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# SENATE COMMITTEE ON EDUCATION

Senator Liu, Chair  
2015 - 2016 Regular

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**Bill No:** SB 118  
**Author:** Liu  
**Version:** January 14, 2015  
**Urgency:** No  
**Consultant:** Lynn Lorber  
**Hearing Date:** March 11, 2015  
**Fiscal:** Yes

**Subject:** School-Based Health and Education Partnership Program

**NOTE:** This bill has been referred to the Committees on Education and Health. A "do pass" motion should include referral to the Committee on Health.

## SUMMARY

This bill modifies and renames an existing school health center grant program to add a population health grant, alter existing sustainability grant amounts, add services for which the grants may be used, and updates terminology.

## BACKGROUND

Current law:

### *School health centers*

1. Requires the Department of Public Health to establish the Public School Health Center Support Program, in cooperation with the California Department of Education, to perform specified functions relating to the establishment, retention, or expansion of school health centers in California.  
(Health & Safety Code § 124174.2)
2. Defines "school health center" as a center or program, located at or near a school, that provides age-appropriate health care services at the program site or through referrals. Current law authorizes a school health center to conduct routine physical, mental health, and oral health assessments, and provide referrals for any services not offered onsite. (HSC § 124174)
3. Establishes a grant program administered by the Department of Public Health to provide technical assistance and funding to school health centers, to the extent funds are appropriated for this purpose.
  - A. Planning grants in amounts between \$25,000-\$50,000.
  - B. Facilities and startup grants in amounts between \$20,000-\$250,000
  - C. Sustainability grants in amounts between \$25,000-\$125,000.  
(HSC § 124174.6)

4. Requires school health centers that receive a grant to meet or have a plan to meet the following requirements:
  - A. Strive to provide a comprehensive set of services including medical, oral health, mental health, health education, and related services in response to community needs.
  - B. Provide primary and other health care services, provided or supervised by a licensed professional, which may include physical exams, diagnosis and treatment of minor injuries and medical conditions, management of chronic medical conditions, referrals and follow-up for specialty care, reproductive health services, mental health services as specified, and oral health services.
  - C. Work in partnership with the school nurse, as specified.
  - D. Have a written contract or memorandum of understanding between the school district and the health care provider or other community provider.
  - E. Serve all students regardless of ability to pay.
  - F. Be open during all normal school hours, as specified.
  - G. Establish protocols for referring students to outside services when the school health center is closed.
  - H. Facilitate transportation, as specified. (HSC § 124174.6)

***Authority to assess and provide services***

Current law:

1. Authorizes credentialed school nurses to perform specified duties, including assess and evaluate health and development, refer students and parents to appropriate community resources, and counsel students and parents. (Education Code § 49426)
2. Authorizes school districts to permit specified licensed health practitioners to administer an immunizing agent to a student whose parent or guardian has consented in writing to the administration of the immunizing agent. (EC § 49403)
3. Requires a psychologist employed by a school district to hold specified credentials, and prohibits an employee of a school district from administering psychological tests or engage in psychological activities unless specified criteria is met. (EC § 49422 and § 49424)

Pupil Personnel Services credentials authorize individuals to provide school services in preschool through grades 12 as counselors, school psychologists, school social workers, or school child welfare and attendance regulators, according to the specific specialization area and service authorization listed on the credential.

***Seeking medical services***

Current law:

1. Requires school districts to annually notify students in grades 7-12, and parents of all students enrolled in the school district, that schools may excuse students for the purpose of obtaining confidential medical services without the consent of the student's parent. (Education Code § 46010.1)
2. Authorizes minors to seek confidential medical services, without the consent of a parent, as follows:
  - A. A minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if certain conditions are met. Current law requires the mental health treatment or counseling of a minor to include involvement of the minor's parent or guardian unless, in the opinion of the professional person who is treating or counseling the minor, the involvement would be inappropriate. (Family Code § 6924)
  - B. A minor who is 12 years of age or older to consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem. (FC § 6929)
  - C. A minor to consent to medical care related to the prevention or treatment of pregnancy, but may not be sterilized or receive an abortion without the consent of a parent, other than in a medical emergency or pursuant to court order. (FC § 6925)
  - D. A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease, if the disease or condition is one that is required to be reported to the local health officer, or is a related sexually transmitted disease. (FC § 6926)
  - E. A minor who is 12 years of age or older and who is alleged to have been raped to consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape. (FC § 6927)
  - F. A minor who is alleged to have been sexually assaulted to consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault. Current law requires the professional person providing medical treatment to attempt to contact the minor's parent or guardian. (FC § 6928)

- G. A minor to consent to the minor's medical care or dental care if the minor is 15 years of age or older, is living separate and apart from the minor's parents with or without the consent of the parent, and is managing the minor's own financial affairs, regardless of the source of income.  
(FC § 6922)

