



Board of Trustees

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**Shasta Union High School District
Board of Trustees Special Meeting**

Board Room
Shasta Union High School District
2200 Eureka Way Suite B, Redding, CA 96001
October 19, 2023
5:00 p.m. – Call to Order
5:00 p.m. – Closed Session

Mission:

To inspire and prepare every student to succeed in high school and beyond.

Our Board and staff are committed to excellent education through academics, Career Technical Education, the arts, athletics and activities. Our students gain the confidence and skills to adapt in their ever-changing world. Together with our families, we develop responsible members of the community.

Vision:

Educating Every Student for Success

In compliance with the Americans with Disabilities Act, for those requiring special assistance to access the Board meeting room, to access written documents being discussed at the Board meeting, or to otherwise participate at Board meetings, please contact Board Secretary Jim Cloney at (530) 241-3261 for assistance. Notification at least 48 hours before the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Board meeting and to provide any required accommodations, auxiliary aids or services.

Documents provided to a majority of the Governing Board regarding an open session item on this agenda will be made available for public inspection in the District Office located at 2200 Eureka Way Suite B, Redding, CA during normal business hours.

Agenda

1. CALL PUBLIC SESSION TO ORDER
2. ROLL CALL
3. PUBLIC COMMENT – CLOSED SESSION

The public may comment on any closed session item that will be heard. The Board may limit comments to no more than three minutes pursuant to Board policy.

4. CLOSED SESSION
 - 4.1 Public Conference with legal counsel - anticipated litigation. Significant Exposure to Litigation Pursuant to Paragraph (2) Subdivision (d) of Section 54956.9: 1 case.
5. RECONVENE IN OPEN SESSION – OPENING BUSINESS
 - 5.1 Pledge of Allegiance
 - 5.2 Mission and Vision Statements
6. PUBLIC COMMENT

The public may comment on any specific agenda item or any item of interest to the public that is within the Board's jurisdiction. The Board may limit comments to no more than three minutes pursuant to Board policy. The maximum time allowed for each agenda item shall be 20 minutes. The Board President may further limit the speaking time allowed in order to facilitate the progress of the meeting.

7. PRESENTATION

- 7.1 Professional Learning Community Interventions – Instructional Coaches Kelli Smith, Tanya Randolph and Kari Goldenson

8. APPROVAL OF AGENDA

9. BUSINESS

9.1 Administration

- A. Adopt Intent Resolution to Begin Transition to By-Trustee Area Elections (*Action*)
- B. The Board will conduct the second reading of Board Policy and Administrative Regulation 5141.6 School Health Services, as provided by CSBA (*Discussion/Action*)
- C. The Board will conduct the first reading of draft mandated and draft optional Board Policies and Administrative Regulations, as provided by CSBA and as related to AB 1078 (*Discussion/Action*)
- D. Approve Title I Parent and Family Engagement Policies for District, EHS, FHS, SHS, PHS and SCA (*Discussion/Action*)
- E. The Board and Superintendent will discuss substitute teachers (*Discussion*)

10. CLOSED SESSION

10.1 Public Employee Discipline/Dismissal/Release/Complaint (G.C. 54957)

- 10.2 Conference with Labor Negotiator (G.C. 54957.6) Agency designated representatives: Jim Cloney – Superintendent, David Flores – Chief Business Official, Jason Rubin – Associate Superintendent/H.R. and Leo Perez - Associate Superintendent/Instructional Services. Employee Organizations: Shasta Secondary Education Association (SSEA), Educational Support Professionals Association (ESP), California School Employees Association (CSEA) and Management/Supervisory/Confidential.

11. RECONVENE IN OPEN SESSION

12. ADJOURNMENT

SHASTA UNION HIGH SCHOOL DISTRICT

SUBJECT: Resolution to Begin Transition to By-Trustee Area Elections

PREPARER: Jim Cloney, Superintendent

RECOMMENDATION: Action
 Discussion
 Information

BACKGROUND:

The Shasta Union High School District’s Board of Trustees is currently elected under an “at-large” election system, where trustees can reside anywhere in the District, and are elected by voters of the entire District. In a by-trustee area election system, each Board member must reside within the designated trustee area boundary and is elected only by the voters in that trustee area.

