

Child Trauma-Informed Bills in the California Legislature 2019

Bill Information from Legislature's Committee Analyses

AB 8 (Chu) – Pupil health: mental health professionals

Location: Assembly Committee on Health

Summary¹: This bill would require schools to have one mental health professional for every 400 pupils accessible on campus during school hours, and for schools of less than 400 pupils, to employ at least one mental health professional for one or more schools or enter into an agreement with a county agency or community-based organization to provide mental health services to pupil.

Support²: According to the author, "We need to do more to provide mental health support for youth; the sooner the better. Schools provide the ideal place to reach all students, especially those who currently face barriers to access. The idea for this bill came from dynamic young people engaged on this very issue and they have advocated for schools to support their mental wellness. By placing mental health professionals on campus, this bill will break down stigma while providing timely services for our children and young adults."

Opposition³: No formal statement from California Right to Life Committee, Inc and California School Boards Association

¹ AB 8 Assembly Committee on Education Analysis, March 13, 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB8

² Ibid.

³ Ibid.

AB 302 (Berman): Parking: homeless students

Location: Assembly Appropriations Committee

Summary⁴: This bill would require a community college campus that has parking facilities on campus to grant overnight access to those facilities to any homeless student who is enrolled in coursework, has paid any enrollment fees that have not been waived, and is in good standing with the community college for the purpose of sleeping in the student's vehicle overnight.

Support⁵: According to the sponsor, The Student Senate for California Community Colleges, "According to a survey conducted by the California Community College Chancellor's Office in the Fall of 2017, 25% of students in the community college system face housing insecurity. THh study further reported that 14% of students were completely homeless. With the passage of AB 302, homeless students at community college campuses will be able to park overnight in a safe area. Providing this resource will enable our students to get some rest without having to constantly fear for their safety."

Opposition⁶: Though no groups have taken formal positions of opposition, several have written to express concerns. The Los Rios Community College District noted that "our Colleges already launching initiatives to help homeless students and a 'one size fits all' mandate may not make sense for the diverse community college system. There will be significant costs incurred, which includes security, verification, custodial, liability, mandate cost claims not being fully reimbursed and diversion of Prop 98 funds."

⁴ AB 302 Assembly Higher Education Committee Analysis, April 2, 2019: http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB302

⁵ Ibid.

⁶ Ibid.

AB 656 (E. Garcia): Office of Health and Safe Communities

Location: Assembly Appropriations Committee

Summary⁷: This bill would establish Office of Healthy and Safe Communities under the direction of the California Surgeon General and the Governor, which would provide a comprehensive violence prevention strategy.

Support⁸: According to Public Health Advocates, "Through the creation of the Office of Healthy and Safe Communities (OHSC), California has an opportunity to advance the bold paradigm shift in violence prevention by emphasizing asset-based empowerment approaches to peacemaking, restorative justice, healing and safety, and advancing community prevention and intervention strategies that health and restore people and ensure all communities are full of the opportunities necessary for their residents to thrive and be well."

Opposition⁹: None

⁷ AB 656 Assembly Public Safety Committee analysis, April , 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB656

⁸ Ibid.

⁹ Ibid.

AB 741 (Kalra): Early and Periodic Screening, Diagnosis and Treatment Program: trauma screening

Location: Assembly Health Committee

Summary¹⁰: This bill would require the Department of Health Care Services, in order to ensure the success and sustainability of trauma screenings for children as part of the EPSDT benefit, to provide trainings for certain personnel, including, instruction on how to identify and make appropriate referrals for patients who have tested positive in trauma screenings. The bill would also require DHCS to create specified codes for the administration of and compliance with trauma screening requirements, and to submit a related annual report to the Legislature.

Support¹¹: No analysis on file.

Opposition¹²: No analysis on file.

¹⁰ AB 741 Text language, April 1 2019: http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB741

¹¹ Ibid.

¹² Ibid.

AB 748 (Gipson): Nonminor dependents

Location: Assembly Appropriations Committee

Summary¹³: This bill would include a youth who was subject to an order for foster care before they reached 18 years of age but was not yet adjudged a ward of the juvenile court before reaching their 18th birthday, a youth who appealed an order to dismiss a petition for juvenile court jurisdiction but whose case was not resolved before they reached 18 years of age, and a youth whose parent or guardian do not provide support to the youth but still receive Adoption Assistance Program (AAP) payments or Kinship Guardianship Assistance Payment Program (Kin-GAP) on their behalf, as eligible for extended foster care benefits

Support¹⁴: According to the co-sponsor, Alliance for Children’s Rights, ““re-entry is critical for former foster youth who often require immediate assistance with housing, transportation, food, etc. These youth face a high risk of homelessness and are in danger of aging out of eligibility for services if they have to wait . . . AB 748 eliminates specific administrative barriers and will ensure that youth in need of services are able to benefit from the critical safety net provided by the creation of the Extended Foster Care program. This proposal closes gaps in the law, as identified by the California Court of Appeal, thereby ensuring that California's foster youth have a fighting chance at a successful transition to adulthood.”

