.2. *(a) The department, in collaboration with the California Mental Health Services Authority (CalMHSA), shall create a grant program for public community colleges, colleges, and universities, in collaboration with county behavioral health departments, to improve access to mental health services and early identification or intervention programs. CalMHSA shall establish grant program guidelines and shall develop a request for application (RFA). The RFA shall include, but not be limited to, all of the following:*

(1) Eligibility standards of applicants in order to qualify to be considered for a grant award.

(2) Required program components to be included in the grant application, which may include, but are not limited to:

(A) The ability of the program to meet the needs of students that cannot be met through existing funds.

(B) The ability of the program to fund the matching component required by subdivision (f).

(C) The ability of the campus, in partnership with the local county, to establish direct linkages for students to community-based mental health services.

(D) The ability of the campus to address direct services including, but not limited to, increasing staff to student ratios and decreasing wait times.

(E) The ability to participate in evidence-based and community defined best practice programs for mental health services improvements.

(3) Preferred program components to be included in the grant application, which may include, but are not limited to:

(A) The ability of the campus to serve underserved and vulnerable populations.

(B) The ability of the campus, in partnership with the local county, to establish direct linkages for students to community-based mental health services for which reimbursement is available through the students' health coverage.

(C) The ability of the campus to reduce racial disparities in access to mental health services.

(D) The ability of the campus to fund mental health stigma reduction activities.

(E) The ability of the campus to provide employees and students with education and training on early identification, intervention, and referral of students with mental health needs.

(F) The ability of the campus to screen students receiving other health care services and provide linkages to services from the appropriate mental health provider based on the insurance status of that student, for those students who are shown to have a need for services.

(G) Evidence of an existing or planned partnership between the campus and the county behavioral health department to address complex mental health needs of students based on their health insurance status and based on the extent to which there are students whose needs cannot be met through their health plan or health insurance or Medi-Cal.

(4) Articulation of grant program goals and expected outcomes.

(5) Required reporting and evaluation standards to be met by applicants that are selected for a grant award.

(6) Timelines and deadlines for grant applications and anticipated funding award determinations.

(b) Colleges, in collaboration with their local county behavioral health department, shall submit their grant application electronically to CalMHSA according to the guidelines adopted pursuant to subdivision (a).

(c) To the extent that an application follows the guidelines adopted pursuant to subdivision (a) and specifically states what activities shall be undertaken in accordance with those guidelines, CalMHSA shall have the authority to approve grant programs and the department shall award funding in accordance with CalMHSA determinations.

(d) Grants may be awarded to a community college district in the California Community College system, a campus within the California State University system, or a campus within the University of California system, or a grouping of campuses within the segments.

(e) Total available grant funding to colleges by segment shall be proportional to the number of students served by that segment but, in no case shall the department award more than five million dollars ($5,000,000) per campus, per application.

(f) Grants shall only be awarded to a campus that can show a dollar-for-dollar match of funds or another match to be determined by CalMHSA, in consultation with the applicant, based on resources and existing mental health needs of students from the campus. Matching funds can include in-kind funds, student health fee funds, and other appropriate funds as determined by the department in collaboration with CalMHSA and pursuant to the guidelines adopted pursuant to subdivision (a).

(g) Grants shall be awarded to applicants on a competitive basis based on their ability to meet the application

standards and prioritization of these standards as determined by CalMHSA through the development of the RFA guidelines adopted pursuant to subdivision (a).

(h) Individual grant award allocations shall be expended over at least one year but not to exceed three years, as determined by CalMHSA through the grant award process.

(i) Administrative costs associated with administering an approved program shall be limited to 5 percent of the total grant amount for any grantee. Administrative costs incurred by the department to administer this program shall be reimbursed from the College Mental Health Services Trust Account, and shall not exceed 5 percent of the total funds expended annually from the account.

(j) The funding provided pursuant to this part shall not be used to supplant existing campus, state, or county funds utilized to provide mental health services.

(k) The department and CalMHSA shall provide technical assistance to smaller colleges and county behavioral health departments upon request during the application process to ensure equitable distribution of the grant award.

5832.3. *(a) Community colleges, campuses in the California State University, and campuses in the University of California system that have been awarded grants pursuant to this part shall report annually on the use of grant funds to the department. This report shall include, but not be limited to, all of the following:*

(1) How grant funds and matching funds are being used.

(2) Available evaluation data, including outcomes of the campus mental health programs funded pursuant to the grant program.

(3) Program information regarding services being offered and the number of individuals being served.

(4) Plans for sustainability of mental health programming beyond the funding from the College Mental Health Services Trust Account.

(b) The campuses shall electronically submit the reports required pursuant to subdivision (a), annually, to the appropriate Chancellor's offices and the University of California Office of the President.