At this meeting the Board will consider and potentially adopt a resolution signaling its intent to transition to single member by-trustee area elections and commencing the transition process.

REFERENCES:

Education Code sections 5019 and 5030 and Elections Code sections 10010 and 14025, et seq.

**SHASTA UNION HIGH SCHOOL DISTRICT
RESOLUTION #**

**INTENT TO INITIATE A TRANSITION FROM AT-LARGE TO BY-TRUSTEE AREA
BOARD ELECTIONS COMMENCING WITH THE 2024 BOARD ELECTION**

WHEREAS, the Board of Trustees (“Board”) of the Shasta Union High School District (“District”) is elected “at-large,” meaning that each Board member is elected by voters of the entire District;

WHEREAS, Board members are elected in even-numbered years and serve staggered, four-year terms, such that the next election for two Board members is scheduled for November 2024, with the remaining three Board members scheduled for election in November 2026;

WHEREAS, under the California Voting Rights Act (Elec. Code, § 14025, *et seq.*) (“CVRA”), at-large elections may be challenged if those elections result in racially polarized voting and vote dilution. Racially polarized voting can occur where there is a “difference...in the choice of candidates or other electoral choices that are preferred by voters in a protected class, and in the choice of candidates and electoral choices that are preferred by voters in the rest of the electorate.” Vote dilution can occur when a protected class is denied the ability to elect its preferred candidate or influence the election’s outcome;

WHEREAS, transitioning from at-large to “by-trustee area” elections, where each Board member must reside within a designated trustee area boundary, and is elected only by the voters in that trustee area, minimizes the potential for litigation against the District under the CVRA;

WHEREAS, the Board understands the importance of fair and accessible elections, greatly values the opinions and voices of all members of the District’s community, and desires to increase the ability of candidates to seek elected office;

WHEREAS, while the Board does not believe that its current form of elections violates the CVRA, it does believe that it is in the public’s best interest to begin the process to transition from at-large to by-trustee area elections;

WHEREAS, the Board will now hold a minimum of two public hearings to seek public input regarding the composition of the trustee areas prior to developing proposed trustee-area boundary maps;

WHEREAS, the Board, with assistance from a demographer, will hold a minimum of two additional public hearings to seek public input on the proposed trustee area maps developed and on the proposed sequence of elections;

WHEREAS, the Board will hold an additional public hearing before adopting a trustee-area map and submitting it to the Shasta County Committee on School District Organization (“County Committee”) for consideration;

WHEREAS, Education Code sections 5019 and 5030 authorize County Committee upon application of the Board, to change the method of election of the Board from at-large to by-trustee area;

WHEREAS, the Board, cognizant of its need for fiscal responsibility, desires to implement this change in the manner of electing trustees in a cost effective and efficient manner; and

WHEREAS, the adoption of “by-trustee area” elections will not affect the terms of any Board members serving or elected during this transition, each of whom will serve out his or her full term.

NOW, THEREFORE, the Board of Trustees of the Shasta Union High School District hereby resolves as follows:

1. The above recitals are correct and true.
2. This Resolution is passed and adopted pursuant to Elections Code section 10010, subdivision (e)(3)(A).
3. Trustee area boundary lines shall be developed based on the most updated federal decennial census data to provide for by-trustee area elections commencing with the 2024 Board elections.
4. The District shall commence the process of transitioning to by-trustee area elections, in full compliance with all appropriate procedures and policies provided in law, including but not limited to Education Code sections 5019 and 5030, and Elections Code sections 10010 and 14025, *et seq.*
5. Staff is directed to engage a demographer, legal counsel, and any other consultant deemed required to assist in the development of proposed by-trustee area boundaries.
6. The District Superintendent/designee is hereby authorized and directed to take any other actions necessary to effectuate the purposes of this resolution.

