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# SENATE COMMITTEE ON EDUCATION

Senator Sasha Renée Pérez, Chair

2025 - 2026 Regular

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<b>Bill No:</b>	AB 2460	<b>Hearing Date:</b>	July 1, 2026
<b>Author:</b>	Celeste Rodriguez		
<b>Version:</b>	April 6, 2026		
<b>Urgency:</b>	No	<b>Fiscal:</b>	Yes
<b>Consultant:</b>	Therresa Austin		

**Subject:** Pupil health: mental health: model referral protocols.

## SUMMARY

This bill requires the California Department of Education (CDE), on or before July 1, 2027, to update existing model referral protocols for addressing pupil behavioral health concerns to include guidance on providing equity-centered mental health supports in case of a local emergency related to immigration enforcement activities or deportations of pupils or their family members. The bill also requires the governing board or body of a local educational agency (LEA), on or before July 1, 2028, to update its policy based on the CDE's updated model referral protocols or develop a local equivalent in consultation with local school and community stakeholders, and behavioral health professionals.

## BACKGROUND

Existing law:

- 1) Requires the CDE, by June 1, 2025, to develop model referral protocols for addressing student mental health concerns, in consultation with specified agencies and stakeholders, and authorizes these protocols to be used on a voluntary basis by schools. (Education Code (EC) § 49428.1)
- 2) Requires the governing boards or bodies of LEAs, by January 31, 2026, to adopt at a regularly scheduled meeting, a policy on referral protocols for addressing student behavioral health concerns of students in grades 7 to 12. (EC § 49428.2)
- 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 staff and student training, contingent upon an appropriation for this purpose. (EC § 49428.15)
- 4) Requires LEAs to certify to the CDE by July 1, 2029, that 100% of certificated employees and 40% of classified employees who have direct contact with students in grades 7 to 12 have received youth behavioral health training at least once, as specified. (EC § 49428.2)
- 5) Requires LEAs by November 1, 2024 to coordinate agreements between school districts and charter schools within a county in order to develop a system through which qualified mental health professionals and other key school personnel

employed by individual school districts and charter schools throughout the county could be rapidly deployed on a short- or long-term basis to an area of the county that has experienced a natural disaster or other traumatic event, in order to provide support to pupils and staff. (EC § 49429.5)

- 6) Requires LEAs to provide information to parents and guardians regarding their children's right to a free public education, regardless of immigration status or religious beliefs. (EC § 234.7)
- 7) Requires LEAs to educate pupils about the negative impact of bullying other pupils based on their actual or perceived immigration status or their religious beliefs and customs. (EC § 234.7)
- 8) Requires the Attorney General (AG), in consultation with stakeholders, to publish model policies limiting assistance with immigration enforcement at public schools to the fullest extent possible, consistent with federal and state law, by April 1, 2018. Requires the AG to consider all of the following issues in developing the model policies:
  - a) Procedures related to requests for access to school grounds for purposes related to immigration enforcement;
  - b) Procedures for LEA employees to notify the superintendent of the school district or the county office of education (COE) or the principal of the charter school if an individual requests or gains access to school grounds for purposes related to immigration enforcement; and
  - c) Procedures for responding to requests for personal information about students or their family members for purposes of immigration enforcement. (EC § 234.7)
- 9) Requires all LEAs to adopt the model policies on immigration enforcement at public schools developed by the AG by July 1, 2018. (EC § 234.7)
- 10) Requires the superintendent of a school district or COE and the principal of a charter school to report to the respective governing board or body of the LEA any requests for information or access to a schoolsite by a law enforcement official for the purpose of enforcing the immigration laws in a manner that ensures the confidentiality and privacy of any potentially identifying information. (EC § 234.7)

## ANALYSIS

This bill:

- 1) Requires the CDE, in consultation with appropriate stakeholders, to update the existing model referral protocols for addressing pupil behavioral health concerns to include guidance on providing equity-centered mental health supports in case of a local emergency related to immigration enforcement activities or deportations of pupils or their family members.

