

Date of Hearing: April 9, 2013

ASSEMBLY COMMITTEE ON HEALTH
Richard Pan, Chair
AB 174 (Bonta) – As Amended: April 4, 2013

SUBJECT: Public school health centers.

SUMMARY: Requires the Department of Public Health (DPH) to establish a grant program, to the extent that funding is made available, to provide resources to eligible applicants for activities and services that directly address the mental health and related needs of students impacted by trauma. Specifically, this bill:

- 1) Makes a number of legislative findings and declarations relating to the short- and long-term consequences of trauma on adolescents and the role that school-based mental health programs focused on trauma play in reducing post-traumatic stress disorder, depression, and psychosocial dysfunction.
- 2) Directs DPH to establish a grant program within its Public School Health Center Support Program (PSHCSP) to fund activities and services to directly address the mental health and related needs of students who are impacted by trauma.
- 3) Authorizes grant funds to be used for the following purposes:
 - a) Individual, family, and group counseling;
 - b) Targeted outreach and education;
 - c) Risk screening, triage, and referral to campus-based services;
 - d) Schoolwide violence prevention and response efforts;
 - e) Youth development programming related to trauma and violence;
 - f) Crisis response coordination and services;
 - g) Case management services;
 - h) Coordination with off-campus mental health and support services;
 - i) Staff training and consultation on supporting students' trauma-related needs; and,
 - j) Oversight, coordination, and evaluation of the items specified in a) through i) above.
- 4) Authorizes the individual, family, and group counseling in 3a) above to be provided by any of the following mental health professionals:
 - a) A mental health clinician licensed by the Board of Behavioral Sciences (BBS);
 - b) A clinical psychologist licensed by the Board of Psychology (BOP);
 - c) A psychiatric nurse practitioner licensed by the Board of Registered Nursing;
 - d) A psychiatrist licensed by the Medical Board of California;
 - e) A school social worker credentialed by the State of California; and,
 - f) An unlicensed mental health professional who is registered by either the BBS or BOP, and who is receiving clinical supervision as prescribed by that entity.

- 5) Requires eligible applicants for grant funds to include local education agencies, nonprofit organizations, community health centers, and county mental health departments.
- 6) Requires applicants to comply with a number of specified requirements in their grant applications, including requirements to describe their program to address the mental health and other related needs of students who are impacted by trauma; demonstrate their ability to provide a dedicated space located on the school campus that will serve as the hub of the program; and, provide evidence of a strong partnership and commitment to collaboration between the school and any agencies or organizations that will provide mental health, medical, or other related services on the school campus.
- 7) Provides that priority for awarding a grant must be given to eligible applicants that demonstrate one or more specified factors as detailed in the request for applications.
- 8) Requires eligible applicants that receive grant funds to commit to all of the following:
 - a) Establish a written memorandum of understanding, as specified, between the school, the school district, and other agencies or organizations providing grant-funded mental health, medical, or other related services, in an effort to develop a strong collaborative partnership, as specified, between involved entities;
 - b) Make services available to all students in the school, regardless of ability to pay; and,
 - c) Submit an annual report to DPH that contains specified information.
- 9) Directs DPH to implement this bill only to the extent that funding is made available from public sources, upon appropriation by the Legislature, as applicable, to the extent permitted by law, and from other resources, including federal funding, in-kind assistance, private funding, and foundation support for the operation and distribution of grants for this program.

EXISTING LAW:

- 1) Requires DPH to establish the PSHCSP to perform specified functions relating to the establishment, retention, or expansion of school health centers (SHCs) in California.
- 2) Establishes a grant program administered by the PSHCSP to provide technical assistance and funding to SHCs, to the extent funds are appropriated for implementation of the PSHCSP. To date, this grant program has not been funded.
- 3) Defines a SHC, for purposes of the PSHCSP, as a center or program that provides age-appropriate health care services at the program site or through referrals, and may be located on or at a local educational agency.

FISCAL EFFECT: This bill has not yet been analyzed by a fiscal committee.

COMMENTS:

- 1) PURPOSE OF THIS BILL. The author states that it is well documented that appropriate mental health services can have a positive and lasting impact on short- and long-term outcomes for children and adolescents impacted by trauma. However, the author notes that many children and youth in California lack access to the health and mental health services

they need and California's 200 SHCs address this gap by putting medical, mental health, and/or dental care on school grounds. The author states that these centers are predominantly located in low income communities where students are disproportionately impacted by trauma in their neighborhoods and cites research showing that adolescents with SHC access are 10 times more likely to access mental health or substance abuse services than those without such access. The author points out that SHCs do not currently have sufficient funding to reach all of the students who would benefit from mental health services focused on trauma and this bill will provide additional resources to enable school-based mental health providers and other student support personnel to provide trauma-informed services on their campuses.

- 2) TRAUMA. According to the National Child Traumatic Stress Network (Network), a collaborative of academic and community-based trauma service centers established by Congress in 2000 and funded by the federal Substance Abuse and Mental Health Services Administration, child trauma is a painfully common problem both domestically and internationally. Although some children are at greater risk of being exposed to trauma than others, traumatic events happen to children of all ages, from all socioeconomic strata, racial and ethnic groups, and geographic regions in the US. The Network estimates that, each year, among US children aged two to 17, 50% are victims of a physical assault; one in eight experiences child abuse; one in 12 experiences sexual victimization; and one in three witnesses violence.

