Date of Hearing: July 7, 2021

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
SB 14 (Portantino) – As Amended June 17, 2021

SENATE VOTE:

SUBJECT: Pupil health: school employee and pupil training: excused absences: youth mental and behavioral health

SUMMARY: An urgency measure which adds "for the benefit of the behavioral health of the pupil" to the "illness" category for excused absences for purposes of school attendance; requires the California Department of Education (CDE) to identify one or more evidence-based youth behavioral health training programs for local educational agencies (LEAs) to use to train school employees having direct contact with pupils, and one or more evidence-based behavioral health training programs with a curriculum tailored for pupils in grades 10 to 12. Specifically, **this bill**:

1) Adds "for the benefit of the pupil's mental or behavioral health" to the category of a pupil's illness in the list of valid excused absences for purposes of school attendance.

2) Requires the State Board of Education (SBE) to update its illness verification regulations, as necessary, to account for including a pupil's absence for this purpose.

3) Requires the CDE to identify one or more evidence-based youth behavioral health training programs for a LEA to use to train classified and certificated school employees having direct contact with pupils.

4) Requires that each training program identified by CDE meets all of the following:

   a) Is a peer-reviewed evidence-based training program;

   b) Provides instruction on recognizing the signs and symptoms of youth behavioral health disorders, including common psychiatric conditions such as schizophrenia, bipolar disorder, major clinical depression, anxiety disorders, eating disorders, and common substance use disorders such as opioid and alcohol abuse;

   c) Provides instruction on how school staff can best provide referrals to youth behavioral health services or other support to individuals in the early stages of developing a youth behavioral health disorder;

   d) Provides instruction on how to maintain pupil privacy and confidentiality in a manner consistent with federal and state privacy laws;

   e) Provides instruction on the safe deescalation of crisis situations involving individuals with a youth behavioral health disorder;

   f) Is capable of assessing trainee knowledge before and after training is provided in order to measure training outcomes;

g) Is administered by a nationally recognized training authority in youth behavioral health disorders; and

h) Includes in-person and virtual training with certified instructors who can recommend resources available in the community for individuals with a youth behavioral health disorder; and

5) Defines the following terms for purposes of this training program:

   a) "Certified instructors" means individuals who obtain or have obtained a certification to provide the selected youth behavioral health training by a nationally recognized authority in behavioral health training programs;

   b) "Local educational agency" means a county office of education, school district, a State Special Schools for the Blind or the Deaf, or charter school that serves pupils in any of grades 7 to 12, inclusive; and

   c) "Youth behavioral health disorders" means pupil mental health and substance use disorders.

6) Requires LEAs to certify to the CDE by January 1, 2023 that at least 50% of its combined certificated and classified employees having direct contact with pupils at each school, or least two classified and at least two certificated employees having direct contact with pupils at each school, whichever is greater, have received a youth behavioral health training identified by the measure.

7) Makes the identification and implementation of the training program noted above subject to an appropriation for this purpose in the annual Budget Act or another statute.

8) Requires the CDE to identify one or more evidence-based youth behavioral health training programs with a curriculum tailored for pupils in grades 10 to 12, inclusive, for use by LEAs that meets all of the following requirements:

   a) Is peer-reviewed and evidence-based;

   b) Provides developmentally appropriate instruction and skill building on identifying the signs and symptoms of, preventing, and increasing awareness of and assistance for, youth behavioral health disorders;

   c) Provides instruction on how to reduce the stigma around youth behavioral health disorders and available resources, including local school and community resources, and the process for accessing treatment;

   d) Provides instruction on strategies to develop healthy coping techniques and to support a peer, friend, or family member with a youth behavioral health disorder;

   e) Seeks to prevent suicide and the abuse of and addiction to alcohol, nicotine, and other drugs;

f) Adheres to a curriculum developed by a nationally recognized training authority in youth behavioral health disorders that is structured to train all pupils in grades 10 to 12, inclusive, ensuring every pupil in each grade level is equipped with the essential skills needed to seek help for themselves and to direct others seeking help to the appropriate avenues for support; and

g) Includes training with certified instructors who can recommend resources available in the community for individuals with a youth behavioral health disorder.

