

AMENDED IN ASSEMBLY MAY 24, 2013  
AMENDED IN ASSEMBLY APRIL 17, 2013  
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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 *and repeal* Section 124174.7~~to~~ of 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, *within the County of Alameda*, a grant *pilot* 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 operate from*

September 1, 2014, to August 31, 2015. 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, within 60 days following the completion of the program, to submit specified information on the program to the appropriate policy and fiscal committees of the Legislature.* 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: specified, and would require any administrative costs to the department to be paid through nonstate funds. The bill would repeal these provisions on January 1, 2017.~~

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~~

1 and youth are three times more likely, and Latino children and  
2 youth are two times more likely, to be exposed to shootings, bombs,  
3 and riots.

4 (e) Boys and young men of color are particularly likely to be  
5 impacted by trauma. For example, compared to rates among  
6 Caucasians, boys and young men of color have more than twice  
7 the risk of witnessing domestic violence, being abused and  
8 neglected, or having an incarcerated parent. Homicide is the leading  
9 cause of death among male African American adolescents,  
10 occurring at a rate 15 times greater than among Caucasians.

11 (f) The likelihood of boys and young men suffering from  
12 post-traumatic stress disorder is two and one-half times greater  
13 among African American boys and young men and four and  
14 one-tenth times greater among Latino boys and young men, as  
15 compared to among Caucasians.

16 (g) Mental health services can have a positive and significant  
17 impact on life outcomes for children and adolescents impacted by  
18 trauma.

19 (h) However, of the almost 13 percent of adolescents who report  
20 needing help for emotional or mental health problems, over 60  
21 percent do not receive counseling. Among adolescents living below  
22 the poverty line, 92 percent of those who report needing help for  
23 emotional or mental health problems did not receive counseling  
24 in the past year. The percentage of adolescents who report needing  
25 help for emotional or mental health problems is widely assumed  
26 to be less than the percentage who would benefit from these  
27 services.

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

32 (j) California's 200 school health centers are predominantly  
33 located in low-income communities, where students are  
34 disproportionately impacted by trauma. For example, 80 percent  
35 of school health center clients seen in the County of Alameda in  
36 the 2010-11 school year had witnessed violence or been a victim  
37 of violence during their lifetime.

38 (k) Among adolescents in managed care plans, those with access  
39 to a school health center are 10 times more likely to access mental

1 health or substance abuse services than those without access to a  
2 school health center.

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

6 (m) Research shows that students receiving mental health  
7 services at school health centers have significant improvements  
8 in their presenting problems and that school-based mental health  
9 services can be more efficacious than those provided in community  
10 settings.

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

14 (o) Schools and school health centers do not currently have  
15 access to sufficient funding to reach more than a fraction of the  
16 students impacted by trauma and who would benefit from mental  
17 health services. The many barriers to securing sufficient funding  
18 include, but are not limited to, high proportions of uninsured  
19 students and restrictions on the services that are reimbursable  
20 through programs such as the California Victim Compensation  
21 Program and the Medi-Cal program.

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

29 ~~SEC. 2.~~

30 *SECTION 1.* Section 124174.7 is added to the Health and Safety  
31 Code, to read:

32 124174.7. (a) (1) The State Department of Public Health  
33 shall establish a grant *pilot* program within the Public School  
34 Health Center Support Program to fund activities and services to  
35 directly address the mental health and related needs of students  
36 who are impacted by trauma. This grant *pilot* program shall be  
37 named Promoting Resilience: Offering Mental Health Interventions  
38 to Support Education (PROMISE).

1 (2) *The department shall establish the pilot program in the*  
2 *County of Alameda, and up to 10 facilities that meet the*  
3 *requirements in this section may participate in the program.*

4 (3) *The program shall operate for one year, beginning*  
5 *September 1, 2014, and ending on August 31, 2015.*

6 (4) *Within 60 days following completion of the program, the*  
7 *department shall review and compile the results of the summary*  
8 *reports prepared by participating facilities pursuant to paragraph*  
9 *(3) of subdivision (d) and submit that information to the*  
10 *appropriate policy and fiscal committees of the Legislature.*

11 (b) Grant funds shall be used according to the following  
12 requirements:

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

16 (2) Grant funds may be used for the following activities and  
17 services:

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

19 (B) Targeted outreach and education.

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

21 (D) Schoolwide violence prevention and response efforts.

22 (E) Youth development programming related to trauma and  
23 violence.

24 (F) Crisis response coordination and services.

25 (G) Case management services.

26 (H) Coordination with off-campus mental health and support  
27 services.

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

30 (J) Oversight, coordination, and evaluation of the above  
31 activities and services.

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

35 (A) A mental health clinician licensed by the Board of  
36 Behavioral Sciences, including a licensed marriage and family  
37 therapist, a licensed clinical social worker, or a licensed educational  
38 psychologist.

