
SENATE COMMITTEE ON APPROPRIATIONS

Senator Anthony Portantino, Chair
2021 - 2022 Regular Session

AB 552 (Quirk-Silva) - Integrated School-Based Behavioral Health Partnership Program

Version: June 20, 2022

Urgency: No

Hearing Date: August 1, 2022

Policy Vote: ED. 7 - 0, HEALTH 9 - 0

Mandate: No

Consultant: Lenin Del Castillo

Bill Summary: This bill authorizes a county behavioral health agency (CBHA) and a local educational agency (LEA) to enter into an Integrated School-Based Behavioral Health Partnership Program to provide prevention and early intervention, and access to behavioral health and substance use disorder services for pupils at schoolsites.

Fiscal Impact:

- The Department of Health Care Services (DHCS) estimates ongoing costs of \$857,000 and 6.0 positions to implement the provisions of this bill. The DHCS would need to establish a new unit to monitor and review all sites established through the Partnership Program. These costs would be split between the General Fund and federal funds; however, federal financial participation may not be available for services provided at schools through these partnerships depending on whether each county behavioral health agency and LEA is allowed to define the term “at risk of developing a serious behavioral health condition” differently.
- 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 thereafter to review amended policy forms to include the coverage and reimbursement requirements; train staff to address disputes arising from the insurer-county partnership program established by the bill; and increased workload to handle payment/claim disputes and arising from the bill’s coverage and reimbursement provision and receive/review reports from insurers with inadequate networks when they cannot reach agreement with the county behavioral health agency to provide services to privately insured pupils.
- The Department of Managed Health Care (DMHC) estimates the following costs for various administrative functions necessary to comply with this measure: \$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. Notable activities include workload to address an anticipated increase in provider complaints; modifying existing survey methodologies and tools, creating new health plan reports and forms for compliance, and enhancing internal IT systems to receive health plan-initiated complaints and health care service plan reports. The costs for these activities would be incurred by the Managed Care Fund and covered through fees assessed on health plans.

- The MHSOAC estimates a cost of \$70,000 annually and 1.0 position beginning in the 2025-26 fiscal year (Mental Health Services Act Fund).

Background: Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes the district to employ properly certified persons for the work. The law specifies that school districts are not precluded from utilizing community-based service providers, including volunteers, individuals completing counseling-related internship programs, and state licensed individuals and agencies to assist in providing pupil personnel services, provided that such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization.

The LEA Billing Option program (BOP) was established in 1993 and is administered by the DHCS, in collaboration with the CDE. The LEA BOP reimburses LEAs (school districts, county offices of education, charter schools, community colleges, and university campuses) for health-related services provided by qualified health service practitioners to Medi-Cal enrolled students. Recent changes to Medicaid, including the “free care rule” and the opportunity for schools to be reimbursed for services provided to all Medi-Cal eligible students, rather than only those with disabilities, provide a significant opportunity to draw down additional federal funds for school-based health and mental health services.

The School-Based Medi-Cal Administrative Activities (SMAA) provides federal reimbursements to LEAs for the federal share of certain costs for administering the Medi-Cal program. Those activities include outreach and referral, facilitating the Medi-Cal application, arranging non-emergency/non-medical transportation, program planning and policy development, and Medi-Cal administrative activities claims coordination. The Centers for Medicare & Medicaid Services administers the SMAA program at the federal level, and DHCS administers the SMAA program in California.

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is the health benefit in Medicaid for children and youth under age 21. Under federal Medicaid law, EPSDT services include screening, vision, dental, hearing, and other Medicaid health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.

Proposed Law: This bill establishes the Integrated School-Based Behavioral Health Partnership Program to provide prevention and early intervention for, and access to, behavioral health services for pupils with serious emotional disturbances or substance use disorders, or who are at risk of developing a serious behavioral health condition. This bill authorizes a CBHA and the governing board or governing body of an LEA to develop a memorandum of understanding (MOU) outlining the requirements for the Partnership Program to conduct a needs assessment on the need for school-based mental health and substance use disorder services.

This bill requires LEAs, upon entering into an MOU with a CBHA, to provide school-based locations, including space at schools, appropriate for the delivery of behavioral health services, and specifies CBHA and participating entities must collaborate with an

LEA to establish hours of service at mutually agreed upon school-based locations or a process for ensuring timely interventions when needed, or both.

This bill requires the Partnership Program to identify if mental health services and/or substance use disorder services, will be delivered at the school-based location and/or telehealth. If a Partnership Program determines that only mental health services or only substance use disorder services shall be provided at the school-based location, the Partnership Program shall develop a plan for each pupil who has been identified as needing those services that are not offered at the school-based location along with an appropriate referral.

This bill requires an LEA, CBHA, and partnering entities to jointly develop a referral process to support school personnel in making appropriate referrals to the designated behavioral health professional.

This bill authorizes the designated behavioral health professional to provide brief initial interventions when necessary for all referred pupils, regardless of their health coverage, to ensure timely access to behavioral health interventions at the earliest onset of a behavioral health condition. It also specifies the array of behavioral health services provided by the Partnership Program shall be a subset of Medi-Cal covered mental health or substance use disorder services, and shall include prevention, intervention, and, if necessary, brief initial interventions, within a multitiered system of support or other similar framework employed by the LEA.

This bill requires a CBHA and an LEA to establish a process or timely interventions that identify nonurgent, urgent, and crisis-related circumstances and guidelines for when county crisis intervention is needed instead of timely interventions related to urgent or nonurgent needs. It also clarifies the Partnership Program shall not create a siloed delivery system and develop processes to leverage community-based services and other resources, and a process to identify local resources related to crisis intervention protocols and services.

This bill requires a CBHA to designate and provide, through its own staff or through its network of contracted participating entities, one or more behavioral health professionals that meet the licensing and supervision to serve pupils with serious emotional disturbances or substance use disorders, or who are at risk of developing a serious behavioral health condition. It clarifies that, to secure Medicaid federal matching funds for school-based services, a CBHA must require any behavioral health professional who provides mental health or substance use disorder services pursuant to a Partnership Program to contract with the health agency to provide those services and to hold an active license or credential as specified.

This bill requires LEAs to notify parents and guardians, pursuant to Section 48980, of the prevention and early intervention for, and access to, behavioral health services offered for pupils pursuant to this article, as specified. The notification shall include a form on which a parent or guardian may indicate that they do not consent to their child receiving those services and to opt out their child, if the child is under 12 years of age, from receiving prevention and early intervention for, and access to, behavioral health services offered by submitting the completed form to the LEA.

This bill requires a Partnership Program to annually report to DHCS and the MHSOAC, information as specified, including a brief description of the Partnership Program, including the service delivery model and the financial contribution made by the county behavioral health agency and LEA participating in the Partnership Program.

This bill requires, three years after the establishment of a Partnership Program and every three years thereafter, MHSOAC in collaboration with DHCS to report to the Legislature on the Integrated School-Based Behavioral Health Partnership Program as specified.

Related Legislation: AB 748 (Carrillo) requires LEAs serving pupils in any of grades 6 to 12 to create a poster that identifies approaches and shares resources regarding pupil mental health. This bill is currently on the Suspense File in this committee.

SB 75 (Committee on Budget and Fiscal Review, Chapter 51, Statutes of 2019) establishes a mental health partnership competitive grant program to establish 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.

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