

Date of Hearing: April 11, 2018

ASSEMBLY COMMITTEE ON EDUCATION  
Patrick O'Donnell, Chair  
AB 2686 (Jones-Sawyer) – As Amended March 20, 2018

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

**SUBJECT:** Pupil mental health: school administrator and staff training policy

**SUMMARY:** Requires a county office of education, school district, state special school, or charter school, before the beginning of the 2019–20 school year, to adopt a training policy on pupil mental health for its school administrators and staff and requires the policy to be developed in consultation with school and community stakeholders and school-employed mental health professionals. Specifically, **this bill:**

- 1) Makes Legislative findings and declarations regarding educators and staff for these programs and the lack of training to identify pupils in need, make referrals, and, as appropriate, to help pupils overcome or manage the mental health barriers they face every day of their lives.
- 2) Requires a training policy on pupil mental health to address the training to be provided to school administrators and staff, that shall, at a minimum, identify mental health issues in pupils as the mental health issues arise, especially during adolescence, to provide professional development relating to pupil mental health to educators, and to provide information resources relating to pupil mental health to community members.
- 3) Requires materials approved by a local educational agency as part of a training policy on pupil mental health for school administrators and staff to include how to identify appropriate mental health services, both at the schoolsite and within the larger community, and when and how to refer youth and their families to those services. These materials may include programs that can be completed through self-review.
- 4) Requires a training policy on pupil mental health to be written to ensure that a school administrator or staff member acts only within the authorization and scope of his or her credential or license. Nothing in this section shall be construed as authorizing or encouraging a school administrator or staff member to diagnose or treat mental illness unless he or she is specifically licensed and employed to do so.
- 5) Specifies for purposes of this measure, “local educational agency” means a county office of education, school district, state special school, or charter school.

**EXISTING LAW:**

- 1) Makes AB 114 (Committee on Budget), Chapter 43, Statutes of 2011, school districts the “responsible agency” for mental health services for students with individualized education programs (IEPs).
- 2) Establishes, through initiative statute in 2004 (Proposition 63), the California Mental Health Services Act (MHSA) which provides for local mental health services, including prevention

and early intervention, innovative projects, Full Service Partnerships, peer support services, housing, and other mental health treatment services.

- 3) Specifies, under federal law, that schools have the responsibility for educationally related mental health services. Requires local educational agencies (LEAs) to update the Individualized Education Plan of each child that will experience a change in services.

**FISCAL EFFECT:** Unknown

**COMMENTS:** *Need for the bill.* The author states, “All certificated school staff must be better equipped to recognize key signs of mental health conditions and to understand possible actions available to them in addressing student and family needs. Revising these standards is especially critical to disadvantaged student populations. Mental health challenges appear to disproportionately impact students who face stressors such as violence, trauma, and poverty.

Academic interventions training for teachers and school administrators alone will not succeed in helping all students achieve. California’s dropout rate is unacceptably high—especially in these subgroups—and one of the most frequently neglected issues in educator training is the social and emotional health of vulnerable children. Research demonstrates that early detection and treatment of mental illness helps students reduce the symptoms of their illness and improves attendance, behavior, and ultimately academic achievement.

The time is right to move ahead to empower educators—especially new educators—with more knowledge and training in student mental health. This is especially critical in the schools with the greatest need, frequently staffed with the least experienced and least trained teachers and administrators.”

***Adopting a Training Policy versus Providing Training:*** This bill requires a local education agency (LEA) to adopt a training policy for school staff on mental health signs and referrals. It is unclear whether the bill requires the staff to be provided training and how often such training should occur, or merely requires a training policy to be adopted. It is unclear whether adopting a training policy would then require an LEA to provide training to staff. The committee should consider clarifying the author’s intent that training be provided to staff.

***California Mental Health Services Agency (CalMHSA) K-12 programs.*** The California Mental Health Services Authority (CalMHSA) is a California Joint Powers Authority, funded by Proposition 63 (Mental Health Services Act) dollars from 49 member counties. CalMHSA has funded twenty-six different projects that are grouped into three categories: Suicide Prevention; Stigma and Discrimination Reduction; and Student Mental Health. The CalMHSA programs in student mental health are described below.

***Student Mental Health Policy Workgroup.*** In 2012, the Superintendent of Public Instruction and CalMHSA convened a Student Mental Health Policy Workgroup to develop policy recommendations that promote early identification, referral, coordination, and access to quality mental health services for students. The Student Mental Health Policy Workgroup is comprised of teachers, school counselors, school social workers, school psychologists, school nurses, and school administrators, as well as state and county mental health professionals.

