



Washington County
Commission on Children and Families
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HOUSE COMMITTEE ON HEALTH CARE
Testimony on HB 2445 – April 1, 2013

William Thomas, Director, Washington County Commission on Children and Families

Chair Greenlick and Members of the Committee:

For the record, my name is William Thomas, and I live in House District 43. I am testifying in support of HB 2445 on behalf of the Washington County Department of Health and Human Services as well our Commission on Children and Families, for which I serve as Director.

With the -4 amendments, HB 2445 would: 1) codify a relationship between the State and school-based health centers (SBHCs) that began in 1985, 2) provide legislative direction and guidance to the Oregon Health Authority in supporting the expansion and continuation of SBHCs, 3) provide a statutory framework for incorporating SBHCs into healthcare transformation and coordinating reform efforts between education and health care that are proceeding on parallel tracks with little coordination, and 4) ensure that SBHCs are paid even if a CCO chooses not to assume financial responsibility for services provided to its members and for which it has been funded by the State.

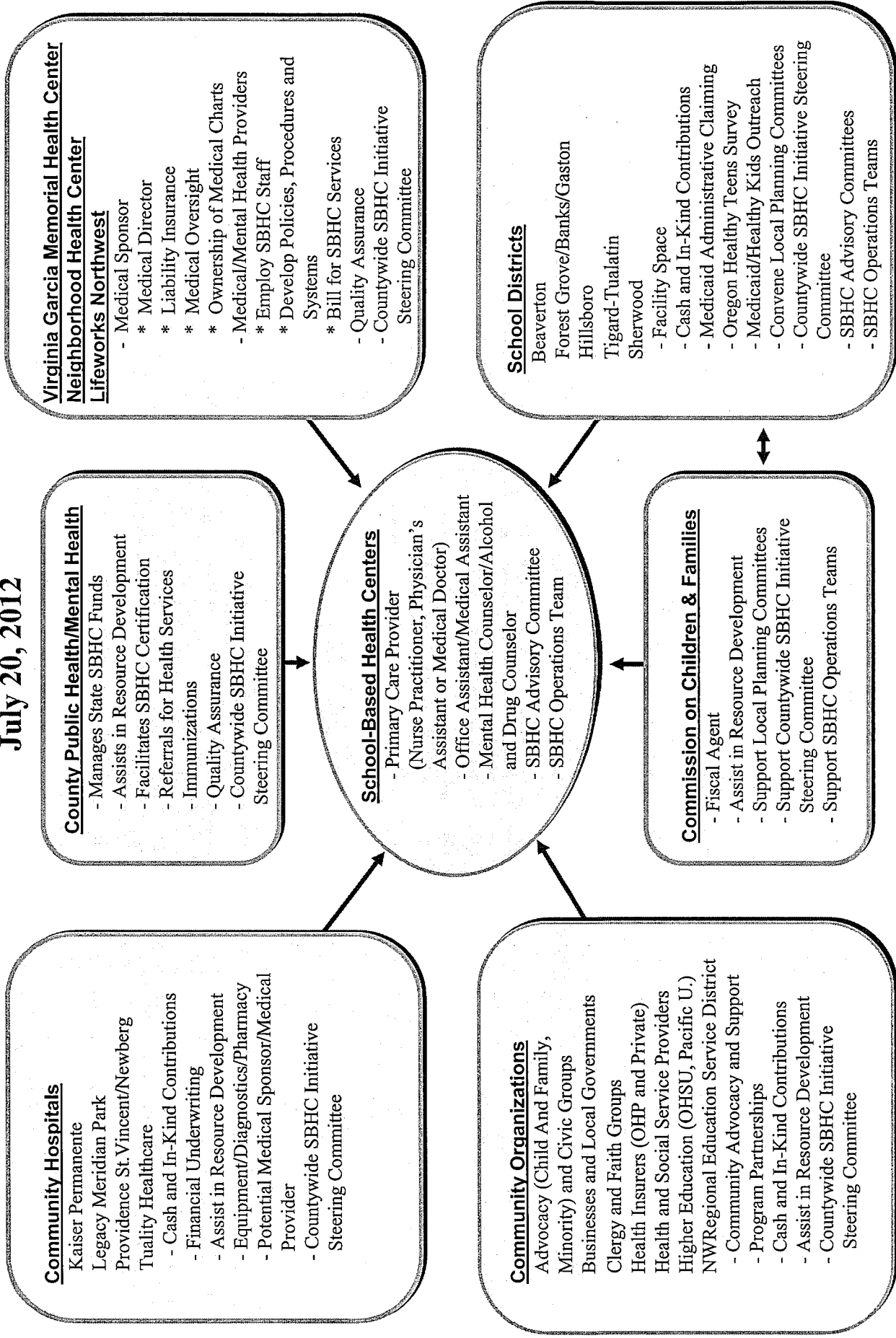
In Washington County we have seen the concrete results that occur when education and health care are better aligned. In 2006, our Commission and seven school districts determined that lack of access to health care was an increasing barrier to academic success for Washington County's 85,000 students. In response, we organized the Washington County SBHC Initiative. This effort has become a cross-system collaboration of more than 25 organizations representing education, healthcare, higher education, mental health and other key community partners, including our two community health centers, all four hospital systems and most recently Health Share of Oregon.

