

Date of Hearing: April 5, 2022

**ASSEMBLY COMMITTEE ON HIGHER EDUCATION**

Jose Medina, Chair

AB 1987 (Salas) – As Introduced February 10, 2022

**SUBJECT:** Postsecondary education: student mental health spending: report.

**SUMMARY:** Requires the University of California (UC), the California State University (CSU), and the California Community Colleges (CCC) Chancellor's Office (CCCCO) to submit an annual report by March 1 to specified entities on the use of funds allocated for student mental health resources. Specifically, **this bill**:

- 1) Requires the annual report by UC, CSU, and CCCCCO, as enumerated in the summary above, be submitted to the Department of Finance (DOF) and relevant policy and fiscal committees of the Legislature.
- 2) Requires the report to include, but not be limited to, all of the following information:
  - a) The unduplicated number of students receiving campus mental health services, disaggregated by race and ethnicity, gender, age group, source of insurance coverage, and type of service received;
  - b) The average wait time for initial routine counseling appointments;
  - c) The average number of campus mental health counseling appointments per student;
  - d) The number of students referred to community providers for mental health services;
  - e) Total spending on student mental health services, by fund source;
  - f) The number of student mental health staff by provider type and counselor-to-student ratio;
  - g) The amount of funds distributed to campuses, and identification of which campuses received funds;
  - h) For each campus, a programmatic budget summarizing how the funds were spent. The budget shall include any other funding used to supplement the General Fund;
  - i) A description of the types of programs in which each campus invested; and,
  - j) Other findings and best practices implemented by campuses.

**EXISTING LAW:**

- 1) Establishes the UC as a public trust to be administered by the Regents of the UC; and, grants the Regents full powers of organization and government, subject only to such legislative control as may be necessary to insure security of its funds, compliance with the terms of its endowments, statutory requirements around competitive bidding and contracts, sales of

property and the purchase of materials, goods and services (Article IX, Section (9)(a) of the California Constitution).

- 2) Establishes the Donahoe Higher Education Act, setting forth the mission of the UC, CSU, and CCC (Education Code (EC) Section 66010, et seq.).
- 3) Confers upon the CSU Trustees the powers, duties, and functions with respect to the management, administration, control of the CSU system and provides that the Trustees are responsible for the rule of government of their appointees and employees (EC Sections 66606 and 89500, et seq.).
- 4) Establishes the CCC under the administration of the Board of Governors of the CCC, as one of the segments of public postsecondary education in this state. The CCC shall be comprised of community college districts (EC Section 70900).

**FISCAL EFFECT:** Unknown

**COMMENTS:** *Student mental health crisis.* According to the American College Health Association and the Health Minds Network, which has served as the voice for student health and wellness since 1920, a recent study and report conducted by the Network, entitled, “The Impact of COVID-19 on College Student Well-Being,” the COVID-19 pandemic has worsened mental health among college students. Nationwide, 60% of college students responded that the pandemic had made it more difficult to access mental health care.

Additionally, the study and report found that symptoms of mental health conditions remain high in college students, both before and after the start of the pandemic. Relative to Fall 2019, the prevalence of depression increased and substance use decreased in Spring 2020. Further, in March through May 2020, a higher proportion of students reported that their mental health negatively affected their academic performance.

Lastly, the study and report found that the prevalence of depression among college students nationally increased from 36% in Fall 2019, to 41% in Spring 2021, while the prevalence of anxiety increased from 31% to 34%.

*Purpose of the measure.* According to the author, “There is inconsistent, limited data being provided by the UC, the CSU, and the CCC on their state spending on mental health services.” The author contends that, “It is of vital importance that California have accurate data on the outcomes of mental health services at higher education campuses and where the spending is being targeted. The state needs to ensure that mental health spending is being used in the most effective way possible and improving student mental health and wellbeing.”

Further, the author states that, “If enacted, AB 1987 will provide the Legislature with the data necessary to target and augment spending on student mental health in California and ensure that state spending is being utilized in an efficient way that is having a positive impact on our students.”