- 2) Requires the CDE to post the above model referral protocols on its internet website on or before July 1, 2027.
- 3) Requires the governing board or body of an LEA, on or before July 1, 2028, to adopt at a regularly scheduled public meeting, an update to the policy on referral protocols for addressing behavioral health concerns, as specified, to include guidance on providing equity-centered mental health supports in case of a local emergency related to immigration enforcement activities or deportations of pupils or their family members.
- 4) Requires the adopted policy to be based on the updated model referral protocols developed by the CDE and developed in consultation with school and community stakeholders and school-linked behavioral health professionals. Requires the policy to, at a minimum, address procedures related to referrals to behavioral health professionals and support services.
- 5) Provides that policies adopted before January 1, 2027, may be considered to meet the requirements of this bill if they fulfill the requirements outlined above.
- 6) Makes a series of findings and declarations about the fear of deportation and its effect on pupil mental health.
- 7) Expresses the intent of the Legislature to ensure that schools are better prepared to respond when pupils are affected by trauma, fear, and instability by requiring the update of the model referral protocols to include guidance for pupils impacted by immigration enforcement that strengthens early identification, culturally responsive and multilingual support, family and community partnerships, and continuity of care.

## STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, “Students cannot succeed in school when fear and trauma keep them from the classroom. In many immigrant communities, aggressive immigration enforcement has created deep anxiety for children who fear family separation, parental detention, or sudden disruption at home. That fear does not stay outside the school gates — it affects attendance, concentration, emotional well-being, and a student’s ability to learn.  
  
“AB 2460 recognizes that schools need a clearer mental health framework to respond when students are experiencing this kind of community-wide trauma. California’s children deserve learning environments that are prepared to support them with stability, compassion, and continuity during times of crisis.”
- 2) ***Impacts of increasing immigration enforcement on student mental health.*** According to a 2025 survey of 1,036 adults in immigrant families conducted by the Urban Institute, over 1 in 7 adults in immigrant families with children reported their children experienced increased emotional distress because of immigration-related worries. Fifteen percent of adults in immigrant families with children reported that their children experienced increased stress, anxiety, or sadness because of worries about immigration status in the previous year. Such effects

were higher for those in mixed-status families (27%) but were also felt in families with all citizens (8%) and a mix of green card holders and citizens (15%).

A 2025 article in *Psychiatric News*, a publication of the American Psychiatric Association, examined the mental health consequences of contemporary U.S. immigration enforcement on immigrant children and families, drawing from clinical vignettes, epidemiological data, and community-based research (Fortuna et al., 2025). The article highlights the following:

- Forced family separations, particularly those resulting from immigration enforcement (e.g., detention, deportation), introduce acute psychological risks. A national study of 547 U.S.-born adolescents ages 11 to 16 found that having a detained or deported family member was associated with elevated risk for suicidal ideation, externalizing behaviors, and alcohol use (Roche et al., 2020).
- In young children, abrupt caregiver loss has been linked to sleep and appetite disturbances, emotional dysregulation, and developmental regression (MacLean et al., 2019).
- Forcible separation from a caregiver is recognized as an adverse childhood experience (ACE) that contributes to toxic stress, ambiguous loss, and long-term risk for psychiatric disorders (Roberts et al., 2014; Lu et al., 2020).
- Even the threat of separation can generate profound emotional harm. Children in mixed-status families often live with chronic anticipatory anxiety that a loved one could be detained or deported. These fears have been shown to lead to school absenteeism, academic disengagement, and heightened emotional distress (Ramos-Sánchez & Llamas, 2024).

- 3) ***Students' right to public education.*** As noted in the AG's December 2025 updated guidance on promoting safe and secure learning environments, the U.S. Constitution provides all students with the right to receive an education without discrimination based on immigration status. In *Plyler v. Doe*, the U.S. Supreme Court recognized that undocumented immigrants are guaranteed due process and equal protection rights under the U.S. Constitution, and that children cannot be denied equal access to a public education because of their immigration status. Therefore, schools must provide free public education to all students, regardless of their immigration status and regardless of the citizenship status of the students' parents or guardians.

Similarly, California law affirms the equal educational rights of immigrant students. Under the California Constitution, all students and staff, regardless of immigration status, have the inalienable right to attend campuses that are safe, secure, and peaceful. State statute further prohibits discrimination based on a student's immigration status.