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

- 1 (C) A psychiatric nurse practitioner licensed by the Board of  
2 Registered Nursing.
- 3 (D) A psychiatrist licensed by the Medical Board of California.
- 4 (E) A school social worker credentialed by the State of  
5 California.
- 6 (F) An unlicensed mental health professional who is registered  
7 by either the Board of Behavioral Sciences or the Board of  
8 Psychology, and who is receiving clinical supervision as prescribed  
9 by that entity.
- 10 (4) Other activities and services, including schoolwide violence  
11 prevention efforts, shall be provided or overseen by a mental health  
12 professional as described in subparagraphs (A) through (F),  
13 inclusive, of paragraph (3).
- 14 (5) *Grant funds may be used to provide referrals to*  
15 *evidence-based mental health treatment services in the community.*
- 16 (c) Grant funds shall be awarded according to the following  
17 requirements.
- 18 (1) Eligible applicants shall include:
- 19 (A) Local education agencies.
- 20 (B) Nonprofit organizations.
- 21 (C) Community health centers.
- 22 (D) ~~County~~ *The county* mental health ~~departments~~ *department*.
- 23 (2) Grant applications shall comply with all of the following:
- 24 (A) Applicants shall describe their program to address the mental  
25 health and other related needs of students who are impacted by  
26 trauma, and to foster a positive school climate. At a minimum, the  
27 program described in the application shall include:
- 28 (i) Individual, family, and group counseling.
- 29 (ii) Youth development programming related to trauma and  
30 violence.
- 31 (iii) Schoolwide violence prevention and response efforts,  
32 including, at a minimum, training for staff on trauma and their  
33 roles in preventing and responding to it.
- 34 (iv) Coordination between school-based and community  
35 services.
- 36 (v) A discussion of any components of the program for which  
37 funding does not yet exist or is currently insufficient and for which  
38 they are seeking grant funding.
- 39 (B) Demonstrate the applicant's ability to provide a dedicated  
40 space located on the school campus that will serve as the hub of

1 the program, that will be youth friendly, and, for middle and high  
2 schools, that will be regularly accessible to students on a drop-in  
3 basis.

4 (C) Provide evidence of a strong partnership and commitment  
5 to collaboration between the school and any agencies or  
6 organizations that will provide mental health, medical, or other  
7 related services on the school campus, whether funded by this  
8 grant or another funding source. Specific mechanisms by which  
9 applicants shall provide this evidence shall be detailed in the  
10 request for applications, but may include letters of agreement or  
11 support, memoranda of understanding, or draft, signed  
12 subcontracts.

13 (3) As detailed in the request for applications, priority for  
14 awarding a grant shall be given to eligible applicants that  
15 demonstrate the following:

16 (A) High levels of exposure to trauma and violence among the  
17 target population.

18 (B) Limited access to mental health services among the target  
19 population.

20 (C) An ability to meet the cultural and linguistic needs of the  
21 target population.

22 (D) An ability to engage and serve subgroups of students within  
23 the target population who are disproportionately impacted by  
24 trauma and violence.

25 (E) An ability to hire staff with similar backgrounds and  
26 experiences to the target population and who can therefore enhance  
27 program impact.

28 (F) An ability to obtain additional sources of funding or  
29 third-party reimbursement to create a robust and sustainable  
30 school-based mental health program.

31 (G) An ability to integrate mental health and related services  
32 with primary medical care.

33 (d) An eligible applicant that receives grant funds shall commit  
34 to all of the following:

35 (1) Establish a written memorandum of understanding (MOU)  
36 between the school, the school district, and other agencies or  
37 organizations providing grant-funded mental health, medical, or  
38 other related services, in an effort to develop a strong collaborative  
39 partnership between involved entities.

40 (A) The collaborative partnership shall do all of the following:

- 1 (i) Include local education agency-employed personnel,
- 2 including school administrators, teachers, and staff, and any school
- 3 health personnel, including school nurses or social workers.
- 4 (ii) Include personnel employed by other agencies or
- 5 organizations, including community health centers, who provide
- 6 relevant services on campus.
- 7 (iii) Establish and implement regular communication protocols
- 8 between the school and agencies or organizations.
- 9 (iv) Engage all relevant personnel in identifying students who
- 10 would benefit from mental health or other related services and
- 11 linking them to those services.
- 12 (v) Promote the integration of funded services into the overall
- 13 school environment.
- 14 (B) The MOU shall do both of the following:
- 15 (i) Describe how services are coordinated on the campus and
- 16 how services will be integrated into the overall school environment.
- 17 (ii) Ensure the confidentiality and privacy of both education
- 18 and health information, consistent with applicable federal and state
- 19 laws.
- 20 (2) Make services available to all students in the school,
- 21 regardless of ability to pay.
- 22 (3) ~~Submit an annual~~ *a summary report to the department,*
- 23 ~~including within 30 days following the completion of the program,~~
- 24 *that includes a discussion of all of the following:*
- 25 (A) The activities and services funded through the grant award.
- 26 (B) The number of students served through specific activities
- 27 and services.
- 28 (C) The roles and credentials of personnel funded through the
- 29 grant award.
- 30 (D) Any additional funding sources that are available to enhance
- 31 or sustain activities and services. To the extent possible, grant
- 32 reporting requirements shall be consistent with those required by
- 33 other funding mechanisms that support the program.
- 34 (E) *An analysis of the effects of the program on the surrounding*
- 35 *community.*
- 36 (e) (1) The department shall implement this section only to
- 37 the extent that funding is made available from the following
- 38 sources:
- 39 (H)



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

4 ~~(2)~~

5 (B) From other resources, including federal funding, in-kind  
6 assistance, private funding, and foundation support for the  
7 operation and distribution of grants for this program.

8 *(2) Administrative costs to the department for the establishment*  
9 *and maintenance of this program shall be paid through federal*  
10 *funding, in-kind assistance, private funding, foundation support,*  
11 *and any other nonstate funds.*

12 (f) For purposes of this section, “trauma” or “trauma exposure”  
13 is defined as experiencing or being witness to community violence,  
14 terrorism, disaster, sexual abuse, or other violent acts. The effects  
15 of trauma or trauma exposure include emotional, cognitive,  
16 physical, or interpersonal reactions as a result of the event  
17 witnessed or experienced.

18 *(g) This section shall remain in effect only until January 1, 2017,*  
19 *and as of that date is repealed, unless a later enacted statute, that*  
20 *is enacted before January 1, 2017, deletes or extends that date.*