

AMENDED IN ASSEMBLY APRIL 14, 2016

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 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 Early Mental Health Intervention and Prevention Services for Children Act of 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~~ *contracting agency of the California state preschool program or a local educational agency*, 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, 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~~ *HEAL Trauma in Schools 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) In California, 61.7 percent of adults have experienced at
- 10 least one ACE and 16.7 percent have experienced four or more
- 11 ACEs. Compared to an individual who has not experienced an
- 12 ACE, an individual with four or more ACEs is more likely to

1 experience chronic disease and engage in negative health behaviors.
2 For example, based on results of the California Behavioral Risk
3 Factor Surveillance Survey, a person in California with four or
4 more ACEs is 1.6 times as likely to have diabetes, 1.9 times as
5 likely to have cancer, 2.4 times as likely to suffer from chronic
6 obstructive pulmonary disease, 2.9 times as likely to smoke, 4.2
7 times as likely to be diagnosed with Alzheimer’s disease or
8 dementia, 5.1 times as likely to suffer from depression, 7.4 times
9 as likely to be an alcoholic, and 12.2 times as likely to attempt
10 suicide. Individuals are similarly impacted by ACEs, regardless
11 of race and ethnicity.

12 (c) From the 1992–93 fiscal year to the 2011–12 fiscal year,
13 inclusive, the State Department of Mental Health awarded funds
14 each year in matching grants to local educational agencies to fund
15 prevention and early intervention programs, including the Primary
16 Intervention Program, for students experiencing mild to moderate
17 school adjustment difficulty through the School-based Early Mental
18 Health Intervention and Prevention Services for Children Program
19 of 1991, known as the Early Mental Health Initiative (EMHI). In
20 the 2011–12 fiscal year, the EMHI received \$15 million in state
21 funds.

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

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

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

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

3 (g) The 2010–11 Early Mental Health Initiative Statewide
4 Evaluation Report described an unmet demand for EMHI-funded
5 services at participating schoolsites, as only 37 percent of the
6 students that scored in the appropriate school adjustment difficulty
7 range were served with EMHI-funded services due to program
8 capacity and funding constraints. Based on demographic
9 considerations, similar demand would be expected at schools that
10 did not receive EMHI grants.

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

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

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

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 ~~article~~ *part* shall be known and may be cited as the
6 Healing from Early Adversity to Level the Impact (HEAL) of
7 Trauma in Schools Act or the HEAL Trauma in Schools Act.

8 SEC. 3. Section 4371 of the Welfare and Institutions Code is
9 amended to read:

10 4371. The Legislature finds and declares all of the following:

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

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

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

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

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

36 (f) Programs like the Primary Intervention Program and the San
37 Diego Unified Counseling Program for Children have proven very
38 effective in helping children adjust to the school environment and
39 learn more effective coping skills that in turn result in better school
40 achievement, increased attendance, and increased self-esteem.

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

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

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

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

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

38 SEC. 4. Section 4372 of the Welfare and Institutions Code is
39 amended to read:

1 4372. For the purposes of this part, the following definitions
2 shall apply:

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

7 (b) “Eligible pupil” means a pupil who attends a preschool
8 program ~~at a publicly funded elementary school~~, *at a contracting*
9 *agency of the California state preschool program, as established*
10 *by Article 7 (commencing with Section 8235) of Chapter 2 of Part*
11 *6 of Division 1 of Title 1 of the Education Code, or a local*
12 *educational agency, or who attends a publicly funded elementary*
13 *school and who is in kindergarten, transitional kindergarten, or*
14 *grades 1 to 3, inclusive.*

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

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

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

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

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

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

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

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

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

- 1 (d) Commencing July 1, 1993, the state share of matching grants
2 shall be a maximum of 50 percent in each of the three years.
- 3 (e) Commencing July 1, 1993, the local share of matching grants
4 shall be at least 50 percent, from a combination of school district
5 and cooperating entity funds.
- 6 (f) The local share of the matching grant may be in cash or
7 payment in-kind.
- 8 (g) Priority shall be given to those applicants that demonstrate
9 the following:
- 10 (1) The local educational agency will serve the greatest number
11 of eligible pupils from low-income families.
- 12 (2) The local educational agency will provide a strong parental
13 involvement component.
- 14 (3) The local educational agency will provide supportive services
15 with one or more cooperating entities.
- 16 (4) The local educational agency will provide services at a low
17 cost per child served in the project.
- 18 (5) The local educational agency will provide programs and
19 services that are based on adoption or modification, or both, of
20 existing programs that have been shown to be effective.
- 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~~ *will* prioritize for receipt
25 of 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, particularly evidence-based interventions
8 and promising practices intended to mitigate the consequences of
9 childhood adversity and cultivate resilience and protective factors.

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

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

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

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

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

23 (3) A statement of program goals.

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

35 (5) A detailed budget and budget narrative.

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

38 (7) A description of the population anticipated to be served,
39 including number of pupils to be served and socioeconomic
40 indicators of sites to receive funds.

