

Date of Hearing: April 8, 2021

ASSEMBLY COMMITTEE ON HIGHER EDUCATION

Jose Medina, Chair

AB 940 (McCarty) – As Introduced February 17, 2021

SUBJECT: College Mental Health Services Program

SUMMARY: Establishes the College Mental Health Services Program Act (CMHSPA) by appropriating an unspecified amount of money from the Mental Health Services Act (MHSA) administration fund. Requires funds appropriated under CMHSPA be allocated to the California State University (CSU), University of California (UC) and California Community Colleges (CCC) for increasing campus student mental health services and mental health-related education and training. Specifically, **this bill**:

- 1) Establishes the CMHSPA and requires funds appropriated under CMHSPA be allocated to the CSU, UC, and CCC for increasing campus student mental health services and mental health-related education and training.
- 2) Requires the campuses that participate in the CMHSPA to report annually on the use of funds to the applicable governing body and post the annual report on the use of the funds on its internet website. Requires the report to include, but not be limited to, all of the following:
 - a) How funds are being used;
 - b) Available evaluation data, including outcomes of the campus mental health programs funded under this grant program; and,
 - c) Program information regarding services being offered and the number of individuals being served.
- 3) Requires an undetermined annual appropriation from the administration fund of the MHSA to be distributed under the CMHSPA as follows:
 - a) An unspecified amount to be determined to the Board of Regents of the UC;
 - b) An unspecified amount to be determined to the Board of Trustees of the CSU; and,
 - c) An unspecified amount to be determined to the Board of Governors of the CCC.
- 4) Defines “Campus” to mean a community college district or an individual college or university.
- 5) Defines “governing bodies” to be the Board of Regents of the UC, if the UC chooses to accept the moneys to implement this program, the Board of Trustees of the CSU, and the Board of Governors of the CCC.

EXISTING LAW:

- 1) Establishes the MHSA, enacted by voters in 2004 as Proposition 63, to provide funds to counties to expand mental health 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.
- 2) Establishes the Mental Health Services Oversight and Accountability Commission (MHSOAC) to oversee the implementation of MHSA, made up of 16 members appointed by the Governor, and the Legislature, as specified. (Welfare and Institutions Code (WIC) Section 5845)
- 3) Specifies that the MHSA can only be amended by a two-thirds vote of both houses of the Legislature and only as long as the amendment is consistent with and furthers the intent of the MHSA. Permits provisions clarifying the procedures and terms of the MHSA to be amended by majority vote. (Section 18 of Proposition 63)
- 4) Provides that up to 5% of the total annual revenues received for the MHSA fund may be reserved for the costs of the Department of Health Care Services (DHCS), the California Behavioral Health Planning Council, the Office of Statewide Health Planning and Development, MSHOAC, the Department of Public Health, and any other state agency to implement all duties and the programs set forth in the MHSA. (WIC Section 5892)
- 5) Requires that, in order to receive state funds for student financial assistance, the governing board of each community college district, the Trustees of the CSU, the Regents of the UC, and the governing boards of independent postsecondary institutions to adopt a policy concerning sexual assault, domestic violence, dating violence, and stalking, as defined. (Education Code (EDC) Section 67386(a))
- 6) Requires that, in order to receive state funds for student financial assistance, the governing board of each community district, the Trustees of CSU, the Regents of the UC, and the governing boards of independent postsecondary institutions, to the extent feasible, enter into memoranda of understanding, agreements, or collaborative partnerships with existing on-campus and community-based organizations, including rape crisis centers, to refer students for assistance or make services available to students, including counseling, health, mental health, victim advocacy, and legal assistance, and including resources for the accused. (EDC Section 67386(c))

FISCAL EFFECT: Unknown

COMMENTS: *Double referral.* AB 940 was heard in the Assembly Committee on Health on March 23rd, 2021, where it passed with unanimous support.

