

AMENDED IN SENATE AUGUST 1, 2016

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)~~
(Coauthors: Senators Beall and Mitchell)

January 11, 2016

An act to amend Sections 4370, 4371, 4372, and 4380 of, *to add Sections 4384 and 4385 to*, 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 increase the percentage of each matching grant that may be used for matching grant evaluation from 10% to 20%. This bill would implement this program only to the extent that the department determines that federal financial participation is not jeopardized, as specified.* The bill would require the ~~State Public Health Officer,~~ *Director of Health Care Services,* in consultation with the Superintendent of Public Schools, ~~the Director of Health Care Services,~~ *Instruction, the State Public Health Officer,* 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~~ *Health Care Services* 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.

This bill would authorize the department to implement, interpret, or make specific the grant and support programs by means of information notices, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, until regulations are adopted and would exempt contracts for the HEAL Trauma in Schools Support Program and administration, or ancillary services in support of the program, from specified statutory and administrative requirements and from approval by the Department of General Services. The bill would repeal these provisions the HEAL Trauma in Schools Support Program 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
15 Factor Surveillance Survey, a person in California with four or
16 more ACEs is 1.6 times as likely to have diabetes, 1.9 times as
17 likely to have cancer, 2.4 times as likely to suffer from chronic
18 obstructive pulmonary disease, 2.9 times as likely to smoke, 4.2
19 times as likely to be diagnosed with Alzheimer’s disease or
20 dementia, 5.1 times as likely to suffer from depression, 7.4 times
21 as likely to be an alcoholic, and 12.2 times as likely to attempt
22 suicide. Individuals are similarly impacted by ACEs, regardless
23 of race and ethnicity.

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

34 (d) School adjustment difficulties that can impede learning,
35 such as anxiety, withdrawal, and aggressive behaviors, are common

1 symptoms of chronic or traumatic stress resulting from exposure
2 to ACEs and childhood trauma.

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

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

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

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

35 (i) Multitiered systems and supports, which integrate mental
36 health, special education, and school climate interventions, have
37 been developed as a model framework within which to implement
38 these services. Pilot programs in the Counties of San Bernardino
39 and Alameda are demonstrating that implementing these services
40 as part of a multitiered system is cost effective because the cost

1 of the services is more than fully offset by the reduction in the
2 need for high-cost, nonpublic school placements.

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

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

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

21 4370. This part shall be known and may be cited as the Healing
22 from Early Adversity to Level the Impact (HEAL) of Trauma in
23 Schools Act or the HEAL Trauma in Schools Act.

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

26 4371. The Legislature finds and declares all of the following:

27 (a) Each year in California over 65,000 teenagers become
28 adolescent mothers and 230 teenagers commit suicide. Each year
29 more than 20 percent of California’s teenagers drop out of high
30 school.

31 (b) Thirty percent of California’s elementary school pupils
32 experience school adjustment problems, many of which are evident
33 the first four years of school, that is, kindergarten and grades 1 to
34 3, inclusive.

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

38 (d) There is a clear relationship between early adjustment
39 problems and later adolescent problems, including, but not limited
40 to, poor school attendance, low achievement, delinquency, drug

1 abuse, and high school dropout rates. In many cases, signs of these
2 problems can be detected in the early grades.

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

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

17 (g) To create the optimum learning environment for our children,
18 schools, teachers, parents, *caregivers*, public and private service
19 providers, and community-based organizations must enter into
20 locally appropriate cooperative agreements to ensure that all pupils
21 will receive the benefits of school-based early mental health
22 intervention and prevention services that are designed to meet their
23 personal, social, and educational needs.

24 (h) Adverse Childhood Experiences (ACEs) are traumatic
25 experiences that can have a profound impact on a child's
26 developing brain and body and lasting impacts on a person's health
27 and livelihood across their lifetime. ACEs include physical,
28 emotional, and sexual abuse; physical and emotional neglect; other
29 experiences, such as substance abuse by a household member and
30 witnessing domestic violence. Other traumatic experiences can
31 include placement instability for foster youth, homelessness, and
32 witnessing violence against family and community members.

