

Date of Hearing: April 24, 2019

ASSEMBLY COMMITTEE ON EDUCATION

Patrick O'Donnell, Chair

AB 875 (Wicks) – As Amended April 11, 2019

SUBJECT: Pupil health: in-school support services

SUMMARY: Updates the Healthy Start Support Services for Children Grant Program, previously administered by CDE, and identifies potential funding sources for the program. Specifically, **this bill:**

- 1) Expresses findings and declarations recognizing the critical need for services to support the health and well-being of children, and the prior successes of the Healthy Start Support Services for Children Grant Program.
- 2) Defines the following terms, for the purposes of this chapter:
 - a) “Agency secretary” is the Secretary of the California Health and Human Services Agency
 - b) “Community center” is a place, structure, or facility under the jurisdiction of a governing body of a public authority used for community services.
 - c) “Consortium” includes one or more local education agencies (LEA) and one or more cooperating agencies, as well as two or more LEAs.
 - d) “Qualifying entity” is an entity that is any of the following:
 - i. An LEA in which 50 percent or more of the enrolled pupils are unduplicated pupils.
 - ii. An LEA that has higher-than-average dropout rates.
 - iii. A school that is not within an LEA that satisfies the criteria in (i) or (ii), but that demonstrates other factors that warrant its consideration, including fulfilling an exceptional need or providing service to a particular target population.
 - e) “Technical assistance” is a structure to deliver training and technical assistance to grantees using regional collaboratives and state, regional, and local technical assistance providers that have expertise in pupil and family engagement, school-community collaboration of service delivery and financing, the coordination and integration of support services, and multi-indicator data collection and evaluation.
 - f) “Unduplicated pupil” has the same meaning as defined for purposes of the Local Control Funding Formula (LCFF).
- 3) Renames the Healthy Start Support Services for Children Initiative Council, and amends the membership of the council to require the inclusion of all of the following, or their designees:

- a) The Superintendent of Public Instruction (SPI), who will serve as the chairperson of the council.
 - b) The Secretary of the Health and Human Services Agency.
 - c) The Director of the Department of Health Care Services.
 - d) The Director of the Department of Social Services.
 - e) The chairperson of the Mental Health Services Oversight and Accountability Commission.
 - f) The California Surgeon General.
 - g) A parent, foster parent, relative caregiver, or legal guardian of a Medi-Cal enrollee who is 10 years of age or younger.
 - h) A representative of a community-based organization with expertise in coordinated and integrated services and supports.
- 4) Requires that a qualifying LEA or consortium demonstrate in its program plan that it will give priority for services to nonpupil siblings under five years of age, in addition to the existing requirement to prioritize pupils from low-income families.
 - 5) Expands the list of support services included in the definition of case-managed health, mental health, social, and academic support services benefiting children and their families, to include:
 - a) Mental health services including primary prevention, crisis intervention, assessments and referrals.
 - b) Training for teachers and school personnel in the detection of mental health problems, the impact of adverse childhood experiences, trauma-informed care and education, and building resiliency and helping pupils and families heal.
 - c) Substance abuse prevention, early intervention, and treatment services, including outreach, risk assessment, and education for pupils and families; youth-focused substance use disorder prevention and treatment programs that are culturally and gender competent, trauma-informed, and evidence-based.
 - d) Family supports, including home visiting.
 - 6) Adds family resource centers as agencies that an LEA or consortium may contract with to provide services to pupils and their families.
 - 7) Specifies additional funding sources that may be accessed to aid the LEA or consortium in ensuring the continuation of support services beyond the three-year grant period, including the Mental Health Services (Proposition 63 in 2004), the Control, Regulate and Tax Adult Use of Marijuana Act (Proposition 64 in 2016), among other sources.

- 8) Requires that the qualifying entity identify how the services funded through the program will be integrated with the school's multi-tiered system of support.
- 9) Makes other technical and clarifying changes.