Purpose. According to the author, “The mental health crisis that our college students are experiencing must be addressed. We can no longer accept that students are dropping out due to their mental health conditions and, even more alarming, that suicide is the second leading cause of death on our campuses. This bill would provide the crucial resources for campuses to hire counselors and create the infrastructure needed to fully address our students’ mental health needs.”

Center for Collegiate Mental Health (CCMH). The 2020 CCMH Annual Report was released in January of 2021. The Annual Report summarizes the state of college student mental health from US and international college counseling centers during the 2019-20 academic year. In addition, this year's report describes a revised Clinical Load Index (CLI), which was first introduced in the 2019 Annual Report, to better measure and compare staff levels and related impacts across counseling centers nationally.

The key takeaway from the new CLI distribution is that clinician caseloads matter to treatment access because when clinicians have a smaller caseload, students have better access to treatment. Findings demonstrated that counseling centers with low CLI scores are more likely to be smaller institutions. Students at these institutions are more likely to receive more appointments that are scheduled closer together and experience more symptom reduction during treatments. Centers on the high end of the CLI score are much more likely to focus on rapid access or crisis services and, in general, centers in this zone are managing very high demand that consistently exceeds supply and are more likely to provide a range of services, other than counseling, for students.

These centers on the high end of the CLI score often implement a variety of practices, such as requiring clinicians to offer a specific number of rapid access service hours per week, charging missed appointment fees, and holding workshops as an alternative to individual counseling. These findings can fundamentally alter the way colleges and universities understand and plan for mental-health services through the careful and transparent alignment of service goals, clinical practices, and funding. As a result, the CLI helps shift the question that institutions should be asking from, "How many staff should we have?" to "What services do we want to provide to our students?"

Other key findings from the 2020 CCMH Annual Report include:

- 1) Anxiety and depression continued to be the most common presenting concerns assessed by clinicians, but their rate of growth appears to be slowing;
- 2) Depression showed a mild decrease as a "check all" and a "top concern," whereas anxiety revealed a slight increase as a "top concern." Trauma has increased annually over the last seven years as "check all" and a "top concern," but it is still a less common concern;
- 3) The rate of students who report having prior counseling continued to increase. Approximately 60% of students seeking services at counseling centers are now reporting they have had prior mental health treatment;
- 4) The self-reported lifetime prevalence rates of "threat-to-self" characteristics (nonsuicidal self-injury, serious suicidal ideation, and suicide attempts) were relatively stable, unlike many prior years where this number continually increased; and,
- 5) Lifetime experience of traumatic events has continued to show mild increases for the past six to eight years.

The CCMH 2020 Annual Report describes 185,440 unique college students, nationally and internationally, seeking mental health treatment; 3,890 clinicians; and more than 1,395,685 appointments from the 2019-20 academic year.

Student Mental Health Initiative (SMHI). In June 2007, the MHSOAC voted to approve \$60 million in statewide initiative funds for a SMHI in response to the mass shooting that occurred on the campus of Virginia Polytechnic Institute and State University where 32 people were killed and 17 people were wounded. The proposal allocated \$34 million 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.

According to the California Community College Student Mental Health Program 2012-2015 Program Report, approximately 167,000 community college students, faculty, staff, and community members have been reached through prevention and early intervention trainings, presentations, events, and workshops. More than 38,000 students, faculty and staff have completed training to address chronic disease, Post-Traumatic Stress Disorder, behavioral health, suicide prevention, substance abuse, screening and brief intervention, and social change.

MHSA State Administration Operations. Voters approved the MHSA in November 2004. The MHSA imposes a 1% income tax on personal income in excess of \$1 million. During the last several years of strong economic growth in the state, the measure raised about \$2 billion each year for services such as preventing mental illness from progressing, reducing stigma and improving treatment. Altogether, counties have received upwards of \$16.5 billion.

Up to 5% of the MHSA revenue is reserved to finance State Administration operations under the MHSA. The re-allocation of the 5% withhold for administration fund to ongoing program activity would be a shift in policy from how these funds have been allocated historically and distributed under MHSA.

