Date of Hearing: April 24, 2024

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
AB 3010 (Bauer-Kahan) – As Amended April 15, 2024

SUBJECT: Student instruction: universal dialectical behavioral therapy skills

SUMMARY: Requires the Instructional Quality Commission (IQC) to develop a model curriculum in universal dialectical behavioral therapy (DBT) skills, and requires, commencing with the 2027–28 school year, students in grades 7 or 8 to receive instruction in universal DBT skills. Specifically, **this bill**:

1) Requires the IQC to develop, and the State Board of Education (SBE) to adopt, modify, or revise, a model curriculum in universal DBT skills that includes topics including mindfulness, distress tolerance, interpersonal effectiveness, and emotional regulation.

2) Requires that the model curriculum be developed with participation from faculty of relevant programs at institutions of higher education and a group of representatives of local educational agencies (LEAs), a majority of whom are kindergarten to grade 12, inclusive, teachers who have relevant experience or education background in the study and teaching of universal DBT skills.

3) Requires that the model curriculum be written as a guide to allow LEAs to adapt their curricula to reflect the student demographics in their communities. Requires that the model curriculum include, to the extent available, examples of curricula offered by LEAs.

4) Requires the IQC, on or before December 31, 2026, to submit the model curriculum to the SBE for adoption, and the SBE to adopt the model curriculum on or before March 31, 2027.

5) Requires the IQC to provide a minimum of 45 days for public comment before submitting the model curriculum to the SBE.

6) States that the article established by the bill will be known as the California Student Resilience Act, and states that the intent of the article is to provide students with the knowledge and skills necessary to protect their mental health by learning research-backed tools to change unhelpful thought patterns and deal with hard situations. States that the core skills provided for in this article are intended to support and improve youth mental health and decrease distress levels.

7) Defines the following terms for purposes of the article:

   a) "Age appropriate" means suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group;

   b) "Local educational agency" means a school district, charter school, county office of education, or state special school; and

c) "Universal dialectical behavioral therapy skills" means evidence-backed skills that teach coping strategies and decision-making as a way to increase mental wellness and resilience and are included within the following four categories of skills:

   i) Mindfulness skills to increase focus and awareness;

   ii) Distress tolerance skills to decrease impulsive and other problematic behaviors;

   iii) Interpersonal effectiveness skills to increase assertiveness skills and self-respect; and

   iv) Emotional regulation skills to effectively identify and manage emotions.

8) Requires, commencing with the 2027–28 school year, an LEA to ensure that all students receive instruction in universal DBT skills in either grade 7 or 8.

9) Requires an LEA to that also maintains grade 6 to satisfy this requirement by ensuring that all students in grade 6 receive the required instruction.

10) Requires an LEA to ensure that the instruction is provided by instructors with knowledge of medically accurate research on the relevant topic or topics covered in their instruction.

11) Authorizes an LEA to contract with a third party to provide instruction required by this section, including, but not limited to, either of the following:

    a) A wellness coach certified by the Department of Health Care Access and Information; and

    b) An individual who has developed multilingual curricula in universal DBT skills or universal DBT skills curricula accessible to persons with disabilities.

12) Authorizes a parent or guardian to excuse the student from all or part of the instruction required by this article through a passive consent ("opt-out") process.

13) Prohibits an LEA from permitting a student to participate in the instruction if the LEA has received a written request from the student's parent or guardian excusing the student from participation.

14) Requires an LEA to make an alternative educational activity available to a student excused from the instruction.

15) Prohibits an LEA from subjecting a student excused from the instruction to disciplinary action, academic penalty, or other sanction as a result of having been excused.

16) Prohibits an LEA from requiring active parental consent ("opt-in") for participation in the instruction.

