Date of Hearing: April 10, 2019

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 666 (Gabriel) – As Amended March 25, 2019

SUBJECT: Pupil mental health: model referral protocols

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

1) 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.

2) Requires the CDE to consult with the members of the Student Mental Health Policy Workgroup, local educational agencies (LEA) that have served as state or regional leaders in student mental health initiatives, county mental health programs, and current classroom teachers and administrators, classified staff, staff who hold student personnel services credentials, school nurses, school counselors and other professionals involved in student mental health as the CDE deems appropriate.

3) Requires the protocols to be designed for use, on a voluntary basis, by schoolsites, school districts, county offices of education, charter schools, and the State Special Schools, and by preparation programs for teachers, administrators, school counselors, student personnel services, and school nurses.

4) Requires the protocols to do all of the following:

    a) Address the appropriate and timely referral by school staff of students with mental health concerns.

    b) Reflect a multitiered system of support processes and positive behavioral interventions and supports.

    c) Be adaptable to varied local service arrangements for mental health services.

    d) Reflect evidence-based and culturally appropriate approaches to student mental health referral.

    e) Address the inclusion of parents and guardians in the referral process.

    f) Be written to ensure clarity and ease of use by certificated and classified school employees.

    g) Reflect differentiated referral processes for students with disabilities and other populations for whom the referral process may be distinct.

h) Be written to ensure that school employees act only within the authorization or scope of their credential or license.

i) Be consistent with state activities conducted by the CDE in the administration of federally funded mental health programs.

5) Requires the CDE to post the model referral protocols on its website.

6) Provides that nothing in this bill is to be construed as authorizing or encouraging school employees to diagnose or treat mental illness unless they are specifically licensed and employed to do so.

7) Provides that the implementation of this bill is contingent upon funds being appropriated for its purpose, and requires the model referral protocols to be completed and made available within two years of the date funds are received or allocated to implement the provisions of this bill.

EXISTING LAW:

1) Requires LEAs and charter schools serving students in grades 7 to 12 to adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12.

2) 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).

3) Through initiative statute in 2004 (Proposition 63), establishes 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.

4) 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.

5) Requires, under federal law, the provision of a free, appropriate public education to all disabled students in the least restrictive environment.

6) 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, including completion of a commission-approved program of supervised field experience that includes direct classroom contact, jointly sponsored by a school district and a college or university. 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).

7) Requires any psychologist employed to provide care to the health and physical development of pupils to hold a school psychologist credential, a general pupil personnel services credential authorizing service as a school psychologist, a standard designated services credential with a specialization in pupil personnel services authorizing service as a psychologist, or a services credential issued by the State Board of Education (SBE) or Commission on Teacher Credentialing (CTC) (EC 49422).

8) Prohibits any person who is an employee of a school district from administering psychological tests or engaging in other psychological activities involving the application of psychological principles, methods or procedures unless the person holds a valid and current credential as a school psychologist or is a psychological assistant or intern performing the testing or activities under the supervision of a credentialed psychologist (EC 49422).

9) Defines "licensed mental health service provider" as "a psychologist licensed by the Board of Psychology, registered psychologist, postdoctoral psychological assistant, postdoctoral psychology trainee employed in an exempt setting pursuant to Section 2910 of the Business and Professions Code, or employed pursuant to a State Department of Health Care Services waiver pursuant to Section 5751.2 of the Welfare and Institutions Code, marriage and family therapist, associate marriage and family therapist, licensed clinical social worker, and associate clinical social worker." (Health and Safety Code 128454).

FISCAL EFFECT: Unknown

COMMENTS:

Need for the bill. The author states, "Up to one in five children in the country show signs of a mental health disorder in a given year, and California's adolescents report higher rates of depressive symptoms than the national average. Identifying the signs of depression is critical, and the classroom is one place where these behaviors are first noticed. These mental health challenges disproportionately affect students who face stressors such as violence, trauma, and poverty. Research demonstrates that early detection and treatment of mental illness improves students' attendance, behavior, and academic achievement.

While lack of attention to students' mental health has significant effects on school achievement, research has shown that teachers lack the training needed for supporting children's mental health needs. In surveys, teachers cite disruptive behavior and their lack of information and training in mental health issues as major barriers to instruction.

