



# Recommendations on School Health and Support Services

California Working Families Policy Summit  
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## INTRODUCTION

California has 176 school health centers. This number is growing number but is still small given that there are roughly 10,000 schools in California. Similarly, the ratio of school nurses to students in California is worse than that of 40 other states. The primary obstacle to expansion of school health services is that they are not adequately funded. It is extremely difficult in California to sustain a school health center that serves all students regardless of insurance status and provides the full range of services that characterize the school health center model (i.e., medical and mental health care, case management, health education, oral health, youth development). Similarly, school nursing, mental health, counseling and social work services are all being cut due to school district budget crises. To create a sustainable funding structure for school health and support services, they must become an integral part of health care, education, mental health, and public health systems with a rational system for funding through each of these systems. Due to the current state budget crisis, priorities for 2011 focus on obtaining federal funds and pursuing systems changes at the state level.

## POLICY OBJECTIVE #1

**School health services will be integrated into the health care system with sustainable funding mechanisms.**

## Background

Although schools and school health centers provide a great deal of health care to children and youth, these services exist on the margins of the mainstream health care system in terms of both financing and coordination of care. Health care reform provides new opportunities to create a better defined, and coherently financed, place for school health services in the delivery system. At the same time, changes in the financing of health care and the budget crisis could jeopardize the funding streams that enable school health centers to offer care to underserved children. These opportunities and threats much be addressed in the coming year.

## Recommended Actions

1. The Department of Health Care Services should a) advocate to the federal government for policies that maximize the eligibility of school health centers in incentives payments for the adoption of electronic health records, and b) include school-based providers in the Health Information Exchange.
2. The Legislature and the Department of Health Care Services should ensure that alternative access points, such as school health centers, that extend the reach of the primary care provider are supported in definitions of "medical home," payment reform mechanisms, regulations for new health care entities such as "accountable care organizations," and any other policy or financing changes related to the implementation of health care reform.
3. The Department of Health Care Services should pursue policy changes to maximize the revenue that local education agencies can generate from the LEA Medi-Cal direct billing program and administrative activities.
4. Due to increased need during the economic downturn, the Legislature should protect programs and funding streams that enable children and youth to access health care including Healthy Families, Family PACT, CHDP, and Community Challenge Grants.
5. As counties implement systems to meet the demand for medical services to serve newly insured populations under Medi-Cal expansion and Health Exchanges, they should consider models that efficiently deliver primary and preventive care through schools.

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6. At the federal level,
  - Congress should a) appropriate funds for the School-Based Health Center grant program authorized in the Affordable Care Act, and b) pass language consistent with the Report of the U.S. Senate Committee on Appropriations for Fiscal Year 2011:

*“The Committee strongly supports the expansion of primary care services in school settings. Within the funds available for new access points and expanded medical capacity, the Committee directs HRSA to give priority to applications that include school-based care. The Committee further encourages HRSA to provide technical assistance to community health centers on how they can form partnerships with school districts and local health departments that currently operate school-based health centers within the service area of the community health center.”*
  - The Federal Office of Consumer Information and Insurance Oversight should include school health centers in the definition of “essential community providers” that must be included on the panels of health plans participating in health exchanges.

**POLICY OBJECTIVE #2**

**School health and support services will be an integral and funded component of the educational system.**

**Background**

A major development in education policy is anticipated during the coming year when Congress is expected to take up reauthorization of the Elementary and Secondary Education Act (currently No Child Left Behind). This is a significant opportunity to advocate for inclusion of school health and support services in legislation that has a far-reaching impact on state and district policy and practice.

**Recommended Actions**

1. Federal legislators should include strong support for school health and support services in the reauthorization of the Elementary and Secondary Education Act, following the concepts set forth in the President’s Successful, Safe, and Healthy Students program in his Blueprint for Reform and in the DIPLOMA Act.
2. State legislators should make policy changes to the Healthy Start program (SB 620) to increase the impact of the program on district and countywide systems for school-based and school-linked services.
3. State legislators and the California Department of Education should continue to promote the inclusion of attendance data in the new statewide student data system (building on SB 1357) and should further advance the development of an “early warning system” to identify and address the school attendance issues at their outset.
4. State legislators should make school health facilities eligible for joint use funds in the next school construction bond.

**POLICY OBJECTIVE #3**

**School mental health services will be coordinated with, and funded through, public and private funding streams for mental health.**

**Background**

While there is a great deal of activity and resources dedicated to mental health services in schools throughout the state, funding sources are highly categorical and unstable; reimbursement from health plans is cumbersome and not available for many students; funding for mental health services through special education (AB 3632) is in jeopardy; and there is

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very little infrastructure at the state level to assist districts in creating programs and systems that effectively meet the needs of all students.

Recommended Actions

1. The California Department of Education and the Department of Mental Health should work with the California Mental Health Services Authority to ensure that the Student Mental Health Initiative maximizes its potential to change policy and systems to improve financing and quality of school mental health services.
2. The California Department of Education and the Department of Mental Health should work with the Oversight and Accountability Commission for the Mental Health Services Act to develop guidance for how the next round of county plans can maximize the impact of school-based mental health services.
3. The Legislature should restore funding for AB 3632 that enables county mental health departments to provide services for students in special education.

**POLICY OBJECTIVE #4**

**Public health services and initiatives that impact children will be located in schools.**

**Background**

Most local public health departments are facing severe budget cuts, and consequently, do not provide a likely source of funding for school health services despite the fact that schools are a logical place to implement public health programs targeted at children and youth. However there are efforts focused on several priority public health issues that should include schools as a strategy.

**Recommended Actions**

1. In response to the pertussis (whooping cough) epidemic, the Legislature, the Department of Health Care Services, and the Department of Managed Health Care should work together to develop a mechanism for reimbursing school-based providers for the administration of immunizations regardless of what managed care plan or health care provider the student is assigned to.
2. State and local policymakers addressing the obesity epidemic should direct programs and resources to school health centers that provide a unique combination of clinical medical care and interventions and advocacy to create a healthier school environment.

**POLICY OBJECTIVE #5**

**California will have a stronger infrastructure for supporting school health services.**

**Background**

Because AB 2560 (Ridley-Thomas), which created a state program to support school health centers, was never funded, there is still no infrastructure at the state level to coordinate and support school health services. Due to the budget crisis, it is not feasible to seek new funding for AB 2560.

**Recommended Actions**

1. The State should establish a Children's Cabinet comprised of the heads of each agency and department that serve children's well-being, and the Superintendent of Public Instruction. The cabinet should be charged with promoting and implementing information sharing, collaboration, increased efficiency and improved service delivery among and within the state's child-serving agencies and organizations.