

[First Reprint]

## **ASSEMBLY, No. 3005**

# **STATE OF NEW JERSEY**

## **219th LEGISLATURE**

INTRODUCED FEBRUARY 20, 2020

**Sponsored by:**

**Assemblyman JOHN ARMATO**

**District 2 (Atlantic)**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Assemblyman RAJ MUKHERJI**

**District 33 (Hudson)**

**Co-Sponsored by:**

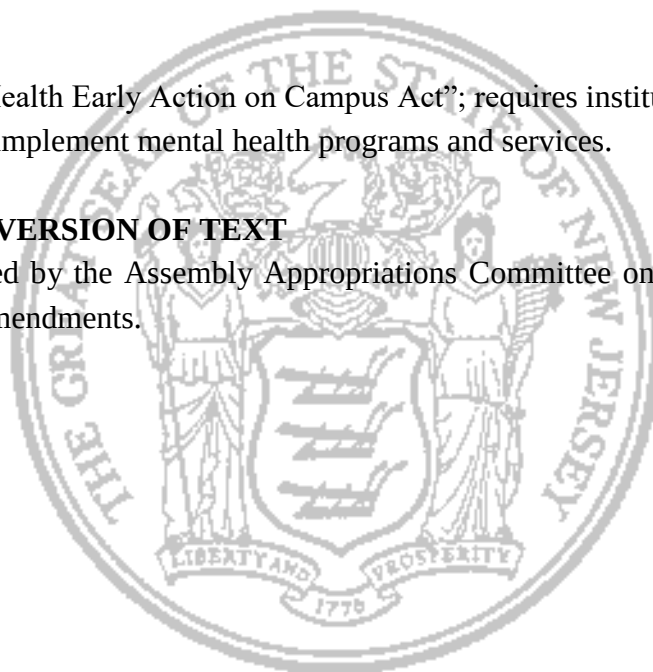
**Assemblywomen McKnight, Carter, Assemblymen Karabinchak, Benson,  
Assemblywomen Jimenez, Murphy, Assemblymen Mejia, Freiman,  
Assemblywoman Jasey, Assemblyman Wimberly, Assemblywoman  
Mosquera, Assemblyman Stanley, Assemblywoman Swain, Assemblyman  
Tully and Assemblywoman Tucker**

### **SYNOPSIS**

“Mental Health Early Action on Campus Act”; requires institutions of higher education to implement mental health programs and services.

### **CURRENT VERSION OF TEXT**

As reported by the Assembly Appropriations Committee on November 15, 2021, with amendments.



**(Sponsorship Updated As Of: 12/6/2021)**

1 AN ACT concerning mental health programs at institutions of higher  
 2 education and supplementing chapter 3B of Title 18A of the New  
 3 Jersey Statutes.

4  
 5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
 6 *of New Jersey:*

7  
 8 1. This act shall be known and may be cited as the “Mental  
 9 Health Early Action on Campus Act.”

10  
 11 2. As used in this act, “telehealth” means the evaluation,  
 12 diagnosis, or interpretation of electronically transmitted patient-  
 13 specific data between a remote location and a licensed health care  
 14 professional that generates interaction or treatment  
 15 recommendations.

16  
 17 3. a. An institution of higher education shall implement a  
 18 mental health awareness program. The purpose of the program  
 19 shall be to:

20 (1) identify students with mental health needs and connect them  
 21 to mental health support services;

22 (2) increase access to mental health support services on campus;

23 (3) <sup>1</sup>~~increase access to~~ maintain and build, to the extent  
 24 possible, relationships with community<sup>1</sup> mental health support  
 25 services <sup>1</sup>in the surrounding communities] and providers, and  
 26 distribute information concerning these relationships to students as  
 27 appropriate<sup>1</sup>;

28 (4) empower students through peer-to-peer support and training  
 29 on identifying mental health needs and resources; and

30 (5) reduce the administrative policies that place an undue  
 31 burden on students seeking medical leave for their mental health  
 32 conditions through technical assistance and training.