EXISTING LAW:

1) Requires each LEA, charter school, and state special school that offers one or more courses in health education to students in middle school or high school to include in those courses instruction in mental health, which includes all of the following:

   a) Reasonably designed instruction on the overarching themes and core principles of mental health;

   b) Defining signs and symptoms of common mental health challenges. States that, depending on student age and developmental level, this may include defining conditions such as depression, suicidal thoughts and behaviors, schizophrenia, bipolar disorder, eating disorders, and anxiety, including post-traumatic stress disorder;

   c) Elucidating the evidence-based services and supports that effectively help individuals manage mental health challenges;

   d) Promoting mental health wellness and protective factors, which includes positive development, social and cultural connectedness and supportive relationships, resiliency, problem solving skills, coping skills, self-esteem, and a positive school and home environment in which students feel comfortable;

   e) The ability to identify warning signs of common mental health problems in order to promote awareness and early intervention so that students know to take action before a situation turns into a crisis, including instruction on both of the following:

      i) How to seek and find assistance from professionals and services within the school district that includes, but is not limited to, school counselors with a student personnel services credential, school psychologists, and school social workers, and in the community for themselves or others; and

      ii) Evidence-based and culturally responsive practices that are proven to help overcome mental health challenges.

   f) The connection and importance of mental health to overall health and academic success and to co-occurring conditions, such as chronic physical conditions, chemical dependence, and substance abuse;

   g) Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and socioeconomic statuses, including the impact of race, ethnicity, and culture on the experience and treatment of mental health challenges; and

   h) Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance, including, to the extent possible, classroom presentations of narratives by trained peers and other individuals who have experienced mental health challenges and how they coped with their situations, including how they sought help and acceptance. (Education Code (EC) 51925)

2) Requires the adopted course of study for grades 1 to 6, inclusive, to include instruction, beginning in grade 1 and continuing through grade 6, in specified areas of study that include

health, including instruction in the principles and practices of individual, family, and community health.

3) Requires the Instructional Quality Commission (IQC), during the next revision of the publication "Health Framework for California Public Schools" (Health Curriculum Framework), to consider developing, and recommending for adoption by the State Board of Education (SBE), a distinct category on mental health instruction to educate students about all aspects of mental health.

4) Requires, for purposes of this requirement, that "mental health instruction" include, but not be limited to, all of the following:

   a) Reasonably designed and age-appropriate instruction on the overarching themes and core principles of mental health;

   b) Defining common mental health challenges such as depression, suicidal thoughts and behaviors, schizophrenia, bipolar disorder, eating disorders, and anxiety, including post-traumatic stress disorder;

   c) Elucidating the services and supports that effectively help individuals manage mental health challenges;

   d) Promoting mental health wellness, which includes positive development, social connectedness and supportive relationships, resiliency, problem solving skills, coping skills, self-esteem, and a positive school and home environment in which students feel comfortable;

   e) Ability to identify warning signs of common mental health problems in order to promote awareness and early intervention so students know to take action before a situation turns into a crisis. This should include instruction on both of the following:

      i) How to appropriately seek and find assistance from mental health professionals and services within the school district and in the community for themselves or others; and

      ii) Appropriate evidence-based research and practices that are proven to help overcome mental health challenges.

   f) The connection and importance of mental health to overall health and academic success as well as to co-occurring conditions, such as chronic physical conditions and chemical dependence and substance abuse;

   g) Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and socioeconomic statuses, including the impact of culture on the experience and treatment of mental health challenges;

   h) Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance. Requires that this include, to the extent possible, classroom presentations of narratives by peers and other individuals who have

experienced mental health challenges, and how they coped with their situations, including how they sought help and acceptance;

5) Requires the IQC, in the normal course of recommending curriculum frameworks to the SBE, to ensure that one or more experts in the mental health and educational fields provides input in the development of the mental health instruction in the health framework.

6) Expresses the intent of the Legislature that the governing board of each school district and each county superintendent of schools maintain fundamental school health services at a level that is adequate to accomplish all of the following: preserve students' ability to learn, fulfill existing state requirements and policies regarding students' health, and contain health care costs through preventive programs and education. (EC 49427)

7) Requires schools to notify students and parents at least twice during the school year on how to access student mental health services on campus or in the community, and authorizes schools to apply to their respective county for a grant from the county's allocation of Mental Health Services Act funds to provide these services. (EC 49428)

8) Requires the CDE to develop model referral protocols for addressing student mental health concerns, in consultation with specified agencies and stakeholders, and authorizes these protocols to be used on a voluntary basis by schools. (EC 49428.1)

9) Requires the CDE, by January 1, 2023, to recommend best practices, and identify evidence-based and evidence-informed training programs for schools to address youth behavioral health, including staff and student training, contingent upon an appropriation for this purpose. (EC 49428.15)