APPROVED, ADOPTED, AND SIGNED, this 19th day of October 2023, with the following votes:

AYES: _____
NOES: _____
ABSENT: _____
ABSTAIN: _____

_____,
Board President

ATTEST:

_____,
Board Clerk

SHASTA UNION HIGH SCHOOL DISTRICT

SUBJECT: Second Reading – Board Policy and Administrative Regulation 5141.6 School Health Services

PREPARER: Jim Cloney, Superintendent

RECOMMENDATION: Action
 Discussion
 Information

BACKGROUND:

The District subscribes to the California School Boards Association (CSBA) Policy Manual Maintenance Program. Through this Program, CSBA provides sample policies and administrative regulations for adoption. A first reading of Board Policy and Administrative Regulation 5141.6 School Health Services was conducted at the August 8, 2023 Board meeting. Per the Board’s request and as recommended by Administration, the policies were tabled at the September 12, 2023 regular Board meeting. The policies are being brought back for a second reading.

REFERENCES:
BP/AR 5141.6

CSBA POLICY GUIDE SHEET

Instructional Services

Board Policy 5141.6 - School Health Services

Policy updated to expand the first philosophical paragraph to include the unique position of districts to increase health equity and the utilization of telehealth as a method to deliver health care services in schools. Policy also updated to provide for preventative programming and intervention strategies as types of health services to be provided by districts.

Administrative Regulation 5141.6 - School Health Services

Regulation updated to include behavioral health services in the list of school health services that the district may provide, and that the district may deliver health care services to students by way of telehealth technology. Regulation also updated to reflect Department of Healthcare Services Policy and Procedure Letters No. 21- 017R and No. 23-004 which require districts to develop a plan to ensure that individuals with disabilities are able to effectively communicate and participate in the Medi-Cal program. Additionally, regulation updated to provide that a district may seek reimbursement from a student's health care service plan when the district provides services or arranges for the provision of services to a student for treatment of a mental health or substance use disorder.

Policy 5141.6: School Health Services

Status: ADOPTED

Original Adopted Date: 11/01/2008 | Last Revised Date: 10/06/01/20182023 |
Last Reviewed Date: 10/06/01/20182023

CSBA NOTE: The following optional policy should be revised to reflect district practice. This policy addresses the provision of health services at or near school sites (e.g., a school-based or school-linked health center or mobile van) through the employment of or contract with health care professionals or community health centers. ~~Districts maintaining or planning to establish school health services are encouraged to review CSBA's policy brief entitled Expanding Access to School Health Services: Policy Considerations for Governing Boards.~~ including by way of telehealth.

Pursuant to Education Code 49419, the California Department of Education (CDE) has created an Office of School-Based Health Programs to assist districts with current CDE health-related programs, and to provide technical assistance, outreach, and information to districts on allowable services and submission of claims. School-based health programs provide resources, support, and information to address the physical, mental, and/or behavioral health needs of school communities, including students and staff. For more information, see CDE's website.

The 2022 Bipartisan Safer Communities Act (P.L. 117-159), which amended the Protecting Access to Medicare Act of 2014 (42 USC 1396a), requires the Secretary of Health and Human Services (CalHHS) to publish best practices to support the delivery of services to students covered under Medicaid and the Children's Health Insurance Program (CHIP) via telehealth in schools, including mental health and substance use disorder services. See the section entitled "Medi-Cal Billing" in the accompanying administrative regulation.

Other CSBA sample policies and/or administrative regulations address specific health requirements and services for students. For example, see BP/AR 5141.21 - Administering Medication and Monitoring Health Conditions, AR 5141.24 - Specialized Health Care Services, BP/AR 5141.3 - Health Examinations, ~~and~~ AR 5141.32 - Health Screening for School Entry, and BP 5141.5 – Mental Health.

The Governing Board 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 further recognizes that schools are uniquely positioned to increase health equity and to help ensure that all students have access to necessary health care services. The district may provide access to health services at or near district schools through the establishment of a school health center and/or mobile van(s) that serve multiple campuses, and may utilize telehealth as a delivery mechanism to increase access to health care services in schools.

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, including preventative programming and intervention strategies to address students' physical, mental, and behavioral health needs.

CSBA NOTE: School health centers are generally funded by a combination of insurance reimbursements; state, federal, and county grants; district funds; subsidies from community clinics or hospitals; and/or private donations.

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.

CSBA NOTE: The following optional paragraph may be revised to reflect district practice.

