The Local Control Funding Formula:

Maximizing the New School Funding Formula to Expand Health Supports

Created by the California School-Based Health Alliance
www.schoolhealthcenters.org

CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
Putting Health Care Where Kids Are

About California's New School Funding Changes

Local Control Funding Formula (LCFF)

The LCFF is California's new funding formula for determining the level of state funding to local school districts. The LCFF changes two major aspects of education financing:

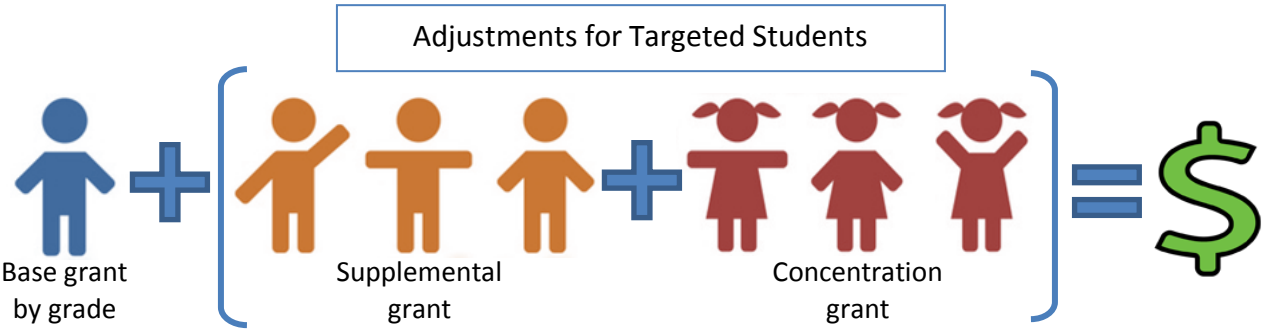
- **MORE FOR TARGETED STUDENTS –** Increases funding for targeted student populations (defined as low-income, English language learners, and foster youth)
- **LOCAL FLEXIBILITY –** Replaces many of the categorical funding requirements and leaves most spending decisions to local discretion

When This Will Happen

Full implementation of LCFF will take time — approximately eight years — but implementation begins with the 2013-2014 school year. School districts must adopt their spending plans by **July 1, 2014**.

How It Works

The Money: The LCFF establishes uniform per-student base grants, with different rates for different grade spans. The formula acknowledges that some targeted students (English language learners, low income, and foster youth) have greater needs that require more resources. For each targeted student, districts will receive an additional 20% of the base grant per student. This is called their supplemental grant. Districts with more than 55% targeted students will receive an additional concentration grant. For example, if a district has 72% targeted students, they would receive concentration funding for 17% of their students (difference between 55 and 72 percent).



Why It Matters

- School districts receive additional resources to meet the unique challenges that face certain targeted student groups. These resources must be spent to increase or improve services for targeted students to achieve state and local priorities.
- School districts are receiving more money and a lot more freedom to determine how to spend it. Spending decisions will be largely left to the discretion of local districts. **Parents, students, school staff and community members must stay engaged and ensure these resources are allocated where there is the most need**.

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Local Control & Accountability Plan (LCAP)

The Local Control Funding Formula increases school funding and directs more resources to California's highest-need students. It requires school districts to develop **Local Control and Accountability Plans (LCAPs).** The LCAP must establish annual goals for all students, describe what actions will be taken to achieve those goals, and illustrate how funds will be spent to increase or improve services for students, and especially targeted students. School districts must submit 3-year plans and additional annual updates.

Eight State Priorities

1. **Student Engagement** *(attendance rates, chronic absenteeism rates, dropout rates, graduation, etc.)*
2. **School Climate** *(suspension and expulsion rates, etc.)*
3. Basic Necessities (facilities, staffing, etc.)
4. Implementation of Common Core State Standards
5. Parental Involvement
6. Student Achievement
7. Access to Courses
8. Other student outcomes in subject areas

Two priority areas that are most related to school health services

Districts can also establish **local priority areas.**

What School Districts Must Do

School districts must adopt their LCAP by **July 1, 2014**.

School districts must…

- Present the proposed LCAP to parent advisory committees.
- Provide an opportunity for members of the public to submit written comments regarding the proposed LCAP.
- Hold a public hearing at a school board meeting to solicit comments and recommendations from the public regarding the proposed LCAP.
- Adopt the LCAP in a subsequent public meeting of the school board.

Tips for School Health Professionals

Parents, students, school staff, community members and local advocates should stay engaged throughout this process to ensure that local priorities are identified and addressed in the development of the district plan. In preparing to ask for additional funding through LCFF, school health professionals should:

- Gather local school/district data related to the priority areas and targeted populations
- Link your current services/programs to LCAP priority areas and targeted populations
- Identify school or district stakeholders who will be influential around how to expend LCFF monies (e.g. superintendent, school board members, principal, school site councils, parent advisory committees)
- Identify your allies in advocating for expanded services/programs (e.g. students/families, school support service providers, administrators)
- Engage students and families as advocates for your services (e.g. provide testimonials)
- Determine your "ask"—what services do you want to expand? Who will these service impact?
- Define cost for each service/program you are proposing

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Addressing State Priorities: Student Engagement

The Local Control Funding Formula (LCFF) opens the door to new investment in school health services. The state has identified eight "priority areas" to evaluate school districts' use of LCFF dollars. By linking school health services to the "**student engagement**" priority, you can explore opportunities to increase funding for your school or district's health programs.

