

Date of Hearing: March 13, 2019

ASSEMBLY COMMITTEE ON EDUCATION  
Patrick O'Donnell, Chair  
AB 8 (Chu) – As Introduced December 3, 2018

**[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: mental health professionals

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

- 1) Requires schools of school districts or county offices of education, as well as charter schools, to have one mental health professional for every 400 pupils, generally accessible to pupils on campus during school hours, by December 31, 2022.
- 2) Requires schools with fewer than 400 pupils to do one of the following by December 31, 2022:
  - a) Have at least one mental health professional generally accessible to pupils on campus during school hours.
  - b) Employ at least one mental health professional to provide services to pupils at multiple schools.
  - c) Enter into a memorandum of understanding with a county agency or community-based organization for at least one mental health professional employed by the agency or organization to provide services to pupils.
- 3) Specifies that the role of mental health professionals includes, but is not limited to the following:
  - a) Providing individual and small group counseling supports to individual pupils as well as pupil groups to address social-emotional and mental health concerns.
  - b) Facilitating collaboration and coordination between school and community providers to support pupils and their families by assisting families in identifying and accessing additional mental health services within the community, as needed.
  - c) Promoting school climate and culture through evidence-informed strategies and programs by collaborating with school staff to develop best practices for behavioral health management and classroom climate.
  - d) Providing professional development to staff in diverse areas, including behavior management strategies, mental health support training, trauma-informed practices, and professional self-care.

- 4) Requires that a mental health professional who does not hold a services credential with a specialization in pupil personnel services, or a services credential with a specialization in health for a school nurse, must work with pupils only under the supervision of an individual who holds a services credential with a specialization in pupil personnel services or a services credential with a specialization in administrative services.
- 5) Authorizes schools of school districts or county offices of education and charter schools to employ community mental health workers, cultural brokers, or peer providers, to supplement the services provided by mental health professionals, provided they have a current certificate of clearance from the Commission on Teacher Credentialing, and are supervised in their school-based activities by an individual who holds a services credential with a specialization in pupil personnel services or a services credential with a specialization in administrative services.
- 6) Requires schools of school districts, county offices of education, and charter schools with pupils who are eligible to receive Medi-Cal benefits, to do both of the following:
  - a) Seek reimbursement, to the extent applicable, through the Local Educational Agency Medi-Cal Billing Option for services provided pursuant to this section.
  - b) Seek reimbursement, to the extent applicable, through the School-Based Medi-Cal Administrative Activities program for administrative costs related to services provided pursuant to this section.
- 7) Clarifies that this section does not alter the scope of practice for any mental health professional in a manner that is not authorized by existing law.
- 8) Clarifies that this section does not authorize the delivery of mental health services in a setting or in a manner that is not authorized by existing law.
- 9) Defines the following terms, for the purposes of this section:
  - a) “Community mental health worker” or “cultural broker” means a frontline public health worker with behavioral health training who works for pay or as a volunteer in association with the local health care systems and usually shares ethnicity, language, socioeconomic status, or life experiences with the pupils served. A community mental health worker sometimes offers interpretation and translation services and culturally appropriate health education and information, assists pupils and family members in receiving the care they need, and gives, to the extent permitted by law, informal counseling and guidance.
  - b) “Mental health professional” includes any of the following:
    - i. An individual who holds a services credential with a specialization in pupil personnel services as described in Section 44266 of the Education Code that authorizes the individual to perform specified functions, including but not limited to, school counseling, school psychology, or school social work.
    - ii. An individual who holds a services credential with a specialization in health for a school nurse as described in Section 44267.5 of the Education Code.

- iii. A professional licensed by the State of California to provide mental health services, including, but not limited to, psychologists, marriage and family therapists, and clinical counselors.
  - iv. A marriage and family therapist intern as described in subdivision (b) of Section 4980.03 of the Business and Professions Code.
  - v. A marriage and family therapist trainee as described in subdivision (c) of Section 4980.03 of the Business and Professions Code.
  - vi. A clinical counselor intern as described in subdivision (f) of Section 4999.12 of the Business and Professions Code.
  - vii. A clinical counselor trainee as described in subdivision (g) of Section 4999.12 of the Business and Professions Code.
- c) “Peer provider” means a person who draws on lived experience with mental illness or a substance use disorder and recovery, bolstered by specialized training, to deliver valuable support services in a mental health setting. Peer providers may include people who have lived experience as clients, family members, or caretakers of individuals living with mental illness. Peer providers offer culturally competent services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, identification of strengths, and maintenance of skills learned in other support services. Services provided by peer providers include, but are not limited to, support, coaching, facilitation, or education that is individualized to the pupil.
- 10) States findings and declarations about the critical need for mental health services and the value of school-based services.

