

AMENDED IN SENATE APRIL 7, 2015

**SENATE BILL**

**No. 118**

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**Introduced by Senator Liu**

January 14, 2015

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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 118, as amended, Liu. School-Based Health and Education Partnership 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. *Existing law authorizes school health centers to provide physical, mental, and oral health assessments, screenings, and services.*

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. *The bill would authorize school health centers to provide alcohol and substance abuse assessments, screening, and services.*

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 govern the construction of  
 4 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 *physical health, mental health, alcohol and substance abuse*, and  
 12 oral health assessments, and provide referrals for any services not  
 13 offered onsite. A school health center may serve two or more  
 14 nonadjacent schools or local educational agencies.

15 (c) For purposes of this section, “local educational agency”  
 16 means a school, school district, charter school, or county office of  
 17 education if the county office of education serves students in  
 18 kindergarten, or any grades from 1 to 12, inclusive.

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

20 SEC. 2. Section 124174.2 of the Health and Safety Code is  
 21 amended to read:

22 124174.2. (a) The department, in cooperation with the State  
 23 Department of Education, shall establish the School-Based Health  
 24 and Education Partnership Program.

25 (b) The program, in collaboration with the State Department of  
 26 Education, shall perform the following program functions:

27 (1) Provide technical assistance to school health centers on  
 28 effective outreach and enrollment strategies to identify children  
 29 who are eligible for, but not enrolled in, the Medi-Cal program,  
 30 Covered California, or any other applicable health insurance  
 31 affordability program for children.

1 (2) Serve as a liaison between organizations within the  
2 department, including, but not limited to, prevention services,  
3 primary care, and family health.

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

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

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

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

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

27 (a) A school health center receiving grant funds pursuant to this  
28 section shall meet or have a plan to meet the following  
29 requirements:

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

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

37 (A) Physical examinations, immunizations, and other preventive  
38 medical services.

39 (B) Diagnosis and treatment of minor injuries and acute medical  
40 conditions.

1 (C) Management of chronic medical conditions.

2 (D) Basic laboratory tests.

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

4 (F) Reproductive health services.

5 (G) Nutrition services.

6 (H) Mental health *and alcohol and substance abuse* services

7 provided or supervised by an appropriately licensed mental health

8 *or alcohol and substance abuse* professional may include:

9 assessments, crisis intervention, counseling, treatment, and referral

10 to a continuum of services including emergency psychiatric care,

11 evidence-based mental health *or alcohol and substance abuse*

12 treatment services, community support programs, inpatient care,

13 and outpatient programs. School health centers providing mental

14 health *and alcohol and substance abuse* services as specified in

15 this section shall consult with the local county ~~mental~~ *behavioral*

16 health department for collaboration in planning and service

17 delivery.

18 (I) Oral health services that may include preventive services,

19 basic restorative services, and referral to specialty services.

20 (3) Strive to address the population health of the entire school

21 campus by focusing on prevention services, such as group and

22 classroom education, schoolwide prevention programs, and

23 community outreach strategies.

24 (4) Strive to provide integrated and individualized support for

25 students and families and to act as a partner with the student or

26 family to ensure that health, social, or behavioral challenges are

27 addressed.

28 (5) Work in partnership with the school nurse, if one is employed

29 by the local educational agency, to provide individual and family

30 health education; school or districtwide health promotion; first aid

31 and administration of medications; facilitation of student

32 enrollment in health insurance programs; screening of students to

33 identify the need for ~~physical, mental health,~~ *physical health,*

34 *mental health, alcohol and substance abuse,* and oral health

35 services; referral and linkage to services not offered onsite; public

36 health and disease surveillance; and emergency response

37 procedures. A school health center may receive grant funding

38 pursuant to this section if the local educational agency does not

39 employ a school nurse. However, it is not the intent of the

1 Legislature that a school health center serve as a substitute for a  
2 school nurse employed by a local educational agency.

3 (6) Have a written contract or memorandum of understanding  
4 between the local educational agency and the health care provider  
5 or any other community providers that ensures coordination of  
6 services, ensures confidentiality and privacy of health information  
7 consistent with applicable federal and state laws, and integration  
8 of services into the school environment.

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

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

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

16 (10) Facilitate transportation between the school and the health  
17 center if the health center is not located on local educational agency  
18 property.

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

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

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

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

1 (4) Assess the need for specific cultural or linguistic services  
2 or both.

3 (c) Facilities and startup grants shall be available in amounts  
4 between twenty thousand dollars (\$20,000) and two hundred fifty  
5 thousand dollars (\$250,000) per year for a three-year period for  
6 the purpose of establishing a school health center, with the potential  
7 addition of one hundred thousand dollars (\$100,000) in the first  
8 year for facilities construction, purchase, or renovation. Grant  
9 funds may be used to cover a portion or all of the costs associated  
10 with designing, retrofitting, renovating, constructing, or buying a  
11 facility, for medical equipment and supplies for a school health  
12 center, or for personnel costs at a school health center. Preference  
13 will be given to proposals that include a plan for cost sharing  
14 among schools, health providers, and community organizations  
15 for facilities construction and renovation costs. Applicants for  
16 facilities and startup grants offered pursuant to this subdivision  
17 shall be required to meet the following criteria:

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

20 (2) Have a contract or memorandum of understanding between  
21 the local educational agency and the health care provider, if other  
22 than the local educational agency, and any other provider agencies  
23 describing the relationship between the local educational agency  
24 and the school health center.

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

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

31 (A) School and districtwide health promotion, coordinated  
32 school health, health education in the classroom or on campus,  
33 program/activities that address nutrition, fitness, or other important  
34 public health issues, or promotion of policies that create a healthy  
35 school environment.

36 (B) Outreach and enrollment of students in health insurance  
37 programs.

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

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

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

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

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

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

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

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

37 (f) The department shall award technical assistance grants  
38 through a competitive bidding process to qualified contractors to  
39 support grantees receiving grants under subdivisions (b), (c), (d),  
40 and (e). A qualified contractor means a vendor with demonstrated

1 capacity in all aspects of planning, facilities development, startup,  
2 and operation of a school health center.

3 (g) The department shall also develop a request for proposal  
4 (RFP) process for collecting information on applicants, and  
5 determining which proposals shall receive grant funding. The  
6 department shall give preference for grant funding to the following  
7 schools:

8 (1) Schools in areas designated as federally medically  
9 underserved areas or in areas with medically underserved  
10 populations.

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

13 (3) Schools with large numbers of limited English proficient  
14 (LEP) students.

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

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

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

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

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

33 Section 1. The Legislature finds and declares all of the  
34 following:

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

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

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

5 (4) School health centers increase access to care, reduce health  
6 disparities and provide potential savings through better preventive  
7 care and reduced emergency department utilization, drug  
8 utilization, and inpatient treatment services.

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

11 (6) School health centers can be integral to providing the entire  
12 school community with prevention and health integration services  
13 by working collaboratively with school staff and administrators  
14 to meet the spectrum of health and prevention needs in a school  
15 community.

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

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

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

37 (10) Additionally, through education finance reform, California  
38 has increased accountability strategies for local educational  
39 agencies that highlight the need for schools to address important  
40 health-related indicators, such as chronic absenteeism.

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

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

O