

Date of Hearing: June 29, 2022

ASSEMBLY COMMITTEE ON EDUCATION  
Patrick O'Donnell, Chair  
SB 1302 (Portantino) – As Amended May 19, 2022

**SENATE VOTE:** 37-0

**SUBJECT:** Pupil health: pupil wellness centers: grant program

**SUMMARY:** Appropriates \$1 billion from an unspecified fund to provide grants for pupil wellness centers and requires the California Department of Education (CDE) to award annual pupil wellness center grants of up to \$250,000 to eligible entities to establish or improve pupil wellness centers that provide comprehensive medical and behavioral health services. Specifically, **this bill:**

- 1) Appropriates \$1 billion from an unspecified fund to provide grants for pupil wellness centers.
- 2) Requires the CDE to award annual pupil wellness center grants of up to \$250,000 to eligible entities to establish or improve pupil wellness centers that provide comprehensive medical and behavioral health services, including, but not limited to, services that address any of the following:
  - a) Emotional issues such as depression, anxiety, sexual identity, stress, self-esteem, and relationship problems;
  - b) Counseling services related to sexually transmitted diseases and pregnancy prevention, healthy eating and weight management, addiction, and healthy lifestyles;
  - c) A menu of wellness and healthy lifestyle programs for individuals;
  - d) Chronic health issues such as asthma or acne;
  - e) Acute illnesses such as headaches, stomach problems, sore throats, colds, flus, and injuries;
  - f) Sexual health issues such as sexually transmitted disease treatment, birth control counseling, pregnancy tests, menstrual issues, and HIV tests; and
  - g) Help with quitting smoking, drinking, and using drugs.
- 3) Requires the CDE to identify criteria for the evaluation of applicants and the awarding of grants.
- 4) Specifies that applicants for pupil wellness center grants include any of the following, provided that they meet the criteria established by the CDE, pursuant to (3):
  - a) A high school, including a charter school serving high school pupils;
  - b) A school district serving high school pupils;

- c) A consortia composed of any of the entities described in (a) and (b) above.
- 5) Requires that a pupil wellness center grant be used for activities that will help pupils to be healthy in body, mind, and spirit in order to learn successfully, and authorizes a pupil wellness center to provide care that includes any of the following:
- a) Health, mental health, and substance abuse counseling;
  - b) Parent support and linkages;
  - c) Pupil success team support; and
  - d) Community referrals.
- 6) Authorizes a pupil wellness center grant to be used for wellness coordinators, nurses, community health outreach workers, counselors, mental health therapists, and wellness therapy workers and interns who advance pupil health and wellness on campus.
- 7) Expresses the intent of the Legislature that the following conditions are to apply to employment opportunities created as a result of the receipt of a pupil wellness center grant:
- a) Entities that receive pupil wellness center grants use employees to staff and implement mental health strategies proposed to be funded pursuant to this article;
  - b) Entities that receive pupil wellness center grants offer positions created as a result of this article to current employees or new hires;
  - c) Job openings are appropriately advertised with detailed and complete job descriptions;
  - d) The salary and benefit packages for job openings are equal to or greater than those of current employees of the entity receiving the pupil wellness center grant;
  - e) New positions have competitive salaries that are substantially equal to those in the private sector for comparable positions or the prevailing wage for the applicable geographic region;
  - f) All new hires are covered by collective bargaining;
  - g) In the event that a posted position with salary and benefits remains unfilled for four months as a result of an insufficient number of qualified candidates, an entity that receives a pupil wellness center grant may hire third parties in a temporary capacity to meet the current mental health service needs of pupils;
  - h) Unfilled employee positions remain posted until a qualified candidate becomes available. Entities that receive pupil wellness center grants are to make every effort to fill such positions with a qualified candidate; and
  - i) Contracts for third-party employment to meet pupil mental health needs, if applicable and related to the receipt of a pupil wellness center grant, are only to be executed for the

balance of that school year and one additional year. Subsequent contracts are to be eligible for extensions until such time as new positions are filled with full time employees.