The Board may prioritize school health services to schools serving students with the greatest need, including schools with medically underserved populations and/or a high percentage of low-income and uninsured children and youth.

School health services shall be provided under the supervision of 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~~ the nurse shall be involved in planning and implementing the school health services as appropriate.

CSBA NOTE: The following optional paragraph may be revised to reflect district practice. The California Department of Education's (CDE), "Health Framework for California Public Schools," recommends a coordinated school health approach which integrates health services, health education, physical education, parent/community involvement, nutrition services, psychological and counseling services, a safe and healthy school environment, and health promotion for staff.

Welfare and Institutions Code 5961-5961.5 established the Children and Youth Behavioral Health Initiative, which was created to enhance, expand, and redesign the systems that support behavioral health for students under age 25, with the goal of delivering equitable, appropriate, timely, and accessible behavioral health services and supports. More information and resources are available on CalHHS' website.

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.

CSBA NOTE: The following optional paragraph is for use by districts that choose to engage in outreach and enrollment efforts to encourage eligible students' participation in no-cost or low-cost health coverage programs.

Education Code 49557.2 authorizes the district to include on the application for free and reduced-price meals information about the Medi-Cal program and a student's potential eligibility. Pursuant to Education Code 49558, districts may release information on the free and reduced-price meals application to the local agency that determines eligibility under the Medi-Cal program, provided that the student is approved for free meals and the parent/guardian consents to the sharing of information. See BP/AR 3553 - Free and Reduced Price Meals.

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 are not limited to, providing information about the Medi-Cal program on the application for free and reduced-price meals in accordance with law.

Consent and Confidentiality

CSBA NOTE: Parent/guardian consent is generally required prior to providing health services to a minor student. However, Family Code 6920-6929 [6930](#) specify exceptions under which minors do not need parent/guardian consent prior to receiving services, including an exception for a minor age 12 years or older to consent to medical care related to the prevention of a sexually transmitted disease, [for medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem, or for medical care related to an injury caused by intimate partner violence](#). In addition, Health and Safety Code 124260 allows a minor age 12 or older to consent to outpatient mental health services if, in the opinion of a professional person, as defined, the minor is mature enough to participate intelligently in the mental health treatment or counseling services. In this case, the child's parent/guardian must be involved unless the professional person determines it would be inappropriate.

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 [6930](#), Health and Safety Code 124260, or other applicable law.

CSBA NOTE: The Health Insurance Portability and Accountability Act (HIPAA) (45 CFR 164.500-164.534) mandates actions that "covered entities" must take to protect the privacy of an individual's health information. Generally, entities covered by HIPAA may release or receive "protected health information" about an individual only if that individual gives permission or the Act expressly permits its release. Districts with questions about the applicability of HIPAA should consult [CSBA's District and County Office of Education Legal Services or district](#) legal counsel as appropriate.

[Additionally, the California Confidentiality of Medical Information Act \(CMIA\) \(Civil Code 56-56.37\) prohibits a health care provider, a health care service plan, or contractor from disclosing medical information without first obtaining permission of the individual. Civil Code 56.10, as amended by SB 1184 \(Ch. 993, Statutes of 2022\), authorizes a health care provider or a health care service plan to disclose medical information that complies with HIPAA to a school-linked services coordinator, pursuant to a written authorization between the health provider and the student. A "school-linked services coordinator" means an individual located on a school campus or under contract by a county behavioral health provider agency for the treatment and health care operations and referrals of students and their families that holds one of the following credentials or licenses: pupil personnel services, school nurse, marriage and family therapy, educational psychology, or professional clinical counseling.](#)

In addition, 22 CCR 51270 requires districts serving as Medi-Cal providers (~~see section entitled "Payment/Reimbursement for Services" below~~) to comply with confidentiality requirements specified in Education Code [46090 and 49073-49079](#), Welfare and Institutions Code 14100.2, 22 CCR 51009, 42 USC 1320c-9, and 42 CFR 431.300.; [see the section entitled "Payment/Reimbursement for Services" below. Also see the accompanying administrative regulation regarding additional requirements for Medi-Cal billing, including the requirement to enter into a Provider Participation Agreement and Annual Report with the California Department of Health Care Services \(DHCS\).](#)

Pursuant to Education Code 49428.15, CDE is required to recommend best practices and identify evidence-based and evidence-informed training programs for schools to address student behavioral health, including instruction on how to maintain student privacy and confidentiality, consistent with federal and state privacy laws. CDE has identified such a training program, "Youth Mental Health First Aid," which is available on its website.