The Workgroup has noted the connection between mental wellness and academic achievement, attendance, and behavior. It has also noted that California's educators acknowledge their lack of preparedness in addressing pupil mental health challenges as a major barrier to instruction. The Workgroup found that "most educators and staff lack training to identify pupils who may be in need of support, make referrals, and, as appropriate, to help pupils overcome or manage mental health barriers and succeed in school."

This year the Workgroup issued a recommendation calling for increased training of school personnel, in order to promote earlier identification and intervention to meet the needs of California's pupils.

***Regional K-12 Student Mental Health training through CCSESA.*** Since 2011, CalMHSA has funded a Student Mental Health Initiative through the California County Superintendents Educational Services Association (CCSESA). This project is designed to build capacity and cross-system collaboration to develop and sustain school-based mental health programs addressing prevention and early identification strategies.

One of the goals of this project is the training of school staff. Since 2011 this project has used a train-the-trainer model to provide educators with tools for the early identification and prevention of mental health problems. Two thousand trainings have been conducted, with over 140,000 thousand participants. The estimated total reach of this project is two million students, or one third of the state's enrollment.

The major program topics were school climate and culture, bullying prevention, mental health and wellness, youth development. Participants included school staff, students, parents, mental health staff and providers, community organizations, and law enforcement. According to evaluation responses, these trainings have significantly increased educators' awareness of mental health issues and knowledge of referral processes. CCSESA estimates that this program cost an average of \$2.25 per student per year. Since 2014 this project has declined significantly in size as a result of decreased funding.

***CDE TETRIS project.*** CalMHSA has also funded mental health training through the CDE Training Educators through Recognition and Identification Strategies (TETRIS) Eliminating Barriers to Learning (EBL) project. This statewide K-12 Mental Health Program promotes school and student wellness and academic achievement by increasing capacity for all school and administrative staff to identify students who are experiencing mental health issues early on. To accomplish this goal, the CDE subcontracted with the Placer County Office of Education to deliver eleven TETRIS EBL workshops annually through 2019. The curriculum used for the TETRIS EBL workshops is one developed by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). Kognito Interactive Online Simulation Program is also used as an outside source to help support school staff in initiating difficult conversations with students around the subject of mental health and suicidal ideation.

***SAMHSA "Now is the Time" pilot projects.*** Following the school shooting at Sandy Hook Elementary in Connecticut in December 2012, President Obama established a grant program to increase students' access to mental health services. California received \$9.7 million from the "Now is the Time Project Advancing Wellness and Resilience in Education" (NITT AWARE) grant last fall. According to the CDE, the grant has two components. Three local educational

agencies (LEAs), Garden Grove Unified School District, Santa Rosa City Schools, and the San Diego County Office of Education, were selected to participate in the first component of the grant. The LEAs will establish a process for referring and connecting children to mental health services. If successful, the models developed by these LEAs can be shared statewide. The second component utilizes a training program called Youth Mental Health First Aid. The training teaches school staff how to help youth experiencing mental health or addictions challenges, or are in crisis.

***What kind of training would be used in these in-services?*** Several training programs are available for low or no cost to school districts. Youth Mental Health First Aid, used in the CCSESA and SAMHSA trainings, is a course which introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders, and eating disorders.

In addition, as noted above, TETRIS EBL training is available at no charge from the CDE through 2019, and is offered in part in an online simulation format (At Risk in PK-12, Kognito). TETRIS EBL provides teachers and school staff with tools to identify, recognize, refer, and support students with mental health needs in a respectful and culturally responsive manner. Training focuses on the early identification of mental health issues and effective classroom and school wide strategies. Participants gain tools to break down barriers affecting behaviors that can interfere with academic performance and attendance.

***Related legislation.*** AB 580 (O'Donnell), in an early version of the bill, would have required each school to provide annual training to teachers and classified staff on the early identification of student mental health problems, including protocols for referrals. The bill was later amended to require the California Department of Education (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 and was vetoed by the Governor with the following veto message:

"California does not currently have specific model referral protocols for addressing student mental health as outlined by this bill. However, the California Department of Education recently received a grant from the federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to identify and address critical student and family mental health needs. It's premature to impose an additional and overly prescriptive requirement until the current efforts are completed and we can strategically target resources to best address student mental health."

***Committee Amendment:*** To clarify the author's intent, staff recommends the committee delete the contents of the bill and instead require school districts, county offices of education and charter schools to provide in-service training to certificated and classified employees at a regularly scheduled staff meeting during the first six weeks of every school year on the early identification of pupil mental health issues, including referral protocols.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

None on file

**Opposition**

None on file

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