33 b. An institution’s mental health awareness program, required  
 34 pursuant to subsection a. of this section, shall include, but need not  
 35 be limited to:

36 (1) the development and implementation of an annual student  
 37 orientation session <sup>1</sup>~~for new students~~ <sup>1</sup>designed to raise awareness  
 38 about mental health conditions;

39 (2) the assessment of courses and seminars available to students  
 40 through their regular academic experience and the implementation  
 41 of mental health curricula if opportunities for integration exist;

42 (3) the creation and prominent display on the institution’s  
 43 website or mobile application of information dedicated specifically

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is  
 not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Assembly AAP committee amendments adopted November 15, 2021.

1 to the mental health resources available to students on campus and  
2 in the surrounding community;

3 (4) the distribution of messages related to mental health  
4 resources that encourage help-seeking behavior through the on-line  
5 learning platform<sup>1</sup>, the student portal<sup>1</sup> of the institution, <sup>1</sup>including  
6 on-line mental health screenings **】** social media, e-mail or other  
7 means at the discretion of the institution<sup>1</sup>, at least once per term and  
8 during periods of high stress in the academic year including, but not  
9 limited to, mid-terms or final examinations. The messages and  
10 strategies shall be based on documented best practices; and

11 (5) beginning in the first full academic year three years  
12 following the effective date of this act, <sup>1</sup>**the implementation of an**  
13 **on-line screening tool to raise awareness and establish a mechanism**  
14 **to link or refer students to services** **】** the provision of links on the  
15 institution's websites to on-line screening tools validated by mental  
16 health professionals or organizations<sup>1</sup>. The screenings and services  
17 shall be available to students the entire academic year and shall, at a  
18 minimum:

19 (a) include validated screening tools <sup>1</sup>, if available,<sup>1</sup> for  
20 depression, anxiety disorders, eating disorders, substance abuse,  
21 alcohol-use disorders, post-traumatic stress disorder, and bipolar  
22 disorder<sup>1</sup>. If validated screening tools are not available, links to  
23 nationally recognized resources regarding the mental health topic  
24 shall be provided<sup>1</sup>;

25 (b) provide <sup>1</sup>on the institution's website information about<sup>1</sup>  
26 resources for immediate connection to services, if indicated,  
27 including emergency resources;

28 (c) provide <sup>1</sup>on the institution's website<sup>1</sup> general information  
29 about all mental health-related resources available to students <sup>1</sup>on  
30 campus<sup>1</sup>; and

31 (d) maintain the anonymity of students using the screening  
32 <sup>1</sup>**and services** **】** tools linked from the institution's website<sup>1</sup>.  
33

34 4. a. The <sup>1</sup>**governing board** **】** president<sup>1</sup> of an institution of  
35 higher education <sup>1</sup>, or a designee,<sup>1</sup> shall establish <sup>1</sup>**an expert** **】** a<sup>1</sup>  
36 panel <sup>1</sup>with expertise in college mental health<sup>1</sup> to develop and  
37 implement policies and procedures to:

38 (1) advise students, faculty, and staff on the proper procedures  
39 for identifying and addressing the needs of students exhibiting  
40 symptoms of mental health conditions;

41 (2) promote understanding of the rules of section 504 of the  
42 federal Rehabilitation Act of 1973 (29 U.S.C. s.794) and the federal  
43 Americans With Disabilities Act of 1990 (42 U.S.C. s.12101 et  
44 seq.) to increase knowledge and understanding of student  
45 protections under the law; and

46 (3) provide training if appropriate.

1       b. An institution of higher education shall require all student  
2 advisors, resident assistants in student housing facilities, and  
3 campus security personnel to participate in a national Mental Health  
4 First Aid training course or a similar program prior to the  
5 commencement of their duties. The training shall include the  
6 policies and procedures developed pursuant to subsection a. of this  
7 section.

