

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3005

with committee amendments

STATE OF NEW JERSEY

DATED: NOVEMBER 15, 2021

The Assembly Appropriations Committee reports favorably Assembly Bill No. 3005, with committee amendments.

As amended, this bill, known as the “Mental Health Early Action on Campus Act,” requires institutions of higher education to implement certain mental health programs and services.

Under the bill, an institution of higher education is required to implement a mental health awareness program which must include, at a minimum:

(1) the development and implementation of an annual student orientation session for new students designed to raise awareness about mental health conditions;

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

(3) the creation and prominent display on the institution’s website or mobile application of information dedicated specifically to the mental health resources available to students on campus and in the surrounding community;

(4) the distribution of messages related to mental health resources that encourage help-seeking behavior through the on-line learning platform, the student portal of the institution, social media, e-mail or other means at the discretion of the institution, at least once per term and during periods of high stress in the academic year including, but not limited to, mid-terms or final examinations. The messages and strategies will be based on documented best practices; and

(5) beginning in the first full academic year three years following the effective date of this bill, institutions are required to provide links on their websites to on-line screening tools validated by mental health professionals or organizations.

The bill authorizes an institution of higher education, at its discretion, to establish and implement a student peer support or peer educator program. The program will utilize student peers to raise awareness of mental health on campus and in some instances may support students living with mental health conditions on campus. Peer support programs may be housed within resident assistance

programs, counseling centers, or wellness centers on campus. A peer support program will utilize best practices for peer support.

The bill also authorizes each institution, at its discretion, to form strategic partnerships with local mental health service providers to improve overall campus mental health wellness and augment on-campus capacity. The partnerships may include linkage agreements with off-campus mental health service providers that establish a foundation for referrals for students when a student's mental health needs cannot be met on campus due to capacity concerns or preference of the student. The partnerships may include:

- (1) avenues for on-campus and off-campus mental health service providers to increase visibility to students via marketing and outreach;
- (2) opportunities to engage the student body through student outreach initiatives including, but not limited to, mindfulness workshops or campus-wide wellness fairs; and
- (3) opportunities to support mental health awareness and training.

Through a combination of on-campus capacity, off-campus linkage agreements with mental health service providers, and contracted telehealth therapy services, each institution is required to attempt to reach a clinician-to-student benchmark ratio in line with best practices recommended by national organizations that conduct research in college mental health.

Under the bill, the Secretary of Higher Education will develop a Technical Assistance Center. The center's responsibilities will include:

- (1) developing standardized policies for medical leave related to mental health conditions for students, which may be adopted by an institution of higher education;
- (2) providing tailored support to the institutions in reviewing policies related to students living with mental health conditions and their academic standing;
- (3) establishing initial standards for policies and procedures of the expert panel;
- (4) disseminating best practices concerning peer support programs, including widely-accepted selection criteria for individuals serving in a peer support role; and
- (5) developing Statewide standards and best practices for partnerships between local mental health agencies and institutions of higher education.

The bill requires an institution of higher education to evaluate the programs and services for effectiveness and quality. For the mental health awareness program, the bill provides that an institution will establish its own monitoring and assessment measures to determine the effectiveness of its program which must include, but are not limited to:

(1) evaluation of training programs and monitoring participation in, and attendance at, events, workshops, and training;

(2) monitoring visits to the counseling center or referrals made to external therapists;

(3) surveys of students to understand their needs and awareness of services; and

(4) monitoring the number of views of the institution's mental health resource website pages, social media, or mobile applications.

For the student peer support program, the bill provides that the monitoring measures will be determined by the institution and may include:

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

(2) student satisfaction;

(3) wait time for drop-in appointments;

(4) wait time for scheduled appointments; and

(5) satisfaction with the training curriculum for peer supporters.

For the partnerships with local mental health service providers, the bill provides that the monitoring measures will be determined by the institution and may include:

(1) average wait time for appointments for on-campus or off-campus telehealth therapy providers;

(2) the ratio of clinical, non-student staff to student population and the number of linkage agreements, contracts, and mental health professionals for referral in place based on student population;

(3) reports of student satisfaction with on-campus or off-campus telehealth therapy providers;

(4) the number and range of student outreach initiatives, including but not limited to, mindfulness workshops or campus-wide wellness fairs; and

(5) the annual number of students being served.

COMMITTEE AMENDMENTS:

The committee amended the bill to:

(1) add that the purpose of the mental health awareness program is to maintain and build, to the extent possible, relationships with community mental health support services and providers, and distribute information concerning these relationships to students as appropriate;

(2) specify that the program includes: the distribution of messages related to mental health resources that encourage help-seeking behavior through the on-line learning platform, the student portal of the institution, social media, e-mail or other means at the discretion of the institution, at least once per term and during periods of high stress in the academic year including, but not limited to, mid-terms or final examinations; and beginning in the first full academic year three years following the effective date of the bill, the provision of links on the

institution's websites to on-line screening tools validated by mental health professionals or organizations;

(3) require the president of an institution of higher education, or a designee, to establish a panel with expertise in college mental health to develop and implement policies and procedures. In its original form, the bill required the institution's governing board to perform this task;

(4) allow, as opposed to require, an institution, at its discretion, to establish a peer support or peer educator program. The committee amended the bill to specify that the program will use student peers to raise awareness of mental health on campus and in some instances may support students living with mental health conditions on campus. The committee deleted language specifying the minimum requirements for the peer support program's best practices;

(5) allow, as opposed to require, institutions, at their own discretion, to form strategic partnerships with local mental health providers;

(6) provide that each institution is required to attempt to reach a clinician-to-student benchmark ratio in line with best practices recommended by national organizations that conduct research in college mental health. In its original form, the bill required a ratio of one clinical, non-student staff member to 1,250 students; and

(7) change the criteria for how an institution will evaluate the effectiveness of its mental health program, peer support or peer educator program, and its partnerships with mental health service providers.

FISCAL IMPACT:

The Office of Legislative Services (OLS) determines that this bill will result in indeterminate annual expenditure increases to public institutions of higher education to implement mental health awareness programs, establish student peer support programs, form strategic partnerships with local mental health service providers, and conduct certain program evaluations. Costs incurred by the institutions will vary as some may already meet the standards established under the bill while others may need to invest additional resources.

The bill will also result in annual, indeterminate expenditure increase to the Office of the Secretary of Higher Education, which will be required to develop a Technical Assistance Center to support the efforts of the public institutions of higher education.