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

Payment/Reimbursement for Services

CSBA NOTE: Some school health services, such as medical and related services specified in an individualized education program for students with disabilities, must be provided free of charge. For other services, districts may charge a fee and are entitled to seek third-party reimbursement from students' private insurance and state or federal programs such as Medi-Cal or the Child Health and Disability Prevention program. See the accompanying administrative regulation.

The Superintendent or designee may bill public and private insurance programs and other applicable programs for reimbursement of services as appropriate. Services may be provided free of charge or on a sliding scale in accordance with law.

CSBA NOTE: The following optional paragraph is for use by districts that have received approval from the ~~California Department of Health Care Services~~ **DHCS** to serve as Medi-Cal providers. Pursuant to Welfare and Institutions Code 14132.06 and 22 CCR 51051 and 51190.1, to the extent that federal funding is available, local educational agencies (LEAs) may receive partial Medi-Cal reimbursement through the LEA Medi-Cal Billing Option for health services provided to an enrolled student under age 22 who is certified for Medi-Cal and/or a member of the student's family. In addition, pursuant to Welfare and Institutions Code 14132.47, LEAs may be reimbursed through the Medi-Cal Administrative Activities (MAA) program for some of their administrative costs associated with school-based health and outreach activities that are not claimable under the LEA Medi-Cal Billing Option or other programs. See the accompanying administrative regulation.

Districts may receive assistance with Medi-Cal billing through CSBA's Practi-Cal program. See CSBA's ~~web site~~ [website](#) for further information.

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.

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 are not necessarily limited to, rates of participation in school health services; changes in student outcomes such as school attendance or achievement; measures of school climate; 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.

Policy Reference UPDATE Service

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Regulation 5141.6: School Health Services

Status: ADOPTED

Original Adopted Date: 11/01/2008 | **Last Revised Date:** ~~10/06/01/2018~~ 2023 |
Last Reviewed Date: ~~10/06/01/2018~~ 2023

Types of Health Services

CSBA NOTE: The following optional section may be revised to reflect district practice.

In accordance with student and community needs and available resources, school health services offered by the district may include, but are not limited to:

1. Health screenings, evaluations, and assessments of students' need for health services
2. Physical examinations, immunizations, and other preventive medical services
3. First aid and administration of medications
4. Diagnosis and treatment of minor injuries and acute medical conditions
5. Management of chronic medical conditions
6. Basic laboratory tests
7. Emergency response procedures
8. Nutrition services
9. Oral health services that may include preventive services, basic restorative services, and referral to specialty services

CSBA NOTE: Pursuant to Health and Safety Code 104830-104865, elementary and secondary students must be offered an opportunity each school year to receive a topical application of fluoride or other decay-inhibiting agent by a dentist or dental assistant, under a program organized and operated by the county health officer. Districts are required to cooperate with the county health officer in carrying out the program in any school in their jurisdiction and to provide notification to parents/guardians regarding the availability of the program, as provided below.

10. The Superintendent or designee shall notify all parents/guardians of the opportunity pursuant to Health and Safety Code 104830-104865 for their child to receive the topical application of fluoride, including fluoride varnish, or other decay-inhibiting agent to the teeth during the school year. Such application of fluoride or other decay-inhibiting agent shall only be provided to a student whose parent/guardian returns the notification with an indication consenting to the treatment. (Health and Safety Code 104830, 104850, 104855)

CSBA NOTE: Pursuant to Education Code 49428.15, the California Department of Education (CDE) is required to recommend best practices and identify evidence-based and evidence-informed training programs for schools to address student behavioral health, including staff and student training on recognizing the signs and symptoms of common psychiatric conditions and substance use disorders and other behavioral health disorders. CDE has identified such a training program, "Youth Mental Health First Aid," which is available on its website.

