
UNFINISHED BUSINESS

Bill No: SB 509
Author: Portantino (D), et al.
Amended: 9/7/23
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

SENATE FLOOR: 40-0, 5/24/23
AYES: 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

ASSEMBLY FLOOR: 78-0, 9/11/23 - See last page for vote

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

SOURCE: California Council of Community Behavioral Health Agencies

DIGEST: 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 1 to 6.

Assembly Amendments

- a) Limit the training requirement to certificated and classified staff serving students in grades 7-12 (the grades for which the CDE-identified evidence-based program is designed); require that all 100% (instead of 75% of) certificated staff be trained and 40% of classified staff having direct contact with pupils be trained; and move the training requirement into a new section so that it is no longer subject to an appropriation.
- b) Require that CDE identify evidence-based training programs on mental health for teachers of students enrolled in kindergarten to grade 6, by January 1, 2025.
- c) Delete the requirement that each LEA, state special school, and charter school ensure that all students in grades 1 to 12 receive evidence-based, age-appropriate mental health education at least once in junior high school or middle school, as applicable, and at least once in high school, and instead add mental health to the health curriculum in the course of study for grades 1 to 6.
- d) Include double-jointing language to avoid chaptering out issues with AB 446 (Quirk-Silva) and AB 285 (Luz Rivas), both of the current legislative session.

ANALYSIS:

Existing law:

- 1) Defines “Youth behavioral health disorders” to mean a pupil mental health and substance use disorders. (Education Code (EC) § 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. (EC § 49428.15(a)(5))
- 3) 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. (EC § 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. (EC § 49400)
- 5) Requires the governing board of any 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)

This bill:

- 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 1 to 6, 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 1 to 6.

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.

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.”

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

According to the Assembly Appropriations Committee analysis, “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. 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, as described in comment 2, 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. 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.”

SUPPORT: (Verified 9/11/23)

California Council of Community Behavioral Health Agencies (source)
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 for Behavior Analysis
California Association of Local Behavioral Health Boards and Commissions
California Association of School Counselors
California Coalition for Mental Health
California Coalition for Youth
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
Jewish Family and Children's Services of San Francisco, the Peninsula, Marin and Sonoma Counties
Los Angeles County Office of Education
Mental Health America of California
Mental Health America of Los Angeles
Mental Health Services Oversight and Accountability Commission
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

Portia Bell Hume Behavioral Health and Training Center
Reach Out
Steinberg Institute
Sycamores
Tessie Cleveland Community Services Corporation
The Kennedy Forum

OPPOSITION: (Verified 9/11/23)

California Teachers Association

ARGUMENTS IN SUPPORT: According to the California Council of Behavioral Health Agencies, "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. 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: 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" 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."

ASSEMBLY FLOOR: 78-0, 9/11/23

AYES: Addis, Aguiar-Curry, Alanis, Alvarez, Arambula, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Juan Carrillo, Wendy Carrillo, Cervantes, Chen, Connolly, Megan Dahle, Davies, Dixon, Essayli, Flora, Mike Fong, Vince Fong, Friedman, Gabriel, Gallagher, Garcia, Gipson, Grayson, Haney, Hart, Holden, Hoover, Irwin, Jackson, Jones-Sawyer, Kalra, Lackey, Lee, Low, Lowenthal, Maienschein, Mathis, McCarty, McKinnor, Muratsuchi, Stephanie Nguyen, Ortega, Pacheco, Papan, Jim Patterson, Joe Patterson, Pellerin, Petrie-Norris, Ramos, Rendon, Reyes, Luz Rivas, Rodriguez, Blanca Rubio, Sanchez, Santiago, Schiavo, Soria, Ta, Ting, Valencia, Villapudua, Waldron, Wallis, Ward, Weber, Wicks, Wilson, Wood, Robert Rivas

NO VOTE RECORDED: Quirk-Silva, Zbur

Prepared by: Kordell Hampton / ED. / (916) 651-4105
9/11/23 19:46:59

**** END ****