## ANALYSIS

This bill modifies and renames an existing school health center grant program to add a population health grant, alter existing sustainability grant amounts, add services for which the grants may be used, and updates terminology. Specifically, this bill:

1. Renames the Public School Health Center Support Program to the School-Based Health and Education Partnership Program.
2. Adds the following to the elements that school health center grantees must include or provide:
  - A. Strive to address the population health of the entire school campus by focusing on prevention services such as group and classroom education, schoolwide prevention programs, and community outreach strategies.
  - B. Strive to provide integrated and individualized support for students and families, and to act as a partner with the student or family to ensure that health, social, or behavioral challenges are addressed.
  - C. Alcohol and substance abuse services.
3. Adds the referral to evidence-based mental health treatment services to the list of mental health services that may be provided or supervised by an appropriately licensed mental health professional.
4. Establishes population health grants in amounts \$50,000 to \$125,000 for a funding period of up to three years to fund interventions to target specific health or education risk factors that affect a larger segment of the population including, but not limited to:
  - A. Obesity prevention programs.
  - B. Asthma prevention programs.
  - C. Early intervention for mental health.
  - D. Alcohol and substance abuse prevention.

5. Limits sustainability grants from a three-year period to a one-time basis, and modifies the grant amounts as follows:
  - A. Increases the minimum grant amount from \$25,000 to \$50,000.
  - B. Decreases the maximum grant amount from \$125,000 to \$100,000.
6. Modifies the purpose of sustainability grants from operating a school health center, or enhancing programming at a fully operational school health center, including oral health or mental health services, to:
  - A. Developing new and leveraging existing funding streams to support a sustainable funding model for school health centers .
  - B. Examples of existing funding streams include school district funds available under the Local Control Funding Formula, federal Affordable Care Act, or Mental Health Services Act.
7. Strikes reference to the obsolete Healthy Families Program and Managed Risk Medical Insurance Board, adds references to Covered California, and modifies the name of the grant program.
8. Adds the following to uncodified legislative findings and declarations:
  - A. School health centers are important sites through which to increase child and adolescent access to health care services and early identification of chronic diseases, such as asthma and obesity, and high-risk health behaviors.
  - B. School-based health centers serve as an effective foundation upon which schools and communities can build and implement a community schools strategy providing a range of wrap-around services to students and their families.

## STAFF COMMENTS

1. ***Existing school health centers.*** Schools currently have the discretion to provide health services to students, or refer students to county and community organizations. There are currently 231 school-based health centers (40% are in high schools, 25% are in elementary schools, 10% are in middle schools, and 25% are "school-linked" or mobile medical vans) in the State serving over 242,000 students and providing a range of services including comprehensive health assessments, treatment for acute illness, asthma treatment, oral health education, dental screenings, mental health assessments, crisis intervention, brief and long-term therapy, and other services. Services are provided on-site by qualified professionals and those that require expertise or specialization beyond the school health center's capacity may be referred to county agencies and community organizations.

School health centers are administered by a variety of organizations, including school districts, Federally Qualified Health Centers, county health departments, hospitals, community-based agencies, and private physician groups. School health centers are financed through various sources, including grants, reimbursements from public programs such as the Child Health and Disability Prevention Program and Medi-Cal, partnerships with local community clinics and nonprofit, and fundraising efforts by school districts.

This bill modifies an existing grant program to assist school districts to establish and maintain school health centers. This bill does not provide funding for the school health center grant program.

2. ***Will kids be provided services without parental consent?*** Current law authorizes school districts to permit specified licensed health practitioners to administer an immunizing agent to a student whose parent or guardian has consented in writing to the administration of the immunizing agent.

Current law prohibits a student from being tested by a school for a behavioral, mental, or emotional evaluation without the informed written consent of the parent, prohibits a minor from being sterilized or receiving an abortion without parental consent (other than in a medical emergency or pursuant to court order), and places other restrictions on minors receiving medical care without parental consent (see Background).

Generally speaking, parental consent is required for a minor's medical treatment. (*American Academy of Pediatrics v. Lungren* (1997)) There are, however, exceptions such as when the public interest in preserving the health of a minor takes precedence over the parent's interest in custody and control of the minor. (*Wisconsin v. Yoder* (1972)) In addition, a number of "medical emancipation" statutes allow minors to consent to medical treatment without parental knowledge, approval or consent (see Background).

3. ***School health center grants.*** The Public School Health Center Support Program has existed in statute for eight years but has never been funded, and therefore never implemented. This bill makes the following substantive changes to this grant program:
  - A. Establishes population health grants, in amounts between \$50,000-\$125,000 for up to a three-year period, to fund interventions to target specific health or education risk factors that affect a larger segment of the population including, but not limited to obesity prevention programs, asthma prevention programs, early intervention for mental health, alcohol and substance abuse prevention.
  - B. Limits sustainability grants from a three-year period to a one-time basis, increases the minimum grant amount from \$25,000 to \$50,000, and decreases the maximum grant amount from \$125,000 to \$100,000.