**EXISTING LAW:**

- 1) Requires the CDPH to establish the Public School Health Center Support Program (Program), in collaboration with the CDE, to perform specified functions relating to the establishment, retention, or expansion of school-based health centers (SBHCs) in California. (Health and Safety Code (HSC) 124174.2)
- 2) Establishes a grant program administered by CDPH to provide technical assistance and funding to SBHCs, to the extent funds are appropriated for implementation of the Program. Provides for planning grants of \$25,000 to \$50,000; facilities and startup grants of \$20,000 to \$250,000; and sustainability, and technical assistance grants of \$25,000 to \$125,000 per year, as specified. (HSC 124174.6)
- 3) Requires a SBHC receiving grant funds to meet, or have a plan to meet the following:
  - a) Strive to provide a comprehensive set of services including medical, oral health, mental health, health education, and related services in response to community needs;
  - b) Provide primary and other health care services, provided or supervised by a licensed professional, which may include all of the following:
    - i) Physical examinations, immunizations, and other preventive medical services;
    - ii) Diagnosis and treatment of minor injuries and acute medical conditions;
    - iii) Management of chronic medical conditions;
    - iv) Basic laboratory tests;
    - v) Referrals to and follow-up for specialty care;
    - vi) Reproductive health services;
    - vii) Nutrition services;
    - viii) Mental health services, as specified; and
    - ix) Oral health services that may include preventive services, basic restorative services, and referral to specialty services. (HSC 124174.6)
- 4) Requires grant funding preference to be given to the following schools:
  - a) Those located in areas designated as federally medically underserved areas or in areas with medically underserved populations;

- b) Those with a high percentage of low-income and uninsured children and youth;
  - c) Those with large numbers of limited English-proficient students;
  - d) Those in areas with a shortage of health professionals; and,
  - e) Those that are low-performing with Academic Performance Index rankings in the deciles of three and below. (HSC 124174.6)
- 5) Defines an SBHC, for purposes of the Program, as a center or program located at or near a LEA that provides age-appropriate health care services at the program site or through referrals, and may conduct routine physical, mental health, and oral health assessments, and provide referrals for any services not offered onsite. A school health center may serve two or more nonadjacent schools or LEAs. (HSC 124174)
- 6) Defines an “LEA” as a school, school district, charter school, or county office of education (COE). (HSC 124174)
- 7) Establishes the Office of School-Based Health at the CDE for the purpose of assisting LEAs regarding the current health-related programs under the purview of the CDE, and requires the scope of the Office to include collaborating with the Department of Health Care Services (DHCS) and other departments in the provision of school-based health services, and assisting LEAs with information on, and participation in specified school-based health programs. (Education Code (EC) 49419)
- 8) Requires the governing board of any school district to give diligent care to the health and physical development of pupils, and authorizes it to employ properly certified persons to conduct this work. (EC 49400)

**FISCAL EFFECT:** According to the Senate Appropriations Committee, this bill includes an appropriation of \$1 billion to provide annual grants of up to \$250,000 to high schools for student wellness centers. The source of the funds is unspecified.

**COMMENTS:**

*This bill* proposes funding for school wellness centers in high schools, providing a range of health, mental health, and substance abuse disorder services. It is unclear why these are being designated as wellness centers rather than school-based health centers, which are recognized in current statute.

*Need for the bill.* According to the author, “California students are facing a mental health crisis, but schools may not be adequately equipped to provide the necessary services. The past decade has seen a rise in mental health needs, partly due to unemployment and economic uncertainty, the growth of social media, and the prevalence of environmental calamities and natural disasters. These problems were compounded by the COVID-19 pandemic and the accompanying remote learning and isolation.

Schools represent a crucial link through which students can access mental health services. However, teachers and administrators are overwhelmed and additional professionals are needed to meet the crisis. If left unaddressed, the implications will be felt for generations.

Expanding wellness centers in California high schools would meet the growing need for mental health care among students. Mental health needs of California students are crucial to long-term wellbeing and academic success; unaddressed anxiety, depression, and trauma can impact future wellbeing and interpersonal relationships, academic achievement, and economic prosperity, as well as increasing demands on social and health care systems.”

***Youth mental health crisis intensifying as a result of the COVID-19 pandemic.*** 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.” Prior to the pandemic, the incidence of youth mental health crises was increasing at an alarming rate. Suicide rates among youth ages 10-24 increased 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 Centers for Disease Control and Prevention (CDC). Youth visits to pediatric emergency departments for suicide and suicidal ideation also doubled during this time period (Burstein, 2019).

