


MEMORANDUM

DATE	May 2, 2017
TO	Policy and Advocacy Committee
FROM	 Konnor Leitzell Central Services Student Assistant
SUBJECT	Agenda Item #6(c)(39) – SB 191 (Beall) Pupil Health: Mental Health and Substance Use Disorder Services.

Background:

This bill would authorize a county mental health plan network, and a local educational agency to enter into a partnership to create a program that includes, among other things, targeted interventions for pupils with identified social-emotional, behavioral, and academic needs. This bill would also authorize those parties to establish an agreement to create a Medi-Cal mental health and substance use disorder provider that is county operated or contracted that provides mental health and substance use disorder services to pupils of the local educational agency that are delivered as campus-based mental health and substance use disorder services. These services would be provided through qualified providers or qualified professionals to pupils who require mental health or substance use disorder services.

Location: Senate Committee on Appropriations

Status: 04/24/2017 Placed on the Senate Appropriations Suspense File

Vote: 04/24/2017 Senate Committee on Appropriations (7-0-0) to Suspense
04/05/2017 Senate Committee on Health (9-0-0)
03/15/2017 Senate Committee on Education (7-0-0)

Action Requested:

No action is required at this time. Staff will continue to watch SB 191 (Beall) due to its potential impact on increasing access to mental health services and substance use disorder services for youth.

Attachment A: SB 191 (Beall) Text

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SB-191 Pupil health: mental health and substance use disorder services. (2017-2018)

SECTION 1. *The Legislature finds and declares all of the following:*

(a) Student mental health and substance use problems are often manifestations of childhood trauma, such as exposure to family and community violence.

(b) Included among the numerous long-term negative health, social, and educational outcomes associated with childhood trauma are special health care needs, suicide attempts and depression, alcoholism and injection drug use, learning difficulties and delays on cognitive and social-emotional indicators, low school engagement and attendance problems, repeating a grade and academic failure, bullying, dating violence, delinquent behavior, physical fighting, and weapon carrying.

(c) Investing in helping students effectively cope with and overcome trauma is particularly important for addressing substance use problems given the strong link between early adversity and substance use. For example, compared to individuals with zero Adverse Childhood Experiences (ACEs), individuals with four or more ACEs are 10.3 times as likely to have ever injected drugs, 7.4 times as likely to consider oneself an alcoholic, and 4.7 times as likely to have ever used illicit drugs.

(d) Mental illness and substance use disorders are so often cooccurring that a joint statement by the American Psychiatric Association and the American Society for Addiction Medicine concluded that it should be the expectation and not the exception. According to the Surgeon General, nearly 50 percent of people with substance use disorders have a cooccurring mental illness. The joint statement also concluded that when there is a cooccurring condition, it should be treated in an integrated program that simultaneously addresses both conditions.

(e) Schools are the best place for early identification and alleviation of behavioral health challenges that are likely to lead to serious mental illness or substance use disorders if not addressed early in their onset.

(f) Multitiered models to improve school climate and culture and to assure prompt referral for support for students showing any level of challenge and comprehensive integrated services for those with serious emotional disturbances or substance use disorders have been demonstrated to have the best outcomes in improving student health and academic performance.

(g) These integrated models, when able to leverage public or private health insurance funds, demonstrate that early investments pay for themselves in reduced special education costs and improved academic success with reducing school dropout rates and related problems.

SEC. 2. *Part 5.5 (commencing with Section 5920) is added to Division 5 of the Welfare and Institutions Code, to read:*

PART 5.5. County and Local Educational Agency Partnerships

5920. *(a) Notwithstanding any other law, a county, or a qualified provider operating as part of the county mental health plan network that provides substance use disorder services, and a local educational agency may enter into a partnership to create a program that, in addition to reflecting each school's specified culture and needs, includes all of the following:*

(1) Leveraging of school and community resources to offer comprehensive multitiered interventions on a sustainable basis.

(2) An initial school climate assessment that includes information from multiple stakeholders, including school staff, pupils, and families, that is used to inform the selection of strategies and interventions that reflect the culture and goals of the school.

(3) A coordination of services team that considers referrals for services, oversees schoolwide efforts, and uses data-informed processes to identify struggling pupils who require early interventions.

(4) Whole school strategies that address school climate and universal pupil well-being, such as positive behavioral interventions and supports, as well as comprehensive professional development opportunities, that build the capacity of the entire school community to recognize and respond to the unique social-emotional, behavioral, and academic needs of pupils.

(5) Targeted interventions for pupils with identified social-emotional, behavioral, and academic needs, such as therapeutic group interventions, functional behavioral analysis and plan development, targeted skill groups, and eligible services specified by the School-Based Early Mental Health Intervention and Prevention Services Matching Grant Program pursuant to subdivision (h) of Section 4380.

(6) Intensive services, such as wraparound, behavioral intervention, or one-on-one support, that can reduce the need for a pupil's referral to special education or placement in more restrictive, isolated settings.

(7) Specific strategies and practices that ensure parent engagement with the school and provide parents with access to resources that support their children's educational success.

(8) Utilization of designated governmental funds for eligible Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services provided to pupils enrolled in Medi-Cal for mental health and substance use disorder service costs, for non-Medi-Cal enrolled pupils with an individualized education program (IEP) pursuant to the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), and for pupils who do not have an IEP if the services are provided by a provider specified in paragraph (9).

