
SENATE COMMITTEE ON EDUCATION

Senator Benjamin Allen, Chair

2017 - 2018 Regular

Bill No: AB 2691 **Hearing Date:** June 20, 2018
Author: Jones-Sawyer
Version: April 16, 2018
Urgency: No **Fiscal:** Yes
Consultant: Brandon Darnell

Subject: Pupil health: pupil and school staff trauma: Trauma-Informed Schools Initiative.

SUMMARY

This bill establishes the Trauma-Informed Schools Initiative within the California Department of Education to address the impact of adverse childhood experiences on the educational outcomes of California pupils.

BACKGROUND

- 1) Requires the Superintendent of Public Instruction (SPI) to post, and annually update, on the department's website a list of statewide resources, including community-based organizations, that provide support to youth, and their families, who have been subjected to school-based discrimination, harassment, intimidation, or bullying. The website must also include a list of statewide resources for youth who have been affected by gangs, gun violence, and psychological trauma caused by violence at home, at school, and in the community. (Education Code § 234.5)
- 2) Establishes The Learning Communities for School Success Program to provide grants to local education agencies (LEAs) for planning, implementation, and evaluation of activities in support of evidence-based, non-punitive programs and practices to keep the state's most vulnerable pupils in school. These may include activities that advance social-emotional learning, positive behavior interventions and supports, culturally responsive practices, and trauma-informed strategies. (EC § 33432)
- 3) 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)
- 4) Specifies that the minimum requirements for the services credential with a specialization in pupil personnel services are a baccalaureate degree or higher degree from an approved institution, a fifth year of study, and any specialized and professional preparation that the commission shall require. The services credential with a specialization in pupil personnel services shall authorize the holder to perform, at all grade levels, the pupil personnel service approved by the commission as designated on the credential, which may include, but need not be limited to, school counseling, school psychology, child welfare and attendance services, and school social work. (EC § 44266)

- 5) Prohibits any person who is an employee of a school district from administering psychological tests or engaging in other psychological activities involving the application of psychological principles, methods or procedures unless the person holds a valid and current credential as a school psychologist or is a psychological assistant or intern performing the testing or activities under the supervision of a credentialed psychologist. (EC § 49422)
- 6) Specifies that school districts are not precluded from utilizing community-based service providers, including volunteers, individuals completing counseling-related internship programs, and state licensed individuals and agencies to assist in providing pupil personnel services, provided that 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))

ANALYSIS

This bill establishes the Trauma-Informed Schools Initiative within the California Department of Education (CDE) to address the impact of adverse childhood experiences on the educational outcomes of California pupils. Specifically, this bill:

- a) Requires the CDE, in implementing the Trauma-Informed Schools Initiative, to do all of the following by December 31, 2019:
 - 1) Provide information regarding the trauma-informed care approach to school districts and charter schools.
 - 2) Develop a guide for public schools, including charter schools, on how to become trauma-informed schools.
 - 3) Offer training on the trauma-informed care approach to school districts and charter schools, which shall include the guide developed by CDE.
 - 4) Develop and post online an Internet Web site about the Trauma-Informed Schools Initiative that includes information for public schools, including charter schools, and parents and guardians regarding the trauma-informed care approach and the guide developed by CDE
- b) Requires the CDE, with the Student Mental Health Policy Workgroup, to consult with the State Department of Health Care Services and the State Department of Social Services for assistance in implementing the Trauma-Informed Schools Initiative, as specified above.
- c) Requires each school district and charter school to provide the Internet Web address of the Internet Website developed and posted by the CDE to parents and guardians of the pupils of the school district or charter school, and for school districts, to do so at the beginning of the first semester or quarter of the regular school term.

- d) Prohibits its provisions from being construed as authorizing or encouraging an employee of a public school, including a charter school, maintaining kindergarten or any of grades 1 to 12, inclusive, to diagnose or treat mental illness unless the employee is specifically licensed and authorized to do so.
- e) Provides the following definitions for its purposes:
- 1) “Adverse Childhood Experiences (ACEs)” means adverse childhood experiences.
 - 2) “Student Mental Health Policy Workgroup” means the workgroup convened in 2012 by the Superintendent of Public Instruction to develop policy recommendations that promote early identification, referral, coordination, and access to quality mental health services for pupils.
 - 3) “Trauma-informed care approach” means an approach that involves understanding of ACEs and responding to the symptoms of chronic interpersonal trauma and traumatic stress across the lifespan of an individual.
 - 4) “Trauma-informed school” means a public school, including a charter school, that does all of the following:
 - i) Realizes the widespread impact of trauma and understands potential paths for recovery from trauma.
 - ii) Recognizes the signs and symptoms of trauma in pupils, teachers, and staff.
 - iii) Responds to trauma by fully integrating knowledge about trauma into the school’s policies, procedures, and practices.
 - iv) Seeks to actively resist retraumatization.

