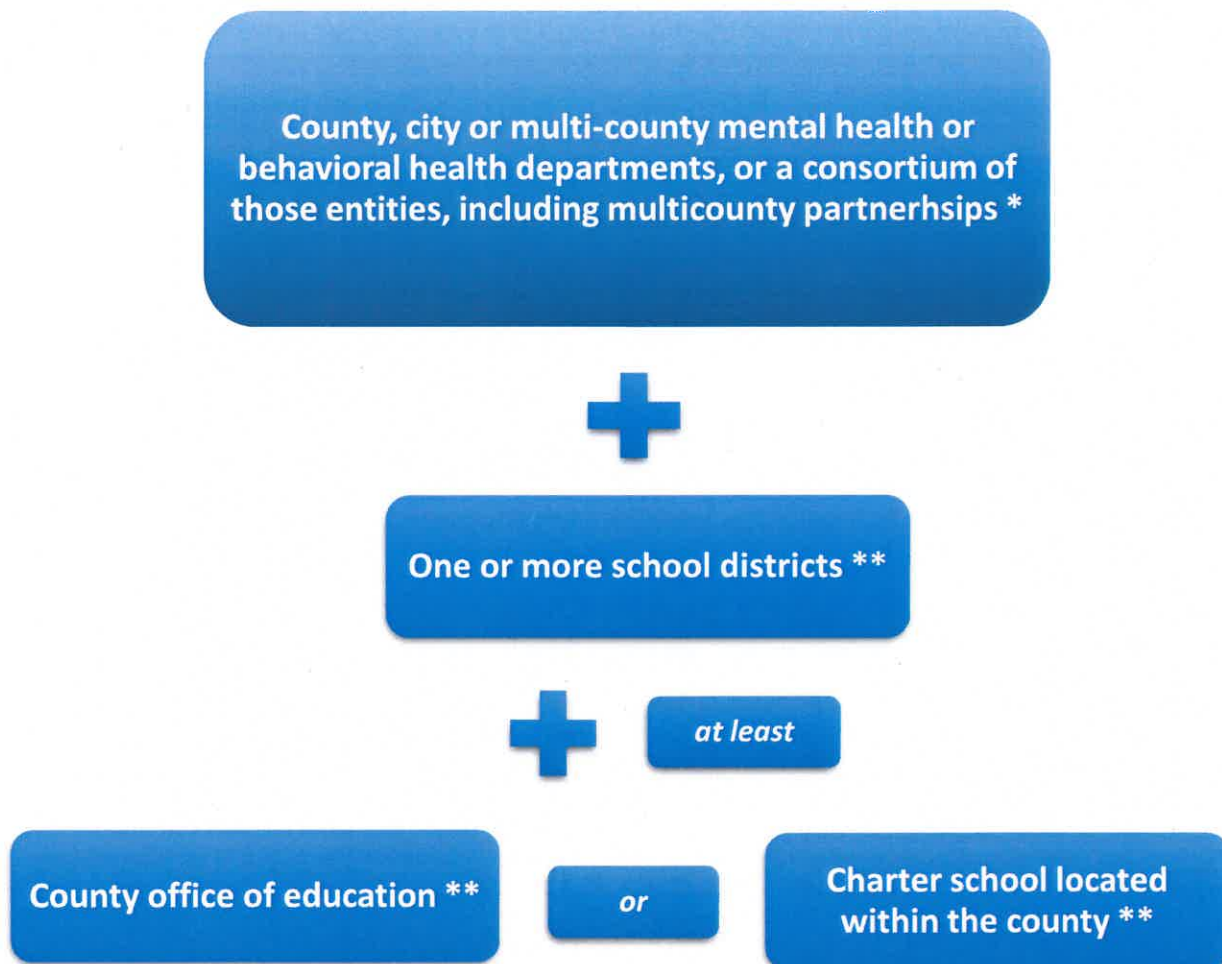


## Mental Health Student Services Act Grant

County, city or multi-county mental health or behavioral health departments, or a consortium of those entities, including multicounty 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, apply for a grant.



\* The county, city or multi-county mental health department, or consortium, shall receive grant funds

\*\* An educational agency may be designated as the lead agency to submit the application

## 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, 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.

**WELFARE AND INSTITUTIONS CODE - WIC**

**DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES [5000 - 5952]**

*( Division 5 repealed and added by Stats. 1967, Ch. 1667. )*

**PART 4. THE CHILDREN'S MENTAL HEALTH SERVICES ACT [5850 - 5886]**

*( Part 4 repealed and added by Stats. 1992, Ch. 1229, Sec. 2. )*

**CHAPTER 3. Mental Health Student Services Act [5886- 5886.]**

*( Chapter 3 added by Stats. 2019, Ch. 51, Sec. 67. )*

**5886.**

(a) The Mental Health Student Services Act is hereby established as a mental health partnership competitive grant program for the purpose of establishing 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.

(b) The Mental Health Services Oversight and Accountability Commission shall award grants to county mental health or behavioral health departments to fund partnerships between educational and county mental health entities.