AB 666 will equip teachers and other school staff with the tools they need to support the early identification of mental health problems among their students, thereby improving academic and health outcomes."

Similar bill vetoed in anticipation of the development of referral protocols through federal grant. AB 580 (O'Donnell) of the 2015-16 Session was substantially similar to this bill. It was vetoed by Governor Brown, who stated:

> 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.

The grant referenced in this veto message is the Substance Abuse and Mental Health Services Administration (SAMHSA) "Now is the Time" pilot projects. The goal of that grant is to "build and expand the capacity of state educational agencies to increase awareness of mental health issues among school-aged youth, provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues in children and young adults, and connect children, youth, and families who may have behavioral health issues with appropriate services. The intent of [the program] is to develop a comprehensive, coordinated, and integrated program for advancing wellness and resilience in educational settings for school-aged youth."

California received a $9.7 million grant in 2014. According to the CDE, the grant has two components. Three 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 were required to establish a process for referring and connecting children to mental health services. If successful, the models developed by these LEAs would 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.

According to the CDE, this grant has not produced state referral protocols such as the ones required by this bill. However, in September, 2015, the SAMHSA published the "School Mental Health Referral Pathways Toolkit," discussed below.

SAMHSA publishes "School Mental Health Referral Pathways Toolkit." As noted above, in 2015 SAMHSA published a "School Mental Health Referral Pathways Toolkit," which aims "to help state and local education agencies and their partners develop effective systems to refer youth to mental health service providers and related supports.

The Toolkit provides best-practice guidance and practical tools and strategies to improve coordination and collaboration both within schools and between schools and other youth-serving agencies, by providing targeted mental health supports at the earliest sign that a need is present. In particular, the Toolkit focuses on referral pathways, which are defined as the series of actions or steps taken after identifying a youth with a potential mental health issue. The Toolkit notes:

> Referral pathways vary from community to community based on cultural and linguistic considerations and the resources available, including the public and private organizations providing services to school aged youth. School and community-based mental health providers must understand their local community in order to ensure the seamless provision of mental health supports to youth and their families. While mental health referral pathways may involve different partners depending on the community, all effective referral pathways share similar characteristics:
>
> - They define the roles and responsibilities of all partners in a system.

- They have clearly articulated procedures for managing referrals within and between partners.
- They share information across partners in an efficient manner.
- They monitor the effectiveness of evidence-based interventions provided by all partners within a system.
- They make intervention decisions collaboratively with a priority on what is best for young people and their families.

Given the extensive federal referral toolkit, and the need to develop protocols specific to the California context, ***staff recommends that this bill be amended*** to require that the CDE consider, when developing the protocols, the federal referral toolkit developed by SAMHSA.

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.

According to the Centers for Disease Control and Prevention, suicide is the second leading cause of death among young people aged 10-24. The CDC also reports that 17% of high school students have seriously considered attempting suicide – and 8% had attempted suicide – in the prior 12 months. According to the Lucile Packard Foundation for Children's Health, which compiles and reports data from state agency sources, in 2011-13, nearly 20% of California public school students in grades 9, 11, and nontraditional classes reported seriously considering attempting suicide in the past year.

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.

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 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 provides 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.

Research suggests that comprehensive school mental health programs offer three tiers of support:

- Universal mental health promotion activities for all students.
- Selective prevention services for students identified as at risk for a mental health problem.
- Indicated services for students who already show signs of a mental health problem.

Schools offering such programs may 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.

Teachers on the front lines of student mental health crises, but are often not prepared. School personnel who interact with students on a daily basis are in a prime position to recognize mental health problems and make appropriate referrals for help. A national study conducted by the Jason Foundation, for example, found that the number one person a student would contact to help a friend who might be suicidal was a teacher.

According to the CDE Student Mental Health Policy Workgroup, "research indicates that teachers feel they lack the training needed for supporting children's mental health needs. In surveys, teachers cite disruptive behavior and their lack of information and training in mental health issues as major barriers to instruction." Research (Reinke, 2011) indicates that teachers report a lack of experience and training for supporting children's mental health needs.