10) Requires COEs, in consultation with the CDE and other relevant state and local agencies, to coordinate agreements between school districts and charter schools within the county in order to develop a system through which qualified mental health professionals and other key school personnel employed by individual school districts and charter schools throughout the county could be rapidly deployed on a short- or long-term basis to an area of the county that has experienced a natural disaster or other traumatic event, in order to provide support to students and staff. (EC 49429.5)

11) Establishes the California Youth Behavioral Health Initiative (CYBHI), to be administered by the California Health and Human Services Agency (CHHSA), to transform California's behavioral health system in which all children and youth 25 years of age and younger, regardless of payer, are screened, supported, and served for emerging and existing behavioral health needs. (Welfare and Institutions Code (WIC) 5961)

12) Requires the Department of Health Care Services (DHCS) to award competitive grants for school-linked behavioral health partnership grants to eligible entities, including counties and city mental health departments, tribal entities, LEAs, higher education institutions, publicly funded early childhood education providers, health care service plans, community-based organizations, and behavioral health providers. (WIC 5961.2)

13) Requires the DHCS to make incentive payments to qualifying Medi-Cal managed care plans to increase access to behavioral health services in publicly funded childcare and K-12 schools. (WIC 5961.3)

14) Requires the DHCS to develop a statewide fee schedule for school-linked outpatient mental health and substance use disorder treatments provided at a schoolsite. (WIC 5961.4)

15) Requires the DHCS to develop and select evidence-based interventions and community-defined promising practices to improve outcomes for children and youth with or at high risk for behavioral health conditions. Requires the DHCS or a contracted vendor to provide competitive grants to entities deemed qualified to support the implementation of evidence-based interventions/promising practices. (WIC 5961.5)

16) Establishes the Mental Health Student Services Act (MHSSA) as a grant program for the purpose of establishing mental health partnerships between a county's mental health or behavioral health departments and school districts, charter schools, and the COE within a county. Requires the Mental Health Services Oversight and Accountability Commission (MHSOAC) to award grants to fund partnerships, subject to an appropriation being made for this purpose. (WIC 5886)

FISCAL EFFECT: This bill has been keyed as a possible state-mandated local program by the Office of Legislative Counsel.

COMMENTS:

Need for the bill. According to the author, "The statistics on the mental health of our young people are staggering. The most recent data from the United States Center for Disease Control shows that 42% of students felt hopeless and more than 1 in 5 students have seriously considered suicide. These numbers are unacceptable and the reality behind them is heart breaking. We have a crisis on our hands and the focus thus far focus has been on intervention after a student experiences a mental health emergency. We must do more to educate students and give them concrete resources. AB 3010 will bring strong evidence-based mental health support to all students, ensuring that we are providing education and prevention resources before they reach a crisis with their mental health."

Current law requires many students to receive instruction in mental health content. As noted above, current law requires each LEA, charter school, and state special school that offers one or more courses in health education to students in middle school or high school to include in those courses instruction in mental health, which includes all of the following:

- Reasonably designed instruction on the overarching themes and core principles of mental health;
- Defining signs and symptoms of common mental health challenges;
- Elucidating the evidence-based services and supports that effectively help individuals manage mental health challenges;
- Promoting mental health wellness and protective factors;

- The ability to identify warning signs of common mental health problems;
- How to seek and find assistance from professionals and services within the school district;
- Evidence-based and culturally responsive practices that are proven to help overcome mental health challenges;
- The connection and importance of mental health to overall health and academic success and to co-occurring conditions;
- Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and socioeconomic statuses; and
- Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance.

Significant recent state and local investments in supporting student mental health and wellbeing. Recent state and local investments, totaling many billions of dollars to support students have included:

- Multi-Tiered Systems of Support (MTSS)
- Social-Emotional Learning (SEL)
- Restorative Practices
- Positive Behavior Interventions and Supports (PBIS)
- California Youth Behavioral Health Initiative (CYBHI)
- School-based Health Centers and wellness centers
- Community Schools Partnership Program

Recently adopted Health Curriculum Framework includes mental health content. California has adopted both content standards and a curriculum framework for health. On May 8, 2019, the SBE adopted the current Health Education Curriculum Framework. The revised framework includes a significant amount of content and guidance on instructional strategies relating to mental health, including most, if not all, of the content required to be considered for inclusion under current law. After a new curriculum framework is adopted, the SBE typically adopts instructional materials for grades K-8 which align to the framework, but in 2020 the SBE cancelled the adoption of health instructional materials due to lack of publisher interest.