Since the pandemic began, rates of psychological distress among young people, including symptoms of anxiety, depression, and other mental health disorders, have increased. During 2020, the proportion of mental health-related emergency visits among adolescents aged 12-17 years increased 31% compared with during 2019. In early 2021, emergency department visits in the U.S. for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same period in 2019 (Yard, 2021).

***Wide range of health needs of children and adolescents.*** In addition to behavioral health issues, there are a multitude of health conditions impacting children and youth that may impact their school attendance and academic performance. Data from the Population Research Bureau (PRB) identifies the impacts and incidences of childhood conditions:

- More than 1.25 million California children and youth, have, or are at increased risk for, a chronic health condition and require care and related services of a type or amount beyond that required by children generally. Their ongoing health problems—physical, behavioral, or developmental—can affect their ability to function and participate in important educational and social activities, and, in some cases, can shorten their lives. The vast majority of children with special health care needs nationally (86%) do not receive care that meets federal standards for a well-functioning system. Further, racial/ethnic and socioeconomic inequities in access to care and other supports can lead to poorer outcomes for vulnerable children and their families;
- Asthma is one of the most common chronic diseases among children in the U.S. and is the top reason for missed school days, accounting for more than 5.2 million absences annually. Asthma affects around 6 million children nationwide. Approximately 14.3% of children in California aged 1-17 years have been diagnosed with asthma, which can be life-threatening when it is not managed properly. The Centers for Disease Control (CDC) estimates that approximately 40% of children with asthma do not have their disease under control. Children who face difficulty accessing quality health care are less likely to have well-controlled asthma; and
- Oral health affects overall health and is essential for healthy development. Tooth decay is the most common chronic disease and the greatest unmet health need among children in

California and the U.S. Untreated dental problems such as cavities and gum disease can affect a child's health and quality of life by causing pain, loss of teeth, impaired growth, sleep and speech issues, self-confidence problems, poor school performance, and increased school absences, among other issues. Nationwide, children miss more than 51 million hours of school each year due to dental problems. In California, the disparity in oral health between low- and higher-income children is among the worst in the nation.

***Many children are not receiving adequate medical services.*** A 2018 report by the California State Auditor on the oversight of the delivery of preventative services to children enrolled in the Medi-Cal program found that millions of children do not receive the preventative services to which they are entitled. The report notes that California ranks 40<sup>th</sup> for all states in providing preventative health services to children, and further states:

According to the U.S. Centers for Disease Control and Prevention, preventive services significantly reduce the risk of illness, disability, early death, and expensive medical care while providing cost savings. In 2014 the American Academy of Pediatrics published a national report stating that the vaccination of 4.3 million children, a key preventive health service, would prevent approximately 42,000 deaths and 20 million cases of disease, with a net savings of nearly \$14 billion in direct costs and \$69 billion in total societal costs. A 2015 report published by the National Bureau of Economic Research on the long-term impact of Medicaid expansion analyzed increases in Medicaid spending caused by the expansions and the government's return on investment. The report found that the government recoups its investment in a child's preventive care by age 36 through additional tax payments, and preventive services result in the government earning a 550 percent return on investment by age 60.

***Linkages between health and educational outcomes.*** A factor contributing to the demand for increased capacity and collaboration between health and education agencies is the renewed and increasing recognition of the intrinsic connection between student health and academic outcomes. While the associations between physical health problems and school attendance, behavior, and academic achievement have been noted for decades, increasing attention is now being paid to the relationship between adverse childhood experiences (ACEs), student mental health, and academic outcomes. Research has demonstrated a strong association between ACEs and poor performance in school, including a higher risk of learning and behavior problems. Other research into the effects of chronic stress on children (often caused by ACEs), has identified a profound effect on the developing brain, which in turn affects school performance and behavior. This research has led to an increased focus on the provision of health services at schools, and is promoting closer connections between health and education agencies.

***What is a school-based health center (SBHC)?*** According to the California School-Based Health Alliance:

SBHCs offer a range of health services, with the most common being primary medical 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 STD/HIV testing and treatment. Other services provided by SBHCs include dental care, mental health counseling, and youth development programs.

