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## SENATE COMMITTEE ON EDUCATION

Senator Connie Leyva, Chair

2019 - 2020 Regular

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<b>Bill No:</b>	AB 1098	<b>Hearing Date:</b>	July 10, 2019
<b>Author:</b>	O'Donnell		
<b>Version:</b>	July 1, 2019		
<b>Urgency:</b>	Yes	<b>Fiscal:</b>	Yes
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**Subject:** Substance use disorders: youth programs.

### SUMMARY

This bill, an urgency measure, requires the Department of Health Care Services (DHCS), in collaboration with the California Department of Education (CDE) and State Department of Public Health (DPH), to convene a technical advisory committee to assist in establishing procedures for the implementation and administration of programs funded by cannabis tax funds aimed at providing substance abuse education and prevention programs targeted toward youth.

### BACKGROUND

Existing law:

- 1) Creates the Youth Education, Prevention, Early Intervention and Treatment Account (YEPEITA) pursuant to the 2016 ballot initiative, the Control, Regulate, and Tax Adult Use of Marijuana Act (AUMA), or Proposition 64, to be administered by the DHCS for programs for youth that are designed to educate about and to prevent substance use disorders and to prevent harm from substance abuse. (RTC §34019)
- 2) Requires DHCS to enter into interagency agreements with the Departments of DPH and the CDE to implement and administer programs that emphasize accurate education, effective prevention, early intervention, school retention, and timely treatment services for youth, their families and caregivers, as specified. Permits these departments to use up to 4 percent of the moneys allocated the YEPEITA for administrative costs related to implementation, evaluation, and oversight of the programs. (RTC §34019)
- 3) Grants DHCS the sole authority to administer, license, certify, and regulate all substance use disorder (SUD) functions and programs. (HSC §11750, et seq.)

### ANALYSIS

This bill, an urgency measure, requires the DHCS, in collaboration with the CDE and DPH, to convene a technical advisory committee to assist in establishing procedures for the implementation and administration of programs funded by cannabis tax funds aimed at providing substance abuse education and prevention programs targeted toward youth. Specifically, this bill:

- 1) Requires DHCS, in collaboration with DPH and CDE, to convene and consult with a technical advisory committee (TAC) to assist the departments with designing a framework for data collection and program evaluation, identifying service needs and gaps, establishing standards for evaluating grant proposals, and facilitating departmental reporting. Prohibits the TAC from having the authority to set or recommend goals or provide policy direction.
- 2) Requires the TAC to be composed of experts in community-based and public programs related to education, school retention, and SUD prevention, early intervention, or treatment of SUDs among youth. Requires the departments to ensure that the TAC includes a balanced and equitable representation of members with specified expertise.
- 3) Requires a TAC member to have expertise in at least one of the following:
  - a) Data collection or analysis.
  - b) Design and evaluation of public programs.
  - c) Evaluation of grant proposals.
- 4) Specifies that TAC members shall serve without compensation, but authorizes the DHCS, upon appropriation, to fund travel expenses incurred by TAC members as a result of participation in the TAC.
- 5) Requires DHCS, in collaboration with DPH and CDE, by no later than July 1, 2020, to:
  - a) Conduct a comprehensive, statewide needs assessment of youth education, prevention, early intervention, and treatment for SUDs; provide baseline measurements for outcomes that reduce SUD prevalence, mortality, and morbidity in youth and that improve academic performance, graduation, absenteeism, suspensions, and college and career readiness; and, identify measurable goals and funding priorities for specified outcomes.
  - b) Conduct a statewide assessment of the current workforce capacity to address youth education, prevention, early intervention, and treatment of SUDs, and to identify gaps in both the school-based, county-based, and community-based workforce.
- 6) Requires DHCS, no later than January 1, 2021, and annually thereafter, to provide to the Legislature and make available on its website a report that details data measuring outcomes and year-over-year trend data, as specified, and budget information, such as funding allocated to address outcomes, funds allocated to counties and geographic regions and the basis for those allocations, and a breakdown of funded entities by sector.
- 7) Requires DHCS, DPH, and CDE to solicit input from stakeholders in the development of the statewide needs assessment, including representatives of

community-based, county-based, and statewide organizations involved in youth development, health equity, and capacity building, as specified.