State cannot endorse instruction based on one form of therapy for all students. This bill would require that students in grade 7 or 8 receive instruction in universal DBT skills, as defined. According to the National Institutes of Health (NIH), there are many types of psychotherapy, and "there is no formal approval process for psychotherapies like there is for medications." DBT may be an effective form of psychotherapy for some individuals, but ***the Committee may wish to consider*** whether it is appropriate for the state to mandate instruction based on one form of psychotherapy for all students.

Committee curriculum policy strongly discourages model curricula and curriculum mandates. This Committee, along with the Senate Education Committee has adopted a policy, as an appendix to the Committee Rules, which states "The Committee strongly discourages the introduction of measures which require…that specific curriculum be taught, or which require the development of new model curricula." Additionally, after a number of model curriculum measures were enacted, the Legislature and Governor, through the budget process, shifted model curriculum development to the development of curriculum resources.

First large-scale school-based intervention using DBT had negative effects on student mental health and parent/child relationships. Until recently, studies investigating the effects of a universal DBT intervention in schools have been pilot/feasibility studies, with small sample sizes and no controls. One small (Burckhardt, 2018) randomized controlled trial found no significant differences between conditions at either post-intervention or 6-month follow-up, however, effect sizes demonstrated small increases in symptoms of anxiety, depression, and anger at both time points.

A recent study (Harvey, 2023), the first large scale, rigorous investigation of the effects of a school and home-based DBT program found no discernable benefit on outcomes compared to controls, and found significant negative outcomes for students. Immediately post-intervention students in the intervention group experienced:

- Significant increases in depression;
- Significant increases in anxiety;
- Increased emotion dysregulation;
- Lower emotional awareness;
- Lower quality of life;
- Increased total difficulties;
- Significantly poorer quality of mother-child relationships;
- Significantly poorer quality of father-child relationships;
- Nil significant between-group differences for academic resilience; and
- Comparable levels of stigmatizing beliefs towards negative emotions.

Fortunately, at follow-up, most of the significant deteriorations in outcomes in students' condition had dissipated, though participants continued to report significantly poorer quality of relationships with their mother and father. The authors conclude, "The enthusiasm for DBT-based universal interventions in schools is currently ahead of the research evidence."

Health education in California schools. According to data published by the CDE, in the 2018-19 school year, over 170,400 middle and high school students were enrolled in health education coursea. Nearly 12,000 health courses were offered, in over 1,600 schools. Health education is sometimes provided in courses not specifically designated as health courses, such as in physical education or an advisory period, and if this bill were to be enacted, LEAs which do not require a health course for graduation would need to provide this instruction in such a manner. As noted above, the adopted course of study for grades 1 to 6, inclusive, includes content in health, but the amount of time dedicated to health education in those grades is not reported to the state.

A course in health is not a statewide graduation requirement, but current law authorizes school districts to establish local graduation requirements in addition to those required by state law, and some school districts have chosen to make a course in health a local graduation requirement.

According to school district websites reviewed this year, 6 of the largest 10 school districts by enrollment require a course in health for graduation.

Schools providing mental health services. Across the country, school systems are increasingly joining forces with community health, mental health, and social service agencies to promote student well-being and to prevent and treat mental health disorders. Utilizing the school environment—where children spend a significant part of their day—for early intervention brings public health efforts to the students, meeting children where they are and therefore providing more accessible services to those in need. It also provides immediate and continuing resources to students without requiring families to search for already limited sources of care.

Mental health services that are provided in schools may include counseling, brief interventions to address behavior problems, assessments, and referrals to other systems. Providing mental health services in a school-based setting helps address barriers to learning and provides supports so that all students can achieve in school and ultimately in life. Schools are also places where prevention and early intervention activities can occur in a non-stigmatizing environment.

According to the Orange County Department of Education, "California's Multi-Tiered System of Support (MTSS) is a comprehensive framework that aligns academic, behavioral, and social-emotional learning in a fully integrated system of support for the benefit of all students. The evidence-based domains and features of the California MTSS framework provide opportunities for LEAs to strengthen school, family, and community partnerships while developing the whole child in the most inclusive, equitable learning environment thus closing the equity gaps for all students." Comprehensive school mental health programs offer three tiers of support within an MTSS approach:

- Tier 1: Universal mental health promotion activities for all students;
- Tier 2: Selective prevention services for students identified as at risk for a mental health problem; and
- Tier 3: Indicated services for students who already show signs of a mental health problem.

