

Date of Hearing: April 30, 2025

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
AB 1034 (Ávila Fariás) – As Amended April 21, 2025

SUBJECT: Teacher credentialing: youth mental health

SUMMARY: Requires that a program of professional preparation for multiple or single subject teaching credentials include, among other requirements, experiences that address a basic understanding of youth mental health. Specifically, **this bill:**

- 1) Requires that a program of professional preparation for multiple or single subject teaching credentials include experiences that address a basic understanding of youth mental health, among the health education requirements.
- 2) Expresses the intent of the Legislature in ensuring that all California teachers have received mental health training before entering the classroom.

EXISTING LAW:

- 1) Establishes the following minimum requirements for the preliminary multiple and single subject teaching credential:
 - a) A baccalaureate degree or higher degree from a regionally accredited institution of postsecondary education;
 - b) Satisfactory completion of a program of professional preparation that has been accredited by the Committee on Accreditation, and which includes experience that addresses all of the following:
 - i) Health education, including study of nutrition, cardiopulmonary resuscitation, and the physiological and sociological effects of the abuse of alcohol, narcotics, drugs, and the use of tobacco;
 - ii) Field experience in methods of delivering appropriate educational services to pupils with exceptional needs in regular education programs; and
 - iii) Advanced computer-based technology, including the use of technology in educational settings;
 - c) Study of effective means of teaching literacy;
 - d) Verification of subject matter competence;
 - e) Demonstration of knowledge of the principles and provisions of the Constitution of the United States; and
 - f) Demonstration of basic competency in the use of computers in the classroom. (Education Code (EC) 44259)

- 2) By July 1, 2008, requires a program of professional preparation to include a teaching performance assessment (TPA) aligned with the California Standards for the Teaching Profession and aligned with the state content and performance standards for students adopted by the State Board of Education (SBE). (EC 44320.2)
- 3) Requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes the district to employ properly certified persons for the work. (EC 49400)
- 4) Requires the governing board of any local educational agency (LEA) that serves pupils in grades one to twelve, inclusive, to adopt a policy on pupil suicide prevention, intervention, and postvention. The policy shall specifically address the needs of high-risk groups, including suicide awareness and prevention training for teachers, and ensure that a school employee acts within the authorization and scope of the employee's credential or license. (EC 215)
- 5) Requires the California Department of Education (CDE), subject to an appropriation, to identify one or more evidence-based online training programs that a LEA may opt to use to train school staff and pupils as part of the LEA's policy on pupil suicide prevention, and subject to an appropriation for this purpose, provide grants to a county office of education (COE) to acquire a training program and to disseminate that training program to LEAs at no cost. (EC 216)
- 6) Requires the CDE to, subject to an appropriation, by January 1, 2023, recommend best practices and identify evidence-based and evidence-informed training programs for schools to address youth behavioral health, including specified elements. (EC 49428.15)
- 7) Requires the CDE, by June 1, 2025, to develop model referral protocols for addressing pupil behavioral health concerns, designed for use on a voluntary basis by schools. (EC 49428.1)
- 8) Requires LEAs, by January 31, 2026, to adopt a policy on referral protocols for addressing student behavioral health concerns in grades 7-12, which specifically addresses the needs of high-risk groups, as specified. (EC 49482.2)
- 9) Requires LEAs to certify to the CDE by July 1, 2029 that 100% of its certificated employees and 40% of its classified employees who have direct contact with students in grades 7-12, have received youth behavioral health training at least one time, and repeals this requirement as of January 1, 2031. (EC 49428.2)

FISCAL EFFECT: Unknown

COMMENTS:

Need for the bill. According to the author, "Suicide is a complex public health challenge which tragically, remains a leading cause of death for young adults. With our youth spending much of their days at school, signs and symptoms of mental illness can often present themselves in the classroom. Although our educators play a significant role in our children's social, educational, and personal development, Youth Mental Health First Aid is not included in our state's teacher credentialing process.

AB 1034 sets our teachers up for success by requiring the Commission on Teacher Credentialing (CTC) to develop a standard and assessment so that beginning teachers have a basic understanding of youth mental health. This will help our educators to identify the signs, create a trusting dialogue and assist in getting the student the support they need.

Telling the difference between what expected behaviors are and what might be the signs of a mental illness isn't always obvious without having received proper training. This bill will ensure that from the moment they enter the field, every teacher can feel confident and prepared to help those students in need.”

Current law already requires teachers to have youth mental health training. Current law requires LEAs to certify to the CDE by July 1, 2029, that 100% of certificated employees and 40% of its classified employees who have direct contact with students in grades 7-12 have received youth behavioral health training at least one time. As noted above, the CDE offers a variety of youth mental health training programs to schools at no cost. In addition, teacher preparation programs include substantial content on youth mental health. ***The Committee may wish to consider*** whether the current requirements in teacher preparation programs, coupled with the requirement proposed by this bill for teachers to be trained in behavioral health, are sufficient to ensure that teachers have a basic understanding of youth mental health.

