

such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization. (California Code of Regulations, Title 5, Section 80049.1(c))

- 5) Requires school districts to send a notification to parents or guardians at the beginning of the first semester or quarter of the regular school term, with specified information that includes, among other things:
 - a) Parent rights and responsibilities.
 - b) The availability of individualized instruction.
 - c) Minimum day schedules and staff development days.
 - d) The importance of investing for future college or university education and considerations appropriate investment options.
 - e) The school district's fingerprinting program, if the district has one.
 - f) A copy of the district's sexual harassment policy.
 - g) Attendance options.
 - h) The policy that a pupil will not lose academic credit or have his/her grade reduced for any allowable absences or excuses if missed assignments and tests are satisfactorily completed within a reasonable period of time.
 - i) The availability of state funds to cover the costs of advanced placement exam fees.
 - j) Information relating to graduation requirements, career technical education, and college admission requirements, if applicable.
- 6) Establishes the Mental Health Services Act (MHSA), enacted by voters in 2004 as Proposition 63, to provide funds to counties to expand services, develop innovative programs, and integrated service plans for mentally ill children, adults, and seniors through a 1 percent income tax on personal income above \$1 million.
- 7) Specifies that the MHSA can only be amended by a two-thirds vote of both houses of the Legislature and only as long as the amendment is consistent with and furthers the intent of the MHSA. Permits provisions clarifying the procedures and terms of the MHSA to be added by majority vote.
- 8) Establishes the Mental Health Services Fund (Fund) to be disbursed as follows:

- a) Twenty percent of funds distributed to counties to be used for prevention and early intervention programs.
- b) Five percent of the total funding for each county mental health program to be utilized for innovative programs.
- c) Requires the balance of funds to be distributed to county mental health programs for services to persons with severe mental illnesses, for the children's system of care, and for the adult and older adult system of care.
- d) Permits no more than 20 percent of the average amount of funds allocated to a county for the previous five years to be used for technological needs and capital facilities, human resource needs, and for counties to establish a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years.
- e) Permits up to 5 percent of funds to be used for planning costs including for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process and for the planning and implementation required for private provider contracts to be significantly expanded to provide additional services.

ANALYSIS

This bill requires each school of a school district or county office of education and charter schools to notify students and parents or guardians of pupils, at least twice per school year, how to initiate access to available student mental health services on campus or in the community, or both. Specifically, this bill:

- 1) Requires a school to use at least two of the following methods to notify parents or guardians:
 - a) Distributing the information in a letter electronically, in hard copy, or through the postal service.
 - b) Including the information in the parent handbook at the beginning of the school year.
 - c) Posting the information on the school's Internet Web site or social media Internet Web page.
- 2) Requires a school to use at least two of the following methods to notify pupils:
 - a) Distributing the information in a document or school publication electronically or in hard copy.

- b) Including the information in pupil orientation materials at the beginning of the school year or in a pupil handbook.
 - c) Posting the information on the school's Internet Web site or social media Internet Web page.
- 3) Specifies the intent of the Legislature that moneys from the Mental Health Services Fund be used to fulfill the requirements of this section.

STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, "Three hundred thousand California children between the ages of 4 and 11 have mental health needs, but over 70 percent never receive treatment; and for youth in poverty or with non-English speaking parents, over 8- percent never receive treatment. Additionally, nearly 57 percent of California children have experienced trauma.

Unmet mental health needs are connected to poor education outcomes, directly affecting student's attendance, behavior and readiness to learn.

A survey of California students found that while students prioritize their mental health, young people are unaware whether they have access to resources to support their mental health or believe they do not have access to them. This often means they do not access services at all."

- 2) ***Mental Health Services Act (MHSA) and Mental Health Services Fund.*** Proposition 63 was passed by voters in November 2004. The MHSA imposes a 1 percent income tax on personal income in excess of \$1 million and creates the 16 member Commission charged with overseeing the implementation of MHSA. The 2016-17 Governor's Budget projected that \$1.9 billion in revenue would be deposited into the Fund in fiscal year 2017-18. The MHSA addresses a broad continuum of prevention, early intervention, and service needs, as well as provided funding for infrastructure, technology, and training needs for the community mental health system. In addition to local programs, the MHSA authorizes up to 5 percent of revenues for state administrative functions performed by a variety of state entities such as the California Department of Health Care Services (DHCS) and Office of statewide Health Planning and Development (OSHPD). It also funds evaluation of the MHSA by the Commission, which was established by the MHSA. Unspent MHSA funds are required to be placed in a reserve in accordance with an approved plan, and funds allocated to a county that have not been spent for their authorized purpose within three years are required to revert those funds back to the state.

The MHSA requires each county mental health department to prepare and submit a three-year plan to DHCS that must be updated each year and approved by DHCS after review and comment by the Commission. In their three-year plans, counties are required to include a list of all

programs for which MHSAs funding is being requested and that identifies how the funds will be spent and which populations will be served. Counties must submit their plans for approval.

