

HB 1648-FN - AS INTRODUCED

2022 SESSION

22-2709

04/11

HOUSE BILL

1648-FN

AN ACT requiring public colleges and universities to implement peer support groups and develop policies for students with mental health conditions.

SPONSORS: Rep. Labranche, Hills. 22; Rep. Gallagher, Merr. 15; Rep. Laughton, Hills. 31; Rep. Klein-Knight, Hills. 11

COMMITTEE: Education

ANALYSIS

 This bill requires public colleges and universities to implement peer support groups and develop policies for students with mental health conditions.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears ~~[in brackets and struckthrough]~~
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

In the Year of Our Lord Two Thousand Twenty Two

Be it Enacted by the Senate and House of Representatives in General Court convened:

MENTAL HEALTH SERVICES ON COLLEGE CAMPUSES

188-I:1 Purpose. The purpose of this chapter is to:

- I. Further identify students with mental health needs and connect them to services.
- II. Increase access to support services on college campuses.
- III. Increase access to clinical mental health services on college campuses and in the surrounding communities for college students.
- IV. Empower students through peer-to-peer support and training on identifying mental health needs and resources.
- V. Reduce administrative policies that put an undue burden on students seeking leave for their mental health conditions through technical assistance and training.

188-I:2 Definitions. In this chapter:

- I. "Advisor" means a staff member who provides academic, professional, and personal support to students.
- II. "Campus security" means a law enforcement officer who has completed his or her probationary period and is employed as a security officer or campus police officer by a public college or university.
- III. "Linkage agreement" means a formal agreement between a public college or university and an off-campus mental health provider or agency.
- IV. "Mental health condition" means a symptom consistent with a mental illness, or a diagnosed mental illness.
- V. "Public college or university" means any institution in the university system of New Hampshire or the community college system of New Hampshire.
- VI. "Recovery model" means the model developed by the federal Substance Abuse and Mental Health Services Administration that defines the process of recovery and includes the 4 major dimensions that support a life in recovery, which are health, home, purpose, and community.
- VII. "Resident assistant" means a student who is responsible for supervising and assisting other, typically younger, students who live in the same student housing facility.
- VIII. "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. "Telehealth" includes telemedicine and the delivery of health care services provided by an interactive telecommunications system, as defined in RSA 310-A:1-g.

188-I:3 Awareness Requirements. Each public college or university shall:

- I. Develop and implement an annual student orientation session aimed at raising awareness about mental health conditions.
- II. Assess courses and seminars available to students through their regular academic experiences and implement mental health awareness curricula if opportunities for integration exist.

1 III. Create and feature a page on its website or mobile application with information
2 dedicated solely to the mental health resources available to students at the public college or
3 university and in the surrounding community.

4 IV. Distribute messages related to mental health resources that encourage help-seeking
5 behavior through the online learning platform of the public college or university during high stress
6 periods of the academic year, including, but not limited to, midterm or final examinations. These
7 stigma-reducing strategies shall be based on documented best practices.

8 V. No later than 3 years after the effective date of this chapter, implement an online
9 screening tool to raise awareness and establish a mechanism to link or refer students of the public
10 college or university to services. Screenings and resources shall be available year round for students
11 and, at a minimum, shall include validated screening tools for depression, an anxiety disorder, an
12 eating disorder, substance use, alcohol-use disorder, post-traumatic stress disorder, and bipolar
13 disorder, provide resources for immediate connection to services, if indicated, including emergency
14 resources, provide general information about all mental health-related resources available to
15 students of the public college or university, and function anonymously.

16 VI. At least once per term and at times of high academic stress, including midterm or final
17 examinations, provide students information regarding online screenings and resources.

18 188-I:4 Training.

19 I. The board of trustees of each public college or university shall designate an expert panel
20 to develop and implement policies and procedures that advise students, faculty, and staff on the
21 proper procedures for identifying and addressing the needs of students exhibiting symptoms of
22 mental health conditions, promote understanding of the rules of Section 504 of the federal
23 Rehabilitation Act of 1973 and the federal Americans with Disabilities Act of 1990 to increase
24 knowledge and understanding of student protections under the law, and provide training if
25 appropriate.

26 II. All resident assistants in a student housing facility, advisors, and campus security of a
27 public college or university shall participate in a national mental health first aid training course or a
28 similar program prior to the commencement of their duties. Training shall include the policies and
29 procedures developed by the public college or university referenced under paragraph I.

30 188-I:5 Peer Support.

