

# SB 1113 (Beall) – FACT SHEET

## Demonstration Partnerships for K-12 Mental Health Services

### BACKGROUND

In 2011, California changed the way it funded educationally related mental health services, moving from a county-run system to a local educational agency (LEA)-run system via AB 114. After the implementation of AB 114, numerous complaints from parents about the new system prompted Senator Beall and nine of his colleagues to request an audit from the State Auditor.

Auditors were confronted by a lack of documentation by the sampled school districts, hampering their ability to analyze the districts' compliance with AB 114 and consequently whether the legislation had actually achieved the desired impact sought by the Legislature.

In addition to the lack of documentation of services and outcomes, the audit found that LEAs and counties could benefit financially, and improve access to mental health services by collaborating to provide services to Medi-Cal eligible students.

As examples, the audit reported the Mt. Diablo Unified School District had received \$1.3 million in federal funds per year through their partnership with Contra Costa County. The Desert Mountain SELPA's agreement with San Bernardino County allowed it to access almost \$4 million for FY 14/15.

Although successful models have demonstrated partnerships like the ones above benefit both the counties and LEAs, while increasing access to necessary mental health services for all Medi-Cal eligible school-age children, they are rarely implemented by LEAs. *Only six out of 122 SELPAs* are known to have agreements in place with a county mental health plan or qualified provider operating in the county health plan network.

### PROBLEM

According to the California Health Care Foundation, approximately 700,000 students—7.5 percent of all school-age children in California—have a serious

behavioral health disorder, but only 120,000 receive therapy or counseling as part of their IEP.

Access to mental health services is critical to a child's academic success. Children who do not receive access to timely early intervention and mental health services have an increased risk of deteriorating school performance that often leads to serious emotional disturbance that then "qualifies" the student for special education.

LEAs utilize multiple funding sources to provide mental health services to the students they serve, including unrestricted general fund and general special education funding. For those students who are enrolled in MediCal, federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds are available for certain services but **only** if they are provided by a county or a county contracted MediCal provider. LEAs can't access EPSDT funds without partnering with a county or a provider operating in the county mental health plan network.

**The bottom line is without these partnerships, California is leaving tens of millions of federal dollars on the table.**

### THIS BILL

SB 1113 uses financial incentives to promote partnerships in an effort to better serve children and obtain more federal funding and establishes an opt-in, competitive grant program to be administered by the California Department of Education.

Specifically, SB 1113:

1. Creates demonstration partnerships between School Districts/ LEAs and County Mental Health Plans or provider in the county mental health plan network to provide universal mental health support, assessments and services;
2. Increases federal EPSDT funds for mental health services in schools;
3. Provides supplemental funding to pay for EPSDT match in order to incentivize LEAs to work with counties; and

4. Requires the California Department of Education (CDE) and the State Department of Health Care Services (DHCS) to develop data sharing agreements and mandates DHCS to include outcomes and the academic success of all students with a primary mental health diagnosis as emotional disturbance in their IEP be included within the DHCS' EPSDT mental health services performance outcome system (pursuant to Section 14707.5 of the Welfare and Institutions Code).

## **SPONSORS**

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California Council of Community Behavioral Health Agencies

## **SUPPORT**

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California Association of Marriage and Family Therapists  
California Psychiatric Association  
California Youth Empowerment Network  
Community Health Partnerships  
Mental Health America of California  
National Center for Youth Law  
Los Angeles Trust for Children's Health  
Steinberg Institute

## **OPPOSE**

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Coalition for Adequate Funding for Special Education  
Special Opportunities for Access & Reform Coalition

Note: CTA & SELPA Association of CA worked with the author to address concerns in the Assembly Health Committee and pledge to remove their opposition once amendments are processed by the Assembly Appropriations Committee.

## **FOR MORE INFORMATION**

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