9) Requires LEAs to report to the CDE by January 1, 2023 on the number of pupils who have voluntarily completed a youth behavioral health training program.

10) Makes the identification and implementation of the youth training program noted above subject to an appropriation for this purpose in the annual Budget Act or another statute.

11) Defines the following terms relative to the youth training program:

a) "Local educational agency" means a county office of education, school district, state special school, or charter school that serves pupils in any of grades 10 to 12, inclusive;

b) "Youth behavioral health disorders" means pupil mental health and substance use disorders; and

c) "Youth behavioral health training" means training addressing the signs and symptoms of a pupil mental health or substance use disorder.

12) Identifies this as an urgency statute because of the COVID-19 pandemic and its impact on children's mental health, and requires that it take effect immediately.

EXISTING LAW:

1) Requires a pupil between the ages of 6 through 18 to attend school in the school district where either parent or legal guardian resides, except as specified. (Education Code (EC) 48200)

2) Specifies that excused absences are deemed to be absences in computing average daily attendance (ADA) and do not generate state apportionment payments. (EC 48205)

3) Defines the reasons that a pupil will be excused from school:

a) Due to the pupil's illness;

b) Due to quarantine under the direction of a county or city health officer;

c) For the purpose of having medical, dental, optometrical, or chiropractic services rendered;

d) For the purpose of attending the funeral services of a member of the pupil's immediate family;

e) For the purpose of jury duty;

f) Due to the illness or medical appointment during school hours of a child of whom the pupil is the custodial parent;

g) For justifiable personal reasons, including, but not limited to, an appearance in court, attendance at a funeral service, observance of a holiday or ceremony of the pupil's religion, attendance at religious retreats, attendance at an employment conference, or attendance at an educational conference on the legislative or judicial process offered by a nonprofit organization;

h) For the purpose of serving as a member of a precinct board for an election;

i) For the purpose of spending time with a member of the pupil's immediate family who is an active duty member of the uniformed services, and has been called to duty for, is on leave from, or has immediately returned from, deployment to a combat zone or combat support position;

j) For the purpose of attending the pupil's naturalization ceremony to become a United States citizen; and

k) Authorized at the discretion of a school administrator. (EC 48205)

4) Defines a "truant" as any pupil subject to compulsory full-time education or to compulsory continuation education who is absent from school without a valid excuse on any day or is tardy for more than 30 minutes, or any combination thereof, for three days in a school year. (EC 48260)

5) Provides that a valid excuse includes, but is not limited to, the reasons specified in the "excused absences" sections of law and may include other reasons that are within the discretion of school administrators and based on the facts of the pupil's circumstances. (EC 48260)

6) Authorizes any of the following to verify a pupil's absence due to illness or quarantine: a school or public health nurse, an attendance supervisor, a physician, a principal, a teacher, or any other qualified employee of a district or of a county superintendent of schools assigned to make such verification. (California Code of Regulations, Title 5, Section 421).

7) 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)

8) Requires the governing board of any LEA that serves pupils in grades one to twelve, inclusive, to adopt a policy on pupil suicide prevention, intervention, and postvention. The policy shall specifically address the needs of high-risk groups, including suicide awareness and prevention training for teachers, and ensure that a school employee acts within the authorization and scope of the employee's credential or license. (EC 215)

9) Requires the CDE, subject to an appropriation, to identify one or more evidence-based online training programs that a LEA may opt to use to train school staff and pupils as part of the LEA's policy on pupil suicide prevention, and subject to an appropriation for this purpose, provide grants to a county office of education (COE) to acquire a training program and to disseminate that training program to LEAs at no cost. (EC 216)

10) Describes behavioral health as including, but not being limited to, mental health and substance abuse issues. (Welfare and Institutions Code 11325.2)

FISCAL EFFECT: According to the Senate Appropriations Committee, on an earlier version of the bill, while the provisions of the bill would be contingent upon an appropriation, it could lead to Proposition 98 General Fund cost pressure to fund the mental and behavioral health training programs. Assuming a training cost of $150 each for all certificated and classified employees having direct contact with students in behavioral health, statewide costs could be in the tens of millions of dollars on a one-time basis.

