
SENATE COMMITTEE ON EDUCATION

Senator Carol Liu, Chair
2015 - 2016 Regular

Bill No: AB 1644
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Urgency: No
Consultant: Lynn Lorber
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Fiscal: Yes

Subject: School-based early mental health intervention and prevention services

SUMMARY

This bill requires the Department of Public Health (DPH) to establish a four-year program to support local decisions to provide funding for early mental health support services, requires DPH to provide technical assistance to local educational agencies, and requires DPH to select and support schoolsites to participate in the program.

BACKGROUND

Existing law:

- 1) Establishes the School-based Early Mental Health Intervention and Prevention Services for Children Act (EMHI) and authorizes the Director of the Department of Mental Health, in consultation with the Superintendent of Public Instruction, to award 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 students, subject to the availability of funding each year. (Welfare & Institutions Code § 4370, et seq.)
- 2) Defines “eligible pupil” as a student who attends a publicly funded elementary school and who is in kindergarten or grades 1 to 3. (WIC § 4372)
- 3) Establishes the Primary Intervention Program, using EMHI funds, to provide school-based early detection and prevention of emotional, behavioral, and learning problems in students in kindergarten and grades 1-3, with services provided by child aides under the supervision of a school-based mental health professional. (WIC § 4343, et seq.)

ANALYSIS

This bill requires the DPH to establish a four-year program to support local decisions to provide funding for early mental health support services, requires DPH to provide technical assistance to local educational agencies, and requires DPH to select and support schoolsites to participate in the program. Specifically, this bill:

- 1) Requires the director of the DPH, also known as the Public Health Officer, to establish a four-year program, in consultation with the Superintendent of Public

Instruction, the Director of Health Care Services, and the Attorney General, to encourage and support local decisions to provide funding for eligible support services.

- 2) Requires the Department of Public Health (DPH) to provide outreach to local educational agencies and county mental health agencies to inform individuals responsible for local funding decisions of the program established by this bill.

Selection of schoolsites

- 3) Requires DPH, in providing outreach, training, and technical assistance, to select and support schoolsites as follows:
 - a) Requires DPH, during the first 12 months of the program, to support, strengthen, and expand the provision of eligible services at schoolsites that previously received Early Mental Health Intervention and Prevention Services for Children Act funding and have continued to provide eligible support services. This bill requires DPH, in working with these selected schoolsites, to develop methods and standards for providing services and practices to new schoolsites.
 - b) Requires DPH to develop a process to identify schoolsites that demonstrate the willingness and capacity to participate in the program.
 - c) Requires DPH, during the subsequent 36 months of the program, to select new schoolsites that are not providing eligible support services but that demonstrate the willingness and capacity to participate in the program. This bill requires DPH to work with these schoolsites to deliver eligible support services.
- 4) Requires DPH, in selecting schoolsites and providing support, to prioritize the following:
 - a) Schoolsites in communities that have experienced high levels of childhood adversity, such as Adverse Childhood Experiences and childhood trauma.
 - b) Schoolsites that prioritize services for students who have been exposed to childhood trauma, including but not limited to, foster youth and homeless children and youth.
 - c) Geographic diversity, program effectiveness, program efficiency, and long-term program sustainability.

Training

- 5) Requires DPH to provide free regional training on all of the following:
 - a) Eligible support services, as specified.

- b) The potential for the eligible support services to help fulfill state priorities described by the local control funding formula and local goals described by local control and accountability plans.
- c) How educational, mental health, and other funds subject to local control can be used to finance the eligible support services.
- d) External resources available to support the eligible support services, which may include workshops, training, conferences, and peer learning networks.
- e) State resources available to support student mental health and resilience, and positive, trauma-informed learning environments.

Eligible support services

- 6) Authorizes eligible support services to include any or all of the following:
 - a) Individual and group intervention and prevention services.
 - b) Parent engagement through conference or training, or both.
 - c) Teacher and staff conferences and training related to meeting project goals.
 - d) Referral to outside resources when eligible students require additional services.
 - e) Use of paraprofessional staff, who are trained and supervised by credentialed school psychologists, school counselors, or school social workers, to meet with students on a short-term weekly basis, in a one-on-one setting as in the primary intervention program.
 - f) Any other service or activity that will improve the mental health of eligible students, particularly evidence-based interventions and promising practices intended to mitigate the consequences of childhood adversity and cultivate resilience and protective factors.

