

AMENDED IN SENATE APRIL 1, 2014

SENATE BILL

No. 1055

Introduced by Senator Liu

February 18, 2014

An act to amend Sections 124174, 124174.2, and 124174.6 of the Health and Safety Code, and to amend Section 1 of Chapter 381 of the Statutes of 2008, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1055, as amended, Liu. Public School Health Center Support Program.

Existing law requires the State Department of Public Health, in cooperation with the State Department of Education, to establish a Public School Health Center Support Program to assist health centers in schools and school districts. Existing law establishes a grant program within the Public School Health Center Support Program to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing school health centers and the development of new school health centers. These provisions also provide funding for sustainability grants in amounts between \$25,000 and \$125,000.

This bill would rename the program the School-Based Health and Education Partnership Program. The bill would instead provide funding for the expansion and renovation of existing school health centers. The bill would change the amount of the sustainability grants that are available pursuant to the program to between \$50,000 and \$100,000, but would make those grants available on a one-time basis and would revise the purposes for which they may be used. The bill would also authorize population health grants in amounts between \$50,000 and \$125,000 for a funding period of up to 3 years, as specified.

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. Section 124174 of the Health and Safety Code
2 is amended to read:
3 124174. The following definitions shall govern the construction
4 of this article, unless the context requires otherwise:
5 (a) “Program” means the School-Based Health and Education
6 Partnership Program.
7 (b) “School health center” means a center or program, located
8 at or near a local educational agency, that provides age-appropriate
9 health care services at the program site or through referrals. A
10 school health center may conduct routine physical, mental health,
11 and oral health assessments, and provide referrals for any services
12 not offered onsite. A school health center may serve two or more
13 nonadjacent schools or local educational agencies.
14 (c) For purposes of this section, “local educational agency”
15 means a school, school district, charter school, or county office of
16 education if the county office of education serves students in
17 kindergarten, or any grades from 1 to 12, inclusive.
18 (d) “Department” means the State Department of Public Health.
19 SEC. 2. Section 124174.2 of the Health and Safety Code is
20 amended to read:
21 124174.2. (a) The department, in cooperation with the State
22 Department of Education, shall establish the School-Based Health
23 and Education Partnership Program.
24 (b) The program, in collaboration with the State Department of
25 Education, shall perform the following program functions:
26 (1) Provide technical assistance to school health centers on
27 effective outreach and enrollment strategies to identify children
28 who are eligible for, but not enrolled in, the Medi-Cal program,
29 Covered California, or any other applicable health insurance
30 affordability program for children.
31 (2) Serve as a liaison between organizations within the
32 department, including, but not limited to, prevention services,
33 primary care, and family health.
34 (3) Serve as a liaison between other state entities, as appropriate,
35 including, but not limited to, the State Department of Health Care

1 Services, the Department of Managed Health Care and the Office
2 of Emergency Services.

3 (4) Provide technical assistance to facilitate and encourage the
4 establishment, retention, or expansion of, school health centers.
5 For purposes of this paragraph, technical assistance may include,
6 but is not limited to, identifying available public and private
7 sources of funding, which may include federal Medicaid funds,
8 funds from third-party reimbursements, and available federal or
9 foundation grant moneys.

10 (c) The department shall consult with interested parties and
11 appropriate stakeholders, including the California School-Based
12 Health Alliance and representatives of youth and parents, in
13 carrying out its responsibilities under this article.

14 SEC. 3. Section 124174.6 of the Health and Safety Code is
15 amended to read:

16 124174.6. The department shall establish a grant program
17 within the School-Based Health and Education Partnership Program
18 to provide technical assistance, ~~and~~ funding for the expansion and
19 renovation of existing school health centers, and the development
20 of new school health centers, in accordance with the following
21 procedures and requirements:

22 (a) A school health center receiving grant funds pursuant to this
23 section shall meet or have a plan to meet the following
24 requirements:

25 (1) Strive to provide a comprehensive set of services including
26 medical, oral health, mental health, *alcohol and substance abuse*,
27 health education, and related services in response to community
28 needs.