Argument in support. The California State University, the sponsor of this bill, writes that “AB 940 appropriates ongoing funding from the Mental Health Services Act’s Administrative Fund, established under Proposition 63, to the state’s three public higher education segments. This account is separate from the funding that is directed to counties and has historically been underutilized. Addressing student mental health is a unique and important part of the state’s mental health continuum of care, and providing steady funding to the state’s public colleges will enable targeted solutions for this particular segment of the population.”

“Prior to the COVID-19 pandemic, 40 percent of college students reported experiencing significant mental health problems including depression, anxiety, eating disorders, and suicidal ideation. Today, research indicates that those who report they struggle with mental health issues are twice as likely to drop out of school; one in four students has a diagnosable mental illness; and 40 percent of students do not seek mental health services when they need it. Additionally, eight out of 10 people who experience psychosis have their first episode between 15 and 30 years of age.”

Arguments in opposition. The County Behavioral Health Directors Association of California writes that, “AB 940 would require Mental Health Services Act (MHSA) administrative funds to be used for the purpose of increasing campus student mental health services and mental health-related education and training on California campuses. The MHSA, as passed by voters, includes an allocation of up to 5% of MHSA revenue to finance State Administration operations under the

MHSA. This bill seeks to annually divert an unspecified amount of funds intended for the administration of MHSA to fund the above described programs and services.”

“CBHDA respectfully opposes AB 940 because of the volatility of these funds. The annual volatility makes unpredictable the amount available or even if funds are available for additional purposes beyond those specified in existing law. CBHDA does not support an on-going appropriation of MHSA administrative funds, especially when the amount is not specified. As highlighted by the Health Committee analysis, the MHSA administrative account is currently oversubscribed. Any funds diverted from the MHSA administrative account will adversely impact the role of the agencies that support the overall management of the MHSA.”

Is the Administrative Fund oversubscribed? The author notes that, per data from the Department of Finance, the appearance of fund oversubscription may be misleading, as annually a remaining balance has transferred. In fiscal year 2019-2020, that balance was more than \$173 million. To address this surplus, the Legislature and the Department of Finance nearly doubled expenditures between fiscal year 2018-19 and fiscal year 2019-20. This still left an ending balance in the Administrative Fund in excess of \$130 million. Currently, the Administrative Fund is projected to have a surplus of \$46 million in fiscal year 2021-22.

Committee staff notes that AB 940 does not currently specify the amount of funds to be drawn from the MHSA administrative account, or the split between UC, CSU, and the CCC. It is the Committee’s understanding that these final numbers are being negotiated, and will be included in a future amendment.

Related legislation. AB 552 (Quirk Silva) authorizes local educational agencies (LEAs) and county behavioral health agencies to enter into partnerships to provide school-based behavioral health and substance abuse disorder services on school sites; and authorizes the billing of private insurance providers for these services under specified conditions. AB 552 is pending in the Assembly Health Committee.

AB 586 (O’Donnell) establishes the School Health Demonstration Project to expand comprehensive health and mental health services to students by providing intensive assistance and support to selected LEAs to build the capacity for long-term sustainability through leveraging multiple funding streams and partnering with county Mental Health Plans, Managed Care Organizations, and community-based providers. AB 586 is pending in the Assembly Education Committee.

AB 883 (O’Donnell) requires Proposition 63 MHSA funds unused by counties, within a specified period, to be reallocated to LEAs in that county to provide student mental health services. AB 883 is pending in the Assembly Health Committee.

SB 229 (Dahle) requires DHCS, in consultation with California Department of Education (CDE), to provide up to \$500 million in grants annually to LEAs and private schools, to provide mental health services for pupils affected by school closures and distance learning requirements resulting from the COVID-19 pandemic, subject to an appropriation by the Legislature for this purpose. SB 229 is pending in the Senate Health Committee.

