

Date of Hearing: April 11, 2018

ASSEMBLY COMMITTEE ON EDUCATION

Patrick O'Donnell, Chair

AB 2022 (Chu) – As Amended April 2, 2018

**[Note: This bill is doubled referred to the Assembly Health Committee and will be heard by that Committee as it relates to issues under its jurisdiction.]**

**SUBJECT:** Pupil health: on-campus mental health professionals

**SUMMARY:** Requires all schools, including charter schools, to have at least one mental health professional accessible to pupils on campus during the school day for each 600 pupils or for smaller schools of less than 600 pupils, requires one mental health professional. Specifically, **this bill:**

- 1) Requires a school of a school district or county office of education and a charter school to have at least one mental health professional for every 600 pupils generally accessible to pupils on campus during school hours by no later than December 31, 2021.
- 2) Requires that a school of a school district or county office of education and a charter school with fewer than 600 pupils to have at least one mental health professional generally accessible to pupils on campus during school hours by no later than December 31, 2021.
- 3) Specifies that the role of the required on-campus mental health professional is to include, but not be limited to the following:
  - a) Providing individual and small group counseling supports to individual pupils as well as pupil groups to address social-emotional and mental health concerns.
  - b) Facilitating collaboration and coordination between school and community providers to support pupils and their families by assisting families in identifying and accessing additional mental health services within the community as needed.
  - c) Promoting school climate and culture through evidence-informed strategies and programs by collaborating with school staff to develop best practices for behavioral health management and classroom climate.
  - d) Providing professional development to staff in diverse areas, including, but not limited to, behavior management strategies, mental health support training, trauma-informed practices, and professional self-care.
- 4) Requires that an on-campus mental health professional who does not hold a credential with a specialization in pupil personnel services is only permitted to work with pupils under the indirect supervision of an individual who holds a credential with a specialization in pupil personnel services or a credential with a specialization in administrative services.
- 5) Specifies that funding to comply with this requirement may be derived from, but is not limited to the following sources:

- a) Student Support and Academic Enrichment grants created by the federal Every Student Succeeds Act.
  - b) Funds generated by the *Control, Regulate and Tax Adult Use of Marijuana Act*, as approved by the voters at the November 8, 2016, statewide general election as Proposition 64.
  - c) The School-Based Medi-Cal Administrative Activities program.
  - d) Local Educational Agency Medi-Cal Billing Option Program reimbursement for school services delivered to pupils eligible for Medi-Cal benefits.
  - e) Early and Periodic Screening, Diagnosis, and Treatment Program funds for children who are eligible for Medi-Cal benefits.
  - f) Prevention and early intervention funds under the Mental Health Services Act (MHSA), as approved by the voters at the November 2, 2004, statewide general election as Proposition 63.
- 6) Defines the following terms:
- a) “Community mental health workers” or “cultural brokers,” known as “promotores de salud” in Spanish, means frontline public health workers with behavioral health training who work for pay or as volunteers in association with the local health care systems and usually share ethnicity, language, socioeconomic status, or life experiences with the pupils they serve. Community mental health workers sometimes offer interpretation and translation services and culturally appropriate health education and information, assist pupils and family members in receiving the care they need, and give, to the extent permitted by law, informal counseling and guidance.
  - b) “Mental health professionals” includes state-licensed or state certified school psychologists, state-licensed or state certified school social workers, state licensed or state certified school counselors, peer providers, marriage and family therapists, licensed professional clinical counselors, and community mental health workers or cultural brokers.
  - c) “Peer provider” means a person who draws on lived experience with mental illness or a substance use disorder and recovery, bolstered by specialized training, to deliver valuable support services in a mental health setting. Peer providers may include people who have lived experience as clients, family members, or caretakers of individuals living with mental illness. Peer providers offer culturally competent services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, identification of strengths, and maintenance of skills learned in other support services. Services provided by peer providers include, but are not limited to, support, coaching, facilitation, or education that is individualized to the pupil.