4) ***Model referral protocols for addressing pupil behavioral health concerns.***

The Model Referral Protocols for Addressing Pupil Behavioral Health Concerns (“the Protocols”) are designed by the CDE, in consultation with the Department of Health Care Services (DHCS), members of the Student Mental Health Policy Workgroup, and pupil behavioral health stakeholders to assist schools in creating or refining timely referral systems that support students’ behavioral health needs. The Protocols provide guidance for identifying, referring, and supporting students experiencing behavioral health challenges.

The Protocols promote best practices to enhance collaboration between schools, families, and external service providers. They are grounded in multi-tiered systems of support, trauma-informed care, and culturally responsive approaches. The goal is to establish consistent, effective, and accessible referral systems that contribute to positive outcomes for all students.

The Protocols are structured around five key components:

- a) Needs Assessment: Understand behavioral health trends, gaps, and available supports.
- b) Building Capacity: Strengthen internal and community-based systems.
- c) Planning: Develop coordinated strategies based on assessed needs.
- d) Implementation: Execute referral protocols through a collaborative model.
- e) Evaluation: Assess system impact and make continuous improvements.

Existing law requires the governing board or body of an LEA to adopt a policy on referral protocols for addressing pupil behavioral health concerns in grades 7 to 12 by January 31, 2026. These policies must be developed in consultation with school and community stakeholders and school-linked behavioral health professionals, and be based on the CDE’s model referral protocol.

The adopted policies must also specifically address the needs of high-risk groups, including but not limited to the following:

- a) Pupils bereaved by death or loss of a close family member or friend.
- b) Pupils for whom there is concern due to behavioral health disorders, including common psychiatric conditions and substance use disorders such as opioid and alcohol abuse.
- c) Pupils with disabilities, mental illness, or substance use disorders.
- d) Pupils experiencing homelessness or placed in out-of-home settings, such as foster care.
- e) Lesbian, gay, bisexual, transgender, or questioning pupils.

This bill requires the CDE to update its model referral protocols to include guidance on providing equity-centered mental health supports in case of a local emergency related to immigration enforcement activities or deportations of pupils or their family members, on or before July 1, 2027. It further requires the governing board or body of an LEA to update their policies on behavioral health referral protocols to include corresponding guidance, on or before July 1, 2028, and specifies that if an LEA has already adopted a policy that already addresses the specified supports, then that policy may be deemed sufficient to fulfill this new requirement.

- 5) ***Children and Youth Behavioral Health Initiative (CYBHI)***. Launched in July 2021, CYBHI is a multiyear, multi-billion-dollar effort focused on improving the behavioral health and well-being of children, youth, and families. The CYBHI is the core of the Master Plan for Kids' Mental Health, the state's \$4.7 billion investment to overhaul its mental health system and enhance the pathways that connect families with the services they need. According to the CYBHI's 2024 annual report, CYBHI investments have taken form in the following work streams in educational settings:
- a) ***Safe Spaces Trauma Informed Training*** – A free, online training designed to help individuals working with children and youth recognize and respond to signs of trauma and stress.
  - b) ***CalHOPE Mindfulness, Resilience, and Well-being Supports*** – Providing no-cost mental health and wellness resources to schools across the state. The website contains resources that focus on creating trusted spaces, building resilience, and recognizing the signs of mental stress and duress in colleagues, students, and family members.
  - c) ***Student Behavioral Health Incentive Program*** – Addressing behavioral health access barriers for Medi-Cal students through targeted interventions that increase access to preventive, early intervention, or other behavioral health services provided by school-affiliated behavioral health providers for TK-12 children in public schools.
  - d) ***School-Linked Partnership and Capacity Grants*** - Providing COEs and LEAs, as well as institutions of higher education (IHEs), with critical resources to build infrastructure and partnerships and achieve a long-term and sustainable funding model for student behavioral health services. These one-time grants aim to increase operational readiness to engage in the CYBHI Fee Schedule program through supporting Medi-Cal enrollment, building service delivery and billing infrastructure, establishing data collection and documentation processes, and supporting collective impact efforts.
  - e) ***Transforming Together (T2)*** - Supported by the San Bernardino County Superintendent of Schools, T2 brings together a cross-sector Collaborative Leadership Working Group to align and integrate systems efforts for a re-imagined, youth-centered behavioral health ecosystem.

Work is conducted in close partnership with CDE's California Community Schools Partnership Program and piloted in four demonstration counties.