The CDE estimates General Fund costs of approximately $166,000 and the equivalent of .50 positions over a two-year period to identify an evidence-based training program. Activities include researching training programs for both staff and high school students that meet the bill's criteria, receiving and tracking certification data from LEAs, and maintaining records of LEA reports.

COMMENTS:

This bill adds mental or behavioral health to the requirement that a pupil's absence for illness be excused. The bill also requires the CDE to identify one or more evidence-based youth behavioral health training program for LEAs to use to train school staff having direct contact with pupils, and requires LEAs to certify that at least 50% of these staff members have received this training by January 1, 2023. Finally, this bill requires the CDE to identify one or more evidence-based youth behavioral health training program for pupils in grades 10 to 12 and requires LEAs to report to the CDE the number of pupils who have voluntarily completed the training by January 1, 2023.

Need for the bill. According to the author, "It's critical that we support policies to improve the mental health of California's youth. By providing kids mental health education from a young age and mental health training for students and educators, we can end the stigma surrounding the discussion of mental health and help them succeed."

Excused absences. California's compulsory education law requires every child between the ages of 6 through 18 to attend school full-time and their parents and legal guardians to be responsible for ensuring that children attend school. A student who is absent from school without a valid excuse on any day or is tardy for more than 30 minutes, or any combination thereof, for three days in a school year is considered a truant.

Current law establishes excused absences a number of reasons, including illness, quarantine, medical appointments, attending a funeral, jury duty, illness of the pupil's child, a court appearance, observation of a religious holiday or ceremony, attendance at an educational conference, serving on a precinct board, spending time with an immediate family member who is

an active duty member of the military, as well as for other reasons deemed to constitute a valid excuse by a school administrator.

Clearly, absences due to mental or behavioral health could be considered excused absences currently under the broader category of illness, however, this bill would require that these terms be explicitly included. The bill also requires that the SBE update its illness verification regulations, as necessary to account for including a pupil's absence due to a mental or behavioral health issue.

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% of children in the United States experience a mental, emotional, or behavioral health disorder each year.

Youth mental health crisis intensifying as a result of the COVID-19 pandemic. The American Academy of Pediatrics noted in recent guidance that "emotional and behavioral health challenges were of growing concern before the COVID-19 pandemic, and the public health emergency has only exacerbated these challenges." Prior to the pandemic, the incidence of youth mental health crises was increasing at an alarming rate. Suicide rates among youth ages 10-24 increased over 57% between 2007 and 2018, and as of 2018 suicide was the second leading cause of death for youth ages 15-19, according to the Centers for Disease Control and Prevention (CDC). Youth visits to pediatric emergency departments for suicide and suicidal ideation also doubled during this time period (Burstein, 2019).

The pandemic has dealt a particularly hard blow to students' mental health and well-being - increasing social isolation, disrupting routines, and eliminating social traditions and rites of passage, while also reducing students' access to schools, which serve as the de facto mental health system for children and adolescents. For students from families also facing economic and other challenges, the crisis is deeper still.

The available evidence documents intensifying mental health impacts among students during the pandemic:

- FAIR Health analyzed data from its database of over 32 billion private healthcare insurance claim records, tracking month-by-month changes from January to November 2020 compared to the same months in 2019 and found:

  - Overall Mental Health: In March and April 2020, mental health claim lines for individuals aged 13-18, as a percentage of all medical claim lines, approximately doubled over the same months in the previous year;

  - Intentional Self-Harm: Claims for intentional self-harm as a percentage of all medical claim lines in the 13-18 age group comparing April 2020 to April 2019, doubled (100%);

  - Overdoses: For the age group 13-18, claim lines for overdoses increased by 119% in April 2020 over the same months the year before; and

  - Anxiety and Depressive Disorders: For the age group 13-18, in April 2020, claim lines for generalized anxiety disorder increased 93.6% as a percentage of all medical claim lines over April 2019, while major depressive disorder claim lines increased 84% and adjustment disorder claim lines 90%. Claims for obsessive compulsive disorder also increased for children aged 6-12.

