

**CITY OF OAKLAND**  
**BILL ANALYSIS**



2016 FEB -4 PM 2:48

**Date:** February 4, 2016

**Bill Number:** AB 1644 (School-Based Early Mental Health Intervention and Prevention Services)

**Bill Author:** Assemblymember Rob Bonta

**DEPARTMENT INFORMATION**

**Contact:** Ashley Winston  
**Department:** Office of Councilmember Desley Brooks  
**Telephone:** 510-238-3971

**RECOMMENDED POSITION:** SUPPORT

**Summary of the Bill:**

AB 1644 will re-establish the Early Mental Health Initiative and provide resources to Local Education Agencies to increase support mental health services for school sites with high volumes of students experiencing childhood trauma in grades Transitional Kindergarten through 3<sup>rd</sup> grade. These resources would include outreach, regional trainings on eligible services, and the potential for eligible services to fulfill state and locally-defined educational priorities, grant match funding sources and technical assistance to Local Education Agencies that provide or seek to provide eligible services.

**Background:**

For 20 years, the Early Mental Health Initiative Matching Grant Program was a highly successful state program that provided matching grants to Local Education Agencies to provide school-based mental health supports to young pupils experiencing mild to moderate school adjustment difficulties. The Early Mental Health Initiative Matching Grant Program served over 15,000 children per year and its services were in great demand. According to the last Early Mental Health Initiative statewide evaluation in 2011, the program met and exceeded legislative requirements, however only 37 percent of eligible students were selected for Early Mental Health Initiative funded services due to program capacity and funding constraints. Despite its success and the demand for services, the program was defunded in 2012. Additionally, the dissolution of the Department of Mental Health effectively ended the program.

**Positive Factors for Oakland:**

The city of Oakland is currently facing the issue of how to prevent and address the far reaching impacts of violence and homelessness on our youth. In 2014, the number of homicides in the city of Oakland was more than 4 times the U.S. average. These crimes have an adverse effect on residents and particularly our youth, AB 1644 will provide assistance to agencies like OUSD and various charter agencies within the community to address the adverse childhood traumas that are experienced as a result of violence and homelessness amongst other trauma and may be impacting the academic success of their students.

**Negative Factors for Oakland: None.**

**PLEASE RATE THE EFFECT OF THIS MEASURE ON THE CITY OF OAKLAND:**

**Critical** (top priority for City lobbyist, city position required ASAP) –

**Very Important** (priority for City lobbyist, city position necessary)

**Somewhat Important** (City position desirable if time and resources are available)

**Minimal**

**None** (do not review with City Council, position not required)

**Known support:**

California Attorney General Kamala Harris

**Known Opposition:**

None.

Respectfully Submitted,

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Desley Brooks  
Councilmember – District 6

**ASSEMBLY BILL**

**No. 1644**

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**Introduced by Assembly Member Bonta**

January 11, 2016

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

32 (h) The EMHI succeeded in meeting these legislative  
33 requirements. According to the 2010–2011 Early Mental Health  
34 Initiative Statewide Evaluation Report, of the 15,823 students  
35 located in 424 elementary schools across 66 school districts  
36 participating in EMHI-funded services during the 2010–11 school  
37 year, 79 percent exhibited positive social competence and school  
38 adjustment behaviors more frequently after completing services.  
39 Furthermore, the magnitude of the improvements was exceptional  
40 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 (i) The 2010–2011 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 (j) 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 (k) It is in the interest of California’s children, families, schools,  
20 and communities that the State of California support local decisions  
21 to provide funding for evidence-based services to address the  
22 mental health needs of children who have been exposed to  
23 childhood adversity in publicly funded preschools and elementary  
24 schools.

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

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

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

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

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

19 4372. For the purposes of this part, the following definitions  
20 shall apply:

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

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

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

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

34 ~~(d)~~

35 (e) “Director” means the State ~~Director of Mental Health.~~ *Public*  
36 *Health Officer.*

37 ~~(e)~~

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

1 SEC. 3. 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. SCHOOL-BASED EARLY MENTAL HEALTH  
6 INTERVENTION AND PREVENTION SERVICES SUPPORT PROGRAM

7

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

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

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

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

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

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

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

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

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

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

37 (2) The potential for the eligible support services defined in this  
38 section to help fulfill state priorities described by the local control  
39 funding formula and local goals described by local control and  
40 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 (d) The department shall provide technical assistance to local  
18 educational agencies that provide or seek to provide eligible  
19 services defined in this section. Technical assistance shall include  
20 assistance in any of the following:

21 (1) Designing programs.

22 (2) Training program staff in intervention skills.

23 (3) Conducting local evaluations.

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

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

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

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

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

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

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

9 (B) Schoolsites that prioritize for receipt of services children  
10 who have been exposed to childhood trauma, including, but not  
11 limited to, foster youth, as defined in subdivision (b) of Section  
12 42238.01 of the Education Code, and homeless children and youth,  
13 as defined in Section 11434a(2) of the federal McKinney-Vento  
14 Homeless Assistance Act (42 U.S.C. Sec. 11301 et seq.)

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

17 (f) The department shall submit, in compliance with Section  
18 9795 of the Government Code, an interim report to the Legislature  
19 at the end of the second year of the pilot program that details the  
20 department’s work to support the schoolsites selected pursuant to  
21 paragraph (1) of subdivision (e) and includes an assessment of the  
22 demand and impact of funding for the School-Based Early Mental  
23 Health Intervention and Prevention Services Matching Grant  
24 Program established pursuant to Chapter 3 (commencing with  
25 Section 4390). The department shall make the report available to  
26 the public and shall post the report on the its Internet Web site.

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

35 4392. This chapter shall remain in effect only until January 1,  
36 2022, and as of that date is repealed, unless a later enacted statute,  
37 that is enacted before January 1, 2022, deletes or extends that date.

O