

Policy At A Glance:

Pupil Health: School-Based Health Services and School-Based Mental Health Services (A.B. 322)

Across the nation, nearly 14% of school-aged students experience a mental health condition, but most go unnoticed and untreated. The School-Based Health Services and School-Based Mental Health Services bill (AB 322) aims to mitigate this issue by expanding access to school-based health services throughout California. This brief provides an overview of the benefits of early health interventions, the California School-Based Health Alliance, and efforts by AB 322 to expand access to health services in schools.

Introduction

Across California, there are over 10,000 schools, but only two percent of those schools have school-based healthcare programs while four percent have school-based health and wellness centers.^{1,2} School-based health centers (SBHCs) are student-focused clinics located at or near schools and provide a range of services, including medical, dental, behavioral, optometry, and health education. Similarly, school-based wellness centers (SBWCs) are centers located at or near schools and provide behavioral health services to school-aged children.²

Passed in the California Assembly on April 21, 2025, the Pupil Health: School-Based Health Services and School Based Mental Health Services (AB 322) aims to enhance student health services. Specifically, it encourages California schools to participate in programs that reimburse them for providing health and mental health services to students through SBHCs and SBWCs.³

This brief provides an overview of the benefits of early intervention in mental health, the California School-Based Health Alliance, and the efforts to expand access to school-based health services through AB 322.

Key Statistics

- 65%** Of school-based health centers (SBHCs) provide primary care and mental health services.⁴
- 60%** Of SBHCs provide services to people who are not enrolled as students at the host school, including faculty and school staff, students from other schools, and out of school youth.⁵
- 11.5%** Of SBHCs are telehealth exclusive and provide primary care services remotely.⁵
- 91%** Of SBHCs are sponsored by federally qualified health centers.⁵

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Benefits of Early Intervention in Youth Mental Health

The mental health crisis among children and youth across the nation has become critical, with many facing challenges that hinder their ability to fully engage in learning.⁶ Adolescence is a pivotal stage for mental health, marked by major physical, emotional, and social changes. According to the World Health Organization, nearly 14% of adolescents aged 10-19 experience mental health conditions, many of which go untreated and unnoticed.⁷ These struggles are often misunderstood and may result in behaviors that do not align with school or program expectations.⁶

Research shows that early detection and intervention for mental health conditions can greatly improve long-term outcomes by equipping children and teens with coping skills that strengthen resilience and support healthy emotional management.^{8,9} Timely intervention with proven treatments can help reduce symptoms, enhance daily functioning, and prevent conditions from worsening, lowering the risk of long-term disability or chronic illness.^{8,10}

Oftentimes, schools are the most accessible place for school-aged children to get help, making early intervention and support more equitable and effective.⁸ Schools play a key role in this process by promoting mental health and wellbeing through education, prevention, and early intervention. By reaching large numbers of youth, schools can implement strategies that mitigate the impact of negative experiences and support healthier developmental outcomes.^{11,12}

California School-Based Health Alliance

Founded in 1995, the California School-Based Health Alliance is a statewide nonprofit organization dedicated to expanding health services within schools. Its goal is to support the physical, mental, and emotional wellbeing of children and youth, recognizing that healthy students are more likely to succeed academically and thrive in life.¹³ As part of this broader mission, the Inland Empire School Health Coalition specifically focuses on promoting and supporting the growth of school-based health centers throughout Riverside and San Bernardino Counties. By strengthening the school health infrastructure in the Inland Empire region, the Coalition aims to improve access to healthcare for youth, reduce health disparities, and foster healthier, more resilient communities.¹⁴



Expanding Access to School-Based Health Services

The Need for School-Based Health Services

Successful school-based health programs rely on strong collaboration among school staff, healthcare professionals, community organizations, and government partners. These programs enable the development of preventative and early intervention strategies to support students' physical, mental, and behavioral health.¹⁵ With the rising number of children and youth at risk for or already experiencing mental health challenges, effectively implementing measures like school-based health services is crucial.¹⁶

Across the state, there is a clear and pressing need in low-income communities, where research consistently links poverty to poorer health and educational outcomes, higher teen pregnancy rates, and an increased risk of school dropout. SBHCs play a vital role in addressing these challenges by serving children in the state's most underserved neighborhoods, where families often lack insurance, face barriers to preventative care, and experience high rates of emergency room use, obesity, asthma, and exposure to violence and trauma.¹ Although SBHCs are meant to supplement care provided by external primary care providers (PCPs), many students do not have or regularly see a PCP so SBHCs help provide access to care that is needed for this vulnerable population.^{17,18,19}

Furthermore, SBHCs represent a growing healthcare delivery model designed to advance health equity across communities. Research shows that SBHCs and SBWCs not only increase access to preventative health services and improve chronic disease management, but also generate up to \$1,200 in cost savings per Medicaid patients.²⁰ This

highlights the importance of efforts in AB 322 to increase access to critical health and mental health services for school-aged children.²¹

Expanded Participation

AB 322 significantly broadens the reach of school-based health initiatives by including county offices of education and charter schools into its provisions.³ Historically, many health reimbursements and support programs have focused on traditional school districts, leaving out other critical educational institutions.²¹ By inviting county-run programs and charter schools, AB 322 ensures more equitable access to health services for all students, regardless of the type of school they attend.^{3,21}

Promotion of Reimbursement Programs

AB 322 directs the California Department of Education (CDE) to promote and support school participation in health service reimbursement programs.³ This includes the Local Education Agency Billing Option program, which allows schools to receive federal Medicaid reimbursements for eligible services, such as mental health counseling, speech therapy, and health screenings, provided to Medi-Cal enrolled students.²¹

Support for Health Days

AB 322 supports the organization of "Health Days" within schools, or special events dedicated to promoting student wellness through a variety of services and activities.³ By identifying treatable conditions early, these events can help reduce absenteeism, encourage family involvement in student health, and foster a broader culture of wellness within the school environment.²²

Conclusion

School-based health care is a critical tool for promoting health equity among children and adolescents who face unfair disparities in health outcomes due to their race, ethnicity, socioeconomic status, or geographic location.²³ AB 322, which passed out of the Assembly on April 21, 2025 and is being considered in the Senate, aims to combat these challenges by expanding school-based health centers across California, bringing critical physical, behavioral, and preventative health services directly to students.³ By increasing access to care where students already are, AB 322 will ensure more equitable support for underserved communities, reduce barriers, and strengthen the capacity of schools to respond effectively to the growing physical and mental health needs of their students.²¹

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Did you know?

Currently, there are approximately 400 school-based health and wellness centers across California, with nine in San Bernardino County.²



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