SB 508 (Stern) requires specified health care service plans, health insurers, and Medi-Cal managed care plan to enter into a memorandum of understanding (MOU) with all LEAs where

15% or more of the pupils of that LEA are insured by the plan or insurer; authorizes the LEA to bill for mental health and substance use disorder services provided if the plan or insurer fails to enter into a MOU with the LEA; approves telehealth as an approved modality for provision of specified services by an LEA; and authorizes a school district to require parents provide information on a pupil's health care coverage. SB 508 is pending in the Senate Health Committee.

Prior legislation. AB 1689 (McCarty) of 2019, substantially similar to this bill would have established the CMHSPA and allocated \$40M annually from the administrative account of the MHSA administration fund to the Board of Regents of the UC, the Board of Trustees of the CSU, and the Board of Governors of the CCC, as specified, to implement the CMHSPA. AB 1689 was held in Assembly Appropriations.

AB 8 (Chu, 2019) would have required schools to have one mental health professional for every 400 pupils accessible on campus during school hours, and for schools of less than 400 pupils, to employ at least one mental health professional for one or more schools or enter into an agreement with a county agency or community-based organization to provide mental health services to pupils. AB 8 was held in the Senate Health Committee.

SB 75 (Committee on Budget and Fiscal Review), Chapter 51, Statutes of 2019, establishes the Mental Health Student Services Act as a mental health partnership competitive grant program for the purpose of establishing mental health partnerships between a county's mental health or behavioral health departments and school districts, charter schools, and the county office of education within the county, as provided. Also requires the CDE to jointly convene with the DHCS a workgroup that include representatives from LEAs, appropriate county agencies, and legislative staff to develop recommendations on improving coordination and expansion of access to available federal funds through the Medi-Cal Billing Option Program, the School-based Medi-Cal Administrative Activities Program, and medically necessary federal Early and Periodic Screening, Diagnostic, and Treatment Services benefits.

AB 258 (Jones-Sawyer, 2019) would have established the School-Based Pupil Support Services Program Act, to provide grants to LEAs for increasing the presence of school health professionals at school sites and providing programs that prevent and reduce substance abuse among pupils. The source of the state funding for the grants awarded under the program would have been an appropriation from the Youth Education, Prevention, Early Intervention and Treatment Account established pursuant to the Control, Regulate and Tax Adult Use of Marijuana Act (Proposition 64). AB 258 was vetoed by the Governor with the following message:

I support increased access to mental health prevention, early intervention, and support programs in schools, which is why I worked with the Legislature to provide an additional \$50 million for those programs. While well intentioned, this bill, however, attempts to change the fund allocation process specified by Proposition 64. DHCS has already directed these funds toward expanding access to childcare, which is one of our shared priorities and a commitment reflected in this year's budget deal.

AB 2022 (Chu) Chapter 484, Statutes of 2018, requires each school of a school district or county office of education, and charter schools, to notify students and parents or guardians of pupils, at

least twice per school year, about how to initiate access to available student mental health services on campus or in the community.

AB 2471 (Thurmond, 2018) would have required the transfer of funds from the Youth, Education, Prevention, Early Intervention and Treatment Account established through the passage of the Control, Regulate and Tax Adult Use of Marijuana Act to the CDE to establish a grant program which would allow schools to provide in-school support services to pupils. AB 2471 was held in the Assembly Appropriations Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

AFSCME, AFL-CIO

Association of California Community College Administrators

Cal State Student Association

California Center for Civic Participation

California Community College Mental Health and Wellness Association

California League of United Latin American Citizens

California State University, Office of The Chancellor (Sponsor)

Chicano Latino Youth Leadership Project, Inc.

Community Memorial Health System

Families in Schools

Health Services Association California Community Colleges

Hispanic Association of Colleges and Universities (HACU)

John Burton Advocates for Youth

Kheir Clinic

Moorpark Chamber of Commerce

National Association of Student Personnel Administrators (NASPA)

Reyes Scholarship Fund

Rio Hondo College

San Jose-Evergreen Community College District

The Education Trust - West

University of California

Opposition

County Behavioral Health Directors Association of California

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