

**Assembly Bill No. 580**

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Passed the Assembly September 3, 2015

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*Chief Clerk of the Assembly*

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Passed the Senate September 1, 2015

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*Secretary of the Senate*

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This bill was received by the Governor this \_\_\_\_\_ day  
of \_\_\_\_\_, 2015, at \_\_\_\_\_ o'clock \_\_\_\_M.

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*Private Secretary of the Governor*

## CHAPTER \_\_\_\_\_

An act to add Section 33319.6 to the Education Code, relating to pupil health.

## LEGISLATIVE COUNSEL'S DIGEST

AB 580, O'Donnell. Pupil mental health: model referral protocols.

Existing law provides that school districts and county offices of education are responsible for the overall development of a comprehensive school safety plan for each of their constituent schools, and encourages school safety plans to include clear guidelines for the roles and responsibilities of certain parties with school-related health and safety responsibilities, as specified.

This bill would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers and administrators. The bill would require the department to post the model referral protocols on its Internet Web site. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose. The bill would also state various findings and declarations of the Legislature relating to pupil mental health.

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

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

(1) Research points to a strong connection between mental wellness and academic achievement.

(2) Research demonstrates that early detection and treatment of mental illness improves attendance, behavior, and academic achievement.

(3) It is estimated that 20 percent of children have mental health issues, 80 percent of whom are estimated to be undiagnosed and untreated. The lack of attention to a child's mental health has

significant effects on his or her school achievement and life outcomes.

(4) Mental health challenges disproportionately impact pupils who face stressors such as violence, trauma, and poverty.

(5) California’s educators report their lack of preparedness in addressing pupil mental health challenges as a major barrier to instruction. Most educators and staff lack training to identify pupils who may be in need of support and to make referrals, as appropriate, to help pupils overcome and manage mental health issues and succeed in school.

(6) The State Department of Education has identified inadequate service referral and inconsistent pupil mental health policies as major factors contributing to pupils’ lack of access to support for mental health concerns.

(7) Several initiatives are underway to improve the early identification and referral of pupils for help with mental health challenges. These include the California County Superintendents Educational Services Association’s K-12 Student Mental Health Initiative, funded by the California Mental Health Services Authority; the federally funded Project Cal-Well administered by the State Department of Education; Training Educators through Recognition and Identification Strategies (TETRIS); the Eliminating Barriers to Learning (EBL) project administered by the State Department of Education and funded by the California Mental Health Services Authority; and the Student Mental Health Policy Workgroup established by the Superintendent of Public Instruction and the California Mental Health Services Authority.

(8) In spite of these efforts, no model referral protocol exists to guide schools and local educational agencies in appropriate and timely intervention for pupil mental health concerns.

(9) The State Department of Education, through its Project Cal-Well and its Student Mental Health Policy Workgroup, is well positioned to provide state leadership and guidance to local educational agencies so that they are better able to address pupil mental health concerns.

(b) It is therefore the intent of the Legislature to direct the development of model, evidence-based referral protocols for addressing pupil mental health concerns that may be voluntarily used by schoolsites, school districts, county offices of education,

charter schools, and teacher and administrator preparation programs.

SEC. 2. Section 33319.6 is added to the Education Code, to read:

33319.6. (a) The department shall develop model referral protocols for addressing pupil mental health concerns. In developing these protocols, the department shall consult with the members of the Student Mental Health Policy Workgroup, local educational agencies that have served as state or regional leaders in state or federal pupil mental health initiatives, county mental health programs, current classroom teachers and administrators, current schoolsite classified staff, current schoolsite staff who hold pupil personnel services credentials, current school nurses, current school counselors, and other professionals involved in pupil mental health as the department deems appropriate.

(b) These protocols shall be designed for use, on a voluntary basis, by schoolsites, school districts, county offices of education, charter schools, and the state special schools for the blind and the deaf, and by teacher, administrator, school counselor, pupil personnel services, and school nurse preparation programs operated by institutions of higher education. The protocols shall do all of the following:

(1) Address the appropriate and timely referral by school staff of pupils with mental health concerns.

(2) Reflect a multitiered system of support processes and positive behavioral interventions and supports.

(3) Be adaptable to varied local service arrangements for mental health services.

(4) Reflect evidence-based and culturally appropriate approaches to pupil mental health referral.

(5) Address the inclusion of parents and guardians in the referral process.

(6) Be written to ensure clarity and ease of use by certificated and classified school employees.

(7) Reflect differentiated referral processes for pupils with disabilities and other populations for whom the referral process may be distinct.

(8) Be written to ensure that school employees act only within the authorization or scope of their credential or license. Nothing in this section shall be construed as authorizing or encouraging

school employees to diagnose or treat mental illness unless they are specifically licensed and employed to do so.

(9) Be consistent with state activities conducted by the department in the administration of federally funded mental health programs.

(c) The department shall post the model referral protocols on its Internet Web site so that they may be accessed and used by educational institutions specified in subdivision (b).

(d) This section is contingent upon funds being appropriated for its purpose to the department in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.

(e) The model referral protocols shall be completed and made available within two years of the date funds are received or allocated to implement this section.





Approved \_\_\_\_\_, 2015

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*Governor*