

Date of Hearing: April 11, 2018

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 2471 (Thurmond) – As Amended March 22, 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: School-Based Pupil Support Services Program Act

SUMMARY: 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. Specifically, **this bill:**

- 1) Expresses the intent of the Legislature to enact legislation that would increase in-school support services to pupils in order to break down barriers to academic success.
- 2) Establishes the *School-Based Pupil Support Services Program*.
- 3) Defines the following terms for the purpose of this program as follows:
 - a) “Local education agency” (LEA) means a school district or a county office of education.
 - b) “Lead agency” means the California Department of Education (CDE).
 - c) “Qualifying school” includes any of the following:
 - i. An LEA in which 50 percent or more of the enrolled pupils are either from families receiving Cal WORKs or any successor program and/or have limited English proficiency, or are eligible to receive free or reduced price meals.
 - ii. An LEA which has a higher-than-average dropout rate..
 - iii. A school that does not satisfy the criteria in (i) or (ii) above, but demonstrates other factors that warrant its consideration, including, but not limited to, fulfilling an exceptional need or providing service to a particular target population.
 - d) “School health professional” means a state-licensed school nurse, psychologist, social worker, counselor, or other state-licensed state-certified health professional qualified under state law to provide support services to pupils.
- 4) Appropriates 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* (Proposition 64, as approved by voters at the November 8, 2016 statewide general election), to the California Department of Health Care Services (DHCS) annually for transfer to the lead agency for the purpose of awarding grants to implement this program

beginning in 2019-20, and specifies that any funds not fully expended in a single fiscal year are to be available in subsequent fiscal years.

- 5) Requires DHCS to transfer the funds appropriated to the lead agency upon determining that the grants to be awarded under this program are to be used for authorized purposes as per the *Youth, Education, Prevention, Early Intervention and Treatment Account* established through the passage of Proposition 64.
- 6) Requires each LEA receiving a grant through this program to provide a match of one dollar for every four dollars in grant funding received, and authorizes the lead agency to waive the match requirement upon verification that the LEA made a substantial effort to secure a match, but was unable to secure the required matching funds.
- 7) Requires DHCS to establish an interagency agreement with CDE to implement the provisions of this program in accordance with the pertinent provisions of the *Control, Regulate and Tax Adult Use of Marijuana Act*.
- 8) Authorizes CDE to integrate or redirect existing resources to perform its duties under this program.
- 9) Specifies that CDE's duties as the lead agency are to include, but are not limited to, all of the following:
 - a) Developing, promoting, and implementing policy supporting the program.
 - b) Reviewing grant applications and awarding grants.
 - c) Soliciting input regarding program policy and direction from individuals and entities with experience in the integration of children's services.
 - d) Ensuring that programs funded through grants are designed to educate about and prevent substance abuse disorders and harm that may come from substance use.
 - e) Ensuring that programs funded through grants provide accurate education to school employees, youth, and caregivers about substance use, mental health stigma, and physical health.
 - f) Ensuring that the programs funded through grants provide effective prevention as well as early intervention of substance use, behavioral health issues, and physical health issues.
 - g) Ensuring that the programs funded through grants provide timely treatment of youth and their families and caregivers, as needed.
 - h) At the request of the Superintendent, assisting the LEA or consortium in planning and implementing this program, including assisting with local technical assistance, and developing interagency collaboration.
- 10) Specifies that a qualifying school will first receive a planning grant to pay the costs of planning and coordinating activities on behalf of one or more qualifying schools within the

LEA, relating to programs that provide support services, including programs designed to educate pupils and prevent substance use disorders from affecting pupils and their families.