This measure, in part, requires the UC, CSU and CCCCCO, to submit an annual report by March 1 to the DOF and relevant budget and policy committee of the Legislature, on the use of funds allocated for student mental health resources.

*Campus-provided mental health services.* According to the Legislative Analyst's Office (LAO) December 10, 2021 Budget and Policy Post, *Overview of Mental Health Services for College Students*, all 10 of the UC campuses, all 23 of the CSU campuses, and at least 90 of the 116 CCC campuses provide student mental health services.

Campus policies vary on the exact number of counseling sessions students may receive, with some campuses setting a limit (typically between six to twelve sessions/year). Other campuses leave the number of sessions to the discretion of the mental health care professionals. Other typical campus-provided services include crisis intervention (such as a hotline) for students experiencing urgent mental health concerns, as well as case management to connect students to other campus and community resources.

Additionally, campuses provide various kinds of outreach on mental health issues, including, but not limited to the following: trainings, workshops, peer support programs and online resources. According to the LAO, UC campuses tend to offer the broadest array of services, including psychiatry services provided by medical doctors who are able to prescribe medications; CCC campuses typically offer the narrowest array of services.

*How does it all work?* Many campuses typically hire various types of licensed mental health professionals, including psychologists, clinical social workers, clinical counselors, marriage and family therapists, and psychiatrists. Some campuses also utilize graduate and postgraduate level trainees who provide mental health services under supervision of a licensed professional.

Further, some campuses contract with third parties, including, but not limited to, telehealth vendors, to provide or augment mental health services for its students. Some campuses, while not common, have agreements with community providers to deliver services to students on campus.

Campus-provided mental health services are largely supported via student fees. Said fees are typically charged to the general study body, rather than to individual students utilizing the services. Fee levels vary by segment and campus:

- 1) The UC charges all students a systemwide Student Service Fee of \$1,128/academic year. This fee supports a broad range of services, including mental health.
  - a) Six UC campuses also charge additional fees for health services – which include physical and mental health, ranging from \$85 to \$549/academic year.
- 2) The CSU does not have a systemwide student services fee, but all CSU campuses charge health services fees.
  - a) Fees range from \$150 to \$740/academic year.
- 3) The CCC does not have a systemwide student services fee, but CCC districts are authorized under state law to charge health services fees of up to \$44/academic year.
  - a) Most CCC districts charge such fees, with many of them charging at or near the maximum rate.

Committee Staff understands that campuses traditionally do not charge user fees for counseling visits.

*Recent state budget actions.* As student mental health services needs continue to grow and students' are faced with long delays before being seen by a mental health professional, due, in part, to the campuses budget constraints, the State in 2017-18, began appropriating earmarked funding to the UC, CSU, and CCC for student mental health services. Initially, the funds were one-time only; however, the State began to provide an on-going General Fund appropriation for student mental health services at the UC in 2019-20, and at the CSU and CCC in 2021-22.

The 2021-22 Budget Act appropriated roughly \$65 million in on-going student mental health services funding: \$15 million to the UC; \$15 million to the CSU; and, \$30 million to the CCC

Each segment has discretion over how to allocate the on-going funds to its campuses. The allocation methods vary by segment, but they typically account for differences among campuses in their student enrollment and demographics. With the increase in state funding for student mental health services, comes a need for data; however, according to the LAO, data on mental health utilization and outcomes is limited.

*Student mental health services data.* Historically, according to the LAO, only the UC has tracked systemwide utilization of campus mental health services. In 2019-20, UC campuses collectively provided counseling services to approximately 34,000 students, equaling 12% of total UC enrollment. The UC provided psychiatry services to approximately 6,400 students, equaling 2% of total UC enrollment.

The CCC recently began collecting utilization data, reporting that roughly 59,000 students, equaling 2% of total CCC enrollment, received any mental health services in 2019-20.

Across the UC, CSU, and CCC, data is *not* available on the impact of mental health services on students' academic or clinical outcomes. According to the LAO, measuring the outcomes of mental health services remains a challenge among all providers, not only on college campuses. The LAO finds that the main challenge is that academic and health practitioners have not yet developed an agreed-upon set of measurable mental health outcomes that are consistently reported.