Student Mental Health Policy Workgroup and other student mental health initiatives. In 2012, the Superintendent of Public Instruction and the California Mental Health Services Agency (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." They also noted that mental health challenges disproportionately impact students who face stressors such as violence, trauma, and poverty.

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.

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.

Arguments in support. The California School Nurses Organization writes, "School nurses spend over 30% of their time providing mental health services and we as the primary health professional in the schools are often the first to assess and identify the signs of mental or behavioral health issues, issues which affect achievement, attendance and success in school. The development of a process is necessary for assisting in identifying problems but more importantly having a referral protocol for staff will likely increase the numbers of students that receive services to address mental health concerns."

Argument in opposition. The California Right to Life Committee writes, "The concept of Protocols may serve well in some fields of more scientific nature. However, when one is dealing with a human being in trauma or grief, the personal interaction is most important. As we understand the Protocol concept, we do not believe that a code or a protocol can best diagnose a condition or authorize a treatment plan on the basis of a generic indicator."

Prior and related legislation. AB 396 (Eggman) of this Session would establish 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, from the 2021–22 fiscal year to the 2025–26 fiscal year.

AB 258 (Jones-Sawyer) of this Session would establish the School-Based Pupil Support Services Program Act, to provide grants to LEAs for increasing the presence of school health professionals at schoolsites and providing programs that prevent and reduce substance abuse among pupils. The source of the state funding for the grants awarded under the program would be an appropriation from the Youth Education, Prevention, Early Intervention and Treatment Account established pursuant to the Control, Regulate and Tax Adult Use of Marijuana Act (Proposition 64).

SB 582 (Beall) of this Session, requires the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of Investment in Mental Health Wellness Act of 2013 triage grant program funds to local educational agency and mental health partnerships, as specified, to support prevention, early intervention, and direct services to children and youth, as specified.

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 2315 (Quirk Silva) Chapter 759, Statutes of 2018, requires the CDE, in consultation with the Department of Health Care Services and appropriate stakeholders with experience in telehealth, to develop guidelines on or before July 1, 2020, for the use of telehealth technology to provide mental health and behavioral health services to pupils on public school campuses, including charter schools.

AB 2471 (Thurmond) of the 2017-18 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 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 2498 (Eggman) of the 2017-18 Session establishes the School Social Worker Pilot Program to provide multiyear grants to school districts in specified counties to fund a social worker at each eligible school. This bill was held in the Assembly Appropriations Committee.

SB 1113 (Beall) of the 2015-16 Session authorizes a county, or a qualified provider operating as part of the county mental health plan network, and a local educational agency (LEA) to enter into a partnership for the provision of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services. This bill was vetoed by Governor Brown, who stated:

> Despite significant funding increases for local educational agencies over the past few years, the Local Control Funding Formula remains only 96 percent funded. Given the precarious balance of the state budget, establishing new programs with the expectation of

funding in the future is counterproductive to the Administration's efforts to sustain a balanced budget and to fully fund the Local Control Funding Formula.

Additional spending to support new programs must be considered in the annual budget process.

AB 580 (O'Donnell) of the 2015-16 Session was substantially similar to this bill. It was vetoed by Governor Brown, whose veto message is presented earlier in this analysis.

AB 1133 (Achadjian) of the 2015-16 Session would have established 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. This bill was held in the Assembly Appropriations Committee.

AB 1025 (Thurmond) of the 2015-16 Session would have required the CDE to establish additional pilot programs to encourage inclusive practices that integrate mental health, special education, and school climate interventions following a multi-tiered framework. This bill was held in the Senate Appropriations Committee.

AB 1644 (Bonta) of the 2015-16 Session would have established, contingent upon an appropriation, the HEAL Trauma in Schools Support Program. It requires the California Department of Health Care Services (DHCS) to establish a four-year program to provide outreach, training, and technical assistance to support local decisions to provide funding for early mental health support services. This bill also makes changes to the former Early Mental Health Initiative (EMHI). This bill was held in the Senate Appropriations Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

California Association For Health, Physical Education, Recreation and Dance
California School Nurses Organization
John Burton Advocates for Youth
Mental Health America of California

Opposition

California Right to Life Committee, Inc.

Analysis Prepared by: Tanya Lieberman / ED. / (916) 319-2087