

AMENDED IN ASSEMBLY APRIL 17, 2013

AMENDED IN ASSEMBLY APRIL 4, 2013

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 174**

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**Introduced by Assembly Member Bonta**

January 24, 2013

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

LEGISLATIVE COUNSEL'S DIGEST

AB 174, as amended, Bonta. Public school health centers.

Existing law establishes the Public School Health Center Support Program, pursuant to which the State Department of Public Health, in collaboration with the State Department of Education, provides, among other things, technical assistance to school health centers on effective outreach and enrollment strategies to identify children who are eligible for, but not enrolled in, the Medi-Cal program, the Healthy Families Program, or any other applicable program and technical assistance to facilitate and encourage the establishment, retention, or expansion of school health centers.

This bill would require the State Department of Public Health to establish a grant program within the Public School Health Center Support Program that would be known as Promoting Resilience: Offering Mental Health Interventions to Support Education (PROMISE). The program would provide resources to eligible applicants, including local education agencies, nonprofit organizations, and community health centers, to fund activities and services to directly address the mental

health and related needs of students who are impacted by trauma, as specified. *The bill would define trauma for these purposes.* The bill would require the department to implement these provisions only to the extent that funding is made available, as specified. The bill would also include legislative findings and declarations.

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. The Legislature finds and declares all of the  
2 following:
- 3 (a) Trauma has serious short- and long-term consequences for  
4 health, educational achievement, and well-being. Trauma has been  
5 defined as experiences or situations that are emotionally painful  
6 and distressing, and that overwhelm an individual's ability to cope,  
7 and as chronic adversity, including, but not limited to,  
8 discrimination, racism, oppression, and poverty.
- 9 (b) Children and youth who are neglected or abused, or who  
10 feel unsafe in their homes, schools, or communities, experience  
11 trauma that can have lasting negative impacts.
- 12 (c) Children and youth in low-income neighborhoods are  
13 disproportionately impacted by trauma, including, but not limited  
14 to, violence. For example, 20 percent of California children from  
15 families with annual incomes below twenty-five thousand dollars  
16 (\$25,000) feel somewhat unsafe or very unsafe in their  
17 neighborhoods, versus just 2 percent of California children from  
18 families with annual incomes above one hundred twenty-five  
19 thousand dollars (\$125,000).
- 20 (d) Children and youth of color are disproportionately impacted  
21 by violence. Compared to Caucasians, African American children  
22 and youth are three times more likely, and Latino children and  
23 youth are two times more likely, to be exposed to shootings, bombs,  
24 and riots.
- 25 (e) Boys and young men of color are particularly likely to be  
26 impacted by trauma. For example, compared to rates among  
27 Caucasians, boys and young men of color have more than twice  
28 the risk of witnessing domestic violence, being abused and  
29 neglected, or having an incarcerated parent. Homicide is the leading

1 cause of death among male African American adolescents,  
2 occurring at a rate 15 times greater than among Caucasians.

3 (f) The likelihood of boys and young men suffering from  
4 post-traumatic stress disorder is two and one-half times greater  
5 among African American boys and young men and four and  
6 one-tenth times greater among Latino boys and young men, as  
7 compared to among Caucasians.

8 (g) Mental health services can have a positive and significant  
9 impact on life outcomes for children and adolescents impacted by  
10 trauma.

11 (h) However, of the almost 13 percent of adolescents who report  
12 needing help for emotional or mental health problems, over 60  
13 percent do not receive counseling. Among adolescents living below  
14 the poverty line, 92 percent of those who report needing help for  
15 emotional or mental health problems did not receive counseling  
16 in the past year. The percentage of adolescents who report needing  
17 help for emotional or mental health problems is widely assumed  
18 to be less than the percentage who would benefit from these  
19 services.

20 (i) Adolescents are less likely than almost all other age groups  
21 to have a usual source of health care. Male adolescents, and  
22 particularly male adolescents of color, are even less likely to have  
23 a usual place to go when they are sick or need health advice.

24 (j) California's 200 school health centers are predominantly  
25 located in low-income communities, where students are  
26 disproportionately impacted by trauma. For example, 80 percent  
27 of school health center clients seen in the County of Alameda in  
28 the 2010–11 school year had witnessed violence or been a victim  
29 of violence during their lifetime.

30 (k) Among adolescents in managed care plans, those with access  
31 to a school health center are 10 times more likely to access mental  
32 health or substance abuse services than those without access to a  
33 school health center.