**EXISTING LAW:**

- 1) Specifies that the minimum requirements for the services credential with a specialization in pupil personnel services are a baccalaureate degree or higher degree from an approved institution, a fifth year of study, and any specialized and professional preparation that the commission shall require, including completion of a commission-approved program of supervised field experience that includes direct classroom contact, jointly sponsored by a school district and a college or university. The services credential with a specialization in pupil personnel services shall authorize the holder to perform, at all grade levels, the pupil personnel service approved by the commission as designated on the credential, which may include, but need not be limited to, school counseling, school psychology, child welfare and attendance services, and school social work (EC 44266).
- 2) Any psychologist employed to provide care to the health and physical development of pupils must hold a school psychologist credential, a general pupil personnel services credential authorizing service as a school psychologist, a standard designated services credential with a specialization in pupil personnel services authorizing service as a psychologist, or a services credential issued by the State Board of Education or Commission on Teacher Credentialing (EC 49422).
- 3) Prohibits any person who is an employee of a school district from administering psychological tests or engaging in other psychological activities involving the application of psychological principles, methods or procedures unless the person holds a valid and current credential as a school psychologist or is a psychological assistant or intern performing the testing or activities under the supervision of a credentialed psychologist (EC 49422).
- 4) The minimum requirements for a services credential with a specialization in health for a school nurse are all of the following: a baccalaureate or higher degree from an accredited institution, a valid California license as a registered nurse, and one year of coursework beyond the baccalaureate degree in a program approved by the commission (EC 44267.5).
- 5) School districts are not precluded from utilizing community-based service providers, including volunteers, individuals completing counselling-related internship programs, and state licensed individuals and agencies to assist in providing pupil personnel services, provided that such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization (California Code of Regulations, Title 5, Section 80049.1(c)).
- 6) Defines “licensed mental health service provider” as “a psychologist licensed by the Board of Psychology, registered psychologist, postdoctoral psychological assistant, postdoctoral psychology trainee employed in an exempt setting pursuant to Section 2910 of the Business and Professions Code, or employed pursuant to a State Department of Health Care Services waiver pursuant to Section 5751.2 of the Welfare and Institutions Code, marriage and family therapist, associate marriage and family therapist, licensed clinical social worker, and associate clinical social worker.” (Health and Safety Code 128454).

**FISCAL EFFECT:** The Office of Legislative Counsel has keyed this as a state-mandated local program.

**COMMENTS:** *Need for the bill.* According to the author,

“Three hundred thousand California children between the ages of 4 and 11 have mental health needs, but over 70 percent never receive treatment; and for youth in poverty or with non-English speaking parents, over 80 percent never receive treatment. Additionally, nearly 57 percent of California children have experienced trauma.

Unmet mental health needs are connected to educational outcomes, and rank among the most pressing concerns for California educators, directly affecting students’ attendance, behavior, and readiness to learn. In addition, research shows teachers feel they lack the training needed for supporting children’s mental health needs.

Schools have been identified as the optimal setting for mental health prevention and treatment services to improve access to mental health services for children and youth. However, in California there are relatively few schools that provide on campus mental health services, and student to pupil support personnel ratios are too high to provide students the timely access to services they need. In California, student to school counselor ratios are 792 to one, school psychologists are 1,265 to one, and school social workers 12,870 to one respectively.

This bill seeks to address this gap in mental health services for children and youth, by focusing on early prevention and intervention in mental health, and placing mental health professionals in the ideal place for access for all children and youth - in schools.”

***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 percent of children in the United States experience a mental, emotional, or behavioral health disorder every year. The most prevalent mental health disorder in children and youth is attention deficit hyperactivity disorder (ADHD), followed by depression, behavioral or conduct problems, anxiety, substance use disorders, Autism spectrum disorders, and Tourette syndrome. In many cases, these conditions occur together, which can complicate identification and treatment.

Research suggests that numerous factors contribute to the incidence of mental health disorders including living in persistent poverty, which often leads to increased exposure to stressors and trauma. Other factors linked with an increased likelihood of mental health problems, according to the UCLA Center for Health Policy Research, include children in fair or poor health, and children with a parent who had mental health needs or a physical disability. They also report that boys were nearly twice as likely as girls to have mental health needs.

***Importance of prevention and early intervention.*** Research suggests that nearly half of all children with emotional or behavioral health difficulties receive no mental health services. Among the few children and youth who do receive mental health services, most do so at school.

One study found that 70.8 percent of California children identified with mental health needs through a statewide survey did not receive treatment.

Mental health problems that are not addressed early in life can inflict 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.

***Barriers to seeking treatment for mental and behavioral health disorders.*** Studies cite a lack of insurance coverage as one of the barriers to children and youth receiving mental health services. However, as mental health and substance abuse services were deemed to be an essential health benefit under the Affordable Care Act, this may be somewhat mitigated. Additional barriers to accessing mental health services include parents with limited English proficiency – 88.6 percent of children whose parents had limited English proficiency did not receive any mental health treatment compared to 66.6 percent of children with English proficient parents. Other barriers include the complexity of the care system, the inadequate linguistic capacity of existing professional services and resources, as well as the stigmas and cultural barriers to recognizing and seeking treatment for mental health problems.