Opposition¹⁵: None on file.

¹³ AB 784 Assembly Judiciary Committee analysis April 2, 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB748

¹⁴ Ibid.

¹⁵ Ibid.

AB 875 (Wicks): Pupil health: in-school support services

Location: Assembly Appropriations Committee

Summary¹⁶: This bill would updates the Healthy Start Support Services for Children Grant Program, previously administered by CDE, and identifies potential funding sources for the program.

Support¹⁷: According to the co-sponsors, United Ways of California and the Children’s Defense Fund, California, “children are facing serious barriers in meeting their academic potential and realizing improved health and mental health outcomes in school and in life. Adverse Childhood Experiences, housing and food insecurity, and challenges in accessing developmentally appropriate health and human services are just a few impediments children and families go through and can have a long-lasting impact on a child’s future. AB 875 would reestablish the Healthy Start Initiative to fund local collaboration between schools, communities, parents, county health and human service agencies, and nonprofit service providers. These collaboratives would support children and their families in accessing health/behavioral health care, screenings, basic needs supports, and other opportunities that allow children to thrive. The program will incorporate trauma-informed approaches to education and mental health and integrate funding and services that are essential to meeting this generation of children where they are at and provide the opportunities they need to lead healthy lives.”

Opposition¹⁸: None on file

¹⁶ AB 875 Assembly Education Committee analysis, April 10, 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB875

¹⁷ Ibid

¹⁸ Ibid

AB 887 (Kalra): Office of Health Equity: Surgeon General

Location: Assembly Health Committee

Summary¹⁹: This bill would establish an Office of Health Equity and would require the office to advise and assist other state departments in their mission to increase the general well-being of all Californians, and would require the office to work toward eliminating adverse childhood experiences. The bill would require the office to advise the Governor on a comprehensive approach to addressing health risks and challenges as effectively and early as possible. The bill would prescribe the qualifications of the Surgeon General consistent with the executive order. Under the bill, the Surgeon General would oversee the office and would serve a 4-year term to run concurrently with the term of the Governor. The bill would make the appointment subject to confirmation by the Senate, beginning January 2023. The bill would require the Surgeon General to report to the Governor and to work closely with the State Public Health Officer and the Director of Health Care Services to ensure compliance with the requirements of the office's strategic plans, policies, and implementation activities. The bill would eliminate the position of Deputy Director of the Office of Health Equity, and would, instead, require the Governor to appoint a deputy director to report to the Surgeon General and to work closely with the State Public Health Officer and the Director of Health Care Services to ensure compliance with the requirements of the office's strategic plans, policies, and implementation activities..

Support²⁰: No analysis on file

Opposition²¹: No analysis on file.

¹⁹ AB 887 bill language text http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB887

²⁰ Ibid.

²¹ Ibid

AB 901 (Gipson): Juveniles

Location: Assembly Appropriations Committee

Summary²²: This bill limits the authority of a probation department to supervise and provide services to minors to only circumstances where the minor is within the jurisdiction of the juvenile court. This bill also eliminates truancy as a criminal offense subject to the jurisdiction of the juvenile court.

Support²³: According to the Pacific Juvenile Defender Center: "We recognize that several of the statutes that would be limited by A.B. 901 were enacted for benevolent purposes. Welfare and Institutions Code section 236, for example, was enacted in 1976 with a goal of allowing probation to serve 'any juveniles in the community,' to prevent involvement in the juvenile delinquency. Unfortunately, this sweeping power has resulted in well-documented abuses, such as the Los Angeles County 'voluntary probation' program which placed youth having problems at school under a probation officer supervision, where they were essentially treated like youth under court supervision, and handled by officers with no expertise in dealing with school related issues. (Citation omitted.).... Further, the existing 'informal supervision' law, Welfare and Institutions Code section 654, goes too far in not only applying to youth the probation officer believes has committed an offense, but also to youth who 'will probably soon be' within the jurisdiction of the court."