29 (2) Provide primary and other health care services, provided or
30 supervised by a licensed professional, which may include all of
31 the following:

32 (A) Physical examinations, immunizations, and other preventive
33 medical services.

34 (B) Diagnosis and treatment of minor injuries and acute medical
35 conditions.

36 (C) Management of chronic medical conditions.

37 (D) Basic laboratory tests.

38 (E) Referrals to and followup for specialty care.

39 (F) Reproductive health services.

40 (G) Nutrition services.

1 (H) Mental health services provided or supervised by an
2 appropriately licensed mental health professional may include:
3 assessments, crisis intervention, counseling, treatment, and referral
4 to a continuum of services including emergency psychiatric care,
5 community support programs, inpatient care, and outpatient
6 programs. School health centers providing mental health services
7 as specified in this section shall consult with the local county
8 mental health department for collaboration in planning and service
9 delivery.

10 (I) Oral health services that may include preventive services,
11 basic restorative services, and referral to specialty services.

12 (3) Strive to address the population health of the entire school
13 campus by focusing on prevention services such as group and
14 classroom education, schoolwide prevention programs, and
15 community outreach strategies.

16 (4) Strive to provide integrated and individualized support for
17 students and families and to act as a partner with the student or
18 family to ensure that health, social, or behavioral challenges are
19 addressed.

20 (5) Work in partnership with the school nurse, if one is employed
21 by the school or school district, to provide individual and family
22 health education; school or districtwide health promotion; first aid
23 and administration of medications; facilitation of student
24 enrollment in health insurance programs; screening of students to
25 identify the need for physical, mental health, and oral health
26 services; referral and linkage to services not offered onsite; public
27 health and disease surveillance; and emergency response
28 procedures. A school health center may receive grant funding
29 pursuant to this section if the school or school district does not
30 employ a school nurse. However, it is not the intent of the
31 Legislature that a school health center serve as a substitute for a
32 school nurse employed by a local school or school district.

33 (6) Have a written contract or memorandum of understanding
34 between the school district and the health care provider or any
35 other community providers that ensures coordination of services,
36 ensures confidentiality and privacy of health information consistent
37 with applicable federal and state laws, and integration of services
38 into the school environment.

39 (7) Serve all registered students in the school regardless of
40 ability to pay.

1 (8) Be open during all normal school hours, or on a more limited
2 basis if resources are not available, or on a more expansive basis
3 if dictated by community needs and resources are available.

4 (9) Establish protocols for referring students to outside services
5 when the school health center is closed.

6 (10) Facilitate transportation between the school and the health
7 center if the health center is not located on school or school district
8 property.

9 (b) Planning grants shall be available in amounts between
10 twenty-five thousand dollars (\$25,000) and fifty thousand dollars
11 (\$50,000) for a 6- to 12-month period to be used for the costs
12 associated with assessing the need for a school health center in a
13 particular community or area, and developing the partnerships
14 necessary for the operation of a school health center in that
15 community or area. Applicants for planning grants shall be required
16 to have a letter of interest from a school or district if the applicant
17 is not a local education agency. Grantees provided funding pursuant
18 to this subdivision shall be required to do all of the following:

19 (1) Seek input from students, parents, school nurses, school
20 staff and administration, local health providers, and, if applicable,
21 special population ~~groups~~, *groups* on community health needs,
22 barriers to health care, and the need for a school health center.

23 (2) Collect data on the school and community to estimate the
24 percentage of students that lack health insurance and the percentage
25 that are eligible for Medi-Cal benefits, or other public programs
26 providing free or low-cost health services.

27 (3) Assess capacity and interest among health care providers in
28 the community to provide services in a school health center.

29 (4) Assess the need for specific cultural or linguistic services
30 or both.