- California Department of Public Health (CDPH) data showed 134 youth under age 18 in California died by suicide in 2020, up 24% from 108 in 2019, and well above totals from 2017 and 2018;

- UCSF research on hospitals in the Bay Area showed a 66-75% increase among 10- to 17-year-olds screening positive for active or recent suicidal ideation in the last year; and

- National CDC data shows a 50% increase in emergency department visits for suicide attempts among American adolescents (mainly girls) during the pandemic.

Importance of prevention and early intervention. Several decades of research have shown the promise and potential lifetime benefits of preventing mental, emotional, and behavioral disorders is greatest when focusing on young people, and that early interventions can be effective in delaying or preventing the onset of such disorders. Mental health problems that are not addressed early in life can result in 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.

Research suggests that nearly half of all children with emotional or behavioral health difficulties receive no mental health services. Among the relatively few children and youth who do receive mental health services, most do so at school, with schools serving as the de facto mental health system for children in the U.S.

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% of children whose parents had limited English proficiency did not receive any mental health treatment compared to 66% 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.

Need for youth behavioral health training. In 2012, Superintendent of Public Instruction (SPI) Tom Torlakson convened the Student Mental Health Policy Workgroup (SMHPW) to develop policy recommendations that promote early identification, referral, coordination, and access to quality mental health services for students. One of the policy recommendations of the SMHPW is to encourage all LEAs to provide professional development to educators and other community members so that they can identify mental health issues as they arise, especially during adolescence. The CDE notes, "ongoing training can enable both school administrators and other school staff to intervene at the earliest possible point, help develop schoolwide systems for

student support, and provide the basis for development of school climates and behavioral intervention systems that support resiliency in youth. These opportunities in professional development can facilitate strategies to promote restorative practices, schoolwide positive behavioral interventions and supports, social-emotional learning, and character-based curriculum. Training also would include referral methods that enable teachers and other school personnel to link children and families to experts in youth mental health services."

Youth mental health trainings are currently available to LEAs. The CDE, with the support of federal funding, offers access to Youth Mental Health First Aid (YMHFA) training to district and school staff statewide. According to the CDE, "YMHFA is a research-based curriculum created upon the medical first aid model. It is designed to provide parents, family members, caregivers, teachers, school staff, neighbors, and other caring adults with skills to help a school-age child or youth who may be experiencing emotional distress, the onset of a mental illness, addiction challenge or who may be in crisis. YMHFA participants learn to recognize signs and symptoms of children and youth in emotional distress, initiate and offer help, and connect the youth to professional care through a five-step action plan. This no-cost training is currently delivered virtually through two hours of self-paced learning and five and a half hours of instructor-led training. The training can be delivered in evenings, weekends, and is also available in Spanish."

CDE notes that, "YMHFA content now includes critical components such as cultural considerations, impact of culture on trauma, school violence and bullying, social media impacts, and self-care. Additionally, the training has been restructured to include information relevant to young children in the elementary school grades." According to the CDE, approximately 8,300 school staff members have been trained in YMHFA since 2014. For the 2020-21 school year, 111 YMHFA trainings were held with over 2,000 staff members trained.

The YMHFA training is a part of the Project Cal-Well initiative, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and is designed to raise awareness of mental health and expand access to school and community-based mental health services for youth, families and school communities. Project Cal-Well was initially launched by the CDE in partnership with three Southern California LEAs from 2014-2019: Garden Grove Unified, ABC Unified and San Diego County Office of Education (COE). Building off successes and lessons learned from the first cycle, the CDE is partnering with three LEAs in Northern California for the second cycle (2019-2024): Humboldt, Stanislaus and Sacramento COEs and will serve students and families from an additional eight school districts across five counties.

