



Expanding access to school health services

Policy considerations for governing boards

Good physical and mental health is essential to student well-being and achievement, but students do not always have access to the health services they need. Approximately 763,000 children in California are not covered by health insurance;¹ others, especially adolescents, may not have a consistent source of medical care (i.e., a "medical home"). As a result, they may skip regular check-ups and receive only episodic health care services when they are ill or injured or when the school requires an immunization or health screening.

However, in a relatively small, but growing, number of schools across California, health services are available at or near school sites, enabling students to more easily access a broad range of services in a safe, familiar environment. These services are usually provided at minimal or no cost to students and their families.

A recent study commissioned by CSBA examined board members' and superintendents' perceptions of the provision of school health services in their districts and county offices of education and identified barriers to providing services.² This policy brief builds upon that work and suggests policy issues that districts should consider as they initiate, expand or evaluate the quality of school health services. (Note: Throughout this policy brief, "districts" also include county offices of education.)

What is a school health center?

"School-based" health centers are health clinics located directly on school campuses. "School-linked" health centers are located off campus but have formal operating agreements with districts and may serve one or more schools. Sometimes schools provide health services through mobile vans that serve multiple campuses.

Although school health centers can be run by school districts, they may also be operated by community health centers, hospitals, county health departments, community-based agencies and private physician groups.

School health services in California

According to the California School Health Centers Association:³

- There are currently 153 school health centers in California.
- Of these, 42 are in elementary schools, 14 in middle schools, 58 in high schools, 16 on mixed-grade campuses, and 23 are "school linked" centers or mobile vans serving multiple schools.
- The majority (51%) are in urban areas, 35% are in suburban areas and 11% in rural areas.
- In districts with school health centers, 21.5% of the children live in families with incomes at or below the federal poverty level, compared to 15.3% of the children in districts without health centers.

What are the benefits of school health services?

School health services clearly have health benefits for students. Several studies have found that children and adolescents using school health services are more likely to initiate a visit for preventive reasons than those using a community health center network. School health services also reduce emergency room use⁴ and hospital admissions.⁵

These services also have academic benefits. The link between good health, school attendance and academic achievement has been well documented by research. Therefore, making it easier to access health services at school settings is likely to positively impact school performance.

School health centers tend to be located at or near schools that have above-average percentages of low-income, Latino and African American, and uninsured students who might

not otherwise access health services.⁶ These students have higher rates of certain health risks (e.g., poor nutrition, physical inactivity, violent injury, substance use and sexually risky behavior) and are more likely to be struggling academically. Thus, school health services can help reduce health and academic disparities.

Disparities in access to health care

The 2005 California Health Interview Survey estimates that:⁷

- Overall, about one in five children in California have no health insurance. Latino children and children whose family incomes are below 200% of the federal poverty level are more likely to be uninsured.
- Most children have a usual source of medical care (96.3% of children ages 5-11 and 79.0% of adolescents ages 12-17). However, uninsured children, children from low-income households, Latino children and Asian and African American adolescents are less likely to have a usual source of medical care.

However, all students can benefit from access to school health services. Because of their location, school health centers provide a convenient option for parents, result in less school time missed due to doctor appointments and strengthen student-school, parent-school and school-community connections.

What services do school health centers provide?

School health services may include primary medical care (e.g., immunizations, health screenings, physical exams), dental/oral health care, prevention and management of chronic illnesses such as asthma and diabetes, mental health services, reproductive health care, and/or healthy weight services (e.g., fitness and nutrition programs). Within these areas, the services may include education of students and staff, screening/surveillance, management/monitoring and treatment/clinical services.

A survey conducted in 2004-05 by the National Assembly on School-Based Health Care found that California's school health centers most often provide health screenings, comprehensive health assessments, immunizations, sports physicals, prescriptions for medications and asthma treatment (see Table 1). Least often provided is dental preventive care.