31 (c) Facilities and startup grants shall be available in amounts
32 between twenty thousand dollars (\$20,000) and two hundred fifty
33 thousand dollars (\$250,000) per year for a three-year period for
34 the purpose of establishing a school health center, with the potential
35 addition of one hundred thousand dollars (\$100,000) in the first
36 year for facilities construction, purchase, or renovation. Grant
37 funds may be used to cover a portion or all of the costs associated
38 with designing, retrofitting, renovating, constructing, or buying a
39 facility, for medical equipment and supplies for a school health
40 center, or for personnel costs at a school health center. Preference

1 will be given to proposals that include a plan for cost sharing
2 among schools, health providers, and community organizations
3 for facilities construction and renovation costs. Applicants for
4 facilities and startup grants offered pursuant to this subdivision
5 shall be required to meet the following criteria:

6 (1) Have completed a community assessment determining the
7 need for a school health center.

8 (2) Have a contract or memorandum of understanding between
9 the school district and the health care provider, if other than the
10 district, and any other provider agencies describing the relationship
11 between the district and the school health center.

12 (3) Have a mechanism, described in writing, to coordinate
13 services to individual students among school and school health
14 center staff while maintaining confidentiality and privacy of health
15 information consistent with applicable state and federal laws.

16 (4) Have a written description of how the school health center
17 will participate in the following:

18 (A) School and districtwide health promotion, coordinated
19 school health, health education in the classroom or on campus,
20 program/activities that address nutrition, fitness, or other important
21 public health issues, or promotion of policies that create a healthy
22 school environment.

23 (B) Outreach and enrollment of students in health insurance
24 programs.

25 (C) Public health prevention, surveillance, and emergency
26 response for the school population.

27 (5) Have the ability to provide the linguistic or cultural services
28 needed by the community. If the school health center is not yet
29 able to provide these services due to resource limitations, the school
30 health center shall engage in an ongoing assessment of its capacity
31 to provide these services.

32 (6) Have a plan for maximizing available third-party
33 reimbursement revenue streams.

34 (d) Sustainability grants shall be available on a one-time basis
35 in amounts between fifty thousand dollars (\$50,000) and one
36 hundred thousand dollars (\$100,000) for the purpose of developing
37 new and leveraging existing funding streams to support a
38 sustainable funding model for school health centers. Examples of
39 existing funding streams include school district funds available
40 under the ~~Local Control Funding Formula~~, *local control funding*

1 *formula*, federal Patient Protection and Affordable Care Act, ~~Act~~
2 (*Public Law 111-148*), or Mental Health Services Act. Applicants
3 for sustainability grants offered pursuant to this subdivision shall
4 be required to meet all of the criteria described in subdivision (c),
5 in addition to both of the following criteria:

6 (1) The applicant shall be eligible to become or already be an
7 approved Medi-Cal provider.

8 (2) The applicant shall have ability and procedures in place for
9 billing public insurance programs and managed care providers.

10 (3) The applicant shall seek reimbursement and have procedures
11 in place for billing public and private insurance that covers students
12 at the school health center.

13 (e) Population health grants shall be available in amounts
14 between fifty thousand dollars (\$50,000) and one hundred
15 twenty-five thousand dollars (\$125,000) for a funding period of
16 up to three years to fund interventions to implement population
17 health outcomes and target specific health or education risk factors
18 including, but not limited to, obesity prevention programs, asthma
19 prevention programs, early intervention for mental health, and
20 alcohol and substance abuse prevention. Applicants for population
21 health grants offered pursuant to this subdivision shall be required
22 to meet all of the criteria described in subdivision (c).

23 (f) The department shall award technical assistance grants
24 through a competitive bidding process to qualified contractors to
25 support grantees receiving grants under subdivisions (b), (c), ~~and~~
26 ~~(d)~~: (d), and (e). A qualified contractor means a vendor with
27 demonstrated capacity in all aspects of planning, facilities
28 development, startup, and operation of a school health center.

