

AMENDED IN ASSEMBLY APRIL 6, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1025**

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**Introduced by Assembly Member Thurmond**

February 26, 2015

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An act to add Section 124174.7 to the Health and Safety Code, relating to pupil health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1025, as amended, Thurmond. Pupil health: multitiered and integrated interventions pilot program.

Existing law establishes a system of public elementary and secondary schools in this state, and provides for the establishment of school districts and other local educational agencies to operate these schools and provide instruction to pupils. Existing law requires the Superintendent of Public Instruction, among his or her other duties, to serve as the chief executive officer of the State Department of Education.

This bill would require the State Department of Education to *develop and implement federal Substance Abuse and Mental Health Services Administration "Now is The Time" funded pilot projects and to establish a 3-year pilot program additional pilot programs* to encourage inclusive practices that integrate mental health, special education, and school climate interventions following a multitiered framework ~~in 3 schools in 10 school districts~~, *school districts that apply to participate*, as specified. The bill would require the State Department of Education to select schools where at least 60% of the student body is eligible for a free or reduced-price meal program and whose applications provide an estimate for the amount of funding being requested for start up and evaluation and detail a model approach that targets the behavioral,

emotional, and academic needs of pupils with multitiered and integrated mental health, special education, and school climate interventions. The bill, contingent on the enactment of an appropriation for this purpose, would require the department to provide startup and evaluation funding to each school participating in the pilot program, and would require the schools to provide certain information to the State Department of Education in accordance with a comprehensive evaluation plan developed by the State Department of Health Care Services, *the Mental Health Services Oversight and Accountability Commission*, and the State Department of Education to assess the impact of the pilot program and disseminate best practices. The bill would require the State Department of Education to submit a report to the Legislature evaluating the success of the pilot program at the end of the 3-year period. *The bill would require the Mental Health Services Oversight and Accountability Commission to revise its guidelines and regulations regarding prevention and early intervention programs in K–12 schools, as specified.*

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

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

- 1 SECTION 1. (a) The Legislature finds and declares that pupils
- 2 from all backgrounds and circumstances in California deserve
- 3 adequate behavioral and academic support to achieve their full
- 4 potential. The Legislature further finds and declares all of the
- 5 following:
- 6 (1) Pupils in California face relational and environmental
- 7 stressors that diminish their ability to achieve their full potential.
- 8 Among these complex challenges may be poverty, frequent
- 9 exposure to violence, placement in the foster care system, and
- 10 other negative experiences that result in chronic stress and trauma.
- 11 Nearly 700,000 pupils in California receive special education
- 12 services, and nearly one-in-four youth are living in poverty. Nearly
- 13 60,000 youth are currently placed in foster care, and as many as
- 14 20 percent of youth are in need of mental health interventions.
- 15 (2) Pupils with these stressors are frequently failed by the current
- 16 policies and systems in place, as measured by indicators for
- 17 academic outcomes, social inclusion, emotional development,
- 18 mental health support, and general pupil well-being.

1 (A) In California, more than 20 percent of special education  
2 pupils spend less than 40 percent of their day within their regular  
3 classroom, an indicator of inclusion, compared to 14 percent of  
4 special education pupils nationally and a federal target of less than  
5 9 percent.

6 (B) Only 59 percent of special education pupils graduated from  
7 high school within four years in the 2010–11 fiscal year compared  
8 to 76 percent of all pupils.

9 (C) Statewide, a recent study found only 58 percent of foster  
10 youth in grade 12 graduated compared to 85 percent of all youth,  
11 with nearly 14 percent of foster youth in grade 12 dropping out of  
12 school.

13 (D) Far too often, youth with mental health challenges do not  
14 receive the services they need. For instance, one study found that  
15 nearly two-thirds of adolescents who experienced a major  
16 depressive disorder in the last year did not receive treatment.

17 (E) Even by grade 3, low-income pupils perform substantially  
18 below their higher income peers in areas of social and emotional  
19 skill, social and emotional development, engagement in school,  
20 and physical well-being.

21 (3) Current funding practices fail to adequately incentivize  
22 schools to invest in front-end preventative measures that would  
23 reduce overall cost of special education.

24 (4) Delivery of comprehensive community-based support and  
25 resources requires a high level of collaboration among schools,  
26 school districts, and county mental health agencies.

27 (5) Inclusive multitiered systems of behavioral and academic  
28 supports are essential to providing high-quality, cost-effective  
29 special education programs that benefit all pupils.

30 (6) *The State Department of Education has recently received a*  
31 *grant from the federal Substance Abuse and Mental Health Services*  
32 *Administration to develop these special education programs and*  
33 *has selected the City of Santa Rosa, the City of Garden Grove,*  
34 *and San Diego County for pilot programs.*

35 (7) *Similar pilot programs are already established in the City*  
36 *of Oakland and in San Bernardino County.*

37 (8) *The programs in the City of Oakland and San Bernardino*  
38 *County are demonstrating that these programs generate savings*  
39 *that more than offset their costs.*

1 (b) It is the intent of the Legislature that, upon demonstrated  
 2 success of the pilot program established pursuant to Section  
 3 124174.7 of the Health and Safety Code, the evaluated models can  
 4 be adopted by a large number of schools to increase the efficient  
 5 and effective utilization of available community resources in order  
 6 to promote the success of all pupils.