Opposition²⁴: According to the California District Attorneys Office: "Limiting the persons who can receive services designed to prevent juvenile delinquency seems to be a step backward in addressing this issue. Chronic truancy is recognized as a reliable predictor of future criminality. While juvenile court proceedings pursuant to [Welfare and Institutions Code section 601] cannot and should not be viewed as the only method of intervention in these cases, the structure and supervision that can be provided by the juvenile court is a valuable tool in addressing truancy in certain cases. Finally, this bill amends [Welfare and Institutions Code section 654] which would eliminate the requirement that parents or guardians participate in programs with minors on informal supervision. One of the principal goals of the juvenile justice system is strengthening family ties- it is enshrined in [code]. No doubt being with their parents will help the minors improve, then that should be the priority."

²² AB 901 Assembly Appropriations Committee analysis, April 10, 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB901

²³ Ibid.

²⁴ Ibid.

AB 1004 (McCarty): Developmental screening services

Location: Assembly Appropriations Committee

Summary²⁵: This bill would require developmental screening services provided under the Medi-Cal program to comply with the periodicity schedule and the standardized and validated developmental screening tools that are established by the Bright Futures Guidelines and Recommendations for Preventive Pediatric Health Care (Bright Futures), as established by the American Academy of Pediatrics (AAP). Requires developmental screening tools to be administered in their entirety, and in adherence to, the specific tools' recommended guidelines. Requires the Department of Health Care Services (DHCS), as may be appropriate and in its discretion, to adjust a Medi-Cal managed care (MCMC) plan's capitation rate to promote improved outcomes through value-based purchasing payment protocols to create improved incentives for outcome

Support²⁶: According to the co-sponsors, Children Now and First 5 LA: "By establishing clear guidelines and oversight for developmental screenings for children ages 0-3 years old, delays will be identified earlier and California's children will be more likely to achieve their greatest potential. Currently, California ranks just 43rd in the nation for parents completing timely developmental screenings. First 5 LA states the AAP established Bright Futures guidelines for developmental screenings nearly 20 years ago, but pediatricians still often rely on surveillance alone, rather than a validated screening tool, to identify children at risk for developmental delays. Overall, just 37% of California pediatricians indicate that they use a validated or evidence-based screening tool to identify the majority of developmental concerns. This lack of consistency in practice has kept California as one of the lowest-performing states for developmental screening. First 5 LA states that 70% of children with delays go undetected until kindergarten, which creates additional demands for California's special education system and puts California children at a serious disadvantage. By requiring an EQRO review, this bill will help close crucial oversight and data gaps, and inform efforts to address the shortcomings in the state's developmental screening practices going forward. This will better allow California's children, especially those who are low income and the most at risk for delay, to receive the timely developmental screenings that are so critical to ensuring their optimal growth and development.

Opposition²⁷: None on file.

²⁵ AB 1004 Assembly Health Committee Analysis, April 9, 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB1004

²⁶ Ibid.

²⁷ Ibid

AB 1005 (Arambula): Foster children and youth: family urgent response system

Location: Assembly Health Committee

Summary²⁸: This bill would require, subject to appropriation, county child welfare, probation, and behavioral health agencies to establish county-based Family Urgent Response Systems for the provision of mobile crisis-response services to current or former foster youth and their caregivers, and, by that same date and subject to appropriation, requires the Department of Social Services (DSS) to establish a statewide hotline, to be available 24 hours per day, seven days per week to respond to caregiver or youth calls when a crisis arises.

Specifically, this bill: 1) Requires the in-service training to occur within the first six weeks of each school year, as part of a regularly scheduled staff meeting or meetings. 2) Requires the in-service training to include training on protocols for referring pupils to appropriate mental health services. 3) Permits a school district, county office of education, or charter school to provide the training in an online format outside of a staff meeting, but requires that it be provided during regular work hours. 4) Encourages school districts, county offices of education, and charter schools to provide the training as part of a larger initiative aimed at improving mental health outcomes for pupils and to use existing funds from state and federal sources, as appropriate, to provide the training. 5) Specifies that nothing in this bill be construed as requiring school personnel to assess, diagnose, or treat pupil mental health issues or authorize or encourage school personnel to act outside of the authority granted by their credential or license. 6) Makes Legislative findings and declarations related to pupil mental health

Support²⁹: No analysis on file

Opposition³⁰: No analysis on file.

²⁸ AB 1005 bill text language: http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1005

²⁹ Ibid.

³⁰ Ibid.