(9) (A) An agreement between the county mental health plan, or the qualified provider, and the local educational agency that establishes a Medi-Cal mental health provider that is county operated or county contracted for the provision of mental health and substance use disorder services to pupils of the local educational agency. The agreement may include provisions for the delivery of campus-based mental health and substance use disorder services through qualified providers or qualified professionals to provide on-campus support to identify pupils with an IEP adopted pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794(a)) and pupils who do not have an IEP, but who a teacher believes may require those services and, with parental consent, to provide mental health or substance use disorder services to those pupils.

(B) The local educational agency, with permission of the pupil's parent, shall provide the county mental health plan provider with the information of the health insurance carrier for each pupil.

(C) The agreement shall address how to cover the costs of mental health and substance use disorder provider services not covered by funds pursuant to paragraph (8) in the event that mental health and substance use disorder service costs exceed the agreed-upon funding outlined in the partnership agreement between the county mental health plan, or the qualified provider, and the local educational agency following a yearend cost reconciliation process, and in the event that the local educational agency does not elect to provide the services through other means. Nothing in this subparagraph shall hold the local educational agency liable for any costs that exceed the agreed-upon funding outlined in the partnership agreement.

(D) The agreement shall fulfill reporting and all other requirements under state and federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and Medi-Cal EPSDT provisions, and measure the effect of the mental health and substance use disorder intervention and how that intervention meets the goals in a pupil's IEP or relevant plan for non-IEP pupils.

(E) The agreement shall include a process for resolving disagreements between the local educational agency and county mental health plan network related to any of the elements of the agreement described in this paragraph.

(F) The agreement shall include strategies to support the educational success of pupils who have repeated or prolonged absences from school due to mental illness or substance abuse disorders.

(10) A plan to establish a program described in this section in at least one school within the local educational agency in the first year and to expand the partnership to three additional schools within three years.

(b) The partnership shall participate in the performance outcome system established by the State Department of Health Care Services pursuant to Section 14707.5 to measure results of services provided under the partnership between the county mental health plan, or the qualified provider, and the local educational agency.

(c) For purposes of this section, "local educational agency" has the same meaning as that term is defined in Section 56026.3 of the Education Code.

(d) Where applicable, and to the extent mutually agreed to by a school district and a plan or insurer, it is the intent of the Legislature that a health care service plan or a health insurer be authorized to participate in the partnerships described in this part.

5921. *(a) (1) The Mental Health Services Oversight and Accountability Commission, in consultation with the State Department of Education and the State Department of Health Care Services, shall develop guidelines for the use of funds from the Mental Health Services Fund by a county for innovative programs and prevention and early intervention programs to enter into and support the partnerships described in this part.*

(2) The guidelines shall include provisions for integration with funds and services supplemented with funds from the Youth Education, Prevention, Early Intervention and Treatment Account, created pursuant to subdivision (f) of Section 34019 of the Revenue and Taxation Code, to the extent that funds from that account are appropriated for purposes of this part.

(b) The State Department of Education shall develop guidelines for local educational agencies on the manner in which to enter into partnerships described in this part.

(c) The State Department of Health Care Services shall develop guidelines for county behavioral health departments on the manner in which to use funds from the Mental Health Services Fund and funds from the Medi-Cal program to enter into and support the partnerships described in this part.

5922. *(a) The County and Local Educational Agency Partnership Fund is hereby created in the State Treasury. Moneys in the fund are available, upon appropriation by the Legislature, to the State Department of Education for the purpose of funding the partnerships described in this part. The State Department of Education shall fund partnerships described in this part through a competitive grant program. Priority in funding shall be given to partnerships with local educational agencies that have demonstrated high levels of childhood adversity, including, but not limited to, high-poverty local educational agencies and schools eligible under the Community Eligibility Provision of the Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296) and local educational agencies and schools identified in the California Longitudinal Pupil Achievement Data System as having high rates of foster youth and homeless children and youth.*

(b) (1) For the 2018–19 fiscal year and each fiscal year thereafter, to the extent there is an appropriation in the annual Budget Act or another act made for purposes of this part, the Superintendent of Public Instruction shall allocate funds from that appropriation to the County and Local Educational Agency Partnership Fund.

(2) Other funds identified and appropriated by the Legislature may also be deposited into the County and Local Educational Agency Partnership Fund and used for the purposes specified in subdivision (a).

(c) Funds made available in the annual Budget Act for the purpose of providing educationally related mental health and substance use disorder services, including out-of-home residential services for emotionally disturbed pupils, whether required or not by an individualized education program, shall be used only for that purpose and shall not be deposited into the County and Local Educational Agency Partnership Fund. Nothing in this subdivision shall require the use of funds included in the minimum funding obligation under Section 8 of Article XVI of the California Constitution for the partnerships established by this part.

SEC. 3. *It is the intent of the Legislature that, commencing with the 2018–19 fiscal year, the State Department of Health Care Services utilize funds from the Youth Education, Prevention, Early Intervention and Treatment Account created pursuant to subdivision (f) of Section 34019 of the Revenue and Taxation Code to support the partnerships created pursuant to this act, and to allocate a portion of those funds only to counties that also provide funds from the Mental Health Services Fund and Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment mental health and substance use disorder funds for the purposes of this act.*