California Standards for the Teaching Profession (CSTP). According to the CTC, “the 2024 CSTP represent an expertly informed consensus on expectations for the teaching profession. They lay groundwork for next steps in continuously improving teaching in ways that equitably benefit all learners’ academic achievement and well-being. The standards attend to the social, emotional, physical, cognitive, and academic needs of learners. Their focus is to ensure inclusive learning experiences based on individual learner assets and needs while also creating equitable outcomes for all. The revised CSTP also highlight enhanced family and community engagement practices, with an emphasis on two-way communication to develop positive and reciprocal family and community connections. Additionally, the standards include indicators for teaching performance in relation to digital citizenship, restorative justice, a growth mindset, and the implementation of a continuous growth model.”

The following are the 6 CSTPs, including the elements and indicators related to youth behavioral health:

- CSTP 1: Engaging and Supporting All Students in Learning. Teachers apply knowledge about each student to activate an approach to learning that strengthens and reinforces each student’s participation, engagement, connection, and sense of belonging;
 - 1A–1: Create learning experiences that support the academic, behavioral, cognitive, functional, cultural, linguistic, physical, and social–emotional development of each learner; and
 - 1B–5: Respond to and implement support for students’ social–emotional well-being and mental health needs, including those of students who have experienced trauma, homelessness, or other situations.
- CSTP 2: Creating and Maintaining Effective Environments for Student Learning. Teachers create and uphold a safe, caring, and intellectually stimulating learning

environment that affirms student agency, voice, identity, and development and promotes equity and inclusivity;

- 2B–1: Recognize the underlying causes of student behavior, including developmental and individual social–emotional needs; and
- 2B–5: Implement trauma-informed practices and developmentally appropriate positive behavioral interventions and supports that apply restorative justice and conflict resolution practices with individual students.
- CSTP 3: Understanding and Organizing Subject Matter for Student Learning. Teachers integrate content, processes, materials, and resources into a coherent, culturally relevant, and equitable curriculum that engages and challenges learners to develop the academic and social–emotional knowledge and skills required to become competent and resourceful learners;
 - 3C–3: Address the strengths and needs of students who require specific academic, linguistic, social–emotional, and physical accommodations, to provide equitable access to critical content;
- CSTP 4: Planning Instruction and Designing Learning Experiences for All Students. Teachers set a purposeful direction for instruction and learning activities, intentionally planning and enacting challenging and relevant learning experiences that foster each student’s academic and social–emotional development;
 - 4A–4: Collaborate with diverse groups of colleagues to identify and recognize barriers to equitable access to effective instruction and determine remedies for individuals and student groups to include in instructional plans; and
 - 4D–4: Determine what content, skills, instructional strategies, and learning experiences must be adjusted so that each learner progresses, paying particular attention to students with disabilities, students with Individualized Education Programs (IEPs), high-achieving students, and English learners.
- CSTP 5: Assessing Students for Learning. Teachers employ equitable assessment practices to help identify students’ interests and abilities, to reveal what students can do, and determine what they need to learn. Teachers use that information to advance and monitor student progress as well as to guide teachers’ and students’ actions to improve learning experiences and outcomes; and
 - 5C–4: Collaborate with specialists to accurately interpret assessment results that apply to the broad range of students with disabilities, as well as to accelerated students, multilingual learners, and students who have targeted learning plans.
- CSTP 6: Developing as a Professional Educator. Teachers develop as effective and caring professional educators by engaging in relevant and high-quality professional learning experiences that increase their teaching capacity, leadership development, and personal well-being. Doing so enables teachers to support each student to learn and thrive.

- 6B–3: Choose professional learning opportunities and experiences that incorporate relevant, active, and ongoing learning and that address the need to ensure that every student makes progress;
- 6D–2: Work with families, guardians, and community partners to identify local academic and social–emotional support services, including trauma, health, and mental health resources, that can be directed toward improving the well-being of students; and
- 6E–4: Implement legal imperatives that address each student’s learning requirements by making accommodations and modifications, especially for students with disabilities and those with targeted goals.

Incidence of mental health and behavioral health issues for children and youth. A 2014 UCLA Policy Brief notes that nearly half of all Americans will need mental health treatment sometime during their lifetimes, with initial symptoms frequently occurring in childhood or adolescence. According to a report by the American Institutes for Research (AIR), *Mental Health Needs of Children and Youth*, up to 20% of children in the United States experience a mental, emotional, or behavioral health disorder each year.

Importance of prevention and early intervention. Several decades of research have shown that the promise and potential lifetime benefits of preventing mental, emotional, and behavioral disorders are greatest when focusing on young people, and that early interventions can be effective in delaying or preventing the onset of such disorders. Mental health problems that are not addressed early in life can result in severe consequences including serious difficulties at home, with peers, and in school; a higher risk for dropping out of school; and increased risk of engaging in substance use, criminal behavior, and other risk-taking behaviors.