33 (i) The State of California has long recognized the mental health
34 needs of California's children and the value of addressing these
35 needs by supporting the provision of evidence-based mental health
36 services in publicly funded preschools and elementary schools, as
37 evidenced by the creation in 1981 of the Primary Prevention
38 Project, now named the Primary Intervention Program, and the
39 creation in 1991 of the School-Based Early Mental Health

1 Intervention and Prevention Services for Children Program, known
2 as the Early Mental Health Initiative (EMHI).

3 (j) 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 in publicly funded
6 preschools and elementary schools to address the mental health
7 needs of children who have been exposed to childhood adversity.

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

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

17 4372. For the purposes of this part, the following definitions
18 shall apply:

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

23 (b) “Eligible pupil” means a pupil who attends a preschool
24 program at a contracting agency of the California state preschool
25 program, as established by Article 7 (commencing with Section
26 8235) of Chapter 2 of Part 6 of Division 1 of Title 1 of the
27 Education Code, or a local educational agency, or who attends a
28 publicly funded elementary school and who is in kindergarten,
29 transitional kindergarten, or grades 1 to 3, inclusive.

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

32 (d) “Department” means the State Department of ~~Public Health.~~
33 *Health Care Services.*

34 (e) “Director” means the ~~State Public Health Officer.~~ *Director*
35 *of Health Care Services.*

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

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

1 4380. ~~Subject~~ *Beginning with grants for the 2017–18 school*
 2 *year and subject* to the availability of funding each year, the
 3 Legislature authorizes the director, in consultation with the
 4 Superintendent of Public Instruction, to award matching grants to
 5 local educational agencies to pay the state share of the costs of
 6 providing programs that provide school-based early mental health
 7 intervention and prevention services to eligible pupils at schoolsites
 8 of eligible pupils, as follows:

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

11 (b) Matching grants awarded under this part shall be awarded
 12 for a period of not more than three years and no single schoolsite
 13 shall be awarded more than one ~~grant, except for a schoolsite that~~
 14 ~~received a grant prior to July 1, 1992.~~ *grant.*

15 (c) The director shall pay to each local educational agency
 16 having an application approved pursuant to requirements in this
 17 part the state share of the cost of the activities described in the
 18 application.

19 ~~(d) Commencing July 1, 1993, the~~ *The* state share of matching
 20 grants shall be a maximum of 50 percent in each of the three years.

21 ~~(e) Commencing July 1, 1993, the~~ *The* local share of matching
 22 grants shall be at least 50 percent, from a combination of school
 23 district and cooperating entity funds.

24 ~~(f) The local share of the matching grant may be in cash or~~
 25 ~~payment in kind.~~

26 ~~(g)~~

27 (f) Priority shall be given to those applicants that demonstrate
 28 the following:

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

31 (2) The local educational agency will provide a strong ~~parental~~
 32 ~~involvement~~ *parent and caregiver engagement* component.

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

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

37 (5) The local educational agency will provide programs and
 38 services that are based on adoption or modification, or both, of
 39 existing programs that have been shown to be effective.

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

4 (7) The local educational agency will prioritize for receipt of
5 services children who have been exposed to childhood trauma,
6 including, but not limited to, foster youth, as defined in subdivision
7 (b) of Section 42238.01 of the Education Code, and homeless
8 children and youth, as defined in Section 11434a(2) of the federal
9 McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11301
10 et seq.).

11 ~~(h)~~

12 (g) Eligible supportive services may include the following:

13 (1) Individual and group *early mental health* intervention and
14 prevention services.

15 (2) Parent ~~involvement~~ *and caregiver engagement* through
16 conferences or training, or both.

17 (3) Teacher and staff conferences and training related to meeting
18 project goals.

19 (4) Referral to outside resources when eligible pupils require
20 additional services.

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

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

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

33 ~~(i)~~

34 (h) Each local educational agency seeking a grant under this
35 chapter shall submit an application to the director at the time, in
36 a manner, and accompanied by any information the director may
37 reasonably require.