- 6) ***CYBHI Fee Schedule Program.*** As part of the CYBHI, DHCS was tasked with establishing and maintaining a statewide multi-payer fee schedule for school-linked behavioral health (known as the CYBHI Fee Schedule), enabling LEAs and public IHEs to receive funding for outpatient services rendered at a school or school-linked site. To be eligible for covered services, children and youth must be under the age of 26; enrolled in public TK-12 schools or IHEs; and covered by Medi-Cal managed care plans, Medi-Cal Fee-for-Service, health care service plans, and disability insurers. Since 2024, DHCS has enrolled around 700 LEAs and public IHEs in the CYBHI Fee Schedule program.
- 7) ***Arguments in support.*** In a letter of support submitted to this Committee, Para Los Niños noted the following:

“AB 2460 addresses a serious and growing challenge facing students and families across California. Children in immigrant communities are bringing fear, anxiety, and trauma into the classroom as they live under the threat of immigration enforcement, detention, and family separation. These harms fall especially hard on students from immigrant families, including children in mixed-status households, whose emotional well-being and ability to learn can be disrupted both at home and at school [...]

“While California has made significant progress in supporting student behavioral health, there remains a lack of comprehensive policy addressing the unique trauma and mental health challenges resulting from family separation and immigration-related risks—issues impacting Californians at alarming rates. AB 2460 represents a prudent and necessary step towards ensuring that students affected by immigration enforcement and family instability receive the support, stability, and care they need when such harms threaten their educational well-being.”

- 8) ***Prior and related legislation.***

AB 49 (Muratsuchi, Chapter 122, Statutes of 2025) establishes, as an urgency measure, the California Safe Haven Schools Act and prohibits, except as required by state or federal law, school officials and employees of an LEA from allowing officers or employees of an agency conducting immigration enforcement to enter a school site without providing a valid judicial warrant or court order. Prohibits LEAs from providing information about students, their families, teachers, and school employees to immigration authorities

SB 98 (Pérez, Chapter 124, Statutes of 2025) requires the governing boards of school districts and COEs, and the governing boards of charter schools, to include procedures for notifying parents and school staff when immigration enforcement is confirmed on the school site within the comprehensive school safety plan. It further requires the California State University, each California Community College District, and each Cal Grant qualifying independent IHE, and requests the University of California Regents to notify specified individuals when

the presence of immigration enforcement is confirmed on their respective campuses or schoolsites.

AB 419 (Connolly, Chapter 663, Statutes of 2025) requires LEAs to post specified information about immigration enforcement actions at California schools on its website and the website of each school within the LEA in English and any additional languages that a school is required to provide translated documents.

SB 153 (Committee on Budget and Fiscal Review, Chapter 38, Statutes of 2024) requires the CDE, on or before June 1, 2025, to develop model referral protocols for addressing student behavioral health concerns, for use, on a voluntary basis, by LEAs and requires LEAs to adopt a policy on referral protocols for addressing student behavioral health concerns in grades 7 to 12 by January 31, 2026.

AB 2072 (Gabriel, Chapter 909, Statutes of 2022) requires, by November 1, 2024, COEs in consultation with the CDE and other relevant state and local agencies, to coordinate agreements between school districts and charter schools within the county to develop a system for rapidly deploying qualified mental health professionals and other key school personnel employed by individual school districts and charter schools throughout the county to areas of the county that experienced a natural disaster or other traumatic event.

AB 309 (Gabriel, Chapter 662, Statutes of 2021) requires the CDE to develop model pupil mental health referral protocols, in consultation with relevant stakeholders, subject to the availability of funding for this purpose.

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.

AB 2022 (Chu, Chapter 484, Statutes of 2018) requires each school of a school district or COE, and each charter school, to notify students and parents or guardians of students, at least twice per school year, about how to initiate access to available student mental health services on campus or in the community.

AB 699 (O'Donnell, Chapter 493, Statutes of 2017) requires the AG to publish model policies limiting assistance with immigration enforcement at public schools, requires LEAs to adopt the model policies or equivalent policies, and provides education and support to immigrant students and their families.

## **SUPPORT**

Association of California School Administrators  
California Association of Student Councils  
California Behavioral Health Planning Council  
California Catholic Conference  
EdTrust-West  
Fresno Unified School District

Para Los Ninos  
Santa Clara County Office of Education

**OPPOSITION**

None received

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