



April 15, 2014

The Honorable Ellen Corbett, Chair
Senate Budget Subcommittee No. 3
State Capitol, Room 313
Sacramento, CA 95814

RE: School-Based Health Centers

Dear Senator Corbett:

The California School-Based Health Alliance and the undersigned organizations respectfully request your consideration of a budget item to support the continued expansion of school-based health centers (SBHCs) in California. SBHCs are an innovative way to make sure all kids get health care and do well in school. They are located on or near school campuses and offer services in a place that is familiar, trusted, age-appropriate, culturally and linguistically appropriate, and convenient for all students and families. We would greatly appreciate the opportunity to discuss this issue at an upcoming subcommittee hearing to explain the many benefits of and identify potential strategies to support SBHCs.

Since they were first established in the 1980s, California's SBHCs have been growing in number. The state currently has 226 SBHCs, with another 30 in development, which provide high-quality health care to 228,000 children in our public elementary, middle, and high schools. Children served by SBHCs are primarily youth of color, live in many of the state's most distressed neighborhoods where children and families are uninsured, experience barriers to accessing preventive health care, have high rates of emergency room visits, obesity, asthma, and exposure to violence and trauma.

California's SBHCs have come to be an important part of the safety net, providing access to health care to thousands of underserved children and adolescents. They offer a range of primary care services, such as screenings, immunizations, and physicals. Many also play an important role in managing and providing integrated and individualized support to students with the greatest health, social or behavioral challenges. In addition to increasing access to health services, SBHCs also extend care outside clinic walls through classroom education, school-wide prevention, and community outreach. SBHCs are true partners with the school in promoting academic success through youth development, leadership, and career pathway opportunities.

The initial growth of SBHCs in California during the 1990s was largely due to SB 620 (Presley): The Healthy Start Support Services for Children Act. Healthy Start provided competitive grants for schools to partner with community-based organizations to bring services, including health care, to campus. Funding for Healthy Start peaked at \$39 million annually and was gradually reduced until it was fully eliminated in 2008, thus removing a key source of seed funding for SBHCs.

In 2006, Governor Schwarzenegger signed AB 2560 (Ridley-Thomas): The School Health Centers Act. It created the Public School Health Center Support Program jointly administered by the Department of

Health Services and the California Department of Education. The program was designed to collect data on SBHCs and facilitate their development.

Then, in 2008, Governor Schwarzenegger signed SB 564 (Ridley-Thomas): The School Health Centers Expansion Act, which added a grant program to the Public School Health Centers Support Program. This grant program was designed to provide technical assistance and funding for the expansion, renovation and retrofitting of existing SBHCs and the development of new SBHCs.

Both AB 2560 and SB 564 were to be implemented only to the extent that funds were appropriated to the California Department of Public Health. As of 2014, these funds have not been appropriated, and thus the functions of the Public School Health Center Support Program have not been implemented.

Proponents of the Public School Health Center Support Program believe that state funding is necessary to support the continued expansion of SBHCs and would like to launch the program with funding in the 2015 budget. At a funding level of \$10 million, the program could support all of the following:

- Technical assistance for all SBHCs to increase outreach and enrollment into health coverage.
- Planning grants for 10 new SBHCs in areas with the greatest numbers of uninsured children.
- Start-up grants for 20 newly constructed SBHCs.
- Sustainability grants for 30 SBHCs to expand population health and prevention programs to reduce health care costs.

California is one of the few states with a large number of SBHCs that has no state program to support them. A 2011 survey to assess state-level public policies and activities that promote the growth and sustainability of school-based health services found 18 states reporting investments explicitly dedicated to SBHCs. Of those states, 15 direct state general funds to support SBHCs.

We believe SBHCs would also be a smart long-term investment for California for a number of reasons. First, SBHCs will help the state to reduce absenteeism and dropout rates, which cost the state billions of dollars each year. SBHCs are associated with better attendance¹ and are proven to reduce early dismissals from school.² In addition, use of SBHC services is associated with reduced likelihood of high-school dropout.³ Lastly, SBHCs are an important tool to controlling health care costs, as SBHC users are less likely to go to the Emergency Room or be hospitalized.⁴

We thank you for your consideration of this request and look forward to working with you to develop strategies to support school-based health centers in California.

Sincerely,



Serena Clayton, PhD
Executive Director

Co-Signing Organizations

Advancement Project
California Adolescent Health Collaborative
California Family Health Council
California Pan-Ethnic Health Network

Californians for Safety and Justice
Centro CHA
Children Now
Children’s Defense Fund – California
Community Coalition
InnerCity Struggle
L.A. Trust for Children’s Health
Latino Coalition for a Healthy California
Los Angeles Unified School District
Partnership for Children and Youth
PolicyLink
San Diego Unified School District
San Francisco Unified School District
St. John’s Well Child and Family Center
The Greenlining Institute
UMMA Community Clinic

cc: Honorable Members, Senate Budget Subcommittee No. 3
Michelle Baass, Consultant, Senate Budget Subcommittee No. 3
Marjorie Schwartz, Office of the Senate President Pro Tem
Dr. Ron Chapman, Director, Department of Public Health
Carlos Quant, Department of Finance
Lark Park, Office of the Governor

¹ Walker SC, Kerns SEU, Lyon AR, et al. (2010). Impact of School-Based Health Center Use on Academic Outcomes. *Journal of Adolescent Health*. 46: 251-257.

² VanCura M. (2010). The Relationship between School-Based Health Centers, Rates of Early Dismissal from School, and Loss of Seat Time. *Journal of School Health*. 80(8): 371-377.

³ McCord MT, Klein JD, Foy JM & Fothergill K. (1993). School-Based Clinic Usage and School Performance. *Journal of Adolescent Medicine*. 14(2): 91-98.

⁴ Allison MA, Crane LA, Beaty BL, et al. (2007). School-Based Health Centers: Improving Access and Quality of Care for Low-Income Adolescents. *Pediatrics*. 120(4): e887-e894.