

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: SB 509 **VERSION:** AMENDED APRIL 20, 2023

AUTHOR: PORTANTINO **SPONSOR:** CALIFORNIA COUNCIL OF COMMUNITY
BEHAVIORAL HEALTH AGENCIES

RECOMMENDED POSITION: NONE

SUBJECT: SCHOOL EMPLOYEE AND PUPIL TRAINING: YOUTH MENTAL AND BEHAVIORAL
HEALTH: MENTAL HEALTH EDUCATION

Summary:

This bill requires the Department of Education to make sure that at least 75 percent of its classified and certificated school employees at each school who have direct contact with pupils have received training in youth behavioral health. It also requires that all pupils in grades 1-12 receive evidence-based, age-appropriate mental health education from trained instructors at least once in elementary school, at least once in junior high/middle school, and at least once in high school.

Existing Law:

- 1) States that the governing board of a school district shall give diligent care to the health and physical development of pupils and may employ properly certified persons for the work. (EC §49400)
- 2) Requires the Department of Education (DOE) to recommend best practices and identify evidence-based and evidence-informed training programs for schools to address youth and behavioral health, including staff and pupil training. (EC §49428.15(b))
- 3) Requires the DOE to ensure each training program it identifies meets all of the following (EC §49428.15(c)):
 - a) Provides instruction on recognizing the signs and symptoms of youth behavioral health disorders, including common psychiatric conditions and substance use disorders.
 - b) Instructs on how school staff can provide referrals to youth behavioral health services or other support to individuals in early stages.

- c) Instructs on maintaining pupil privacy and confidentiality in accordance with privacy laws.
 - d) Instructs on safe de-escalation of crisis situations.
 - e) Is able to assess trainee knowledge before and after training to measure training outcomes.
 - f) Is administered by a nationally recognized training authority in youth behavioral health disorders, or by a local education agency.
 - g) Includes in-person and virtual training with certified instructors able to recommend community resources for youth with a behavioral health disorder.
- 4) Requires every school district, county office of education, state special school, and charter school that offers at least one course in health education to middle or high school students to include instruction in mental health covering specified content in those courses. (EC §51925)
 - 5) Requires the mental health instruction be appropriate for use with pupils of all races, genders, sexual orientations, ethnic and cultural backgrounds, those with disabilities, and English learners. (EC §51926(a))
 - 6) Requires the DOE to develop a plan to expand mental health instruction in California public schools by January 1, 2024. (EC §51929)

This Bill:

- 1) Requires local education agencies to certify to the DOE that 75 percent of its classified employees, and 75 percent of its certificated employees who have direct contact with pupils at each school have received the youth behavioral health training, by July 1, 2027. (EC §49428.15(d))
- 2) Allows local education agencies to exclude licensed mental health professionals holding a pupil personnel service credential from the training. (EC §49428.15(e))
- 3) Instead of requiring that a school's course in middle or high school health education include instruction in mental health covering specified content areas, instead requires that all pupils in grades 1-12 receive evidence-based, age-appropriate mental health education from trained instructors at least once in elementary school, at least once in junior high/middle school, and at least once in high school. (EC §51925)

Comment:

- 1) **Author's Intent.** The author discusses California's youth mental health crisis, and states the following:

“In order to successfully address this issue, we must ensure members of our schools and communities are equipped with the skills and knowledge to recognize and respond to the signs of mental health and substance use. Under existing law, the California Department of Education is required to identify an evidence-based mental health training program for local educational agencies to use to train teachers and other school personnel who have direct, contact with pupils. However, schools are not mandated to require such training for their staff. This differs from other mandated trainings for school personnel including CPR and Mandated Reporting.”

2) California Mental Health Services Oversight and Accountability Commission Report.

In their fact sheet for the bill, the author references a 2020 report from the California Mental Health Services Oversight and Accountability Commission, which recommended that the state act to make schools “centers of wellness and healing” where students mental health needs can be met. A link to that report can be found [here](#).

3) Previous Legislation.

- SB 14 (Chapter 672, Statutes of 2021) required the DOE to recommend best practices and identify evidence-based and evidence-informed youth behavioral health training programs, including staff and pupil training.
- SB 224 (Chapter 675, Statutes of 2021) Required every school district, county office of education, state special school, and charter school that offers at least one course in health education to middle or high school students to include instruction in mental health in those courses. It also requires the DOE to develop a plan to expand mental health instruction in California public schools by January 1, 2024.