EXISTING LAW:

- 1) Establishes the Healthy Start Support for Services for Children Act, and subject to funding appropriated for this purpose from state or federal funds, awards grants to LEAs or consortia to pay the costs of planning and operating programs to provide support services to pupils and their families, including health care, mental health services, substance abuse prevention and treatment services, family support and parenting education, academic support services, counseling, nutrition services, youth development services, case management services, and the provision of onsite Medi-Cal eligibility workers. (EC 8800-8804.5)
- 2) Requires a school to include in its School Accountability Report Card, the availability of qualified personnel to provide counseling and other pupil support services, including the ratio of academic counselors per pupil (Education Code (EC) 33126).
- 3) Expresses the intent of the Legislature that the governing board of each school district and each county superintendent of schools maintain fundamental school health services at a level that is adequate to accomplish all of the following: preserve pupils' ability to learn, fulfill existing state requirements and policies regarding pupils' health, and contain health care costs through preventive programs and education (EC 49427).
- 4) Requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes the district to employ properly certified persons for the work (EC 49400).

FISCAL EFFECT: Unknown

COMMENTS:

Need for the bill. According to the author, "California's children are facing serious barriers in meeting their academic potential and realizing improved health and mental health outcomes. The state has a significant population of families and children who are living in poverty and face challenges in meeting their needs, with California ranking at or near the bottom of all states in terms of the percentage of K-12 students with access to various types of health care or mental health care inside their schools. Children who are low income and children from communities of color are significantly impacted as many are not receiving the health care or services that they need. To promote the healthy development and educational success of all children in California, we have to ensure that these children have access to all available support and resources.

This bill will reestablish the Healthy Start Initiative to coordinate programs and provide services to address health and academic outcomes of children in California and remedy trauma and violence. This bill will target school districts serving a large proportion of student who have been marginalized and help streamline and integrate programs that serve these students to provide

them with more effective prevention and early intervention services that would improve their health and wellness and help them succeed.”

History of the Healthy Start program. The Healthy Start program was established in 1991 through the passage of SB 620 (Presley), The Healthy Start Support Services for Children Act, and provided comprehensive, school-community integrated services and activities to improve the lives of children, youth, and families. The services included health, dental, and vision care; mental health counseling; family support and parenting education; academic support; health education; safety education and violence prevention; youth development; employment preparation; and others. The Healthy Start Initiative provided grants to local education agency partnerships for program development and implementation. The grant award criteria required schools with 50 percent of the students eligible for free and reduced meals in the lower grades and 35 percent eligible in middle through high schools. In addition, English learners were a targeted population. Planning, operational, and combined grants that included planning and implementation activities were awarded to local educational agencies and their collaborative partners for locally coordinated, school-linked services.

Healthy Start grants were issued from 1992 to 2007, with a total of 1,493 grants covering 3,125 schools and serving 2,296,914 students, based upon approximately \$39 million annually in its later years. A UCLA study in 2001 estimated that the program leveraged four dollars in otherwise untapped local and federal funds for every one dollar invested by the state. This resulted in an estimated \$156 million in additional services to students and their families annually. Further analysis of specific grantees found leveraging ratios of up to \$16 for every one dollar in seed funding.

CDE awarded LEAs a range of grants, including 2-year planning grants, 5-year operational grants, and 7-year combined planning and operational grants. Healthy Start was largely defunded in the 2002-2003 state budget by Governor Gray Davis, effectively putting an end to the state grant program.

According to a 2001 study by California State University, Sacramento researchers, “statewide research suggests that Healthy Start’s presence has positive effects on academic success, test scores, attendance rates, and family functioning indicators, and there is nationwide consensus among researchers, policy makers, educators and community members that programs like Healthy Start are vital to the health of schools and their communities.”

An evaluation of Healthy Start conducted during the first three years of the initiative (1992-1995) by SRI International found that the program successfully affected key outcomes such as reductions in unmet needs for basic needs, childcare, health and dental care, as well as a decrease in family violence. The study showed improvements in academic test scores as well, including an increase in reading aptitude scores by 25 percent as well as math scores by 50 percent for the lowest performing elementary schools taking part in the Healthy Start program. Additionally, absenteeism and grade point averages showed positive changes over the three year evaluation period.

