ASSEMBLY BILL No. 2017

Introduced by Assembly Member McCarty

(Coauthors: Coauthors: Assembly Member Gonzalez, Members Bonta, Chang, Cristina Garcia, Gonzalez, and Levine)

(Coauthors: Senators Hancock and Pan)

February 16, 2016

An act to add and repeal Part 3.3 (commencing with Section 5832) of Division 5 of the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 2017, as amended, McCarty. College Mental Health Services Program.

Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act provides that it may be amended by the Legislature by a 2/3 vote of each house as long as the amendment is consistent with and furthers the intent of the act.

The act establishes the Mental Health Services Fund, continuously appropriated to and administered by the State Department of Health
Care Services, to fund specified county mental health programs, including prevention and early intervention programs and programs implemented under the Adult and Older Adult Mental Health System of Care Act. The act authorizes the payment of administrative costs of the state from the fund in an amount not greater than 5% of the annual total deposited in the fund and otherwise specifies the distribution of moneys in the fund.

This bill, until January 1, 2022, would establish the College Mental Health Services Trust Account, would, beginning July 1, 2017, transfer $40,000,000 annually to that account from 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 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 annually on the use of grant funds and to post that information on their Internet Web sites. The bill would also require the department to submit a report to the Legislature evaluating the impact of the program, as specified.

By changing the funding structure approved by the voters, this bill would amend the Mental Health Services Act. The bill would state the finding of the Legislature that the measure is consistent with and furthers the purposes of the Mental Health Services Act. The bill would make other finding and declarations.

State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. (a) The Legislature finds and declares that this all of the following:

(a) 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 has a diagnosable mental illness and 40 percent of students do not seek mental health when they need it.
Eight out of 10 people who experience psychosis have their first episode between 15 and 30 years of age.

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.

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.

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.

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.

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 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 health 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 plan, health insurance, or Medi-Cal.

(H) 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.

(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, funds after notification to the student association, 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 and post the annual report on the use of the funds on their Internet Web sites. 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.