4) Support and Opposition

Support:

- California Council of Community Behavioral Health Agencies (Sponsor)
- American Foundation for Suicide Prevention
- California Access Coalition
- California Alliance of Caregivers
- California Alliance of Child and Family Services
- California Coalition for Mental Health
- California State Association of Psychiatrists
- California Youth Empowerment Network
- Children Now
- Children's Institute

- Community Solutions for Children, Families and Individuals
- Democratic Club of Claremont
- Depression and Bipolar Support Alliance California
- East Bay Children's Law Offices
- Hillside
- Mental Health America of California
- Monarch School
- National Association of Social Workers, California Chapter
- National Council for Mental Wellbeing
- NextGen California
- Pallet Shelter
- PathPoint
- Steinberg Institute
- Sycamores
- Tessie Cleveland Community Services Corporation
- The California Association of Local Behavioral Health Boards and Commissions
- The Kennedy Forum
- 18 individuals

Opposition:

- California Teachers Association

5) History

04/20/23 Read second time and amended. Re-referred to Com. on APPR.
 04/19/23 From committee: Do pass as amended and re-refer to Com. on APPR.
 (Ayes 7. Noes 0.) (April 19).
 04/11/23 From committee with author's amendments. Read second time and
 amended. Re-referred to Com. on ED.
 04/03/23 Set for hearing April 19.
 02/22/23 Referred to Com. on ED.
 02/15/23 From printer. May be acted upon on or after March 17.
 02/14/23 Introduced. Read first time. To Com. on RLS. for assignment. To print.

AMENDED IN SENATE APRIL 20, 2023

AMENDED IN SENATE APRIL 11, 2023

SENATE BILL

No. 509

**Introduced by Senator Portantino
(Coauthor: Senator Roth)**

(Coauthors: Assembly Members Jackson, Lackey, Mathis, and Waldron)

February 14, 2023

An act to amend Sections 49428.15 and 51925 of the Education Code, relating to pupil health.

legislative counsel's digest

SB 509, as amended, Portantino. School employee and pupil training: youth mental and behavioral health: mental health education.

(1) Existing law, subject to an appropriation, requires the State Department of Education to recommend best practices and identify training programs for use by local educational agencies to address youth behavioral health, on or before January 1, 2023, as provided. Existing law requires the department to ensure that each identified training program, among other requirements, provides instruction on recognizing the signs and symptoms of youth behavioral health disorders, including common psychiatric conditions and substance use disorders, and on how school staff can best provide referrals to youth behavioral health services or other support to individuals in the early stages of developing a youth behavioral health disorder.

This bill would delete the *term "common" from the* specific examples ~~from~~ *included in* the above-described training requirement of youth behavioral health disorders. The bill would require, on or before ~~January~~ *July 1, 2027*, local educational agencies to certify to the department that 75% of each of its classified and certificated employees, who have

direct contact with pupils at school, have received that youth behavioral health training, as specified. The bill would prohibit the training in youth behavioral health to be a condition of employment or hiring. By imposing training certification duties on local educational agencies, the bill would impose a state-mandated local program.

(2) Existing law requires, if a school district, county office of education, state special school, or charter school offers one or more courses in health education to pupils in middle school or high school, that the course or courses include instruction in mental health that meet certain requirements, including, among others, defining signs and symptoms of common mental health challenges and the ability to identify warning signs of common mental health problems, as specified.

This bill instead would require a school district, county office of education, state special school, or charter school to ensure that all pupils in grades 1 to 12, inclusive, receive evidence-based, age-appropriate mental health education from instructors trained in the appropriate courses at least once in elementary school, at least once in junior high school or middle school, as applicable, and at least once in high school, as provided. The bill would delete the term “common” from the above-described requirements. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill also would make legislative findings and declarations related to the benefits of mental health education for those pupils.

