

Date of Hearing: April 25, 2018

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 2698 (Rubio) – As Amended March 22, 2018

[Note: This bill was doubled referred to the Assembly Human Services Committee and was heard by that Committee as it relates to issues under its jurisdiction.]

SUBJECT: California state preschool programs: general child care and development programs: mental health consultation services: adjustment factors

SUMMARY: Defines early childhood mental health consultation service and expresses the intent of the Legislature to encourage the provision of these services in subsidized early care and education programs, specifies that the costs of providing early childhood mental health consultation services are reimbursable under certain conditions, and adds an adjustment factor. Specifically, **this bill:**

- 1) Expresses findings and declarations regarding the following:
 - a) Early childhood mental health consultation models provide important supports for effective classroom management and positive learning environments, including supportive teacher practices and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns.
 - b) Research shows that early childhood mental health consultation models can play an important role in addressing challenging behaviors and can yield positive social and emotional outcomes for children, including reducing preschool expulsions.
- 2) Expresses the intent of the Legislature to encourage mental health consultation services in California state preschools and general child care and development programs as a means of providing adequate supports to teachers, children, and caregivers in addressing challenging behaviors and other social, emotional, and mental health concerns.
- 3) Defines “early childhood mental health consultation service” as a service benefitting a child who is served in a California State preschool program (CSPP) or an infant or toddler who is 0 to 36 months of age and is served in a general child care and development program, and which includes, but is not limited to all of the following:
 - a) Support to respond effectively to all children, with a focus on young children with disabilities, challenging behaviors, and other special needs.
 - b) Assistance through individual site consultations, provision of resources, formulation of training plans, referrals, and other methods that address the unique needs of programs and providers.
 - c) Aid to providers in developing the skills and tools needed to be successful as they support the development and early learning of all children, including observing environments, facilitating the development of action plans, and supporting site implementation of those plans.

- d) The development of strategies for addressing prevalent child mental health concerns, including internalizing problems, such as appearing withdrawn, and externalizing problems, such as exhibiting challenging behaviors.
 - e) If a child exhibits persistent and serious challenging behaviors, support with the pursuit and documentation of reasonable steps to maintain the child's safe participation in the program.
- 4) Specifies that the cost to a provider agency of providing an early childhood mental health consultation service is reimbursable if all of the following apply:
- a) The early childhood mental health consultation service is provided on a schedule of sufficient and consistent frequency to ensure that a mental health consultant is available to partner with staff and families in a timely and effective manner.
 - b) The early childhood mental health consultation service is supervised by a licensed marriage and family therapist, a licensed clinical social worker, or a doctor of psychology. The supervisor shall be adequately insured, shall have held his or her respective license for a minimum of two years, and shall be in full compliance with all continuing education requirements applicable to his or her profession.
 - c) The early childhood mental health consultation service uses a relationship-based model emphasizing strengthening relationships among early childhood education providers, parents, children, and representatives of community systems and resources, and integrates reflective practice into the onsite consultation model.
- 5) Specifies that the child days of enrollment be multiplied by an adjustment factor of 1.05 for children in a CSPP or infants and toddlers in a general child care and development program where early childhood mental health consultation services are provided.
- 6) Specifies that children for whom one or more adjustment factors applies, in addition than that specified in (5) above, the child days of enrollment is multiplied by the sum of the applicable adjustment factors plus .05.

EXISTING LAW:

- 1) Establishes the Child Care and Development Services Act to provide child care and development services as part of a coordinated, comprehensive, and cost-effective system serving children from birth to 13 years old and their parents including a full range of supervision, health, and support services through full- and part-time programs. (EDC 8200 *et seq.*)
- 2) Defines "child care and development services" to mean services designed to meet a wide variety of children's and families' needs while parents and guardians are working, in training, seeking employment, incapacitated, or in need of respite. (EDC 8208 (j))
- 3) Requires the Superintendent of Public Instruction to administer general child care and development programs to include, among other things as specified, age- and

developmentally-appropriate activities, supervision, parenting education and involvement, and nutrition. Further allows such programs to be designed to meet child-related needs identified by parents or guardians, as specified. (EDC 8240 and 8241)

