
SENATE COMMITTEE ON EDUCATION

Senator Josh Newman, Chair

2023 - 2024 Regular

Bill No: SB 509 **Hearing Date:** April 19, 2023
Author: Portantino
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Urgency: No **Fiscal:** Yes
Consultant: Kordell Hampton

Subject: School employee and pupil training: youth mental and behavioral health: mental health education.

SUMMARY

This bill requires 1) 75 percent of a local educational agency's (LEA's) classified and certificated employees to receive youth behavioral health training on or before January 1, 2027, as specified; 2) requires each LEA, county office of education (COE), state special school, and charter school teach evidence-based, age-appropriate mental health education from instructors trained in the appropriate courses, as specified; and 3) include, as a part of an LEA and COE's, comprehensive school safety plan (CSSP), the total percentage of school employees that annually have received the youth behavioral training.

BACKGROUND

Existing Law

Education Code (EDC)

- 1) Defines "Youth behavioral health disorders" to mean a pupil mental health and substance use disorders. (EDC § 49428.15 (a)(4))
- 2) Defines "Youth behavioral health training" to mean training addressing the signs and symptoms of a pupil mental health or substance use disorder. (EDC § 49428.15(a)(5))
- 3) Requires the California Department of Education (CDE), by January 1, 2023, to recommend best practices and identify evidence-based and evidence-informed training programs for schools to address youth behavioral health, including, but not necessarily limited to, staff and pupil training, and requires the CDE, in identifying one or more evidence-based or evidence-informed youth behavioral health training programs for use by LEAs to ensure that each training program meets all of the following requirements:
 - a) Provides instruction on recognizing the signs and symptoms of youth behavioral health, including common psychiatric conditions and substance use disorders such as opioid and alcohol abuse.

- b) 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 behavioral disorder.
 - c) Provides instruction on how to maintain pupil privacy and confidentiality in a manner consistent with federal and state privacy laws.
 - d) Provides instruction on the safe deescalation of crisis situations involving individuals with a youth behavioral health disorder.
 - e) Is capable of assessing trainee knowledge before and after training is provided in order to measure training outcomes.
 - f) Is administered by a nationally recognized training authority in youth behavioral health disorders.
 - g) 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. For this purpose “certified instructors” means individuals who obtain or have obtained a certification to provide the selected training. (EDC § 49428.15 (c))
- 4) 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. (EDC § 49400)
 - 5) Requires the governing board of any LEA(LEA) that serves pupils in grades seven 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 § 315)

ANALYSIS

This bill requires 1) 75 percent of a local LEAs classified and certificated employees to receive youth behavioral health training on or before January 1, 2027, as specified; 2) requires each LEA, COE, state special school, and charter school teach evidence-based, age-appropriate mental health education from instructors trained in the appropriate courses, as specified; and 3) include, as a part of an LEA and COE’s, CSSP, the total percentage of school employees that annually have received the youth behavioral training. Specifically, this bill:

Identification of Youth Behavioral Health Training by the CDE by January 1, 2023

- 1) Strikes the specification to include psychiatric conditions and substance abuse disorders such as opioid and alcohol abuse as part the youth behavioral health trainings identified by the CDE.

Youth Behavioral Health Training For Classified and Certificated Employees

- 2) Requires an LEA, on or before January 1, 2027, to certify to the CDE that 75 percent of its classified employees and certificated employees, who have direct contact with pupils at each school, received youth behavioral health training, identified by the CDE, subject to all of the following conditions:
 - a) The youth behavioral health training is provided to classified and certificated employees during regularly scheduled work hours.
 - b) If a classified or certificated employee receives the youth behavioral health training in a manner other than through an in-service training program provided by the LEA, the employee may present a certificate of successful completion of the training to the LEA for purposes of satisfying the requirements of this bill.
 - c) The youth behavioral health training shall not be a condition of employment or hiring for classified or certificated employees.
- 3) Requires an LEA to exclude a licensed mental health professional who holds a pupil personnel service credential from the youth behavioral health training identified by the CDE.
- 4) Specifies that an LEA may meet the requirement to train 75 percent of its certificated and credentialed staff school employees, who have direct contact with pupils at each school, by having a school employee of the LEA who holds a pupil personnel service credential provide the youth behavioral health training to the school employees of the LEA if the training program is identified by the CDE.

Mental Health Instruction To Pupils

- 5) Requires each LEA, COE, state special school, and charter school to ensure that all pupils in grades 1 to 12 receive evidence-based, age-appropriate mental health education from instructors trained in the appropriate courses at least once in elementary school, at least once in junior high school or middle school, as applicable, and at least once in high school.

Comprehensive School Safety Plan

- 6) Requires LEAs to include in its school safety plan the number of school employees and the total percentage of school employees that annually have received the youth behavioral training.