8  
9       5. An institution of higher education **‘[shall] may, at its**  
10 **discretion,**<sup>1</sup> establish and implement a student peer support **‘or peer**  
11 **educator**<sup>1</sup> program. The program shall utilize student peers to **‘raise**  
12 **awareness of mental health on campus and in some instances may**<sup>1</sup>  
13 support students living with mental health conditions on campus.  
14 Peer support **‘or peer educator**<sup>1</sup> programs may be housed within  
15 resident assistance programs, counseling centers, or wellness  
16 centers on campus. A peer support program shall utilize best  
17 practices for peer support **‘[including, but not limited to:**

18       a. utilizing the tenets of the recovery model for mental health  
19 developed by the federal Substance Abuse and Mental Health  
20 Services Administration;

21       b. adequate planning and preparation, including standardizing  
22 guidance and practices, identifying needs of the target population,  
23 and aligning program goals to meet those needs;

24       c. clearly articulating policies, specifically concerning role  
25 boundaries and confidentiality;

26       d. systematic screening with defined selection criteria for peer  
27 supporters including, but not limited to, communication skills,  
28 leadership ability, character, previous experience or training, and  
29 ability to serve as a positive role model;

30       e. identifying benefits from peer status, including but not  
31 limited to, experiential learning, social support, leadership, and  
32 improved self-confidence;

33       f. continuing education for peer supporters to support each  
34 other and improve peer support skills; and

35       g. flexibility in availability by offering services through drop-  
36 in immediate support and the ability to book appointments<sup>1</sup>.

37  
38       6. a. An institution of higher education **‘[shall] may**<sup>1</sup> form  
39 strategic partnerships with local mental health service providers **‘at**  
40 **its discretion**<sup>1</sup> to improve overall campus mental health wellness  
41 and augment on-campus capacity. The partnerships **‘[shall] may**<sup>1</sup>  
42 include linkage agreements with off-campus mental health service  
43 providers that establish a foundation for referrals for students when  
44 a student’s mental health needs cannot be met on campus due to  
45 capacity concerns or preference of the student. The partnerships  
46 **‘[shall] may**<sup>1</sup> include:

1 (1) avenues for on-campus and off-campus mental health service  
2 providers to increase visibility to students via marketing and  
3 outreach;

4 (2) opportunities to engage the student body through student  
5 outreach initiatives including, but not limited to, mindfulness  
6 workshops or campus-wide wellness fairs; and

7 (3) opportunities to support mental health awareness and  
8 training provided for pursuant to this act.

9 b. Through a combination of on-campus capacity, off-campus  
10 linkage agreements with mental health service providers, and  
11 contracted telehealth therapy services, each institution shall attempt  
12 to reach a <sup>1</sup>clinician-to-student<sup>1</sup> benchmark ratio <sup>1</sup>of one clinical,  
13 non-student staff member to 1,250 students<sup>1</sup> in line with best  
14 practices recommended by national organizations that conduct  
15 research in college mental health<sup>1</sup>. If linkage agreements are used,  
16 the agreements shall include the capacity of students that the mental  
17 health service providers are expected to serve within the agency.  
18 Two years after the effective date of this act, and once every five  
19 years thereafter, the Technical Assistance Center established  
20 pursuant to section 7 of this act shall propose to the institutions an  
21 updated ratio based on actual ratios in this State and any new  
22 information related to appropriate benchmarks for clinician-to-  
23 student ratios. <sup>1</sup>The updated benchmark shall represent a ratio of  
24 no less than one clinical, non-student staff member to 1,250  
25 students<sup>1</sup>.

26 c. An institution of higher education shall work with local  
27 resources, including on-campus mental health counseling centers or  
28 wellness centers, local mental health service providers, or non-  
29 providers, such as affiliates of the National Alliance on Mental  
30 Illness, and any other resources to meet the awareness and training  
31 requirements required pursuant to section 3 and section 4 of this act.

32  
33 7. The Secretary of Higher Education shall develop a Technical  
34 Assistance Center. The center's responsibilities shall include:

35 a. developing standardized policies for medical leave related to  
36 mental health conditions for students, which may be adopted by an  
37 institution of higher education;

38 b. providing tailored support to the institutions in reviewing  
39 policies related to students living with mental health conditions and  
40 their academic standing;

41 c. establishing initial standards for policies and procedures of  
42 the expert panel established pursuant to subsection a. of section 4 of  
43 this act;

44 d. disseminating best practices concerning peer support  
45 programs established pursuant to section 5 of this act, including  
46 widely-accepted selection criteria for individuals serving in a peer  
47 support role;