SB 10 (Beall): Mental health services: peer, parent, transition-age, and family support specialist certification

Location: Senate Appropriations Committee

Summary³¹: This bill would establish the Peer, Parent, Transition-Age, and Family Support Specialist Certification Program within the Department of Health Care Services (DHCS), and requires DHCS, no later than July 1, 2020, to establish a statewide certification program and practice guidelines for specified categories of peer support specialists. It would also require DHCS to amend its Medicaid state plan and to seek any federal waivers or state plan amendments to implement the certification program; and permits DHCS to implement, interpret, and make specific the certification program through available means, as specified, until regulations are adopted.

Support³²: According to the cosponsors, The Steinberg Institute, Mental Health Services Oversight and Accountability Commission, and the Los Angeles County Board of Supervisors, “peer providers are those who use lived experience with mental health and SUD experience, as well as formal training, to provide measurable benefits to mental health and SUD clients, including reduced hospitalizations, improved functioning, alleviation of depression and other symptoms, and enhanced self-advocacy. Supporters also argue that a peer support program creates a career ladder so that consumers and family members working in mental health care have the opportunity to fully contribute, translating their experience into meaningful employment. Supporters further state that nearly 6,000 peer specialists in California are already used in many settings, such as community-based organizations, county clinics, schools, and primary care; however, there is currently no statewide standard of practice, consistent curriculum, training or supervision standards, or opportunity for portability across counties. Supporters argue that a certification program is crucial for obtaining FFP for the state and allows for peer services to become a sustainable piece of the state’s mental health care delivery system.”

Opposition³³: (*Support if amended*): The California Society of Addiction Medicine supports this bill if it is amended to ensure that the CSS program works in conjunction with, and does not disrupt, the existing certification system for SUD counselors, many of whom are peer counselors.

³¹ SB 10 Senate Appropriations Committee Analysis http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200SB10

³² Ibid.

³³ Ibid.

SB 66 (Atkins): Medi-Cal: federal qualified health center and rural health clinic services

Location: Senate Appropriations Committee

Summary³⁴: This bill would require a federally qualified health center and a rural health center to receive Medi-Cal reimbursement for two visits on the same day at the same location if after the first visit the patient suffers from illness or injury that requires additional treatment and diagnosis, or if the patient has a medical visit and a mental health or dental visit in the same day.

Support³⁵: According to the co-sponsors, California Association of Public Hospitals and Health Systems, Californiahealth+advocates This bill is co-sponsored by the California Association of Public Hospitals and the Steinberg Institute, "Patients qualify for Medi-Cal based on having low-income and often come from a background of economic hardship that makes getting to a health center difficult in the first place. They argue that by requiring a 24 hour gap in services between referral from primary care and being seen by a mental health provider, many of these patients are not able to follow through and receive care, resulting in costly visits down the line." They contend that the flexibility created by this bill would enable public health care systems and other clinic partners to expand mental health and other services, more effectively meeting the needs of their patient populations.

Opposition³⁶: None on file

³⁴ SB 66 Senate Appropriations Committee Analysis April 8, 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200SB66

³⁵ Ibid.

³⁶ Ibid.

SB 419 (Skinner): Pupil discipline: suspensions

Location: **Senate Appropriations Committee**

Summary³⁷: This bill would extend the prohibition against suspending a pupil enrolled in kindergarten or any of grades 1 to 3 for disrupting school activities or otherwise willfully defied the valid authority of school staff to include grades 4 to 8 permanently, and grades 9 to 12 until January 1, 2025, and applies these prohibitions to charter schools.

Support³⁸: According to the author, "Students in grades 4 through 12 may be suspended from school for minor misbehaviors, such as refusing to take off a hat, talking back, or falling asleep in class. These needless suspensions are referred to as willful defiance and often occur without consideration of the root of the students' actions. Additionally, an overwhelming body of research confirms that suspending students at any age fails to improve student behavior and greatly increases the likelihood that the student will fail, be pushed out of school, and/or have contact with the juvenile justice system. SB 419 helps keep students in school, increases student success rates, and increase high school graduation rates."

Opposition³⁹: Charter Schools Development Center

³⁷ SB 419 Senate Education Committee Analysis, April 10, 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200SB419

³⁸ Ibid.

³⁹ Ibid.

SB 428 (Pan): Teachers: youth mental health first aid

Location: Senate Judiciary Committee

Summary⁴⁰: This bill would add completion of a course in youth mental health first aid to the list of requirements for obtaining a clear multiple or single subject teaching credential.