~~11.~~10. ~~Mental~~ Mental or behavioral health services, which may include assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs

~~12.~~11. Substance abuse prevention and intervention services

~~13.~~12. Vision and audiology services

~~14.~~13. Speech therapy

~~15.~~14. Occupational therapy

~~16.~~15. Physical therapy

CSBA NOTE: Item #16 may be deleted by districts that offer only elementary grades.

~~17.~~16. Reproductive health services

~~18.~~17. Specialized health care services for students with disabilities

~~19.~~18. Medical transportation

~~20.~~19. Targeted case management

~~21.~~20. Referrals and linkage to services not offered on-site

~~22.~~21. Public health and disease surveillance

~~23.~~22. Individual and family health education

~~24.~~23. School or districtwide health promotion

CSBA NOTE: Pursuant to Education Code 49429, CDE, in consultation with the Department of Health Care Services (DHCS) and appropriate stakeholders, and subject to budget appropriations, is required to develop guidelines for the use of telehealth technology in schools, including mental health and behavioral health services to students on school campuses, by December 31, 2022. The district may deliver health care services, including mental and behavioral health, for students on campus by means of telehealth technology. (Education Code 49429)

Medi-Cal Billing

CSBA NOTE: The following optional section is for use by districts that have contracted with the California Department of Health Care Services (DHCS) in order to provide services as a Medi-Cal provider as authorized by Welfare and Institutions Code 14132.06; see the accompanying Board policy. To the extent that the district contracts with health care practitioners or clinics to provide the services, the practitioner or clinic is considered the provider of services and is the entity billing and receiving Medi-Cal payments for services.

DHCS' Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) reimburses LEA BOP providers, including school districts, the federal share of the maximum allowable rate for approved health-related services provided by qualified health service practitioners to Medi-Cal eligible students.

Pursuant to Welfare and Institutions Code 14115.8, as amended by AB 3192 (Ch. 658, Statutes of 2018), requires DHCS, by January 1, 2020, to develop and distribute a **has developed** program guide **guidance, available on its website**, containing information regarding processes, documentation, and the proper submission of claims under the LEA Medi-Cal Billing Option program. **BOP.**

The 2022 Bipartisan Safer Communities Act (P.L. 117-159), which amended the Protecting Access to Medicare Act of 2014 (42 USC 1396a), requires the Secretary of Health and Human Services to publish best practices to support the delivery of services to students covered under Medicaid and the Children's Health Insurance Program (CHIP) via telehealth in schools, including mental health and substance use disorder services. The Secretary of Health and Human Services, in consultation with the Secretary of Education, has issued guidance, "Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services," to local educational agencies and school-based entities to support the delivery of medical assistance to Medicaid and CHIP beneficiaries in school-based settings and outline strategies and tools to reduce administrative burdens on, and simplify billing for, districts, in particular small and rural districts.

In order to provide services as a Medi-Cal provider, the district shall enter into and maintain a contract with the California Department of Health Care Services (DHCS). (Welfare and Institutions Code 14132.06; 22 CCR 51051, 51270)

CSBA NOTE: The federal Americans with Disabilities Act (42 USC 12101; 28 CFR 35) and Section 504 of the Rehabilitation Act of 1973 (29 USC 794), and state law, prohibit discrimination against qualified individuals who have speech, hearing, or vision disabilities who participate in public programs. Because discrimination is prohibited in the administration of Medi-Cal services, including determining eligibility, districts and district subcontractors must provide qualified individuals with auxiliary aides and services, including materials in alternative formats, such as braille, large font, or audio recordings, to ensure individuals can effectively communicate and participate in public programs, services, or activities including Medi-Cal. In accordance with DHCS Policy and Procedure Letters No. 21-017R and No. 23-004, districts are required, by August 1, 2023, to develop a plan to meet these alternative format requirements, in accordance with the terms and conditions of the Provider Participation Agreement and Addendum, and store and maintain the alternative format plan within their audit file, which may be requested by DHCS at any time after August 1, 2023.