38 ~~(j)~~

39 (i) Each matching grant application submitted shall include all
40 of the following:

- 1 (1) Documentation of need for the school-based early mental
2 health intervention and prevention services.
- 3 (2) A description of the school-based early mental health
4 intervention and prevention services expected to be provided at
5 the schoolsite.
- 6 (3) A statement of program goals.
- 7 (4) A list of cooperating entities that will participate in the
8 provision of services. A letter from each cooperating entity
9 confirming its participation in the provision of services shall be
10 included with the list. At least one letter shall be from a cooperating
11 entity confirming that it will agree to screen referrals of low-income
12 children the program has determined may be in need of mental
13 health treatment services and that, if the cooperating entity
14 determines that the child is in need of those services and if the
15 cooperating entity determines that according to its priority process
16 the child is eligible to be served by it, the cooperating entity will
17 agree to provide those mental health treatment services.
- 18 (5) A detailed budget and budget narrative.
- 19 (6) A description of the proposed plan for parent-involvement
20 *and caregiver engagement* in the program.
- 21 (7) A description of the population anticipated to be served,
22 including number of pupils to be served and socioeconomic
23 indicators of sites to receive funds.
- 24 (8) A description of the matching funds from a combination of
25 local education agencies and cooperating entities.
- 26 (9) A plan describing how the proposed school-based early
27 mental health intervention and prevention services program will
28 be continued after the matching grant has expired.
- 29 (10) Assurance that grants would supplement and not supplant
30 existing local resources provided for early mental health
31 intervention and prevention services.
- 32 (11) A description of an evaluation plan that includes
33 quantitative and qualitative measures of school and pupil
34 characteristics, and a comparison of children’s adjustment to
35 school.
- 36 ~~(k)~~
- 37 (j) Matching grants awarded pursuant to this article may be used
38 for salaries of staff responsible for implementing the school-based
39 early mental health intervention and prevention services program,
40 equipment and supplies, training, and insurance.

1 ~~(l)~~
2 (k) Salaries of administrative staff and other administrative costs
3 associated with providing services shall be limited to 5 percent of
4 the state share of assistance provided under this section.

5 ~~(m)~~
6 (l) No more than ~~10~~ 20 percent of each matching grant awarded
7 pursuant to this article may be used for matching grant evaluation.

8 ~~(n)~~
9 (m) No more than 10 percent of the moneys allocated to the
10 director pursuant to this chapter may be utilized for program
11 administration and evaluation.

12 ~~Program administration shall include both state staff and field~~
13 ~~staff who are familiar with and have successfully implemented~~
14 ~~school-based early mental health intervention and prevention~~
15 ~~services. Field staff may be contracted with by local school districts~~
16 ~~or community mental health programs. Field staff shall provide~~
17 ~~support in the timely and effective implementation of school-based~~
18 ~~early mental health intervention and prevention services. Reviews~~
19 ~~of each project shall be conducted at least once during the first~~
20 ~~year of funding.~~

21 ~~(o)~~
22 (n) Subject to the approval of the director, at the end of the fiscal
23 year, a school district may apply unexpended funds to the *HEAL*
24 *Trauma in Schools Program* budget for the subsequent funding
25 year.

26 ~~(p)~~
27 (o) Contracts for the program and administration, or ancillary
28 services in support of the program, shall be exempt from the
29 requirements of the Public Contract Code and the State
30 Administrative Manual, and from approval by the Department of
31 General Services.

32 *SEC. 6. Section 4384 is added to the Welfare and Institutions*
33 *Code, to read:*

34 *4384. Notwithstanding Chapter 3.5 (commencing with Section*
35 *11340) of Part 1 of Division 3 of Title 2 of the Government Code,*
36 *the department may implement, interpret, or make specific this*
37 *chapter by means of information notices, plan letters, plan or*
38 *provider bulletins, or similar instructions, until regulations are*
39 *adopted.*

1 SEC. 7. Section 4385 is added to the Welfare and Institutions
2 Code, to read:

3 4385. This chapter shall be implemented only to the extent that
4 the department determines that any existing federal financial
5 participation associated with the four eligible support services
6 and early mental health intervention services is not jeopardized.
7 The department may claim federal financial participation for the
8 administrative activities performed by the department pursuant to
9 this chapter to the extent the department determines federal
10 financial participation is available for this purpose and to the
11 extent any necessary federal approvals are obtained. This chapter
12 shall not be construed to alter any existing funding obligation in
13 law associated with the provision of eligible support services and
14 early mental health intervention services by county mental health
15 departments or local educational agencies, including, but not
16 limited to, responsibility for the nonfederal share of permissible
17 Medicaid expenditures, if any.

