ASSEMBLY BILL No. 1644

Introduced by Assembly Member Bonta

January 11, 2016

An act to amend Section 4372 of, and to add and repeal Chapter 4 (commencing with Section 4391) of Part 4 of Division 4 of, the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1644, as introduced, Bonta. School-based early mental health intervention and prevention services.

Existing law, the School-based Early Mental Health Intervention and Prevention Services for Children Act of 1991, authorizes the Director of Health Care Services, in consultation with the Superintendent of Public Instruction, to provide matching grants to local educational agencies to pay the state share of the costs of providing school-based early mental health intervention and prevention services to eligible pupils at schoolsites of eligible pupils, subject to the availability of funding each year. Existing law defines "eligible pupil" for this purpose as a pupil who attends a publicly funded elementary school and who is in kindergarten or grades 1 to 3, inclusive. Existing law also defines "local educational agency" as a school district or county office of education or a state special school.

This bill would expand the definition of an eligible pupil to include a pupil who attends a preschool program at a publicly funded elementary school and a pupil who is in transitional kindergarten, thereby extending the application of the act to those persons. The bill would also include charter schools in the definition of local educational agency, thereby extending the application of the act to those entities. The bill would

require the State Public Health Officer, in consultation with the Superintendent of Public Schools and the Director of Health Care Services, to establish a 4-year pilot program, the School-Based Early Mental Health Intervention and Prevention Services Support Program, to provide outreach, free regional training, and technical assistance for local educational agencies in providing mental health services at schoolsites. The bill would require the State Department of Public Health to submit specified reports after 2 and 4 years. The bill would repeal these provisions as of January 1, 2022.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. The Legislature finds and declares all of the following:

(a) California's communities and systems are currently facing challenges to prevent and address the far-reaching impacts of childhood adversity, such as Adverse Childhood Experiences (ACEs) and childhood trauma, which can result in negative educational, health, social, and economic outcomes for children, youth, families, and communities across the state.

(b) ACEs are traumatic experiences that can have a profound impact on a child's developing brain and body and lasting impacts on a person's health and livelihood across their lifetime. ACEs include physical, emotional, and sexual abuse; physical and emotional neglect; and household dysfunction, such as substance abuse by a household member; and witnessing domestic violence. Other traumatic experiences can include placement instability for foster youth, homelessness, and witnessing violence against family and community members.

(c) In California, 61.7 percent of adults have experienced at least one ACE and 16.7 percent have experienced four or more ACEs. Compared to an individual who has not experienced an ACE, an individual with four or more ACEs is more likely to experience chronic disease and engage in negative health behaviors. For example, based on results of the California Behavioral Risk Factor Surveillance Survey, a person in California with four or more ACEs is 1.6 times as likely to have diabetes, 1.9 times as likely to have cancer, 2.4 times as likely to suffer from chronic

obstructive pulmonary disease, 2.9 times as likely to smoke, 4.2 times as likely to be diagnosed with Alzheimer's disease or dementia, 5.1 times as likely to suffer from depression, 7.4 times as likely to be an alcoholic, and 12.2 times as likely to attempt suicide. Individuals are similarly impacted by ACEs, regardless of race and ethnicity.

(d) The State of California has long recognized the mental health needs of California's children and the value of addressing these needs by supporting the provision of evidence-based mental health services in publicly funded preschools and elementary schools, as evidenced by the creation in 1981 of the Primary Prevention Project, now named the Primary Intervention Program, and the creation in 1991 of the School-based Early Mental Health Intervention and Prevention Services for Children Program, known as the Early Mental Health Initiative (EMHI).

(e) From the 1992–93 fiscal year to the 2011–12 fiscal year, inclusive, the State Department of Mental Health awarded funds each year in matching grants to local educational agencies to fund prevention and early intervention programs, including the Primary Intervention Program, for students experiencing mild to moderate school adjustment difficulty through the EMHI. In the 2011–12 fiscal year, the EMHI received $15 million in state funds.

(f) School adjustment difficulties that can impede learning, such as anxiety, withdrawal, and aggressive behaviors, are common symptoms of chronic or traumatic stress resulting from exposure to ACEs and childhood trauma.

(g) Authorizing legislation specified that the EMHI would be deemed successful if at least 75 percent of the children who complete the program show an improvement in at least one of the following four areas: learning behaviors, attendance, school adjustment, and school-related competencies.