(1) County, city, or multicounty mental health or behavioral health departments, or a consortium of those entities, including multicounty partnerships, may, in partnership with one or more school districts and at least one of the following educational entities located within the county, apply for a grant to fund activities of the partnership:

(A) The county office of education.

(B) A charter school.

(2) An educational entity may be designated as the lead agency at the request of the county, city, or multicounty department, or consortium, and authorized to submit the application. The county, city, or multicounty department, or consortium, shall be the grantee and receive any grant funds awarded pursuant to this section even if an educational entity is designated as the lead agency and submits the application pursuant to this paragraph.

(c) The commission shall establish criteria for the grant program, including the allocation of grant funds pursuant to this section, and shall require that applicants comply with, at a minimum, all of the following requirements:

(1) That all school districts, charter schools, and the county office of education have been invited to participate in the partnership, to the extent possible.

(2) That applicants include with their application a plan developed and approved in collaboration with participating educational entity partners and that include a letter of intent, a memorandum of understanding, or other evidence of support or approval by the governing boards of all partners.

(3) That plans address all of the following goals:

(A) Preventing mental illnesses from becoming severe and disabling.

(B) Improving timely access to services for underserved populations.

(C) Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.

(D) Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services.

(E) Reducing discrimination against people with mental illness.

(F) Preventing negative outcomes in the targeted population, including, but not limited to:

(i) Suicide and attempted suicide.

(ii) Incarceration.

(iii) School failure or dropout.

(iv) Unemployment.

(v) Prolonged suffering.

(vi) Homelessness.

(vii) Removal of children from their homes.

(viii) Involuntary mental health detentions.

(4) That the plan includes a description of the following:

(A) The need for mental health services for children and youth, including campus-based mental health services, as well as potential gaps in local service connections.

(B) The proposed use of funds, which shall include, at a minimum, that funds will be used to provide personnel or peer support.

(C) How the funds will be used to facilitate linkage and access to ongoing and sustained services, including, but not limited to, objectives and anticipated outcomes.

(D) The partnership's ability to do all of the following:

(i) Obtain federal Medicaid or other reimbursement, including Early and Periodic Screening, Diagnostic, and Treatment funds, when applicable, or to leverage other funds, when feasible.

(ii) Collect information on the health insurance carrier for each child or youth, with the permission of the child or youth's parent, to allow the partnership to seek reimbursement for mental health services provided to children and youth, where applicable.

(iii) Engage a health care service plan or a health insurer in the mental health partnership, when applicable, and to the extent mutually agreed to by the partnership and the plan or insurer.

(iv) Administer an effective service program and the degree to which mental health providers and educational entities will support and collaborate to accomplish the goals of the effort.

(v) Connect children and youth to a source of ongoing mental health services, including, but not limited to, through Medi-Cal, specialty mental health plans, county mental health programs, or private health coverage.

(vi) Continue to provide services and activities under this program after grant funding has been expended.

(d) Grants awarded pursuant to this section shall be used to provide support services that include, at a minimum, all of the following:

(1) Services provided on school campuses, to the extent practicable.

(2) Suicide prevention services.

(3) Drop-out prevention services.

(4) Outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school.

(5) Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services.

(e) Funding may also be used to provide other prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth, as determined by the commission.

(f) The commission shall determine the amount of grants and shall take into consideration the level of need and the number of schoolage youth in participating educational entities when determining grant amounts.

(g) The commission may establish incentives to provide matching funds by awarding additional grant funds to partnerships that do so.

(h) Partnerships currently receiving grants from the Investment in Mental Health Wellness Act of 2013 (Part 3.8 (commencing with Section 5848.5)) are eligible to receive a grant under this section for the expansion of services funded by that grant or for the inclusion of additional educational entity partners within the mental health partnership.

(i) Grants awarded pursuant to this section may be used to supplement, but not supplant, existing financial and resource commitments of the county, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, or educational entities that receive a grant.

(j) (1) The commission shall develop metrics and a system to measure and publicly report on the performance outcomes of services provided using the grants.

(2) (A) The commission shall provide a status report to the fiscal and policy committees of the Legislature on the progress of implementation of this section no later than March 1, 2022. The report shall address, at a minimum, all of the following:

(i) Successful strategies.

(ii) Identified needs for additional services.

(iii) Lessons learned.

(iv) Numbers of, and demographic information for, the schoolage children and youth served.

(v) Available data on outcomes, including, but not limited to, linkages to ongoing services and success in meeting the goals identified in paragraph (3) of subdivision (c).

(B) A report to be submitted pursuant to this paragraph shall be submitted in compliance with Section 9795 of the Government Code.

(k) This section does not require the use of funds included in the minimum funding obligation under Section 8 of Article XVI of the California Constitution for the partnerships established by this section.

(l) The commission may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis in order to implement this section. Contracts entered into or amended pursuant to this subdivision are exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and shall be exempt from the review or approval of any division of the Department of General Services.

(m) This section shall be implemented only to the extent moneys are appropriated in the annual Budget Act or another statute for purposes of this section.