- 8) Requires DHCS, DPH, and CDE to require applicants for funding to provide specified information, including certain outcomes targeted by the program, populations served, plans for collaboration among local agencies, and evidence that the program can address specified outcomes. Requires the departments to provide a summary of this information to the Legislature, upon request.
- 9) States legislative intent that a portion of YEPEITA funds be used to test innovative practices to address youth SUDs, including collaborative efforts at the local level through pilot programs. Requires the pilot program to include a plan to conduct a robust evaluation, including to collect and analyze data sufficient to measure effectiveness of programs. Requires priority to be given to pilot programs that are likely to demonstrate positive effects for specified outcomes and that include collaborations among local agencies.
- 10) Requires the expenditure of YEPEITA funds allocated to DHCS, DPH, and CDE to be limited to the following:
  - a) Program administration by the three departments, including implementation, evaluation, and oversight.
  - b) Statewide workforce planning and programs to enhance the number and training of youth SUD providers.
  - c) Technical assistance and professional development resources
  - d) Public awareness campaigns.
- 11) Requires DHCS, in collaboration with DPH and CDE, on or before January 1, 2021, to develop a statewide workforce plan to address shortages in school-based, county-based, and community-based providers in addressing youth SUDs.
- 12) Contains an urgency clause for this bill to go into immediate effect in order to address the growing need to educate about and prevent the crisis of SUDs, and prevent harm from substance abuse, among youth, by appropriate and systematically implementing youth-specific programs.
- 13) Requires the provisions in this bill to be implemented only to the extent consistent with the YEPEITA.

## STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, “Youth alcohol, tobacco and other drug use is a serious public health concern and is linked to a wide range of academic, social, and health problems. Recent data shows that 10 percent of 7th graders, 23 percent of 9th graders, and 33 percent of 11th graders in California public schools used alcohol or drugs in the previous 30 days.

In 2016, voters approved Proposition 64, which legalizes recreational cannabis for adult use, and allocates a portion of tax revenues generated to the YEPEIT Account to support programs to prevent and treat substance abuse among youth.

The Department of Finance projects \$129 million in the YEPEIT account in 2019-20. Proposition 64 provides no guidance on the evaluation of the programs funded through the YEPEIT account. Oversight is necessary to ensure that these funds go to programs that are evidence-based and meet measurable outcomes in both preventing and treating substance use disorders among California youth.”

2) ***Adult use of Marijuana Act (AUMA)***. In November 2016, voters passed AUMA, which, among other things, allocates 60 percent of taxes on marijuana to the YEPEIT Account to be administered by DHCS for programs for youth that are designed to educate about and to prevent SUDs and to prevent harm from substance abuse. AUMA requires DHCS to enter into interagency agreements with DPH and CDE to implement and administer programs that emphasize accurate education, effective prevention, early intervention, school retention, and timely treatment services for youth and their families and caregivers. Programs are permitted to include components such as:

- a) Prevention and early intervention services to recognize and reduce risk factors related to substance use and the early signs of problematic use and of substance use disorders.
- b) Grants to schools to develop and support student assistance programs to prevent and reduce substance use, improve school retention and performance, support students who are at risk of dropping out of school, and promote alternatives to suspension and expulsion.
- c) Grants to programs for outreach, education, and treatment for homeless youth and out-of-school youth with substance use disorders.
- d) Access and linkage to care provided by county behavioral health programs for youth and their families and caregivers who have SUDs or are at risk of developing an SUD.
- e) Youth-focused SUD programs that are culturally and gender competent, trauma-informed, evidence-based, and provide a continuum of care, as specified.

AUMA contains a provision that prohibits the Legislature, prior to July 1, 2028, from changing the allocation to DHCS from the YEPEITA from its stated purposes.