Table 1

Services provided at California school health centers

Service	% of school health centers
Screenings	91
Comprehensive health assessment	82
Immunizations	82
Sports physicals	81
Prescriptions for medications	81
Asthma treatment	80
Treatment for acute illness	79
Nutrition counseling	78
Lab tests	75
Medication administration	71
Behavioral risk assessment	70
Assessment of psychological development	55
Dental screenings	47
Reproductive health counseling and/or testing	45
Mental health therapy	42
Dental preventive care	14

Source: National Assembly on School-Based Health Care, 2004-2005 Census

The types of services that school health centers provide may change or expand in response to government regulation, a growing recognition that student health impacts student learning, parent demand and/or a local needs assessment that indicates changing health needs of students or a higher number of uninsured students.

How are school health services funded?

School health services are generally supported through a combination of resources, which may include any of the following:

- **District resources.** School districts may provide funding and/or in-kind support such as facilities and utility costs. The level of support from districts varies widely among school health centers, ranging from an insignificant portion of the budget to the primary source of funding.
- **Community resources.** City and county health agencies, nonprofit community organizations, hospitals/clinics and other health providers may provide resources and/or in-kind support (including personnel), and

sometimes serve as the primary entity running the health center. Local grants may be available to support school health services, such as community development block grants, county Alcohol and Other Drug program contracts, and county department of mental health contracts from the Early Periodic Screening Diagnosis and Treatment program or the Mental Health Services Act (Welfare and Institutions Code 5850-5883).⁸

- **State and federal grants for school health centers.**

A new state grant program established by SB 564 (Ch. 381, 2008), the Public School Health Center Support Program, is designed to provide technical assistance and funding for the expansion, renovation and retrofitting of existing school health centers and the development of new school health centers. The 2008 state budget did not include funding for the program, but Governor Schwarzenegger indicated that he was signing the bill "to establish the statutory framework to guide expansion once resources are available." As a condition of receiving a grant under SB 564, districts will be required to meet, or have a plan to meet, the requirements specified in Health and Safety Code 124174.6. These requirements are reflected in CSBA's sample administrative regulation 5141.6 - School Health Services.

At the federal level, the Health Resources and Services Administration, U.S. Department of Health and Human Services, is the only funding source specific to the delivery of health services and can be used to establish school health centers. As authorized by Section 330 of the Public Health Service Act (42 USC 254b; 42 CFR 51b.101-51b.606), public or private entities may apply for planning or operational grants to develop or implement programs that serve populations of all ages with limited access to health care. These grant-funded "federally qualified health centers" provide a range of diagnostic, preventive, emergency and case management services for children and adults, as well as supportive services (e.g., education, translation and transportation) that facilitate access to health services.

- **Other state and federal support.** Other state and federal programs that are not specifically designated to fund school health centers may offer opportunities for financial support.

California's Healthy Start program provides planning and start-up funds for integrated school-community services. Though not limited to health services, local Healthy Start programs may include health care services, mental health care services and nutrition education. Other state programs (e.g., Tobacco Use Prevention Education, School Nutrition, After School Education and Safety, California School Age Families Education, Adolescent Family Life Program, Teen Smart Outreach) and federal programs (e.g., Safe and Drug-Free Schools and Communities Act,

21st Century Community Learning Center Program, Safe Schools-Healthy Students Initiative) provide funding that may be used to support specific health-related objectives within the program's purposes. Federal Title I, Part A, funds may be used in part to coordinate and integrate health, mental health and social services.

It is important to note that not all health centers can use these other grants since many are for non-primary care services such as education and counseling for alcohol, tobacco and violence. The types of grants that may be obtained depend on the goals and services of the health center.

- **Educational and private foundations.** Educational foundations, which operate as separate legal entities from school districts, may be encouraged to provide one-time or occasional donations to support specific needs of the school health center (e.g., supplies, equipment, printing, outreach activities to inform students and families about the health center).

