

SENATE THIRD READING
SB 509 (Portantino)
As Amended August 14, 2023
Majority vote

SUMMARY

Requires, by July 1, 2027, a local educational agency (LEA) serving students in grades seven to 12 to certify to the California Department of Education (CDE) that 40% of its classified employees and 100% of its certificated employees who have received youth behavioral health training identified by the CDE; and adds instruction in mental health to the course of study for grades one to six.

Major Provisions

- 1) Requires, by July 1, 2027, an LEA serving students in grades seven to 12 to certify to the CDE that 40% of its classified employees and 100% of its certificated employees who serve and have direct contact with these students have received youth behavioral health training identified by the CDE.
- 2) Requires the training to be scheduled during regularly scheduled work hours, except in certain situations.
- 3) Defines LEA, for purposes of this training requirement, to mean a county office of education (COE), school district, state special school for the blind or the deaf, or charter school that serves pupils in kindergarten or any of grades one to six, inclusive.
- 4) Requires CDE, by January 1, 2025, and subject to appropriation, to recommend best practices and identify training programs for school employees to address youth behavioral health for use by LEAs serving students in kindergarten to grade six.
- 5) Includes instruction in mental health in the health course of study for grades one to six.

COMMENTS

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 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, 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.

No information about the implementation of the current requirement to teach mental health content in secondary health courses. Current law requires each LEA, charter school, and state special school that offers one or more courses in health education to students in middle school or high school to include in those courses instruction in mental health which includes specified content. This requirement went into effect on January 1, 2022, during the 2021-22 school year. No information appears to be available on the implementation of this requirement to date.

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

The California Council of Behavioral Health Agencies writes, "SB 509 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.

The Centers for Disease Control (CDC) reports the percentage of children aged 3-17 who suffer from depression and anxiety has steadily risen this century. The CDC also estimates that approximately 4.5 million children in that age range have been diagnosed with a mental health or substance use disorder.

Under existing law, the California Department of Education is required to identify an evidence-based mental health training program for local educational agencies to use to train teachers and other school personnel who have direct contact with students. However, schools are not mandated to require such training for their staff. This differs from other mandated trainings for school personnel including CPR and Mandated Reporting.

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."

Arguments in Opposition

The California Teachers Association writes, "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" student 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."

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

- 1) Ongoing General Fund costs to CDE through the 2026-27 fiscal year, in the hundreds of thousands of dollars annually, to certify that school employees have completed the required training and recommend training programs. CDE also indicates it will provide technical assistance to LEAs to comply with the bill's requirements.
- 2) One-time Proposition 98 General Fund costs to LEAs of an unknown but significant amount, potentially in the tens of millions of dollars or more, to ensure a portion of their school employees have received youth behavioral health training. Costs include training costs to LEAs and the cost of employee time to complete the training during work hours. CDE currently offers a no-cost training program, however, it is unlikely the program could keep pace with demand created by this bill, absent a budget allocation or charging of fees to LEAs. In addition, schools would need to provide the training during work hours. This may require substitute teachers or other personnel be hired during the times a school employee completes the training. CDE's no-cost training mentioned above takes 7.5 hours to complete. These costs would be borne by LEAs before the requirement takes effect July 1, 2027. Costs would be lower to the extent school employees already have completed an eligible training. The state has over 130,000 certificated employees teaching grades seven to 12 and more than 250,000 classified employees. The average cost of a substitute teacher for one day is between \$200 and \$300.
- 3) Ongoing costs of an unknown amount to LEAs to modify instruction to students in grades one to six ensure content on mental health. The state has 800 schools serving over 2.5 million students in grades one to six.

If the Commission on State Mandates determines these requirements to be a reimbursable state mandate, the state would need to reimburse these costs to LEAs or provide funding through the K-12 Mandate Block Grant.

VOTES**SENATE FLOOR: 40-0-0**

YES: Allen, Alvarado-Gil, Archuleta, Ashby, Atkins, Becker, Blakespear, Bradford, Caballero, Cortese, Dahle, Dodd, Durazo, Eggman, Glazer, Gonzalez, Grove, Hurtado, Jones, Laird, Limón, McGuire, Menjivar, Min, Newman, Nguyen, Niello, Ochoa Bogh, Padilla, Portantino, Roth, Rubio, Seyarto, Skinner, Smallwood-Cuevas, Stern, Umberg, Wahab, Wiener, Wilk

ASM EDUCATION: 6-0-1

YES: Muratsuchi, Megan Dahle, Juan Carrillo, Hoover, Lee, Quirk-Silva

ABS, ABST OR NV: McCarty

ASM APPROPRIATIONS: 16-0-0

YES: Holden, Megan Dahle, Bryan, Calderon, Wendy Carrillo, Dixon, Mike Fong, Hart, Lowenthal, Mathis, Papan, Pellerin, Sanchez, Soria, Weber, Wilson

UPDATED

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