- 11) Specifies that, upon completion of the planning phase, the LEA or consortium is eligible to apply for, and may receive, an operational grant, not to exceed an unspecified amount in a given fiscal year, for an unspecified number of years.
- 12) Requires that a recipient of a planning grant must comply with all of the following:
 - a) Implement a school climate assessment that includes information from multiple stakeholders, including school staff, pupils, and families, that is used to inform the selection of strategies and behavioral health, as well as substance abuse, and interventions that reflect the culture and goals of the school.
 - b) Commit to leverage school and community resources to offer comprehensive multi-tiered services on a sustainable basis, which can include community and faith-based organizations, foster care providers, juvenile and family courts, and others, who recognize the early signs of substance use, behavioral health issues, physical health, and other barriers to academic success.
 - c) Develop strategies and practices that ensure parent engagement with the school and provide parents with access to resources that support their children's educational success.
 - d) Develop strategies and practices that prevent and reduce dropping out of school.
 - e) Create and maintain a mechanism, described in writing, to coordinate services provided to individual pupils among school staff and school health center staff while maintaining the confidentiality and privacy of health information consistent with applicable state and federal law.
- 13) Authorizes a qualifying school to receive an operational grant once it has demonstrated readiness to begin operation of a program or to expand existing support services programs.
- 14) Specifies that an operational grant awarded under this program must supplement and not supplant existing services and funds and that the grant will not exceed an unspecified amount in any fiscal year for an unspecified number of years.
- 15) Requires the recipient of an operating grant, under this program, to, at a minimum, comply with all of the following:
 - a) Increase the presence of school health professionals in its schools.
 - b) Provide programs that prevent and reduce substance abuse among its pupils.
 - c) Establish a coordination-of-services team that considers referrals for services, oversees schoolwide efforts, and uses data-informed processes to identify struggling pupils who require early interventions. Specifies that this team may include existing staff.

- d) Provide comprehensive professional development opportunities for school employees, including teachers that enable school employees to recognize and respond to a child's unique needs, including the ability to provide referrals to professionals in the school who can provide the needed support service. Also specifies that nothing in this paragraph shall be construed to require teachers to provide mental health services to pupils.
- 16) Requires each recipient of a grant under this program to annually report each of the following to CDE:
- a) The number of school health professionals employed with grant funds.
 - b) The ratio of newly hired health professionals to pupils.
 - c) Information indicating an increase in the level of evidence-based programming for pupil support services.
 - d) Changes in dropout rates in the school over the span of the operational grant.
 - e) An evaluation of the impact of the School-Based Pupil Support Services Program. This includes a comparison of data from before the grant was awarded and after. This can include discipline referrals, attendance, suspensions, and other relevant data that can be used to assess impact.

EXISTING LAW:

- 1) Establishes effective January 1, 2018, a cannabis excise tax to be imposed upon purchasers of cannabis or cannabis products sold in this state at the rate of 15 percent of the average market price of any retail sale by a cannabis retailer (Revenue & Tax Code 34011).
- 2) Establishes the California Cannabis Tax Fund in the State Treasury consisting of all taxes, interest, penalties, and other amounts collected and paid to the board pursuant to this part. This special trust fund established solely to carry out the purposes of the *Control, Regulate and Tax Adult Use of Marijuana Act* and all revenues deposited into the Tax Fund, together with interest or dividends earned by the fund, are to be expended only in accordance with the provisions of the Act (RTC 34018).
- 6) Specifies that the Controller is to disburse funds in the California Cannabis Tax Fund as follows (RTC 34019):
 - a) Reasonable costs incurred by various state agencies for carrying out specified duties associated with the Act.
 - b) Ten million dollars (\$10,000,000) to a public university or universities annually beginning in 2018-19 to 2028-29 to research the effect of the Control, Regulate and Tax Adult Use of Marijuana Act.
 - c) Three million dollars (\$3,000,000) annually from 2018-19 through 2022-23 to the California Highway Patrol to adopt protocols to determine whether a driver is operating a vehicle while impaired by the use of cannabis or cannabis products.

