POLICY PRIORITIES

2018 Policy Priorities

- **Protect health care funding sources that are integral to school-based health sustainability and increase access to care.**
  School-based health centers (SBHCs) and school health programs rely on a range of safety net funding streams and programs that may be at risk in the coming years. The ability for the school health field to thrive is dependent on protecting programs such as Medi-Cal, School Medicaid programs, Children's Health Insurance Program (CHIP), prospective payments for federally-qualified health centers (FQHCs), FamilyPACT, Children's Health and Disability Prevention Program (CHDP), and Health4All Kids. We will work with education, healthcare, and children’s advocates to protect these investments. We also recognize that reproductive health education and services are essential components of quality health care for adolescents and will work to maintain access to reproductive health care.

- **Advocate for school communities and health care settings that protect immigrant students and families.**
  Attacks on immigrant communities have a negative impact on students, whether documented or not. Schools and SBHCs can play a significant role in protecting students and ensuring they experience schools and SBHCs as safe-havens. CSHA staff will increase the knowledge of school health and SBHC staff about changes to immigration policies and on practices to best support vulnerable students and their families. We will also increase the advocacy capacity of our statewide school-based health field to protect and advance safe-haven/sanctuary policies in schools. Read our statement affirming our commitment to health care, education, and inclusion.

- **Institutionalize support for school health within state agencies, specifically within the California Department of Public Health (CDPH), Department of Health Care Services (DHCS), and California Department of Education (CDE).**
  CSHA will work with state agencies to strengthen their internal capacity to support school-based health services, including hiring new staff, collaborating across agencies, improving communication to schools, and expanding current programs. Specifically, we will advocate for the state to fully implement the federal government’s change to the free care rule and to support Local Education Agencies (LEAs) as they increase reimbursement for non-special education health services. We will support ongoing collaboration between DHCS and CDE to maximize the School Medicaid programs. And we will continue to urge CDPH to support SBHCs through the limited state funding provided to the department.

- **Increase resources for school-based mental and behavioral health.**
  CSHA will continue to develop a strong in-house understanding and resources about various strategies for providing and paying for school mental health. We will advocate for more funding and better utilization of existing funding that supports trauma-
informed, youth-empowering, and multi-tiered school mental health services. We will also advocate for more resources to support school-based substance use prevention and early intervention practices.

- **Advance school-based oral health through implementing promising practices and increasing resources.**

  CSHA will identify strategies (i.e. practices and new resources) to better support school-based oral health prevention and treatment services. We will participate as a core/advisory group member for the California Oral Health Network, a network working to eliminate oral health disparities in California. We will advocate for regional investments in school-based interventions and highlight the role that school-based services play in addressing oral health issues for children and youth.