Research suggests that nearly half of all children with emotional or behavioral health difficulties receive no mental health services. Among the relatively few children and youth who do receive mental health services, most do so at school, with schools serving as the de facto mental health system for children in the U.S. ***This bill*** suggests that teacher preparation programs and assessments ensure that teacher candidates develop a basic understanding of youth mental health.

Youth Mental Health First Aid (YMHF A). The CDE, with the support of federal funding, offers access to YMHF A training to district and school staff statewide. YMHF A is a research-based curriculum based on a 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. YMHF A 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.

The CDE offers this free training to public, charter, and private schools, districts, and community organizations at no cost, delivered virtually through two hours of self-paced learning or 5.5 hours of instructor-led training. The training is available in both English and Spanish. It is specifically designed for adults who work with young people from 6 to 18 years of age.

Arguments in support. The California Behavioral Health Association writes, “This bill takes an essential step toward ensuring that every new teacher is equipped to recognize and respond to student mental health needs from the start of their careers. As advocates for behavioral health access and equity, CBHA knows that early identification and timely connection to care can be life changing for students. Giving teachers the foundational skills to recognize warning signs and initiate referrals can reduce stigma, improve classroom culture, and support a holistic learning environment. AB 1034 offers California a timely opportunity to embed lasting, meaningful change into the way we prepare educators to meet students’ full range of needs.”

Related legislation. SB 153 (Committee on Budget and Fiscal Review) Chapter 38, Statutes of 2024, requires the CDE to develop model referral protocols for addressing student behavioral health concerns by June 1, 2025; requires LEAs to, by January 31, 2026, a model policy on referral protocols for addressing student behavioral health concerns in grades 7-12; requires by July 1, 2029, an LEA to certify to the CDE that 100% of its certificated staff and 40% of classified staff with direct contact with students, have received youth behavioral health training at least one time, as specified; and requires that the training provide instruction around the unique risk factors and warning signs of behavioral health problems in adolescents, builds understanding of the importance of early intervention, and teaches classified and certificated employees how to help an adolescent in crisis or experiencing a behavioral health challenge, including guidance on when to make referrals.

SB 1318 (Wahab) Chapter 645, Statutes of 2024, requires the CDE, by July 1, 2026, to update the model suicide prevention policy to address crisis intervention protocols and requires LEAs to update their suicide prevention policies to include these protocols on or after July 1, 2026.

SB 14 (Portantino) Chapter 672, Statutes of 2021, includes, specifically, “for the benefit of the behavioral health of the pupil” within the “illness” category for excused absences for purposes of school attendance; and requires the CDE to identify an evidence-based and evidence-informed training program for LEAs to address youth behavioral health, including staff and pupil training.

SB 428 (Pan) of the 2019-20 Session would have required the CDE to identify an evidence-based training program for LEAs to implement to train classified and certificated school employees having direct contact with pupils in youth mental and behavioral health. SB 428 was vetoed by the Governor, who stated:

This bill would require the CDE to identify an evidence-based training program on youth mental health for LEAs to use to train classified and certificated employees who have direct contact with students at each school site. Providing support for students facing mental health is of critical importance. Multiple public agencies beyond CDE hold a responsibility for addressing the mental health crisis impacting young people today. That is why I worked with the Legislature to appropriate \$50 million in this year's budget to create the Mental Health Student Services Act. Mental health partnerships among county mental health or behavioral health departments, school districts, charter schools and county offices of education are best positioned to address the diverse mental health needs of young people.

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 1808 (Committee on Budget) Chapter 32, Statutes of 2018 requires the CDE to identify one or more evidence-based online training programs that an LEA can use to train school staff and pupils as part of the LEA's policy on pupil suicide prevention. Also requires the CDE to provide a grant to a COE to acquire a training program identified by the CDE and disseminate that training program to LEAs at no cost. Also appropriates, for the 2018–19 fiscal year, the sum of \$1,700,000 from the General Fund to the SPI for these purposes.

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 pupils, consistent with the LEA's policy on suicide prevention.

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

Association of California School Administrators
California Behavioral Health Association
Hadassah
JCC/Federation of San Luis Obispo
JCRC Bay Area
Jewish Democratic Club of Marin
Jewish Family and Children's Service of Long Beach and Orange County
Jewish Family and Children's Services of San Francisco, the Peninsula, Marin and Sonoma Counties
Jewish Family Service of San Diego
Jewish Family Service of the Desert
Jewish Family Services of Silicon Valley
Jewish Federation of Greater Santa Barbara
Jewish Free Loan Association
Jewish Long Beach
Jewish Public Affairs Committee
Los Angeles County Office of Education
Public Health Advocates
Torrance Unified School District

Opposition

None on file

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