- d) Ten million dollars (\$10,000,000) annually in 2018-19, increasing to fifty million dollars (\$50,000,000) in 2022-23 to the Governor's Office of Business and Economic Development to administer a community reinvestments grants program.
- e) Two million dollars (\$2,000,000) annually to the University of California San Diego Center for Medicinal Cannabis Research.
- f) By July 15 of each year, beginning in 2018-19 the Controller will, after disbursing funds for the purposes identified in (a) through (e) above, disburse 60 percent of the remaining funds into the *Youth Education, Prevention, Early Intervention and Treatment Account* to DHCS for programs for youth designed to educate about and to prevent substance abuse disorders and to prevent harm from substance use. Requires the DHCS to enter into interagency agreements with the State Department of Public Health (CDPH) and the California Department of Education (CDE) to implement and administer these programs. Specifies that these programs may include, but are not limited to, the following:
 - i. Prevention and early intervention services to recognize and reduce risks associated with substance use and the early signs of problematic use and of substance abuse disorders.
 - ii. Grants to schools for student assistance programs designed to prevent and reduce substance abuse, and improve school retention and performance, by supporting students who are at risk of dropping out of school and promoting alternatives to suspension or expulsion.
 - iii. Grants to programs for outreach, education, and treatment for homeless youth and out-of-school youth with substance use disorders.
 - iv. Access and linkage to care provided by county behavioral health programs for youth who have, or are at risk of developing, a substance use disorder.
 - v. Youth-focused substance use disorder treatment programs, which utilize a two-generation approach with the capacity to treat youth and adults together.
 - vi. Programs to assist individuals, as well as families and friends, to reduce the stigma associated with substance use including seeking substance use disorder services.
- g) Specifies that the funds identified in (f) above may also be utilized for workforce training and wage structures to increase the hiring pool of behavioral health staff with substance use disorder prevention and treatment expertise, and for construction of community-based youth treatment facilities.
- h) Specifies that the DHCS may contract with each county behavioral health program for the provision of services and that the funds identified in (f) above

will be allocated to counties based on demonstrated need, including the number of youth in the county, and the prevalence of substance use disorders among adults.

- 8) Requires a school to include in its School Accountability Report Card, the availability of qualified personnel to provide counseling and other pupil support services, including the ratio of academic counselors per pupil (EC 33126).
- 9) Expresses the intent of the Legislature that the 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 pupils' ability to learn, fulfill existing state requirements and policies regarding pupils' health, and contain health care costs through preventive programs and education (EC 49427).
- 10) 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).
- 11) 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. 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).
- 12) 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. The services credential with a specialization in health for a school nurse authorizes the holder to perform, at grades 12 and below, the health services approved by the commission designated on the credential (EC 44267.5).

FISCAL EFFECT: Unknown

COMMENTS: *This bill* directs a portion of the funds to be generated from an excise tax on cannabis and cannabis products authorized for use in youth education, prevention, early intervention and treatment, according to the provisions of Proposition 64, to flow through the DHCS to the CDE to administer a grant program to support in-school support services for pupils at qualifying schools.

Need for the bill. According to the author,

“Student support services meet a crucial need for California’s students that extends beyond academics. Peer pressure, bullying at school, family troubles, drug use, and teen suicide all contribute to barriers to learning. Student services personnel such as school counselors, nurses, and social workers, provide the critical support students need. Especially for those who abuse substances or have physical, emotional, or behavioral needs.

Schools are a trusted and comfortable setting for families and students to receive assessments and link to community and county services. By prioritizing integration, this bill will ensure no students slip through the cracks while navigating the complex health care system. In establishing a grant for supportive service positions, a multi-tiered care system is created where teachers are the frontline of recognizing and referring students who need services; school nurses and counselors provide preventive services, referrals, and health assessments; and community-based organizations as well as health providers give services.

With limited school resources and numerous demands, funding is needed so that student support staff meet student needs that otherwise may fall to already strained administrators and teachers to address—or that may not be addressed at all. Supportive services, in general, are linked to many positive outcomes including an improved learning environment, student behavior, engagement in school, and academic achievement. Where resources are available, schools should not be making the choice of whether to allocate state funds for school-based supportive services at the expense of academics; both are necessary for the success of our students.