Student mental health and resilience, and trauma-informed learning environments

- 7) Authorizes student mental health and resilience, and trauma-informed learning environments to include any of the following:
 - a) Foundational aspects of learning, childhood social-emotional development, mental health and resilience, toxic stress, childhood trauma, and Adverse Childhood Experiences.
 - b) Inclusive multi-tiered systems of behavioral and academic supports, Schoolwide Positive Behavior Interventions and Supports, restorative justice or restorative practices, trauma-informed practices, social and

emotional learning, bullying prevention, mental health consultation, and parent-child group supports.

Technical assistance

- 8) Requires the Department of Public Health (DPH) to provide technical assistance to local educational agencies that provide or seek to provide eligible services, and requires technical assistance to include assistance in any of the following:
 - a) Designing programs.
 - b) Training program staff in intervention skills.
 - c) Conducting local evaluations.
 - d) Coordinating with county mental health agencies and professionals.
 - e) Leveraging educational, mental health, and other funds that are subject to local control and assisting in budget development.

Report and evaluation

- 9) Requires DPH to submit an interim report to the Legislature at the end of the second year of the program that details the DPH's work to support the schoolsites and includes an assessment of the demand and impact of funding for the program established by this bill. This bill requires DPH to make the report available to the public and post the report on its Web site.
- 10) Requires DPH to develop an evaluation plan to assess the impact of the program.
- 11) Requires DPH to submit a report to the Legislature at the end of the four-year period evaluating the impact of the program and providing recommendations for further implementation, and make the report available to the public and post the report on its Web site.

Miscellaneous

- 12) Provides that implementation of this bill is contingent upon an appropriations in the annual budget act.
- 13) Renames the School-based Early Mental Health Intervention and Prevention Services for Children Act (EMHI) as the Healing from Early Adversity to Level the Impact of Trauma in Schools Act, or the Heal Trauma in Schools Act.
- 14) Expands priority for funding for EMHI applicants by adding local educational agencies that will prioritize services for children who have been exposed to childhood trauma, including but not limited to, foster youth and homeless children and youth.

- 15) Expands “other service or activity” relative to eligible supportive services by adding evidence-based interventions and promising practices intended to mitigate the consequences of childhood adversity and cultivate resilience and protective factors.
- 16) Deletes the prohibition on more than 20% of the grants to be used for new models of services and the requirement that at least 80% of the grants awarded to include the basic components of the primary intervention program.
- 17) Expands the definition of “eligible pupil” to include a student who attends a preschool program at a contracting agency of the California state preschool program or local educational agency, and to include students who are in transitional kindergarten.
- 18) Modifies the definition of “supportive services” to change social development to social-emotional development.
- 19) Expands the definition of “local educational agency” to include charter schools.
- 20) Defines “Department” as the State Department of Public Health.
- 21) Modifies the definition of “director,” from the State Director of Mental Health to the State Public Health Officer.
- 22) States legislative findings and declarations relative to the need to provide funding to address the mental health needs of children who have been exposed to childhood adversity and to prioritize communities that experience childhood adversity more severely and profoundly.
- 23) Sunsets the provisions of this bill on January 1, 2022.

STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, “For 20 years, the EMHI Matching Grant Program was a highly successful state program that provided matching grants to local educational agencies to provide school-based mental health supports to young pupils experiencing mild to moderate school adjustment difficulties. EMHI supported Primary Intervention Programs consisting of one-on-one services or services delivered in small groups to address social skills, anger management, friendship groups, or topic-specific issues such as bullying or divorce; and indirect services such as parent and teacher services and classroom curricula. Despite its success and the demand for services, the program was defunded in 2012. Additionally, with the dissolution of the Department of Mental Health, its oversight and agency was eliminated, effectively ending the program. I believe that restoring and expanding the EMHI Program is a significant step towards addressing the harmful and long-lasting effects of Adverse Childhood Experiences, and will give our children a better shot at success.”