The University of California, San Francisco School Health Services Research and Evaluation Team is evaluating the Project Cal-Well initiative and reports the following findings for services provided in 2015-16 through 2018-19:

- More students in Project Cal-Well schools reported a willingness to seek help from a counselor, doctor or therapist if scared, stressed or depressed (secondary students increased from 15% to 19%, elementary from 22% to 27%); and

- More Project Cal-Well school staff:

    - Knew how to identify students who were in emotional distress or in need of mental health services (from 72% to 77%);

- Received support from their schools to address students' mental health needs (from 51% to 62%);

- Were confident in their ability help students address their mental health needs (from 51% to 55%);

- Engaged in specific actions ten or more times in the past year to support students, including listening to students' issues (from 41% to 52%), talking with them about their issues (42% to 49%), helping them to calm down (41% to 46%), and giving them information to help with their mental health related issues (19% to 24%);

- Referred students to services and supports for mental health needs, including school-based (75% to 85%) and community-based (from 24% to 42%) mental health services, crisis hotlines (8% to 20%), and self-help strategies (29% to 61%); and

- Had put into practice their schools' written policy about how to support students with mental health concerns, including suicide prevention and post-vention (from 13% to 26%).

Suicide prevention training also readily available to LEAs. Under current law, LEAs serving pupils in any of grades 1-12 are required to have suicide prevention policies. The adopted policy must address any training on suicide awareness and prevention which is provided to teachers.

In addition, in 2018, the CDE was tasked with, and funded to identify one or more training programs that an LEA can use to train school staff and pupils as part of the LEA's policy on pupil suicide prevention. LEAs are not required to use the training program(s) identified by the CDE, but are authorized to use the program(s) on a voluntary basis at no cost.

The CDE selected LivingWorks Start as the online training program and the San Diego COE as the lead to make this online training available, at no cost, to LEAs to voluntarily use as part of their youth suicide prevention policy, as of April 13, 2020. According to the CDE, "To ensure that middle and high school staff are well prepared to support students, we have secured the Start online training from LivingWorks, an internationally respected organization specializing in suicide intervention skills training. LivingWorks' Start complies with AB 1808 as it is an evidence-based program consistent with the CDE's Model Youth Suicide Prevention Policy; addresses the needs of high-risk populations identified in the bill; can track aggregate, statewide usage; and can assess trainee knowledge before and after training is provided in order to measure training outcomes."

According to CDE, as a result of the COVID-19 pandemic, the uptake of this training was less than expected in the last year, and therefore the contract with LivingWorks has been extended. To date, 7,705 staff have completed this voluntary training.

Behavioral health training geared to pupils. This bill requires the identification of one or more evidence-based youth behavioral health training program geared to pupils in grades 10 to 12, and the reporting of the number of youth who voluntarily complete the training. As noted above, student training on suicide prevention is currently available through the LivingWorks Start program, and to date, 2,411 students have completed this program.

Another option to increase student awareness of mental health issues is provided through the National Alliance on Mental Illness (NAMI) on Campus student-led clubs that focus on mental health and wellness and provide a critical opportunity that fosters student involvement, promotes youth voice, awareness, and self-advocacy. According to the CDE, these clubs provide activities for youth that help decrease bullying and the stigma often experienced by those living with mental illness, potentially averting mental health crises, helping reduce youth suicide, and increasing school safety. Students involved in the clubs and activities are becoming lifelong advocates in the mission to eliminate the stigma and discrimination associated with mental illness and eliminate suicides.

LEAs note that it is critical that youth behavioral health programs be geared to meet the unique needs of the specific student populations served, and to be reflective of communities of color and linguistic diversity. They also note that it is critical that such programs be delivered in a sensitive manner to avoid negative triggers.

Should LEAs be required to use training programs identified by CDE? Representatives of LEAs have noted that many LEAs have well established training programs in place to train school staff and students in behavioral health issues, including suicide prevention. These programs may involve an existing contract or MOU with a provider or, in some cases, may have been developed locally by an LEA or COE to meet the unique needs of a particular student population or subgroup of students. LEAs express concern that limiting LEAs to use only CDE-approved trainings could jeopardize the success of existing programs that are effectively meeting the needs of students. There is clearly a role for CDE to provide information on appropriate trainings for those LEAs who do not have such programs in place, but ***the Committee may wish to consider*** whether requiring LEAs to use only CDE-approved trainings would lead to the unintended consequence of disrupting existing successful local programs and initiatives.