SBHCs are uniquely situated to bring health care professionals and educators together to address the multifaceted needs of children, youth and families. Some SBHCs serve only students, while others also serve family members or the broader community surrounding the school. SBHCs provide a safe place for students and family members to talk about challenging issues (depression, behavior problems, academic performance, substance abuse, sexuality or relationships, etc.). The unique value of SBHCs is that they can connect medical services and mental health services to classroom health education, group interventions, and other campus projects, clubs or activities.

SBHCs respond to the needs of the schools and communities they serve. Local school boards give final approval to the services provided by the SBHC. According to the California School-Based Health Alliance, common services provided by SBHCs in California, and the percentage of SBHCs offering them, include:

- Medical services 85%;
- Mental health services 70%;
- Reproductive health 60%;
- Dental prevention 65%;
- Dental treatment 35%; and
- Youth engagement programs 51%.

SBHCs are operated by different entities, including the following:

- 52% by federally qualified health centers;
- 27% by school districts; and
- 22% by other agencies, including hospitals or local health departments.

***How many SBHCs are there in California?*** According to the California School-Based Health Alliance, while there are over 10,000 schools in California, there are only 293 SBHCs, distributed as follows:

- 39% in high schools;
- 21% in elementary schools;
- 10% in middle schools; and
- 25% are “school linked” or mobile medical vans.

These SBHCs are spread throughout the state, with high concentrations in Los Angeles and the San Francisco Bay Area. They tend to be located in schools with higher concentrations of low-income Latino and African American students. Most of California’s SBHCs are physically

located on campus within a main building or in a portable. In some areas, health services are provided by mobile medical or dental vans, and in other areas, “school-linked” health centers are off campus and have formal operating agreements with schools.

***Disparities in access to SBHCs.*** Currently, 70% of students attending schools with an SBHC are socioeconomically disadvantaged. The SBHCs reduce health disparities for these students by increasing access to comprehensive health care, and may also improve educational equity by reducing missed school days due to illness, often disproportionately experienced by low-income students and students of color.

As noted above, the current SBHCs in California are largely concentrated in large urban areas. The California School-Based Health Alliance recently released the *Student Health Index*, focusing on the need to support more SBHCs across the state to reach students facing the greatest health and education disparities.

The Student Health Index is made up of 12 indicators that characterize population characteristics and health care access and combines the component scores into a need score, based upon data from a variety of sources including the American Community Survey, the U.S. Census Bureau, the CDE, the CDC, and institutions of higher education.

Over 8,000 schools serving pupils in kindergarten through 12<sup>th</sup> grade and having over 100 pupils were included in the initial analysis. Further analysis focused on schools with large enough populations to warrant construction of a SBHC, so additional schools were excluded including small rural schools, and urban high schools with enrollments under 1,000 students. The final list includes 4,752 urban schools and 69 rural schools.

The indicators used in the student health index include the following:

- Health: diabetes rates, asthma admissions, teen birth rates, health professional shortage areas;
- Socio-economic: poverty among children and youth, lack of insurance coverage, healthy places index; and
- School: percentage of students eligible for free and reduced-price lunch, percentage of English learners, percentage homeless, chronic absenteeism, suspension rate.

Currently the counties with the greatest number of SBHCs are Los Angeles (38), Alameda (15), and Santa Clara (10). 23 counties have no SBHCs. Based upon the analysis conducted, the study concludes that San Bernardino, Fresno, San Joaquin, Kern, Riverside, and Los Angeles Counties all have over 100 schools and more than 25% of those schools have the highest relative need level. The majority of the top ten districts with highest need are located inland, in the central valley and southern counties east of Los Angeles and San Diego.

These factors will be important considerations in determining the feasibility of constructing or expanding SBHCs in high need locations. In some cases, telehealth options or mobile health clinics may be better suited to meet a school and community’s needs.

***SBHCs are funded through a variety of funding streams.*** The existing SBHCs in California are financed through:

- Reimbursement for services through Medi-Cal and contracts for mental health services;
- School district contributions and in-kind support of space, nurses, utilities, and custodial services;
- Sponsoring agency contributions or subsidies; and
- Federal government and private grants.

Despite having had statutory authorization to establish SBHCs in California since 2006, California has not provided any state funds to establish or expand SBHCs. This bill would appropriate \$1 billion for one-time grants to establish student wellness centers in high schools.

