

Date of Hearing: April 23, 2019

ASSEMBLY COMMITTEE ON HIGHER EDUCATION

Jose Medina, Chair

AB 1689 (McCarty) – As Amended April 1, 2019

SUBJECT: College Mental Health Services Program

SUMMARY: Establishes the College Mental Health Services Program Act (CMHSPA) that, upon appropriation by the Legislature to the governing bodies of the University of California (UC), California State University (CSU), and California Community Colleges (CCC), makes funds available to the grant program established under this bill. Specifically, **this bill:**

- 1) States Legislative intent to authorize the governing bodies to allocate grant moneys to participating individual campuses to support various activities relating to mental health, and authorizes these entities to allocate funds to provide training to their campuses throughout the state on specified matters related to mental health.
- 2) Defines for purposes of this bill:
 - a) Campus means a community college district or an individual college or university; and,
 - b) Governing bodies means 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.
- 3) Requires the governing bodies to establish a grant program for their respective campuses, in collaboration with county behavioral health departments to improve access to mental health services and early identification or intervention programs.
- 4) Provides that these funds be used for, but are not limited to, contracting with independent public or private entities to provide mental health services.
- 5) Requires the governing bodies to establish grant program guidelines and to develop a request for application (RFA) that includes, but is not limited to, all of the following:
 - a) Eligibility standards of applicants in order to qualify to be considered for a grant award;
 - b) Requires program components to be included in the grant application, which may include, but are not limited to:
 - i) The ability of the program to meet the needs of students that cannot be met through existing funds;
 - ii) The ability of the program to fund the matching component required by item 8) below;
 - iii) The ability of the campus, in partnership with the local county, to establish direct linkages for students to community-based mental health services;

- iv) The ability of the campus to address direct services, including, but not limited to, increasing staff-to-student ratios and decreasing wait times; and,
 - v) The ability to participate in evidence-based and community-defined best practice programs for mental health services improvements.
- c) Requires preferred program or service components to be included in the grant application to include, but not be limited to:
- i) The ability of the campus to serve underserved and vulnerable populations;
 - ii) 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;
 - iii) The ability of the campus to reduce racial disparities in access to mental health services;
 - iv) The ability of the campus to fund mental health stigma reduction activities;
 - v) 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;
 - vi) 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 health insurance status of that student, for those students who are shown to have a need for services;
 - vii) 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; and,
 - viii) 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.
- 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; and,
- f) Timelines and deadlines for grant applications and anticipated funding award determinations.

- 6) Requires campuses, in collaboration with their local county behavioral health department, to submit their grant application to the governing bodies according to the guidelines adopted under this bill.
- 7) Authorizes the governing bodies, to the extent that an application follows the guidelines adopted under this bill and states what activities will be undertaken in accordance with those guidelines, to approve grant programs and to award funding.
- 8) Authorizes grants to be awarded to campuses or a grouping of campuses within the segments.
- 9) Requires total grant funding to campuses, by segment to be proportional to the number of students served by that segment, but the governing board is not to award more than a \$500,000 grant per campus, per application.
- 10) Limits grant awards to campuses that will provide an equal commitment of funds or other form of commitment match to be determined by the governing body, in consultation with the applicant, based on resources and existing mental health needs of students from the campus/campuses. Allows for the commitment of funds to include in-kind funds, student health fee funds, with notification to the student association, and other appropriate funds as determined by the governing body under the guidelines adopted under (6) above.
- 11) Requires grants to be awarded on a competitive basis based on the applicant's ability to meet the application standards and prioritization of these standards as determined by the governing body through the development of the RFA guidelines adopted under (6).
- 12) Requires individual grant award allocations to be expended over at least one but not more than three years, as determined by the governing body through the grant award process.
- 13) Requires costs associated with administering an approved program to be limited to 5% of the total grant amount for any grantee. Provides that administrative costs incurred by the governing body to administer this program shall not exceed 5% of the total funds annually.
- 14) Prohibits funding provided under this bill from being used to supplant existing campus, state, or county funds utilized to provide mental health services.
- 15) Requires the governing body, when requested, to provide technical assistance to smaller campuses and county behavioral health departments during the application process to ensure equitable distribution of the grant award.
- 16) Requires campuses that have been awarded grants to report annually on the use of grant funds to the applicable governing body and to post the annual report on the use of the funds on their websites. 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; and,
 - d) Plans for sustainability of mental health programming beyond the funding from this part.
- 17) Requires, upon appropriation of funds for the purposes of this bill, each governing body to contract with a public or private research university or institute in this state to evaluate the program. Requires the governing body to develop the research design and issue a request for proposal for a contract for the evaluation, with the assistance of the Department of Finance.
- 18) Requires each governing body to submit the final research design and request for proposal to the chairperson of the Joint Legislative Budget Committee no more than 30 days prior to executing a contract for the evaluation.
- 19) Requires each governing body to submit the evaluation to the Legislature by February 1, 2023, and annually thereafter no later than February 1 of each year, evaluating the impact of the program and providing recommendations for further implementation. Requires the governing body to make the report available to the public and to post the report on its website.
- 20) Requires the report in 19) to include, but not be limited to, the following:
- 21) A financial accounting of all funds awarded, disbursed to grant recipients, and remaining to be allocated;
- 22) Available evaluation data, including outcomes of the mental health programs funded pursuant to the grant program;
- 23) Program information regarding services being offered and the number of individuals being served;
- 24) Plans for sustainability of mental health programming beyond the funding from the grant program; and,
- 25) A financial accounting of all administrative expenditures by the governing body.
- 26) Appropriates \$20 million dollars from the Mental Health Services Act (MHSA) funds specified as part of the 5% of the annual MHSA appropriation that is allocated to the Department of Health Care Services (DHCS), California Behavioral Health Planning Council (CBHPC), the Office of Statewide Health Planning and Development (OSHPD), the Mental Health Services Oversight and Accountability Commission (MSHOAC), the Department of Public Health (DPH) and any other state agencies to conduct all administrative duties related to implementation of the MHSA.
- 27) Requires the \$20 million dollars to be distributed as follows:
- 28) Five million dollars to the Board of Regents of the UC;
- 29) Five million dollars to the Board of Trustees of the CSU; and,

30) Ten million dollars to the Board of Governors of the CCC.