One-time investments in school mental health. In recognition of the crisis in youth mental health due in part to the COVID-19 pandemic, coupled with the state's unprecedented budget surplus in recent years, the State funded, one-time investments in counties, districts, schools, and health plans that are eligible to receive dollars to implement various student mental health projects. The table below outlines some of the more than $5 billion in one-time investments made available since 2020 for California students to address mental health staffing, service delivery, and interagency linkages.

Initiative	**Overview**	**Funding available**
Mental Health Student Services Partnership Grant Program (MHSSA)	Funds support services including: services provided on school campuses; suicide prevention services; drop-out prevention services; and outreach to high-risk youth and young adults, including foster youth, youth	$255 million

Initiative	Overview	Funding available
	who identify as LGBTQ+, and youth who have been expelled or suspended from school.	
School-Linked Partnership and Capacity Grants*	Grants to support behavioral health services to students (age 0 -25) provided by schools, behavioral health providers at or near a school site, school affiliated community-based organizations, or school-based health centers.	$550 million ($400 million for K-12 and $150 million for higher education)
Student Behavioral Health Incentive Program (SBHIP)*	Incentive payment funding for MediCal Managed Care Plans to build infrastructure, partnerships, and capacity statewide for school behavioral health services.	$389 million
Behavioral Health Coach Workforce*	Expands behavioral health workforce to serve youth through the creation of the new Wellness Coach role.	$360 million

*Component of the Children & Youth Behavioral Health Initiative (CYBHI)
Source: *One-Time Investments for School Mental Health*, Children Now, January 2023

Youth mental health trainings are currently available to LEAs. The CDE, with the support of federal funding, offers access to Youth Mental Health First Aid (YMHFA) training to district and school staff statewide. According to the CDE, "YMHFA is a research-based curriculum created upon the medical first aid model. It is designed to provide parents, family members, caregivers, teachers, school staff, neighbors, and other caring adults, with skills to help a school-age child or youth who may be experiencing emotional distress, the onset of a mental illness, addiction challenge or who may be in crisis. YMHFA participants learn to recognize signs and symptoms of children and youth in emotional distress, initiate and offer help, and connect the youth to professional care through a five-step action plan. This no-cost training is currently delivered virtually through two hours of self-paced learning and five and a half hours of instructor-led training. The training can be delivered in evenings, weekends, and is also available in Spanish."

The YMHFA training is a part of the Project Cal-Well initiative, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and is designed to raise awareness of mental health and expand access to school and community-based mental health services for youth, families and school communities. The CDE has received $250,000 per year in federal funds between 2014-2019, as well as $70,000 in philanthropic funds, for a total of $1.3 million to date. This included funding for CDE to designate one staff member as YMHFA Program Coordinator; six staff members to be certified as YMHFA instructors; funding for three LEAs to administer trainings and train a minimum of 125 participants per year; pay stipends to external instructors for delivering the training; purchasing of participant manuals; and travel expenses for trainers.

Project Cal-Well was initially launched by the CDE in partnership with three Southern California LEAs from 2014-2019: Garden Grove Unified, ABC Unified and San Diego County Office of

Education (COE). Building off successes and lessons learned from the first cycle, the CDE is partnering with three LEAs in Northern California for the second cycle (2019-2024): Humboldt, Stanislaus and Sacramento COEs and will serve students and families from an additional eight school districts across five counties.

Recommended Committee amendments. Staff recommends that this bill be amended to replace its current contents with a requirement that, the next time the SBE adopts a revised Health Curriculum Framework, the IQC consider including information on evidence-based school-wide programs to support pupils in developing skills in mindfulness, distress tolerance, interpersonal effectiveness, and emotional regulation.

