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# SENATE COMMITTEE ON EDUCATION

Senator Carol Liu, Chair  
2015 - 2016 Regular

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**Bill No:** AB 580  
**Author:** O'Donnell  
**Version:** June 24, 2015  
**Urgency:** No  
**Consultant:** Lynn Lorber  
**Hearing Date:** July 1, 2015  
**Fiscal:** Yes

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

## SUMMARY

This bill requires the California Department of Education (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.

## BACKGROUND

The federal Individuals with Disabilities Education Act provides that students with exceptional needs identified as having “emotional disturbance” may be eligible to receive mental health services. Mental health services are considered “related services” and include counseling, psychological services, parent counseling and training, and residential placement, among others. (United States Code, Title 20, § 1400 et seq. and Code of Federation Regulations, Title 34, § 300.34)

AB 114 (Committee on Budget, Chapter 43, Statutes of 2011), shifted responsibility for mental health services for students from counties to local educational agencies (LEAs). Any and all services identified in a student’s individualized education program (IEP) must be provided, whether directly by LEA employees or through contract with outside providers such as county mental health agencies. LEAs are required to ensure services are provided to students regardless of who provides or pays for those services. (Education Code § 56139)

## ANALYSIS

This bill requires 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.

- 1) Requires the CDE to consult with the members of the Student Mental Health Policy Workgroup, LEAs that have served as state or regional leaders in student mental health initiatives, county mental health programs, and current classroom teachers and administrators, classified staff, staff who hold student personnel services credentials, school nurses, school counselors and other professionals involved in student mental health as the CDE deems appropriate.
- 2) Requires the protocols to be designed for use, on a voluntary basis, by schoolsites, school districts, county offices of education, charter schools, and the State Special

Schools, and by preparation programs for teachers, administrators, school counselors, student personnel services, and school nurses.

- 3) Requires the protocols to do all of the following:
  - a) Address the appropriate and timely referral by school staff of students with mental health concerns.
  - b) Reflect a multitiered system of support processes and positive behavioral interventions and supports.
  - c) Be adaptable to varied local service arrangements for mental health services.
  - d) Reflect evidence-based and culturally appropriate approaches to student mental health referral.
  - e) Address the inclusion of parents and guardians in the referral process.
  - f) Be written to ensure clarity and ease of use by certificated and classified school employees.
  - g) Reflect differentiated referral processes for students with disabilities and other populations for whom the referral process may be distinct.
  - h) Be written to ensure that school employees act only within the authorization or scope of their credential or license.
  - i) Be consistent with state activities conducted by the California Department of Education (CDE) in the administration of federally funded mental health programs.
- 4) Requires the CDE to post the model referral protocols on its website.
- 5) Provides that nothing in this bill is to be construed as authorizing or encouraging school employees to diagnose or treat mental illness unless they are specifically licensed and employed to do so.
- 6) Provides that the implementation of this bill is contingent upon funds being appropriated for its purpose, and requires the model referral protocols to be completed and made available within two years of the date funds are received or allocated to implement the provisions of this bill.

## STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, "In surveys, California educators report their lack of preparedness in addressing pupil mental health challenges as a major barrier to instruction. According to the CDE's Student Mental Health Policy Workgroup, most educators and staff lack training to identify pupils who may be in need of support, and to make referrals to help students manage mental health issues and succeed in school. In particular, the CDE has identified inadequate

identification and service referral, and inconsistent student mental health policies, as major factors contributing to students' lack of access to support for mental health concerns."

- 2) ***What does school staff do now?*** Statutes are silent with regard to the process followed by school employees to refer students for mental health assessments and services. Teachers are specifically authorized to make a referral for assessment for special education and related services, but mental health needs may not necessitate special education. It is likely that schools notify the school or school district counselor, psychologist or nurse of mental health concerns.
- 3) ***Existing statewide student mental health initiatives.*** The state is currently engaged in a number of initiatives aimed at improving support for student mental health needs. Among them are:

*Student Mental Health Policy Workgroup.* In 2012, the Superintendent of Public Instruction and the California Mental Health Services Act (CalMHSA) convened a Student Mental Health Policy Workgroup (workgroup) to develop policy recommendations that promote early identification, referral, coordination, and access to quality mental health services for students. The workgroup is comprised of teachers, school counselors, school social workers, school psychologists, school nurses, and school administrators, as well as state and county mental health professionals.

The workgroup has noted the connection between mental wellness and academic achievement, attendance, and behavior. It has also noted that California's educators acknowledge their lack of preparedness in addressing pupil mental health challenges as a major barrier to instruction. The workgroup found that "most educators and staff lack training to identify pupils who may be in need of support, make referrals, and, as appropriate, to help pupils overcome or manage mental health barriers and succeed in school." They also noted that mental health challenges disproportionately impact students who face stressors such as violence, trauma, and poverty.

*Regional K-12 Student Mental Health training.* Since 2011, CalMHSA has funded a Student Mental Health Initiative through the California County Superintendents Educational Services Association. This project is designed to build capacity and cross-system collaboration to develop and sustain school-based mental health programs addressing prevention and early identification strategies.