California’s support of the health and well-being of children. According to a 2018 audit by the California State Auditor, between 97 percent and 98 percent of California children are enrolled in health coverage, with 5.5 million enrolled in Medi-Cal. Yet, children are experiencing increasing mental health problems and a lack of access and coordination to care. The audit

concluded that millions of children do not receive the preventive services to which they are entitled to under Medi-Cal. An annual average of 2.4 million children who were enrolled in Medi-Cal over the past five years had not received all of the preventive health services they were entitled to. California ranks 40th for all states in providing preventive health services to children.

According to a research brief, “Investments in Students’ Physical and Mental Health in California’s Public Schools, published in 2018 as a part of the Getting Down to Facts II Study:

“Children’s physical and mental health play critical roles in their development. Research shows that poor health in childhood adversely affects future success and that children in lower-income households are more likely to suffer health problems. Improvements in child health can lead to higher future economic growth and can improve the upward mobility of children from low-income families.

California’s financial commitment to health care, including greater access to Medicaid, has reduced but not eliminated health gaps associated with poverty. Insurance coverage alone does not ensure access to high-quality care. Some families do not live close to high-quality providers who accept their insurance, some may find it difficult to take time off from work to find care for themselves or their children, and some might lack the necessary information to seek out appropriate care.

Child mental health is also an increasingly important concern throughout the state due to rising rates of school shootings, teen hospitalizations for self-inflicted harm, and teen suicides. More than 7% of children in California suffer from a serious emotional disturbance, and more than one in five female high school students report experiencing suicidal thoughts.

Public schools can be a relatively desirable location for efficient and widespread distribution of physical and mental health services to children. However, California provides fewer physical and mental health services in schools than almost any other state.”

The research brief goes on to note the following findings:

- 19 percent of first graders, 20 percent of eight graders, and 30 percent of 12th graders have regular access to physical health care in their schools.
- 43 percent of elementary schools, 84 percent of middle schools, and 86 percent of high schools in unified school districts offer some form of mental health service, although available data does not distinguish between counseling offering social and emotional support and those focused primarily on academic and college/career support.
- Small schools, as well as those in rural areas are much less likely to provide these services to pupils.
- California ranks 24th among 50 states in the provision of school-based health centers, offering one center for every 26,636 public school students.
- Outside agencies and organizations may provide school-based health programs, but these appear to be sporadic and not evenly distributed across the state.

Funding sources for health and mental health services for children and youth. Numerous funding sources may be available to support school-based or school-linked health and mental health services for students. Many of these require partnerships between schools and other agencies, including county behavioral health agencies:

- The Local Educational Agency (LEA) Medi-Cal Billing Option Program reimburses LEAs for the federal share of the maximum allowable rate for approved health-related services provided by qualified health service practitioners to Medi-Cal eligible students.
- Local Control Funding Formula provides flexibility to LEAs to use these funds to improve student outcomes at the local level.
- Mental Health Services Act (MHSA) funds mental health services provided by counties at an estimated rate of \$2.1 billion annually in 2018-19. The MHSA addresses a broad continuum of prevention, early intervention, and service needs for the community mental health system and is administered by the county and providers that contract with the county.
- The Medi-Cal Specialty Mental Health Services program “carve-out” from the broader Medi-Cal program provided through County Mental Health Plans.
- Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provides supplemental specialty mental health services for eligible children under 21 through county Medi-Cal mental health plans.
- Educationally-Related Mental Health Services: AB 114 of 2011 repealed the state AB 3632 program, which mandated counties to provide mental health services to students with disabilities. As a result of this elimination, responsibility for educationally related mental health services, as required by federal law for students with disabilities, was shifted to schools.
- Behavioral Health Realignment Funding, which funds Medi-Cal Specialty Mental Health Services for children and adults, among other programs administered by counties.
- Additional funds may be available to support school-based health and mental health services in the future, as a portion of the funds to be generated from an excise tax on cannabis and cannabis products are authorized for use in youth education, prevention, early intervention and treatment, (YEPEIT) according to the provisions of Proposition 64, to flow through the DHCS to the CDE to administer a grant program to support in-school support services for pupils at qualifying schools.