Related legislation. SB 509 (Portantino) of the 2023-24 Session would have required, by July 1, 2027, an LEA serving students in grades seven to 12 to certify to the CDE that 40% of its classified employees and 100% of its certificated employees who have received youth behavioral health training identified by the CDE; and would have added instruction in mental health to the course of study for grades 1 to 6. This bill was vetoed by the Governor, with the following message:

> I share the author's goal of ensuring that school staff are equipped with the tools to recognize and offer appropriate support to students experiencing mental health challenges. However, I have concerns with some aspects of the bill as written, including the appropriate scope of the required, one-time training and the lack of an appropriate mechanism to fund the bill via the Gun Violence Prevention and School Safety Fund (AB 28, Chapter 231, Statutes of 2023). To address these issues, and to ensure alignment with other state investments in this area, I am directing the Department of Finance to propose language for the Legislature's consideration as part of next January's state budget proposal.

AB 58 (Salas), Chapter 428, Statutes of 2022 requires an LEA to review and update its policy on student suicide prevention by January 1, 2025, and encourages LEAs to provide suicide awareness and prevention training to teachers, beginning with the 2024-25 school year. Requires the CDE to develop and issue resources and guidance to LEAs on how to conduct suicide awareness and prevention training remotely, by June 1, 2024.

AB 748 (Carrillo), Chapter 431, Statutes of 2022, requires public schools serving students in grades 6 to 12 to create a poster that identifies approaches and shares resources regarding student mental health. Also requires the CDE to develop a model poster.

AB 2124 (C. Garcia) of the 2021-22 Session would have required the Superintendent of Public Instruction (SPI) to develop, administer, and award the Student Peer Support Training Program grant on a competitive basis for LEAs serving students in grades 9 to 12 to establish a peer support training program. This bill was vetoed by the Governor with the following message:

> Peer support programs are valuable, which is why the 2022 Budget Act funded a substantially similar program. AB 178 allocated $10 million for the School-Based Peer Mental Health Demonstration project. This grant program will provide competitive grants to high schools to develop peer-to-peer support programs. With our state facing lower-than-expected revenues over the first few months of this fiscal year, it is important to remain disciplined when it comes to spending, particularly spending that is ongoing. We must prioritize existing obligations and priorities, including education, health care, public safety and safety-net programs.

AB 309 (Gabriel), Chapter 662, Statutes of 2021, requires the CDE to develop model student mental health referral protocols, in consultation with relevant stakeholders, subject to the availability of funding for this purpose.

SB 14 (Portantino), Chapter 672, Statutes of 2021, adds "for the benefit of the behavioral health of the student" to the list of categories of excused absences for purposes of school attendance; and requires the CDE to identify an evidence-based training program for LEAs to use to train classified and certificated school employees having direct contact with students in youth behavioral health; and an evidence-based behavioral health training program with a curriculum tailored for students in grades 10 to 12.

SB 224 (Portantino), Chapter 675, Statutes of 2021, requires schools that offer one or more courses in health education to students in middle school or high school to include in those courses instruction in mental health.

AB 552 (Quirk-Silva), of the 2021-22 Session would have authorized LEAs and county behavioral health agencies to enter into an Integrated School-Based Behavioral Health Partnership Program to provide school-based behavioral health and substance abuse disorder services on school sites, and authorizes the billing of private insurance providers for these services under specified conditions. This bill was vetoed by the Governor with the following message:

> While I share the author's goal of addressing the mental health needs of children and youth, the partnership programs proposed under this bill would duplicate requirements for school-based behavioral health services being developed pursuant to the Children and Youth's Behavioral Health Initiative (CYBHI), which take effect in 2024. Implementation of the CYBHI's statewide all-payer fee schedule will provide a solution to the issue that this bill attempts to address. Additionally, I am concerned that this bill could create significant one-time and ongoing costs in the millions of dollars for the departments that would play a role in implementing these programs.

AB 1767 (Ramos), Chapter 694, Statutes of 2019, requires LEAs serving students in grades K-6 to adopt and periodically update a policy on student suicide prevention that is appropriate for that age group.

AB 2639 (Berman) Chapter 437, Statutes of 2018, requires the CDE to identify and make available an online training program in suicide prevention that an LEA can use to train school staff and students, consistent with the LEA's policy on suicide prevention.

AB 2022 (Chu) Chapter 484, Statutes of 2018, requires each school of a school district or COE, and each charter school, to notify students and parents or guardians of students, at least twice per school year, about how to initiate access to available student mental health services on campus or in the community.

AB 2246 (O'Donnell) Chapter 642, Statutes of 2016, requires LEAs to adopt policies for the prevention of student suicides, and requires the CDE to develop and maintain a model suicide prevention policy.

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

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