Private and corporate foundations, such as The California Endowment, California Wellness Foundation, Kaiser Permanente, Robert Wood Johnson Foundation and others, have also been generous in their support of school health services.

- **Patient fees.** Students cannot be charged a fee for health services that districts are mandated by law to provide, such as services provided to students with disabilities in accordance with their individualized education program or Section 504 plan, vision and hearing tests and scoliosis exams. Services provided by a school nurse are also free to students.

Whether or not students can be charged fees for other school health services may depend on the terms of the school health center's grant or contract. Most centers recognize that many of the students they serve are from low-income households, and thus they provide services at no cost or on a sliding fee scale.

- **Third-party reimbursements from private or public insurance, including Medi-Cal.** School health centers often bill students' private or public health insurance for services provided to students.

Medi-Cal (the state's Medicaid program) provides no-cost insurance to students and families who meet income eligibility requirements. Districts that have contracted with the California Department of Health Care Services to serve as Medi-Cal providers may seek partial reimbursement for covered preventive, diagnostic, therapeutic or rehabilitative services specified in 22 CCR 51190.4 or 51360. In addition, districts may be reimbursed through the Medi-Cal Administrative Activities program for some of their administrative costs associated with school-based health and outreach activities.

In order to receive Medi-Cal reimbursement, the district must first establish a fee for each service provided (which can be a sliding scale to accommodate students from low-income households); collect information about other health insurance from all students served, including Medi-Cal and non-Medi-Cal recipients; and bill other responsible third-party insurers before billing Medi-Cal.⁹

Medi-Cal billing assistance

CSBA's PractiCal program assists districts in obtaining reimbursements under the Medi-Cal billing option and Medi-Cal Administrative Activities program. The service provides determination of student eligibility, forms for the billing process, on-site training (including training in time surveys for administrative activities), compilation of invoices and creation of the district's audit file, reports to help analyze the district's Medi-Cal programs and updates on Medi-Cal billing issues.

For further information, visit www.csba.org/DistrictServices.aspx.

Students from low-income households who do not qualify for Medi-Cal may be eligible for the low-cost Healthy Families insurance program, California's federally funded State Children's Health Insurance Program (SCHIP). This program offers health, dental and vision care through contracts with selected insurance plans.

Students from low-income households who are not enrolled in the Medi-Cal or Healthy Families program may be eligible for the Child Health and Disability Prevention program (Health and Safety Code 124025-124110; 5 CCR 6800-6874), which is operated by county/city health departments. CHDP is used as a "gateway" to Medi-Cal and Healthy Families through which students are enrolled in those programs if they are eligible. If not, they still have access to services reimbursed by CHDP during the month they enrolled in CHDP and the following month.

Most common funding sources

A national survey of school health centers¹⁰ reports that the most common sources of grant funding are state government (65%), private foundations (49%), county/city government (33%), corporate (29%) and federal government (28%).

In addition, 80% of school health centers bill students' health insurance. Among those that bill one or more source, 72% bill Medicaid, 50% bill private insurance, 45% bill SCHIP and 20% collect directly from students and their families.

Further information about financing for school health centers, including current grant opportunities, is available through the California School Health Centers Association, the Center for Health and Health Care in Schools and the National Assembly on School-Based Health Care.

What is the governing board's role?

School districts have a clear interest in promoting student health in order to enhance student learning. They provide health education, physical education, nutrition services, health screenings that are mandated by law, counseling services, school nurses and safe school environments. But throughout the state there are still many students whose health needs are not being fully met and for whom schools provide the best link to health services.

Through each of the governing board's major responsibilities, there are opportunities to address the need for school health services:

Setting direction

The board should set direction for health services in the district by establishing clear goals and priorities for school health services which are based on a communitywide or districtwide assessment of the unmet health needs of students.

