

Date of Hearing: May 15, 2024

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 2052 (Jones-Sawyer) – As Amended April 8, 2024

Policy Committee:	Health	Vote:	14 - 0
	Education		6 - 0

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill updates and expands the School-based Health Center Support Program (Program), requiring the California Department of Public Health (CDPH), in collaboration with the Office of School-Based Health Programs, to provide technical assistance to school-based health centers (SBHCs). The bill also increases funding for new and existing SBHC facilities, contingent upon an appropriation.

Specifically, this bill does the following, among other things:

- 1) Defines SBHC to mean a student-focused health center or clinic that is located at or near a school; is organized through school, community, and health provider relationships; and provides age-appropriate, clinical health services onsite by qualified professionals.
- 2) Updates statutes to require CDPH, in collaboration with the Office of School-Based Health Programs within the Department of Education (CDE), to establish the Program to provide technical assistance and community-specific training to SBHCs, school districts, and local education agencies (LEAs).
- 3) Authorizes CDPH to enter into a contract with an entity that coordinates the efforts of SBHCs to provide assistance to SBHCs that receive grant funding.
- 4) Requires the Office of School-Based Health Programs in CDE, in collaboration with CDPH, to coordinate programs within the CDE supporting SBHCs, and provide technical assistance to LEAs to support SBHCs.
- 5) Requires CDPH to establish a grant program within the Program to provide technical assistance, funding for the expansion, renovation, and retrofitting of SBHCs, in accordance with specified procedures and requirements.
- 6) Beginning on January 1, 2026, authorizes the dollar value of:

- a) Planning grants to increase to \$50,000 to \$100,000, and extends the timeframe for expenditure to 24 months.
 - b) Facilities and start-up grants to increase to \$300,000 to \$850,000 per year for a three-year period and authorizes grant funds to be used for a mobile health unit, with preference to proposals that include a plan for cost sharing among LEAs, health providers, and community organizations; identify match funding; or include plans to provide integrated primary medical care and behavioral health services.
 - c) Expansion grants of \$150,000 to \$300,000, inclusive, for up to three years for the purpose of renovating and improving an existing SBHC, or enhancing programming at a fully operational school health center.
 - d) Sustainability grants of \$150,000 to \$300,000 per year for the purpose of operating an SHBC.
- 7) Requires CDPH to award technical assistance grants to support grantees receiving grants under the Program and, in collaboration with the CDE, to give preference for grant funding to SBHCs serving areas with specified indicators of need.

FISCAL EFFECT:

CDPH estimates General Fund costs of \$1,440,000 starting in fiscal year (FY) 2025-26, increasing to \$50 million annually starting in FY 2026-27. CDPH anticipates the need for eight permanent full-time staff to oversee the grant awards and implement the Program, promulgate regulations, establish a technical assistance center, manage and analyze data, and provide local assistance for grant funding.

Proposition 90 General Fund costs of an unknown amount to CDE.

According to the Legislative Analyst's Office, the General Fund faces a structural deficit in the tens of billions of dollars over the next several fiscal years.

COMMENTS:

- 1) **Purpose.** According to the author:

The Public School-Based Health Center Support Program was established in 2009 and since then the number of school-based health centers in California has grown to 377 centers spread across 37 counties. School-based health centers provide accessible and integrated physical and behavioral health care services to students and their families, regardless of their ability to pay for health services, and have been proven to improve attendance, academic achievement, and aid in school climate.

In order to make sure these health centers are able to expand and continue serving students and communities, existing law needs to be cleaned-up and improved. AB 2052 will do so by requiring the Department of Public Health to coordinate with the Office of School-

Based Health in the grant awarding and administration process. Additionally, this bill will update the preference for grant funding to align with existing language in the Education Code and ensure that schools serving students with the greatest need are prioritized.

2) **Background.**

SBHCs. SBHCs offer a range of health services. Many SBHCs play an important role in managing students' chronic illnesses, such as asthma and diabetes, and in responding to acute injuries or illness on campus. Some SBHCs in secondary schools offer reproductive health services, such as abstinence counseling, pregnancy prevention, and testing and treatment for sexually transmitted infections. Some SBHCs provide dental care, mental health counseling, and youth development programs. Local school boards give final approval to the selection of services provided by a SBHC.

According to the California School-Based Health Alliance, SBHCs are uniquely situated to bring healthcare professionals and educators together to address the multifaceted needs of children, youth, and families. Some SBHCs serve only students, while others also serve students' family members or the broader community surrounding the school. SBHCs provide a safe place for students and family members to talk about challenging issues such as depression, behavior problems, academic performance, substance use, sexuality, and relationships.

Youth Mental Health Crisis. The American Academy of Pediatrics noted in recent guidance that "emotional and behavioral health challenges were of growing concern before the COVID-19 pandemic, and the public health emergency has only exacerbated these challenges." Suicide rates among youth ages 10-24 increased by over 57% between 2007 and 2018, and as of 2018 suicide was the second leading cause of death for youth ages 15-19, according to the U.S. Centers for Disease Control and Prevention. Youth visits to pediatric emergency departments for suicide and suicidal ideation also doubled during this time period. Mental health concerns are the top reason children in California are hospitalized. According to Children Now, in 2022, California ranked last among 50 states and D.C. for access to mental health care for children.

3) **Prior Legislation.** AB 1940 (Salas), of the 2021-22 Legislative Session, would have updated current law requiring the CDPH to establish the SBHC Support Program to provide technical assistance and funding for the expansion, renovation, and retrofitting of existing SBHCs and the development of new SBHCs. AB 1940 was vetoed by the Governor, who stated, in part:

I have concerns this bill could create significant one-time Proposition 98 General Fund cost pressures in the tens of millions of dollars to fund the SBHC Support Program, and ongoing General Fund costs in the millions of dollars for CDPH to administer the program that were not included in the budget.

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