The Network states that child traumatic stress occurs when children and adolescents are exposed to traumatic events or situations that overwhelm their ability to cope. Usually such events threaten the life or physical integrity of the child, or of someone close to the child, or involve the child's witnessing a similar threat to someone else. Traumatic events can evoke powerful psychological and emotional reactions such as an overwhelming sense of terror, helplessness, and horror, as well as physical sensations such as a racing heart, trembling, dizziness, and loss of bowel or bladder control. According to the Network, if left unaddressed, the lasting effects of childhood trauma can place a heavy emotional and economic burden on individuals, families, and communities, and create challenges for virtually all public institutions and service systems.

- 3) SHCs. According to the National Assembly on School-Based Care (NASBC), SHCs provide a broad array of primary care and preventive services, including comprehensive health assessments; prescriptions for medications; treatment for acute illness; asthma treatment; oral health education; and dental screenings. Approximately 75% of SHCs also have mental health providers on staff to offer mental health assessments, crisis intervention, brief and long term therapy, and, other services. SHCs are the primary, and occasionally only, available health care for many children and adolescents who otherwise would have no access. The NASBC states that Congress recognized the importance of SHCs as a key link in the nation's health care safety net by providing \$50 million a year for four years in one-time funding for construction, renovation, and equipment for SHCs in the federal Affordable Care Act and more than 350 applicants from around the nation are seeking funding through the first round of competitive grants created under the law.

According to background information provided by a cosponsor of this bill, the California School Health Centers Association (CSHCA), there are currently 200 SHCs in California. 44% of SHCs are in high schools, 31% are in elementary schools, 13% are in middle schools,

and 12% are "school-linked" or mobile medical vans. CSHCA points out that many SHCs are located in schools serving some of the state's most vulnerable children and on campuses with SHCs, about 70% of students receive free or reduced price meals. Since 2012, CSHCA estimates that 13,500 children have gained access to health care in their school through the expansion of SHCs. SHCs are administered by a variety of organizations, including school districts, Federally Qualified Health Centers, county health departments, hospitals, community-based agencies, and private physician groups. They are financed through grants from state, local, and private sources as well as reimbursements from public programs, such as the Child Health and Disability Prevention Program and Medi-Cal. According to CSHCA, more than half of SHCs recover less than 50% of their operating costs from billing sources.

- 4) SUPPORT. The California Pan-Ethnic Health Network, a cosponsor of this bill, writes in support that too many young people are not getting culturally appropriate and accessible mental health care and this bill will begin to address this growing and unmet need in our communities. Additional supporters, including individual SHCs, children's advocacy groups, and health care providers, state that the grant program in this bill would fund a variety of essential school-based services, including counseling, youth development, and support for teachers and other school staff in identifying and responding to students' trauma-related needs. They add that the creation of a grant program aimed at services for students who have suffered trauma has the potential to improve the health, academic achievement, and life outcomes of California's children.
- 5) PRIOR LEGISLATION.
 - a) AJR 10 (Brownley), Resolution Chapter 68, Statutes of 2011, urges Congress to include an appropriation to fund SHCs in the reauthorization of the federal Elementary and Secondary Education Act.
 - b) SB 564 (Ridley-Thomas), Chapter 381, Statutes of 2008, provides a definition of SHCs and requires DPH, to the extent funds are appropriated for implementation of the PSHCSP, to establish a grant program to provide technical assistance and funding for the expansion, renovation, and retrofitting of existing SHCs and the development of new SHCs, as specified.
 - c) AB 2560 (Ridley-Thomas), Chapter 334, Statutes of 2006, requires the Department of Health Services (DHS), now DPH, to establish the PSHCSP.
 - d) SB 566 (Escutia) of 1999 would have established the SHC Grant Program, to be administered by DHS, to provide grants to qualifying SHCs in order to assist the centers in providing health services to students, provided that funds were appropriated in the annual Budget Act. This bill also would have required DHS to convene a study group to explore long-term strategies to support SHCs and incorporate these centers into a comprehensive and coordinated health care system. This bill was moved to the inactive file on the Senate Floor.
- 6) AUTHOR'S AMENDMENTS. The author intends to offer amendments in committee to provide a definition of trauma and make other minor technical changes.

REGISTERED SUPPORT / OPPOSITION:

Support

California School Health Centers Association (sponsor)
California Pan-Ethnic Health Network (sponsor)
California Immigrant Policy Center
California Medical Association
California Primary Care Association
California State Conference of the National Association for the Advancement of Colored People
Children Now
Children's Defense Fund – California
Eisher Pediatric & Family Medical Center
Greenlining Institute
James Morehouse Project
Lake County Office of Education
Lakeport Unified School District
Latino Coalition for a Healthy California
Lincoln Child Center
Los Angeles County Education Foundation, Inc.
Los Angeles Trust for Children's Health
National Association of Social Workers, California Chapter
Northeast Valley Health Corporation
Partnership for Children and Youth
Prevention Institute
United Way of the Bay Area
Unity Care Group
Young Minds Advocacy Project
Several individuals

Opposition

None on file.

Analysis Prepared by: Cassie Royce / HEALTH / (916) 319-2097