Arguments in support. According to the co-sponsors, United Ways of California and the Children’s Defense Fund, California’s 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.

Prior and related legislation. AB 258 (Jones-Sawyer) of this Session, establishes the School-Based Pupil Support Services Program Act, to provide grants to local educational agencies for increasing the presence of school health professionals at schoolsites and providing programs that prevent and reduce substance abuse among pupils. The source of the state funding for the grants awarded under the program would be an appropriation from the Youth Education, Prevention, Early Intervention and Treatment Account established pursuant to the Control, Regulate and Tax Adult Use of Marijuana Act (Proposition 64). This bill is pending before the Assembly Health Committee.

AB 8 (Chu) of this Session, requires 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 pupils. This bill is pending before the Assembly Health Committee.

AB 1196 (Gipson) of this Session, establishes a grant program to support the planning of, and operation of community schools, subject to an appropriation for this purpose. This bill is pending before this Committee.

AB 396 (Eggman) of this Session, establishes a pilot program, the School Social Worker Pilot Program, to provide a multiyear grant award to one school district or the governing body of a charter school, in each of the five specified counties, to fund a social worker at each eligible school, for the 2021–22 fiscal year to the 2025–26 fiscal year. This bill is pending before the Assembly Appropriations Committee.

SB 582 (Beall) of this Session, requires the Mental Health Services Oversight and Accountability Commission to allocate at least one-half of Investment in Mental Health Wellness Act of 2013 triage grant program funds to local educational agency and mental health partnerships, as specified, to support prevention, early intervention, and direct services to children and youth, as specified. This bill is pending before the Senate Appropriations Committee.

AB 2022 (Chu) Chapter 484, Statutes of 2018, requires each school of a school district or county office of education, and charter schools, to notify students and parents or guardians of pupils, at least twice per school year, about how to initiate access to available student mental health services on campus or in the community.

SB 1113 (Beall) of the 2015-16 Session authorizes a county, or a qualified provider operating as part of the county mental health plan network, and a LEA to enter into a partnership for the provision of EPSDT mental health services. This bill was vetoed by the Governor.

AB 1014 (Thurmond) Chapter 397 and SB 527 (Liu), Chapter 533, Statutes of 2016 establish a grant program to implement the Proposition 47 (2016) requirement to direct 25 percent of the funds to K-12 schools to reduce truancy and support students who are at risk of dropping out of school or are victims of crime. LEAs are eligible to apply for three years of grant funding for

planning, implementation, and evaluation of activities in support of evidence-based, non-punitive programs and practices to keep students in school. Authorizes funds to be used to establish a community school, implement activities or programs to improve attendance and reduce chronic absenteeism, implement restorative justice models to keep students in school and reduce referrals to law enforcement agencies, implement activities that promote social-emotional and positive learning environments, establishing partnerships with community-based organizations to support implementation of evidence-based, non-punitive approaches, and adding or increasing staff whose primary purpose is to address attendance issues.

SB 620 (Presley), Chapter 759, Statutes of 1991, established the Healthy Start Support Services for Children Act, to provide planning and implementation grants for school-based student support services and their coordination, including academic and emotional support, youth development and employment services, family support services, medical care, and mental health care.

REGISTERED SUPPORT / OPPOSITION:

Support

California School Nurses Organization
California School-Based Health Alliance
Californians For Safety And Justice
Child Abuse Prevention Center
California And The California Family Resource Association
Children's Defense Fund-California
Consumer Attorneys of California
Kern County Superintendent of Schools
Seneca Family of Agencies
United Way Bay Area
United Way of Kern County
United Way of Ventura County
United Ways of California

Oppose

California Right To Life Committee, Inc.

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