Any discussion about school health services to be offered must begin with an understanding of the health needs of students. The district might conduct its own needs assessment limited to district students or encourage other agencies, nonprofit organizations or health providers to conduct a communitywide needs assessment. In addition to identifying health conditions of children, a thorough needs assessment should include a review of available and accessible resources in the district and/or community to serve those needs.

The results of the needs assessment should be reviewed when establishing or evaluating school health services provided by the district.

Establishing an effective and efficient structure for the district

In fulfilling its responsibility to establish an effective structure for the district, the board should make policy, budget, staffing and facilities decisions that determine the level of support the district will provide to school health services and provide guidance as to what the board hopes to achieve.

Guidelines for the district's involvement in school health services may be addressed in district policy and administrative regulation, but because school health services are often delivered through collaborative efforts with health providers and others, the district should also have a written contract or memorandum of understanding with each of its partners. Written agreements should specify who is responsible for employment matters, provision of services, coordination,

fiscal management and oversight, billing for services, facilities maintenance, program evaluation and liability.

- **District policy.** CSBA's sample policy and administrative regulation BP/AR 5141.6 - School Health Services were revised in November 2008 to more comprehensively address components of effective services. It is recommended that each district review the sample materials and adapt them to meet its unique circumstances.

If the district has already entered into agreements with health providers or agencies to collaborate in the provision of school health services, it would be important to involve those partners in the development, review or revision of the district's policy. The district might also involve school health councils or committees, parents, students, district and school site administrators, health professionals, school nurses, health educators, counselors, members of the public, and/or others interested in school health issues.

The district's policy on this topic should be developed in the context of the district's overall approach to student health. Thus, the district might wish to review other health-related policies and administrative regulations at the same time, such as BP/AR 5141.23 - Asthma Management, AR 5141.24 - Specialized Health Care Services, BP 5141.25 - Availability of Condoms, BP/AR 5141.3 - Health Examinations, BP/AR 5141.31 - Immunizations, AR 5141.32 - Health Screening for School Entry, and BP 5030 - Student Wellness.

- **Scope of services.** If the district will be operating the school health center, it is the responsibility of the board to approve the types of services that will be offered. Even if the center is run by others but is linked to one or more schools, the district should provide input as to the types of services that would be most beneficial to district students. Decisions about services should be based on the needs of students and the current availability and accessibility of existing district/community services, as determined by the needs assessment, as well as the superintendent's and staff's recommendation and available funding, staffing and facilities.
- **Budget.** The board is responsible for adopting a district budget that is fiscally responsible and aligned with the district's vision and goals. Therefore, any proposed use of district resources to support school health services must be approved by the board within the budget-setting process.

The board should also encourage the superintendent and staff to explore grants and other alternative funding sources, and develop processes to bill students' private or

public insurance. The district should consider contracting with the Department of Health Care Services to become a Medi-Cal provider.

- **Staffing.** If the district employs school nurses, those personnel should be involved in the planning, delivery and coordination of school health services. Education Code 49426 specifies duties that school nurses may perform when authorized by the governing board. These duties include, but are not limited to, conducting immunization programs, assessing and evaluating students' health and developmental status, communicating with parents and the primary care provider, designing and implementing a health maintenance plan to meet individual health needs of students, referring students to necessary services and consulting with teachers and administrators on health education and other health issues.

A school health center, however, usually requires additional personnel. Staff may include nurse practitioners, physician assistants, mental health care providers, part-time physicians and/or medical students in training. The board may employ or contract with medical personnel pursuant to Education Code 49422-49427 and 44871-44879 or may partner with community health centers, private physicians groups or other health providers to provide the services.

- **Facilities.** School health centers may be located directly on a campus or may be off campus but linked to the school(s). When approving the district's master facilities plan, the board should consider the availability of space to house school health services. At a minimum, a school health center will require an exam room, lab, bathroom, reception area, private space for counseling or health education, space for medical records and administrative space. Centers range from a 24 x 32 foot portable to 3,500 square feet.¹¹

Providing support

The board should provide support to the superintendent and staff as they work to implement school health services.

