

Date of Hearing: March 23, 2022

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 2124 (Cristina Garcia) – As Introduced February 15, 2022

SUBJECT: Pupil Support Training Program

SUMMARY: Establishes the Pupil Peer Support Training Program as a competitive grant program, authorizes local educational agencies (LEAs) to apply for funding in order to establish peer support programs in schools serving pupils in grades 9 to 12, requires training and supervision of peer supports by credentialed school staff, and requires the California Department of Education (CDE) to post a list of evidence-based peer support programs by January 1, 2024. Specifically, **this bill:**

- 1) Establishes, subject to an appropriation for this purpose, the Pupil Peer Support Training Program.
- 2) Requires the Superintendent of Public Instruction (SPI) to award Pupil Peer Support Training Program grants on a competitive basis to LEAs serving pupils in any of grades 9 to 12.
- 3) Authorizes LEAs to apply for a grant under this program at one or more schools serving pupils in any of grades 9 to 12.
- 4) Requires the LEA to ensure that the training and ongoing supervision of pupils serving as peer supports be conducted by school staff holding a pupil personnel services (PPS) credential.
- 5) Requires the SPI to compile a list of evidence-based peer support programs that meet the requirements of this program and post it on the CDE website by January 1, 2024.
- 6) Requires LEAs receiving funds under this program to provide program data to the CDE, as specified by the SPI.
- 7) Specifies that the requirements of this program are in addition to any other requirement in law and do not replace another established form of care.
- 8) Defines LEA, for purposes of this program, as a school district, county office of education (COE), or charter school.

EXISTING LAW:

- 1) 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. (Education Code (EC) 49400)
- 2) Specifies that the minimum requirements for the services credential with a specialization in PPS are a bachelor degree or higher degree, a fifth year of study, and any specialized and professional preparation that the Commission on Teacher Credentialing (CTC) requires, including completion of a CTC-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 PPS authorizes the holder to perform, at all grade levels, the PPS 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)

- 3) Authorizes school districts to utilize community-based service providers, including volunteers, individuals completing counseling-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 PPS authorization (California Code of Regulations, Title 5, Section 80049.1(c)).
- 4) Requires the governing board of any LEA that serves pupils in grades one to twelve, inclusive, to adopt a policy on pupil suicide prevention, intervention, and postvention. Requires the policy to 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)

FISCAL EFFECT: Unknown

COMMENTS:

Need for the bill. According to the author, “Schools provide the ideal place to reach all students, especially those facing barriers to mental health services. This is especially true for our youth, who have endured mental health challenges for two years of the COVID-19 pandemic. By providing opportunities for schools to establish peer support programs on every high school campus, this budget request will break down stigma and ensure that our children and young adults receive crucial services, respect, and voice they deserve. Young students are in a unique position for their peers – they are a bridge to connect their peers to trained adults. Students are often best able and most willing to communicate with people their own age, especially when it comes to sensitive issues such as mental health.”

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 as a result of the COVID-19 pandemic. The American Academy of Pediatrics noted in 2020 guidance that “emotional and behavioral health challenges were of growing concern before the COVID-19 pandemic, and the public health emergency has only exacerbated these challenges.” Prior to the pandemic, the incidence of youth mental health crises was increasing at an alarming rate. Suicide rates among youth ages 10-24 increased over 57% between 2007 and 2018, and as of 2018 suicide was the second leading cause of death for youth ages 15-19, according to the Centers for Disease Control and Prevention (CDC). Youth visits to pediatric emergency departments for suicide and suicidal ideation also doubled during this time period (Burstein, 2019).

Underrepresented groups have been disproportionately impacted by the mental health crisis. The suicide rate among Black youth is twice that of their white peers (Bridge, 2018). In addition, 63% of transgender youth surveyed reported unmet needs for mental health and substance use during the early part of the COVID pandemic (Hawke, 2021). Socioeconomically disadvantaged children and adolescents, such as those growing up in poverty, are two to three times more likely to develop mental health conditions than peers with higher socioeconomic status (Reiss, 2013).