Support⁴¹: According to the author, "California is in the midst of a youth mental health crisis. Depression symptoms are at an all-time high for high school students. According to the U.S. Department of Health and Human Services, nearly 1 in 3 California high school students surveyed reported feeling sad or hopeless almost every day for two or more weeks in a row. Nearly 1 in 5 reported that they have seriously considered attempting suicide. Teachers are on the frontlines of these crises and as such should be trained to identify and help students who are suffering. Research shows that the sooner people get help for mental health and substance use concerns, the more likely they are to have positive outcomes. Youth Mental Health First Aid (YMHFA) is an eight hour training that teaches individuals how to identify, understand, and respond to signs or risk factors of mental illness and substance use disorders. The course is specifically designed to equip family members, educators, and caregivers with the skills and confidence needed to provide support to adolescents (ages 12-18). The course can also be tailored to meet the cultural and linguistic needs of diverse audiences. YMHFA has been shown to broaden knowledge of mental illnesses and addictions, while increasing the likelihood of a trained individual helping someone in distress. SB 428 will require new teachers to be trained in YMHFA but would prohibit a teacher who provides YMHFA from being held liable for any civil damages as a result of providing it."

Opposition⁴²: California Teachers Association

⁴⁰ SB 428 Senate Education Committee Analysis, April 10, 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200SB428

⁴¹ Ibid.

⁴² Ibid.

SB 433 (Monning): Youth development and diversion

Location: Senate Human Services Committee

Summary⁴³: This bill would require the state Department of Social Services, in collaboration with the State Department of Public Health, to establish and oversee a 3-year pilot program known as the Office of Youth Development and Diversion Pilot Program.

Support⁴⁴: According to supporter SEIU California, a co-sponsor of this bill, states that multiple studies have established that adolescents are more vulnerable to alcohol, marijuana, tobacco (including ecigarettes), and other drug-related problems. The California Society of Addiction Medicine argues that lessons learned about the lack of state oversight over Mental Health Services Act programming on the local level tell us that a thoughtful, organized, evidence-based set of standards at the state level is an absolute necessity. SEIU California and the California Hospital Association argue that adolescence presents complexities that require a different approach to drug education, prevention, early intervention and treatment of SUDs from that used for adults. The California Medical Association (CMA) and the County Welfare Directors Association state that as California begins to invest additional funds in prevention and treatment of SUDs, it wants to ensure that the funds go to the most effective methods of care and to the population most vulnerable. CMA argues that the state currently lacks adequate resources for youth suffering from SUDs.

Opposition⁴⁵: None on file

⁴³ SB 433 Senate Health Committee Analysis, April 10, 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200SB433

⁴⁴ Ibid.

⁴⁵ Ibid.

SB 445 (Portantino): Alcohol and drug treatment: youth

Location: **Senate Appropriations Committee**

Summary⁴⁶: This bill would establish the Children, Adolescents, and Young Adults Substance Use Disorder Treatment Act, and requires the Department of Health Care Services (DHCS) to convene an expert panel to advise DHCS solely on the development of youth substance use disorder (SUD) treatment quality standards, as specified.

Support⁴⁷: According to the author, "California is in the midst of a youth mental health crisis. Depression symptoms are at an all-time high for high school students. According to the U.S. Department of Health and Human Services, nearly 1 in 3 California high school students surveyed reported feeling sad or hopeless almost every day for two or more weeks in a row. Nearly 1 in 5 reported that they have seriously considered attempting suicide. Teachers are on the frontlines of these crises and as such should be trained to identify and help students who are suffering. Research shows that the sooner people get help for mental health and substance use concerns, the more likely they are to have positive outcomes. Youth Mental Health First Aid (YMHFA) is an eight hour training that teaches individuals how to identify, understand, and respond to signs or risk factors of mental illness and substance use disorders. The course is specifically designed to equip family members, educators, and caregivers with the skills and confidence needed to provide support to adolescents (ages 12-18). The course can also be tailored to meet the cultural and linguistic needs of diverse audiences. YMHFA has been shown to broaden knowledge of mental illnesses and addictions, while increasing the likelihood of a trained individual helping someone in distress. SB 428 will require new teachers to be trained in YMHFA but would prohibit a teacher who provides YMHFA from being held liable for any civil damages as a result of providing it."

Opposition⁴⁸: California Teachers Association

⁴⁶ SB 445 Senate Health Committee analysis, April 10, 2019 http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200SB445

⁴⁷ Ibid.

⁴⁸ Ibid.