

---

# SENATE COMMITTEE ON EDUCATION

Senator Benjamin Allen, Chair  
2017 - 2018 Regular

---

**Bill No:** AB 2698 **Hearing Date:** June 13, 2018  
**Author:** Rubio  
**Version:** May 1, 2018  
**Urgency:** No **Fiscal:** Yes  
**Consultant:** Olgalilia Ramirez

**Subject:** California state preschool programs: general child care and development programs: mental health consultation services: adjustment factors.

**NOTE:** This bill has been referred to the Committees on Education and *Human Services*. A "do pass" motion should include referral to the Committee on *Human Services*.

## SUMMARY

This bill defines early childhood mental health consultation service and expresses the intent of the Legislature to encourage the provision of these services in subsidized early care and education programs, specifies that the costs of providing early childhood mental health consultation services are reimbursable under certain conditions, and adds an adjustment factor.

## BACKGROUND

Existing law:

- 1) Establishes the Child Care and Development Services Act to provide child care and development services as part of a coordinated, comprehensive, and cost-effective system serving children from birth to 13 years old and their parents including a full range of supervision, health, and support services through full- and part-time programs. (Education Code § 8200 *et seq.*)
- 2) Defines "child care and development services" to mean services designed to meet a wide variety of children's and families' needs while parents and guardians are working, in training, seeking employment, incapacitated, or in need of respite. (EC § 8208 (j))
- 3) Requires the Superintendent of Public Instruction to administer general child care and development programs to include, among other things as specified, age- and developmentally-appropriate activities, supervision, parenting education and involvement, and nutrition. Further allows such programs to be designed to meet child-related needs identified by parents or guardians, as specified. (EC § 8240 and 8241)
- 4) Defines "California State Preschool Program" to mean part-day and full-day educational programs for low-income or otherwise disadvantaged three- and

four-year olds, and includes the California State Preschool Program (CSPP) under the definition of “child care and development programs” which offer a full range of services for children from 0 to 13 years of age, as specified. (EC § 8208 (i) and (ad))

- 5) Requires the Superintendent of Public Instruction (SPI) to administer all CSPPs, which include, but are not limited to, part-day age- and developmentally appropriate programs designed to facilitate the transition to kindergarten for three- and four-year-old children in educational development, health services, social services, nutritional services, parent education and parent participation, evaluation, and staff development. (EC § 8235(a))
- 6) Authorizes a part-day CSPP to provide services to children in families with incomes up to 15 percent above the income eligibility threshold, as specified, provided all other eligible three- and four-year-olds have been enrolled. Further specifies that no more than 10 percent of the children enrolled under a provider’s entire contract can be children in families above the income eligibility threshold. (EC § 8235(c))
- 7) Authorizes a part-day CSPP to, after all otherwise eligible children have been enrolled, provide services to three- and four-year old children whose families earn incomes above the eligibility threshold if the children have been identified as “children with exceptional needs” pursuant to current law, as specified. (EC § 8235 (d))
- 8) Requires the SPI to implement a plan that establishes reasonable standards and assigned reimbursement rates for child care and development services, to vary by length of program year and hours of service, and establishes amounts for, and provides for an annual cost-of-living adjustment to, the standard reimbursement rate. (EC § 8265)
- 9) Establishes adjustment factors to reimbursement rates for child care and development services, applied by multiplying the applicable adjustment factor by the provider agency’s reported child days of enrollment for the child(ren) to whom the adjustment factor applies, in order to reflect the additional expense of serving children of specific ages and with certain needs including, as specified: infants served in child day care centers; toddlers served in child day care centers; infants and toddlers served in family child care homes; children between the ages of 0 and 21 with exceptional needs; children between the ages of 0 and 21 with severe disabilities; children between the ages of 0 and 14 at risk of neglect, abuse, or exploitation; and limited-English-speaking and non-English-speaking children between 2 years of age and kindergarten age. Further, prohibits the days of enrollment for children who meet more than one adjustment-factor criteria from being adjusted more than once, and requires the increase in reimbursement amounts resulting from application of the adjustment factor(s) to be used to serve each child for whom an adjustment factor is claimed. (EC § 8265.5)