(h) The EMHI succeeded in meeting these legislative requirements. According to the 2010–2011 Early Mental Health Initiative Statewide Evaluation Report, of the 15,823 students located in 424 elementary schools across 66 school districts participating in EMHI-funded services during the 2010–11 school year, 79 percent exhibited positive social competence and school adjustment behaviors more frequently after completing services. Furthermore, the magnitude of the improvements was exceptional in comparison to evaluations of other programs, especially given

the short-term and cost-effective nature of the intervention, and improvements were evident across all demographic subgroups.

(i) The 2010–2011 Early Mental Health Initiative Statewide Evaluation Report described an unmet demand for EMHI-funded services at participating schoolsites, as only 37 percent of the students that scored in the appropriate school adjustment difficulty range were served with EMHI-funded services due to program capacity and funding constraints. Based on demographic considerations, similar demand would be expected at schools that did not receive EMHI grants.

(j) The Governor's realignment for the 2011–12 fiscal year renamed the State Department of Mental Health as the State Department of State Hospitals and limited that department's mission. The Budget Act of 2012 disbursed Proposition 98 funds, which had been used to fund the EMHI, directly to local educational agencies in order to provide local schools with enhanced flexibility to manage their finances and give greater control of local decisions.

(k) It is in the interest of California's children, families, schools, and communities that the State of California support local decisions to provide funding for evidence-based services to address the mental health needs of children who have been exposed to childhood adversity in publicly funded preschools and elementary schools.

(*l*) In addressing these needs, priority should be given to children, youth, and communities that experience childhood adversity, more severely and profoundly, including those that experience socioeconomic disadvantage and historical and contemporary injustices, vulnerable communities, communities of color, and culturally, linguistically, and geographically isolated communities.

(m) Multitiered systems and supports, which integrate mental health, special education, and school climate interventions, have been developed as a model framework within which to implement these services. Pilot programs in the Counties of San Bernardino and Alameda are demonstrating that implementing these services as part of a multitiered system is cost effective because the cost of the services is more than fully offset by the reduction in the need for high-cost, nonpublic school placements.

(n) The evidence-based, cost-effective services provided by the EMHI support the "Triple Aim" of better health, better care, and lower costs. By helping children early on, evidence-based, cost-effective services also support the recommendations of the Let's Get Healthy California Task Force, which used the "Triple Aim" as its foundation and articulated Healthy Beginnings: Laying the Foundation for a Healthy Life, as a goal that includes reducing childhood trauma, improving early learning, and improving mental health and well-being as priorities.

(o) Providing early mental health service for children exposed to childhood adversity, such as ACEs and childhood trauma, additionally furthers the goal of the California Defending Childhood State Policy Initiative, which is to more effectively align, integrate, and mobilize multisectoral resources to equitably prevent, identify, and heal the impacts of violence and trauma on children and youth.

SEC. 2. Section 4372 of the Welfare and Institutions Code is amended to read:

4372. For the purposes of this part, the following definitions shall apply:

(a) "Cooperating entity" means ~~any~~ *a* federal, state, or local, public or private nonprofit agency providing school-based early mental health intervention and prevention services that agrees to offer services at a schoolsite through a program assisted under this part.

(b) "Eligible pupil" means a pupil who attends a *preschool program at a* publicly funded elementary *school, or who attends a publicly funded elementary* school and who is in ~~kindergarten~~ *kindergarten, transitional kindergarten,* or grades 1 to 3, inclusive.

(c) "Local educational agency" means any school district or county office of education, ~~or~~ state special *school, or charter* school.

(d) "Department" means the State Department of Public Health.

~~(d)~~

(e) "Director" means the State ~~Director of Mental Health.~~ *Public Health Officer.*

~~(e)~~

(f) "Supportive service" means a service that will enhance the mental health and ~~social~~ *social-emotional* development of children.

SEC. 3. Chapter 4 (commencing with Section 4391) is added to Part 4 of Division 4 of the Welfare and Institutions Code, to read:

Chapter 4. School-Based Early Mental Health Intervention and Prevention Services Support Program

4391. (a) The State Public Health Officer shall establish a four-year pilot program, in consultation with the Superintendent of Public Instruction and the Director of Health Care Services, to encourage and support local decisions to provide funding for the eligible support services as provided in this section.

