
THIRD READING

Bill No: AB 552
Author: Quirk-Silva (D)
Amended: 6/20/22 in Senate
Vote: 21

SENATE EDUCATION COMMITTEE: 7-0, 6/1/22
AYES: Leyva, Ochoa Bogh, Cortese, Dahle, Glazer, McGuire, Pan

SENATE HEALTH COMMITTEE: 9-0, 6/15/22
AYES: Pan, Melendez, Eggman, Gonzalez, Grove, Hurtado, Leyva, Limón,
Wiener
NO VOTE RECORDED: Roth, Rubio

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/11/22
AYES: Portantino, Bates, Bradford, Jones, Laird, McGuire, Wieckowski

ASSEMBLY FLOOR: 76-0, 1/31/22 - See last page for vote

SUBJECT: Integrated School-Based Behavioral Health Partnership Program

SOURCE: California Alliance of Child and Family Services
County Behavioral Health Directors Association

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

ANALYSIS:

Existing law:

- 1) 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. (EC § 49400)
- 2) 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. (California Code of Regulations, Title 5, Section 80049.1(c))
- 3) Requires school districts to send a notification to parents or guardians at the beginning of the first semester or quarter of the regular school term, with specified information including parent rights and responsibilities among other things. (EC § 48980)
- 4) Authorizes parent or guardian having control or charge of any child enrolled in the public schools may file annually with the principal of the school in which he is enrolled a statement in writing, signed by the parent or guardian, stating that he will not consent to a physical examination of his child. Thereupon the child shall be exempt from any physical examination, but whenever there is a good reason to believe that the child is suffering from a recognized contagious or infectious disease, he shall be sent home and shall not be permitted to return until the school authorities are satisfied that any contagious or infectious disease does not exist. (EC § 49451)
- 5) Authorizes minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the attending professional person believes the minor is mature enough to participate intelligently in the outpatient services or residential shelter services and would present a danger of serious physical or mental harm to self or to others or alleged to be a victim of incest or child abuse. (FAM § 6924(b))

This bill authorizes a CBHA and the governing board or governing body of a LEA to enter into a Partnership Program, as established by this bill, to provide

prevention and early intervention, and access to, behavioral health and substance use disorder services for pupils at schoolsites. Specifically, this bill:

- 1) Establishes the 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.
- 2) 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, as established by this bill, to conduct a needs assessment on the need for school-based mental health and substance use disorder services.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) Requires 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 to 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.
- 7) Clarifies behavioral health services may be provided at locations that are not at the school-based location for purposes of accommodating the individual needs of a pupil.
- 8) Clarifies Medi-Cal covered behavioral health services may continue to be delivered at the school-based location beyond the delivery of brief initial interventions upon consulting with a pupil's parent or guardian.

- 9) 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.
- 10) Requires LEAs to notify parents and guardians of the prevention and early intervention for, and access to, behavioral health services offered for pupils in accordance with Health and Safety Code. If a pupil for whom a form has been submitted is later identified as needing behavioral health services, this shall not preclude the local education agency from reaching out to the parent or guardian to seek consent for services
- 11) 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.
- 12) 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.
- 13) Clarifies that the Partnership Program shall not be construed to modify, expand, or restrict applicable patient privacy and parental rights.
- 14) Clarifies that a Partnership Program does not replace current county requirements related to crisis intervention protocols and crisis intervention services.
- 15) 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.
- 16) 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.
- 17) 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.

- 18) 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.
- 19) Requires a Partnership Program to annually report to DHCS and the MHSOAC, all of the following:
 - a) A brief description of the Partnership Program, including the service delivery model.
 - b) The financial contribution made by the county behavioral health agency and LEA participating in the Partnership Program.
 - c) The definition the Partnership Program uses to identify pupils “at risk of developing a serious behavioral health condition,” as specified.
 - d) The number of school-based locations involved in the Partnership Program and the percentage of pupils who are Medi-Cal beneficiaries at each school-based location.
 - e) The number of pupils served in the last year including demographic data of the pupils’ race, ethnicity, gender, and language.
 - f) The number of pupils who receive school-based services beyond the brief initial intervention as specified.
- 20) 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.
- 21) Requires an LEA and a CBHA to develop a process to collect information on the health insurance carrier for each pupil, with the permission of the pupil’s parent or guardian, to allow the county behavioral health agency or the participating entity to seek reimbursement for behavioral health services provided to the pupil and informing each participating entity which pupils are privately insured.

- 22) Includes provisions related to how insured pupils will be served if the parent does not provide information about the insurer, appointments with and referrals to network providers, and reimbursements and payments.
- 23) Authorizes a Partnership Program to provide services to pupils with exceptional needs, including, but not limited to, services required by the pupil's individualized education program, and delineate responsibilities for any services provided to pupils with exceptional needs that are included in a pupil's individualized education program, that are consistent with state and federal law related to pupils with exceptional needs as specified.
- 24) Defines, "At risk of developing a serious behavioral health condition" as defined by the applicable county behavioral health agency and LEA pursuant to the Partnership Program established.
- 26) Defines "Brief initial intervention" as Medi-Cal covered behavioral health services that are a subset of essential health benefits, as defined in state and federal law.
- 27) Defines "Intervention" and "intensive intervention services" as select Medi-Cal specialty mental health services and substance use disorder services that would be appropriately provided at a school-based location or through telehealth, including assessments, plan developments, therapy, substance use counseling, rehabilitation, collateral services, medication support services, therapeutic behavioral services, case management, recovery services, and intensive care coordination.
- 28) Defines "Local education agency" (LEA) as a school district, county office of education, or charter school.
- 29) Defines "Participating entity" as a community-based organization or other entity, including an LEA that has contracted with a county behavioral health agency to provide services and participate in the Partnership Program.
- 30) Defines "Partnership Program" as an integrated school-based behavioral health Partnership Program established by a county behavioral health agency and the governing board or governing board or governing body of an LEA, which may also include other participating entities.
- 31) Defines "Privately insured pupil" as a pupil with comprehensive health coverage that is not run by the state or federal government.