Over the past seven years our Initiative has opened three new SBHCs: Tigard High in 2008, Forest Grove High in 2009, and Hillsboro's Century High in March 2013. During this period, our partners have leveraged over \$5.5 million in public and private funding from 15 different federal, state and local sources, including \$1,500,000 in federal construction grants, which will enable us to open new SBHCs at Beaverton High in March 2014 and at Tualatin High during FY 2014-15. At that point, children and youth in all seven school districts will have access to at least one new SBHC, which offers integrated primary care, mental health and dental services as well as health promotion and prevention services and which has a sustainable business model based on billings.

Our collaborative efforts have resulted in identifiable and measurable impacts both in improved health outcomes for thousands of children and youth who have received high-quality healthcare services, and in terms of return on investment and value added to our communities. Without ongoing state funding we could not have developed these new SBHCs. HB 2445 will provide the much-needed statutory framework, assurances and alignment that can support SBHC expansion throughout Oregon. Our Department of Human Services and Commission urge the Committee to adopt the - 4 amendments and send HB 2445 to the floor with a Do Pass recommendation.

School-Based Health Center Partnership Model

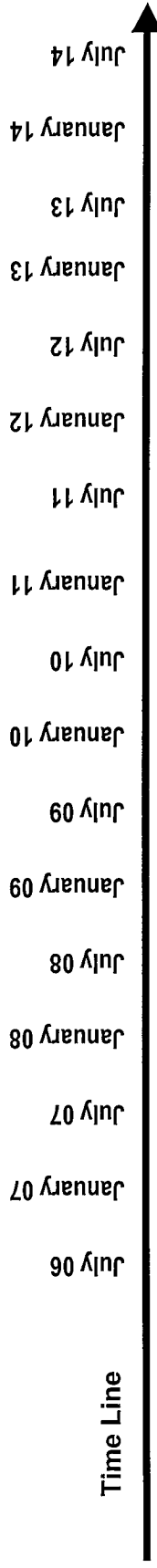
July 20, 2012



Washington County School-Based Health Center Development Timeline

Eight Years: July 2006 to July 2014

Phase One - SBHC Collaborative Development	Phase Two - SBHC District Planning	Phase Three - SBHC Site Implementation	Phase Four - SBHC Operations and Maintenance
<ol style="list-style-type: none"> 1. Identify partners and create countywide steering committee 2. Develop partnership model and development timeline 3. Identify data needs and resources for planning 4. Develop model business plan to be refined by districts 5. Identify medical sponsors and providers 	<ol style="list-style-type: none"> 1. Identify population to be served, location and space 2. Ensure school board support for planning 3. Convene local committee to ensure community support 4. Obtain planning funds in collaboration with partners 5. Develop implementation plan and obtain start-up funds 	<ol style="list-style-type: none"> 1. Remodel space, equip center and hire staff 2. Establish protocols, policies and procedures 3. Establish billing and operating systems 4. Provide SBHC services 5. Obtain certification from State DHS 	<ol style="list-style-type: none"> 1. Ensure appropriate management systems 2. Ensure sufficient operating funds 3. Ensure delivery of high quality services 4. Ongoing evaluation of program and services 5. Ongoing quality improvement



Tigard-Tualatin

Forest Grove/Banks/Gaston

Hillsboro

Beaverton

Tigard-Tualatin/Sherwood

**WASHINGTON COUNTY SCHOOL-BASED HEALTH CENTER INITIATIVE
SBHC SUSTAINABLE BUSINESS PLAN METRICS**

REVENUE MIX TARGETS BY SOURCE AS A PERCENTAGE OF EXPENSES

REVENUES	1ST YEAR	2ND YEAR	3RD YEAR
Total	105%	105%	105%
From Patients	35%	60%	85%
From Grants	70%	45%	20%

PAYOR MIX TARGETS BY SOURCE AS A PERCENTAGE OF ENCOUNTERS

ENCOUNTERS	PRIMARY CARE	MENTAL HEALTH
Medicaid	50% or more	50% or more
Other Insurance	10% or more	40% or more
Uninsured	40% or less	10% or less

PRODUCTIVITY TARGETS BY SERVICE ELEMENT AS ENCOUNTERS

ENCOUNTERS	PRIMARY CARE	MENTAL HEALTH
Encounters Per Day	9	5

SUSTAINABLE FUNDING TARGETS BY YEAR AS ENCOUNTERS

AVERAGE	PRIMARY CARE		MENTAL HEALTH	
Encounters Per Day	7.5		3.7	
Encounters Per Patient	2.0		7.5	
	YEAR 2	YEAR 3	YEAR 2	YEAR 3
Based on 165 Clinic Days				
Encounters/FTE Per Year	830	1,238	408	610
Patients/FTE Per Year	415	619	54	81
Based on 175 Clinic Days				
Encounters/FTE Per Year	879	1,312	434	648
Patients/FTE Per Year	440	656	58	86

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