- C. Adds the following to the elements that school health center grantees must include or provide:
- (1) Strive to address the population health of the entire school campus by focusing on prevention services such as group and classroom education, schoolwide prevention programs, and community outreach strategies.
  - (2) Strive to provide integrated and individualized support for students and families, and to act as a partner with the student or family to ensure that health, social, or behavioral challenges are addressed.
  - (3) Alcohol and substance abuse services.
- D. Adds the referral to evidence-based mental health treatment services to the list of mental health services that may be provided or supervised by an appropriately licensed mental health professional.

This bill does not modify the existing condition that the grant program be implemented only to the extent that funds are appropriated to the Department of Public Health for that purpose.

4. ***Fiscal impact.*** According to the Senate Appropriations Committee analysis of prior legislation, this bill would impose “unknown costs to provide additional grants (General Fund or other, unknown fund source). The bill does not identify a source of funds for these new grants.”
5. ***Related and prior legislation.***

#### *RELATED LEGISLATION*

AB 766 (Ridley-Thomas, 2015) expands the characteristics of schools that are to receive preference in the awarding of Public School Health Center Support grants to include schools with a high percentage of youth who receive free- or low-cost insurance through Medi-Cal or Covered California. AB 766 is pending referral in the Assembly.

AB 1025 (Thurmond, 2015) requires the California Department of Education to establish a three-year pilot program to encourage inclusive practices that integrate mental health, special education and school climate interventions following a multi-tiered framework. AB 1025 is pending referral in the Assembly.

AB 1133 (Achadjian, 2015) makes technical changes to existing law regarding grants to local educational agencies to pay the State share of costs of providing school-based early mental health intervention and prevention services to eligible students. AB 1133 is pending referral in the Assembly.

#### *PRIOR LEGISLATION*

SB 1055 (Liu, 2014) was identical to this bill. SB 1055 passed the Senate Education, Health and Appropriations committees but was re-referred to and held in the Senate Rules Committee prior to a vote on the Senate Floor.

AB 2555 (Bocanegra, 2014) required the Superintendent of Public Instruction (SPI), in collaboration with the Department of Social Services and a number of entities, to develop a five-year plan for expanding cradle-to-career initiatives, as specified, throughout the State. AB 2555 was held on the Assembly Appropriations Committee's suspense file.

AB 1955 (Pan, 2014) required the SPI to establish the Healthy Kids, Healthy Minds Demonstration which will provide grants to local educational agencies for the purpose of employing one full-time school nurse and one full-time mental health professional, and ensuring that the schools' libraries are open one hour before and three hours after the regular school day. AB 1955 was held on the Assembly Appropriations Committee's suspense file.

SB 596 (Yee, 2014) required the California Department of Education to establish a three-year pilot program to encourage inclusive practices that integrate mental health, special education, and school climate interventions following a multi-tiered framework. SB 596 was held at the Assembly Desk.

AB 174 (Bonta, 2013) would have required the Department of Public Health to establish a pilot program in Alameda County, to the extent that funding is made available, to provide grants to eligible applicants for activities and services that directly address the mental health and related needs of students impacted by trauma. AB 174 was vetoed by the Governor, whose veto message read:

***"I support the efforts of the bill but am returning it without my signature, as Alameda County can establish such a program without state intervention and may even be able to use Mental Health Services Act funding to do so.***

***Waiting for the state to act may cause unnecessary delays in delivering valuable mental health services to students. All counties - not just Alameda- should explore all potential funding options, including Mental Health Services Act funds, to tailor programs that best meet local needs."***

AB 1178 (Bocanegra, 2013) would have established the California Promise Neighborhood Initiative to provide funding to schools that have formalized partnerships with local agencies and community organizations to provide a network of services to improve the health, safety, education, and economic development of a defined area. AB 1178 was held in the Assembly Appropriations Committee.

AB 1367 (Mansoor, 2013) would have among other things, expanded existing outreach about recognition of early signs of potentially severe and disabling mental illness to include school districts and county offices of education and charter schools, including funding to provide training to identify students with mental health issues that may result in a threat to themselves or others in order to provide for timely intervention. AB 1367 was never heard.

AB 2105 (Scott, 2000) would have required the California Department of Education to establish a two-year pilot project in three school districts to improve the delivery of education services to children who need mental health services. AB 2105 was held in the Assembly Appropriations Committee.

**SUPPORT**

California School-Based Health Alliance  
Los Angeles Trust for Children's Health

**OPPOSITION**

None on file.

**-- END --**