Burdens of COVID-19 on students, teachers, and schools. The COVID-19 pandemic has had an unprecedented impact on public education over the past two school years, including requiring much of the instruction to be conducted virtually. As school staff prepare for the upcoming 2021-22 school year and a return to full in-person instruction, there will be numerous demands on their time, including meeting mandated training requirements. The Association of California School Administrators note that, "with the nearly annual addition of professional development requirements placed on schools by the Legislature, our schools are forced to provide training in small increments, before the school year begins, or negotiate alternatives." ***The Committee may wish to consider*** whether having the State mandate additional training for school staff is appropriate at this time, or whether school administrators and staff should be free to identify where the greatest needs are and to use available funding through pandemic relief and learning recovery funding to adopt those trainings best suited to meet the needs of their students and the school community.

Recommended Committee Amendments. Staff recommends that the bill be amended to:

1) Remove the requirement that LEAs provide behavioral health training to certificated and classified employees and the requirement to certify to the CDE by January 1, 2023 that at least 50% of staff having direct contact with pupils have received the specified training.

2) Add a requirement for CDE, by January 1, 2023, to recommend best practices and identify evidence-based and evidence-informed training programs for schools to use to address youth behavioral health, including but not limited to, staff and pupil training.

3) Expand the definition of a certified trainer to include staff members of the LEA.

4) Remove Section 3 of the bill related to youth behavioral health training.

5) Other technical and clarifying amendments.

Arguments in support. The County Behavioral Health Directors Association, state, "Research conducted by the Born this Way Foundation found that young people overwhelmingly care about their mental health, with nine in ten describing it as a priority. However, about half say they rarely or never talk about it with anyone in their lives. Young people and their wellbeing are at the forefront of the missions of the undersigned organizations and this bill is a vital step towards ensuring that student's behavioral health is recognized as a crucial component of their ability to thrive—in school and beyond—with the support of the adults who spend hours with them every day.

This legislation aims to provide school personnel and students with youth behavioral health training that will teach them how to recognize the signs and symptoms of behavioral health disorders (mental health and substance use disorders), provide knowledge of local resources and services, how to safely de-escalate crisis situations involving individuals with a mental health challenge, and reduce stigma and increase help-seeking behavior."

Arguments in opposition. The California Teachers Association (CTA) states, "SB 14 does not take into account CTA policy requiring credentialed student support services personnel be involved in the development and delivery of student discipline or social competencies programs. CTA members also expressed concerns around the following issues: length of training for students and certificated and classified employees given the prescribed topics; school employee training is scheduled to take place during the school day without a requirement the training delivery module be collectively bargained; training administered and delivered by a single nationally recognized non-profit authority in youth behavioral health disorders precludes the opportunity to utilize locally developed and delivered programs or any other nationally recognized non-profit authorities in youth behavioral health disorders; and neither adult nor student training are required to be delivered unless an appropriation is made in the annual budget which does not guarantee ongoing funding."

Related legislation. AB 552 (Quirk-Silva) of this Session authorizes LEAs and county behavioral health agencies to enter into partnerships to provide school-based behavioral health and substance abuse disorder services on school sites, and authorizes the billing of private insurance providers for these services under specified conditions. This bill was held in the Assembly Health Committee.

AB 309 (Gabriel) of this Session requires the CDE to develop model pupil mental health referral protocols, in consultation with relevant stakeholders, subject to the availability of funding for this purpose.

AB 563 (Berman) of this Session requires the CDE to establish an Office of School-Based Health Programs for the purpose of improving the operation of, and participation in, school-based health programs. Requires that $500,000 in federal reimbursements be made available for transfer through an interagency agreement to CDE for the support of the Office.

AB 586 (O'Donnell) of this Session establishes the School Health Demonstration Project to expand comprehensive health and mental health services to students by providing intensive assistance and support to selected local educational agencies to build the capacity for long-term sustainability through leveraging multiple funding streams and partnering with county Mental Health Plans, Managed Care Organizations, and community-based providers. Lessons learned through the pilot project would be used as a basis to scale up robust and sustainable school-based health and mental health services throughout the state.