5832.4. *(a) The department shall develop an evaluation plan to assess the impact of the program.*

(b) The department, in compliance with Section 9795 of the Government Code, shall submit a report to the Legislature by February 1, 2021, evaluating the impact of the program and providing recommendations for further implementation. The department shall make the report available to the public and shall post the report on its Internet Web site.

5832.5. *This part shall remain in effect only until January 1, 2022, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2022, deletes or extends that date.*

SENATE COMMITTEE ON EDUCATION
Senator Carol Liu, Chair
2015 - 2016 Regular

Bill No:	AB 2017		
Author:	McCarty		
Version:	May 27, 2016	**Hearing Date:**	June 29, 2016
Urgency:	No	**Fiscal:**	Yes
Consultant:	Lynn Lorber		

Subject: College Mental Health Services Program

SUMMARY

This bill requires the Department of Health Care Services to create a grant program for public postsecondary education institutions to access mental health services, and appropriates $40 million for this purpose.

BACKGROUND

Existing law:

1) Establishes the Mental Health Services Act (MHSA), enacted by voters in 2004 as Proposition 63, to provide funds to counties to expand services, develop innovative programs, and integrated service plans for mentally ill children, adults, and seniors through a 1% income tax on personal income above $1 million. The MHSA provides funding for programs within five components: Community Services and Supports, Prevention and Early Intervention, Innovation, Capital Facilities and Technological Needs, Workforce Education and Training.

2) Requires the Department of Health Care Services, in coordination with counties, to establish a program designed to prevent mental illnesses from becoming severe and disabling. Existing law requires prevention and early intervention programs to include specified components. (Welfare & Institutions Code § 5840)

ANALYSIS

This bill requires the Department of Health Care Services (DHCS) to create a grant program for public postsecondary education institutions to access mental health services, and appropriates $40 million for this purpose. Specifically, this bill:

1) Requires DHCS, in collaboration with the California Mental Health Services Authority (CalMHSA), to create a grant program for public community colleges, colleges and universities, in collaboration with county behavioral health departments, to improve access to mental health services and early identification or intervention programs.

Grant application

2) Requires CalMHSA to establish grant program guidelines and develop a request for proposal, which is to include but not be limited to all of the following:

   a) Eligibility standards of applicants in order to qualify to be considered for a grant award.

   b) Required program components to be included in the grant program.

   c) Preferred program components to be included in the grant application.

   d) Articulation of grant program goals and expected outcomes.

   e) Required reporting and evaluation standards to be met by applicants that are selected for a grant award.

   f) Timelines and deadlines for grant applications and anticipated funding award determinations.

3) Requires postsecondary education institutions, in collaboration with their local county behavioral health department, to submit their grant application electronically to California Mental Health Services Authority (CalMHSA) according to the guidelines in the request for application.

Grant awards

4) Requires total available grant funding to colleges by segment to be proportional to the number of students served by that segment, and prohibits Department of Health Care Services (DHCS) in any case from awarding more than $5 million per campus, per application.

5) Requires that grant funds only be awarded to a campus that can show a dollar-for-dollar match of funds or another level of match to be determined by CalMHSA, in consultation with the applicant, based on resources and existing mental health needs of students from the campus. This bill authorizes matching funds to include in-kind funds, student health fee funds, and other appropriate funds as determined by DHCS in collaboration with CalMHSA and pursuant to the guidelines developed by CalMHSA.

6) Requires grants to be awarded to applicants on a competitive basis based on their ability to meet the application standards (the guidelines developed by CalMHSA) and prioritization of these standards as determined by CalMHSA through the development of the request for proposal guidelines.

7) Requires individual grant award allocations to be expended over at least one year but not more than three years, as determined by CalMHSA through the grant award process.

8) Authorizes grants to be awarded to a community college district in the California Community College system, a campus within the California State University system, a campus within the University of California system, or a grouping of campuses within the segments.

9) Provides that California Mental Health Services Authority (CalMHSA) has the authority to approve grant programs and requires DHCS to award funding in accordance with CalMHSA's determinations, to the extent that an application follows the guidelines and specifically states what activities are to be undertaken in accordance with guidelines in the request for proposal.

Required program components

10) Authorizes the required program components to include but not be limited to, for purposes of the request for proposal, the following:

    a) The ability of the program to meet the needs of students that cannot be met through existing funds.

    b) The ability of the program to provide the matching funds (see #5).

    c) The ability of the campus, in partnership with the local county, to establish direct linkages for students to community-based mental health services.

    d) The ability of the campus to address direct services including but not limited to increasing staff to student ratios and decreasing wait times.

    e) The ability to participate in evidence-based and community defined best practice programs for mental health services improvements.