- 4) Defines “California State Preschool Program” (CSPP) to mean part-day and full-day educational programs for low-income or otherwise disadvantaged three- and four-year olds, and includes the CSPP under the definition of “child care and development programs” which offer a full range of services for children from 0 to 13 years of age, as specified. (EDC 8208 (i) and (ad))
- 5) Requires the Superintendent of Public Instruction to administer all CSPPs, which include, but are not limited to, part-day age- and developmentally appropriate programs designed to facilitate the transition to kindergarten for three- and four-year-old children in educational development, health services, social services, nutritional services, parent education and parent participation, evaluation, and staff development. (EDC 8235(a))
- 6) Authorizes a part-day CSPP to provide services to children in families with incomes up to 15% above the income eligibility threshold, as specified, provided all other eligible three- and four-year-olds have been enrolled. Further specifies that no more than 10% of the children enrolled under a provider’s entire contract can be children in families above the income eligibility threshold. (EDC 8235(c))
- 7) Authorizes a part-day CSPP to, after all otherwise eligible children have been enrolled, provide services to three- and four-year old children whose families earn incomes above the eligibility threshold if the children have been identified as “children with exceptional needs” pursuant to current law, as specified. (EDC 8235 (d))
- 8) Requires the Superintendent of Public Instruction to implement a plan that establishes reasonable standards and assigned reimbursement rates for child care and development services, to vary by length of program year and hours of service, and establishes amounts for, and provides for an annual cost-of-living adjustment to, the standard reimbursement rate. (EDC 8265)
- 9) Establishes adjustment factors to reimbursement rates for child care and development services, applied by multiplying the applicable adjustment factor by the provider agency’s reported child days of enrollment for the child(ren) to whom the adjustment factor applies, in order to reflect the additional expense of serving children of specific ages and with certain needs including, as specified: infants served in child day care centers; toddlers served in child day care centers; infants and toddlers served in family child care homes; children between the ages of 0 and 21 with exceptional needs; children between the ages of 0 and 21 with severe disabilities; children between the ages of 0 and 14 at risk of neglect, abuse, or exploitation; and limited-English-speaking and non-English-speaking children between 2 years of age and kindergarten age. Further, prohibits the days of enrollment for children who meet more than one adjustment-factor criteria from being adjusted more than once, and requires the increase in reimbursement amounts resulting from application of the adjustment factor(s) to be used to serve each child for whom an adjustment factor is claimed. (EDC 8265.5)
- 10) Establishes the School-based Early Mental Health Intervention (EMHI) and Prevention Services for Children Act of 1991, and authorizes the Director of the Department of Health Care Services (DHCS), in consultation with the Superintendent of Public Instruction (SPI), to

provide matching grants to local education agencies (LEAs) to pay the state share of the costs of providing school-based early mental health intervention and prevention services to eligible students, subject to the availability of funding each year. Defines “eligible pupil” for this purpose as a student who attends a publicly funded elementary school and who is in kindergarten or grades 1 to 3, inclusive. Existing law also defines “local educational agency” as a school district, county office of education, or a state special school (Welfare & Institutions Code (WIC) 4380 et seq).

- 11) Establishes the Primary Intervention Program (PIP) a school-based program designed for the early detection and prevention of emotional, behavioral, and learning problems in primary grade children and children in publicly funded preschools with services provided by child aides or unpaid volunteers under the supervision of mental health professionals (WIC 4343 et seq).

FISCAL EFFECT: Unknown

COMMENTS: *This bill* would encourage CSPP providers to provide mental health consultation services and allow those providers to utilize existing funding to by identifying such services as allowable expenses and increasing reimbursement rates to providers by adding an adjustment factor to the reported child days of enrollment of 0.05.

Need for the bill. According to the author:

“AB 2698 will benefit children in the California State Preschool Program, and infants and toddlers in general child care and development programs, by increasing access to critical early childhood mental health consultation services. The bill authorizes providers to utilize existing subsidized child care funds to provide these valuable services, which research shows can improve outcomes for children and help prevent expulsions.

Recent data shows expulsion occurs frequently in preschool programs across the United States. Nationally, three and four year olds enrolled in Pre-K are expelled 3.2 times more frequently than K-12 students, while California’s Pre-K expulsion rates are even higher than the national average.

Furthermore, Pre-K expulsion disproportionately affects children of color. Recent studies show that African American children are twice as likely to be expelled as any other group. Additionally, Latino and white children face expulsion rates of over twice the national average for K-12. In this manner, children are ‘pushed out’ of Pre-K at a time when their need for support is crucial. Children expelled from Pre-K are ten times more likely to be expelled from K-12.

Early childhood mental health consultation models provide important supports for effective classroom management and positive learning environments, including supportive teacher practices and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns. Research shows these models can play an important role in addressing challenging behaviors and can yield positive social and emotional outcomes for children, including reducing preschool expulsions.”

California State Preschool Program (CSPP) provides both part-day (at least 3 hours per day) and full-day (at least 6.5 hours per day) services to eligible three- and four-year-olds, including:

developmentally appropriate curriculum, parent education, meals and snacks, and referral to social and health services for families. CSPP can be offered in various settings, including child care centers, family child care network homes, school districts, or county offices of education. Approximately two-thirds of children in State Preschool are served by local education agencies, and the remaining one-third is served by community-based organizations. In the 2017-18 fiscal year, approximately 165,000 three and four-year old children attend CSPP. Of these, 61 percent attend part-day programs and 39 percent attend full-day programs.

