

Students

School Health Services

The 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 Board and the Superintendent or designee shall collaborate with local and state agencies and health care providers to assess the health needs of students in District schools and the community. Based on the results of this needs assessment and the availability of resources, the Superintendent or designee shall recommend for Board approval the types of health services to be provided by the District.

Board approval shall be required for any proposed use of District resources and facilities to support school health services. The Superintendent or designee shall identify funding opportunities available through grant programs, private foundations, and partnerships with local agencies and organizations.

The Board may prioritize school health services to schools with the greatest need, including schools 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 deciles 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 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 school or District, he/she shall be involved in planning and implementing the school health services as appropriate.

The 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 Superintendent or designee shall encourage joint planning and regular communications among health services staff, District administrators, teachers, counselors, other staff, and parents/guardians.

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#### Consent and Confidentiality

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

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

#### Payment/Reimbursement for Services

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

The District 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 Superintendent or designee shall 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 Board shall evaluate the effectiveness of such services and the extent to which they continue to meet student needs.

The Superintendent or designee shall provide the 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 revenues.

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Legal Reference: Education Code, Sections 8800-8807; 49073-49079; 49423.5; 49557.2-49558  
Family Code, Sections 6920-6929  
Government Code, Section 95020  
Health and Safety Code, Sections 104830-104865; 121020; 123110; 123115; 123800-123995; 124025-124110; 124172-124174.6; 124260; 130300-130317  
Welfare and Institutions Code, Sections 14059.5; 14100.2; 14115; 14124.90; 14132.06; 14132.47  
Code of Regulations, Title 10, Sections 2699.6500-2699.6905  
Code of Regulations, Title 17, Sections 2951; 6800-6874  
Code of Regulations, Title 22, Sections 51009; 51050-51192; 51200; 51231.2; 51270; 51304; 51309; 51323; 51351; 51360; 51491; 51535.5  
United States Code, Title 20, Section 1232g  
United States Code, Title 42, Sections 1320c-9; 1397aa-1397jj  
Code of Federal Regulations, Title 42, Section 431.300  
Code of Federal Regulations, Title 45, Sections 164.500-164.534

Policy Adopted: 10/16/2018

(Formerly BP 5141.7)