Office of Senate Floor Analyses
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THIRD READING

Bill No: SB 509
Author: Portantino (D), et al.
Amended: 4/20/23
Vote: 21

SENATE EDUCATION COMMITTEE: 7-0, 4/19/23
AYES: Newman, Ochoa Bogh, Cortese, Glazer, McGuire, Smallwood-Cuevas, Wilk

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/18/23
AYES: Portantino, Jones, Ashby, Bradford, Seyarto, Wahab, Wiener

SUBJECT: School employee and pupil training: youth mental and behavioral health: mental health education

SOURCE: Author

DIGEST: This bill requires a local educational agency (LEA), on or before January 1, 2027, to certify to the California Department of Education (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.

ANALYSIS:

Existing law:

1) 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, 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. (Education Code (EC) § 49428.15 (c))

2) 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)

3) Requires the governing board of any LEA that serves pupils in grades 7 to 12, 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)

This bill:

1) 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.

2) Permits an LEA to exclude a licensed mental health professional who holds a pupil personnel service credential from the youth behavioral health training.

3) Specifies 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.

4) 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.

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

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), he 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.

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."

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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee, while the provisions of this bill would be contingent upon an appropriation, it could lead to significant 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.

SUPPORT: (Verified 5/19/23)

American Foundation for Suicide Prevention
Blue Shield of California
Board of Behavioral Sciences
California Access Coalition
California Alliance of Caregivers
California Alliance of Child and Family Services
California Association of Local Behavioral Health Boards and Commissions
California Coalition for Mental Health
California Coalition for Youth Law
California Council of Community Behavioral Health Agencies
California State Association of Psychiatrists
California Youth Empowerment Network
Children Now
Children's Institute
Common Sense Media
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 Center for Youth Law
National Council for Mental Wellbeing
National Health Law Program
NextGen California
Pallet Shelter
PathPoint
Reach Out
Steinberg Institute
Sycamores
Tessie Cleveland Community Services Corporation
The Kennedy Forum

OPPOSITION: (Verified 5/19/23)

California Teachers Association

ARGUMENTS IN SUPPORT: According to the Steinberg Institute, "SB 509 also builds upon the success of SB 224 (Portantino, 2021), requiring that all students between grades 1 and 12 receive evidence based age-appropriate mental health education from a qualified instructor at least one time during elementary school, one time during middle school, and one time during high school. 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. Evidence-based 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 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. For these reasons, the Steinberg Institute is proud to support SB 509."

ARGUMENTS IN OPPOSITION: According to the California Teachers Association, "CTA is opposed to the training mandate and suggests it be replaced

with a "grant" program administered by the California Department of Education (CDE) funded by an appropriation to CDE. LEAs, in consultation with impacted collective bargaining representatives, could apply to CDE for funding to conduct youth behavioral health training based on "model" pupil behavioral health referral protocols developed by CDE as a result of AB 309 (Chpt. 662-2021) along with best practices and evidence-based and informed training programs addressing youth behavioral health as a result of SB 14 (Chpt. 672-2021) or local training programs developed by LEAs. All employee youth behavioral health training, regardless of the frequency, length, and/or the specificity of the topics to be covered, must be collectively bargained at the local level. CTA continues to express concerns around the liability of school employees and/or the school district after completing youth behavioral health training? How frequently is training to be repeated/updated? What kind of training will employees receive in a 60- to 90-minute format versus a multi-day format particularly given the instruction is to include "recognizing the signs and symptoms of youth behavioral health disorders including common psychiatric conditions such as schizophrenia, bipolar disorder, major clinical depression, and anxiety disorders." SB 509 must clarify whether trained employees would be required to notify a school administrator if they "believe" a student has behavioral health issues; as well as the consequences if a trained school employee in youth behavioral health fails to identify a student with behavioral health issues."

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