1 e. developing Statewide standards and best practices for  
2 partnerships between local mental health agencies and institutions  
3 of higher education;

4 f. collecting, analyzing, and disseminating data related to  
5 mental health needs and academic engagement throughout the State;

6 g. housing the data collected by each institution of higher  
7 education pursuant to section 8 of this act and analyzing and  
8 disseminating best practices to each institution and to the public  
9 based on that data;

10 h. monitoring and evaluating the strategic partnerships between  
11 local mental health service providers and institutions of higher  
12 education required pursuant to section 6 of this act to ensure  
13 capacity is met by each institution; and

14 i. facilitating a learning community across all institutions of  
15 higher education to support capacity building and learning across  
16 the institutions.

17  
18 8. An institution of higher education shall evaluate the  
19 programs and services required pursuant to this act for effectiveness  
20 and quality in the following manner:

21 a. For the mental health awareness program established  
22 pursuant to section 3 of this act and the training required pursuant  
23 to section 4 of this act, ~~the~~ an institution shall establish its own<sup>1</sup>  
24 monitoring and assessment<sup>1</sup> measures to determine the  
25 effectiveness of its program which<sup>1</sup> shall include, but ~~are~~<sup>1</sup> not  
26 be<sup>1</sup> limited to:

27 (1) ~~an increased understanding of mental health conditions~~  
28 evaluation of training programs and monitoring of participation in,  
29 and attendance at, events, workshops, and training<sup>1</sup>;

30 (2) ~~a reduced stigma toward mental health conditions~~  
31 monitoring of visits to the counseling center or referrals made to  
32 external therapists<sup>1</sup>;

33 (3) ~~an increased understanding of mental health resources~~  
34 available to students surveys of students to understand their needs  
35 and awareness of services<sup>1</sup>; and<sup>1</sup>

36 (4) ~~an increased understanding of resources for mental health~~  
37 emergencies available to students; and

38 (5) viewing monitoring of the number of views<sup>1</sup> of the  
39 institution's mental health resource website pages <sup>1</sup>, social media,  
40 or mobile applications;

41 b. For the student peer support program or peer educator<sup>1</sup>  
42 established pursuant to section 5 of this act, the monitoring  
43 measures shall ~~include, but are not limited to~~ be determined by  
44 the institution and may include<sup>1</sup>:

45 (1) improved symptomatology;

46 (2) connection or referral to additional services, if needed;

- 1       ~~'[(3)] (2)'~~ student satisfaction;
- 2       ~~'[(4)] (3)'~~ wait time for drop-in appointments;
- 3       ~~'[(5)] (4)'~~ wait time for scheduled appointments; and
- 4       ~~'[(6)] (5)'~~ satisfaction with the training curriculum for peer
- 5 supporters; and
- 6       c. For the partnerships with local mental health service
- 7 providers formed pursuant to section 6 of this act, the monitoring
- 8 measures shall ~~'[include, but are not limited to]~~ be determined by
- 9 the institution and may include':
- 10       (1) 'average' wait time for ~~'[drop-in]'~~ appointments for on-
- 11 campus or off-campus telehealth therapy providers;
- 12       (2) ~~'[wait time for scheduled appointments for on-campus or~~
- 13 off-campus telehealth therapy providers;
- 14       (3) ~~'[the~~ 'clinician-to-student' ratio ~~'[of clinical, non-student~~
- 15 staff to student population ~~']'~~ and the number of linkage agreements
- 16 ~~'[and]~~  , contracts , and mental health professionals for referral'
- 17 in place based on student population;
- 18       ~~'[(4)] (3) reports of'~~ student satisfaction with on-campus or
- 19 off-campus telehealth therapy providers;
- 20       ~~'[(5) the range of treatment models offered to students;~~
- 21       (6) the average length of stay in treatment;
- 22       (7) ~~'[(4)'~~ the number and range of student outreach initiatives,
- 23 including but not limited to, ~~'[telehealth]'~~ mindfulness workshops
- 24 or campus-wide wellness fairs; and
- 25       ~~'[(8)] (5)'~~ the annual number of students being served.
- 26
- 27       9. This act shall take effect immediately.