***School-based and school-linked mental health services for pupils.*** 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. Because children spend more time in school than in community mental health centers, schools are well positioned to link students with mental health services.

Mental health services that are provided in schools may include academic 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 provide 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.

Research suggests that comprehensive school mental health programs offer three tiers of support:

- Universal mental health promotion activities for all students.
- Selective prevention services for students identified as at risk for a mental health problem.
- Indicated services for students who already show signs of a mental health problem.

Schools offering such programs rely on partnerships with community systems, such as community mental health centers, hospitals, and universities. Schools, working with their community partners, can collect prevalence data to build a foundation to plan, develop, and implement comprehensive mental health programs and services through strong school-community partnerships.

***Funding for school-based mental health services in California.*** There are a number of local, state, and federal funding streams available to link students with mental health services. This bill authorizes schools to utilize any of an enumerated list of sources of funding, if available for these

purpose, to meet the requirements of this bill, including federal funds through the Every Student Succeeds Act (ESSA), funding generated as a result of the legalization of recreational marijuana on the November 2016 statewide ballot (Proposition 64), various Medi-Cal billing and reimbursement options, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds, as well as early intervention funds under the Mental Health Services Act (MHSA), approved by voters as Proposition 63 in 2004. Each of these funding sources has specific requirements and it is not clear whether each would qualify as potential sources of funding for school-based mental health services.

***California lags in providing social emotional support to pupils.*** According to CDE data for 2016-17, there were 5,932 school psychologists and 687 social workers employed in California schools. Further, 29 percent of California school districts have no counseling programs at all. The ratio of students per counselor in this state averages 945 to 1, compared to the national average of 477 to 1, ranking California last in the nation.”

The American Academy of Pediatrics calls for a minimum of one full-time registered nurse in every school. According to the California School Nurses Organization, the distribution of school nurses by school district varies substantially throughout the state, with many schools having no school nurses on site. As of 2016-17, there were only 2,630 credential school nurses in California. This clearly fails to meet the threshold of one teacher per school as there are more than 10,000 public K-12 schools in California.

Clearly California lacks sufficient numbers of trained personnel in our schools to meet the social and emotional needs of over six million pupils.

***Number of mental health professionals required per school site.*** This bill requires one mental health professional per 600 pupils for every school in a school district or county office of education and charter school, and for schools of fewer than 600 pupils, requires at least one mental health professional generally accessible to pupils on campus during school hours. There are over 10,000 schools in California serving pupils in Kindergarten through 12<sup>th</sup> grade. Schools vary significantly from one another in terms of factors such as the number of pupils served, the number of staff members, and the social and emotional supports and services available to pupils.

This bill would require at least one mental health professional at each school in the state during school hours. It is unclear whether a mental health professional is warranted in every situation, regardless of the size of the school or the nature of the community and whether there are sufficient numbers of specified mental health professionals available in California to staff more than 10,000 school sites each school day. ***Committee staff recommends*** that very small schools and districts be exempted from the provision to have at least mental health professional on campus during school hours, but be encouraged to develop partnerships with community agencies to be able to link pupils with necessary mental health services.

***Defining mental health professionals.*** This bill requires schools to have at least one mental health professional per 600 pupils accessible on campus during school hours. The bill defines “Mental health professionals” to include state-licensed or state certified school psychologists, state-licensed or state certified school social workers, state licensed or state certified school counselors, peer providers, marriage and family therapists, licensed professional clinical counselors, and community mental health workers or cultural brokers.

According to the CDE, many mental health professionals, such as clinical psychologists and marriage and family therapists, are utilized by school districts to provide services that are not authorized by credentials or other certifications issued by the Commission on Teacher Credentialing (CTC), and instead are generally licensed by other state agencies such as the Office of Consumer Affairs. Local education agencies (LEAs) must ensure that such employees possess required licensure or training as established in state law. All individuals employed to provide related services must hold a valid credential issued by CTC with the appropriate authorization for those services, or otherwise be authorized to provide services based on another section of statute or regulation, and must be appropriately supervised. CDE specifies that individuals possessing an Administrative Services Credential or a Services Credential with a specialization in Pupil Personnel Services are authorized to supervise these individuals.

