

SENATE THIRD READING
SB 224 (Portantino and Rubio)
As Amended August 30, 2021
Majority vote

SUMMARY

Requires local educational agencies (LEAs) and charter schools that offer courses in health education to students in middle school or high school to include in those courses instruction in mental health that meets specified requirements, and requires the California Department of Education (CDE), by January 1, 2024, to develop a plan to increase mental health instruction in California public schools.

Major Provisions

- 1) Requires each LEA, charter school, and the State Special Schools for the Blind and the Deaf that offers one or more courses in health education to pupils in middle school or high school to include in those courses instruction in mental health that meets the requirements of the measure. States that this requirement shall not be construed to limit a school district, county office of education, state special school, or charter school in offering or requiring instruction in mental health as specified in the measure.
- 2) Requires this instruction to include, among other requirements, 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;
 - c) Elucidating the evidence-based services and supports that effectively help individuals manage mental health challenges;
 - d) Promoting mental health wellness and protective factors;
 - e) The ability to identify warning signs of common mental health problems;
 - f) The connection and importance of mental health to overall health and academic success and to co-occurring conditions;
 - g) Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and socioeconomic statuses; and
 - h) Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance.
- 3) 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;

- 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.
- 4) States that these requirements do not limit a student's health and mental health privacy or confidentiality rights.
 - 5) 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.
 - 6) Establishes the definitions of "age appropriate," "evidence-based," and other terms for purposes of the measure.
 - 7) Requires that, on or before January 1, 2024, the CDE develop a plan to expand mental health instruction in California public schools.

COMMENTS

Health education in California schools. According to data published by the 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 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 one to six, 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, six 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 education. On May 8, 2019, the State Board of Education (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. 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.

According to the Author

"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."

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."

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

- 1) Unknown, though potentially significant, ongoing Proposition 98 General Fund costs to LEAs that offer courses in health instruction to include instruction in mental health in those courses. Costs would vary by LEA and likely would be associated with preparing teachers to instruct in these topics or hire consultants to instruct on these topics and potentially to purchase materials and other tools to aid in instruction. Although this bill does not require teacher preparation on these topics, it is reasonable to assume some teachers will require additional supports to ensure their instruction complies with the bill's provisions. According to CDE data, in the 2018-19 academic year, about 1,600 LEAs offered about 12,000 courses in health education to about 170,000 students. If each LEA offering health courses spent \$1,000 for teacher preparation and other costs to comply this bill, statewide costs to schools would be \$1.6 million.

Because LEAs opt into offering health education courses, placing additional requirements on these courses, as this bill does, likely would not constitute a state-mandated local program.

- 2) Minor and absorbable costs to CDE to develop a plan to increase mental health instruction in California public schools. According to CDE, its newly created Office of School-Based Health Programs can absorb this workload.

VOTES

SENATE FLOOR: 39-0-1

YES: Allen, Archuleta, Atkins, Bates, Becker, Borgeas, Bradford, Caballero, Cortese, Dahle, Dodd, Durazo, Eggman, Glazer, Gonzalez, Grove, Hertzberg, Hueso, Hurtado, Jones, Kamlager, Laird, Leyva, Limón, McGuire, Min, Newman, Nielsen, Ochoa Bogh, Pan, Portantino, Roth, Rubio, Skinner, Stern, Umberg, Wieckowski, Wiener, Wilk

ABS, ABST OR NV: Melendez

ASM EDUCATION: 7-0-0

YES: O'Donnell, Kiley, Bennett, Megan Dahle, Lee, McCarty, Quirk-Silva

ASM APPROPRIATIONS: 12-0-4

YES: Lorena Gonzalez, Bryan, Calderon, Carrillo, Chau, Gabriel, Eduardo Garcia, Levine, Quirk, Robert Rivas, Akilah Weber, Kalra

ABS, ABST OR NV: Bigelow, Megan Dahle, Davies, Fong

UPDATED

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