## Support Community Based School Health Programs HB4070 February 2024

Chair, Vice Chairs and Members of the Committee,

For the record, my name is Doug Riggs. I have been the legislative advocate for the School Based Health Alliance since 2006. I previously served on the Washington County Commission on Children and Families, and I Chaired the region's efforts to improve school health outcomes in the County.

In all of these years, I have never seen a more troubling situation facing children and youth in our schools. The pandemic, isolation, economic concerns, and - - of course - - **social media** are contributing to mental health issues that are impacting physical health, academic outcomes, etc.

According to national statistics, Oregon ranks last in the nation in mental health services available to youth. Oregon is (51st). Dead last.

The Oregonian ran a story just two weeks ago about this same issue:

https://www.oregonlive.com/news/2023/10/oregon-ranks-among-worst-states-nationwide-at-addressing-residents-mental-health-needs.html

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This is impacting mental health, graduation rates, absenteeism, and disciplinary

issues. <a href="https://www.oregonlive.com/education/2023/10/oregons-abysmal-chronic-attendance-problem-grew-even-worst-last-year-state-reveals.html">https://www.oregonlive.com/education/2023/10/oregons-abysmal-chronic-attendance-problem-grew-even-worst-last-year-state-reveals.html</a>

During the economic downturn from 2008 – 2013, Oregon agencies and the legislature eliminated many school health and community supports for youth. I believe that you can draw a direct line between those decisions and the shocking increase in adult homelessness in Oregon. Remember, today's 29 year old on the streets of Salem, Portland, Astoria or Springfield was the 15 year old needing help when those cuts went into effect. Indeed, almost half of today's homeless adults were 11-18 during these years.

What's the result? Oregon now has the highest percentage of **chronically** homeless adults in the nation - - 44%.

At times it seems hopeless. So what can we do?

Research and data show what works. And Oregon's small but successful school health model is one of those programs that works.

Our next speakers will dive into these topics. But I want start out with three points to keep in mind:

#1, the best way to respond to these challenges is with a coordinated, community based approach that engages the local health community, school officials, students, and parents. That's what our model for school based health centers does. That's why it has been so successful for the handful of communities - - urban and rural - - that have adopted the model over the past decade.

#2, there aren't a lot of programs where I can come in and speak to you and say, "hey, for just \$1, you can get your local schools and communities \$4 in resources!" Well...in this case we can. This is a great economic value for the state.

And finally, #3 this program literally changes lives. Each long session, we bring over 100 youth from around the state to the Capitol. They often share their personal stories with legislators . . . for instance one young girl who was headed towards suicide before being connected with a caring adult at an SBHC. Or a student who was failing in all of her classes before being given basic mental health counseling and then graduating and heading to college. Or another struggling with oral health issues that once addressed, allowed them to thrive.

I'm really excited by this proposal before you today. It will make a difference in the lives of thousands of kids, not to mention parents, teachers, and schools as a whole. It means that we've learned from mistakes made during the last downturn, and we're going to chart a new path for our kids this time.

Now, I'll let the real experts share their thoughts.