- 10) Establishes the School-based Early Mental Health Intervention (EMHI) and Prevention Services for Children Act of 1991, and authorizes the Director of the Department of Health Care Services (DHCS), in consultation with the Superintendent of Public Instruction (SPI), to provide matching grants to local education agencies (LEAs) to pay the state share of the costs of providing school-based early mental health intervention and prevention services to eligible students, subject to the availability of funding each year. Defines “eligible pupil” for this purpose as a student who attends a publicly funded elementary school and who is in kindergarten or grades 1 to 3, inclusive. Existing law also defines “local educational agency” as a school district, county office of education, or a state special school (Welfare & Institutions Code (Welfare and Institutions Code 4380 et seq).
- 11) Establishes the Primary Intervention Program (PIP) a school-based program designed for the early detection and prevention of emotional, behavioral, and learning problems in primary grade children and children in publicly funded preschools with services provided by child aides or unpaid volunteers under the supervision of mental health professionals (WIC 4343 et seq).

## ANALYSIS

This bill:

- 1) States findings and declarations relative to the benefit of early childhood mental health consultation models.
- 2) States that it is the Legislature’s intent to, in enacting the provisions of the bill, encourage mental health consultation services in California state preschools and general child care and development programs as a means of providing adequate support to teachers, children, and caregivers, in addressing challenging behaviors and other social, emotional, and mental health concerns.
- 3) Defines, “early childhood mental health consultation service” to mean a service benefitting a child who is served in a California State preschool program, an infant or toddler who is 0 to 36 months of age and is served in a general child care and development program in accordance with the State Child Care and Development Services Act described.
- 4) Provides that “early childhood mental health consultation service” includes, but is not limited to all of the following:
  - a) Support to respond effectively to all children, with a focus on young children with disabilities, challenging behaviors, and special needs.
  - b) Assistance through individual sit consultations, provision of resources, formulation of training plans, referrals, and other methods that address the unique needs of programs and providers.
  - c) Aid to providers in developing the skills and tools needed to be successful

as they support the development and early learning of all children, including observing environments, facilitating the development of action plans, and supporting site implementation of those plans.

- d) The development of strategies for addressing prevalent child mental health concerns, including internalizing problems, such as appearing withdrawn, and externalizing problems, such as exhibiting challenging behaviors.
  - e) If a child exhibits persistent and serious challenging behaviors, support with the pursuit and documentation of reasonable steps to maintain the child's safe participation in the program, as described.
- 5) Provides that the cost to a provider agency for providing an early childhood mental health consultation service is reimbursable if all of the following apply:
- a) The early childhood mental health consultation service is provided on a schedule of sufficient and consistent frequency to ensure that a mental health consultant is available to partner with staff and families in a timely and effective manner.
  - b) The early childhood mental health consultation service is supervised by a licensed marriage and family therapist, a licensed clinical social worker, or a doctor of psychology. This bill requires that the supervisor be adequately insured, and have held his or her respective license for a minimum of two years, and be in full compliance with all continuing education requirements applicable to his or her profession.
  - c) The early childhood mental health consultation service uses a relationship-based model emphasizing strengthening relationships among early childhood education providers, parents, children and representatives of community systems and resources, and integrates reflective practice into the onsite consultation model.
- 6) Specifies that the child days of enrollment be multiplied by an adjustment factor of 1.05 for children who are served in a California State preschool program, infants and toddlers who are served in general child care and development programs, or children who are served in a family child care home education network setting funded by a general child care and development program, where early childhood mental health consultation services are provided.
- 7) Specifies that children for whom one or more adjustment factors applies, in addition than that specified in (6) above, the child days of enrollment is multiplied by the sum of the applicable adjustment factors plus .05.
- 8) Makes technical changes.

## STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, “this bill will benefit children in the California State Preschool Program, and infants and toddlers in general child care and development programs, by increasing access to critical early childhood mental health consultation services. The bill authorizes providers to utilize existing subsidized child care funds to provide these valuable services, which research shows can improve outcomes for children and help prevent expulsions. Recent data shows expulsion occurs frequently in preschool program across the United States. Nationally, three and four year olds enrolled in Pre-K are expelled 3.2 times more frequently than K-12 students, while California’s Pre-K expulsion rates are even higher than the national average. Furthermore, Pre-K expulsion disproportionately affects children of color. Recent studies show that African American children are twice as likely to be expelled as any other group. Additionally, Latino and white children face expulsion rates of over twice the national average for k-12. In this manner, children are “pushed out” of Pre-K at a time when their need for support is crucial. Children expelled from Pre-k are ten times more likely to be expelled from K-12.