29 (g) The department shall also develop a request for proposal
30 (RFP) process for collecting information on applicants, and
31 determining which proposals shall receive grant funding. The
32 department shall give preference for grant funding to the following
33 schools:

34 (1) Schools in areas designated as federally medically
35 underserved areas or in areas with medically underserved
36 populations.

37 (2) Schools with a high percentage of low-income and uninsured
38 children and youth.

39 (3) Schools with large numbers of limited English proficient
40 (LEP) students.

1 (4) Schools in areas with a shortage of health professionals.

2 (5) Low-performing schools with Academic Performance Index
3 (API) rankings in the deciles of three and below of the state.

4 (h) Moneys shall be allocated to the department annually for
5 evaluation to be conducted by an outside evaluator that is selected
6 through a competitive bidding process. The evaluation shall
7 document the number of grantees that establish and sustain school
8 health centers, and describe the challenges and lessons learned in
9 creating successful school health centers. The evaluator shall use
10 data collected pursuant to Section 124174.3, if it is available, and
11 work in collaboration with the School-Based Health and Education
12 Partnership Program. The department shall post the evaluation on
13 its Internet Web site.

14 (i) This section shall be implemented only to the extent that
15 funds are appropriated to the department in the annual Budget Act
16 or other statute for implementation of this article.

17 SEC. 4. Section 1 of Chapter 381 of the Statutes of 2008 is
18 amended to read:

19 Section 1. The Legislature finds and declares all of the
20 following:

21 (a) (1) School health centers provide quality, age and
22 developmentally appropriate primary health care and other support
23 services on or near a public school campus.

24 (2) School health centers are primarily located in areas where
25 children are underserved, lack health insurance, and face significant
26 barriers to care.

27 (3) School health centers provide an optimal setting to promote
28 healthy lifestyles such as good nutrition and fitness and provide
29 preventive health care services such as obesity prevention to
30 children and families.

31 (4) School health centers increase access to care, reduce health
32 disparities and provide potential savings through better preventive
33 care and reduced emergency department utilization, drug
34 utilization, and inpatient treatment services.

35 (5) Children do better in school if they are healthy and have
36 received all of their immunizations and preventive annual exams.

37 (6) School health centers can be integral to providing the entire
38 school community with prevention and health integration services
39 by working collaboratively with school staff and administrators

1 to meet the spectrum of health and prevention needs in a school
2 community.

3 (7) School health centers have proven to be particularly
4 important to the Latino population, with recent estimates showing
5 that approximately 49 percent of youth served at high school health
6 centers and 66 percent of children served at elementary school
7 health centers, are Latino.

8 (8) School health centers support educational achievement, help
9 increase attendance rates, and allow educational resources to be
10 more effectively targeted toward learning.

11 (9) The federal Patient Protection and Affordable Care Act
12 (*Public Law 111-148*) contains provisions that recognize the
13 importance of school health centers in the delivery of quality,
14 affordable health care and that would call for their expansion.
15 Under the health care reform, California is developing new
16 strategies to increase access to health care and reduce health care
17 costs through investing in prevention services. School health
18 centers are important sites through which to increase child and
19 adolescent access to health care services and early identification
20 of chronic diseases, such as asthma and obesity, and high-risk
21 health behaviors, such as mental health disorders, substance abuse,
22 and teen pregnancy, that significantly impact health care costs later
23 in life.

24 (10) Additionally, through education finance reform, California
25 has increased accountability strategies for school districts that
26 highlight the need for schools to address important health-related
27 indicators, such as chronic absenteeism.

28 (11) School-based health centers serve as an effective foundation
29 upon which schools and communities can build and implement a
30 community schools strategy providing a range of wrap-around
31 services to students and their families.

32 (b) It is the intent of the Legislature to support existing school
33 health centers and expand the number of health centers in
34 California, and that funds should be placed within the School-Based
35 Health and Education Partnership Program, as defined under
36 Article 10 (commencing with Section 124174) of Chapter 3 of
37 Part 2 of Division 106 of the Health and Safety Code.

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