The Superintendent or designee shall develop a plan to ensure that the district and all district subcontractors, provide individuals with speech, vision, and hearing disabilities auxiliary aides and services, to enable those individuals to effectively communicate and participate in the Medi-Cal program. Such auxiliary aides and services may include, but are not limited to, providing written materials in alternative formats, such as braille, large font, audio recordings, or closed captioning.

CSBA NOTE: With the exception of health care aides who provide specialized physical health care services pursuant to Education Code 49423.5, any practitioner whom the district employs or with whom it contracts must be credentialed to practice as a physician, registered nurse, psychologist, school counselor, or one of the other professions listed in 22 CCR 51190.3 in order for the district to receive Medi-Cal reimbursement.

The Superintendent or designee shall ensure that all practitioners employed by or under contract with the district possess the appropriate license, certification, registration, or credential and provide only those services that are within their scope of practice. (22 CCR 51190.3, 51270, 51491)

CSBA NOTE: Reimbursement under Medi-Cal is limited to the services specified in Welfare and Institutions Code 14132.06 and 22 CCR 51190.4 and 51360. Pursuant to Welfare and Institutions Code 14132.06, services may be reimbursable whether or not the student has an individualized

education program (IEP) or individualized family service plan (IFSP) or whether those same services are provided at no charge to the beneficiary or to the community at large.

22 CCR 51360 provides that services for accompanying a student off campus for nursing or school health aide services will be reimbursable when specified as medically necessary in an IEP or IFSP.

The Superintendent or designee shall submit a claim for Medi-Cal reimbursement whenever the district provides a Medi-Cal-eligible student under age 22 and/or a member of the student's family a covered service specified in 22 CCR 51190.4 or 51360. (Welfare and Institutions Code 14132.06; 22 CCR 51096, 51098, 51190.1, 51190.4, 51309, 51360, 51535.5)

CSBA NOTE: Health and Safety Code 1374.722 requires a health care service plan contract issued, amended, renewed or delivered on or after January 1, 2024, that is required to provide coverage for medically necessary treatment of mental health and substance use disorders pursuant to Health and Safety Code 1374.72, 1374.721, and 1374.73, to cover the provision of the services identified in the fee-for-service reimbursement schedule published by DHCS, when those services are delivered at school sites, as defined below, regardless of the network status of the district or health care provider. Guidance to health care service plans regarding compliance with this section is required to be issued by December 31, 2023.

Additionally, pursuant to Welfare and Institutions Code 5961.4, DHCS is required to develop a school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment provided to students under the age of 25 at a school site, a school-linked statewide provider network of school site behavioral health counselors, evidence-based behavioral health programs, behavioral health services and supports virtual platform, and to award school-linked partnership and capacity grants. As part of the Children and Youth Behavioral Health Initiative, DHCS is also required to provide incentive payments to qualifying Medi-Cal managed care plans to implement interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for children in publicly funded preschool through grade 12. More information about the Children and Youth Behavioral Health Initiative is available on DHCS's website.

When the district provides services, or arranges for the provision of services, for treatment of a mental health or substance use disorder for a student at a school site or at an off-campus clinic, mobile counseling service, or similar district-arranged location, the district may seek reimbursement from the student's health care service plan, in

accordance with the requirements of Health and Safety Code 1374.722.

The district shall maintain records and supporting documentation including, but not limited to, records of the type and extent of services provided to a Medi-Cal beneficiary in accordance with law. (22 CCR 51270, 51476)

CSBA NOTE: 22 CCR 51270 requires federal reimbursements to be reinvested in health and social services for students and their families, as provided below. This requirement does not apply to reimbursements received under the Medi-Cal Administrative Activities (MAA) program described in the following section.

Any federal funds received by the district as reimbursement for the costs of services under the Medi-Cal billing option shall be reinvested in approved services for students and their families. The Superintendent or designee shall consult with a local school-linked services collaborative group regarding decisions on reinvestment of federal funds. (22 CCR 51270)

CSBA NOTE: 22 CCR 51270 requires that districts submit an annual report, as described below, as a condition of continued participation as a Medi-Cal provider. The deadline for this annual report is specified in the program provider participation agreement that districts enter into with DHCS.

