Date of Hearing: July 7, 2021

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
SB 224 (Portantino) – As Amended May 20, 2021

SENATE VOTE: 39-0

SUBJECT: Student instruction: mental health education

SUMMARY: Requires each local educational agency (LEA) and charter school to ensure that all students in grades 1 to 12 receive medically accurate, age-appropriate mental health education from trained instructors, at least once in elementary school, junior high school or middle school, and high school. Specifically, **this bill**:

1) Requires each school district, county office of education, charter school, and the State Special Schools for the Blind and the Deaf to ensure that all students in grades 1 through 12 receive evidence-based, age-appropriate mental health education from instructors trained in the appropriate courses.

2) Requires that each student 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.

3) Requires this instruction to include all of the following:

    a) Reasonably designed instruction on the overarching themes and core principles of mental health;

    b) Defining signs and symptoms of common mental health challenges. Depending on student age and developmental level, this may include defining conditions such as depression, suicidal thoughts and behaviors, schizophrenia, bipolar disorder, eating disorders, and anxiety, including post-traumatic stress disorder;

    c) Elucidating the evidence-based services and supports that effectively help individuals manage mental health challenges;

    d) Promoting mental health wellness and protective factors, which includes positive development, social and cultural connectedness and supportive relationships, resiliency, problem solving skills, coping skills, self-esteem, and a positive school and home environment in which students feel comfortable;

    e) The ability to identify warning signs of common mental health problems in order to promote awareness and early intervention so that students know to take action before a situation turns into a crisis. Requires that this include instruction on both of the following:

        i. How to seek and find assistance from professionals and services within the school district that includes, but is not limited to, school counselors with a student

personnel services credential, school psychologists, and school social workers, and in the community for themselves or others; and

ii. Evidence-based and culturally responsive practices that are proven to help overcome mental health challenges.

f) The connection and importance of mental health to overall health and academic success and to co-occurring conditions, such as chronic physical conditions, chemical dependence, and substance abuse;

g) Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and socioeconomic statuses, including the impact of race, ethnicity, and culture on the experience and treatment of mental health challenges; and

h) Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance. Requires that this include, to the extent possible, classroom presentations of narratives by trained peers and other individuals who have experienced mental health challenges and how they coped with their situations, including how they sought help and acceptance.

4) Requires instruction and materials to be:

a) Appropriate for use with students of all races, genders, sexual orientations, and ethnic and cultural backgrounds, students with disabilities, and English learners;

b) Accessible to students with disabilities, including, providing a modified curriculum, materials and instruction in alternative formats, and auxiliary aids;

c) Not reflect or promote bias against any person on the basis of any category protected by anti-discrimination provisions of current law; and

d) Coordinated with any existing on-campus mental health providers including, but not limited to, providers with a pupil personnel services credential, who may be immediately called upon by students for assistance.

5) States that these requirements do not limit a student's health and mental health privacy or confidentiality rights.

6) Prohibits a student receiving this instruction from being required to disclose their confidential health or mental health information at any time in the course of receiving that instruction, including for the purpose of the peer component of instruction authorized by the measure.

7) Establishes the following definitions for purposes of the measure:

a) "Age appropriate" has the same meaning as defined refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group;

b) "English learner" has the same meaning as used in federal law;

c) "Evidence-based" means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the mental health field; and

d) "Instructors trained in the appropriate courses" means instructors with knowledge of the most recent evidence-based research on mental health.

EXISTING LAW:

1) Requires the adopted course of study for grades 1 to 6, inclusive, to include instruction, beginning in grade 1 and continuing through grade 6, in specified areas of study that include health, including instruction in the principles and practices of individual, family, and community health.

2) Requires the Instructional Quality Commission (IQC), during the next revision of the publication "Health Framework for California Public Schools" (Health Curriculum Framework), to consider developing, and recommending for adoption by the State Board of Education (SBE), a distinct category on mental health instruction to educate students about all aspects of mental health.