Significant mental health problems occur in young children. Children can exhibit characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, depression, post-traumatic stress disorder, and neurodevelopmental disabilities, such as autism, at an early age. Research suggests that approximately nine to fourteen percent of children from birth to five years old experience emotional or behavioral disorders.

Factors such as persistent poverty, recurrent abuse or chronic neglect, exposure to domestic violence, parental mental health issues or substance abuse, as well as poor child care conditions increase the risk of serious mental health problems among young children.

Left untreated, early mental health disorders can impact every aspect of a child's development, including physical, cognitive, communication, sensory, emotional, social, and motor skills. These negative impacts can affect a child's ability to succeed in school and in life and increase the risk of poor educational outcomes, ill health, and juvenile delinquency later in life.

Early intervention is critical in addressing early mental health concerns. Research finds that early prevention and treatment of mental health disorders is considered to be more beneficial and cost-effective than attempting to treat emotional difficulties and their effects on learning and health after they become more serious. During the infant and toddler years, there are opportunities to treat mental health problems before they manifest into more severe problems later in life. It is critical to treat young children's mental health issues within the context of their families, homes, and communities. The emotional well-being of young children is directly connected to the functioning of their families and caregivers.

Defining "Infant and Early Childhood Mental Health Consultation". According to the organization, Zero to Three, "Infant and Early Mental Health Consultation is a multi-level preventative intervention to improve children's social, emotional, and behavioral health and development. A mental health professional partners with an early childhood professional or program staff to infuse activities and interactions that promote health social and emotional development, prevent the development of problem behaviors, and intervene to reduce the occurrence of challenging behaviors. Sometimes consultation is focused on a specific child, helping the adults support the child's development more effectively. Other times, consultation is focused on systemic issues such as improving the classroom environment to provide predictable schedules, creating smooth transitions between activities, and offering spaces and support for children and staff to calm down in times of stress."

Federal Head Start Mental Health Performance Standards include Mental Health and Social and Emotional Well-Being Components. Head Start and Early Head Start programs require providers to adhere to a number of program standards, including those addressing early childhood mental health. In order to support a program-wide culture that promotes children's

mental health, social and emotional well-being, and overall health, program providers are required to:

- a) Provide supports for effective classroom management and learning environments, supportive teacher practices, and strategies for supporting children with challenging behaviors and other social, emotional and mental health concerns.
- b) Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner.
- c) Obtain parental consent for mental health consultation services at enrollment.
- d) Build community partnerships to facilitate access to additional mental health resources and services as needed.

Committee staff recommends that the bill be amended to include preschool age children enrolled in family child care home settings, who would otherwise be excluded from receiving such services under the current language of the bill.

Similar and prior legislation. AB 2292 (Aguiar-Curry) of this Session establishes a program to recruit, train and support new family child care providers; adjusts the reimbursement rate for infant and toddler care; and increases access to inclusive early care and education environments by providing grants for one-time infrastructure costs. This bill is pending before this committee.

AB 2626 (Mullin) of this Session makes a number of statewide changes to subsidized child care and development programs, including raising the income eligibility threshold for families; changing the age restrictions for CSPP; providing opportunities for staff training; and increasing flexibility in the use of contracted funds. This bill is pending before this committee.

AB 47 (McCarty) of the 2015-16 Session would have established the Preschool for All Act of 2015 and required, on or before June 30, 2018, all eligible children who are not enrolled in transitional kindergarten to have access to the California State Preschool Program (CSPP) the year before they enter kindergarten, if their parents wish to enroll them and contingent upon the appropriation of sufficient funding in the annual Budget Act for this purpose. This bill was vetoed by the Governor.

AB 752 (Rubio) Chapter 708, Statutes of 2017 prohibits a California State Preschool Program contracting agency from expelling or unenrolling a child due to behavior unless certain steps are taken.

AB 1644 (Bonta) of the 2015-16 Session recasts and renames the Early Mental Health Initiative as the HEAL Trauma in Schools Act, expands the program to serve preschool and transitional Kindergarten students, and establishes an initiative to encourage and support local decisions to provide funding for services offered in that program. This bill was held in Senate Appropriations.

AB 1133 (Achadjian) of the 2015-16 Session establishes a 4-year pilot program, the School-Based Early Mental Health Intervention and Prevention Services Support Program, to provide outreach, free regional training, and technical assistance for local educational agencies in providing mental health services at schoolsites to eligible students state preschool programs,

students who attend transitional kindergarten through third grade, and students who attend charter schools. This bill was held in Assembly Appropriations.

REGISTERED SUPPORT / OPPOSITION:

Support

Kidango (Sponsor)

Children's Defense Fund-California

Council for a Strong America

Early Edge California

Fight Crime: Invest in Kids

First 5 California

Mission Readiness

Ready Nation

Think Together

California Council of Community Behavioral Health Agencies

Opposition

None on file

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