After establishing a structure and framework for district action, the board has responsibility — through its behavior and actions — to support the superintendent and staff as they carry out the direction of the board. The board can provide support by continually demonstrating its commitment to student health, upholding policies that have been adopted by the board, providing professional development as needed to ensure that staff have the tools and knowledge they need to be successful, and publicly recognizing program accomplishments.

Ensuring accountability

As with any district program, the board should monitor and evaluate the effectiveness of school health services in order to ensure accountability to the public.

Whenever the district serves as the primary operator of a school health center or provides resources to support school health services delivered by others, the board should monitor program implementation and evaluate the effectiveness of the services in meeting their intended purposes. Together with the superintendent and other relevant staff, the board should determine which indicators will be used to assess program effectiveness and how often the board will receive reports from the superintendent or his/her designee regarding school health services.

Examples of indicators include:

- Rates of participation in school health services, which can be disaggregated by student population, type of health service or other factors.
- Changes in educational outcomes, such as school attendance or student achievement.
- Changes in student health outcomes, such as the incidence of asthma episodes or infectious diseases, as appropriate depending on the school health services provided.
- Feedback from staff and participating students regarding program accessibility and operations, including accessibility to low-income and linguistically and culturally diverse students and families.
- Information on program administration, such as revenue obtained from third-party reimbursements, patient fees and other sources.
- Other indicators aligned with specific program goals.

These reports should provide sufficient information and data to enable the board to determine whether the services are successfully meeting student needs or whether changes are needed in the district's program.

Acting as community leaders

The board should engage in community leadership to initiate partnerships and ongoing communications with local governments, health agencies/providers and parents to ensure the quality of school health services.

The provision of school health services is truly a collaborative effort. In their role as community leaders, board members should be having conversations with other locally elected officials about matters of mutual concern, including the health of the community's children, and working together to develop solutions. The board, working with the superintendent or his/her designee, can identify other

potential partners in the community who are involved in children's health issues or service delivery.

The board's community leadership role also involves informing and educating the community about the district's programs. It can do so through board meetings, speaking engagements, the media and other community activities. Communications from the board, as well as the superintendent and other staff, should include information about the types of services available and might also provide information about eligibility requirements for no-cost or low-cost public health insurance programs. See a sample board resolution from CSBA (Exhibit 5141.6 - School Health Services) encouraging district participation in outreach and enrollment efforts related to affordable health programs.

Finally, as the only locally elected officials chosen solely to represent the interests of children, board members serve as advocates on behalf of students and the district's programs. They can work to build support for student health initiatives at the local, state and national levels.

Case studies

Districts interested in establishing a school health center can learn from the experiences of others. Following are a few examples of successful programs.

Youth UpRising, Alameda County

Youth UpRising (YU) incorporates health services as part of a school-linked program designed to meet a variety of student needs. The program grew out of the needs articulated by Oakland youth in 1997 after racial tension at Castlemont High School erupted into violence.

In response, Alameda County authorized the conversion of a vacant county property on which stood a long-closed supermarket, and brought together community stakeholders to create a safe space that offers comprehensive and integrated programming. The 25,000-square-foot facility next to Castlemont High School houses a health center along with youth activities (e.g., a dance studio, recording studio, youth-run restaurant).

Free membership for Oakland residents ages 13-24 provides access to a range of health and wellness services, such as medical services, holistic healing, peer health promotion, community-linked program for expectant and parenting students, mental health services and nonclinical case management.

YU is operated and staffed by Children's Hospital of Oakland, partnering with Oakland Unified School District, Alameda County Office of Education, Alameda County Health Services, the City of Oakland, Bay Area Youth Consortium Americorps, Destiny Arts Center, Global Education Partnership, UC Berkeley Center for Educational Partnerships and the NAACP, among others.