Community-based mental health professionals are broadly defined, in state law, as any individuals licensed by the state or other regulatory body and assigned to provide mental health services that may be self-employed, employed by a private agency, or employed by a public agency such as a county mental health agency. In all cases, community-based mental health professionals must be supervised in their school-based activities by an individual possessing a pupil personnel services credential or administrative credential. The term “supervised” in this context means that the credential holder has oversight of the school-based activities undertaken by a community-based mental health provider for the purpose of ensuring that these services are consistent with the needs of students served and are coordinated with other student services to allow for the provision of an efficient and comprehensive Pupil Personnel Services Program.

***Committee staff recommends*** that the bill be amended to ensure that pupils receive appropriate mental health services at school by those individuals specifically authorized, in state law, to provide those services by limiting the definition of school-based mental health professionals for the purpose of this bill to those individuals holding a services credential with a specialization in pupil personnel services, which authorizes the holder to perform the services designated on the credential and may include school counseling, school psychology, and school social work; or a services credential with specialization in health for a school nurse, issued by the CTC.

***Committee staff recommends*** that the bill be amended to authorize schools to employ the services of other mental health professionals, licensed by the state to provide such services, in order to fulfill the requirement of this bill for a mental health professional to provide services to pupils, including marriage and family therapists and licensed professional clinical counselors under the supervision of a holder of a pupil personnel services credential or administrative credential.

***Role of other mental health providers.*** This bill includes “community mental health workers” or “cultural brokers” and peer providers in the definition of mental health professionals meeting the requirement for school to have a specified number of mental health professionals on campus to meet the needs of students.

The bill defines “Community mental health workers” or “cultural brokers,” known as “promotores de salud” in Spanish, as frontline public health workers with behavioral health training who work for pay or as volunteers in association with the local health care systems and usually share ethnicity, language, socioeconomic status, or life experiences with the pupils they serve. Community mental health workers sometimes offer interpretation and translation services and culturally appropriate health education and information, assist pupils and family members in

receiving the care they need, and give, to the extent permitted by law, informal counseling and guidance.

This bill defines “Peer provider” means a person who draws on lived experience with mental illness or a substance use disorder and recovery, bolstered by specialized training, to deliver valuable support services in a mental health setting. Peer providers may include people who have lived experience as clients, family members, or caretakers of individuals living with mental illness. Peer providers offer culturally competent services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, identification of strengths, and maintenance of skills learned in other support services. Services provided by peer providers include, but are not limited to, support, coaching, facilitation, or education that is individualized to the pupil.

Although these categories of providers may have a valuable role to play in the provision of a mental health services program at schools, they are not defined in any California statute or regulation and thus, *committee staff recommends* that the bill be amended to authorize schools to use the services of community mental health workers or cultural brokers and peer providers, provided that the individuals have received fingerprint clearance through a criminal background check and work with students only under the direct supervision of a holder of a pupil personnel services or administrative credential. These positions would not fulfill the requirement in the bill as a “mental health professional”.

*Committee staff recommends* that the bill be amended to include language specifying that this section does not alter the scope of practice for any mental health professional or authorize the delivery of mental health services in a setting or in a manner that is not authorized under any provision of the Education Code, Health and Safety Code, or the Business and Professions Code

***Similar and prior legislation.*** AB 2315 (Quirk Silva) establishes a telehealth pilot program in three school districts, allocates funding from the Mental Health Services Fund for the purchase of telehealth equipment and technology and specifies that providers would qualify for Medi-Cal reimbursement for mental and behavioral health services provided to a pupil via telehealth. This bill is pending before this committee.

AB 2471 (Thurmond) requires the transfer of funds from the *Youth, Education, Prevention, Early Intervention and Treatment Account* established through the passage of the *Control, Regulate and Tax Adult Use of Marijuana Act* to the California Department of Education (CDE) to establish a grant program which would allow schools to provide in-school support services to pupils. This bill is pending before this committee.

AB 2498 (Eggman) of this Session establishes the School Social Worker Pilot Program to provide multiyear grants to school districts in specified counties to fund a social worker at each eligible school. This bill is pending before this committee.

AB 580 (O’Donnell) of the 2015-16 Session requires the CDE to develop model referral protocols for voluntary use by schools to address the appropriate and timely referral by school staff of students with mental health concerns. This bill was vetoed by the Governor.

SB 1113 (Beall) of the 2015-16 Session authorizes a county, or a qualified provider operating as part of the county mental health plan network, and a local educational agency (LEA) to enter into



a partnership for the provision of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services. This bill was vetoed by the Governor.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

American Civil Liberties Union of California  
Depression and Bipolar Support Alliance  
Disability Rights California  
Lincoln  
National Alliance on Mental Illness Amador  
Steinberg Institute  
One individual

**Opposition**

California Nurses Association (unless amended)

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