3) Requires, for purposes of this requirement, that "mental health instruction" include, but not be limited to, all of the following:

   a) Reasonably designed and age-appropriate instruction on the overarching themes and core principles of mental health;

   b) Defining common mental health challenges such as depression, suicidal thoughts and behaviors, schizophrenia, bipolar disorder, eating disorders, and anxiety, including post-traumatic stress disorder;

   c) Elucidating the services and supports that effectively help individuals manage mental health challenges;

   d) Promoting mental health wellness, which includes positive development, social connectedness and supportive relationships, resiliency, problem solving skills, coping skills, self-esteem, and a positive school and home environment in which students feel comfortable;

   e) Ability to identify warning signs of common mental health problems in order to promote awareness and early intervention so students know to take action before a situation turns into a crisis. This should include instruction on both of the following:

      i. How to appropriately seek and find assistance from mental health professionals and services within the school district and in the community for themselves or others; and

ii. Appropriate evidence-based research and practices that are proven to help overcome mental health challenges.

f) The connection and importance of mental health to overall health and academic success as well as to co-occurring conditions, such as chronic physical conditions and chemical dependence and substance abuse;

g) Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and socioeconomic statuses, including the impact of culture on the experience and treatment of mental health challenges;

h) Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance. Requires that this include, to the extent possible, classroom presentations of narratives by peers and other individuals who have experienced mental health challenges, and how they coped with their situations, including how they sought help and acceptance;

4) Requires the IQC, in the normal course of recommending curriculum frameworks to the SBE, to ensure that one or more experts in the mental health and educational fields provides input in the development of the mental health instruction in the health framework.

FISCAL EFFECT: According to the Senate Appropriations Committee, this bill could result in a reimbursable state mandate ranging from the millions to low tens millions of dollars statewide in Proposition 98 General Fund each year for LEAs to provide the prescribed mental health education. This estimate assumes LEA training costs that range from $1,000 to $5,000 for each school in the state. Charter schools would also incur additional costs but are not eligible to claim reimbursement for state mandated activities. However, they do receive funding from the K-12 Mandates Block Grant and this bill could lead to pressure to increase it (Proposition 98 General Fund).

COMMENTS:

Need for the bill. According to the author's office, "Education about mental health is one of the best ways to increase awareness, empower students to seek help, and reduce the stigma associated with mental health challenges. Schools are ideally positioned to be centers of mental health education, healing, and support. As children and youth spend more daytime hours at school than at home, the public education system is the most efficient and effective setting for providing universal mental health education to children and youth.

Historically, health education in subjects such as alcohol, tobacco and drugs, the early detection of certain cancers, and HIV have become required because they were recognized as public health crises. The mental health of our children and youth has reached a crisis point. California must make educating its youth about mental health a top priority."

Health education in California schools. According to data published by the California Department of Education (CDE), in the 2018-19 school year, over 170,400 middle and high school students were enrolled in a Health Education course. Nearly 12,000 health courses were offered, in over 1,600 schools. Health education is sometimes provided in courses not specifically designated as health courses, such as in physical education and or an advisory

period, and if this bill were to be enacted, LEAs which do not require a health course for graduation would need to provide this instruction in such a manner. As noted above, the adopted course of study for grades 1 to 6, inclusive, includes content in health, but the amount of time dedicated to health education in those grades is not reported to the state.

A course in health is not a statewide graduation requirement, but current law authorizes school districts to establish local graduation requirements in addition to those required by state law, and some school districts have chosen to make a course in health a local graduation requirement. According to school district websites reviewed this year, 6 of the largest 10 school districts by enrollment require a course in health for graduation.

This bill is modeled after the California Healthy Youth Act (CHYA), which requires schools to teach comprehensive sexual health education and HIV prevention education in three grade spans and specifies content, instructional, and instructor training requirements. The content of the instruction required by this bill largely mirrors the content required to be considered for inclusion in the Health Curriculum Framework under current law.

Recently adopted Health Curriculum Framework includes mental health content. California has adopted both content standards and a curriculum framework for health. On May 8, 2019, the SBE adopted the current Health Education Curriculum Framework. The revised framework includes a significant amount of content and guidance on instructional strategies relating to mental health, including most if not all of the content required to be considered for inclusion under current law. After a new curriculum framework is adopted, the SBE typically adopts instructional materials for grades K-8 which align to the framework, but in 2020 the SBE cancelled the adoption of health instructional materials due to lack of publisher interest.

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 COVID 19 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 COVID 19 pandemic has dealt a particularly hard blow to students' mental health and well-being. The pandemic increased social isolation, disrupted routines, and eliminated social traditions and rites of passage, all 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 month 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.