7 SEC. 2. Section 124174.7 is added to the Health and Safety  
 8 Code, to read:

9 124174.7. (a) (1) The State Department of Education shall  
 10 *develop and implement federal Substance Abuse and Mental Health*  
 11 *Services Administration “Now is The Time” funded pilot projects*  
 12 *in accordance with this section and shall establish a three-year*  
 13 ~~pilot program~~ *additional pilot programs* in accordance with this  
 14 section to encourage inclusive practices that integrate mental  
 15 health, special education, and school climate interventions  
 16 following a multitiered framework.

17 (2) For purposes of this section, “department” means the State  
 18 Department of Education.

19 (b) ~~The~~ *To the extent that funds are appropriated in the annual*  
 20 *Budget Act, the department shall establish the pilot program in*  
 21 *three additional schools in each of 10 five additional school*  
 22 *districts that apply to participate through the submission of detailed*  
 23 *applications providing estimates for the amount of funding being*  
 24 *requested for start-up startup and evaluation of the program and*  
 25 *specifying their intended models. The department shall select*  
 26 *schools where at least 60 percent of the student body is eligible*  
 27 *for a free or reduced-price meal program and whose applications*  
 28 *detail a model approach that targets the behavioral, emotional, and*  
 29 *academic needs of pupils with multitiered and integrated mental*  
 30 *health, special education, and school climate interventions. In*  
 31 *addition to reflecting the school’s specific culture and needs, a*  
 32 *school’s model shall include all of the following:*

33 (1) Formalized collaboration with local mental health agencies  
 34 to provide school-based mental health services that are integrated  
 35 within a multitiered system of support.

36 (2) Leverage of school and community resources to offer  
 37 comprehensive multitiered interventions on a sustainable basis.

38 (3) An initial school climate assessment that includes  
 39 information from multiple stakeholders, including school staff,

1 pupils, and families, that is used to inform the selection of strategies  
2 and interventions that reflect the culture and goals of the school.

3 (4) A coordination of services team that considers referrals for  
4 services, oversees schoolwide efforts, and utilizes data-informed  
5 processes to identify struggling pupils who require early  
6 interventions.

7 (5) Whole school strategies that address school climate and  
8 universal pupil well-being, such as positive behavioral interventions  
9 and supports or the Olweus Bullying Prevention Program, as well  
10 as comprehensive professional development opportunities, that  
11 build the capacity of the entire school community to recognize and  
12 respond to the unique social-emotional, behavioral, and academic  
13 needs of pupils.

14 (6) Targeted interventions for pupils with identified  
15 social-emotional, behavioral, and academic needs, such as  
16 therapeutic group interventions, functional behavioral analysis and  
17 plan development, and targeted skill groups.

18 (7) Intensive services, such as wraparound, behavioral  
19 intervention, or one-on-one support, that can reduce the need for  
20 a pupil's referral to special education or placement in more  
21 restrictive, isolated settings.

22 (8) *Specific strategies and practices that ensure parent*  
23 *engagement with the school, and provide parents with access to*  
24 *resources that support their children's educational success.*

25 (c) Contingent on the enactment of an appropriation in the  
26 annual Budget Act for the purpose of implementing this section,  
27 the department shall provide startup and evaluation funding to  
28 each school participating in the pilot program in the following  
29 amounts:

30 (1) Two hundred fifty thousand dollars (\$250,000) in year one.

31 (2) Two hundred thousand dollars (\$200,000) in year two.

32 (3) One hundred fifty thousand dollars (\$150,000) in year three.

33 (d) (1) The State Department of Health Care Services, *the*  
34 *Mental Health Services Oversight and Accountability Commission,*  
35 and the department shall develop a comprehensive evaluation plan  
36 to assess the impact of the pilot program and disseminate best  
37 practices.

38 (2) Outcomes and indicators to be reported pursuant to this  
39 subdivision by schools participating in the pilot program shall  
40 include, but need not be limited to, those already being collected

1 by schools, as well as designated measures of pupil well-being,  
2 academic achievement, and school engagement and attendance.

3 (3) (A) The department, in compliance with Section 9795 of  
4 the Government Code, shall submit a report to the Legislature at  
5 the end of the three-year period evaluating the success of the  
6 program and making further recommendations. The department  
7 shall make the report available to the public, and shall post it on  
8 the department's Internet Web site.

9 (B) The requirement to submit a report to the Legislature  
10 imposed under subparagraph (A) is inoperative, pursuant to Section  
11 10231.5 of the Government Code, four years after the report is  
12 due.

13 *(e) The Mental Health Services Oversight and Accountability*  
14 *Commission shall revise its guidelines and regulations for*  
15 *Prevention and Early Intervention Programs of the Mental Health*  
16 *Services Act, pursuant to Section 5840 of the Welfare and*  
17 *Institutions Code, to require that these prevention and early*  
18 *intervention programs in K–12 schools are designed to support*  
19 *the implementation or expansion of model programs in accordance*  
20 *with the criteria set forth in this section.*