

Mental Health Student Services Act

Brief

Background

The Mental Health Services Oversight & Accountability Commission administers the Senate Bill 82 Investment in Mental Health Wellness Act which provides local assistance funds to expand mental health crisis services. The first round of grants was funded in 2014 and ran for four years. Prior to the release of the Request for Applications for the second round of grants, children's advocates expressed concern that the perception among providers was that the Triage funding was for adult programs only. As a result of those concerns, the Legislature modified the authorizing statute to clarify that Triage funds can be used to provide services that are specific to serving children and youth in schools and other settings. Senate Bill 833 amended the Investment in Mental Health Wellness Act to specifically authorize the triage grants to provide a complete continuum of crisis intervention services and supports for children aged 21 and under and their families and caregivers. It also provided an additional \$3 million dollars for this purpose. Of the \$3 million, half was designated for crisis intervention services for children and youth; the other half was designated for providing training for parents and caregivers of youth in crisis.

In response to Senate Bill 833, the Commission voted that 50 percent of the Triage funds should be made available to children and youth aged 21 and under. Additionally, the Commission designated Triage funds for four School-County Triage grant contracts with the aim of 1) providing school-based crisis intervention services for children experiencing or at risk of experiencing a mental health crisis and their families/caregivers, and 2) learning how the selected counties created partnerships between behavioral health departments and educational entities.

Each of the four counties will receive \$5.3 million over four years (Humboldt, Placer, Tulare County Office of Education, CA HELP JPA). The four School-County partnership programs are supporting strategies to 1) build and strengthen partnerships between education and community mental health, 2) support school-based and community-based strategies to improve access to care, and 3) enhance crisis services that are responsive to the needs of children and youth, all with particular recognition of the educational needs of children and youth.

In addition to the four School-County partnership grantees, the commission awarded Triage contracts to five counties who are operating school-based Triage programs (Humboldt, Berkeley, Sacramento, San Luis Obispo and Riverside). In total, the current funding cycle will provide over \$42 million for crisis Triage services for children aged 21 and under, and over \$30 million dollars for adults and transition aged youth. An additional \$10 million was earmarked for conducting a statewide evaluation of the impact of the Triage programs and providing technical assistance to grantees to grow their programs and sustain them after their grant terms ended.

A total of 17 applications were received by counties or school entities to implement the School-County collaboration grants. As a result of the high level of interest in school-county partnerships the legislature passed and the Governor signed the 2019 Budget Bill, Senate Bill 75, Mental Health Student Services Act (MHSSA), which provides \$40 million one-time and \$10 million ongoing funding for the purpose of establishing additional mental health partnerships between county behavioral health departments and school districts, charter schools, and county offices of education.

Grant Process and Requirements

The MHSSA is a competitive grant program, and the Commission will award the grants to the county mental health or behavioral health departments to fund the partnerships between educational and county mental health agencies.

County, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, including multi-county partnerships, may, in partnership with one or more school districts and at least a County Office of Education or charter school located within the county, are able to apply for a grant. An educational entity may be designated as the lead agency to submit the application, while the county, city or multi-county mental health department, or consortium, shall receive the grant funds.

Allocation of grant funds require that all school districts, charter schools and the County Office of Education be invited to participate in the partnership, to the extent possible, and that applicants include with their application a plan developed and approved with the participating educational partners.

The plan must address the following goals:

- Prevent mental illness from becoming severe and disabling
- Improve timely access to services for the underserved
- Outreach to families, employers, primary care providers, and others to recognize early signs of potentially severe and disabling mental illnesses
- Reduce the stigma associated with mental illness
- Reduce discrimination against those with mental illness
- Prevent negative outcomes in the targeted population

The plan must include a description of the following:

- The need for mental health services
- Proposed use of funds, to include at a minimum, providing personnel or peer support
- How funds will be used to facilitate linkage and access to ongoing/sustained services
- The partnership's ability to:
 - Obtain federal Medicaid or other reimbursement
 - Collect information on the health insurance carrier for each child or youth
 - Engage a health care service plan/insurer in the mental health partnership
 - Administer an effective service program
 - Connect children and youth to a source of ongoing mental health services
 - Continue to provide services under this program after grant funding is expended

Grants awarded shall be used to provide support services that include, at a minimum, services provided on school campuses, suicide prevention services, drop-out prevention services, placement assistance and service plan for students in need of ongoing services, and outreach to high-risk youth, including foster youth, youth who identify as LGBTQ, and youth who have been expelled or suspended from school. Note that grants may be used to supplement, but not supplant, existing financial and resource commitments.

Funding may also be used to hire qualified mental health personnel, professional development for school staff and other strategies that respond to the mental health needs of children and youth, as determined by the Commission.

The Commission shall determine grant amounts and may also establish incentives to provide matching funds. In addition, the Commission shall develop metrics and a system to measure and publicly report performance outcomes of services provided using the grants. Partnerships currently receiving grants from the Investment in Mental Health Wellness Act (Part 3.8 commencing with § 5848.5) of 2013 are eligible to receive a grant under this section.