The Superintendent or designee shall submit an annual report to DHCS to identify participants in the community collaborative, provide a financial summary including reinvestment expenditures, and describe service priorities for the future. (22 CCR 51270)

Medi-Cal Administrative Activities

CSBA NOTE: The following optional section is for use by districts that participate in the MAA program administered by DHCS pursuant to Welfare and Institutions Code 14132.47. Under this program, districts providing Medi-Cal-covered health services may be reimbursed for some of their administrative and outreach costs. This section reflects program requirements described in the DHCS's "California School-Based Medi-Cal Administrative Activities Manual published by DHCS," available on its website.

Districts may receive assistance with Medi-Cal administrative billing through ~~CSBA's~~ CSBA's Practi-Cal program. See ~~CSBA's web site~~ CSBA's website for further information.

The district shall apply for reimbursement for activities identified by DHCS which are related to the administration of the Medi-Cal program. Such activities include, but are not be limited to, outreach, translation for Medi-Cal services, facilitation of applications, arrangement of nonemergency and nonmedical transportation of eligible individuals, program planning and policy development, claims coordination and administration, training, and general administration.

Appropriate staff shall receive training in administrative claiming categories and related activities.

CSBA NOTE: The district must submit claims through either a local educational agency consortium (i.e., one of the service regions of the California County Superintendent Educational Services Association) or a local governmental agency (i.e., county or chartered city) that has contracted with DHCS. The district may modify the following two paragraphs to reflect the appropriate entity or agency.

To receive reimbursement for Medi-Cal administrative activities, the Superintendent or designee shall, on a quarterly basis, submit an invoice to the local educational consortium or local governmental agency through which the district has contracted.

CSBA NOTE: The MAA program requires randomly selected employees who perform MAA activities as a normal part of their job duties to complete a random-moment time study which is used to determine the work effort of all time study participants over a given time period. Further information regarding the required procedure is available on the DHCS ~~web site~~ [website](#).

In addition, the Superintendent or designee shall submit to the local educational consortium or local governmental agency, and shall update each quarter, a roster of all employees who perform direct Medi-Cal services or administrative activities. When notified by the local educational consortium or local governmental agency of the date and time that a random-moment time survey must be conducted by a particular employee, the Superintendent or designee shall coordinate the completion and submission of the survey in accordance with DHCS timelines and procedures.

The Superintendent or designee shall maintain an audit file containing random-moment time survey documentation and other records specified by DHCS. Such documentation shall be kept for three years after the end of the quarter in which expenditures were incurred or, if an audit is in progress, until the completion of the audit.

Policy Reference UPDATE Service

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Manual CSBA Sample Manual Site

SHASTA UNION HIGH SCHOOL DISTRICT

SUBJECT: First Reading – Draft Administrative Board Policies, Regulations & Exhibits

PREPARER: Jim Cloney, Superintendent

RECOMMENDATION: Action
 Discussion
 Information

BACKGROUND:

The District subscribes to the California School Boards Association (CSBA) Policy Manual Maintenance Program. Through this Program, CSBA provides sample policies and administrative regulations for adoption. CSBA has updated the policies to reflect the changes required by AB 1078, which relates to the use, selection, or rejection of textbooks, instructional materials, library books, or similar educational resources.

REFERENCES:

Draft policies were provided to the Board under separate cover. Copies may be obtained by contacting the District Office at (530) 241-3261.

SHASTA UNION HIGH SCHOOL DISTRICT

SUBJECT: Title 1 Parent and Family Engagement Policies

PREPARER: Leo Perez, Associate Superintendent

RECOMMENDATION: Action
 Discussion
 Information

BACKGROUND:
Annually, the Title I Parent and Family Engagement Policy for the District and each school site must be board-approved as a condition of receiving Title 1 federal funds.

REFERENCES:
Policies were provided to the Board under separate cover. Copies may be obtained by contacting the District Office at (530) 241-3261.

SHASTA UNION HIGH SCHOOL DISTRICT

SUBJECT: Substitute Teachers

PREPARER: Jim Cloney, Superintendent

RECOMMENDATION: Action
 Discussion
 Information

BACKGROUND:
Trustee Zufall has requested the Board and District Administration discuss substitute teachers.