31 I. Each public college or university shall develop and implement a peer support program
32 utilizing student peers to support individuals living with mental health conditions on campus. Peer
33 support programs may be housed within resident assistant programs, counseling centers, or wellness
34 centers on campus.

35 II. Peer support programs shall utilize best practices for peer support, including, but not
36 limited to: utilizing the tenets of the recovery model for mental health; adequate planning and
37 preparation, including standardizing guidance and practices, identifying needs of the target

1 population, and aligning program goals to meet those needs; clearly articulating policies, especially
2 around role boundaries and confidentiality; systematic screening with defined selection criteria for
3 peer supporters, such as communication skills, leadership ability, character, previous experience or
4 training, and ability to serve as a positive role model; identifying benefits from peer status, such as
5 experiential learning, social support, leadership, and improved self-confidence; continuing education
6 for peer supporters to support each other and improve peer support skills, and flexibility in
7 availability by offering services through drop-in immediate support and the ability to book
8 appointments.

9 188-I:6 Local Partnerships.

10 I. Each public college or university shall form strategic partnerships with local mental
11 health service providers to improve overall campus mental wellness and augment on-campus
12 capacity. The strategic partnerships shall include linkage agreements with off-campus mental
13 health service providers that establish a foundation for referrals for students when needs cannot be
14 met on campus due to capacity or preference of the student. The strategic partnerships shall also
15 include avenues for on-campus and off-campus mental health service providers to increase visibility
16 to students via marketing and outreach; opportunities to engage the student body through student
17 outreach initiatives like mindfulness workshops or campus-wide wellness fairs; and opportunities to
18 support awareness and training requirements under this chapter.

19 II. Through a combination of on-campus capacity, off-campus linkage agreements with
20 mental health service providers, and contracted telehealth therapy services, each public college or
21 university shall attempt to meet a benchmark ratio of one clinical, non-student staff member to
22 1,250 students. If linkage agreements are used, the agreements shall include the capacity of
23 students providers are expected to serve within the agency. No later than 2 years after the effective
24 date of this chapter, and once every 5 years thereafter, the technical assistance center developed
25 under RSA 188-I:7 shall propose to the general court an updated ratio based on actual ratios in this
26 state and any new information related to appropriate benchmarks for clinician-to-student ratios.
27 The updated benchmark shall represent a ratio of no less than one clinical, non-student staff
28 member to 1,250 students.

29 III. Each public college or university shall work with local resources, such as on-campus
30 mental health counseling centers or wellness centers, local mental health service providers, or non-
31 providers, such as affiliates of the National Alliance on Mental Illness, and any other resources to
32 meet the awareness and training requirements under RSA 188-I:3 and RSA 188-I:4.

33 188-I:7 Technical Assistance Center. The higher education commission established in RSA 21-
34 N:8-a, II shall develop a technical assistance center that is responsible for all of the following:

35 I. Developing standardized policies for medical leave related to mental health conditions for
36 students of a public college or university, which may be adopted by the public college or university.

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1 II. Providing tailored support to public colleges or universities in reviewing policies related
2 to students living with mental health conditions and their academic standing.

3 III. Establishing initial standards for policies and procedures under RSA 188-I:3.

4 IV. Disseminating best practices around peer support programs, including widely accepted
5 selection criteria for individuals serving in a peer support role.

6 V. Developing statewide standards and best practices for partnerships between local mental
7 health agencies and college campuses across this state.

8 VI. Collecting, analyzing, and disseminating data related to mental health needs and
9 academic engagement across this state.

10 VII. Housing data collected by each public college or university related to RSA 188-I:8 and
11 analyzing and disseminating best practices to each public college or university and the public based
12 on that data.

13 VIII. Monitoring and evaluating linkage agreements under RSA 188-I:6 to ensure capacity is
14 met by each public college or university.

15 IX. Facilitating a learning community across all public colleges or universities to support
16 capacity building and learning across those institutions.

17 188-I:8 Evaluation. Each public college or university shall evaluate the following programs in
18 the following manner:

19 I. Awareness and training programs under RSA 188-I:3 and RSA 188-I:4 shall be monitored
20 for effectiveness and quality by the public college or university. Monitoring measures shall include,
21 but are not limited to: increased understanding of mental health conditions; reduced stigma toward
22 mental health conditions; increased understanding of mental health resources available to students;
23 increased understanding of resources for mental health emergencies available to students; and
24 viewing each mental health resource website or mobile application of the public college or university.

