

AMENDED IN ASSEMBLY MARCH 8, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1644

Introduced by Assembly Member Bonta
(Principal coauthor: Assembly Member Achadjian)
(Coauthor: Assembly Member McCarty)
(Coauthor: Senator Beall)

January 11, 2016

An act to amend ~~Section 4372~~ *Sections 4370, 4371, 4372, and 4380* 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 amended, Bonta. School-based early mental health intervention and prevention services.

Existing law, the ~~School-based~~ *School-Based* Early Mental Health Intervention and Prevention Services for Children Act of ~~1991~~, *1991 (1991 act)*, 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 *rename the 1991 act the Healing from Early Adversity to Level the Impact (HEAL) of Trauma in Schools Act or the HEAL Trauma in Schools Act. The 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 Schools, the Director of Health Care Services, and the Attorney General 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 make the implementation of the pilot program contingent upon an appropriation in the annual budget act.* 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:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) California’s communities and systems are currently facing
- 4 challenges to prevent and address the far-reaching impacts of
- 5 childhood adversity, such as Adverse Childhood Experiences
- 6 (ACEs) and childhood trauma, which can result in negative
- 7 educational, health, social, and economic outcomes for children,
- 8 youth, families, and communities across the state.
- 9 ~~(b) ACEs are traumatic experiences that can have a profound~~
- 10 ~~impact on a child’s developing brain and body and lasting impacts~~
- 11 ~~on a person’s health and livelihood across their lifetime. ACEs~~
- 12 ~~include physical, emotional, and sexual abuse; physical and~~
- 13 ~~emotional neglect; and household dysfunction, such as substance~~
- 14 ~~abuse by a household member; and witnessing domestic violence.~~
- 15 Other traumatic experiences can include placement instability for

1 foster youth, homelessness, and witnessing violence against family
2 and community members.

3 (e)

4 (b) In California, 61.7 percent of adults have experienced at
5 least one ACE and 16.7 percent have experienced four or more
6 ACEs. Compared to an individual who has not experienced an
7 ACE, an individual with four or more ACEs is more likely to
8 experience chronic disease and engage in negative health behaviors.
9 For example, based on results of the California Behavioral Risk
10 Factor Surveillance Survey, a person in California with four or
11 more ACEs is 1.6 times as likely to have diabetes, 1.9 times as
12 likely to have cancer, 2.4 times as likely to suffer from chronic
13 obstructive pulmonary disease, 2.9 times as likely to smoke, 4.2
14 times as likely to be diagnosed with Alzheimer’s disease or
15 dementia, 5.1 times as likely to suffer from depression, 7.4 times
16 as likely to be an alcoholic, and 12.2 times as likely to attempt
17 suicide. Individuals are similarly impacted by ACEs, regardless
18 of race and ethnicity.

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

28 (e)

29 (c) From the 1992–93 fiscal year to the 2011–12 fiscal year,
30 inclusive, the State Department of Mental Health awarded funds
31 each year in matching grants to local educational agencies to fund
32 prevention and early intervention programs, including the Primary
33 Intervention Program, for students experiencing mild to moderate
34 school adjustment difficulty through the ~~EMHI~~. *School-based
35 Early Mental Health Intervention and Prevention Services for
36 Children Program of 1991, known as the Early Mental Health
37 Initiative (EMHI)*. In the 2011–12 fiscal year, the EMHI received
38 \$15 million in state funds.

39 (f)

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

5 ~~(g)~~

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

11 ~~(h)~~

12 (f) The EMHI succeeded in meeting these legislative
13 requirements. According to the ~~2010–2011~~ 2010–11 Early Mental
14 Health Initiative Statewide Evaluation Report, of the 15,823
15 students located in 424 elementary schools across 66 school
16 districts participating in EMHI-funded services during the 2010–11
17 school year, 79 percent exhibited positive social competence and
18 school adjustment behaviors more frequently after completing
19 services. Furthermore, the magnitude of the improvements was
20 exceptional in comparison to evaluations of other programs,
21 especially given the short-term and cost-effective nature of the
22 intervention, and improvements were evident across all
23 demographic subgroups.

24 ~~(i)~~

25 (g) The ~~2010–2011~~ 2010–11 Early Mental Health Initiative
26 Statewide Evaluation Report described an unmet demand for
27 EMHI-funded services at participating schoolsites, as only 37
28 percent of the students that scored in the appropriate school
29 adjustment difficulty range were served with EMHI-funded services
30 due to program capacity and funding constraints. Based on
31 demographic considerations, similar demand would be expected
32 at schools that did not receive EMHI grants.