The \$7 million project receives funding through third-party reimbursements, a five-year \$1.5 million grant from the City of Oakland for violence prevention, other city grants totaling \$200,000, and foundation grants (e.g., The California Endowment, Oakland Fund for Children and Youth, Haas, Walter S. Johnson, East Bay Community Foundation, Dreyers).

Contact: Olis Simmons, Executive Director, (510) 777-9909 x131, olis@youthuprising.org.

Mobile health unit and migrant mobile health clinic, Fresno County

The Fresno County Office of Education operates a mobile health unit that serves the rural districts of Fresno County and one that serves migrant students.

The mobile health unit, a recreational vehicle with an exam room, was purchased in 2005 by the county office from a neighboring school district that lost its funding to continue the program. The rural districts of the county are home to some of the lowest income families in the state and these families have difficulty getting to the cities for services, so the mobile health unit enables children of all ages to access needed services. The mobile health unit regularly serves six school districts and others on an as-needed basis. Services include immunizations, well-child exams, sports physicals, treatment of minor illnesses and injuries, health education (including nutrition education and asthma education), dental screening and body mass index evaluation.

The costs are paid by the county office. A nominal fee is requested for administrative costs, but no one is turned away for inability to pay. Revenue is also received from the Medi-Cal Administrative Activities program. Staff assists with enrollment into Medi-Cal and the Healthy Families insurance program.

The migrant mobile health clinic provides migrant students ages 4-21 with complete physical exams, follow-up and case management (referrals, resources, appointments, transportation and interpretation), immunizations, assessment and referral, hearing and vision screening and referral, dental screening and referral, health education and family advocacy. Outreach is conducted by migrant community liaisons, who identify children during enrollment into the migrant education program or when contacted by parents or schools. Funding sources include state and federal migrant education funds.

Contact: Barbara S. Miller, Fresno County Office of Education, (559) 265-3026, bmiller@fcoe.org.

Cedars-Sinai mobile van, Los Angeles County

Cedars-Sinai Medical Center sponsors the COACH (Community Outreach Assistance for Children's Health) for Kids® program in an effort to bring no-cost health services

to low-income youth. Staffed by medical center professionals, large, fully equipped mobile units visit economically disadvantaged neighborhoods in Los Angeles County on a regularly scheduled basis.

COACH for Kids collaborates with more than 200 public and private organizations, including Inglewood Unified School District, Lennox School District and Los Angeles Unified School District as well as preschools, job training centers, services for homeless individuals, churches and others. The "medical clinics on wheels" currently serve 13 elementary schools and three middle schools. Future plans include an adolescent mobile clinic.

The vans provide primary medical services (including preventive care in addition to diagnosis and treatment of acute illnesses), case management by social workers, mental health services to children's and parents' groups at various community sites, dental/oral health care and nutrition services.

Students and other patients are not charged a fee for services. The program is funded and staffed by Cedars-Sinai Medical Center and receives foundation grants (e.g., California Community Foundation, Hearst, Ahmanson). In addition, a team of volunteers conducts fundraising activities and events, such as an annual Valentine's Ball and garage sale, throughout the year to raise money to expand operations.

Contact: Michele Rigsby Pauley, RN, MSN, CNP, Program Manager, Director of Clinical Services, (310) 423-4343, rigsbym@cshs.org.

Resources

The following resources provide additional information about school health services and related issues:

CSBA

www.csba.org

Provides policy briefs, publications and other resources on student health issues, including sample district policies and administrative regulations on school health services, student wellness, health examinations, health screening for school entry (including oral health assessments), administration of medication, asthma management, infectious diseases, comprehensive health education, and community collaboration on youth services. CSBA's PractiCal program assists districts with Medi-Cal and Medicaid billing.

