Chair Monnes-Anderson and Members of the Committee,

My name is Maureen Hinman and I represent the Oregon School-Based Health Alliance, the membership organization for school-based health centers (SBHCs) across Oregon. We believe school-based health care keeps kids healthy, learning, and thriving and that is why I am testifying in support of SB336 and SB338 with amendments. SB 336 appropriates funding so that counties that currently have multiple SBHCs receive the same amount of money annually as those with only one SBHC. SB 338 appropriates funding to provide grants in communities without SBHCs so that they can initiate a community engagement and planning process to develop new SBHCs in Oregon. It also provides a small amount of funding to ensure that communities that face the greatest disparities and barriers to receiving state funding receive assistance in beginning the planning process. I would like to recommend that SB336 and SB338 be combined into one bill to expedite analysis.

Background

SB 336: Currently, if a county has one SBHC they receive $120,000/biennium; if there is more than one SBHC, only $106,000/biennium per SBHC. This penalizes counties that invest in multiple SBHCs and medical providers that sponsor new SBHCs, as well as limits the ability of the SBHC to provide comprehensive services. To bring all SBHCs, (including sites set to open this fiscal year) to parity, it will require approximately $952,000 for the biennium.

SB338: In October 2015 the Oregon Health Authority (OHA) SBHC Program conducted a needs assessment, surveying 26 local public health departments to identify interest in new SBHC development. They found that **20 counties expressed interest in developing as many as 25 new SBHCs**. The funding provided by **SB336 for will allow for 10 communities to receive planning grants.** Additionally, we know that communities that are most impacted by health disparities may need assistance initiating SBHC development. A community-based needs assessment process done by non-profit organizations that work with high need populations will allow for culturally appropriate information to be gathered and assistance with initiating a planning process with OHA to occur. The Oregon Health Equity Alliance has endorsed these bills, which together will ensure that new SBHCs will become available to the kids that will be most impacted by them.

Why SBHCs?

SBHCs are a public health model of a pediatric clinic in a school, and function through effective public-private partnerships. They are an integrated practice, providing primary, behavioral, preventive and mental health care. Some also provide dental care. They are a cost effective model, leveraging an additional $2.40 of every state dollar invested from billing, grants, and other sources.

Some recent facts from the Oregon Health Authority (OHA):

- Oregon currently has 68 certified SBHCs in 20 counties that provided nearly 71,000 visits last year.
- A mental health provider was available on site at 57 centers.
- 57% are sponsored by local public health authorities; 38% of those are FQHCs

- Federally Qualified Health Centers sponsor 72% of Oregon SBHCs

Impact on health transformation

SBHCs have been actively participating in different aspects of health care reform, engaging with local Coordinated Care Organizations (CCOs) and working to ensure they have systems in place to be an effective provider within the transformation environment and help meet the triple aim.

- ***Electronic health records*** are currently used in 94% of SBHCs
- Forty-nine percent are recognized as ***Patient Centered Primary Care Homes***
- SBHCs can help CCOs achieve some state incentive measures such as the adolescent well-visit
- SBHCs have an active and increased focused on integrating mental health services into care in a systematic and coordinated way

We know that health coverage does not necessarily equal access to care, and because of their proximity and ability to build relationships, SBHCs serve as the first and sometimes only access point for quality, comprehensive care for young people.

- SBHCs are ***effective access points***, and focus on traditionally underserved and hard to reach populations
- They are ***patient-centered***, providing comprehensive services where kids are, when they need them, within the context of family and community
- According to the Oregon Health Authority students who identified the SBHC as their usual source of care were ***less likely to have an ER or urgent care visit*** (25%) compared to those whose usual source of care was from some other place (34%)

Impact on education transformation

An OHA report states that for every avoided high school dropout, the State of Oregon would save $14,192 in reduced expenditures for Medicaid and uninsured care over the course of a student's lifetime. That's on the health side. SBHCs also provide a huge benefit to schools, usually at no expense other than the cost of the space. Jackson County has made a huge investment in SBHCs in recent years, and it likely is in part due to an internal cost study they did in 2011. They estimated that each day a student visits the health center (K-6th grade) for a medical reason rather than missing school they received a return on investment of $221,000 based on $37/student/day and 5973 visits.

Health status and educational attainment are inextricably linked and it's not just because of increased seat time. When people are discussing the achievement gap and inequities in education, they are largely talking about the same kids that are suffering from health disparities. The genius of SBHCs is that they not only improve the health of students, they improve their educational success as well. Research has demonstrated this. Some examples:

- Students in states with school-based health centers that serve as Medicaid providers have greater academic achievement than states without them

- High school SBHC users in one study had a ***50% decrease in absenteeism*** and ***25% decrease in tardiness*** two months after receiving school-based mental health and counseling
- A different study found that SBHC users for mental health purposes ***increased their Grade Point Averages*** over time compared to nonusers
- African-American male SBHC users were ***three times more likely to stay in school*** than their peers who did not use the SBHC
- SBHCs in The Bronx, NY ***reduced hospitalization*** and ***increased school attendance*** among ***school children with asthma***.

Impact on kids

I can continue to quote statistics that are useful and interesting and describe the impact at a policy level but this story, shared with us by Monica Rea, a medical assistant at the Rainier SBHC, demonstrates the difference that SBHCs can make every day.

> *In 2014 we had several kids say that they had thought about suicide. When I see struggling students I let them know that if something was to happen to them that I would be sad and miss them, and it would really affect a lot of people.*
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> *We got our state Satisfaction Survey results back and one of them said that the student had shown up at the Health Center knowing that when they went home after school that day, they were planning to end their life. They said that changed when Monica told them that she would really be upset and miss them more than they even knew.*
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> *When our Survey results were given back to us they are anonymous, but I knew that I had made a huge difference on that day! I love my job and I know that we are needed.*

SB336 and SB338 will ensure that more of Oregon's kids will be able to access SBHCs and receive the supports that they need to be healthy and successful in school, and I respectfully request your support for these bills.

Thank you for considering my testimony.