

Assembly Bill No. 174

Passed the Assembly September 10, 2013

Chief Clerk of the Assembly

Passed the Senate September 9, 2013

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2013, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

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

LEGISLATIVE COUNSEL'S DIGEST

AB 174, 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 for the 2015–16 school year. 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 from nonstate resources, as specified. The bill would repeal these provisions on January 1, 2019.

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

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

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

(2) The department shall establish the pilot program in the County of Alameda in up to 10 facilities that meet the requirements in this section.

(3) The program shall operate for the 2015–16 school year.

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

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

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

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

(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.

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

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

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

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

(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.

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

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

(5) Grant funds may be used to provide referrals to evidence-based mental health treatment services in the community.

(c) Grant funds shall be awarded according to the following requirements:

(1) Eligible applicants shall include:

(A) Local education agencies.

(B) Nonprofit organizations.

(C) Community health centers.

(D) The county mental health department.

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

(A) Describe the applicant's program to address the mental health and other related needs of students who are impacted by trauma, and to foster a positive school climate. At a minimum, the program described in the application shall include:

(i) Individual, family, and group counseling.

(ii) Youth development programming related to trauma and violence.

(iii) Schoolwide violence prevention and response efforts, including, at a minimum, training for staff on trauma and their roles in preventing and responding to it.

(iv) Coordination between school-based and community services.

(v) A discussion of any components of the program for which funding does not yet exist or is currently insufficient and for which they are seeking grant funding.

(B) Demonstrate the applicant's ability to provide a dedicated space located on the school campus that will serve as the hub of the program, that will be youth friendly, and, for middle and high schools, that will be regularly accessible to students on a drop-in basis.

(C) Demonstrate that each facility that will provide services is capable of providing trauma-informed services to children and youth.

(D) 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, whether funded by this grant or another funding source. Specific mechanisms by which applicants shall provide this evidence shall be detailed in the request for applications, but may include letters of agreement or support, memoranda of understanding, or draft, signed subcontracts.

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

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

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

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

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

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

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

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

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

(1) Establish a written memorandum of understanding (MOU) 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 between involved entities.

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

(i) Include local education agency-employed personnel, including school administrators, teachers, and staff, and any school health personnel, including school nurses or social workers.

(ii) Include personnel employed by other agencies or organizations, including community health centers, who provide relevant services on campus.

(iii) Establish and implement regular communication protocols between the school and agencies or organizations.

(iv) Engage all relevant personnel in identifying students who would benefit from mental health or other related services and linking them to those services.

(v) Promote the integration of funded services into the overall school environment.

(B) The MOU shall do both of the following:

(i) Describe how services are coordinated on the campus and how services will be integrated into the overall school environment.

(ii) Ensure the confidentiality and privacy of both education and health information, consistent with applicable federal and state laws.

(2) Make services available to all students in the school, regardless of ability to pay.

(3) Submit a summary report to the department, within 30 days following the completion of the program, that includes a discussion of all of the following:

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

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

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

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

(E) An analysis of the effects of the program on the surrounding community.

(e) (1) The department shall implement this section only to the extent that funding is made available from nonstate resources, including federal funding, in-kind assistance, private funding, and foundation support for the operation and distribution of grants for this program and for administrative costs incurred by the department in implementing this section.

(2) The department may work with private entities to facilitate the direct gift of grant funds from the private entity to a grantee.

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

(g) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

Approved _____, 2013

Governor