The pandemic has dealt a particularly hard blow to students' mental health and well-being - increasing social isolation, disrupting routines, and eliminating social traditions and rites of passage, while also reducing students' access to schools, which serve as the de facto mental health system for children and adolescents. For students from families also facing economic and other challenges, the crisis is deeper still.

The available evidence documents intensifying mental health impacts among students during the pandemic:

- California Department of Public Health (CDPH) data showed 134 youth under age 18 in California died by suicide in 2020, up 24% from 108 in 2019, and well above totals from 2017 and 2018;
- UCSF research on hospitals in the Bay Area showed a 66-75% increase among 10- to 17-year-olds screening positive for active or recent suicidal ideation in the last year; and
- National CDC data shows a 50% increase in emergency department visits for suicide attempts among American adolescents (mainly girls) during the pandemic.

Peer support programs to address student mental health. This bill would, contingent upon an appropriation for this purpose, authorize LEAs serving high school students to apply for a grant to establish a program to train volunteer pupils on acting as peer supporters at each school. The bill specifies that this training would be conducted by school psychologists, school counselors, or other qualified professionals, and that it would not take the place of other forms of care.

Peer-to-peer programs meet youth where they are – in schools. Schools often provide a trusted and safe environment and minimize transportation barriers in accessing care. Peer-to-peer programs are not a replacement for medical professionals, but they may provide immediate access to support, personal connection, and well-informed resources needed to help youth better manage their stress and mental health concerns, and connect to additional support if needed. By removing barriers to accessing support and improving connection through a trusted student-to-student relationship, peer-to-peer programs enable youth to proactively manage their stress and mental health so they feel more in control of their own well-being. An added benefit is that youth peers are trained in skills that could set them on a path as future mental health providers. (California Children's Trust 2022).

Research literature on peer support tends to focus on college level programs. One study concluded that “structured peer support for depression may have benefits in improving student mental wellbeing. However, this is unlikely to have a substantive effect in improving early and preventative intervention” (Byrom, 2017).

Another study found that “online peer-to-peer communication is popular among young people and may improve mental health by providing social support. There have been no systematic reviews examining the effectiveness of online peer-to-peer support in improving the mental health of adolescents and young adults. Given that peer support is frequently used as an adjunct to internet interventions for a variety of mental health conditions, there is an urgent need to determine the effectiveness of peer support alone as an active intervention” (Ali, 2015).

Existing peer-to-peer models. A recent brief by the California Children’s Trust identified common elements of successful peer-to-peer programs:

- A long-term commitment from a clinically informed adult ally with strong relationship skills;
- Carefully developed and continuously updated curriculum that is co-constructed with youth;
- Fair compensation for youth;
- Ongoing community building on youth development principles;
- Inclusion of social justice principles that embrace and center racism and poverty as key drivers of social and emotional challenges for youth;
- Regular opportunities for training, including specific cultivation of community resources and referrals; and
- Strategic alliances in school administrative leadership and teaching staff.

One option to increase student awareness of mental health issues is provided through the National Alliance on Mental Illness (NAMI) on Campus student-led clubs that focus on mental health and wellness and provide a critical opportunity that fosters student involvement, promotes youth voice, awareness, and self-advocacy. According to the CDE, these clubs provide activities for youth that help decrease bullying and the stigma often experienced by those living with mental illness, potentially averting mental health crises, helping reduce youth suicide, and increasing school safety. Students involved in the clubs and activities are becoming lifelong advocates in the mission to eliminate the stigma and discrimination associated with mental illness and eliminate suicides.

Garey High School in Pomona, California has established a Peer Counseling Program made up of a group of highly trained students to provide social emotional support by way of active listening, understanding, empathetic encouragement, prevention, intervention, and referral services to their peers in a systematic and well thought out way. One third of the school’s 1,800 students used the Peer Counseling Center in 2019, before the pandemic substantially increased demand (NEA, 2019).