33 ~~(j)~~

34 (h) The Governor's realignment for the 2011–12 fiscal year
35 renamed the State Department of Mental Health as the State
36 Department of State Hospitals and limited that department's
37 mission. The Budget Act of 2012 disbursed Proposition 98 funds,
38 which had been used to fund the EMHI, directly to local
39 educational agencies in order to provide local schools with

1 enhanced flexibility to manage their finances and give greater
2 control of local decisions.

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

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

16 ~~(m)~~

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

25 ~~(n)~~

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

35 ~~(o)~~

36 (k) Providing early mental health service for children exposed
37 to childhood adversity, such as ACEs and childhood trauma,
38 additionally furthers the goal of the California Defending
39 Childhood State Policy Initiative, which is to more effectively
40 align, integrate, and mobilize multisectoral resources to equitably

1 prevent, identify, and heal the impacts of violence and trauma on
2 children and youth.

3 *SEC. 2. Section 4370 of the Welfare and Institutions Code is*
4 *amended to read:*

5 4370. This ~~part~~ *article* shall be known and may be cited as the
6 ~~School-based Early Mental Health Intervention and Prevention~~
7 ~~Services for Children Act of 1991. Healing from Early Adversity~~
8 ~~to Level the Impact (HEAL) of Trauma in Schools Act or the HEAL~~
9 ~~Trauma in Schools Act.~~

10 *SEC. 3. Section 4371 of the Welfare and Institutions Code is*
11 *amended to read:*

12 4371. The Legislature finds and declares all of the following:

13 (a) Each year in California over 65,000 teenagers become
14 adolescent mothers and 230 teenagers commit suicide. Each year
15 more than 20 percent of California's teenagers drop out of high
16 school.

17 (b) Thirty percent of California's elementary school pupils
18 experience school adjustment problems, many of which are evident
19 the first four years of school, that is, kindergarten and grades 1 to
20 3, inclusive.

21 (c) Problems that our children experience, whether in school or
22 at home, that remain undetected and untreated grow and manifest
23 themselves in all areas of their later lives.

24 (d) There is a clear relationship between early adjustment
25 problems and later adolescent problems, including, but not limited
26 to, poor school attendance, low achievement, delinquency, drug
27 abuse, and high school dropout rates. In many cases, signs of these
28 problems can be detected in the early grades.

29 (e) It is in California's best interest, both in economic and human
30 terms, to identify and treat the minor difficulties that our children
31 are experiencing before those difficulties become major barriers
32 to later success. It is far more humane and cost-effective to make
33 a small investment in early mental health intervention and
34 prevention services now and avoid larger costs, including, but not
35 limited to, foster care, group home placement, intensive special
36 education services, mental health treatment, or probation supervised
37 care.

38 (f) Programs like the Primary Intervention Program and the San
39 Diego Unified Counseling Program for Children have proven very
40 effective in helping children adjust to the school environment and

1 learn more effective coping skills that in turn result in better school
2 achievement, increased attendance, and increased self-esteem.

3 (g) To create the optimum learning environment for our children,
4 schools, teachers, parents, public and private service providers,
5 and community-based organizations must enter into locally
6 appropriate cooperative agreements to ensure that all pupils will
7 receive the benefits of school-based early mental health
8 intervention and prevention services that are designed to meet their
9 personal, social, and educational needs.

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

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

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

34 (k) In addressing these needs, priority should be given to
35 children, youth, and communities that experience childhood
36 adversity more severely and profoundly, including those that
37 experience socioeconomic disadvantage and historical and
38 contemporary injustices, vulnerable communities, communities of
39 color, and culturally, linguistically, and geographically isolated
40 communities.

1 ~~SEC. 2.~~

2 *SEC. 4.* Section 4372 of the Welfare and Institutions Code is
3 amended to read:

4 4372. For the purposes of this part, the following definitions
5 shall apply:

6 (a) “Cooperating entity” means a federal, state, or local, public
7 or private nonprofit agency providing school-based early mental
8 health intervention and prevention services that agrees to offer
9 services at a schoolsite through a program assisted under this part.

10 (b) “Eligible pupil” means a pupil who attends a preschool
11 program at a publicly funded elementary school, or who attends
12 a publicly funded elementary school and who is in kindergarten,
13 transitional kindergarten, or grades 1 to 3, inclusive.

14 (c) “Local educational agency” means any school district or
15 county office of education, state special school, or charter school.

16 (d) “Department” means the State Department of Public Health.

17 (e) “Director” means the State Public Health Officer.

18 (f) “Supportive service” means a service that will enhance the
19 mental health and social-emotional development of children.

20 *SEC. 5. Section 4380 of the Welfare and Institutions Code is*
21 *amended to read:*

22 4380. Subject to the availability of funding each year, the
23 Legislature authorizes the director, in consultation with the
24 Superintendent of Public Instruction, to award matching grants to
25 local educational agencies to pay the state share of the costs of
26 providing programs that provide school-based early mental health
27 intervention and prevention services to eligible pupils at schoolsites
28 of eligible pupils, as follows:

29 (a) The director shall award matching grants pursuant to this
30 chapter to local educational agencies throughout the state.