34 (l) School health centers see higher proportions of adolescent  
35 males than other care settings, including community clinics or  
36 private practices.

37 (m) Research shows that students receiving mental health  
38 services at school health centers have significant improvements  
39 in their presenting problems and that school-based mental health

1 services can be more efficacious than those provided in community  
2 settings.

3 (n) School-based mental health programs focused specifically  
4 on trauma have been shown to reduce post-traumatic stress  
5 disorder, depression, and psychosocial dysfunction.

6 (o) Schools and school health centers do not currently have  
7 access to sufficient funding to reach more than a fraction of the  
8 students impacted by trauma and who would benefit from mental  
9 health services. The many barriers to securing sufficient funding  
10 include, but are not limited to, high proportions of uninsured  
11 students and restrictions on the services that are reimbursable  
12 through programs such as the California Victim Compensation  
13 Program and the Medi-Cal program.

14 (p) The Early and Periodic Screening, Diagnosis and Treatment  
15 Program, a Medi-Cal program that is a major source of funding  
16 for school-based mental health services, excludes many of the  
17 young people who need its services. Barriers include, but are not  
18 limited to, Medi-Cal eligibility, low provider participation,  
19 restrictive diagnostic and medical necessity criteria, and the  
20 requirement that a parent or guardian consent for services.

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

23 124174.7. (a) The State Department of Public Health shall  
24 establish a grant program within the Public School Health Center  
25 Support Program to fund activities and services to directly address  
26 the mental health and related needs of students who are impacted  
27 by trauma. This grant program shall be named Promoting  
28 Resilience: Offering Mental Health Interventions to Support  
29 Education (PROMISE).

30 (b) Grant funds shall be used according to the following  
31 requirements:

32 (1) Grant funds shall be used by eligible applicants to directly  
33 address the mental health and related needs of students who are  
34 impacted by trauma.

35 (2) Grant funds may be used for the following activities and  
36 services:

37 (A) Individual, family, and group counseling.

38 (B) Targeted outreach and education.

39 (C) Risk screening, triage, and referral to campus-based services.

40 (D) Schoolwide violence prevention and response efforts.

1 (E) Youth development programming related to trauma and  
2 violence.

3 (F) Crisis response coordination and services.

4 (G) Case management services.

5 (H) Coordination with off-campus mental health and support  
6 services.

7 (I) Staff training and consultation on supporting students'  
8 trauma-related needs.

9 (J) Oversight, coordination, and evaluation of the above  
10 activities and services.

11 (3) Individual, family, and group counseling funded by a grant  
12 awarded pursuant to this section may be provided by any of the  
13 following:

14 (A) A mental health clinician licensed by the Board of  
15 Behavioral Sciences, including a licensed marriage and family  
16 therapist, a licensed clinical social worker, or a licensed educational  
17 psychologist.

18 (B) A clinical psychologist licensed by the Board of Psychology.

19 (C) A psychiatric nurse practitioner licensed by the Board of  
20 Registered Nursing.

21 (D) A psychiatrist licensed by the Medical Board of California.

22 (E) A school social worker credentialed by the State of  
23 California.

24 (F) An unlicensed mental health professional who is registered  
25 by either the Board of Behavioral Sciences or the Board of  
26 Psychology, and who is receiving clinical supervision as prescribed  
27 by that entity.

28 (4) Other activities and services, including schoolwide violence  
29 prevention efforts, shall be provided or overseen by a mental health  
30 professional as described in subparagraphs (A) through (F),  
31 inclusive, of paragraph (3).

32 (c) Grant funds shall be awarded according to the following  
33 requirements.

34 (1) Eligible applicants shall include:

35 (A) Local education agencies.

36 (B) Nonprofit organizations.

37 (C) Community health centers.

38 (D) County mental health departments.

