

SB 508 (STERN)

STUDENT MENTAL HEALTH SERVICES

UPDATED: 2/2/2021

SUMMARY

The suicide rate for children ages 10 to 14 has more than doubled in the last decade, yet children still have limited access to mental health services. COVID-19 has only exacerbated the youth mental health crisis. This bill would require health plans to provide mental health services to students. It would also make children's mental health services more accessible by expanding the network of school-based mental health practitioners and use of telehealth.

BACKGROUND

Commercial health plans insure 49%ⁱ of the children in California and are obligated to provide mental health benefits. However, the largest commercial health plans in California have been routinely cited over the last decade for failing to meet these requirements.

The Department of Health Care Services (DHCS) estimates nearly 8% of children ages 0 to 18 need mental health services annually.ⁱⁱ This number increases to 9% for children from households below 200% of the poverty level.ⁱⁱⁱ Since the start of the COVID-19 pandemic, calls to the California Youth Crisis hotline increased by 227% in 2020 and emergency room visits related to mental health increased by 24% for 5 to 11 year-olds and 31% for 12 to 17 year-olds.^{iv}

Through the Mental Health Student Services Act (MHSSA) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) transparency tools, state and local governments have increased access to mental health for the 38% of California children insured through Medi-Cal. Nearly all of these expansion efforts have been made through collaboration with schools, given that children are 21 times more likely to receive the mental health services they need when provided on a school campus.^v

Commercial health plans, on the other hand, have not made similar efforts to expand access to mental health services to children or to partner with schools.

Only a handful of California school districts have collaborative agreements with commercial health plans or receive reimbursements for medically necessary services provided to insured students.

Because the California Constitution and the Individuals with Disabilities Education Act (IDEA) requires schools to provide services necessary for students to access their education, regardless of how they are insured, the financial burden of children's mental health has been falling heavily on California's public schools. Given the unmet need for children's mental health services, SB 508 will ensure children have easier access to mental health services. The social-emotional challenges brought on by the COVID-19 pandemic make it even more necessary that commercial health insurance plans partner with schools to ensure children's mental health needs are met now and into the future.

THIS BILL

- Ensures health plans are meeting the requirement to provide mental health services to students who are referred by the school.
- Makes it easier to access children's mental health experts by permanently adopting telehealth options established during the pandemic.
- Ensures that commercial health plans are meeting mental health parity standards by requiring them to collaborate with local education agencies (LEAs) when a certain percentage of students enrolled at the LEA are insured by a particular health plan.

SUPPORT

Santa Clara County Office of Education (co-sponsor)
Los Angeles Unified School District (co-sponsor)
San Diego Unified School District (co-sponsor)

ⁱ <https://www.chcf.org/wp-content/uploads/2017/12/PDF-ChildrensHealthCoverage2012.pdf>, page 3

ⁱⁱ <https://www.dhcs.ca.gov/provgovpart/Documents/California%20Prevalence%20Estimates%20-%20Introduction.pdf>, page 14

ⁱⁱⁱ Ibid.

^{iv} <http://www.ebudget.ca.gov/FullBudgetSummary.pdf>, page 54

^v American Psychological Association, Schools expand mental health care. Journal of Adolescent Health, 2003. Vol. 32, No. 6.