- 2) **Early Mental Health Initiative (EMHI).** From 1992 to 2012, the then-Department of Mental Health awarded matching grants to local educational agencies to fund prevention and early intervention programs, including EMHI. In the 2011–12 fiscal year, the EMHI received \$15 million in state funds. At its peak, there were 15,823 students receiving EMHI-funded services. The Department of Mental Health has since been dissolved and funding for EMHI was eliminated beginning in the 2012-13 fiscal year; the state infrastructure for EMHI was not re-established in another state agency. It is now a local decision whether to continue this program without state matching grant support. The Assembly version of the 2016 Budget included \$6 million to fund the former EMHI grant program, but no funding was included in the final conference committee report. Therefore, the EMHI program remains unfunded.

This bill creates a framework to support and assist local educational agencies in implementing early mental health initiatives at a local level, without the support of a state infrastructure or funding.

- 3) **Existing statewide student mental health initiatives.** The state is currently engaged in a number of initiatives aimed at improving support for student mental health needs (none are specifically targeted to the youngest students). Among them are:

Student Mental Health Policy Workgroup. In 2012, the Superintendent of Public Instruction and the California Mental Health Services Act (CalMHSA) convened a Student Mental Health Policy Workgroup (workgroup) to develop policy recommendations that promote early identification, referral, coordination, and access to quality mental health services for students. The workgroup is comprised of teachers, school counselors, school social workers, school psychologists, school nurses, and school administrators, as well as state and county mental health professionals.

The workgroup has noted the connection between mental wellness and academic achievement, attendance, and behavior. It has also noted that California's educators acknowledge their lack of preparedness in addressing pupil mental health challenges as a major barrier to instruction. The workgroup found that "most educators and staff lack training to identify pupils who may be in need of support, make referrals, and, as appropriate, to help pupils overcome or manage mental health barriers and succeed in school." They also noted that mental health challenges disproportionately impact students who face stressors such as violence, trauma, and poverty.

Regional K-12 Student Mental Health training. Since 2011, CalMHSA has funded a Student Mental Health Initiative through the California County Superintendents Educational Services Association. This project is designed to build capacity and cross-system collaboration to develop and sustain school-based mental health programs addressing prevention and early identification strategies.

One of the goals of this project is the training of school staff. Since 2011 this project has used a train-the-trainer model to provide educators with tools for the early identification and prevention of mental health problems. Two thousand

trainings have been conducted, with over 140,000 participants. The estimated total reach of this project is two million students, or one third of the state's enrollment. Since 2014, this project has declined significantly in size as a result of decreased funding.

California Department of Education's training project. California Mental Health Services Act (CalMHSA) has also funded mental health training through the California Department of Education (CDE), Training Educators through Recognition and Identification Strategies (TETRIS), Eliminating Barriers to Learning (EBL) project. This statewide K-12 Mental Health Program promotes school and student wellness and academic achievement by increasing capacity for all school and administrative staff to identify students who are experiencing mental health issues early on. To accomplish this goal, the CDE subcontracted with the Placer County Office of Education to deliver 11 TETRIS EBL workshops annually through 2019. The curriculum used for the TETRIS EBL workshops was developed by the United States Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). Kognito Interactive Online Simulation Program is also used as an outside source to help support school staff in initiating conversations with students around the subject of mental health and suicidal ideation.

SAMHSA "Now is the Time" pilot projects. Following the school shooting at Sandy Hook Elementary in Connecticut in December 2012, President Obama established a grant program to increase students' access to mental health services. California received \$9.7 million from the "Now is the Time Project Advancing Wellness and Resilience in Education" (NITT AWARE) grant in 2014. According to the CDE, the grant has two components. Three local educational agencies (LEAs), Garden Grove Unified School District, Santa Rosa City Schools, and the San Diego County Office of Education, were selected to participate in the first component of the grant. The LEAs will establish a process for referring and connecting children to mental health services. If successful, the models developed by these LEAs can be shared statewide. The second component utilizes a training program called Youth Mental Health First Aid. The training teaches school staff how to help youth experiencing mental health or addictions challenges, or are in crisis.

