



January 17, 2020

The Honorable Gavin Newsom
Governor, State of California
State Capitol, Suite 1173
Sacramento, CA 95814

Dear Governor Newsom,

We appreciate your efforts to ensure a healthy and equitable California for all, as noted in your comprehensive and innovative programming and policies in your proposed 2020-21 state budget. We believe this proposal builds on last years' efforts to protect children and families by investing in existing and new programs and strikes a healthy balance in fiscal restraint. We are heartened by the investment in expanding the CAL Aim initiative and Community Schools, highlighting the need to provide health services to students on school sites. However, we believe that there needs to be an intentional focus and investment on a service delivery model that meets the needs of students where they spend most of their time: in schools. ***We are proposing a \$40 million-dollar investment to expand School-Based Health Clinics (SBHC) – which provide a multi-faceted approach to ensuring that students can learn with all physical, health and behavioral barriers removed.***

In reviewing your proposed 2020-21 budget, we are thankful to see so many K-14 and health related funding initiatives aimed at ensuring that Californian students can compete with their peers nationally and globally in the employment market. We are particularly excited to see

- \$10 million focused on continuing the states' prioritization of the development of an integrative approach and training academy focused on screening for and addressing Adverse Childhood Experiences (ACEs).
- \$300 million to expand the Community Schools model across the state to build schools that reflect and respond to the needs of their communities.
- Healthy California for All initiative – aimed at creating a better integrated health and behavioral health care system – and it's particular focus on high needs populations, young people, foster care or probation system involved children, young people and families experiencing homelessness, and people managing chronic illnesses.

The proposed 2020-21 Budget recognizes the fact that schools widely act as safe places and hubs for young people and their families. However, we are concerned about the lack of planning and direct funding for SBHCs in the budget proposal, which are the most effective way to ensure that children have access to full scope health care services.

Since they were first established, California's SBHCs have been growing in number. The state currently has 277 SBHCs which provide high-quality health care to 274,000 children in or near K-12 schools. Despite the growing number, only **2%** of public schools in California currently have an SBHC. Children served by SBHCs live in many of the state's most economically disadvantaged neighborhoods where children and families experience barriers to accessing preventive and primary health care and have high rates of emergency room visits, obesity, asthma, and exposure to violence and trauma. California's SBHCs have grown to become an essential part of the health care safety net, providing access to a range of critical health care services for hundreds of thousands of underserved children and adolescents.

- SBHCs serve low-income communities: 3 out of 4 SBHCs in California serve schools where at least 70% of students qualify for free and reduced-price school meals.
- SBHCs increase access to health care: SBHC users are more likely to use primary care and mental health services more consistently and less likely to go to the emergency room or be hospitalized.ⁱ
- SBHCs improve academic achievement: SBHCs reduce rates of school suspension or dropouts and increase GPAs.ⁱⁱ

Children with multiple incidents of trauma, instability or homelessness, are more likely than other children to experience hunger and malnutrition and to develop physical and mental health problems. Additionally, they will likely experience trauma-induced withdrawal or delayed social and emotional development.ⁱⁱⁱ For homeless students, school enrollment is often delayed when parents are unable to access health care to ensure children get the necessary checkups and vaccinations. Additionally, students with minor illness or lack of access to diagnosis management for chronic conditions such as asthma or diabetes, can trigger attendance problems.

SBHCs provided essential access to high quality healthcare to vulnerable populations, such as students experiencing homelessness, LGBTQ youth, undocumented students, and youth in foster care or on probation. SBHCs can play an invaluable role in advocating for vulnerable students by facilitating school entry, providing comprehensive physical examinations, administering vaccines, identifying health, psychosocial and learning challenges, and initiating interventions. SBHCs are the most effective means to help children and families overcome barriers to accessing preventive health care and manage chronic conditions such as asthma and obesity by providing necessary medical, dental, and mental health services where children already are: at school.

In support of students, we urge you to make substantial contributions to the services and supports that have shown results. Creating school environments that support the comprehensive needs of a child's physical, mental and social health and emotional development will allow young people and their families to become more engaged and successful in school. Young people and families who experience homelessness, are involved in foster or justice systems, or undocumented often see school as a 'safe place', the only source of stability in what may be otherwise tumultuous lives. **A one-time investment of \$40 million to establish up to a 100 new School Based Health Clinics will further the health and well-being goals for California's most vulnerable.** This investment will be used to provide planning and construction grants to schools to launch independent clinics or to partner with health care providers, such as Federally Qualified Health Clinics, to establish school based and/or mobile clinics in schools with students performing behind their peers in educational outcomes, and with high populations of students experiencing homelessness, in foster care, or on probation. This investment would go to support:

- Planning grants for assessing the need for SBHCs in targeted communities and developing the partnerships necessary for operating an SBHC.
- Facilities and startup grants for 100 new SBHCs to serve communities and provide an estimated 100,000 students with access to school-based health services on their school campus.

These would be competitive grants with eligibility established by the Public-School Health Centers Support Program. Up to 10% of these funds could be used to administer the grant program and provide technical assistance to grant recipients.

We respectfully request a meeting to further discuss the alignment between our proposal and your outlined priorities. Please contact: Lisa Eisenberg at leisenberg@schoolhealthcenters.org or Jessica Maxwell at jmaxwell@youthlaw.org for more information or to schedule a meeting. In closing, we appreciate your bold January 2020-21 budget proposal, and your continued willingness to partner with advocates across the state to ensure young people in California have the ability to learn, grow and fulfill their dreams.

Respectfully,

Tracy Macdonald Mendez, MPH, MPP
Executive Director
California School Based Health Alliance

Jackie Thu-Huong Wong
VP of Policy and Advocacy
GRACE/End Child Poverty in CA

Jesse Hahnel
Executive Director
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Cc:

Ann O'Leary, Chief of Staff

Richard Figueroa, Deputy Cabinet Secretary and Acting Director Department of Health Care Services

End Notes

ⁱ 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.

ⁱⁱ 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.

ⁱⁱⁱ American Academy of Pediatrics, Council on Community Pediatrics (2013). Providing care for children and adolescents facing homelessness and housing insecurity. *Pediatrics*, 131(6), 1206-1210. Retrieved from <http://pediatrics.aappublications.org/content/131/6/1206>