Preferred program components

11) Authorizes the preferred program components to include but not be limited to, for purposes of the request for proposal, the following:

    a) The ability of the campus to serve underserved and vulnerable populations.

    b) The ability of the campus, in partnership with the local county, to establish direct linkages for students to community-based mental health services for which reimbursement is available through the student's health coverage.

    c) The ability of the campus to reduce racial disparities in access to mental health services.

    d) The ability of the campus to fund mental health stigma reduction activities.

e) The ability of the campus to provide employees and students with education and training on early identification, intervention, and referral of students with mental health needs.

f) The ability of the campus to screen students receiving other health care services and provide linkages to services from the appropriate mental health provider based on the insurance status of that student, for those students who are shown to have a need for services.

g) Evidence of an existing or planned partnership between the campus and the county behavioral health department to address complex mental health needs of students based on their health insurance status and based on the extent to which there are students whose needs cannot be met through their health plan, health insurance, or Medi-Cal.

Appropriation

12) Establishes the College Mental health Services Trust Account, and provides the moneys are to be continuously appropriated to the Department of Health Care Services (DHCS) to fund the grant program established by this bill.

13) Requires, beginning July 1, 2017, and annually thereafter, $40 million to be transferred from funding that would otherwise be allocated to Mental Health Services Act (MHSA) Prevention and Early Intervention Programs into the College Mental Health Services Trust Account annually.

Report and evaluation

14) Requires campuses of the California Community Colleges, California State University and University of California that have been awarded grants to report annually on the use of grant funds to DHCS. This bill requires the report to include but not be limited to, all of the following:

a) How grant funds and matching funds are being used.

b) Available evaluation data, including outcomes of the campus mental health programs funded pursuant to the grant program.

c) Program information regarding services being offered and the number of individuals being served.

d) Plans for sustainability of mental health programming beyond the funding from the College Mental Health Services Trust Account.

15) Requires the campuses to electronically submit the reports, annually, to the California Community College Chancellor's Office, the California State University Chancellor's Office, and the University of California Office of the President.

16) Requires DHCS to develop an evaluation plan to assess the impact of the grant program, requires DHCS to submit a report to the Legislature by February 1,

2021, evaluating the grant program and providing recommendations for further implementation, and make the report available to the public and post it on its Web site.

Miscellaneous

17) Requires Department of Health Care Services (DHCS) and California Mental Health Services Authority (CalMHSA) to provide technical assistance to smaller colleges and county behavioral health departments upon request during the application process to ensure equitable distribution of the grant award.

18) Limits administrative costs associated with administering an approved program at 5% of the total grant amount for any grantee. This bill requires administrative costs incurred by DHCS to be reimbursed from the College Mental Health Services Trust Account, and limits the reimbursement to up to 5% of the total funds expended annually from the account.

19) Prohibits the funding from being used to supplant existing campus, state, or county funds use to provide mental health services.

20) States legislative findings and declarations relative to students' needs for mental health services.

21) Sunsets the provisions of this bill on January 1, 2022.

STAFF COMMENTS

1) ***Need for the bill.*** According to the author, "Access to mental health services on public college campuses varies by systems, with some offering direct access to services and others with no mental health professional on campus. Considering the growing number of students seeking counseling, there is an even greater need to support effective services, such as peer-to-peer programs, and community and intra-campus engagement. Currently, California college campuses and higher education systems do not meet national staffing standards for psychiatric services and other mental health professionals. Recent data and reports have shown college students are experiencing increased rates of mental health issues and demand for treatment services. By investing in prevention and early intervention activities for mental health services, the state can have positive outcomes that improve student success and have a significant return on investment."

2) ***Mental Health Services Act funding for schools and colleges.*** In June 2007, the Mental Health Services Oversight and Accountability Commission voted to approve $60 million in statewide initiative funds in response to the mass shooting that occurred on the campus of Virginia Polytechnic Institute. This Student Mental Health Initiative (SMHI) allocated $34 million from MHSA Prevention and Early Intervention funds to higher education institutions and $26 million for K-12 programs for a period of four years. The higher education programs focused on three key strategic directions: training; peer support activities; and, suicide prevention. Any college, district, multi-campus collaborative, or system within

one of the three California public higher education systems was eligible and program applications were based on demonstrated need that emphasized culturally relevant and appropriate approaches.

Under the Student Mental Health Initiative (SMHI), the systemwide offices of the California State University and University of California were each awarded approximately $7 million for a 3-year grant (which ended in December 2015) to primarily provide outreach and education activities. In October 2011, the California Community Colleges Chancellor's Office (CCCCO) was awarded $7 million by California Mental Health Services Authority (CalMHSA) to establish a partnership between the CCCCO and the Foundation for Community Colleges. In June of 2015, the program was awarded $1.4 million ($700,000 per year) to support phase 2 of the program; implementation began on October 1, 2015 and will conclude on June 30, 2017.

