Date of Hearing: April 26, 2023

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
AB 1479 (Garcia) – As Amended April 17, 2023

SUBJECT: Pupil health: social-emotional, behavioral, and mental health supports

SUMMARY: Establishes the Pupil Social-Emotional, Behavioral, and Mental Health Program to provide eligible local educational agencies (LEAs) with funding to deliver model Tier 1 supports to students and families, contingent upon an appropriation for this purpose; requires the California Department of Education (CDE) to administer the program; and encourages schools to contract with community-based organizations to provide services at schoolsites. Specifically, **this bill**:

1) Establishes the Pupil Social-Emotional, Behavioral, and Mental Health Program to provide eligible LEAs with funding to deliver model Tier 1 supports to students and families over a three-year period, contingent upon an appropriation for this purpose.

2) Defines "evidence-based, Tier 1 social-emotional, behavioral, and mental health supports" under this program, as including the following:

    a) Providing support to students and families to address social-emotional and mental health concerns;

    b) Workshops and seminars for parents and families to provide social-emotional preventive interventions, including positive parenting tools;

    c) Facilitating collaboration and coordination between school and community-based providers to support students and families to obtain access to behavioral and mental health supports in school;

    d) Providing families with referrals to clinical care in order to support students' mental health needs within the community, as needed; and

    e) Facilitating behavioral training programs for school staff, including, but not limited to, behavior management strategies, mental health support training, trauma-informed practices, and professional self-care such as Mindfulness-Based Stress Reduction (MBSR), Community Approach to Learning Mindfully (CALM), and Cultivating Awareness and Resilience in Education (CARE).

3) Requires the CDE to administer the program and, within 90 days of receipt of funding for this purpose, to publish a streamlined application for LEAs to use to apply for three years of funding to provide Model Tier 1 supports to students.

4) Requires that LEA applications for funding be submitted within 30 days from the publication of the streamlined application, and requires the CDE to approve, deny, or request more information, within 30 days.

5) Requires the CDE, upon the conclusion of the first three year funding cycle, and for each fiscal year thereafter, to establish dates for publication, submission, and determination of applications from LEAs, to ensure that applications are approved or denied by December 31 of the preceding calendar year.

6) Requires that all LEAs be eligible to receive funding under this program, and requires priority to be given to LEAs with an unduplicated pupil percentage of 55% or higher.

7) Authorizes services provided under this program to be delivered by school employees, or by community-based organizations with experienced paraprofessionals, provided that these individuals have a clear criminal background check.

8) Encourages LEAs with approved plans to contract with community-based organizations for delivery of supports to families at schoolsites.

9) Defines the following terms, for the purpose of this program:

   a) "Evidence-based" as using research that is available and has been tested for efficacy and effectiveness intended to best fit the population served;

   b) "Local educational agency" as a county office of education (COE), school district, or charter school;

   c) "Model Tier 1 Support" as a coordinated and holistic approach that leverages evidence-based, Tier 1 social-emotional, behavioral, and mental health supports for all students, including students with a history of trauma;

   d) "Tier 1" means supports that include, but are not limited to, activities that promote good mental health and help prevent mental health concerns, prevention and early intervention services for students that are higher risk for mental health concerns, short term care, positive behaviors and relationships, social-emotional learning, coping skills for stress and anxiety, peer support, success coaching for students, short-term crisis intervention and deescalation, screening, and initiating and facilitating referrals to community-based services for more intensive clinical treatment as required;

10) Expresses legislative findings and declarations that this program is consistent with, and furthers the intent, of the Children and Youth Behavioral Health Initiative Act (CYBHI), as specified.

EXISTING LAW:

1) 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. (Education Code (EC) 49427).

2) 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)

3) 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)

4) 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)

5) 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)

6) Establishes the 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)

7) Requires the Department of Health Care Services (DHCS) to award competitive grants for school-linked behavioral health partnership grants to eligible entities, including counties, city mental health, 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)

8) 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)

9) 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)

10) 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 implementation of evidence-based interventions/promising practices. (WIC 5961.5)

11) 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: Unknown

COMMENTS:

Need for the bill. According to the author, "Our children are in crisis—we need a directed and streamlined process so that LEAs may be able to provide Tier 1 preventative social-emotional, behavioral, and mental supports today. AB 1479 aims to fill gaps in existing efforts/initiatives by increasing on-site access to preventative services, creating a streamlined and targeted grant process for LEAs, allowing paraprofessionals to provide such preventative services to address the increasing mental health clinician workforce shortages."