Findings and Declarations

- 1) Adds findings and declarations related to the need for mental health intervention in California schools.

STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author “Under SB 14 (Portantino, Chapter 672, Statutes of 2021), the completion of a state-identified training program to address

youth behavioral health is not required. This bill, SB 509, builds upon the law by requiring a LEA, as defined, to certify to the department that 75 percent of both classified and certificated employees having direct contact with pupils received the youth behavioral health training identified. This bill ensures that designated staff is trained to recognize and respond to signs of mental health challenges and substance use, strengthening opportunities to intervene and guide youth to appropriate resources and services.”

- 2) **CDE Youth Behavioral Health Programs.** Pursuant to SB 14 (Portantino) Chapter 672, Statutes of 2021, the CDE was required to recommend, by January 1, 2023, best practices and identify evidence-based and evidence-informed training programs for schools to address youth behavioral health, including, but not necessarily limited to, staff and pupil training.

The provision of this bill remove the specification to include psychiatric conditions and substance abuse disorders such as opioid and alcohol abuse. While “youth behavioral health disorders” is defined as “pupil mental health and substance use disorders” (EDC 49428.15), statute also specifies that common psychiatric conditions and substance use disorders such as opioid and alcohol abuse should also be included. By removing this specification the CDE, in identifying one or more evidence-based or evidence-informed youth behavioral health training programs for use by LEAs to train school staff or pupils, and could miss a critical piece to ensuring vital information to provide to LEAs.

The committee may wish to consider if removing this specification, as mentioned above, would eliminate essential information to LEAs, school personnel, and students in recognizing the signs and symptoms of psychiatric conditions and substance use disorders such as opioid and alcohol abuse be eliminated. (See Staff Comment #6)

On the CDE’s [website](#), the department has identified the Youth Mental Health First Aid (YMHFA) 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.

YMHFA also clarifies “that its training is **not** intended for staff with a mental health background such as school psychologists, social workers, clinicians, etc., due to its basic nature. The ideal audience includes teachers, administrators, nurses, counselors, and any other credentialed staff, classified staff (school secretaries, registrars, yard supervisors, campus monitors, bus drivers, lunch staff, janitors, aides, after school staff, etc.), parents, youth employers, and other community partners that have contact with students.”

This bill permits a school employee of the LEA who holds a pupil personnel service credential provide the youth behavioral health training to the school employees of

the LEA, if the training program is identified by the CDE. However, it is unclear if that employee needs to have already taken the training before providing the training to others.

The author may wish to consider clarifying that a school employee who provides the youth behavioral health training to other school employees must complete any training requirements necessary, as established by the training program identified, before providing training to other school employees. (See Staff Comment #6)

In addition to allowing school employees to train other school employees, this bill also requires, on or before January 1, 2027, to certify to the CDE that 75 percent of its classified employees and certificated employees, who have direct contact with pupils at each school, received youth behavioral health training, identified by the CDE. However, this bill does not specify the frequency in which an LEA must certify with the CDE. The author may wish to consider how frequently LEAs should certify with the CDE to ensure that 75 percent of an LEA's certificated and classified employees have received the youth behavioral health training, identified by the CDE.

- 3) ***What is a Pupil Personal Service (PPS) Credential?*** PPS credential holders may work with individual students, groups of students, or families to provide the services authorized by their credential to address the needs of all students by providing a comprehensive PPS program. PPS credential covers services for individuals who serve as counselors, school psychologists, school social workers, and school child welfare and attendance regulators. Holders of these credentials perform, including, but not limited to, the following duties:

School Counseling: Develop, plan, implement, and evaluate a school counseling and guidance program that includes academic, career, personal, and social development; advocate for the high academic achievement and social development of all students; provide schoolwide prevention and intervention strategies and counseling services; and provide consultation, training, and staff development to teachers and parents regarding students' needs.

School Social Work: Assess home, school, personal, and community factors that may affect a student's learning; identify and provide intervention strategies for children and their families, including counseling, case management, and crisis intervention; consult with teachers, administrators, and other school staff regarding social and emotional needs of students; and coordinate family, school, and community resources on behalf of students.

School Psychology: Provide services that enhance academic performance; design strategies and programs to address problems of adjustment; consult with other educators and parents on issues of social development and behavioral and academic difficulties; conduct psycho-educational assessment for purposes of identifying special needs; provide psychological counseling for individuals, groups, and families; and coordinate intervention strategies for management of individuals and schoolwide crises.

Child Welfare and Attendance: Access appropriate services from both public and private providers, including law enforcement and social services; provide staff development to school personnel regarding state and federal laws pertaining to due process and child welfare and attendance laws, address school policies and procedures that inhibit academic success, implement strategies to improve student attendance; participate in schoolwide reform efforts; and promote understanding and appreciation of those factors that affect the attendance of culturally-diverse student populations.

