

Date of Hearing: March 27, 2019

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 258 (Jones-Sawyer) – As Introduced January 23, 2019

[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: Establishes the School-Based Pupil Support Services Program to increase in-school support services to pupils by appropriating funding from the Youth Education, Prevention, Early Intervention and Treatment Account. Specifically, **this bill:**

- 1) Declares 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 following definitions:
 - a) “LEA” or “local educational agency” means a school district, charter school, or a county office of education.
 - b) “Lead agency” means the California Department of Education (CDE).
 - c) “Qualifying school” includes a school in which 55% or more of the pupils enrolled are unduplicated pupils, as defined.
 - d) “School health professional” means an individual holding a services credential with a specialization in pupil personnel services or a services credential with a specialization in health for a school nurse.
- 3) Appropriates funding from the Youth Education, Prevention, Early Intervention and Treatment Account (YEPEIT) to the State Department of Health Care Services (DHCS), for purposes of awarding grants as established in this bill, for each fiscal year beginning with the 2019–20 fiscal year.
- 4) Requires any funds that are not fully expended in a single fiscal year to be available for purposes of implementing this bill in any one of, or across one or more of, subsequent fiscal years.
- 5) Requires DHCS to transfer the funds appropriated in paragraph (3) above to the lead agency, upon determining that the grants to be awarded will be used for purposes for which the use of moneys from the YEPEIT account is authorized.
- 6) Requires all grants awarded under this bill to be matched by the participating LEA with one dollar (\$1) for each four dollars (\$4) awarded. Permits the CDE to waive the match requirement upon verifying 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 the CDE to implement this bill in accordance with the pertinent provisions of the Control, Regulate and Tax Adult Use of Marijuana Act, (Proposition 64, as approved by the voters at the November 8, 2016,

statewide general election), and in accordance with a determination that the use of the funds for these purposes is authorized. Permits CDE to integrate or redirect existing resources to perform its duties. These duties 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 of Public Instruction (SPI), assisting the LEA or consortium in planning and implementing this program, including assisting with local technical assistance, and developing interagency collaboration.
- 8) Requires an LEA or a consortium of LEAs to first receive a planning grant that will pay the costs of planning and coordination activities, on behalf of one or more qualifying schools within the LEA, relating to programs that provide support services that will include programs designed to educate pupils and prevent substance use disorders (SUD) from affecting pupils and their families at or near the school.
- 9) Requires a recipient of a planning grant under this bill to, at a minimum, comply with all of the following requirements:
- a) Implementing 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) Committing 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) Developing 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) Developing strategies and practices that prevent and reduce dropping out of school.

- e) Creating and maintaining 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.
- 10) Authorizes, upon completion of the planning phase, the qualifying school, on behalf of which an LEA, or consortium of LEAs, has received a planning grant, to receive an operational grant once it has demonstrated readiness to begin operation of a program or to expand existing support services programs. Establishes an unspecified maximum grant awarded by this bill for an unspecified amount of maximum years.
- 11) Requires a recipient of an operational grant to, at a minimum, comply with all of the following requirements:
- 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 and 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.
- 12) Specifies that nothing in this bill be construed to require teachers to provide mental health services to pupils.
- 13) Requires each recipient of a grant under this bill 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 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 & Taxation Code (RTC) 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).
- 3) 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 YEPEIT 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 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 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.
- 4) 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 (Education Code (EC) 33126).
 - 5) 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 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).
 - 6) 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).
 - 7) 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 on Teacher Credentialing (CTC) requires. The services credential with a specialization in pupil personnel services authorizes the holder to perform, at all grade levels, the pupil personnel service approved by the CTC 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).

- 8) Specifies that 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 CTC. 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 CTC 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. As noted above, current law requires the Controller to disburse funds to the DHCS and requires DHCS to enter into interagency agreements with the CDE and the CDPH to administer the specified programs, but is silent on the transfer of funds between departments.

