

**SCHOOL HEALTH SERVICES**

The County Board of Education recognizes that good physical and mental health is critical to a student's ability to learn and believes that all students should have access to comprehensive health services.

The County Board and the County Superintendent of Schools or designee shall collaborate with local and state agencies and health care providers to assess the health needs of students in COE programs and the community. Based on the results of this needs assessment and the availability of resources, the County Superintendent or designee may approve the types of health services to be provided by the COE.

The County Superintendent or designee may identify funding opportunities available through grant programs, private foundations, and partnerships with local agencies and organizations.

The County Board and County Superintendent may prioritize school health services to programs with the greatest need, including programs with medically underserved populations a high percentage of low-income and uninsured children and youth, large numbers of English learners, Academic Performance Index rankings in decile 1-3, and/or a shortage of health professionals in the community.

School health services shall be provided or supervised by a licensed health care professional. The County Board may employ or contract with health care professionals or partner with community health centers to provide the services under the terms of a written contract or memorandum of understanding.

If a school nurse is employed by the COE, he/she shall be involved in planning and implementing the school health services as appropriate.

The County Superintendent or designee shall coordinate the provision of school health services with other student wellness initiatives, including health education, nutrition and physical fitness programs, and other activities designed to create a healthy school environment. The County Superintendent or designee shall encourage joint planning and regular communications among health services staff, administrators, teachers, counselors, other staff, and parents/guardians.

**Consent and Confidentiality**

The County Superintendent or designee shall obtain written parent/guardian consent prior to providing services to a student, except when the student is authorized to consent to the

services pursuant to Family Code 6920-6929, Health and Safety Code 124260, or other applicable law.

The County Superintendent or designee shall maintain the confidentiality of student health records in accordance with law.

### **Payment/Reimbursement for Services**

The County Board desires that costs not be a barrier to student access to services. Services may be provided free of charge or on a sliding scale in accordance with law.

The County Superintendent or designee shall establish procedures for billing public and private insurance programs and other applicable programs for reimbursement of services as appropriate.

The COE shall serve as a Medi-Cal provider to the extent feasible, comply with all related legal requirements, and seek reimbursement of costs to the extent allowed by law.

To further encourage student access to health care services, the County Superintendent or designee may develop and implement outreach strategies to increase enrollment of eligible students from low to moderate income families in affordable, comprehensive state or federal health coverage programs and local health initiatives. Such strategies may include, but not be limited to, providing information about the Medi-Cal program on the application for free and reduced-price meals in accordance with law and providing students and parents/guardians with information about the low-cost Healthy Families insurance program.

### **Program Evaluation**

In order to continuously improve school health services, the County Board and County Superintendent may evaluate the effectiveness of such services and the extent to which they continue to meet student needs.

The County Superintendent or designee may provide the County Board with periodic reports that may include, but not necessarily be limited to, rates of participation in school health services; changes in student outcomes such as school attendance or achievement; feedback from staff and participants regarding program accessibility and operations, including accessibility to low-income and linguistically and culturally diverse students and families; and program costs and revenue.

*Adopted: 10/16/2015*