~~(3) Under existing law, each school district and county office of education is responsible for the overall development of a comprehensive school safety plan for each of its schools operating kindergarten or any of grades 1 to 12, inclusive, in cooperation with certain local entities. Existing law requires that the plan identify appropriate strategies and programs that will provide or maintain a high level of school safety and address the school’s procedures for complying with existing laws related to school safety. Existing law requires a charter school to annually update its school safety plan that includes certain safety topics and procedures.~~

~~This bill would additionally require a county office of education, school district, or charter school that serves pupils in any of grades 7 to 12, inclusive, to annually include in its comprehensive school safety plan or school safety plan, as applicable, the number of school employees that have received the youth behavioral health training described in paragraph (1) above and the percentage of total school employees that received that training. By imposing new duties on local~~

~~educational agencies, the bill would impose a state-mandated local program.~~

(4)

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. (a) The Legislature finds and declares all of the
2 following:

3 (1) Mental health is critical to overall health, well-being, and
4 academic success.

5 (2) Mental health challenges affect all age groups, races,
6 ethnicities, and socioeconomic classes.

7 (3) Millions of Californians, including at least one in five youths,
8 live with mental health challenges. Millions more are affected by
9 the mental health challenges of someone else, such as a close friend
10 or family member.

11 (4) Mental health education is one of the best ways to increase
12 awareness and the seeking of help, while reducing the stigma
13 associated with mental health challenges. The public education
14 system is the most efficient and effective setting for providing this
15 education to all youth.

16 (b) For the foregoing reasons, it is the intent of the Legislature
17 in enacting this measure to ensure that all California pupils in
18 grades 1 to 12, inclusive, have the opportunity to benefit from a
19 comprehensive mental health education.

20 SEC. 2. Section 49428.15 of the Education Code is amended
21 to read:

22 49428.15. (a) For purposes of this section, the following
23 definitions apply:

24 (1) "Evidence-based" means peer-reviewed, scientific research
25 evidence, including studies based on research methodologies that

1 control threats to both the internal and the external validity of the
2 research findings.

3 (2) “Evidence-informed” means using research that is already
4 available and has been tested for efficacy and effectiveness. This
5 evidence is then combined with the experiences and expertise of
6 the training program developers to best fit the population intended
7 to be served.

8 (3) “Local educational agency” means a county office of
9 education, school district, state special school, or charter school
10 that serves pupils in any of grades 7 to 12, inclusive.

11 (4) “Youth behavioral health disorders” means pupil mental
12 health and substance use disorders.

13 (5) “Youth behavioral health training” means training addressing
14 the signs and symptoms of a pupil mental health or substance use
15 disorder.

16 (b) The department shall, on or before January 1, 2023,
17 recommend best practices, and identify evidence-based and
18 evidence-informed training programs for schools to address youth
19 behavioral health, including, but not necessarily limited to, staff
20 and pupil training.

21 (c) In identifying one or more evidence-based or
22 evidence-informed youth behavioral health training programs for
23 use by local educational agencies to train school staff or pupils
24 pursuant to subdivision (b), the department shall ensure that each
25 training program meets all of the following requirements:

26 (1) Provides instruction on recognizing the signs and symptoms
27 of youth behavioral health ~~disorders.~~ *disorders, including*
28 *psychiatric conditions and substance abuse disorders such as*
29 *opioid and alcohol abuse.*

30 (2) Provides instruction on how school staff can best provide
31 referrals to youth behavioral health services or other support to
32 individuals in the early stages of developing a youth behavioral
33 health disorder.

34 (3) Provides instruction on how to maintain pupil privacy and
35 confidentiality in a manner consistent with federal and state privacy
36 laws.

37 (4) Provides instruction on the safe deescalation of crisis
38 situations involving individuals with a youth behavioral health
39 disorder.

1 (5) Is capable of assessing trainee knowledge before and after
2 training is provided in order to measure training outcomes.

3 (6) Is administered by a nationally recognized training authority
4 in youth behavioral health disorders or by a local educational
5 agency.

6 (7) (A) Includes in-person and virtual training with certified
7 instructors who can recommend resources available in the
8 community for individuals with a youth behavioral health disorder.

9 (B) For purposes of this paragraph, “certified instructors” means
10 individuals who obtain or have obtained a certification to provide
11 the selected youth behavioral health training.

12 (d) Subject to subdivision (e), on or before ~~January~~ *July* 1, 2027,
13 a local educational agency shall certify to the department that 75
14 percent of its classified employees and 75 percent of its certificated
15 employees having direct contact with pupils at each school have
16 received the youth behavioral health training described in
17 subdivision (c) in accordance with all of the following:

18 (1) Except as provided in paragraph (2), the youth behavioral
19 health training is provided to classified and certificated employees
20 during regularly scheduled work hours.

