

GOVERNOR'S VETO
AB 552 (Quirk-Silva)
As Enrolled August 26, 2022
2/3 vote

SUMMARY

Authorizes local educational agencies (LEAs) and county behavioral health agencies to enter into an Integrated School-Based Behavioral Health Partnership Program 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.

Senate Amendments

- 1) Authorize services to be provided under the program by any other licensed behavioral health professional practicing within the scope of their license and providing behavioral health services who is deemed appropriate by the partnership program and who meets any applicable Medi-Cal requirements.
- 2) Require the LEA to notify parents of the prevention and early intervention behavioral health services offered for pupils under this program, and to provide a form allowing parents to withhold consent for their child to receive such services and to opt out their child under 12 years of age.
- 3) Require when a designated behavioral health professional makes a referral to the network provider of a private plan or a preferred provider of a private insurer, the designated behavioral health professional to also follow up with the parent or guardian, or pupil, as appropriate, to determine if the pupil was able to attain the services for which they were referred. Also require the partnership program to keep record of the number of pupils referred to their private coverage and whether these pupils were able to utilize the services for which they were referred until January 1, 2026, and report this information annually to the Department of Managed Health Care and the Department of Insurance.
- 4) Define terms, including "private insurer", "private plan", and "privately covered pupil".
- 5) Various technical changes.

Governor's Veto Message

This bill would permit local educational agencies and county behavioral health agencies to enter into partnerships to provide prevention and early intervention, and access to behavioral health and substance use disorder services for pupils at appropriate school-based locations.

While I share the author's goal of addressing the mental health needs of children and youth, the partnership programs proposed under this bill would duplicate requirements for school-based behavioral health services being developed pursuant to the Children and Youth's Behavioral Health Initiative (CYBHI), which take effect in 2024. Implementation of the CYBHI's statewide all-payer fee schedule will provide a solution to the issue that this bill attempts to address. Additionally, I am concerned that this bill could create significant one-time and ongoing costs in the millions of dollars for the departments that would play a role in implementing these programs.

With our state facing lower-than-expected revenues over the first few months of this fiscal year, it is important to remain disciplined when it comes to spending, particularly spending that is ongoing. We must prioritize existing obligations and priorities, including education, health care, public safety and safety-net programs.

The Legislature sent measures with potential costs of well over \$20 billion in one-time spending commitments and more than \$10 billion in ongoing commitments not accounted for in the state budget. Bills with significant fiscal impact, such as this measure, should be considered and accounted for as part of the annual budget process.

For these reasons, I am unable to sign this bill.

COMMENTS

Youth mental health crisis intensifying as a result of the COVID-19 pandemic. The American Academy of Pediatrics noted in recent guidance that "emotional and behavioral health challenges were of growing concern before the COVID-19 pandemic, and the public health emergency has only exacerbated these challenges." Prior to the pandemic, the incidence of youth mental health crises was increasing at an alarming rate. Suicide rates among youth ages 10-24 increased over 57% between 2007 and 2018, and as of 2018 suicide was the second leading cause of death for youth ages 15-19, according to the Centers for Disease Control and Prevention (CDC). Youth visits to pediatric emergency departments for suicide and suicidal ideation also doubled during this time period (Burstein, 2019).

According to the Author

"As a teacher for over 30 years, there has been a slow but increased understanding of mental and behavioral health especially in children. As California continues to grapple with the COVID-19 pandemic, we are experiencing an unprecedented rise in behavioral health needs among children and youth. Isolation, anxiety over the uncertainty of the immediate and long-term future, lack of peer support, and concerns with family have and will continue to take a toll with children and youth. Behavioral health, mental wellness and support will be crucial when students return to school. In order to serve the mental and behavioral needs of students and provide support to teachers, collaboration is crucial."

Arguments in Support

The County Behavioral Health Directors Association, co-sponsors of this bill, state "AB 552 would create the Integrated School-Based Behavioral Health Services Partnership Program encouraging LEAs and county behavioral health agencies to collaborate on providing on-school-campus services for students at the earliest onset of a behavioral health condition. Currently, 85% of county behavioral health agencies provide specialty mental health services (SMHS) on school campuses and 53% of agencies provide substance use disorder (SUD) services on campus. Most county behavioral health agencies cover less than half of school campuses providing school-based SMHS. County behavioral health agencies currently cover less schools with SUD services. Thirty-two counties indicated that they cover less than 20% of school campuses with SUD services. In general, county behavioral health agencies serve Medi-Cal beneficiaries and uninsured students on school campuses.

According to a survey of county behavioral health agencies, a barrier encountered in expanding county behavioral health services on school campuses is the reluctance on the part of schools to allow county behavioral health professionals on campus unless all students can be served,

including privately insured students. Understandably, school administrators are reluctant to have groups of students treated differently if a behavioral health need is identified. The Partnership Programs will allow LEAs and county behavioral health agencies to serve all referred students. County behavioral health professionals will provide a warm hand-off to private plan providers for privately-insured students, if a provider is available within the state mandated timely access timeframes.

