

AMENDED IN ASSEMBLY MAY 27, 2016

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 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 program, the 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 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
- 13 experience chronic disease and engage in negative health behaviors.
- 14 For example, based on results of the California Behavioral Risk

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

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

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

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

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

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

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

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

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

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

3 4370. This part shall be known and may be cited as the Healing
4 from Early Adversity to Level the Impact (HEAL) of Trauma in
5 Schools Act or the HEAL Trauma in Schools Act.

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

8 4371. The Legislature finds and declares all of the following:

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

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

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

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

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

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

39 (g) To create the optimum learning environment for our children,
40 schools, teachers, parents, public and private service providers,

1 and community-based organizations must enter into locally
2 appropriate cooperative agreements to ensure that all pupils will
3 receive the benefits of school-based early mental health
4 intervention and prevention services that are designed to meet their
5 personal, social, and educational needs.

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

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

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

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

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

38 4372. For the purposes of this part, the following definitions
39 shall apply:

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

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

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

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

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

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

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

20 4380. Subject to the availability of funding each year, the
21 Legislature authorizes the director, in consultation with the
22 Superintendent of Public Instruction, to award matching grants to
23 local educational agencies to pay the state share of the costs of
24 providing programs that provide school-based early mental health
25 intervention and prevention services to eligible pupils at schoolsites
26 of eligible pupils, as follows:

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

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

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

37 (d) Commencing July 1, 1993, the state share of matching grants
38 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.
 - 19 (6) The local educational agency will provide services to
20 children who are in out-of-home placement or who are at risk of
21 being in out-of-home placement.
 - 22 (7) The local educational agency will prioritize for receipt of
23 services children who have been exposed to childhood trauma,
24 including, but not limited to, foster youth, as defined in subdivision
25 (b) of Section 42238.01 of the Education Code, and homeless
26 children and youth, as defined in Section 11434a(2) of the federal
27 McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11301
28 et seq.).
- 29 (h) Eligible supportive services may include the following:
 - 30 (1) Individual and group intervention and prevention services.
 - 31 (2) Parent involvement through conferences or training, or both.
 - 32 (3) Teacher and staff conferences and training related to meeting
33 project goals.
 - 34 (4) Referral to outside resources when eligible pupils require
35 additional services.
 - 36 (5) Use of paraprofessional staff, who are trained and supervised
37 by credentialed school psychologists, school counselors, or school
38 social workers, to meet with pupils on a short-term weekly basis,
39 in a one-on-one setting as in the primary intervention program

1 established pursuant to Chapter 4 (commencing with Section 4343)
2 of Part 3.

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

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

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

13 (j) Each matching grant application submitted shall include all
14 of the following:

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

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

20 (3) A statement of program goals.

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

32 (5) A detailed budget and budget narrative.

33 (6) A description of the proposed plan for parent involvement
34 in the program.

35 (7) A description of the population anticipated to be served,
36 including number of pupils to be served and socioeconomic
37 indicators of sites to receive funds.

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

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

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

7 (11) A description of an evaluation plan that includes
8 quantitative and qualitative measures of school and pupil
9 characteristics, and a comparison of children’s adjustment to
10 school.

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

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

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

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

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

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

35 (p) Contracts for the program and administration, or ancillary
36 services in support of the program, shall be exempt from the
37 requirements of the Public Contract Code and the State
38 Administrative Manual, and from approval by the Department of
39 General Services.

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

4
5 CHAPTER 4. HEAL TRAUMA IN SCHOOLS SUPPORT PROGRAM
6

7 4391. (a) The director shall establish a four-year program, in
8 consultation with the Superintendent of Public Instruction, the
9 Director of Health Care Services, and the Attorney General to
10 encourage and support local decisions to provide funding for the
11 eligible support services as provided in this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 (B) Inclusive multitiered systems of behavioral and academic
14 supports, Schoolwide Positive Behavior Interventions and Supports,
15 restorative justice or restorative practices, trauma-informed
16 practices, social and emotional learning, ~~and bullying prevention.~~
17 *bullying prevention, mental health consultation, and parent-child*
18 *group supports.*

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

23 (1) Designing programs.

24 (2) Training program staff in intervention skills.

25 (3) Conducting local evaluations.

26 (4) Coordinating with county mental health agencies and
27 professionals.

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

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

34 (1) (A) During the first 12 months of the program, the
35 department shall support, strengthen, and expand the provision of
36 eligible services at schoolsites that previously received funding
37 pursuant to the former School-Based Early Mental Health
38 Intervention and Prevention Services Matching Grant Program
39 and have continued to provide eligible support services. In working
40 with these selected schoolsites, the department shall develop

1 methods and standards for providing services and practices to new
2 schoolsites.

3 (B) The department shall develop a process to identify
4 schoolsites that demonstrate the willingness and capacity to
5 participate in the program.

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

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

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

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

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

24 (f) The department shall submit, in compliance with Section
25 9795 of the Government Code, an interim report to the Legislature
26 at the end of the second year of the program that details the
27 department's work to support the schoolsites selected pursuant to
28 paragraph (1) of subdivision (e) and includes an assessment of the
29 demand and impact of funding for the HEAL Trauma in Schools
30 Act established pursuant to this part. The department shall make
31 the report available to the public and shall post the report on its
32 Internet Web site.

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

- 1 4392. Implementation of this chapter is contingent upon an
- 2 appropriation in the annual budget act.
- 3 4393. This chapter shall remain in effect only until January 1,
- 4 2022, and as of that date is repealed, unless a later enacted statute,
- 5 that is enacted before January 1, 2022, deletes or extends that date.

O