Date of Hearing: January 20, 2022

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Chris Holden, Chair
AB 552 (Quirk-Silva) – As Amended April 5, 2021

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| Policy Committee: | Education | Vote: | 7 - 0 |
| | Health | | 15 - 0 |

Urgency: No State Mandated Local Program: No Reimbursable: No

**SUMMARY**:

This bill establishes the Integrated School-Based Behavioral Health Partnership Program (Partnership Program) to provide prevention and early intervention for, and access to, behavioral health (BH) services for pupils with serious emotional disturbances or substance use disorders (SUDs), or who are at risk of developing a serious BH condition. Specifically, **this bill**:

1) Authorizes a county BH agency and the governing board or governing body of a local educational agency (LEA), defined as a school district, county office of education, or charter school to:
   a) Collaborate on conducting a needs assessment for school-based mental health and substance use disorder services.
   b) Implement a Partnership Program pursuant to this bill.
   c) Develop a memorandum of understanding (MOU) outlining the requirements for the Partnership Program, as provided in this bill.

2) Requires a private health plan to reimburse for brief initial intervention services provided by the designated BH professional to pupils enrolled with the private plan at the amount a county BH agency would receive for the same services provided to a Medi-Cal beneficiary.

3) Requires a county BH agency 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 requirements of one or more of the classifications listed in this bill to serve pupils with SED or SUDs, or who are at risk of developing a serious behavioral health condition, pursuant to the Partnership Program.

4) Requires the LEA and county BH agency to allow the Partnership Program to seek reimbursement for behavioral health services provided to the pupil, when applicable. Requires the process to include informing any participating entity which pupils referred for services are privately insured.

5) Requires the Partnership Program, for privately insured pupils, to contact the private plan to facilitate a referral to the private plan's network providers, as specified.

6) Requires the private plan to reimburse for brief initial intervention services at the amount a county BH agency would receive for the same services provided to a Medi-Cal beneficiary.

7) Requires private plans and insurers to meet existing requirements for timely payment of claims for a contracted provider. Requires the Department of Managed Health Care (DMHC) to have trained staff available to address any disputes arising from the Partnership Program.

8) Encourages private plans, county BH agencies and participating entities to contract to serve pupils who are receiving services from the Partnership Program.

9) Prohibits this bill from replacing current county requirements related to crisis intervention protocols, and prohibits the Partnership Program from providing crisis interventions.

10) Requires the county BH agency and LEA to establish processes for timely interventions that identify non-urgent, urgent and crisis-related circumstances, and requires the process to include guidelines for when county crisis intervention is needed.

11) Requires each Partnership Program to annually report specified information to the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC), and requires the MHSOAC, in collaboration with DHCS, beginning three years after the establishment of a Partnership Program, to provide a report to the Legislature on the Partnership Programs.

**FISCAL EFFECT**:

Estimated costs to DHCS of $120,000 to prepare guidance letters and bulletins regarding policies and procedures related to this bill, and to prepare the report for the Legislature (50% General Fund and 50% federal funds).

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

DMHC states that costs for dispute resolution and reviewing health plan reports are indeterminate, but potentially significant.

**COMMENTS**:

1) **Purpose of this bill.** According to the author, 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 will continue to take a toll with children and youth. The author argues that behavioral health, mental wellness and support will be crucial when students return to school, and collaboration is crucial in order to serve the mental and behavioral needs of students and provide support to teachers.

2) **Mental Health Needs of Children and Youth.** The US Surgeon General's "Protecting Children's Mental Health: Surgeon General's Advisory" reported, even before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to one in five children ages three to 17 in the US suffering from a reported mental, emotional, developmental, or behavioral disorder. In 2016, of the 7.7 million children with treatable mental health disorder, about half did not receive adequate treatment. From 2009 to 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%; with similar increases in the proportion seriously considering

attempting suicide and the proportion creating a suicide plan. Between 2011 and 2015, youth psychiatric visits to emergency departments for depression, anxiety and behavioral challenges increased by 28%. Between 2007 and 2018, suicide rates among youth ages 10-24 in the US increased by 57%.

3) **Behavioral Health System**. The BH delivery system for both privately and publicly insured individuals involves multiple payers. Health plans providing services to individuals with private individual and group coverage often provide mental health services through specialized plans that are separate from the individual's primary health plan. In Medi-Cal, specialty mental health services for more severe mental health conditions are delivered by county mental health plans (MHPs), while Medi-Cal managed care (MCMC) plans provide a narrower set of services, and outpatient prescription drugs are reimbursed through Fee for Service Medi-Cal. While county MHPs are required to have an MOU with MCMC plans, LEAs and county BH agencies are not. Schools deliver educationally-related services to pupils, and some LEAs arrange for the provision of mental health services on school campuses in several ways through arrangements with county MHPs. For example, some schools have county mental health staff on campus providing services directly, while other schools have mental health staff from community-based organizations that contract with the county to provide services on campus. The principal effect of this bill is to establish obligations on schools and county BH agencies that enter into a Partnership Program and to require private health plans to reimburse for services if they are unable to meet existing appointment availability standards for state-regulated plans.

4) **Children and Youth Behavioral Health Initiative**. Governor Newsom's May Revision to the 2021-22 state budget proposed trailer bill language as part of new Children and Youth Behavioral Health Initiative Act. This included several provisions, including a new requirement that health plans and health insurers cover the provision of the behavioral health services identified in the FFS reimbursement schedule published by DHCS when those services are delivered at school sites, regardless of the network status of the LEA, institution of higher education or health care provider. This requirement was codified in the health budget trailer bill, AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, and is scheduled to take effect on January 1, 2024. DMHC was charged with issuing guidance on implementation of these new requirements.

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