Arguments in Opposition

The Department of Finance states, "This bill could create significant one-time and ongoing costs for DHCS, MHSA, DMHC, and CDI to implement the requirements of the bill. The bill duplicates existing efforts to support collaboration between county mental health departments and LEAs to deliver school-based mental health services to students. The Mental Health Student Services Act (MHSSA) program, administered by the MHSSA, provides grants for partnerships between county behavioral health departments and LEAs to deliver school-based mental health services to young people and their families. A total of \$245 million, of which \$10 million is ongoing, has been provided since 2019 to support all 58 counties to develop school-county partnerships for this purpose.

It is unclear whether the provisions of this bill are aligned with the state's current efforts to support the behavioral health needs of students. The Children and Youth Behavioral Health Initiative included in the 2021 Budget Act provides \$4.5 billion over five years to establish a behavioral health system where all children and youth ages 25 years or younger are routinely screened, supported, and served for emerging and existing behavioral health needs regardless of payer. Additionally, the 2022 Budget Act included \$290 million one-time General Fund investments over three years to implement a multi-pronged approach to address the urgent youth mental health crisis. These significant, multi-year investments are intended to address the behavioral health needs of California's students and provisions of this bill may overlap with these existing efforts. Additionally, consideration of the outcomes of these investments and related programs could better inform whether there is a need for additional programs."

FISCAL COMMENTS

According to the Senate Appropriations Committee, DHCS estimates ongoing costs of \$857,000 and 6.0 positions to implement the provisions of this bill; the California Department of Insurance estimates workload costs of \$167,000 in the FY 2022-23, \$339,000 in FY 2023-24, and \$294,000 annually thereafter; the DMHC estimates \$3.4 million and 12.5 PYs in FY 2022-23; \$10.7 million and 24.2 PYs in FY 2023-24; and \$9.8 million and 38.3 PYs in FY 2024-25; the MHSA estimates a cost of \$70,000 annually and 1.0 position beginning in the 2025-26 fiscal year (Mental Health Services Act Fund).

VOTES

ASM EDUCATION: 7-0-0

YES: O'Donnell, Kiley, Bennett, Megan Dahle, Lee, McCarty, Quirk-Silva

ASM HEALTH: 15-0-0

YES: Wood, Aguiar-Curry, Arambula, Cunningham, Burke, Carrillo, Flora, Maienschein, Robert Rivas, McCarty, Nazarian, Luz Rivas, Rodriguez, Santiago, Waldron

ASM APPROPRIATIONS: 12-0-4

YES: Holden, Bryan, Calderon, Luz Rivas, Gabriel, McCarty, Levine, Quirk, Robert Rivas, Akilah Weber, Stone, Mullin

ABS, ABST OR NV: Bigelow, Megan Dahle, Davies, Fong

ASSEMBLY FLOOR: 76-0-0

YES: Aguiar-Curry, Arambula, Bauer-Kahan, Bennett, Berman, Bigelow, Bloom, Boerner Horvath, Mia Bonta, Bryan, Burke, Calderon, Carrillo, Cervantes, Chen, Choi, Cooley, Cooper, Cunningham, Megan Dahle, Daly, Davies, Flora, Fong, Friedman, Gabriel, Gallagher, Cristina Garcia, Eduardo Garcia, Gipson, Gray, Grayson, Holden, Irwin, Jones-Sawyer, Kalra, Kiley, Lackey, Lee, Levine, Low, Maienschein, Mathis, Mayes, McCarty, Medina, Mullin, Muratsuchi, Nazarian, Nguyen, O'Donnell, Patterson, Petrie-Norris, Quirk, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Salas, Santiago, Seyarto, Smith, Stone, Ting, Valladares, Villapudua, Voepel, Waldron, Ward, Akilah Weber, Wicks, Wood, Rendon

SENATE FLOOR: 40-0-0

YES: Allen, Archuleta, Atkins, Bates, Becker, Borgeas, Bradford, Caballero, Cortese, Dahle, Dodd, Durazo, Eggman, Glazer, Gonzalez, Grove, Hertzberg, Hueso, Hurtado, Jones, Kamlager, Laird, Leyva, Limón, McGuire, Melendez, Min, Newman, Nielsen, Ochoa Bogh, Pan, Portantino, Roth, Rubio, Skinner, Stern, Umberg, Wieckowski, Wiener, Wilk

ASSEMBLY FLOOR: 76-0-4

YES: Aguiar-Curry, Alvarez, Arambula, Bauer-Kahan, Bennett, Berman, Bloom, Boerner Horvath, Mia Bonta, Bryan, Calderon, Carrillo, Cervantes, Chen, Choi, Cooley, Cooper, Cunningham, Megan Dahle, Daly, Davies, Flora, Mike Fong, Fong, Friedman, Gabriel, Gallagher, Cristina Garcia, Eduardo Garcia, Gipson, Grayson, Haney, Holden, Jones-Sawyer, Kalra, Kiley, Lackey, Lee, Levine, Low, Maienschein, Mathis, Mayes, McKinnor, Medina, Mullin, Muratsuchi, Nazarian, Nguyen, O'Donnell, Patterson, Petrie-Norris, Quirk, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Salas, Santiago, Seyarto, Smith, Stone, Ting, Valladares, Villapudua, Voepel, Waldron, Ward, Akilah Weber, Wicks, Wilson, Wood, Rendon

ABS, ABST OR NV: Bigelow, Gray, Irwin, McCarty

UPDATED

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