Need for the bill. According to the author, “the need for supportive services at schools has long been recognized and recent data shows us the support staff to student ratios remain at troubling levels. School-based services allow for the treatment of immediate student needs throughout the school day and can play a critical role in connecting students and their families with other community health services. Healthy students with continuous access to supportive services perform better in school and have better attendance rates. Our students, families, schools and communities deserve a robust student health system as provided by this bill.”

Other states use cannabis tax revenues to support school services. The State of Colorado allocates a portion of revenues generated through taxes, licensing, and fees related to the sale of medical and retail cannabis to support school mental health, including substance use prevention and education. Initiatives funded include:

- Colorado School Health Professional Grant to fund staff; professional development and training; and resources to develop and implement high quality behavioral health programming, including evidence-based programs that address substance use prevention and universal screening.
- Colorado School Bullying Prevention Grant to fund the implementation of evidence-based bullying prevention practices; family and community involvement in school bullying prevention strategies; and adopting policies on bullying education and prevention.
- Student Reengagement Grant to assist LEAs in providing educational services and supports to maintain student engagement and support student reengagement at the secondary level.

The State of Washington also allocates revenues generated through the legal sale of cannabis to community-based and school-based programs that address issues such as substance use prevention; school engagement; and physical and mental wellness.

California lags in providing social and 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.

Recommended Amendments. Committee staff recommend that the bill be amended to:

- 1) Require that programs funded pursuant to this article be programs demonstrated to be effective and evidence-based or evidence-informed.
- 2) Require that CDE, in cooperation with DHCS, identify measureable goals to be achieved by programs funded, including, but not limited to, reductions in substance abuse disorders among youth, and improvements in measureable school outcomes, such as increased graduation rates, decreased rates of suspensions and expulsions, and increased school retention.
- 3) Clarify language requiring each program recipient to report to CDE annually on expenditures and outcomes for each relevant targeted goal, and for CDE to report to the Legislature on the allocation of funds, goal areas targeted, and outcomes reported.

Prior and related legislation. AB 1098 (O'Donnell & Wood) of this Session provides a framework for accountability and legislative oversight of funds allocated to the YEPEIT account created by the legalization of recreational cannabis in California. This bill is pending before this Committee.

AB 1085 (McCarty) of this Session encourages specified after school programs to establish programs that are designed to educate about and prevent substance use disorders or to prevent harm from substance abuse. Also authorizes the DHCS to consider selecting those programs for funding from the YEPEIT account, established by the Control, Regulate and Tax Adult Use of Marijuana Act. This bill is pending before this Committee.

AB 8 (Chu) of this Session, requires schools to have one mental health professional for every 400 pupils accessible on campus during school hours, and for schools of less than 400 pupils, to employ at least one mental health professional for one or more schools or enter into an agreement with a county agency or community-based organization to provide mental health services to pupils. This bill is pending before the Assembly Health Committee.

AB 396 (Eggman) of this Session establishes a pilot program, the School Social Worker Pilot Program, to provide a multiyear grant award to one school district or the governing body of a charter school in each of the Counties of Alameda, Riverside, San Benito, San Joaquin, and Shasta to fund a social worker at each eligible school, for the 2021–22 fiscal year to the 2025–26 fiscal year. This bill is pending before the Assembly Appropriations Committee.

AB 2471 (Thurmond) of the 2017-18 Session, was virtually identical to this bill and would have required the transfer of funds from the YEPEIT account established through the passage of the Control, Regulate and Tax Adult Use of Marijuana Act to the CDE to establish a grant program which would allow schools to provide in-school support services to pupils. This bill was held in the Assembly Appropriations Committee.

AB 2022 (Chu) Chapter 484, Statutes of 2018, requires each school of a school district or county office of education, 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 882 (Arambula) of the 2016-17 Session would have established the School Nursing and Pupil Health Care Services Task Force, and required 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.

SB 1239 (Wolk) of the 2013-14 Session would have required school districts eligible to receive concentration funding under the Local Control Funding Formula 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

California Association of School Counselors
California School Nurses Organization
California School-Based Health Alliance
California Teachers Association
Teachers for Healthy Kids

Opposition

None on file

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