***Recommended Committee amendments. Staff recommend that the bill be amended as follows:***

- 1) Change the references from student wellness centers to school-based health centers, with a cross-reference to Health and Safety Code section 124174.
- 2) Revise the list of services to be provided in a SBHC to reflect current practices of SBHCs.

***Arguments in support.*** NAMI-CA states, “Undiagnosed, untreated, and inadequately treated mental illnesses significantly interfere with a student’s ability to learn, to grow, and to develop. Because children spend much of their productive time in school, and services can be integrated into their regular daily routine, NAMI-CA believes that both public and private elementary, middle, and high schools should provide and/or facilitate and sustain provision of appropriate mental health services, supports, and appropriate accommodations. Expanding wellness centers in California high schools would meet the growing need for mental health care among students. Mental health needs of California students are crucial to long-term wellbeing and academic success.”

***Arguments in opposition.*** Our Duty states, “This bill is unnecessary and a misuse of California taxpayer’s dollars. It is another affront to parents’ constitutional right to parent and educate their children. By funding \$1 billion for wellness centers at high schools, California has designed a system that keeps secrets from parents about the mental health of their children. Students will be able to get counseling on every subject without parental involvement. This triangulates the relationship among the child, parents, and counselor. No one is more important in a child’s life than their parents.”

***Related legislation.*** AB 1940 (Salas) of the 2021-22 Session updates current law requiring the State Department of Public Health (CDPH) to establish the School-Based Health Center Support Program (Program), contingent upon funding being appropriated for this purpose, to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing SBHCs and the development of new SBHCs, and increases the level of funding for the grants to plan and implement SBHCs.

SB 118 (Liu) of the 2015-16 Session would have modified an existing unfunded grant program administered by the CDPH to add substance use as an allowable service, changed the purpose of sustainability grants to the development of sustainable funding models, and created a new population health grant category to fund specified public health topics. This bill was held in the Assembly Appropriations Committee.

AB 766 (Ridley-Thomas) of the 2015-16 Session would have required the CDPH to give grant funding preference to schools with a high percentage of students enrolled in Medi-Cal, under the Public School Health Center Support Program. This bill was held in the Senate Appropriations Committee.

SB 1055 (Liu) of the 2013-14 Session would have renamed the Public School Health Center Support Program the School-Based Health and Education Partnership Program; made changes to the requirements and funding levels; and created a new type of grant to fund interventions related to obesity, asthma, alcohol and substance abuse, and mental health. This bill was held on the Senate Floor.

SB 564 (Ridley-Thomas) Chapter 381, Statutes of 2008, specified that an SBHC may conduct routine physical health, mental health, and oral health assessments, and provide for any services not offered onsite or through a referral process. The bill also required the CDPH, to the extent funds are appropriated for implementation of the Public School Health Center Support Program, to establish a grant program to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing SBHCs, and the development of new SBHCs, in accordance with specified procedures.

AB 2560 (Ridley-Thomas) Chapter 334, Statutes of 2006, required the DHCS, in cooperation with CDE, to establish the PSHCSP to perform specified functions relating to the establishment, retention, or expansion of SBHCs; required the DHCS to establish standardized data collection procedures and collect specified data from SBHCs on an ongoing basis; required CDE, in collaboration with the DHCS, to coordinate programs within the CDE and programs within other specified departments to support SBHCs and to provide technical assistance to facilitate and encourage the establishment, retention, and expansion of SBHCs; and required the program to provide a biennial update to the appropriate policy and fiscal committees of the Legislature containing specified information regarding SBHCs, beginning on or before January 1, 2009.

SB 566 (Escutia) of the 1999-2000 Session would have established the SBHC Grant Program, to be administered by DHCS, to provide grants to qualifying SBHCs in order to assist the centers in providing health services to students, provided that funds were appropriated in the annual Budget Act. This bill also would have required DHCS to convene a study group to explore long-term strategies to support SBHCs and incorporate these centers into a comprehensive and coordinated health care system. This bill was held on the Senate Floor.

## **REGISTERED SUPPORT / OPPOSITION:**

### **Support**

California Student Board Member Association  
Community Action to Fight Asthma  
Hillsides  
Improve Your Tomorrow, INC.  
National Alliance on Mental Illness (NAMI-CA)

### **Opposition**

DBSA California  
Our Duty

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