SB 551 (Portantino)
Mental Health Services Act: prevention and early intervention.

BACKGROUND

Prop 63, also known as the Mental Health Services Act (MHSA), was passed in 2004. Current law states that 20% of total Prop 63 funding must be allocated in each county for Prevention and Early Intervention (PEI) and that 51% of PEI funds shall be used to provide services to children and youth (age 0 to 25 years old).[i]

Each county is required to create 3 year MHSA plans articulating how they will spend Prop 63 funds in alignment with the law. Counties must seek stakeholder input and establish a 5 to 15 member Mental Health Board to review MHSA plans and make recommendations and changes.[ii] Although children and youth are identified as a priority group in MHSA and improved school outcomes and increased school-based services are specified goals, few county Mental Health Boards include children, youth, or school representatives.

In light of research indicating that children are 21 times more likely to receive health and mental health services when provided at a school campus, California created the Mental Health Student Services Act (MHSSA) in 2019 using a one-time set aside of Prop 63 funds.[iii] 54 counties have chosen to participate in MHSSA and are utilizing funding to increase student access to mental health by providing school-based services.[iv] When one-time funding expires in 2024, the intent was that participating counties would allocate a portion of their PEI funding to continue school-based services started under MHSSA[v]; however, it does not appear that most counties currently plan to do so.

PROBLEM

Between 2007 and 2014, the suicide rate more than doubled among children ages 10 to 14.[vi] In the first year of the pandemic, intentional self-harm among 13 to 18-year-olds increased by 91%, overdoses increased by 95%, and diagnoses of major depressive disorder increased by 84%.[vii] Between April 2020 and April 2021, in a survey of over 1200 students from over 50 school districts and 25 counties across California, two-thirds of students reported that their mental health was negatively impacted by the pandemic.[viii]

According to the Mental Health Services Oversight and Accountability Commission (MHSOAC): "While counties use MHSA to fund programs for young children and their families, most programs do not focus on children younger than 8-years-old or address early trauma as a precursor to mental illness. In addition, programs that are focused on specific ages or circumstances usually operate as independent "add-ons" and may only reach a small number of individuals. Generally speaking, most counties do not have a strategic plan for enhancing school success and student mental wellness through prevention and early intervention beginning at birth." [ix]

While most counties indicate that approximately half of the participants in PEI programs are children and youth, a deeper dive into the data reveals that the programs targeting children and youth generally receive little funding and primarily focus on parents.[x] After analyzing available data to determine the amount of PEI funding actually spent on programs targeting children and youth, it appears that nearly all MHSA plans allocate significantly less than 51% of PEI funds toward services for children and youth.[xi]

Many mental health service providers indicate difficulty identifying at-risk children and limited success in recruiting children and youth participants for programs and events. School-based partnerships are an effective way to establish access to children and youth and increase the percentage of PEI funds spent on this age group while also addressing all 8 of the MHSA "childhood trauma prevention and early intervention" categories.

SUMMARY

This bill would require all counties to collaborate with LEAs in the county to allocate 20% of PEI

funds towards school-based behavioral health services. The bill would also:

- Add a requirement that Mental Health Boards have: 1) 20 percent of members that fall into the age category of child or transition-age youth, and 2) 20 percent of members that are public school employees.
- Clarify that no more than 50% of the members on a Mental Health Board may have a personal financial interest in programs funded in a proposed or adopted MHSA plan.

SUPPORT

California Teachers Association (Sponsor)
Santa Clara County Office of Education (Sponsor)
Los Angeles Unified School District (Sponsor)
California School Boards Association (Sponsor)
California Association of School Psychologists (Sponsor)

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[i] https://mhsoac.ca.gov/wp-content/uploads/1687-MHSOAC-Mental-Health-in-Schools-design-8.pdf, pg 27.
[ii] WIC Section 5604.
[iii] Kaplan, Calonge, Guernsey, and Hanrahan. (1998). Managed Care and School-Based Health Centers: Use of Health Services. American Psychological Association, Schools expand mental health care. Journal of Adolescent Health, 2003. Vol. 32, No. 6.
[iv] https://mhsoac.ca.gov/wp-content/uploads/MHSSA-Progress-Status-Report-050422.pdf, pg 1.
[v] Id at pg 6.
[vi] Ballesteros, M. F., et al. (2018). The epidemiology of unintentional and violence-related injury morbidity and mortality among children and adolescents in the United States. International Journal of Environmental Research and Public Health, 15(4), 616. https://www.mdpi. com/1660-4601/15/4/616.
[vii] FAIR Health. The Impact of COVID-19 on Pediatric Mental Health. Comparing March 2019 to March 2020. https://www. fairhealth.org/publications/whitepapers
[viii] State of Student Wellness 2021: The Impact of the Pandemic on Student Mental Health. https://www.documentcloud.org/ documents/21041273-state-of-student-wellness-2021-factsheet.
[ix] https://mhsoac.ca.gov/wp-content/uploads/1687-MHSOAC-Mental-Health-in-Schools-design-8.pdf, pg 14.
[x] We define a "program targeting children and youth" as a program in which at least 15% of participants or beneficiaries were children or youth.
[xi] Examples include: Riverside 17%; Alameda 21%; Stanislaus 30%; San Francisco 35%; Orange 35%; Ventura 36%; Tulare 41%; San Diego 42%