Sacramento City Unified School District’s *MindOneSix* program, being implemented in collaboration with community-based organizations, engages middle and high school students to become ambassadors for mental wellness on their campuses. Students complete 20 hours of

mental wellness literacy training and a 20-hour service project focused on promoting mental wellness.

Arguments in support. The California Association of School Counselors notes: “Peer support is provided by and for people with similar experiences. When students turn to peers for support regarding mental health this kind of support creates an opportunity to bring students together in working toward meaningful solutions in handling difficult personal issues. Online peer-to-peer communication, where students share mental health struggles, is growing in popularity.

Empowering interested students to provide valuable support and feedback to their peers will open up lines of communication that could otherwise be neglected. The mental health of our students is a growing concern in California, and adults alone will not be able to tackle a problem where young people can play an important role in helping both themselves and their peers deal with mental health issues.”

Recommended Committee amendments:

- 1) Add language indemnifying the school and school employees pursuant to establishing a peer support program.

Related legislation. AB 552 (Quirk-Silva) of this Session authorizes LEAs and county behavioral health agencies to enter into partnerships 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.

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

AB 130 (Committee on Budget) Chapter 44, Statutes of 2021, requires the CDE to establish an Office of School-Based Health Programs for the purpose of providing technical assistance, outreach, and informational materials to LEAs on allowable services and on the submission of claims; requires the CDE to appoint a state school nurse consultant to work with LEAs and school nurses to promote quality school nursing services and school health programs that address the broad health needs of pupils; and appropriates \$5 million for the School Health Demonstration Project, as a pilot project, to be administered by the CDE, in consultation with the Department of Health Care Services (DHCS), to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected LEAs to secure ongoing Medi-Cal funding for those health and mental health services.

AB 563 (Berman) of this Session would have required the CDE to establish an Office of School-Based Health Programs for the purpose of improving the operation of, and participation in, school-based health programs. Required that \$500,000 in federal reimbursements be made available for transfer through an interagency agreement to the CDE for the support of the Office. This bill was held in the Senate Education Committee.

AB 586 (O'Donnell) of this Session would have established the School Health Demonstration Project to expand comprehensive health and mental health services to students by providing intensive assistance and support to selected LEAs to build the capacity for long-term sustainability through leveraging multiple funding streams and partnering with county Mental

Health Plans, Managed Care Organizations, and community-based providers. Lessons learned through the pilot project would be used as a basis to scale up robust and sustainable school-based health and mental health services throughout the state. This bill was held in the Senate Education Committee.

SB 14 (Portantino) Chapter 672, Statutes of 2021, includes, “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 803 (Beall) Chapter 150, Statutes of 2020, requires the DHCS to establish statewide requirements for a program for certifying peer support specialists; requires DHCS to seek any federal waivers to implement the certification program; and permits DHCS to implement, interpret, and make specific the certification program through available means.

AB 2221 (C. Garcia) of the 2019-20 Session would have required school districts to establish a peer support training program at each high school. This bill was held in the Assembly Education Committee.

SB 428 (Pan) of the 2019-20 Session would have required the CDE to identify an evidence-based training program for LEAs to use 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 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.

AB 2366 (Chu) of the 2019-20 Session would have, subject to funding for this purpose, established the Trauma, Grief, and Loss Pilot Program and would have authorized school districts, COEs, and charter schools to apply to participate in a multi-year program by designating at least one trauma, grief, and loss counselor to be generally accessible to pupils in grades 9 to 12 at each participating school site. This bill was held in the Assembly Education Committee.

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

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 \$1.7 million from the General Fund to the SPI for these purposes.

REGISTERED SUPPORT / OPPOSITION:**Support**

California Association of School Counselors
March for Our Lives Action Fund
4 Individuals

Opposition

None on file

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