



Tuesday, August 16, 2016

President

Barbara Kronick, LCSW
Sacramento City
Unified School District (Retired)

Vice President/Secretary

Janet Marquard, MPH
Northeast Valley
Health Corporation

Treasurer

Dexter Webster, MBA
CEO/dTc Advisory Services

Board of Directors

Mark Cooper, DDS
Lake County Office of Education

Cecilia Echeverria, MPP, MPH
Kaiser Permanente

Todd Gower, MBA
Ernst & Young LLP

Michael Lujan
Limelight Health

Michael Miller
Brown Miller Communications, Inc.

Bertrand Perdomo-Ucles
Teach For America (Former)

Kimberly Uyeda, MD, MPH
Los Angeles Unified School
District, Student Medical Services

Heather West
HealthNet of California

Kimball Wilkins, PhD
Blue Shield of California

Executive Director
Serena Clayton, PhD

Greg Oliva, Assistant Deputy Director
Center for Chronic Disease Prevention and Health Promotion
California Department of Public Health
P.O. Box 997377, MS 0508
Sacramento, CA

Dear Mr. Oliva,

Serena Clayton and I appreciated the opportunity to meet with you and your colleagues on Tuesday, August 2 to discuss the positions in the Department of Public Health supporting school-based health centers (SBHCs). The California School-Based Health Alliance (CSHA) has led the SBHC movement in California for over 20 years and we are very excited to partner closely with CDPH in the coming months as the details of these positions and their roles are defined. Thank you for the opportunity to provide the following recommendations regarding how the new positions could best support SBHCs in the next two years.

1) Strategize with other state departments and programs around opportunities to partner with SBHCs. SBHCs increase access to health care for children and adolescents, address chronic disease like asthma and obesity, promote health equity, improve educational outcomes, and focus on community-wide public health. There are many programs and departments throughout the state administration that have benefitted from partnering with our network of SBHCs and we hope to see that continue. The SBHC staff positions could play a unique role in developing partnerships with other state departments and CDPH programs to ensure that SBHCs are included as key strategies in efforts throughout the state.

2) Map geographic areas where targeted investments in SBHCs would address health and educational equity. One of the significant strengths we see within CDPH is access to community-level data on health disparities as well as social determinants of health. Using this data, the state program staff could pinpoint communities where SBHCs could address the greatest needs. This is something that could be accomplished in two years and provide direction to local communities that are interested in adopting and growing the SBHC model. As discussed during our meeting, CSHA can provide authoritative research that evaluates how SBHCs impact certain health and educational outcomes. We are committed to working closely with CDPH to identify the indicators most appropriate for this project.

3) Develop best practices and resources for local public health officers and departments to increase county support for SBHCs. There are excellent examples of local health department partnerships to promote SBHCs regionally. CDPH could disseminate promising practices to local public health officers throughout the state and encourage the SBHC model. Partnering with CSHA through our annual conference, CDPH could convene local public health officers to increase investments in the SBHC model.

4) Assess current data on SBHC services, identify new data that could be collected, and propose a plan to expand data collection about California SBHCs. In many other states, public health departments play a significant role in collecting data that illustrates the impact of SBHCs, and informs the field in general. Over these next two years, CDPH staff could review existing data, such as Medi-Cal claims, and identify strategies and policy changes needed to improve data collection, such as establishing place of service codes to identify claims at SBHC sites. Additionally, the national School-Based Health Alliance recently launched a set of core performance measures for SBHCs. CDPH could collaborate with CSHA and our local affiliates to support California's involvement in that initiative and thereby significantly advance the quality of SBHC's in our state.

5) Partner with CSHA to identify funding sources to sustain and improve SBHC services. We will continue to look for state investment in the SBHC model but, until that time, SBHCs rely on local, foundation, and federal grants to sustain their services. CSHA has been successful in applying for program grants and distributing portions of the funds to SBHCs throughout the state. We have also worked closely with other CDPH programs over the years to identify and distribute grant dollars to the SBHC network. In partnership with CSHA and other state programs, these staff positions could be instrumental in identifying federal grant opportunities and funneling new resources to SBHCs.

We look forward to discussing our recommendations with you further and helping to shape the roles and responsibilities that will be most beneficial for these term-limited positions. There is a plethora of existing knowledge, best practices, and innovative models in the state that we can rely upon in our work together. CSHA is committed to partnering with CDPH and providing our expertise to ensure the state's investment in these positions is a success.

Please do not hesitate to reach out if you have any questions or comments.

Sincerely,
Lisa Eisenberg, MPP, MSW
Senior Policy Analyst
California School-Based Health Alliance