31) Requires funds appropriated under this bill to be used to implement the CMHSPA.

EXISTING LAW:

- 1) Establishes the MHSA, enacted by voters in 2004 by 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.
- 2) Establishes the MHSOAC to oversee the implementation of MHSA, made up of 16 members appointed by the Governor, unless otherwise specified.
- 3) Provides that up to five percent of the total annual revenues received for the MHSA fund may be reserved for the costs of the DHCS, CBHPC, OSHPD, MSHOAC, DPH, and any other state agency to implement all duties under the programs set forth in the MHSA.
- 4) 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 shall adopt a policy concerning sexual assault, domestic violence, dating violence, and stalking, as defined.
- 5) 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, shall 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.

FISCAL EFFECT: Unknown.

COMMENTS: *Need for the bill.* According to the author, California faces a tremendous need for mental health services. However, an often forgotten part of this discussion is our college-age students. Many of our public colleges do not have mental health services for their students on campus, particularly at the community college level. Often college aged students do not seek mental health services when they need it. The stigma around mental health is something that can improve if we increase access to mental health services for students. The author concludes that if students have the resources they need, which is the intent of this bill, the more likely they will be to seek help.

Background. The 2018 Center for Collegiate Mental Health (CCMH) Annual Report, found that self-reported lifetime prevalence rates of “threat-to-self” characteristics (self-injury, suicidal ideation, suicide attempts) increased for the eighth year in a row, highlighting the important service that counseling centers serve in supporting students at risk and the broader national success in identifying and referring students who need help. Students reporting lifetime threat-to-self characteristics, when seeking treatment, use an average of 20 to 30% more services than

students who do not (CCMH 2015), which further increases the strain on counseling centers as they seek to balance being responsive to new students in distress while also providing effective treatment for those who need it.

Additional findings in the 2018 CCMH Annual Report include:

- 1) Anxiety and depression (as reported by students and their counselors) continue to be the most common presenting concerns for college students, as identified by counseling center staff. Anxiety did not increase in prevalence for the first time in four years, whereas depression continued to increase in 2017-18.
- 2) Students' average rates of self-reported anxiety and depression continue to increase while other areas of self-reported distress remain flat or decreasing.
- 3) Nearly 36% of students seeking treatment endorsed having experienced serious suicidal ideation in their lifetime but only 8.2% of students seeking treatment report serious suicidality in the last month. Clinicians identified suicidality as a current concern for just under 10% of students.
- 4) The prevalence rate of students who have received prior mental health treatment continues to remain largely flat over eight years. However, the rate of students who have received prior counseling has trended up over the last three years, with 54.4% of students seeking treatment indicating they have been in counseling before.

The 2018 CCMH Report describes 179,964 unique college students seeking mental health treatment; 3,723 clinicians; and more than 1.3 million appointments from the 2017-18 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.

Arguments in support. The Steinberg Institute, sponsor of this bill states that this bill will go a long way toward improving the way we provide mental health care in California. California is home to 113 CCC campuses, 23 CSU campuses, and 10 UC campuses. These institutions

together serve nearly three million public college students and studies show that the mental health needs of this population are great. Seventy-five percent of all mental health disorders start by age 24 and suicide remains the second leading cause of death for youth ages 15 to 24 age, taking hundreds of lives every year in California alone. The mental health needs of public college students are growing, as are the pressures they face (food and housing insecurities for example) while mental health supports lag far behind to deal with the long-lasting impacts of these and many other challenges. The Steinberg Institute concludes this must change and this bill is a crucial step to ensuring it does.

Double referral. This bill was heard on April 9, 2019 in the Assembly Health Committee, where it passed on consent with unanimous support.

Related and prior legislation. AB 916 (Muratsuchi) requires that the target populations identified in the California Suicide Prevention Act of 2000 (the Act) be expanded to include community college, four-year College, and university undergraduate and graduate students for purposes of public awareness and education campaign on suicide prevention and treatment. AB 916 in pending in the Assembly Appropriations Committee.

AB 2017 (McCarty, 2016) was substantially similar to this bill. AB 2017 was vetoed by former Governor Brown. The veto message read:

This bill requires the Mental Health Services Oversight and Accountability Commission to establish a grant program for mental health services at public colleges and universities, subject to a future appropriation. While well-intentioned, the bill is premature as it commits to a particular program structure without specifying the amount or source of funding. Without this pertinent information, I cannot give this matter full consideration, given the complexities of mental health funding.

AB 2246 (O'Donnell), Chapter 642, Statutes of 2016, requires the governing board or body of a local educational agency, as defined, that serves pupils in grades seven to 12, inclusive, to, before the beginning of the 2017–18 school year, adopt a policy on pupil suicide prevention, as specified, that specifically addresses the needs of high-risk groups.

REGISTERED SUPPORT / OPPOSITION:

Support

American Academy of Pediatrics, California
California Council of Community Behavioral Health Agencies
California State University
County Behavioral Health Directors Association
Hispanic Association of Colleges and Universities
Steinberg Institute
Youth Forward

Opposition

None on file.

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