The State of Colorado has used revenue from taxes on cannabis to establish a School Health Professional Grant program which provides funds to eligible education providers to enhance the presence of school health professionals in both elementary and secondary schools. It is time for California to make that same investment in our youth.”

California lags in providing social emotional support to pupils. According to the CDE, 29 percent of California school districts have no counseling programs at all. When counseling programs exist, counselors are often asked to add administrative duties such as testing, supervising, and class scheduling. 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.

As of 2016-17, there were 2,630 credential school nurses in California. This clearly fails to meet the threshold of one nurse per school as there are more than 10,000 public K-12 schools in California. Data from the Lucille Packard Foundation suggests that the nurse to pupil ratio in California schools is 2,784 to 1.

According to CDE data for 2016-17, there were 5,932 school psychologists and 687 social workers employed in California schools. The Packard Foundation, citing 2015 data, notes that the ratio for school psychologists is 1,265 to 1 and for social workers is 12,870 to 1.

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

This bill identifies a new source of funding to provide grants to qualifying schools to increase in-school support services to pupils, including the hiring of additional “school health professionals”. These are defined as a state-licensed school nurse, psychologist, social worker, counselor, or other state-licensed health professional qualified under state law to provide support services.

Committee staff recommends that, in order to clarify that services to pupils are provided by those with appropriate credentials to meet the needs of pupils, the bill be amended to define the qualifying individuals as those holding a services credential with a specialization in health

authorizing service as a school nurse or a services credential with a specialization in pupil personnel services.

Selection of qualifying schools. This bill provides a very broad definition of schools that qualify to receive funding under this program, including having 50 percent or more pupils from families receiving CalWORKs assistance, or who have limited English proficiency, or who are eligible to receive free or reduced price meals. Additional criteria that would qualify a school include having a higher than average dropout rate, or other factors warranting consideration including fulfilling an exceptional need or providing service to a particular target population. In order to ease administration of the program and direct funding to areas of greatest need, ***committee staff recommends*** that a qualifying school be defined as a school receiving concentration grant funds as a result of having 55 percent or more up-duplicated pupils, namely pupils who are either classified as English learners, eligible for a free or reduced-price meal, or foster youth.

Arguments in support. Supporters note that California's youth face challenges, within and outside the classroom, that prevent them from being the best students they can be. Peer pressures, bullying at school, adverse family situations, substance abuse, and mental health needs are all barriers to learning. By helping schools to provide the supports students need and to create a supportive learning environment, this bill will improve the academic preparation and social development of California's students. In establishing a grant for supportive service positions, a multi-tiered care system is created where teachers are the frontline of recognizing and referring students who need services; school nurses and counselors provide preventative services, referrals, and health assessments; and community-based organizations as well as health providers give services.

Similar or prior legislation. AB 1744 (McCarty) of this Session authorizes DHCS to consider after school programs in allocating funds generated from an excise tax on the retail sale of cannabis for youth education, prevention and treatment efforts. This bill is pending before this committee.

AB 2022 (Chu) of this Session requires all schools, including charter schools, to have at least one mental health professional for each 600 pupils. This bill is pending before this committee.

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

AB 882 (Arambula) of this Session establishes the School Nursing and Pupil Health Care Services Task Force (Task Force), and requires the Task Force to identify model school health care services programs and practices to improve the safety and quality of health care services to pupils. This bill was held in the Assembly Appropriations 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 1239 (Wolk) of the 2013-14 Session requires school districts that are eligible to receive concentration funding under the Local Control Funding Formula (LCFF) to employ at least one school nurse as a supervisor of health. This bill was held in the Senate Appropriations Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

American Civil Liberties Union of California
California Coverage and Health Initiatives
California School Nurses Organization
Children NOW
Children's Defense Fund-California
Coalition of California Welfare Rights Organizations
Teachers for Healthy Kids
United Way California Capital Region

Opposition

None on file

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