**EXISTING LAW:**

- 1) 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 (Education Code (EC) 44266).
- 2) 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 or Commission on Teacher Credentialing (CTC) (EC 49422).

- 3) 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).
- 4) 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 (EC 44267.5).
- 5) Authorizes school districts to utilize community-based service providers, including volunteers, individuals completing counseling-related internship programs, and state licensed individuals and agencies to assist in providing pupil personnel services, provided that such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization (California Code of Regulations, Title 5, Section 80049.1(c)).
- 6) 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.*** According to the author, “We need to do more to provide mental health support for youth; the sooner the better. Schools provide the ideal place to reach all students, especially those who currently face barriers to access. The idea for this bill came from dynamic young people engaged on this very issue and they have advocated for schools to support their mental wellness. By placing mental health professionals on campus, this bill will break down stigma while providing timely services for our children and young adults.”

***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.

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 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.

***Funding for school-based mental health services in California.*** There are a number of local, state, and federal funding streams available to link students with mental health services. This bill requires schools to seek reimbursement from specified billing options, including Local Education Agency Medi-Cal Billing Option for services provided to students who are Medi-Cal eligible. The bill also requires schools to seek reimbursement for administrative costs related to the provision of services to Medi-Cal eligible pupils through the School-Based Medi-Cal Administrative Activities program. Schools have the authority to seek reimbursement through these two programs currently. ***Committee staff recommends that the bill be amended*** to encourage, rather than require, schools to seek reimbursement through these two programs, as not all schools participate in these programs.

***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. Further, 29 percent of California school districts have no counseling programs at all. 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.”

The American Academy of Pediatrics calls for a minimum of one full-time registered nurse in every school. According to the California School Nurses Organization, the distribution of school nurses by school district varies substantially throughout the state, with many schools having no school nurses on site. As of 2016-17, there were only 2,630 credential school nurses in California. This clearly fails to meet the threshold of one teacher per school as there are more than 10,000 public K-12 schools in California.

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

***Number of mental health professionals required per school site.*** This bill requires that schools provide one mental health professional per 400 pupils for every school in a school district or county office of education, and charter school. For schools of fewer than 400 pupils, this bill requires each school to provide mental health services to pupils by one of the following options: 1) having at least one mental health professional generally accessible to pupils on campus during school hours; 2) employing at least one mental health professional to provide services to pupils at multiple schools; or 3) entering into a memorandum of understanding with a county agency or community-based organization to provide services to pupils.

It is not clear what the basis is for the 1:400 ratio required by this bill. There are over 10,000 schools in California serving pupils in Kindergarten through 12<sup>th</sup> grade. Schools vary significantly from one another in terms of factors such as the number of pupils served, the needs of the pupils, the number of staff members on campus, and the social and emotional supports and services available to pupils. ***The committee may wish to consider*** whether a one-size fits all approach is appropriate in all school settings.

The bill expands the scope of who is authorized to provide mental health services to pupils at school sites, although it does specify that professionals without a credential from the Commission on Teacher Credentialing must do so under the supervision of a credentialed

provider or administrator. *The committee may wish to consider* whether all of the mental health professionals identified by the bill have the skills and experience to provide services to pupils.

Finally, the bill does not include a comprehensive funding solution to support the additional staffing that would be required for all schools to meet the specified ratios. This requirement would create a state-mandated local program.

***Prior and related legislation.***

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 this Committee.

AB 258 (Jones-Sawyer) of this Session establishes the School-Based Pupil Support Services Program Act, to provide grants to local educational agencies 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). This bill is pending before this 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 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.

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 Governor Brown who stated that it was premature to impose an additional and overly prescriptive requirement until

current efforts are completed and we can strategically target resources to best address student mental health.

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 the Governor.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

Calexico Unified School District  
California Coalition for Mental Health  
California Society of Addiction Medicine  
California State PTA  
Desert Sands Unified School District  
Mental Health America (Sponsor)  
Mental Health Association In California  
NAMI Amador  
Parents And Caregivers For Wellness  
United Parents  
Numerous individuals

**Oppose**

California Right to Life Committee, Inc.  
California School Boards Association

**Analysis Prepared by:** Debbie Look / ED. / (916) 319-2087