STAFF COMMENTS

- 1) Need for the bill. According to the author, “Studies show that nearly every school has children who have been exposed to overwhelming experiences, such as witnessing violence between their caretakers, being the direct targets of abuse, and other kinds of adversity. The Adverse Childhood Experiences (ACE) study found higher levels of traumatic experiences in the general population than previously imagined. Among the approximately 17,000 adults surveyed, just over 50% reported having experienced at least one form of childhood adversity. These included physical, emotional or sexual abuse; witnessing their mother treated violently; having a parent with substance abuse or mental health issues; or, living in a household with an adult who had spent time in prison.

For many children who have experienced traumatic events, the school setting can feel like a battleground in which their assumptions of the world as a dangerous place sabotage their ability to remain calm and regulate their behavior

in the classroom. Unfortunately, many of these children develop behavioral coping mechanisms in an effort to feel safe and in control, yet these behaviors can frustrate educators and evoke exasperated reprisals, reactions that both strengthen the child's expectations of confrontation and danger, and reinforce a negative self-image."

- 2) ***Student Mental Health Policy Workgroup and Project Cal-Well.*** The State Superintendent of Public Instruction (SPI) 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."

- 3) ***Incidence of Adverse Childhood Experiences (ACEs) among children and youth.*** A 2011-12 National Survey of Children's Health identified the prevalence of adverse childhood experiences among children age 0-17 years. Among the study findings related to children in California:
 - 44 percent had one or more ACEs.
 - 18 percent had two or more ACEs.
 - 22 percent had experienced extreme economic hardship.
 - 17 percent had experienced family discord leading to divorce or separation.
 - 11 percent had lived with someone who had an alcohol or drug problem.
 - 8 percent had been a victim or witness of neighborhood violence.
 - 7 percent had witnessed domestic violence.

- 4) **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.
- 5) **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.
 - Training Educators Through Recognition and Identification Strategies-Eliminating Barriers to learning (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 local education agencies, 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.

- 6) **Related legislation and previous legislation.** AB 2022 (Chu, 2018) would require the CDE to report to the Legislature on the provision of mental health care to students. AB 2022 is scheduled to be heard by this committee on June 20, 2018.

AB 2686 (Jones-Sawyer, 2018) would require a county office of education, school district, state special school, or charter school, before the beginning of the 2019–20 school year, to adopt a training policy on pupil mental health for its

school administrators and staff and requires the policy to be developed in consultation with school and community stakeholders and school-employed mental health professionals. AB 2686 was held in the Assembly Appropriations Committee.

AB 2315 (Quirk Silva, 2018) would require 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 2315 is pending in the Senate Health Committee.

AB 2471 (Thurmond, 2018) would require 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 CDE 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.

SB 191 (Beall, 2017) would have authorized a local educational agency to enter into a contract with a county or qualified mental health service provider to create a partnership for providing mental health services to students. SB 191 would have created a new special fund, from which funding could be provided to support such programs. This bill was held in the Senate Appropriations Committee.

AB 1644 (Bonta, 2016) would have reestablished and renamed the Early Mental Health Initiative as the Healing from Early Adversity to Level the Impact of Trauma in Schools Act, expands the program to serve preschool and transitional Kindergarten students, and establishes an initiative to encourage and support local decisions to provide funding for services offered in that program. This bill was held in the Senate Appropriations Committee.

AB 1025 (Thurmond, 2015) would have required CDE to establish a three-year pilot program in school districts to encourage inclusive practices that integrate mental health, special education, and school climate interventions following a multi-tiered framework.

SB 1396 (Hancock, 2014) would have required CDE, to the extent one-time funding is available in the 2014-15 Budget Act, to designate funds to a county office of education to establish professional development activities to support the development and expansion of multi-tiered intervention and support programs, including but not limited to, schoolwide positive behavior intervention and support. SB 1396 was held on the Assembly Appropriations Committee's suspense file.

SUPPORT

Alliance for Children's Rights

California School Boards Association
California School Nurses Association
California State PTA
County Behavioral Health Directors Association of California
Los Angeles County Office of Education
National Association of Social Workers – California Chapter
SIATech High School

OPPOSITION

None received

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