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 some time 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.

Youth mental health crisis intensifying because of the COVID-19 pandemic. The trauma, grief, isolation, and stress experienced during the COVID-19 pandemic further strained California's children, youth, and families, resulting in decreased social connectedness, poorer educational outcomes, increased depression and anxiety, and increased loss of young life. Recent data illustrates the poor behavioral outcomes for children and youth in California:

- Mental health is the #1 reason children ages 0-17 are hospitalized;
- Suicide is the #2 cause of death for youth ages 10-24;
- 1 in 5 children live with a mental health diagnosis; and
- 58% of adolescents with family incomes below the poverty line reported moderate to serious psychological distress. (Breaking Barriers, 2023*)*

Disparities in incidences of mental health issues. Structural inequities and racism, exacerbated by the inequitable delivery of behavioral health services, lead to worse mental and behavioral health outcomes for youth and families in underserved communities. Those in marginalized and minority populations are disproportionately affected, including those who identify as Black and Brown, Native American, Asian American and Pacific Islander; girls and women; those who are LGBTQIA+, and those with disabilities. (Breaking Barriers, 2023*)*

National data from the Centers for Disease Control and Prevention (CDC)'s Youth Risk Behavior Survey 2011-2021 illustrates these disparities:

- In 2021, 42% of high school students felt so sad or hopeless almost every day for at least two weeks in a row that they stopped doing their usual activities. Female students were more likely than male students to experience persistent feelings of sadness or hopelessness.

Hispanic and multiracial students were more likely than Asian, Black, and White students to experience persistent feelings of sadness or hopelessness. LGBTQ+ students and students who had any same-sex partners were more likely than their peers to experience persistent feelings of sadness or hopelessness.

- In 2021, 29% of high school students experienced poor mental health during the past 30 days. Female students were more likely than male students to experience poor mental health. Asian and Black students were less likely than Hispanic and multiracial students to experience poor mental health. Asian students were also less likely than White students to experience poor mental health. LGBTQ+ students and students who had any same-sex partners were more likely than their peers to experience poor mental health.

- In 2021, 22% of high school students seriously considered attempting suicide during the past year. Female students were more likely than male students to seriously consider attempting suicide. Asian students were less likely than students from most other racial and ethnic groups to seriously consider attempting suicide. LGBTQ+ students and students who had any same-sex partners were more likely than their peers to seriously consider attempting suicide.

- In 2021, 10% of high school students attempted suicide one or more times during the past year. Female students were more likely than male students to attempt suicide. Black students were more likely than Asian, Hispanic, and White students to attempt suicide. LGBTQ+ students and students who had any same-sex partners were more likely than their peers to attempt suicide.

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 is 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.

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.

California lags in providing critical mental health support to students. Recent research on access to comprehensive school-based mental health services in California (Romer, 2022) includes the following key findings:

- Students in California had significant mental health and related support needs prior to the pandemic that have only further increased;
- Despite growing student mental health needs, critical school and community behavioral and mental health staffing shortages persist;
- School-based mental health referral pathways are not always aligned and coherent, and approaches to service delivery vary greatly across the state;
- Limited funding flexibility and varied understanding of how to navigate, maximize, and plan for sustainability of available funding sources constitute a key barrier to expanding access to mental health services for students; and
- A limited understanding of complex privacy laws and regulations by educational leaders and community partners can be a barrier to providing school-based mental health services.

Schools offering mental health services may provide services with credentialed school staff trained to address student mental health needs, and/or may rely on partnerships with community systems, such as county behavioral health agencies, community mental health providers or centers, hospitals, and universities. Credentialed school counselors, psychologists, social workers, and nurses provide critical health and mental health services to students. The distribution of support personnel in schools differs significantly from one school district to another throughout the state, but it is clear from the CDE data below that, as a state, California lacks sufficient numbers of trained personnel in our schools to meet the mental health needs of

over six million students. The recommended ratios are those of the relevant national organizations.