*(Added by Stats. 2019, Ch. 51, Sec. 67. (SB 75) Effective July 1, 2019.)*



## **Mental Health Student Services Act Listening Session**

### **Projected Timeline**

Below is a projected timeline including delivery of the Request for Proposal (RFP) outline and application, RFP release and submission deadlines, and date of grant awards.

***Note that this is a projected timeline and the dates are tentative.***

Planning and information gathering phase:

**Oct/Nov**

Includes Listening Sessions in Sacramento, El Cerrito, Fresno and Los Angeles

Present outline of requirements to Commission for approval: The outline will include the proposed minimum requirements and structure for the allocation of funds which will be included in the RFP. Commission meetings take place monthly

**Nov/Dec**

Release RFP

**Winter 2020**

Application submission deadline

**Spring 2020**

Award grants

**Spring/Summer 2020**

## Round II Triage Funding

Round II Triage funding was divided into three funding categories: Adult and Transition Age Youth (TAY), Children and Youth ages 0-21, and School-County Collaboration. All but one Triage contracts have been executed and it is anticipated that the programs will receive their first payments in March of 2019. The Adult/TAY and 0-21 contracts will run for three Grant Years while the School-County Collaborative will run for four Grant Years.

The evaluation contract has been executed with the Behavioral Health Centers of Excellence and will run for five years.

Yearly grant amounts for each county are provided in the table below:

	County	Grant Year 1	Grant Year 2	Grant Year 3	Grant Year 4	Total
Small Counties	Berkeley	\$104,238.26	\$267,306.22	\$243,290.02		\$614,834.50
	Calaveras	\$68,066.00	\$71,933.00	\$72,071.65		\$212,070.65
	Humboldt	\$217,127.15	\$236,904.32	\$236,904.01		\$690,935.48
	Tuolumne	\$148,881.00	\$153,707.00	\$158,782.60		\$461,370.60
	Berkeley*	\$61,693.03	\$106,832.35	\$47,573.15		\$216,098.53
	Calaveras	\$86,952.00	\$136,743.00	\$142,867.87		\$366,562.87
	Humboldt	\$156,145.00	\$168,815.00	\$187,752.74		\$512,712.74
Medium Counties	Butte	\$152,804.00	\$176,032.00	\$185,907.27		\$514,743.27
	Merced	\$260,593.99	\$250,485.78	\$206,954.22		\$718,033.99
	Placer	\$249,489.00	\$268,090.00	\$282,343.38		\$799,922.38
	Sonoma	\$389,584.99	\$397,948.88	\$406,563.69		\$1,194,097.56
	Stanislaus	\$198,434.25	\$347,442.82	\$347,443.60		\$893,320.67
	Yolo	\$66,279.06	\$69,592.72	\$72,036.87		\$207,908.65
	Placer	\$336,417.00	\$344,892.00	\$354,814.02		\$1,036,123.02
	San Luis Obispo	\$92,807.26	\$139,212.06	\$139,214.41		\$371,233.73
	Santa Barbara	\$287,727.00	\$295,000.00	\$299,688.63		\$882,415.63
	Stanislaus	\$134,889.00	\$143,619.00	\$143,619.70		\$422,127.70
	Yolo	\$66,279.06	\$69,592.72	\$72,049.57		\$207,921.35
Large Counties	Alameda	\$898,220.72	\$1,394,592.11	\$1,466,679.23		\$3,759,492.06
	Los Angeles	\$3,844,384.60	\$6,876,919.80	\$6,837,062.58		\$17,558,366.98
	Sacramento*	\$1,155,958.75	\$255,883.17	\$1,425,352.87		\$2,837,194.79
	San Francisco	\$486,333.00	\$586,868.00	\$587,325.51		\$1,660,526.51
	Ventura	\$394,190.75	\$669,297.83	\$691,244.35		\$1,754,732.93
	Los Angeles	\$2,998,051.00	\$5,401,370.67	\$5,355,651.70		\$13,755,073.37
	Riverside	\$264,484.59	\$577,257.87	\$594,576.07		\$1,436,318.53
	Sacramento*	\$553,290.70	\$571,692.27	\$559,586.02		\$1,684,568.99
School-County	CAHELP JPA	\$1,323,341.25	\$1,323,342.00	\$1,323,342.00	\$1,323,342.10	\$5,293,367.35
	Humboldt	\$1,323,344.00	\$1,323,341.00	\$1,323,341.00	\$1,323,341.35	\$5,293,367.35
	Placer	\$1,323,341.83	\$1,323,341.84	\$1,323,341.84	\$1,323,341.84	\$5,293,367.35
	Tulare	\$1,323,341.66	\$1,323,342.01	\$1,323,342.00	\$1,323,341.67	\$5,293,367.34
Evaluation						\$7,057,823.13
Total		\$18,966,689.90	\$25,271,397.44	\$26,410,722.57	\$5,293,366.96	\$83,000,000.00

Adult/TAY

Children 0-21

\* Received funds from a county who elected not to operate the program with the reduced amount