- 1 (8) A description of the matching funds from a combination of
2 local education agencies and cooperating entities.
- 3 (9) A plan describing how the proposed school-based early
4 mental health intervention and prevention services program will
5 be continued after the matching grant has expired.
- 6 (10) Assurance that grants would supplement and not supplant
7 existing local resources provided for early mental health
8 intervention and prevention services.
- 9 (11) A description of an evaluation plan that includes
10 quantitative and qualitative measures of school and pupil
11 characteristics, and a comparison of children’s adjustment to
12 school.
- 13 (k) Matching grants awarded pursuant to this article may be
14 used for salaries of staff responsible for implementing the
15 school-based early mental health intervention and prevention
16 services program, equipment and supplies, training, and insurance.
- 17 (l) Salaries of administrative staff and other administrative costs
18 associated with providing services shall be limited to 5 percent of
19 the state share of assistance provided under this section.
- 20 (m) No more than 10 percent of each matching grant awarded
21 pursuant to this article may be used for matching grant evaluation.
- 22 (n) No more than 10 percent of the moneys allocated to the
23 director pursuant to this chapter may be utilized for program
24 administration and evaluation.
- 25 Program administration shall include both state staff and field
26 staff who are familiar with and have successfully implemented
27 school-based early mental health intervention and prevention
28 services. Field staff may be contracted with by local school districts
29 or community mental health programs. Field staff shall provide
30 support in the timely and effective implementation of school-based
31 early mental health intervention and prevention services. Reviews
32 of each project shall be conducted at least once during the first
33 year of funding.
- 34 (o) Subject to the approval of the director, at the end of the fiscal
35 year, a school district may apply unexpended funds to the budget
36 for the subsequent funding year.
- 37 (p) Contracts for the program and administration, or ancillary
38 services in support of the program, shall be exempt from the
39 requirements of the Public Contract Code and the State

1 Administrative Manual, and from approval by the Department of
2 General Services.

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

6
7 CHAPTER 4. ~~SCHOOL-BASED EARLY MENTAL HEALTH~~
8 ~~INTERVENTION AND PREVENTION SERVICES-HEAL TRAUMA IN~~
9 SCHOOLS SUPPORT PROGRAM

10
11 4391. (a) The director shall establish a four-year ~~pilot~~ program,
12 in consultation with the Superintendent of Public Instruction, the
13 Director of Health Care Services, and the Attorney General to
14 encourage and support local decisions to provide funding for the
15 eligible support services as provided in this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (1) Designing programs.

26 (2) Training program staff in intervention skills.

27 (3) Conducting local evaluations.

28 (4) ~~Coordination~~ *Coordinating* with county mental health
29 agencies and professionals.

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

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

36 (1) (A) During the first 12 months of the program, the
37 department shall support, strengthen, and expand the provision of
38 eligible services at schoolsites that previously received funding
39 pursuant to the ~~HEAL Trauma in Schools Act (Chapter 2~~
40 ~~(commencing with Section 4380))~~ *former School-Based Early*

1 *Mental Health Intervention and Prevention Services Matching*
2 *Grant Program* and have continued to provide eligible support
3 services. In working with these selected schoolsites, the department
4 shall develop methods and standards for providing services and
5 practices to new schoolsites.

6 (B) The department shall develop a process to identify
7 schoolsites that demonstrate the willingness and capacity to
8 participate in the program.

9 (2) During the subsequent 36 months of the program, the
10 department shall select new schoolsites that are not providing
11 eligible support services but that demonstrate the willingness and
12 capacity to participate in the program. The department shall work
13 with these schoolsites to deliver eligible support services.

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

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

19 (B) Schoolsites that prioritize for receipt of services children
20 who have been exposed to childhood trauma, including, but not
21 limited to, foster youth, as defined in subdivision (b) of Section
22 42238.01 of the Education Code, and homeless children and youth,
23 as defined in Section 11434a(2) of the federal McKinney-Vento
24 Homeless Assistance Act (42 U.S.C. Sec. 11301 et seq.)

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

27 (f) The department shall submit, in compliance with Section
28 9795 of the Government Code, an interim report to the Legislature
29 at the end of the second year of the ~~pilot~~ program that details the
30 department's work to support the schoolsites selected pursuant to
31 paragraph (1) of subdivision (e) and includes an assessment of the
32 demand and impact of funding for the HEAL Trauma in Schools
33 Act established pursuant to ~~Chapter 3 (commencing with Section~~
34 ~~4380)~~ *this part*. The department shall make the report available
35 to the public and shall post the report on its Internet Web site.

36 (g) The department shall develop an evaluation plan to assess
37 the impact of the ~~pilot~~ program. The department, in compliance
38 with Section 9795 of the Government Code, shall submit a report
39 to the Legislature at the end of the four-year period evaluating the
40 impact of the ~~pilot~~ program and providing recommendations for

1 further implementation. The department shall make the report
2 available to the public and shall post the report on its Internet Web
3 site.

4 4392. Implementation of this chapter is contingent upon an
5 appropriation in the annual budget act.

6 4393. This chapter shall remain in effect only until January 1,
7 2022, and as of that date is repealed, unless a later enacted statute,
8 that is enacted before January 1, 2022, deletes or extends that date.

O