25 II. Peer support programs under RSA 188-I:5 shall be monitored for effectiveness and
26 quality by the public college or university. Monitoring measures shall include, but are not limited to:
27 improved symptomatology; if needed, connection to additional services; student satisfaction; wait
28 time for drop-in appointments; wait time for scheduled appointments, and satisfaction with the
29 training curriculum for peer supporters.

30 III. Local partnership programs under RSA 188-I:6 shall be monitored for effectiveness and
31 quality by the public college or university. Monitoring measures shall include, but are not limited to:
32 wait time for drop-in appointments for on-campus or off-campus tele health therapy providers; wait
33 time for scheduled appointments for on-campus or off-campus tele health therapy providers; the
34 ratio of clinical, non-student staff to student population and the number of linkage agreements and
35 contracts in place based on student population; student satisfaction with on-campus or off-campus
36 telehealth therapy providers; range of treatment models offered to students; average length of stay

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- 1 in treatment; number and range of student outreach initiatives, such as telehealth mindfulness
- 2 workshops or campus-wide wellness fairs, and number of students being served annually.
- 3 3 Effective Date. This act shall take effect 60 days after its passage.

HB 1648-FN- FISCAL NOTE
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AN ACT requiring public colleges and universities to implement peer support groups and develop policies for students with mental health conditions.

FISCAL IMPACT: ☒ **State** ☐ **County** ☐ **Local** ☐ **None**

STATE:	Estimated Increase / (Decrease)			
	FY 2022	FY 2023	FY 2024	FY 2025
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0
Funding Source:	☐ General ☐ Education ☐ Highway ☒ Other - USNH and CCSNH Operating Expenses			

METHODOLOGY:

This bill requires New Hampshire postsecondary institutions to implement policies and procedures for identifying students with mental health needs, increasing access to support services, connecting students to support services, and implementing peer support groups. This bill imposes many requirements on the University System of New Hampshire (USNH) and Community College System of New Hampshire (CCSNH), including but not limited to, conducting a student orientation session for mental health awareness, implementing an online screening tool, establishing a peer support program, and monitoring/evaluating the effectiveness the program. These requirements are expected to result in increased costs to both systems (the amounts below reflect the first, full-year costs and future years would likely have increases attributable to inflation and collective bargaining adjustments):

University System of New Hampshire (USNH)

The fiscal impact on USNH operations is estimated to be an increase in operating expense of approximately \$264,000 annual:

	Hours	Rate	Expense UNH	Expense PSU	Expense KSC	System Total
HR Expense						
QPR Train the Trainer Certification Course	120	\$40.93	\$4,912	\$1,228	\$884	
Staffing for student orientation & peer programs, staff trainings, outreach & marketing/promotion, program evaluation	170	\$40.93	\$6,958	\$1,740	\$1,252	

Per diem clinicians to meet student:staff ratio	660	\$38.00	\$25,080	-	-
Health educator/prevention specialist, full-time	annual comp		-	\$58,170	-
Platform Annual Fees					
Welltrack (interactive self-help)			\$17,000	-	\$17,000
Uwill (teletherapy)			\$40,000	\$40,000	\$40,000
Mindwise (online screenings)			\$900	\$900	\$900
Other					
Marketing materials			\$5,000	\$1,250	\$900
Total:			\$99,850	\$103,288	\$60,936
				\$264,074	

Notes:

- UNH includes Durham, Manchester, School of Law, and Granite State.
- PSU currently uses the Welltrack platform.
- UNH and KSC currently have health educator/prevention staff.
- PSU annual compensation estimated at \$42,000 salary + \$16,170 benefits.
- PSU and KSC currently meet student:staff ratio.
- PSU and KSC HR hourly expense and marketing materials reflect a percentage of UNH expense based on institutional ratio of relevant staff headcount (student affairs and healthcare) + total student headcount. PSU = 25 %; KSC = 18%.

Community College System of New Hampshire (CCSNH)

To meet the requirements of this bill, CCSNH states it would need to hire a new coordinator of mental health support programs position for each college, a central compliance and program officer, and to contract with an outside vendor for the development and operation of an online screening tool:

One (1) Central Compliance and Review Officer	\$95,900
Seven (7) College-Based Coordinators (\$76,720 salary/benefits each)	\$537,040
Online Screening Tool (Outside Vendor)	\$234,000
Total	\$866,940

For both USNH and CCSNH above, the personnel costs represent full-year amounts, however new positions may not be filled by July 1, 2022, therefore actual expenses in FY 2023 may be lower.

This bill has no impact on state general fund appropriations to USNH or CCSNH.

AGENCIES CONTACTED:

University System of New Hampshire and Community College System of New Hampshire