California Department of Education, Health Services and School Nursing

www.cde.ca.gov/ls/he/hn

Provides resources on a variety of school health issues, such as asthma management, diabetes management, immunization requirements, influenza prevention, vision and hearing testing and oral health assessment.

California Department of Health Care Services

www.dhcs.ca.gov

Finances and administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal).

The California Endowment

www.calendow.org

A private, statewide health foundation whose mission is to expand access to affordable, quality health care for underserved individuals and communities and to promote fundamental improvements in the health status of all Californians.

California HealthCare Foundation

www.chcf.org

An independent philanthropy committed to improving the way health care is delivered and financed in California. Publishes *The Guide to Medi-Cal Programs, Third Edition* (2006) and *Medi-Cal Facts and Figures: A Look at California's Medicaid System* (May 2007).

California School Health Centers Association

www.schoolhealthcenters.org

Provides information and monthly updates on potential funding for school-based and school-linked health programs as well as resources related to health center policies and operations, communications and advocacy.

California School Nurses Organization

www.csno.org

Promotes the role of school nurses in the educational community by providing professional development, legislative advocacy and communications for school nurses.

Center for Health and Health Care in Schools

www.healthinschools.org

A nonpartisan resource center at The George Washington University School of Public Health and Health Services, which provides grant information and other resources about school-connected health programs and services.

Centers for Disease Control and Prevention

www.cdc.gov

Periodically conducts a survey on the provision of school health services through the School Health Policies and Programs (SHPPS) Study (www.cdc.gov/HealthyYouth/shpps).

National Assembly on School-Based Health Care

www.nasbhc.org

A national organization that promotes and supports school-based health centers. Publishes *Creative Financing for School-Based Health Centers: A Tool Kit* and conducts a cost survey to gather data on total school-based health center annual operating costs.

U.S. Department of Health and Human Services, Health Resources and Services Administration

www.bphc.hrsa.gov

The primary federal agency for improving access to health care services for uninsured, underserved and special needs populations. Administers grant funding for the federal Health Center Program (migrant health centers, community health centers, health care for the homeless and public housing primary care centers).

End notes

¹ Children Now. *California Report Card 2008: State of the State's Children*. www.childrennow.org.

² CSBA. *Providing School Health Services: Perceptions, Challenges and Needs of District Leadership Teams, Summary Report*, June 2008, and *Providing School Health Services: A Study of California District Practices and Needs*, Research Brief, September 2008.

³ California School Health Centers Association. *An Overview of California's School Health Centers*, December 2007.

⁴ Juszczak, L., Melinkovich, P., & Kaplan, D., Use of health and mental health services by adolescents across multiple delivery sites, *Journal of Adolescent Health*, 2003, 32S: 108-118. Also Santelli, J., Kouzis, A, et al., SBHCs and adolescent use of primary care and hospital care, *Journal of Adolescent Health*, 1996, 19: 267-275.

⁵ California Adolescent Health Initiative. *California Youth Need School-Based Health Centers!*. www.californiateenhealth.org.

⁶ California School Health Centers Association. *An Overview of California's School Health Centers*, December 2007.

⁷ Holtby, S., Zahnd, E., Chia, Y.J., Lordi, N., Grant, D., & Rao, M., *Health of California's Adults, Adolescents and Children: Findings from CHIS 2005 and CHIS 2003*, UCLA Center for Health Policy Research, September 2008, www.healthpolicy.ucla.edu.

⁸ CSBA. *Mental Health Services Act (Proposition 63): Collaborative Opportunity to Address Children's Mental Health*, Policy Advisory, October 2007.

⁹ Department of Health Care Services. *California School-Based Medi-Cal Administrative Activities Manual*, July 2007, and *LEA Provider Manual, Section 2, Billing and Reimbursement Overview*, May 2006.

¹⁰ National Assembly on School-Based Health Care. *2004-2005 Census*.

¹¹ Macdonald, T., *Assessing Your Readiness to Start a SBHC*, California School Health Centers Association.

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