39 (2) Grant applications shall comply with all of the following:

- 1 (A) Applicants shall describe their program to address the mental  
2 health and other related needs of students who are impacted by  
3 trauma, and to foster a positive school climate. At a minimum, the  
4 program described in the application shall include:
- 5 (i) Individual, family, and group counseling.
  - 6 (ii) Youth development programming related to trauma and  
7 violence.
  - 8 (iii) Schoolwide violence prevention and response efforts,  
9 including, at a minimum, training for staff on trauma and their  
10 roles in preventing and responding to it.
  - 11 (iv) Coordination between school-based and community  
12 services.
  - 13 (v) A discussion of any components of the program for which  
14 funding does not yet exist or is currently insufficient and for which  
15 they are seeking grant funding.
- 16 (B) Demonstrate the applicant’s ability to provide a dedicated  
17 space located on the school campus that will serve as the hub of  
18 the program, that will be youth friendly, and, for middle and high  
19 schools, that will be regularly accessible to students on a drop-in  
20 basis.
- 21 (C) Provide evidence of a strong partnership and commitment  
22 to collaboration between the school and any agencies or  
23 organizations that will provide mental health, medical, or other  
24 related services on the school campus, whether funded by this  
25 grant or another funding source. Specific mechanisms by which  
26 applicants shall provide this evidence shall be detailed in the  
27 request for applications, but may include letters of agreement or  
28 support, memoranda of understanding, or draft, signed  
29 subcontracts.
- 30 (3) As detailed in the request for applications, priority for  
31 awarding a grant shall be given to eligible applicants that  
32 demonstrate ~~one or more~~ of the following:
- 33 (A) High levels of exposure to trauma and violence among the  
34 target population.
  - 35 (B) Limited access to mental health services among the target  
36 population.
  - 37 (C) An ability to meet the cultural and linguistic needs of the  
38 target population.

- 1 (D) An ability to engage and serve subgroups of students within  
2 the target population who are disproportionately impacted by  
3 trauma and violence.
- 4 (E) ~~A plan~~ *An ability* to hire staff with similar backgrounds and  
5 experiences to the target population and who can therefore enhance  
6 program impact.
- 7 (F) ~~A plan~~ *An ability* to obtain additional sources of funding or  
8 third-party reimbursement to create a robust and sustainable  
9 school-based mental health program.
- 10 (G) ~~A plan~~ *An ability* to integrate mental health and related  
11 services with primary medical care.
- 12 (d) An eligible applicant that receives grant funds shall commit  
13 to all of the following:
- 14 (1) Establish a written memorandum of understanding (MOU)  
15 between the school, the school district, and other agencies or  
16 organizations providing grant-funded mental health, medical, or  
17 other related services, in an effort to develop a strong collaborative  
18 partnership between involved entities.
- 19 (A) The collaborative partnership shall do all of the following:
- 20 (i) Include local education agency-employed personnel,  
21 including school administrators, teachers, and staff, and any school  
22 health personnel, including school nurses or social workers.
- 23 (ii) Include personnel employed by other agencies or  
24 organizations, including community health centers, who provide  
25 relevant services on campus.
- 26 (iii) Establish and implement regular communication protocols  
27 between the school and agencies or organizations.
- 28 (iv) Engage all relevant personnel in identifying students who  
29 would benefit from mental health or other related services and  
30 linking them to those services.
- 31 (v) Promote the integration of funded services into the overall  
32 school environment.
- 33 (B) The MOU shall do both of the following:
- 34 (i) Describe how services are coordinated on the campus and  
35 how services will be integrated into the overall school environment.
- 36 (ii) Ensure the confidentiality and privacy of both education  
37 and health information, consistent with applicable federal and state  
38 laws.
- 39 (2) Make services available to all students in the school,  
40 regardless of ability to pay.

1 (3) Submit an annual report, including a discussion of all of the  
2 following:

3 (A) The activities and services funded through the grant award.

4 (B) The number of students served through specific activities  
5 and services.

6 (C) The roles and credentials of personnel funded through the  
7 grant award.

8 (D) Any additional funding sources that are available to enhance  
9 or sustain activities and services. To the extent possible, grant  
10 reporting requirements shall be consistent with those required by  
11 other funding mechanisms that support the program.

12 (e) The department shall implement this section only to the  
13 extent that funding is made available from the following sources:

14 (1) From funding made available through public sources, upon  
15 appropriation by the Legislature, as applicable, and to the extent  
16 permitted by law.

17 (2) From other resources, including federal funding, in-kind  
18 assistance, private funding, and foundation support for the  
19 operation and distribution of grants for this program.

20 (f) *For purposes of this section, “trauma” or “trauma exposure”*  
21 *is defined as experiencing or being witness to community violence,*  
22 *terrorism, disaster, sexual abuse, or other violent acts. The effects*  
23 *of trauma or trauma exposure include emotional, cognitive,*  
24 *physical, or interpersonal reactions as a result of the event*  
25 *witnessed or experienced.*