

## Comments of Doug Riggs

Alliance4Kids, Oregon School Based Health Alliance, Oregon Alliance of Children's Programs

OHA Public Health Division Budget 2019-2021

Ways and Means Subcommittee on Human Services

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Chair and Committee Members,

Few people are aware of the impact that the Oregon Health Authority's Adolescent and Public Health Divisions have had on youth in Oregon.

At the same time that Oregon has cut school nurses, cut school counselors, and eliminated other health services, OHA has worked with the Oregon School Based Health Alliance to almost double the number of school health centers in Oregon (from 41-76) in the past decade. This is one of the few bright spots in school health.

The effort has resulted in:

--Mental / behavioral health capacity at each of the 76 SBHCs

--Electronic medical records at each of the 76 SBHCs

--Billing at all of the 76 SBHCs, bringing in at least a 3-1 match for every state dollar invested

The economic value of an SBHC, both to the school and to the state, cannot be overstated. For \$54,000 (for centers with more than one SBHC in a County) or \$60,000 (for centers that are the only one in their county), students and families get access to convenient, high quality physical, mental and oral health care. Billing and grants bring in a 3-1 to 5-1 leveraging of these state investments, meaning that an SBHC can be opened for less than the cost of one full time teacher.

At a time when schools have cut counselors and school nurses, SBHCs have been the only area to see growth over the past decade.

Why is this important? Because increasingly, we are understanding that the kids who aren't graduating, who are chronically absent, who are suffering from growing rates of anxiety, depression, and suicide ideation are the very ones who need exactly those tools. For far too long, we as a state have tried to solve the graduation crisis by focusing only on education. But without health, those efforts will fail.

We need better tools for schools.

You'll have two bills headed in your direction shortly that will do exactly that.

**HB3165** builds on the successful SBHC model, and modernizes it to provide more flexibility for schools. The current process allows a community to address local youth health needs by building a sustainable model for an SBHC. But if you're a smaller or more rural district, or if you can't find a medical sponsor,

you're out of options. Under HB3165, a district could choose to start by adding mental health capacity, school nursing, or implementing the successful trauma informed schools model. Either path provides real tools for our schools.

**SB130** takes the next step in the School Nurse Task Force, and would create School Health Center/School Nurse telehealth projects. These would use state of the art technology to connect a school nurse to a provider in an SBHC. Why? So we can finally bill for many of those nursing services, so we can bring those billing revenues into a district to enhance nursing resources, and so we can bring additional health resources to schools even if they don't have an SBHC on campus.

Our partners in both of these efforts are the OHA and the Oregon Department of Education. Both concepts were endorsed as top 6 recommendations from the 315 participants in a statewide process in the fall that culminated at the Alliance4Kids conference in Salem in December. Participants included education, health, law enforcement, school safety, community, non-profit and youth advocates.

This Subcommittee has long supported efforts to expand school health. Starting in 2007, the legislature has passed four bills, included 3 budget notes, and added millions of dollars to make this a reality.

The OHA budget includes important funding to keep these and other essential programs - - programs which move the dial for youth health - - on track and expanding.

At the end of my written testimony, I have included some details on the real world impacts of this collaboration with SBHC, communities, schools, CCOs, and Counties. It's an impressive list, and represents only the tip of the iceberg.

We urge your support for this important budget and the two pieces of legislation that are heading your way.

Thank you.

Value of the OHA/Public Health – Community Partnerships:

### **Background**

- *A modern public health system ensures every person in Oregon has **access to high quality and culturally appropriate preventive health care**, and that the public health system is engaged daily to **eliminate health disparities**.*
- *The success of Oregon's school-based health centers are an example of what a modern public health system in Oregon can achieve. For example:*
  - *In **Jackson County, La Clinica**, a federally qualified health center, opened two school-based health centers in 2018 in partnership with schools and other community members. Through that engagement, the SBHCs have increased access to services for students in the county and have emphasized reaching to students of color.*

### **Public health modernization and school-based health centers**

- *A modern public health system approaches today's complex health issues using interventions that are grounded in a common set of strategies. These commons strategies are used to address all public health issues, from communicable disease control to improving access to preventive health care through SBHCs.*

- *Public health strategies – including those for Health Equity and Cultural Responsiveness and Community Partnership Development – are at the core for how local public health authorities, school-based health centers, and other partners in children’s health are working together to improve access to high quality and culturally appropriate preventive health care.*
  - **Community partnership development.** *SBHCs are built and sustained through community partnerships, involving local medical, mental, and dental health providers, schools, CCOs and social service agencies. OHA-PHD contracts with LPHAs, which either directly operate the SBHCs or contracts with local providers.*
  - **Leadership and organizational competencies.** *SBHCs can become the go-to leaders, coordinators, and planners in health-related issues in a school or a school district. For example, **Bethel School-Based Health Center** spearheaded a district-wide suicide screening training which was delivered to all district staff.*
  - **Health equity and cultural responsiveness.** *SBHCs provide accessible physical and mental health to all students in a school regardless of health **insurance** status. The SPO provides grants to SBHCs to be culturally responsive.*
  - **Assessment and epidemiology.** *OHA-PHD collects and analyzes SBHC-specific encounter data. SBHCs partner with CCOs to meet regional and state goals. SBHCs report into the statewide immunization registry. Related projects: APIP, SBHC-specific annual fact sheets, SBHC-specific SHIP strategies (oral health and immunization).*
  - **Policy and planning.** *SBHCs provide care based on evidence-based best practice recommendations. OHA-PHD support SBHCs and partners to develop strategies and policies to improve the health of the population specific to their region. Related projects: Standards for Certification revision, SBHC/CCO/LPHA regional meetings, SBHC specific annual fact sheets.*

### **Public health modernization investments in in SBHCs**

- *In 2017, the Legislature invested \$5 million in public health modernization. The majority of these funds were distributed to local public health authorities and partners to develop new systems for communicable disease control, with an emphasis on eliminating health disparities.*
- ***Lincoln County** has used this funding to work with SBHCs to increase awareness about HPV and HPV vaccine and to implement strategies to improve HPV vaccination rates. SBHC staff received training on talking with students about HPV disease, the protection offered by the vaccine, and efficient vaccine work flows. Lincoln County has developed and is distributing culturally responsive HPV materials.*

### **Public health modernization investments in children’s health more broadly**

- *Other examples of LPHA partnerships using modernization funds to protect children and adolescents from communicable diseases:*
  - *The **Central Oregon Public Health Partnership** is using modernization funding to protect young children from infectious diseases that occur in child care facilities. In 2018 this Partnership provided infection prevention training and resources to 49% of child care facilities in the three-county region, up from 0% in 2017.*
  - *In **Benton, Lane, Lincoln and Linn counties**, funding is being used to establish new partnerships with health care providers to improve childhood immunization rates. In*

*2018, this group saw a 5% increase in two-year olds who are up-to-date on immunizations in those clinics that have partnered with the LPHAs. Lincoln, Benton and Linn counties are partnering with the Early Learning Hub to train providers on how to talk with vaccine hesitate parents.*

- ***Douglas, Coos and Curry counties have partnered with Umpqua Health Alliance CCO to improve childhood immunizations. Funding allowed public health staff to work across agency lines to increase immunization rates. This group worked together to identify root causes for low immunization rates and develop improvement plans.***