- 32) Finds and declares that the COVID-19 pandemic has affected the mental health of children and adolescents causing an increase in depression, anxiety, and risky substance use and how Schools have been identified as a crucial place to provide behavioral health services and improve access to services for pupils.

Comments

- 1) *Need for the bill.* According to the author “As California grappled with the COVID-19 pandemic, we had and continue to experience an unprecedented rise in behavioral health needs among children and youth. According to the Centers for Disease Control and Prevention, the proportion of children’s mental health–related emergency department (ED) visits among all pediatric ED visits increased and remained elevated during the pandemic. Compared with 2019, the proportion of mental health–related visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively throughout the pandemic. Even as students have been back to school for about a year, isolation, anxiety over the uncertainty of the immediate and long-term future, increase in suicide thoughts and attempts, and concerns with family have and will continue to take a toll with children and youth. AB 552 would establish the Integrated School-Based Behavioral Health Partnership Program to provide early intervention for, and access to, behavioral services for all students. This collaboration will give schools the additional support in order to provide behavioral health and mental health as well as substance use disorder services to their students.”
- 2) *SB 75 (Committee on Budget and Fiscal Review; Chapter 51, 2019).* As a result of increasing mental health occurrences, the legislature passed SB 75. This bill required the Department of Education, the Department of Health Care Services, and the Department of Developmental Services to jointly convene one or more workgroups to provide input to the following:
 - a) Improving transition of three-year-old children with disabilities from regional centers to local educational agencies, to help ensure continuity of services for young children and families.
 - b) Improving coordination and expansion of access to available federal funds through the LEA Medi-Cal Billing Option Program, the School-based Administrative Activities Program, and medically necessary federal Early and Periodic Screening, Diagnostic, and Treatment benefits.

The report on improving coordination and expansion of access to Medi-Cal systems summarizes the context, process, and resulting recommendations of the workgroup. The workgroup identified five overarching recommendations to improve the coordination and expansion of access to available federal reimbursement for LEAs through Medi-Cal Billing Option Program and the School-Based Medi-Cal Administrative Activities Program. Specifically, it includes program requirements (e.g., changes to interagency coordination practices) and support services (e.g., training and technical assistance) needed to improve the coordination and expansion of LEA access to Medicaid funds for student health services.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

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

SUPPORT: (Verified 8/11/22)

California Alliance of Child and Family Services (co-source)
 County Behavioral Health Directors Association (co-source)
 American Academy of Pediatrics, California
 Association of Regional Center Agencies
 California Alliance of Caregivers
 California Alliance of Child and Family Services
 California Association of Alcohol and Drug Program Executives
 California Association of Local Behavioral Health Boards and Commissions
 California Association of Private Special Education Schools
 California Behavioral Health Planning Council
 California Charter Schools Association
 California Council of Community Behavioral Health Agencies
 California State Association of Psychiatrist
 California State Association of Psychiatrists
 California State Parent Teacher Association
 Children Now

County Behavioral Health Directors Association of California
United Parents
County Welfare Directors Association
County Welfare Directors Association of California
Hispanas Organized For Political Action
Los Angeles County Office of Education
Los Angeles Trust for Children's Health
National Alliance on Mental Illness
National Alliance on Mental Illness-California
County of San Diego
Seneca Family of Agencies
Steinberg Institute
National Center for Youth Law
San Diego; County of
Sycamores
Women's Foundation of California, Solis Policy Institute

OPPOSITION: (8/11/22)

Department of Finance

ARGUMENTS IN SUPPORT: According to the County Behavioral Health Directors Association of California (CBHDA) "AB 552 would create the Integrated School-Based Behavioral Health Services Partnership Program (Partnership Program) encouraging local educational agencies (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. In the schools participating in the Partnership Programs, county behavioral health agency trained professionals will serve any student appropriately referred by school personnel, including Medi-Cal beneficiaries, privately-insured and uninsured students and provide brief initial intervention services intended to prevent a behavioral health condition from worsening. The county behavioral health professionals will ensure privately-insured students access a private plan provider, if available. If the private plan cannot provide an appropriate provider within state mandated timely access timeframes, the county behavioral health agency will initiate services as appropriate and consistent with professionally recognized standards of practice."

ARGUMENTS IN OPPOSITION: According to the Department of Finance "To the extent that LEAs implement Partnership Programs, the bill creates indeterminable local costs for LEAs to collaborate with their local county behavioral health agency to implement the specified requirements in the bill. Costs

to LEAs could include contracts with organizations providing mental health or substance use disorder services to students, space at schools to deliver the services, development of a plan for each student needing behavioral health services that are not offered at school, development of a process and database to collect health coverage information from students and refer students to designated behavioral health professionals, and providing notification to parents or guardians regarding the behavioral health services offered at the school. DHCS indicates that this bill could create ongoing costs of approximately \$860,000, of which \$430,000 is non-Proposition 98 General Fund and \$430,000 is federal funds, to support the monitoring of all Partnership Programs. MHSCAC indicates that this bill could create ongoing costs of \$70,000 Mental Health Services Act Funds beginning in 2025-26 to collaborate with DHCS and provide a report on the Partnership Program to the Legislature every three years.”

ASSEMBLY FLOOR: 76-0, 1/31/22

AYES: 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

Prepared by: Kordell Hampton / ED. / (916) 651-4105
8/13/22 9:53:42

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