

AMENDED IN SENATE MAY 7, 2014
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.

1 (3) Serve as a liaison between other state entities, as appropriate,
2 including, but not limited to, the State Department of Health Care
3 Services, the Department of Managed Health Care and the Office
4 of Emergency Services.

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

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

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

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

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

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

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

34 (A) Physical examinations, immunizations, and other preventive
35 medical services.

36 (B) Diagnosis and treatment of minor injuries and acute medical
37 conditions.

38 (C) Management of chronic medical conditions.

39 (D) Basic laboratory tests.

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

1 (F) Reproductive health services.

2 (G) Nutrition services.

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

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

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

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

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

36 (6) Have a written contract or memorandum of understanding
37 between the ~~school district~~ *local educational agency* and the health
38 care provider or any other community providers that ensures
39 coordination of services, ensures confidentiality and privacy of

1 health information consistent with applicable federal and state
2 laws, and integration of services into the school environment.

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

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

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

10 (10) Facilitate transportation between the school and the health
11 center if the health center is not located on ~~school or school district~~
12 *local educational agency* property.

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

24 (1) Seek input from students, parents, school nurses, school
25 staff and administration, local health providers, and, if applicable,
26 special population groups on community health needs, barriers to
27 health care, and the need for a school health center.

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

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

34 (4) Assess the need for specific cultural or linguistic services
35 or both.

36 (c) Facilities and startup grants shall be available in amounts
37 between twenty thousand dollars (\$20,000) and two hundred fifty
38 thousand dollars (\$250,000) per year for a three-year period for
39 the purpose of establishing a school health center, with the potential
40 addition of one hundred thousand dollars (\$100,000) in the first

1 year for facilities construction, purchase, or renovation. Grant
2 funds may be used to cover a portion or all of the costs associated
3 with designing, retrofitting, renovating, constructing, or buying a
4 facility, for medical equipment and supplies for a school health
5 center, or for personnel costs at a school health center. Preference
6 will be given to proposals that include a plan for cost sharing
7 among schools, health providers, and community organizations
8 for facilities construction and renovation costs. Applicants for
9 facilities and startup grants offered pursuant to this subdivision
10 shall be required to meet the following criteria:

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

13 (2) Have a contract or memorandum of understanding between
14 the ~~school district~~ *local educational agency* and the health care
15 provider, if other than the ~~district~~ *local educational agency*, and
16 any other provider agencies describing the relationship between
17 the ~~district~~ *local educational agency* and the school health center.

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

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

24 (A) School and districtwide health promotion, coordinated
25 school health, health education in the classroom or on campus,
26 program/activities that address nutrition, fitness, or other important
27 public health issues, or promotion of policies that create a healthy
28 school environment.

29 (B) Outreach and enrollment of students in health insurance
30 programs.

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

33 (5) Have the ability to provide the linguistic or cultural services
34 needed by the community. If the school health center is not yet
35 able to provide these services due to resource limitations, the school
36 health center shall engage in an ongoing assessment of its capacity
37 to provide these services.

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

1 (d) Sustainability grants shall be available on a one-time basis
2 in amounts between fifty thousand dollars (\$50,000) and one
3 hundred thousand dollars (\$100,000) for the purpose of developing
4 new and leveraging existing funding streams to support a
5 sustainable funding model for school health centers. Examples of
6 existing funding streams include ~~school district~~ *local educational*
7 *agency* funds available under the local control funding formula,
8 federal Patient Protection and Affordable Care Act (Public Law
9 111-148), or Mental Health Services Act. Applicants for
10 sustainability grants offered pursuant to this subdivision shall be
11 required to meet all of the criteria described in subdivision (c), in
12 addition to both of the following criteria:

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

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

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

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

30 (f) The department shall award technical assistance grants
31 through a competitive bidding process to qualified contractors to
32 support grantees receiving grants under subdivisions (b), (c), (d),
33 and (e). A qualified contractor means a vendor with demonstrated
34 capacity in all aspects of planning, facilities development, startup,
35 and operation of a school health center.

36 (g) The department shall also develop a request for proposal
37 (RFP) process for collecting information on applicants, and
38 determining which proposals shall receive grant funding. The
39 department shall give preference for grant funding to the following
40 schools:

1 (1) Schools in areas designated as federally medically
2 underserved areas or in areas with medically underserved
3 populations.

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

6 (3) Schools with large numbers of limited English proficient
7 (LEP) students.

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

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

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

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

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

26 Section 1. The Legislature finds and declares all of the
27 following:

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

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

34 (3) School health centers provide an optimal setting to promote
35 healthy lifestyles such as good nutrition and fitness and provide
36 preventive health care services such as obesity prevention to
37 children and families.

38 (4) School health centers increase access to care, reduce health
39 disparities and provide potential savings through better preventive

1 care and reduced emergency department utilization, drug
2 utilization, and inpatient treatment services.

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

5 (6) School health centers can be integral to providing the entire
6 school community with prevention and health integration services
7 by working collaboratively with school staff and administrators
8 to meet the spectrum of health and prevention needs in a school
9 community.

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

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

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

31 (10) Additionally, through education finance reform, California
32 has increased accountability strategies for ~~school districts~~ *local*
33 *educational agencies* that highlight the need for schools to address
34 important health-related indicators, such as chronic absenteeism.

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

39 (b) It is the intent of the Legislature to support existing school
40 health centers and expand the number of health centers in

- 1 California, and that funds should be placed within the School-Based
- 2 Health and Education Partnership Program, as defined under
- 3 Article 10 (commencing with Section 124174) of Chapter 3 of
- 4 Part 2 of Division 106 of the Health and Safety Code.

O