3) ***Youth with SUDs***. According to the National Institute on Drug Abuse (NIDA), people are most likely to begin abusing drugs—including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood. By the time they are seniors, almost 70 percent of high school students will have tried alcohol, half will have taken an illegal drug, nearly 40 percent will have smoked a

cigarette, and more than 20 percent will have used a prescription drug for a nonmedical purpose. There are many reasons adolescents use these substances, including the desire for new experiences, an attempt to deal with problems or perform better in school, and peer pressure. Adolescents in treatment report abusing different substances than adults do. For example, many more people aged 12 to 17 received treatment for marijuana use than for alcohol use in 2011 (65.5 percent versus 42.9 percent), whereas it was the reverse for adults. When adolescents do drink alcohol, they are more likely than adults to binge drink (defined as five or more drinks in a row on a single occasion). Adolescents are less likely than adults to report withdrawal symptoms when not using a drug, being unable to stop using a drug, or continued use of a drug in spite of physical or mental health problems; but they are more likely than adults to report hiding their substance use, getting complaints from others about their substance use, and continuing to use in spite of fights or legal trouble. NIDA states that adolescents also may be less likely than adults to feel they need help or to seek treatment on their own. Also, adolescents may have more difficulty than adults seeing their own behavior patterns (including causes and consequences of their actions) with enough detachment to tell they need help. Only 10 percent of 12 to 17 year olds needing SUD treatment actually receive any services, and when they do get treatment, it is often for different reasons than adults. The largest proportion of adolescents who receive treatment are referred by the juvenile justice system. NIDA states that given that adolescents with SUDs often feel they do not need help, engaging young patients in treatment often requires special skills and patience.

- 4) **Joint informational hearing.** On February 13, 2019, the Senate Health and Education Committees held a joint informational hearing regarding the implementation of the YEPEITA to inform the Legislature about the planning and coordination among DHCS, DPH, and CDE to prepare for when funds are allocated. The hearing brought to light that, as of present, little has been done other than an informal convening of affected stakeholders—composed of behavioral health providers and advocates, and educators and education advocates—that department representatives occasionally attended. The Legislative Analyst Office (LAO) also provided an overview of AUMA as it relates to the YEPEITA and the potential role of the Legislature in the implementation of YEPEITA. The LAO stated that the Legislature should be guided by lessons learned from the implementation of the Mental Health Services Act which lacked specificity and direction for major areas of implementation including: development of a robust data collection and evaluation framework, establishment of a set selection of outcomes, protocols for the management of unspent funds and establishment of appropriate reserve levels, determination of the relative importance of prevention/early intervention and treatment; and, addressing the workforce capacity issue. The LAO stated these lessons create an opportunity for the Legislature to provide direction and state its preferences related to YEPEITA spending. This bill seeks to implement those LAO recommendations.
- 5) **Double-referral.** This bill was previously heard by the Senate Health Committee which has jurisdiction over bills relating to health, including AUMA.

- 6) ***Related and previous legislation.*** AB 258 (Jones-Sawyer, 2019) establishes the School-Based Pupil Support Services Program to increase in-school support services to pupils by appropriating funding from the YEPEITA.

AB 1031 (Nazarian, 2019) establishes the Youth SUD Treatment and Recovery Program Act of 2019. Requires DHCS to establish community-based nonresidential and residential treatment and recovery programs to intervene and treat the problems of alcohol and drug use among youth under 21 years of age. AB 1031 is pending in the Senate Appropriations Committee.

AB 1085 (McCarty, 2019) encourages specified after school programs to establish programs that are designed to educate about and prevent SUDs or to prevent harm from substance abuse. Authorizes the DHCS to consider selecting those programs for funding from the Account. AB 1085 is pending in the Senate Appropriations Committee.

SB 445 (Portantino, 2019) establishes the Children, Adolescents, and Young Adults Substance Use Disorder, Treatment, Early Intervention, and Prevention Act (the Act) which requires the DHCS to convene an expert panel to advise DHCS on the development of youth SUD treatment, early intervention, and prevention quality standards, as specified. Defines youth SUD treatment services to include any publicly funded direct services intended to address or treat SUDs for individuals from birth to 26 years of age. SB 445 is pending in the Assembly Appropriations Committee.

AB 1135 (Wood, 2017-18 Session) would have required DPH and CDE to establish an inclusive public stakeholder process to seek input from stakeholders to determine a disbursement formula for the funds provided to DHCS from AUMA. AB 1135 would have required the findings of the stakeholder meetings to be given to DHCS and considered by DHCS when determining funding priorities for those moneys. AB 1135 was held in the Assembly Appropriations Committee.

## **SUPPORT**

California Association for Alcohol/Drug Educators  
California Council of Community Behavioral Health Agencies  
California Society of Addictive Medicine  
California Teachers Association  
County Behavioral Health Directors Association  
St. John's Well Child and Family Center

## **OPPOSITION**

None received

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