- 3) ***Student Mental Health Policy Workgroup and Project Cal-Well.*** The State Superintendent of Public Instruction convened the Student Mental Health Policy Workgroup (SMHPW) in 2012 to assess the mental health needs of California students and gather evidence to support policy recommendations to the SSPI and the California Legislature. The all-volunteer, unpaid work group is composed of teachers, school counselors, school social workers, school psychologists, school nurses, and school administrators, and state and county mental health professionals. This diverse group has used its combined expertise to develop policy recommendations related to mental health training for educators, youth suicide, student safety, and other mental health-related issues. In addition to its work in providing policy recommendations, the SMHPW now serves as the State Management Team for Project Cal-Well, a five-year federal grant program which serves to foster collaboration between the California Department of Education (CDE) and local educational agencies to address critical mental health needs of California's kindergarten through twelfth-grade students. Its policy recommendations include “recommending that the SPI encourage local agencies to work together to develop comprehensive school-based mental health programs. Working together as a team, school staff, school and district boards, county offices of education, and community agencies can be more effective in providing needed assistance to students and their families to support student mental health.” Examples include:
- a) Comprehensive partnerships and collaborative teams need to be developed at both the school and district level to support student mental health needs and ensure that all students receive the care they need. Multi-tiered systems that include health care plans and health care providers should be part of this system.
 - b) School districts need to establish collaboration between county mental health programs and county mental health plans and providers, enabling schools to evaluate all children demonstrating behaviors that indicate likely mental health issues.
 - c) Schools and districts are encouraged to build collaborative partnerships with families and communities to address the mental health needs of students as a key strategy in the continuous improvement process.
- 4) ***Incidence of mental health and behavioral health issues for children and youth.*** A 2014 UCLA Policy Brief notes that nearly half of all Americans will need mental health treatment sometime during their lifetimes, with initial symptoms frequently occurring in childhood or adolescence. According to a report by the American Institutes for Research, *Mental Health Needs of Children and Youth*, up to 20 percent

of children in the United States experience a mental, emotional, or behavioral health disorder every year. The most prevalent mental health disorder in children and youth is attention deficit hyperactivity disorder (ADHD), followed by depression, behavioral or conduct problems, anxiety, substance use disorders, Autism spectrum disorders, and Tourette syndrome. In many cases, these conditions occur together, which can complicate identification and treatment.

- 5) ***California lags in providing social-emotional support to pupils.*** According to California Department of Education (CDE) data for 2016-17, there were 5,932 school psychologists and 687 social workers employed in California schools. Further, 29 percent of California school districts have no counseling programs at all. The ratio of students per counselor in this state averages 945 to 1, compared to the national average of 477 to 1, ranking California last in the nation. As of 2016-17, there were only 2,630 credential school nurses, but there are more than 10,000 public K-12 schools in California.
- 6) ***Student mental health initiatives.*** The CDE is engaged in a number of initiatives aimed at improving support for student mental health needs. Among them are:
- Student Mental Health Policy Workgroup established in 2012 to develop policy recommendations that promote early identification, referral, coordination, and access to quality mental health services for students.
 - TETRIS-EBL project, a mental health training project funded by the California Mental Health Services Authority and administered through a contract with the Placer County Office of Education.
 - A federally-funded "Now is the Time" project to provide support to three LEAs, and CDE training of school staff in a program called Youth Mental Health First Aid.
 - Since 2011 an initiative called the Regional K-12 Student Mental Health Initiative, operated through the California County Superintendents Educational Services Association, has provided training designed to build capacity and cross-system collaboration to develop and sustain school-based mental health programs addressing prevention and early identification strategies.

The federal Every Student Succeeds Act (ESSA) also offers support for student mental health through a grant program called Student Support and Academic Enrichment Grants, which may be used, among many other purposes, to “expand access to or coordinate resources for school-based counseling and mental health programs, such as through school-based mental health services partnership programs.” This and other provisions of ESSA are subject to appropriation.

- 7) **Author's amendments to be taken in Senate Health Committee.** This bill has also been referred to the Senate Health Committee. The author's office has informed this committee that it intends to amend the bill to clarify that a county may use funds from the Mental Health Services Act to provide grants to a school of a school district or county office of education, or to a charter school, within the county, for the bill's purposes, and to specifically authorize such a school to apply to its county for those grants.
- 8) **Related and previous legislation.** AB 2315 (Quirk-Silva, 2018) requires the California Department of Education (CDE), in consultation with the State Department of Health Care Services and appropriate stakeholders with experience in telehealth, to develop guidelines on or before December 31, 2019, for the use of telehealth technology in public schools, including charter schools, to provide mental health and behavioral health services to pupils on school campuses.

AB 2471 (Thurmond, 2018) requires the transfer of funds from the Youth, Education, Prevention, Early Intervention and Treatment Account established through the passage of the Control, Regulate and Tax Adult Use of Marijuana Act to establish a grant program which would allow schools to provide in-school support services to pupils. AB 2471 was held in the Assembly Appropriations Committee.

AB 2498 (Eggman, 2018) requires the CDE to develop a competitive grant application and provide a multiyear grant award to one school district in each of the counties of Alameda, Riverside, San Benito, San Joaquin, and Shasta, to fund a social worker at each eligible school within the school district for the 2020-21 fiscal year through to the 2024-25 fiscal year. AB 2498 was held in the Assembly Appropriations Committee.

AB 580 (O'Donnell, 2015-16 Session) would have required the CDE to develop model referral protocols for voluntary use by schools to address the appropriate and timely referral by school staff of students with mental health concerns. This bill was vetoed by the Governor, who stated:

"This bill requires the California Department of Education to develop model referral protocols to address the appropriate and timely referral by school staff of students with mental health concerns.

California does not currently have specific model referral protocols for addressing student mental health as outlined by this bill. However, the California Department of Education recently received a grant from the federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to identify and address critical student and family mental health needs.

It's premature to impose an additional and overly prescriptive requirement until the current efforts are completed and we can

strategically target resources to best address student mental health.”

AB 415 (Logue, Chapter 547, Statutes of 2011) establishes the Telehealth Advancement Act to revise and update existing law to facilitate the advancement of telehealth as a service delivery mode in managed care and the Medi-Cal program.

SUPPORT

California Academy of Family Physicians
California State PTA
Common Sense Kids Action

OPPOSITION

None received

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