



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

**The Problem:** More than 50% of mental illness cases begin by age 14. For children whose mental health concerns go unnoticed or untreated, especially those between the ages of 12 and 17, rates of substance abuse, depression, and lower school achievement increase leading to other health-related problems and a lower quality of life. Addressing behavioral health conditions as early as possible, is critical in promoting the health and well-being of students. By providing early intervention services at schools, behavioral health conditions can be identified at the earliest onset.

The COVID-19 pandemic has created a significant barrier for the provision of behavioral health services on school campuses. The result is 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. Most students have been out of school since March, 2020. Isolation, anxiety over the uncertainty of the immediate and long-term future, lack of peer support, and concerns with family, including those homes that are not safe places for children and youth, have and will continue to take a toll in the years to come. Behavioral health, mental wellness and support will be crucial for this generation of students.

While much discussion has centered around maximizing Medi-Cal funding for schools, according to a survey of county behavioral health agencies, schools are reluctant to bring county behavioral health professionals on campus unless all students can be served. Understandably, school administrators appreciate that the school climate and mental well-being are best supported when all students have access to available resources.

**The Bill:** AB 552 will establish the Integrated School-Based Behavioral Health Partnership Program to provide early intervention for, and access to, behavioral services for all students in California public schools. The collaborative program between the Local Educational Agencies (LEA) and the county behavioral health agencies (County) would be established through a memorandum of understanding (MOU). The MOU would outline the requirements for the partnership, including:

- The county providing one or more specified behavioral health professionals to serve students with serious emotional disturbances or substance use disorders, or who are at risk of developing a serious behavioral health condition, regardless of payer.
- The Development of a referral process for LEAs to make appropriate referrals to designated County professionals. Requirement for the LEA to provide for a school-based location appropriate for the delivery of behavioral health services.
- The establishment of processes, delivery of services and types of services, as well as requirements for assisting and serving students with private insurance. This bill would set forth procedures for county school-based providers to first attempt to connect the student with their insurance-based provider, and if not served,

provide initial services to privately insured students within state mandated timely access standards to mitigate the worsening of a behavioral health condition.

- AB 552 would also require the Partnership Programs to annually report specified information to the Department of Health Care Services and the Mental Health Oversight and Accountability Commission to support a report to the California Legislature every three years regarding student and parent satisfaction, demographics of students served, as well as partnership models and financing.

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Support:

County Behavioral Health Directors Association (co-sponsor)

California Alliance of Child and Family Services (co-sponsor)

Opposition:

None known