The Mental Health Services Act (MHSA) Prevention and Early Intervention funding for SMHI has been primarily used to support outreach and education activities within the higher education segments. This bill provides for funding to be used to support both direct services as well as education and outreach. This bill appropriates $40 million from MHSA Prevention and Early Intervention funds, which are currently used for a variety of programs (not only at postsecondary education institutions).

3) ***Student health fee.*** This bill authorizes matching funds to include in-kind funds, student health fee funds, among other sources. The student health fee is voted upon by students. The author wishes to amend this provision to require notification of the student association before using a student health fee. **Staff recommends this amendment** be adopted.

4) ***Author's amendments.*** The author wishes to amend this bill to:

   a) Add as a preferred program component, evidence of an existing or planned partnership between the campus and local safety net providers to ensure linkages to primary care and community-based mental health care, regardless of the health insurance status of the student.

   b) Add a requirement that the participating campuses post the annual report on the use of the funds on the campus' Web site.

5) ***Heard by the Senate Health Committee.*** This bill was heard by the Senate Health Committee on June 22, where it passed on an 8-0 vote.

6) ***Fiscal impact.*** This bill makes a continuous appropriation of $40 million. The Assembly version of the 2016 Budget included this appropriation for the purposes of this bill, but no funding was included in the final conference committee report.

According to the Assembly Appropriations Committee, this bill imposes the following costs:

a) Appropriates $40 million annually from the Mental Health Services Account to fund the grant program.

b) Staff costs to the Department of Health Care Services of $240,000 for fiscal year 2016-17, and $364,000 ongoing for the length of the program (Mental Health Services Account).

c) The public systems of postsecondary education note potential difficulty in generating matching funds.

7) ***Related legislation.*** AB 1644 (Bonta) requires the Department of Public Health (DPH) to establish a four-year program to support local decisions to provide funding for early mental health support services, requires DPH to provide technical assistance to local educational agencies, and requires DPH to select and support schoolsites to participate in the program. AB 1644 is scheduled to be heard by this Committee on June 29.

SB 1113 (Beall) authorizes local educational agencies to enter into partnerships, as specified, with county mental health plans for the provision of Early and Periodic Screening, Diagnosis, and Treatment mental health services, and to expand the allowable uses of specified mental health funds. SB 1113 is pending in the Senate Appropriations Committee.

8) ***Prior legislation.*** AB 1133 (Achadjian, 2015) established a four-year pilot program, the School-Based Early Mental Health Intervention and Prevention Services Support Program (EMHI Support Program), to provide outreach, free regional training, and technical assistance for local educational agencies in providing mental health services at school sites. AB 1133 was held in the Assembly Appropriations Committee.

AB 1025 (Thurmond, 2015) required California Department of Education (CDE) to establish a three-year pilot program in school districts to encourage inclusive practices that integrate mental health, special education, and school climate interventions following a multi-tiered framework. AB 1025 was held in the Senate Appropriations Committee.

AB 1018 (Cooper, 2015) required the Department of Health Care Services and CDE to convene a joint taskforce to examine the delivery of mental health services to children. AB 1018 was held in the Senate Appropriations Committee.

AB 580 (O'Donnell, 2015) required the CDE to develop model referral protocols for voluntary use by schools to address the appropriate and timely referral by school staff of students with mental health concerns. AB 580 was vetoed by the Governor, whose veto message read:

California does not currently have specific model referral protocols for addressing student mental health as outlined by this bill. However, the California Department of Education recently received a grant from the federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to identify and address critical student and family mental health needs.

It's premature to impose an additional and overly prescriptive requirement until the current efforts are completed and we can strategically target resources to best address student mental health.

SUPPORT

Faculty Association of California Community Colleges
Kern Community College District
Los Angeles Community College District
Los Rios Community College District
San Bernardino Community College District
South Orange County Community College District
West Kern Community College District

OPPOSITION

None received.

-- END --

California Board of
PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

May 24, 2016

The Honorable Lorena S. Gonzalez
California State Assembly
State Capitol, Room 2114
Sacramento, CA 94249-0080

RE: **AB 2017 (McCarty) – COLLEGE MENTAL HEALTH SERVICES PROGRAM**

Dear Assembly Member Gonzalez:

At its May 20, 2016 meeting, the Board of Psychology (Board) adopted a **Support** position on AB 2017 (McCarty). This bill would create the College Mental Health Services Program, a matching grant program to enhance the provision of mental health services on state college campuses.

The Board supports and agrees with the authors desire to address the unmet need for mental health services for college-aged students who often do not seek mental health services when needed.

The Board's mission is to advance quality psychological services for Californians by ensuring ethical and legal practice and supporting the evolution of the profession.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-7113. Thank you.

Sincerely,

STEPHEN C. PHILLIPS, JD, PsyD
President, Board of Psychology

cc: Assembly Committee on Appropriations
Assembly Member Kevin McCarty
Assembly Republican Caucus