(b) The department shall provide outreach to local educational agencies and county mental health agencies to inform individuals responsible for local funding decisions of the program established pursuant to this section.

(c) The department shall provide free regional training on all of the following:

(1) Eligible support services, which may include any or all of the following:

(A) Individual and group intervention and prevention services.

(B) Parent engagement through conference or training, or both.

(C) Teacher and staff conferences and training related to meeting project goals.

(D) Referral to outside resources when eligible pupils require additional services.

(E) Use of paraprofessional staff, who are trained and supervised by credentialed school psychologists, school counselors, or school social workers, to meet with pupils on a short-term weekly basis, in a one-on-one setting as in the primary intervention program established pursuant to Chapter 4 (commencing with Section 4343) of Part 3.

(F) Any other service or activity that will improve the mental health of eligible pupils, particularly evidence-based interventions and promising practices intended to mitigate the consequences of childhood adversity and cultivate resilience and protective factors.

(2) The potential for the eligible support services defined in this section to help fulfill state priorities described by the local control funding formula and local goals described by local control and accountability plans.

(3) How educational, mental health, and other funds subject to local control can be used to finance the eligible support services defined in this section.

(4) External resources available to support the eligible support services defined in this section, which may include workshops, training, conferences, and peer learning networks.

(5) State resources available to support student mental health and resilience, and positive, trauma-informed learning environments, which may include any of the following:

(A) Foundational aspects of learning, childhood social-emotional development, mental health and resilience, toxic stress, childhood trauma, and Adverse Childhood Experiences.

(B) Inclusive multitiered systems of behavioral and academic supports, Schoolwide Positive Behavior Interventions and Supports, restorative justice or restorative practices, trauma-informed practices, social and emotional learning, and bullying prevention.

(d) The department shall provide technical assistance to local educational agencies that provide or seek to provide eligible services defined in this section. Technical assistance shall include assistance in any of the following:

(1) Designing programs.

(2) Training program staff in intervention skills.

(3) Conducting local evaluations.

(4) Leveraging educational, mental health, and other funds that are subject to local control and assisting in budget development.

(e) In providing outreach pursuant to subdivision (b), training pursuant to subdivision (c), and technical assistance pursuant to subdivision (d), the department shall select and support schoolsites as follows:

(1) During the first 18 months of the program, the department shall support, strengthen, and expand the provision of eligible services at schoolsites that previously received funding pursuant to the School-Based Early Mental Health Intervention and Prevention Services Matching Grant Program (Chapter 2 (commencing with Section 4380)) and have continued to provide eligible support services. In working with these selected schoolsites, the department shall develop methods and standards for providing services and practices to new schoolsites.

(2) During the subsequent 18 months of the program, the department shall select new schoolsites that are not providing

eligible support services but that demonstrate the willingness and capacity to participate in the program. The department shall work with these schoolsites to deliver eligible support services.

(3) In selecting schoolsites and providing support, the department shall prioritize the following:

(A) Schoolsites in communities that have experienced high levels of childhood adversity, such as Adverse Childhood Experiences and childhood trauma.

(B) Schoolsites that prioritize for receipt of services children who have been exposed to childhood trauma, including, but not limited to, foster youth, as defined in subdivision (b) of Section 42238.01 of the Education Code, and homeless children and youth, as defined in Section 11434a(2) of the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11301 et seq.)

(C) Geographic diversity, program effectiveness, program efficiency, and long-term program sustainability.

(f) The department shall submit, in compliance with Section 9795 of the Government Code, an interim report to the Legislature at the end of the second year of the pilot program that details the department's work to support the schoolsites selected pursuant to paragraph (1) of subdivision (e) and includes an assessment of the demand and impact of funding for the School-Based Early Mental Health Intervention and Prevention Services Matching Grant Program established pursuant to Chapter 3 (commencing with Section 4390). The department shall make the report available to the public and shall post the report on the its Internet Web site.

(g) The department shall develop an evaluation plan to assess the impact of the pilot program. The department, in compliance with Section 9795 of the Government Code, shall submit a report to the Legislature at the end of the four-year period evaluating the impact of the pilot program and providing recommendations for further implementation. The department shall make the report available to the public and shall post the report on its Internet Web site.

4392. This chapter shall remain in effect only until January 1, 2022, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2022, deletes or extends that date.

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