SB 224 (Portantino) of this Session requires each school district and charter school to ensure that all pupils in grades 1 to 12, inclusive, receive medically accurate, age-appropriate mental health education from instructors trained in the appropriate courses, and that each pupil receive this instruction at least once in elementary school, at least once in junior high school or middle school, and at least once in high school.

AB 516 (Dahle) of this Session adds participation in a cultural ceremony or event to the list of reasons that a pupil must be excused from school.

SB 849 (Portantino) of the 2019-20 Session was similar to this bill and would have specifically added "for the benefit of the mental or behavioral health of the pupil" to the list of categories of excused absences for purposes of school attendance. This bill was held in the Senate Education Committee.

AB 1849 (Low) of the 2019-20 Session would have required that a pupil be excused from school for the benefit of the mental or behavioral health of the pupil; encouraged schools to connect pupils to mental health services and supports; and encouraged schools to maintain close connections with community mental health and primary health care systems. This bill was held in the Assembly Education Committee.

SB 428 (Pan) of the 2019-20 Session would have required the CDE to identify an evidence-based training program for LEAs to use to train classified and certificated school employees having direct contact with pupils in youth mental and behavioral health. SB 428 was vetoed by the Governor, who stated:

> This bill would require the CDE to identify an evidence-based training program on youth mental health for LEAs to use to train classified and certificated employees who have direct contact with students at each school site. Providing support for students facing mental health is of critical importance. Multiple public agencies beyond CDE hold a responsibility for addressing the mental health crisis impacting young people today. That is why I worked with the Legislature to appropriate $50 million in this year's budget to create the Mental Health Student Services Act. Mental health partnerships among county mental health or behavioral health departments, school districts, charter schools and county offices of education are best positioned to address the diverse mental health needs of young people.

AB 1767 (Ramos) Chapter 694, Statutes of 2019 requires LEAs serving students in grades K-6 to adopt and periodically update a policy on student suicide prevention that is appropriate for that age group.

AB 1808 (Committee on Budget) Chapter 32, Statutes of 2018 requires the CDE to identify one or more evidence-based online training programs that an LEA can use to train school staff and pupils as part of the LEA's policy on pupil suicide prevention. Also requires the CDE to provide a grant to a COE to acquire a training program identified by the CDE and disseminate that training program to LEAs at no cost. Also appropriates, for the 2018–19 fiscal year, the sum of $1,700,000 from the General Fund to the SPI for these purposes.

REGISTERED SUPPORT / OPPOSITION:

Support

American Academy of Pediatrics, California
Asian Americans for Community Involvement
Association of Regional Center Agencies
Bay Area South Asian Network of Therapists
Bay Area Student Activists
Born This Way Foundation
California Council of Community Behavioral Health Agencies
California Access Coalition
California Alliance of Child and Family Services
California Association of Student Councils
California Catholic Conference
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Court Appointed Special Advocate Association
California Hospital Association/California Association of Hospitals and Health Systems
California Medical Association
California State PTA
California Student Board Member Association
City of Santa Monica
County Behavioral Health Directors Association of California
DBSA California
Disability Rights California
El Centro De Amistad
Five Acres - the Boys' and Girls' Aid Society of Los Angeles County
Fresno Barrios Unidos
GenerationUp
Gwendolyn's Light
Hamburger Home DBA Aviva Family and Children's Services
Hathaway-Sycamores
Hillsides
Inseparable
Los Angeles County Office of Education
Mental Health Services Oversight and Accountability Commission
NAMI-California

National Association of Social Workers, California Chapter
Nextgen California
North Los Angeles County Regional Center
Pacific Clinics
Pathpoint
Providence St. Joseph Health
Psychiatric Physicians Alliance of California
S.u.p.e.r. Peer Counseling Program
San Diego Unified School District
San Francisco Unified School District
Steinberg Institute
Tessie Cleveland Community Services Corporation
The Arc and United Cerebral Palsy California Collaboration
The Los Angeles Trust for Children's Health
United Parents
Yourmomcares

Opposition

California Teachers Association
Citizens Commission on Human Rights

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