

Date of Hearing: April 11, 2018

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 2498 (Eggman) – As Amended April 3, 2018

SUBJECT: School employees: School Social Worker Pilot Program

SUMMARY: Establishes the School Social Worker Pilot Program to fund a social worker at eligible schools in specified counties. Specifically, **this bill:**

- 1) Establishes the *School Social Worker Pilot Program* at the California Department of Education (CDE) upon appropriation of funds for this purpose by the Legislature.
- 2) Requires CDE to provide a multiyear grant award to one school district in each of the Counties of Alameda, Riverside, San Benito, San Joaquin, and Shasta, to fund a social worker at each eligible school within the school district for the 2020-21 fiscal year through to the 2024-25 fiscal year, inclusive.
- 3) Authorizes school districts in the Counties of Alameda, Riverside, San Benito, San Joaquin, and Shasta to apply for the grant established under this program.
- 4) Requires CDE to develop an application process and criteria for determining grant recipients on a competitive basis and specifies that priority should be given to school districts with higher pupil dropout and absenteeism rates and a higher percentage of socioeconomically disadvantaged pupils.
- 5) Defines “eligible school” as a school that meets both of the following:
 - a) Higher pupil dropout and absenteeism rates than the state average, as determined by the CDE.
 - b) A higher percentage of socioeconomically disadvantaged pupils than the state average, as determined by the CDE.
- 6) Defines “social worker” as a person holding a pupil personnel services credential specializing in social work issued by the Commission on Teacher Credentialing (CTC) who is employed by the school district or employed by a non-profit or private agency that has a memorandum of understanding with the school district.
- 7) Defines “socioeconomically disadvantaged pupil” as a pupil meeting at least one of the following:
 - a) Neither of the pupil’s parents have received a high school diploma.
 - b) The pupil is eligible for free or reduced price meals or has a direct certification for a free and reduced price meal program.
 - c) The pupil is a migrant child, homeless child or youth, or foster youth.
- 8) Defines “migrant child” as a “currently migratory child” as defined in Section 54441 (a).

- 9) Specifies that these provisions sunset on July 1, 2025.

EXISTING LAW:

- 1) 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).
- 2) 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).
- 3) 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).
- 2) Requires a school to include in its School Accountability Report Card (SARC), the availability of qualified personnel to provide counseling and other pupil support services, including the ratio of academic counselors per pupil (EC 33126).

FISCAL EFFECT: Unknown.

COMMENTS: *Need for the bill.* According to the author, "it is estimated that 50% of children in California public schools will experience psycho-social issues. Data regarding prevention and early intervention indicates that childhood is the most effective time to introduce mental health interventions. Research shows that interventions provided in schools may be as effective as those provided in the clinical setting, and schools provide an ideal backdrop to reach children during this critical time. Therefore, the goal of this program is to explore the outcomes of placing social workers 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.

Schools offering comprehensive mental health 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.

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. 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.

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.

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

Defining social workers. This bill requires that social workers employed by school districts hold a services credential with a specialization in pupil personnel services (PPS) and those social workers employed by a nonprofit or private agency would work under a memorandum of understanding with the school district.

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. Education Code requires that community-based mental health professionals 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 recommend that the bill be amended to require that any social worker not employed by the school district be licensed by the state and provides services to pupils at the school under the supervision of a PPS or administrative credential holder.

Committee staff recommend that the bill be amended to authorize charter schools be included in the list of schools eligible to participate in the pilot program.

Similar and prior legislation. AB 2471 (Thurmond) of this session 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 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 2691 (Jones-Sawyer) of this Session requires the California Department of Education to provide information and training to schools on trauma-informed care and to work with specified higher education institutions to coordinate trauma-informed care on K-12 campuses by higher education students. 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.

REGISTERED SUPPORT / OPPOSITION:

Support

California Council of Community Behavioral Health Agencies
Racial and Ethnic Mental Health Disparities Coalition

Opposition

None on file

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