21 (2) If a classified or certificated employee receives the youth
22 behavioral health training in a manner other than through an
23 in-service training program provided by the local educational
24 agency, the employee may present a certificate of successful
25 completion of the training to the local educational agency for
26 purposes of satisfying the requirements of this subdivision.

27 (3) The youth behavioral health training shall not be a condition
28 of employment or hiring for classified or certificated employees.

29 (e) A local educational agency ~~shall~~ *may* exclude a licensed
30 mental health professional who holds a pupil personnel service
31 credential from the youth behavioral health training required by
32 this section.

33 (f) Notwithstanding paragraph (6) of subdivision (c), a local
34 educational agency may meet the requirements of this section by
35 having a school employee of the local educational agency who
36 holds a pupil personnel service credential provide the youth
37 behavioral health training to the school employees of the local
38 educational agency, if the training program is identified by the
39 department on a list pursuant to subdivision (c). *School employees*
40 *who provide the youth behavioral health training to other school*

1 *employees are required to complete any training requirements*
2 *necessary, as established by the training program identified, to*
3 *provide training to other school employees.*

4 ~~(g) A local educational agency shall include in its school safety~~
5 ~~plan, in addition to the safety topics listed in subparagraphs (A)~~
6 ~~to (J), inclusive, of paragraph (2) of subdivision (a) of Section~~
7 ~~32282, the number of school employees and the total percentage~~
8 ~~of school employees that annually have received the youth~~
9 ~~behavioral health training required by this section.~~

10 (h)

11 (g) This section shall be implemented only to the extent that an
12 appropriation is made in the annual Budget Act or another statute
13 for these purposes.

14 SEC. 3. Section 51925 of the Education Code is amended to
15 read:

16 51925. Each school district, county office of education, state
17 special school, and charter school shall ensure that all pupils in
18 grades 1 to 12, inclusive, receive evidence-based, age-appropriate
19 mental health education from instructors trained in the appropriate
20 courses at least once in elementary school, at least once in junior
21 high school or middle school, as applicable, and at least once in
22 high school. This instruction shall include all of the following:

23 (a) Reasonably designed instruction on the overarching themes
24 and core principles of mental health.

25 (b) Defining signs and symptoms of mental health challenges.
26 Depending on pupil age and developmental level, this may include
27 defining conditions such as depression, suicidal thoughts and
28 behaviors, schizophrenia, bipolar disorder, eating disorders, and
29 anxiety, including post-traumatic stress disorder.

30 (c) Elucidating the evidence-based services and supports that
31 effectively help individuals manage mental health challenges.

32 (d) Promoting mental health wellness and protective factors,
33 which includes positive development, social and cultural
34 connectedness and supportive relationships, resiliency, problem
35 solving skills, coping skills, self-esteem, and a positive school and
36 home environment in which pupils feel comfortable.

37 (e) The ability to identify warning signs of mental health
38 problems in order to promote awareness and early intervention so
39 that pupils know to take action before a situation turns into a crisis.

40 This shall include instruction on both of the following:

1 (1) How to seek and find assistance from professionals and
2 services within the school district that includes, but is not limited
3 to, school counselors with a pupil personnel services credential,
4 school psychologists, and school social workers, and in the
5 community for themselves or others.

6 (2) Evidence-based and culturally responsive practices that are
7 proven to help overcome mental health challenges.

8 (f) The connection and importance of mental health to overall
9 health and academic success and to co-occurring conditions, such
10 as chronic physical conditions, chemical dependence, and substance
11 abuse.

12 (g) Awareness and appreciation about the prevalence of mental
13 health challenges across all populations, races, ethnicities, and
14 socioeconomic statuses, including the impact of race, ethnicity,
15 and culture on the experience and treatment of mental health
16 challenges.

17 (h) Stigma surrounding mental health challenges and what can
18 be done to overcome stigma, increase awareness, and promote
19 acceptance. This shall include, to the extent possible, classroom
20 presentations of narratives by trained peers and other individuals
21 who have experienced mental health challenges and how they
22 coped with their situations, including how they sought help and
23 acceptance.

24 SEC. 4. If the Commission on State Mandates determines that
25 this act contains costs mandated by the state, reimbursement to
26 local agencies and school districts for those costs shall be made
27 pursuant to Part 7 (commencing with Section 17500) of Division
28 4 of Title 2 of the Government Code.

O