- According to the University of California, San Francisco, data from 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.

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

Arguments in support. Children Now writes, "Now more than ever, it is critical that California equip all of its students with the information and tools necessary to promote positive mental health, and to seek mental health support and treatment when needed. SB 224 will ensure that students receive mental health education from a qualified instructor at least once during elementary school, once during middle school, and once during high school. This education will help increase awareness, empower students to seek support, and reduce the stigma associated with experiencing mental health challenges."

Arguments in opposition. The Citizens Commission on Human Rights writes, "We believe that the right to informed consent for all mental health treatment – a right which is firmly established in California law – is a fundamental right for all citizens. SB 224 does not require that student education on mental health include training on the right of informed consent."

Recommended Committee amendments. Staff recommends that the bill be amended as follows:

1) Require instead that LEAs and charter schools which currently offer one or more courses in health education to middle or high school to students shall include in those courses content in mental health that meets the requirements of this section (content and requirements of SB 224). State that nothing in the act shall be construed to limit local educational agencies and charter schools in offering or requiring instruction in mental health as specified in this act.

2) Require that, on or before January 1, 2024, the CDE develop a plan to expand mental health instruction in California public schools.

Related legislation. SB 14 (Portantino) of this Session would add "for the benefit of the mental or behavioral health of the student" to the list of categories of excused absences for purposes of school attendance; would require the CDE to identify an evidence-based training program for LEAs to use to train classified and certificated school employees having direct contact with students in youth mental and behavioral health and an evidence-based mental and behavioral health training program with a curriculum tailored for students in grades 10 to 12, inclusive.

AB 309 (Gabriel) of this Session requires the CDE to develop model student 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 LEAs 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 428 (Pan) of the 2019-20 Session would have required the CDE to identify an evidence-based training program for local educational agencies to use to train classified and certificated school employees having direct contact with students 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 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 students as part of the LEA's policy on student 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.

AB 329 (Weber), Chapter 398, Statutes of 2015, requires LEAs to provide instruction in sexual health education, revises HIV prevention education content, expands topics covered in sexual health education, requires this instruction to be inclusive of different sexual orientations, and clarifies parental consent policy.

SB 330 (Padilla), Chapter 481, Statutes of 2013, requires, when the Health Framework was next revised, the IQC to consider developing and recommending to the SBE a distinct category on mental health instruction to educate pupils about all aspects of mental health.

REGISTERED SUPPORT / OPPOSITION:

Support

California Alliance of Child and Family Services (co-sponsor)
California Association of Student Councils (co-sponsor)
Generation Up (co-sponsor)
Mental Health Services Oversight and Accountability Commission (co-sponsor)
National Alliance on Mental Illness (co-sponsor)
National Center for Youth Law (co-sponsor)
The Children's Partnership (co-sponsor)
AFSCME, AFL-CIO
Alliance for Children's Rights
American Academy of Pediatrics, California
American Civil Liberties Union of Northern California, Southern California, San Diego and Imperial Counties
Aviva Family and Children's Services
California Council of Community Behavioral Health Agencies
California Academy of Child and Adolescent Psychiatry
California Access Coalition
California Association for Bilingual Education
California Association for Health, Physical Education, Recreation and Dance
California Association of Local Behavioral Health Boards and Commissions
California Association of Marriage and Family Therapists
California Association of School Psychologists
California Catholic Conference
California Hospital Association/California Association of Hospitals and Health Systems
California Psychological Association
California School-based Health Alliance
Californians for Justice
Californians Together
Casa Pacifica Centers for Children and Families
Children Now
City of Santa Monica
County Behavioral Health Directors Association of California
DBSA California
Disability Rights California
Dolores Huerta Foundation
Five Acres - the Boys' and Girls' Aid Society of Los Angeles County
Hathaway-Sycamores

Hillsides
Jewish Public Affairs Committee
Los Angeles County Office of Education
Mental Health America of Los Angeles
NAMI California
National Association of Social Workers, California Chapter
Nextgen California
Psychiatric Physicians Alliance of California
Public Advocates
San Francisco Unified School District
Steinberg Institute
The Kennedy Forum
United Parents
Vision Y Compromiso
Wellness Together
Westcoast Children's Clinic
Several individuals

Opposition

Citizens Commission on Human Rights

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