Early child mental health consultation models provide important supports for effective classroom management and positive learning environments, including supportive teacher practices and strategies for supporting children with challenging behaviors and other social emotional and mental health concerns. Research shows these models can play an important role in addressing challenging behaviors and can yield positive social and emotional outcomes for children, including reducing preschool expulsions.”

- 2) ***State-subsidized child care.*** Families may be eligible for state-subsidized child care through participation in CalWORKs, or based on income and if they can show need for child care services. Income eligibility for families that are not current recipients of CalWORKs (general child care) is established, initially, at 70 percent of state median income. Families remain income eligible until their adjusted monthly income exceeds 85 percent of the most recent state median income, adjusted for family size. The state’s child care and development services are delivered to eligible families through two categories of providers, providers with a direct service contract with the California Department of Education and voucher-based licensed and licensed-exempt. This mixed delivery system allows families to choose from center-based care, family child care homes and in-home care.
- 3) ***California State Preschool Program.*** State Preschool provides both part-day (at least 3 hours per day) and full-day (at least 6.5 hours per day) services to eligible three- and four-year-olds. State Preschool can be offered in various settings, including child care centers, family child care network homes, school districts, or county offices of education. Approximately two-thirds of children in State Preschool are served by local education agencies, and the remaining one-third are served by community-based organizations. State Preschool programs must have a 1:8 adult-to-child ratio, and a 1:24 teacher-to-child ratio teachers must have a Child Development Teacher Permit, which includes 24 units in early childhood education and/or child development and 16 general education units.

This bill seeks to provide children served in the California State Preschool Program, infants and toddlers in general child care programs, and children (ages 0 to 5) served in family child care home networks with in-direct mental health services by directly offering consultation services to providers for supporting children with challenging behaviors and other social, emotional, and mental health concerns.

- 4) **Provider Reimbursement Rates.** California has established two methodologies for determining the reimbursement rates for child care and development services. Voucher-based providers are reimbursed using a Regional Market Rate (RMR) survey, with rates varying regionally. Rate ceilings are established for each county according to estimates of the 75th percentile of rates for the various types of child care settings. Direct contract providers are reimbursed using the Standard Reimbursement Rate (SRR) set by the state. These programs receive the same reimbursement rate, no matter where in the state the program is located but are eligible for adjustments based on the needs of the children served. The SRR is \$45.44 per child per day of enrollment.
- 5) **Adjustment factor.** Current law authorizes an adjustment increase in the Standard Reimbursement Rate, recognizing that there are higher costs to serve certain populations, including the following:

Infants (0 – 18 months):	1.7
Toddlers (18 – 36 months):	1.4
Infants and Toddlers in Family child care home:	1.4
Children with exceptional needs (0 to 21 years):	1.2
Severely disabled children (0 – 21 years):	1.5
Child at risk of neglect, abuse, or exploitation (0 – 14):	1.1
Limited-English-speaking (2 – kindergarten age)	1.1

This bill establishes a new adjustment factor for children who are served by the specified programs where early childhood mental health consultation services are provided. Additionally, the bill requires, for a child who meets both the criteria for one of the existing adjustment factors and the proposed mental health adjustment factor, that the reported child days of enrollment for that child be multiplied by the sum of the existing applicable adjustment factor and .05.

- 6) **Clarifying determination for frequency of service.** This bill provides that the cost to a provider agency for providing an early childhood mental health consultation service is reimbursable via the adjustment factor provisions if, among other things, the early childhood mental health consultation service is provided on a schedule of sufficient and consistent frequency. *It's unclear which entity is responsible for determining what constitutes "sufficient and consistent," for reimbursement purposes. The author may wish to consider clarifying that it is the Department of Education's responsibility to do so.*
- 7) **Related Legislation.** AB 2292 (Aguiar-Curry, 2018) establishes a program to recruit, train and support new family child care providers; adjusts the reimbursement rate for infant and toddler care; and increases access to inclusive early care and education environments by providing grants for one-time

infrastructure costs. AB 2292 is also set to be heard in this committee on June 13<sup>th</sup>.

**SUPPORT**

First 5 California  
Think Together  
Children's Defense Fund  
Kidango  
Los Angeles County Office of Education  
Early Childhood Mental Health Consultation Services

**OPPOSITION**

None received

**-- END --**