SENATE, No. 2402

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED MAY 7, 2020

Sponsored by:
Senator DAWN MARIE ADDIEGO
District 8 (Atlantic, Burlington and Camden)

Co-Sponsored by:
Senator Corrado

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 introduced.

(Sponsorship Updated As Of: 5/7/2020)

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

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

1. This act shall be known and may be cited as the "Mental Health Early Action on Campus Act."

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

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

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

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

(3) increase access to mental health support services in the surrounding communities;

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

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

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

(1) the development and implementation of an annual student orientation session 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 of the institution, including on-line mental health screenings, 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 shall be based on documented best practices; and

(5) beginning in the first full academic year three years following the effective date of this act, the implementation of an on-line screening tool to raise awareness and establish a mechanism to link or refer students to services. The screenings and services shall be available to students the entire academic year and shall, at a minimum:

(a) include validated screening tools for depression, anxiety disorders, eating disorders, substance abuse, alcohol-use disorders, post-traumatic stress disorder, and bipolar disorder;

(b) provide resources for immediate connection to services, if indicated, including emergency resources;

(c) provide general information about all mental health-related resources available to students; and

(d) maintain the anonymity of students using the screening and services.

4. a. The governing board of an institution of higher education shall establish an expert panel to develop and implement policies and procedures to:

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

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

(3) provide training if appropriate.

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

5. An institution of higher education shall establish and implement a student peer support program. The program shall utilize student peers to 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 shall utilize best practices for peer support including, but not limited to:

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

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

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

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

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

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

g. flexibility in availability by offering services through drop-in immediate support and the ability to book appointments.

6. a. An institution of higher education shall form strategic partnerships with local mental health service providers to improve overall campus mental health wellness and augment on-campus capacity. The partnerships shall 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 shall 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 provided for pursuant to this act.

b. Through a combination of on-campus capacity, off-campus linkage agreements with mental health service providers, and contracted telehealth therapy services, each institution shall attempt to reach a benchmark ratio of one clinical, non-student staff member to 1,250 students. If linkage agreements are used, the agreements shall include the capacity of students that the mental health service providers are expected to serve within the agency. Two years after the effective date of this act, and once every five years thereafter, the Technical Assistance Center established pursuant to section 7 of this act shall propose to the institutions an updated ratio based on actual ratios in this State and any new information related to appropriate benchmarks for clinician-to-student ratios. The updated benchmark shall represent a ratio of no less than one clinical, non-student staff member to 1,250 students.

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

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

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

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

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

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

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

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

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

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

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

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

a. For the mental health awareness program established pursuant to section 3 of this act and the training required pursuant to section 4 of this act, the monitoring measures shall include, but are not limited to:

(1) an increased understanding of mental health conditions;

(2) a reduced stigma toward mental health conditions;

(3) an increased understanding of mental health resources available to students;

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

(5) viewing of the institution's mental health resource website pages or mobile applications;

b. For the student peer support program established pursuant to section 5 of this act, the monitoring measures shall include, but are not limited to:

(1) improved symptomatology;

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

(3) student satisfaction;

(4) wait time for drop-in appointments;

(5) wait time for scheduled appointments; and

(6) satisfaction with the training curriculum for peer supporters; and

c. For the partnerships with local mental health service providers formed pursuant to section 6 of this act, the monitoring measures shall include, but are not limited to:

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

(2) wait time for scheduled appointments for on-campus or off-campus telehealth therapy providers;

(3) the ratio of clinical, non-student staff to student population and the number of linkage agreements and contracts in place based on student population;

(4) student satisfaction with on-campus or off-campus telehealth therapy providers;

(5) the range of treatment models offered to students;

(6) the average length of stay in treatment;

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

(8) the annual number of students being served.

9. This act shall take effect immediately.

STATEMENT

This bill 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 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 of the institution at least once per term and during periods of high stress in the academic year; and

(5) the implementation of an on-line screening tool to raise awareness and establish a mechanism to link or refer students to services.

The bill requires an institution of higher education to establish and implement a student peer support program. The program will utilize student peers to 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 including, but not limited to:

(1) utilizing the tenets of the recovery model for mental health developed by the federal Substance Abuse and Mental Health Services Administration;

(2) adequate planning and preparation, including standardizing guidance and practices, identifying needs of the target population, and aligning program goals to meet those needs;

(3) clearly articulating policies, specifically concerning role boundaries and confidentiality;

(4) systematic screening with defined selection criteria for peer supporters including, but not limited to, communication skills, leadership ability, character, previous experience or training, and ability to serve as a positive role model;

(5) identifying benefits from peer status including, but not limited to, experiential learning, social support, leadership, and improved self-confidence;

(6) continuing education for peer supporters to support each other and improve peer support skills; and

(7) flexibility in availability by offering services through drop-in immediate support and the ability to book appointments.

The bill also requires each institution to form strategic partnerships with local mental health service providers to improve overall campus mental health wellness and augment on-campus capacity. The partnerships will 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 will 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.

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.