School health professional	Number of professionals in California schools in 2018/19*	2018/19 ratio of students/professional	Recommended ratios by relevant professional associations
School counselors	10,416	576:1	250:1
School psychologists	6,329	948:1	500-700:1
School social workers	865	6,936:1	250:1
School nurses	2,720	2,205:1	750:1

A 2022 report by the California Future Health Workforce Commission notes that California has a severe workforce shortage, with too few of the right types of health workers in the right places to meet the needs of the population. Millions of Californians struggle to access the care they need, and the COVID-19 pandemic has made it clear that under-resourced communities and communities of color are hit hardest by an inadequate workforce. The aging of a generation of baby boomers will exacerbate the shortages in primary care, behavioral health care, and among workers who care for older adults.

This shortage holds true for the public education system in California as well. Schools are facing a severe workforce shortage across multiple job classifications, including the Pupil Personnel Service (PPS) credentialed professionals identified in the table above.

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 who identify as LGBTQ+, and youth who have been expelled or suspended from school.	$255 million

Initiative	Overview	Funding available
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

Challenges in accessing funding. According to a recent study (Romer, 2022) some school districts do not have a full understanding of existing funding systems or have capacity to leverage available funds. In small school districts where staffing is limited, it can be difficult to meet reporting, documentation, and billing requirements that have been laid out for allowable uses of funds to support school-based mental health services. Major funding streams such as Medi-Cal remain heavily restricted or carry cumbersome reporting requirements while COVID-19 recovery funds are nonrecurring and have a limited window of time in which they can be obligated. These constraints have created a dynamic in which practitioners feel they cannot use federal and state dollars to support augmenting the resource they need most—staff.

The primary issue raised with one-time funds is that they cannot be used to fund ongoing liabilities, such as full-time staff positions with benefits, because once the funding is spent or has expired, school districts will not have the resources to retain their workforce. This lack of sustainability creates a hesitancy within school districts to take action and ultimately constrains them from providing much more than stipends, temporary programs, and other inputs that do not require multiyear commitments.

Significant efforts are underway to support schools in accessing funding for health and mental health services at schoolsites, through the existing Local Educational Agency Billing Option Program (LEA BOP) as well as through the statewide fee schedule for behavioral health services provided at schoolsites, that is currently under development. ***The Committee may wish to consider*** whether it is necessary to establish a new grant program to provide mental health services given the multitude of efforts underway as part of the CYBHI.

Arguments in support. Aspire Public Schools, sponsor of the measure, writes "Given the current shortage of licensed mental health practitioners, we should encourage LEAs to contract with well-trained, paraprofessionals and existing school-based teammates to our teams who can build relationships and immediately respond to students' needs, while identifying resources for longer-term support. We must also increase resources for training school staff on crisis intervention,

trauma-informed practices, social-emotional learning, and stress reduction. When schools have the resources to properly address students' mental health needs, students will learn more, be more connected to their school community, and feel safer and more supported.

There is much that can be done before a student is in crisis and needs the support of a mental health clinician. Universal Tier 1 programming, such as a school wide SEL curriculum and parent workshops, can help students and their families develop knowledge and skills to increase their well-being. Providing Tier 1 services to students and families at school sites supports an evidence-based holistic model which will help mitigate the mental health epidemic in our state. Ensuring that LEAs have the flexibility and the opportunity for streamlined application grants will help LEAs obtain resources for urgent and direct action."

Related legislation. AB 1120 (Gabriel) of the 2023-24 Session would require LEAs serving grades 6 to 12 to adopt a policy on universal mental health screening for youth behavioral disorders in all students in grades 6 to 12.

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 2072 (Gabriel) Chapter 909, Statutes of 2022, requires, by November 1, 2024, 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 to develop a system for rapidly deploying qualified mental health professionals and other key school personnel employed by individual school districts and charter schools throughout the county to areas of the county that experienced a natural disaster or other traumatic event.

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 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.

REGISTERED SUPPORT / OPPOSITION:

Support

Aspire Public Schools
Brawley Union High School District
California Charter Schools Association
Go Public Schools
Heber Elementary School District
Kipp Bay Area Public Schools
Lighthouse Community Public Schools
Meadows Union Elementary School District
Seneca Family of Agencies

Opposition

None on file

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