The LAO finds given recent state augmentations and continued interest in student mental health services, the Legislature may want to monitor student mental health services more closely in coming years. The LAO contends that, "Moving forward, the Legislature will need more comprehensive, consistent information to assess whether the recent augmentations are improving access to mental health services, whether future augmentations are warranted, and how those future augmentations should be targeted."

This measure appears to address some of the LAO recommended expansion of mental health reporting requirements at the UC, CSU, and CCC.

*Committee comments and amendments.* This measure, in part, requires the segments to include a variety of data metrics in their reports. Including, the unduplicated number of students receiving campus mental health services, disaggregated by race and ethnicity, gender, age group, source of insurance coverage, and type of service received; the number of student mental health staff by provider type and counselor-to-student ratio; the average wait time for initial routine counseling appointments; and, other findings and best practices implemented by campuses.

Committee Staff understands that some of the segments' computer systems do *not* delineate "race and ethnicity" but are programed as "race/ethnicity". Further, some of the segments' do not currently track the demographics/number of students who are receiving services outside of one-on-one counseling –so this data would *not* be representative of students participating in group counseling or peer-to-peer counseling.

Segments' track race, gender, and age for those who are receiving individual counseling. However, some segments do *not* ask for insurance type, and health insurance is *not* a current requirement for students to enroll at the CSU. The type of service received will be individual counseling – because that is the student data that can be collected and reported.

Presently, it is unclear what is meant by "routine counseling appointment". Clarity on what constitutes a "routine counseling appointment" is needed; would that be deemed a non-emergency? For students in crisis, they should always be seen that same day. The term that some of the segments use is "initial counseling assessment". Additionally, the definition of "student mental health staff" is unclear. Clarity on the definition of "student mental health staff" is needed because there may be case managers housed under the Basic Needs Offices, for example, who interact with students in referring them to external providers.

Further, Committee Staff understands that it would be best if the segments' share the number of mental health providers by campus *without* differentiating them by provider "type" (which vary and could be interpreted as marriage-family therapists vs psychologists, etc.). Additionally, the counselor-to-student ratio may not be the best metric - as it does not include these other staff members, peer advisors, group counseling sessions, etc. in representing how students are receiving mental health services.

Including "other findings and best practices implemented by campuses" seems rather expansive. Committee Staff understands that the better policy solution that segments' can implement would be to provide examples of effective/best practice-type programs that campuses invested in without saying that one campus hired and trained X number of student peer counselors and another campus Y number, etc.

*With the aforementioned in mind, the Committee recommends, and the author has accepted, the following amendments:*

66023.7. (a) (1) The unduplicated number of students receiving campus mental health services, disaggregated by ~~race and~~ race/ethnicity, gender, age ~~group~~, source of insurance coverage, and type of service received.

(2) The average wait time for initial ~~routine counseling appointments~~ counseling assessment.

(5) Total spending on student mental health services, by fund source; for each campus.

(6) The number of ~~student mental health staff by provider type and counselor-to-student ratio~~ mental health counselors employed in the campus counseling center.

~~(10) Other findings and best practices implemented by campuses.~~

Provisional language in the 2021-22 Budget Act requires the CCC to report every three years and the CSU and UC to report annually on the aforementioned state funds, including how the funds were distributed among and used by campuses. Committee Staff understands that the reporting requirements commence in June 2023.

This measure requires the UC, CSU and CCCCCO, to submit an annual report by March 1 to the DOF and relevant budget and policy committees of the Legislature, on the use of funds allocated for student mental health resources. It would appear that if a similar report is issued annually, but at different times of the year, by the UC and CSU, and every three years by the CCC, there could be not only redundancy in the reporting, but confusion, and an additional workload for campus and systemwide staff.

*Moving forward, the author may wish to work with this Committee and the segments in order to align the goals of this measure and that of the report based on the 2021-22 Budget Act so that only one report is provided to the appropriate entities capturing the specified data sets in this measure.*

**REGISTERED SUPPORT / OPPOSITION:****Support**

California Council of Community Behavioral Health Agencies  
Steinberg Institute

**Opposition**

None on file.

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