31 (b) Matching grants awarded under this part shall be awarded
32 for a period of not more than three years and no single schoolsite
33 shall be awarded more than one grant, except for a schoolsite that
34 received a grant prior to July 1, 1992.

35 (c) The director shall pay to each local educational agency
36 having an application approved pursuant to requirements in this
37 part the state share of the cost of the activities described in the
38 application.

39 (d) Commencing July 1, 1993, the state share of matching grants
40 shall be a maximum of 50 percent in each of the three years.

1 (e) Commencing July 1, 1993, the local share of matching grants
2 shall be at least 50 percent, from a combination of school district
3 and cooperating entity funds.

4 (f) The local share of the matching grant may be in cash or
5 payment in-kind.

6 (g) Priority shall be given to those applicants that demonstrate
7 the following:

8 (1) The local educational agency will serve the greatest number
9 of eligible pupils from low-income families.

10 (2) The local educational agency will provide a strong parental
11 involvement component.

12 (3) The local educational agency will provide supportive services
13 with one or more cooperating entities.

14 (4) The local educational agency will provide services at a low
15 cost per child served in the project.

16 (5) The local educational agency will provide programs and
17 services that are based on adoption or modification, or both, of
18 existing programs that have been shown to be effective. ~~No more~~
19 ~~than 20 percent of the grants awarded by the director may be~~
20 ~~utilized for new models.~~

21 (6) The local educational agency will provide services to
22 children who are in out-of-home placement or who are at risk of
23 being in out-of-home placement.

24 (7) *The local educational agency shall prioritize for receipt of*
25 *services children who have been exposed to childhood trauma,*
26 *including, but not limited to, foster youth, as defined in subdivision*
27 *(b) of Section 42238.01 of the Education Code, and homeless*
28 *children and youth, as defined in Section 11434a(2) of the federal*
29 *McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11301*
30 *et seq.).*

31 (h) Eligible supportive services may include the following:

32 (1) Individual and group intervention and prevention services.

33 (2) Parent involvement through conferences or training, or both.

34 (3) Teacher and staff conferences and training related to meeting
35 project goals.

36 (4) Referral to outside resources when eligible pupils require
37 additional services.

38 (5) Use of paraprofessional staff, who are trained and supervised
39 by credentialed school psychologists, school counselors, or school
40 social workers, to meet with pupils on a short-term weekly basis,

1 in a one-on-one setting as in the primary intervention program
 2 established pursuant to Chapter 4 (commencing with Section 4343)
 3 of Part 3. A minimum of 80 percent of the grants awarded by the
 4 director shall include the basic components of the primary
 5 intervention program.

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

11 Prior to participation by an eligible pupil in either individual or
 12 group services, consent of a parent or guardian shall be obtained.

13 (i) Each local educational agency seeking a grant under this
 14 chapter shall submit an application to the director at the time, in
 15 a manner, and accompanied by any information the director may
 16 reasonably require.

17 (j) Each matching grant application submitted shall include all
 18 of the following:

19 (1) Documentation of need for the school-based early mental
 20 health intervention and prevention services.

21 (2) A description of the school-based early mental health
 22 intervention and prevention services expected to be provided at
 23 the schoolsite.

24 (3) A statement of program goals.

25 (4) A list of cooperating entities that will participate in the
 26 provision of services. A letter from each cooperating entity
 27 confirming its participation in the provision of services shall be
 28 included with the list. At least one letter shall be from a cooperating
 29 entity confirming that it will agree to screen referrals of low-income
 30 children the program has determined may be in need of mental
 31 health treatment services and that, if the cooperating entity
 32 determines that the child is in need of those services and if the
 33 cooperating entity determines that according to its priority process
 34 the child is eligible to be served by it, the cooperating entity will
 35 agree to provide those mental health treatment services.

36 (5) A detailed budget and budget narrative.

37 (6) A description of the proposed plan for parent involvement
 38 in the program.

1 (7) A description of the population anticipated to be served,
2 including number of pupils to be served and socioeconomic
3 indicators of sites to receive funds.

4 (8) A description of the matching funds from a combination of
5 local education agencies and cooperating entities.

6 (9) A plan describing how the proposed school-based early
7 mental health intervention and prevention services program will
8 be continued after the matching grant has expired.

9 (10) Assurance that grants would supplement and not supplant
10 existing local resources provided for early mental health
11 intervention and prevention services.

12 (11) A description of an evaluation plan that includes
13 quantitative and qualitative measures of school and pupil
14 characteristics, and a comparison of children's adjustment to
15 school.