18 ~~SEC. 6.~~

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

22
23 CHAPTER 4. HEAL TRAUMA IN SCHOOLS SUPPORT PROGRAM
24

25 4391. (a) The director shall establish a four-year program, in
26 consultation with the Superintendent of Public ~~Instruction, the~~
27 ~~Director of Health Care Services, Instruction, the State Public~~
28 ~~Health Officer, and the Attorney-General~~ General, to encourage
29 and support local decisions to provide funding for the eligible
30 support services as provided in this section.

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

35 (c) The department shall provide ~~free regional training~~ regional
36 training at no cost to the local educational agencies on all of the
37 ~~following:~~ following subjects:

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

1 (A) Individual and group *early mental health* intervention and
2 prevention services.

3 (B) Parent *and caregiver* engagement through conference or
4 training, or both.

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

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

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

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

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

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

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

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

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

35 (B) Inclusive multitiered systems of behavioral and academic
36 supports, Schoolwide Positive Behavior Interventions and Supports,
37 restorative justice or restorative practices, trauma-informed
38 practices, social and emotional learning, bullying prevention,
39 mental health consultation, and parent-child group supports.

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

- 5 (1) Designing programs.
- 6 (2) Training program staff in intervention skills.
- 7 (3) Conducting local evaluations.
- 8 (4) Coordinating with county mental health agencies and
9 professionals.
- 10 (5) Leveraging educational, mental health, and other funds that
11 are subject to local control and assisting in budget development.

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

16 (1) (A) During the first 12 months of the program, the
17 ~~department~~ *department, in collaboration with the Superintendent*
18 *of Public Instruction*, shall support, strengthen, and expand the
19 provision of eligible services at schoolsites that previously received
20 funding pursuant to the former School-Based Early Mental Health
21 Intervention and Prevention Services Matching Grant Program
22 and have continued to provide eligible support services. ~~In working~~
23 ~~with these selected schoolsites, the department shall develop~~
24 ~~methods and standards for providing services and practices to new~~
25 ~~schoolsites.~~

26 (B) The department shall develop a process to identify
27 schoolsites that demonstrate the willingness and capacity to
28 participate in the program.

29 (2) During the subsequent 36 months of the program, the
30 department shall select new schoolsites that are not providing
31 eligible support services but that demonstrate the willingness and
32 capacity to participate in the program. ~~The department shall work~~
33 ~~with these schoolsites to deliver eligible support services.~~

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

36 (A) Schoolsites in communities ~~that have experienced~~ *in which*
37 *local educational agencies have demonstrated* high levels of
38 childhood adversity, ~~such as Adverse Childhood Experiences and~~
39 ~~childhood trauma.~~ *including, but not limited to, high-poverty local*
40 *educational agencies and schools eligible under the Community*

1 *Eligibility Provision of the Healthy Hunger-Free Kids Act of 2010*
2 *(Public Law 111-296) and local educational agencies and schools*
3 *identified in the California Longitudinal Pupil Achievement Data*
4 *System as having high rates of foster youth and homeless children*
5 *and youth.*

6 (B) Schoolsites that prioritize for receipt of services children
7 who have been exposed to childhood trauma, including, but not
8 limited to, foster youth, as defined in subdivision (b) of Section
9 42238.01 of the Education Code, and homeless children and youth,
10 as defined in Section 11434a(2) of the federal McKinney-Vento
11 Homeless Assistance Act (42 U.S.C. Sec. 11301 et seq.)

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

14 (f) The department shall submit, in compliance with Section
15 9795 of the Government Code, an interim report to the Legislature
16 at the end of the second year of the program that details the
17 department's work to support the schoolsites selected pursuant to
18 paragraph (1) of subdivision (e) and includes an assessment of the
19 demand and impact of funding for the HEAL Trauma in Schools
20 Act established pursuant to this part. The department shall make
21 the report available to the public and shall post the report on its
22 Internet Web site.

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

30 *4391.2. Contracts for the program and administration, or*
31 *ancillary services in support of the program, shall be exempt from*
32 *the requirements of the Public Contract Code and the State*
33 *Administrative Manual, and from approval by the Department of*
34 *General Services.*

35 *4391.5. Notwithstanding Chapter 3.5 (commencing with Section*
36 *11340) of Part 1 of Division 3 of Title 2 of the Government Code,*
37 *the department may implement, interpret, or make specific this*
38 *chapter by means of information notices, plan letters, plan or*
39 *provider bulletins, or similar instructions, without taking*
40 *regulatory action, until regulation are adopted.*

- 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