What is "STUDENT ENGAGEMENT"?

Under LCFF, student engagement will be measured by:

- School attendance rates
- Chronic absenteeism rates
- Middle and high school dropout rates
- High school graduation rates
- Other local measures

What is the connection between student health and school attendance, absenteeism, and dropout?

- Asthma and related respiratory illness are a leading cause of absenteeism: in 2002, California children missed nearly 14.7 million school days due to these conditions.[1]
- Children between 5 and 17 lose about two million school days per year due to untreated dental problems.[2]
- Students with unmet mental health needs have greater absenteeism and higher school dropout rates than peers who are receiving appropriate treatment and support.[3]

How do school health services improve attendance and reduce dropout?

- Students enrolled in a school-based health center are absent three times less often than those students not utilizing a school-based health center.[4]
- Using school-based health center services is associated with reduced likelihood of high-school dropout.[5]
- Students who receive mental health services on campus report greater school assets (such as caring relationships with adults, opportunities for meaningful participation, and strong connection to school).[6]
- High School assets link directly with good attendance and high academic performance.[7]
- Over 70 percent of students receiving mental health services are getting them at school, resulting in less out-of-school time.[8]

How can your school health programs improve attendance and reduce dropout?

- Participate in multi-disciplinary team to receive referrals and coordinate care for chronically absent students.
- Reach out to chronically absent students and their families to address barriers to attendance (e.g. conduct home visits, connect to social and health services).
- Help screen and assess the level of unmet physical and mental health needs among students to ensure poor health is not a barrier to attendance.
- Provide ongoing mental health counseling, medical and/or dental care for chronically absent students and families.
- Assess the attendance of students receiving school health services, and alert school administrators to attendance concerns.
- Work with the school to establish incentives for good or improved attendance.

TIPS:

- Find out how your school defines an "absence" (e.g. missed morning classes, missed entire day, more than 30 minutes tardy to class).
- Obtain data on student absenteeism rates at your school.
- Determine the school target around improving chronic absenteeism.
- Count visits to the school-based health center or mental health provider as a "day of school NOT missed" because health services were received on campus.
- Demonstrate how your services increase Average Daily Attendance for referred students.

For help engaging with your district, or for additional resources, please contact the California School-Based Health Alliance, www.schoolhealthcenters.org

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- Lisa White, lwhite@schoolhealthcenters.org (policy/advocacy)

[1] Joelle Wolstein, Ying-Ying Meng, and Susan H. Babey, *Income Disparities in Asthma Burden and Care in California* (Los Angeles, California: UCLA Center for Health Policy Research, 2010). Available at http://research.policyarchive.org/96076.
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[3] Sheryl H. Kataoka, Brian Rowan and Kimberly Eaton Hoagwood, "Bridging the Divide: In Search of Common Ground in Mental Health and Education Research and Policy," *Psychiatric Services* 60, no. 11 (2009): 1510-1515. doi: 10.1176/appi.ps.60.11.1510.
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Addressing State Priorities: School Climate

The Local Control Funding Formula (LCFF) opens the door to new investment in school health services. The state has identified eight "priority areas" to evaluate school districts' use of LCFF dollars. By linking school health services to the **"school climate**" priority, you can explore opportunities to increase funding for your school or district's health programs.

What is "SCHOOL CLIMATE"?

Under LCFF, school climate will be measured by:

- Suspension rates
- Expulsion rates
- Other local measures, including student feedback on safety and school connectedness

What is the connection between student health and suspension & expulsion rates?

- Students with unmet mental health needs have higher rates of suspension and expulsion than peers who are receiving appropriate treatment and support.[9]
- Students who struggle with mental health disorders often experience gaps in their learning and exhibit behavioral issues in the classroom.[10]

How do school health programs impact school climate?

- Students using school-based health center mental health services improve their behavior—and are therefore less likely to be suspended or expelled.[11]
- The presence of a school based health center on a school campus is associated with features of a positive learning environment.[12]
- Students who receive mental health services on campus report greater school assets (such as caring relationships with adults, opportunities for meaningful participation, and strong connection to school).[13]
- High school assets link directly with positive classroom behavior and high academic performance.[14]
- On a school-wide level, when students receive instruction in social emotional concepts, standardized test scores increase an average of 11-17 points.[15]

How can your school health services improve school climate?

- Provide school-wide training on positive behavior interventions and supports, including implicit/explicit bias training.
- Train faculty, security officers and administrators on how to de-escalate student conflict.
- Support teachers and school staff with stress reduction and wellness activities.
- Engage youth in leadership development activities to promote positive school climate (e.g. peer health education, peer mentoring).
- Work with school leadership to create an alternatives-to-suspension program (e.g. conflict mediation, restorative discipline).
- Provide individual or group interventions addressing behavior, such as anger management or substance abuse counseling.
- Provide case management for students with behavior concerns, including regular check-ins, teacher consultation, and family supports.

TIPS:

- Find out school's current suspension and expulsion rates, and other relevant school climate data (e.g. California Healthy Kids Survey).
- Determine if any ethnic or racial groups are disproportionally disciplined.
- Find out your school's targets for reducing suspensions or expulsions.
- Districts may elect to use Special Education dollars for Positive Behavior Interventions and Supports.
- Consider interventions used by schools that have successfully reduced their suspension/expulsion rates, or eliminated "willful defiance" as a punishable offense (see FixSchoolDiscipline.org).

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