16 (k) Matching grants awarded pursuant to this article may be
17 used for salaries of staff responsible for implementing the
18 school-based early mental health intervention and prevention
19 services program, equipment and supplies, training, and insurance.

20 (l) Salaries of administrative staff and other administrative costs
21 associated with providing services shall be limited to 5 percent of
22 the state share of assistance provided under this section.

23 (m) No more than 10 percent of each matching grant awarded
24 pursuant to this article may be used for matching grant evaluation.

25 (n) No more than 10 percent of the moneys allocated to the
26 director pursuant to this chapter may be utilized for program
27 administration and evaluation.

28 Program administration shall include both state staff and field
29 staff who are familiar with and have successfully implemented
30 school-based early mental health intervention and prevention
31 services. Field staff may be contracted with by local school districts
32 or community mental health programs. Field staff shall provide
33 support in the timely and effective implementation of school-based
34 early mental health intervention and prevention services. Reviews
35 of each project shall be conducted at least once during the first
36 year of funding.

37 (o) Subject to the approval of the director, at the end of the fiscal
38 year, a school district may apply unexpended funds to the budget
39 for the subsequent funding year.

1 (p) Contracts for the program and administration, or ancillary
2 services in support of the program, shall be exempt from the
3 requirements of the Public Contract Code and the State
4 Administrative Manual, and from approval by the Department of
5 General Services.

6 ~~SEC. 3.~~

7 SEC. 6. Chapter 4 (commencing with Section 4391) is added
8 to Part 4 of Division 4 of the Welfare and Institutions Code, to
9 read:

10

11 CHAPTER 4. SCHOOL-BASED EARLY MENTAL HEALTH
12 INTERVENTION AND PREVENTION SERVICES SUPPORT PROGRAM

13

14 4391. (a) ~~The State Public Health Officer~~ *director* shall
15 establish a four-year pilot program, in consultation with the
16 Superintendent of Public ~~Instruction and~~ *Instruction*, the Director
17 of Health Care ~~Services, Services, and the Attorney General~~ to
18 encourage and support local decisions to provide funding for the
19 eligible support services as provided in this section.

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

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

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

28 (A) Individual and group intervention and prevention services.

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

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

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

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

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

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

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

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

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

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

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

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

29 (1) Designing programs.

30 (2) Training program staff in intervention skills.

31 (3) Conducting local evaluations.

32 (4) *Coordination with county mental health agencies and*
33 *professionals.*

34 ~~(4)~~

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

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

1 (1) (A) During the first ~~18~~ 12 months of the program, the
2 department shall support, strengthen, and expand the provision of
3 eligible services at schoolsites that previously received funding
4 pursuant to the ~~School-Based Early Mental Health Intervention~~
5 ~~and Prevention Services Matching Grant Program~~ *HEAL Trauma*
6 *in Schools Act* (Chapter 2 (commencing with Section 4380)) and
7 have continued to provide eligible support services. In working
8 with these selected schoolsites, the department shall develop
9 methods and standards for providing services and practices to new
10 schoolsites.

11 (B) *The department shall develop a process to identify*
12 *schoolsites that demonstrate the willingness and capacity to*
13 *participate in the program.*

14 (2) During the subsequent ~~18~~ 36 months of the program, the
15 department shall select new schoolsites that are not providing
16 eligible support services but that demonstrate the willingness and
17 capacity to participate in the program. The department shall work
18 with these schoolsites to deliver eligible support services.

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

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

24 (B) Schoolsites that prioritize for receipt of services children
25 who have been exposed to childhood trauma, including, but not
26 limited to, foster youth, as defined in subdivision (b) of Section
27 42238.01 of the Education Code, and homeless children and youth,
28 as defined in Section 11434a(2) of the federal McKinney-Vento
29 Homeless Assistance Act (42 U.S.C. Sec. 11301 et seq.)

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

32 (f) The department shall submit, in compliance with Section
33 9795 of the Government Code, an interim report to the Legislature
34 at the end of the second year of the pilot program that details the
35 department's work to support the schoolsites selected pursuant to
36 paragraph (1) of subdivision (e) and includes an assessment of the
37 demand and impact of funding for the ~~School-Based Early Mental~~
38 ~~Health Intervention and Prevention Services Matching Grant~~
39 ~~Program~~ *HEAL Trauma in Schools Act* established pursuant to
40 Chapter 3 (commencing with Section ~~4390~~: 4380). The department

1 shall make the report available to the public and shall post the
2 report on the its Internet Web site.

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

11 *4392. Implementation of this chapter is contingent upon an*
12 *appropriation in the annual budget act.*

13 ~~4392.~~

14 *4393.* This chapter shall remain in effect only until January 1,
15 2022, and as of that date is repealed, unless a later enacted statute,
16 that is enacted before January 1, 2022, deletes or extends that date.