- 4) ***Heard by the Senate Health Committee.*** This bill was heard by the Senate Health Committee on June 15, where it passed on a 9-0 vote.
- 5) ***Fiscal impact.*** This bill provides that its implementation is contingent upon an appropriation in the annual budget act. Funding for the purposes of this bill was *not* provided in the 2016 Budget Act.

According to the Assembly Appropriations Committee, this bill imposes the following costs:

- a) General Fund administrative costs to the Department of Public Health (DPH) of approximately \$300,000 to oversee the program, provide outreach, free regional training, and technical assistance to school sites

over four years. Department of Public Health (DPH) would also incur costs related to interim reporting requirements and final evaluation of the program.

- b) Proposition 98 General Fund (GF) cost pressure, in the millions of dollars, to fund grants pursuant to the Healing from Early Adversity to Level the Impact Trauma in Schools Act. Grants are contingent upon an appropriation in the annual budget act.
- 6) **Related legislation.** SB 1113 (Beall) authorizes local educational agencies to enter into partnerships, as specified, with county mental health plans for the provisions of Early and Periodic Screening, Diagnosis, and Treatment mental health services, and to expand the allowable uses of specified mental health funds. SB 1113 is pending in the Senate Appropriations Committee.

AB 2017 (McCarty) requires the Department of Health Care Services to create a grant program for public postsecondary education institutions to access mental health services, and appropriates \$40 million for this purpose. AB 2017 is scheduled to be heard by this Committee on June 29.

- 7) **Prior legislation.** AB 1133 (Achadjian, 2015) established a four-year pilot program, the School-Based Early Mental Health Intervention and Prevention Services Support Program (EMHI Support Program), to provide outreach, free regional training, and technical assistance for local educational agencies in providing mental health services at school sites. AB 1133 was held in the Assembly Appropriations Committee.

AB 1025 (Thurmond, 2015) required California Department of Education (CDE) to establish a three-year pilot program in school districts to encourage inclusive practices that integrate mental health, special education, and school climate interventions following a multi-tiered framework. AB 1025 was held in the Senate Appropriations Committee.

AB 1018 (Cooper, 2015) required the Department of Health Care Services and CDE to convene a joint taskforce to examine the delivery of mental health services to children. AB 1018 was held in the Senate Appropriations Committee.

AB 580 (O'Donnell, 2015) required the CDE to develop model referral protocols for voluntary use by schools to address the appropriate and timely referral by school staff of students with mental health concerns. AB 580 was vetoed by the Governor, whose veto message read:

California does not currently have specific model referral protocols for addressing student mental health as outlined by this bill. However, the California Department of Education recently received a grant from the federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to identify and address critical student and family mental health needs.

It's premature to impose an additional and overly prescriptive requirement until the current efforts are completed and we can strategically target resources to best address student mental health.

SUPPORT

Alameda County Board of Supervisors
Attorney General Kamala Harris
California Academy of Child and Adolescent Psychiatry
California Association for Licensed Professional Clinical Counselors
California Black Health Network
California Children's Hospital Association
California Council of Community Behavioral Health Agencies
California Federation of Teachers
California Medical Association
California Pan-Ethnic Health Network
California School-Based Health Alliance
California School Nurses Organization
California State PTA
Center for Youth Wellness
Children Now
Children's Defense Fund - California
Children's Specialty Care Coalition
Common Sense Kids Action
Disability Rights California
East Bay Agency for Children
Family Paths
Fight Crime: Invest in Kids
First 5 California
First 5 LA
Foster Care Alumni of America, California Chapter
Lemonade
Los Angeles County Office of Education
Los Angeles Trust for Children's Health
Mental Health America of California
National Association of Social Workers, California Chapter
Public Health Advocates
Santa Clara County Board of Supervisors
Santa Clara County Office of Education
The Children's Partnership
United Ways of California
Western Center on Law & Poverty

OPPOSITION

None received.

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