One of the goals of this project is the training of school staff. Since 2011 this project has used a train-the-trainer model to provide educators with tools for the early identification and prevention of mental health problems. Two thousand trainings have been conducted, with over 140,000 participants. The estimated total reach of this project is two million students, or one third of the state's enrollment.

The major program topics were school climate and culture, bullying prevention, mental health and wellness, youth development. Participants included school staff, students, parents, mental health staff and providers, community organizations, and

law enforcement. According to evaluation responses, these trainings have significantly increased educators' awareness of mental health issues and knowledge of referral processes. California County Superintendents Educational Services Association (CCSESA) estimates that this program cost an average of \$2.25 per student per year. Since 2014 this project has declined significantly in size as a result of decreased funding.

*California Department of Education's training project.* California Mental Health Services Act (CalMHSA) has also funded mental health training through the California Department of Education (CDE), Training Educators through Recognition and Identification Strategies (TETRIS), Eliminating Barriers to Learning (EBL) project. This statewide K-12 Mental Health Program promotes school and student wellness and academic achievement by increasing capacity for all school and administrative staff to identify students who are experiencing mental health issues early on. To accomplish this goal, the CDE subcontracted with the Placer County Office of Education to deliver 11 TETRIS EBL workshops annually through 2019. The curriculum used for the TETRIS EBL workshops was developed by the United States Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). Kognito Interactive Online Simulation Program is also used as an outside source to help support school staff in initiating conversations with students around the subject of mental health and suicidal ideation.

*SAMHSA "Now is the Time" pilot projects.* Following the school shooting at Sandy Hook Elementary in Connecticut in December 2012, President Obama established a grant program to increase students' access to mental health services. California received \$9.7 million from the "Now is the Time Project Advancing Wellness and Resilience in Education" (NITT AWARE) grant last fall. According to the CDE, the grant has two components. Three local educational agencies (LEAs), Garden Grove Unified School District, Santa Rosa City Schools, and the San Diego County Office of Education, were selected to participate in the first component of the grant. The LEAs will establish a process for referring and connecting children to mental health services. If successful, the models developed by these LEAs can be shared statewide. The second component utilizes a training program called Youth Mental Health First Aid. The training teaches school staff how to help youth experiencing mental health or addictions challenges, or are in crisis.

- 4) **Audit request.** Senator Beall requested an audit of mental health services for students, which was approved by the Joint Legislative Audit Committee on April 22, 2015. The request asks for the audit to, among other things:
  - a) Provide the following information for pre- and post- AB 114 disaggregated by students for whom an individualized education plan (IEP) identifies them as emotionally disturbed, for students whose IEP may also call for mental health services, and for students who qualify or do not qualify for Med-Cal services:
    - i) Compare the number of students each special education local plan area (SELPA) served under AB 3632 to the number served under AB 114.

- ii) Determine whether the type of frequency of service, and the providers of services, changed under the transition from AB 3632 to AB 114.
  - iii) For a selection of students served under AB 3632, determine whether their individualized education plans (IEP) were changed during the special education local plan areas (SELPA) transition to AB 114.
- b) Determine whether changes in treatment were made by service providers as a result of the transition from AB 3632 to AB 114.
  - c) Identify the state and federal funding sources for mental health services for students with disabilities, for the past five fiscal years.
  - d) Identify the number of students with mental health issues in California and compare that to the number of students actually receiving services.
- 5) **Fiscal impact.** According to the Assembly Appropriations Committee, this bill would result in one-time costs in the range of \$135,000 to \$145,000 for the California Department of Education (CDE) to develop model referral protocols for addressing student mental health concerns.
- 6) **Related legislation.** AB 104 (Committee on Budget, Ch. 13, 2015) appropriates \$10 million to the Superintendent of Public Instruction to provide technical assistance and develop statewide resources to assist local educational agencies to establish and align systems of learning and behavioral supports.

AB 1133 (Achadjian, 2015 ) establishes a four year pilot program, the School-Based Early Mental Health Intervention and Prevention Services Support Program to provide outreach, free regional training, and technical assistance for local educational agencies in providing mental health services at school sites. AB 1133 was held on the Assembly Appropriations Committee's suspense file.

AB 1018 (Cooper, 2015) requires the CDE and the Department of Health Care Services (DHCS) to convene a task force to examine the delivery of mental health services through the Early and Periodic Screening, Diagnosis, and Treatment services. AB 1018 is pending in the Senate Health Committee.

AB 1299 (Ridley-Thomas, 2015) requires the California Health and Human Services Agency to coordinate with DHCS and the Department of Social Services to facilitate the receipt of medically necessary specialty mental health services by foster youth. AB 1299 is pending in the Senate Human Services Committee.

## SUPPORT

California Association of School Counselors  
 California Medical Association  
 California School Nurses Organization  
 Mental Health America of California  
 Santa Clara County Office of Education

**OPPOSITION**

None received.

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