

Summary

AB 2052, the School-Based Health and Education Partnership Program authored by Assembly Member Reggie Jones-Sawyer (D-Los Angeles), seeks to enhance collaboration between the California Department of Public Health (CDPH) and the California Department of Education (CDE) to support school-based health centers (SBHCs).

Background

SBHCs provide an integrated approach to delivering comprehensive physical and behavioral health services in school settings. The number of SBHCs in California has grown substantially since the establishment of the first one in the 1980s. The state currently has more than 377 SBHCs that provide access to high-quality, comprehensive health care to hundreds of thousands of students in or near K-12 schools. Despite the growing number, only a tiny fraction of public schools in California currently have an SBHC.

Children and youth served by SBHCs predominantly live in California's most under-resourced neighborhoods where health inequities are rampant. Families in these neighborhoods experience barriers to accessing preventative, primary, and behavioral health services and have high rates of emergency room visits, obesity, asthma, and exposure to community stress and trauma. SBHCs have become an important element of the health care safety net in California by providing access to a range of critical services for underserved children and youth, especially those enrolled in Medi-Cal.

Problem

Children are not receiving the care they need, when they need it. Less than 50 percent of children enrolled in Medi-Cal receive all required preventative health services. Only 14 percent of teenagers on Medi-Cal received a depression screening and follow-up plan in 2019. Amidst a youth mental health crisis, wait times for mental health services are agonizingly long. A 2022 DHCS survey found that 43 percent of urgent psychiatry appointments exceeded the 96 hour appointment wait time standard, and the median wait time was 13 days. The COVID-19 pandemic laid bare the increasing need for physical and mental health supports, as well as the low access to those services for historically underserved communities.

SBHCs help increase access for children and youth from under-resourced communities by providing care where they are - in school. Children, youth, and their families have easy and safe access to critical health services. These services support the whole child by addressing their physical, mental, and social-emotional health needs in a safe, welcoming, and youth-friendly environment. Research shows that SBHCs have a positive impact on both health and academic outcomes for students. A recent study conducted by The Los Angeles Trust for Children's Health and published in the *Journal of Adolescent Health* found that students who received medical care on campus experienced an attendance increase of 5.4 days per school year.ⁱ

However, California is the state with the largest number of SBHCs while simultaneously providing no direct funding to support these centers. This greatly limits the number of SBHCs that can feasibly be established and deprives under-resourced communities of the health care they need.

Solution

AB 2052 strengthens collaboration between CDPH and CDE to better support school-based health centers. The bill requires CDPH to collaborate with Office of School-Based Health within CDE to administer the Public School Health Center Support Program, which would provide grants for the establishment, expansion, and sustainability of SBHCs. Grants are prioritized for under-

resourced communities, including areas designated as federally medically underserved areas. AB 2052 will go a long way to addressing the significant disparities that exist in child and youth health and academic outcomes throughout California.

Support

California School-Based Health Alliance
(Sponsor)

For More Information

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ⁱ J Adolesc Health. 2023 Dec;73(6):1125-1131. doi: 10.1016/j.jadohealth.2023.07.012. Epub 2023 Sep 13. PMID: 37702648.