This bill requires an LEA to exclude mental health professional who hold a pupil personnel service credential from the youth behavioral health training. This seems consist with the program identified by the CDE. While the training is not intended for staff with a " mental health background such as school psychologists, social workers, clinicians," the program may still contain important information.

The author may wish to consider providing LEAs the flexibility to decide if mental health professionals holding a PPS credential should be excluded from training identified by the CDE completely. (See Staff Comment #6)

- 4) **Comprehensive School Safety Plan.** The law requires that each school update and adopt its CSSP by March 1 annually. LEAs, COEs, and charter schools serving pupils in grades kindergarten through twelve are required to develop and maintain a CSSP designed to address campus risks, prepare for emergencies, and create a safe, secure learning environment for students and school personnel. The law requires designated stakeholders to annually engage in a systematic planning process to develop strategies and policies to prevent and respond to potential incidents involving emergencies, natural and other disasters, hate crimes, violence, active assailants/intruders, bullying and cyberbullying, discrimination, and harassment, child abuse and neglect, discipline, suspension and expulsion, and other safety aspects.

The author may wish to consider if the requirement to include the number of school employees and the total percentage of school employees that annually have received the youth behavioral training in their CSSP is an appropriate location to make such information known.

- 5) **Joint Curriculum Policy.** The committee on March 15, 2023, adopted the joint Assembly and Senate curriculum policy of 2023-24 that discourages the introduction of policy bills that propose to require, or require consideration of, modifications to state curriculum frameworks, to require that specified content be taught, or to require the development of new model curricula. As specified, this bill requires each LEA, COE, state special school, and charter school to ensure that all pupils in grades 1 to 12, receive evidence-based, age-appropriate mental health education from instructors trained in the appropriate courses at least once in elementary school, at least once in junior high school or middle school, as applicable, and at least once in high school.

This portion of SB 509 (Portantino, 2023) violates the committee's policy on curriculum, as it requires specific content to be taught to pupils.

6) **Committee Amendments.** *Committee staff recommends, and the author has agreed to, the following amendments which address questions raised in comments # 2, 3, and 4:*

- a) Restores the specification that the youth behavioral health trainings identified by CDE to include psychiatric conditions and substance abuse disorders such as opioid and alcohol abuse;
- b) Strike the requirement for an LEA and COE to include, as part of their CSSP, the number of school employees and the total percentage of school employees that annually have received the youth behavioral training;
- c) Align the requirement for an LEA to certify to the CDE that 75 percent of its classified and certificated employees have having direct contact with pupils at each school have received the youth behavioral health training with the beginning of the school year;
- d) Permit, rather than require, an LEA to exclude a licensed mental health professional who holds a pupil personnel service credential from the youth behavioral health training; and
- e) Specify that school employees who provide the youth behavioral health training to other school employees must complete any training requirements necessary, as established by the training program identified by the CDE, to provide training to other school employees.

7) **Related Legislation.**

SB 387 (Portantino, 2021) requires a LEA, on or before January 1, 2025, to certify to the CDE that 75 percent of its classified and certificated employees who have direct contact with pupils at each school have received specified youth behavioral health training. *This bill was never heard in Assembly Education Committee.*

SB 224 (Portantino), Chapter 675, Statutes of 2021, requires 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 CDE, by January 1, 2024, to develop a plan to increase mental health instruction in California public schools.

SB 14 (Portantino) Chapter 672, Statutes of 2021, requires a student's absence related to pupil mental or behavioral health to count as an excused absence for school attendance reporting and, subject to appropriation, requires the CDE, by January 1, 2023, to recommend best practices and identify evidence-based and evidence-informed training programs for schools to address youth behavioral health, including staff and student training.

SB 428 (Pan, 2019) requires 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. This bill was vetoed by Governor Newsom with the following message:

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.

SUPPORT

American Foundation for Suicide Prevention
 California Access Coalition
 California Alliance of Caregivers
 California Alliance of Child and Family Services
 California Coalition for Mental Health
 California State Association of Psychiatrists
 California Youth Empowerment Network
 Children Now
 Children's Institute
 Community Solutions for Children, Families and Individuals
 Democratic Club of Claremont
 Depression and Bipolar Support Alliance California
 East Bay Children's Law Offices
 Hillsides
 Mental Health America of California
 Monarch School
 National Association of Social Workers, California Chapter
 National Council for Mental Wellbeing
 NextGen California
 Pallet Shelter
 PathPoint
 Steinberg Institute
 Sycamores
 Tessie Cleveland Community Services Corporation
 The California Association of Local Behavioral Health Boards and Commissions
 The Kennedy Forum
 18 individuals

OPPOSITION

California Teachers Association

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