



**Washington County
Commission on Children and Families**

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JOINT WAYS AND MEANS SUBCOMMITTEE ON HUMAN SERVICES

Testimony in Support of HB 2445 A – May 6, 2013

William Thomas, Washington County Department of Health and Human Services

Co-Chair Bates, Co-Chair Nathanson and Members of the Committee:

For the record, my name is William Thomas, and I am Director of the Washington County Commission on Children and Families. I am submitting this testimony in support of HB 2445 A on behalf of the Commission and Washington County Department of Health and Human Services.

HB 2445 A would: 1) **codify a legislative framework for state support of school-based health centers (SBHCs)**, which began 28 years ago in 1985, in promoting optimal health and academic success of Oregon's children and youth; 2) **provide legislative direction and guidance to the Oregon Health Authority** in supporting the expansion and continuation of SBHCs, as well as in providing technical assistance and financial incentives to strengthen the effectiveness of SBHCs; 3) **establish a work group of stakeholders** to develop recommendations for optimizing the use of SBHCs by Coordinated Care Organizations, including coordination of care and reimbursement.

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 **two more SBHCs**, at Beaverton High in FY 13-14 and at Tualatin High in FY 14-15. At that point in time, children and youth in all seven school districts will have access to at least one new SBHC that offers **integrated prevention, primary care, mental health and dental services**, and which has a **sustainable business model** based on billing private and public insurances.

Our collaborative efforts have resulted in **identifiable and measurable impacts** 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 assurances of state funding we could not have developed these five new SBHCs. **HB 2445 A will provide the needed statutory framework of assurances, technical assistance and incentives that will support the expansion and continuation of SBHCs throughout Oregon.** We urge the Subcommittee to fund HB 2445 A and send it to the House and Senate floors with a Do Pass.

Washington County

School-Based Health Center Partnership Model

July 20, 2012

Community Hospitals

Kaiser Permanente
Legacy Meridian Park
Providence St.Vincent/Newberg
Tuality Healthcare

- Cash and In-Kind Contributions
- Financial Underwriting
- Assist in Resource Development
- Equipment/Diagnostics/Pharmacy
- Potential Medical Sponsor/Medical Provider
- Countywide SBHC Initiative Steering Committee

County Public Health/Mental Health

- Manages State SBHC Funds
- Assists in Resource Development
- Facilitates SBHC Certification
- Referrals for Health Services
- Immunizations
- Quality Assurance
- Countywide SBHC Initiative Steering Committee

Virginia Garcia Memorial Health Center Neighborhood Health Center Lifeworks Northwest

- Medical Sponsor
 - * Medical Director
 - * Liability Insurance
 - * Medical Oversight
 - * Ownership of Medical Charts
- Medical/Mental Health Providers
 - * Employ SBHC Staff
 - * Develop Policies, Procedures and Systems
 - * Bill for SBHC Services
- Quality Assurance
- Countywide SBHC Initiative Steering Committee

School-Based Health Centers

- Primary Care Provider (Nurse Practitioner, Physician's Assistant or Medical Doctor)
- Office Assistant/Medical Assistant
- Mental Health Counselor/Alcohol and Drug Counselor
- SBHC Advisory Committee
- SBHC Operations Team

Community Organizations

Advocacy (Child And Family, Minority) and Civic Groups
Businesses and Local Governments
Clergy and Faith Groups
Health Insurers (OHP and Private)
Health and Social Service Providers
Higher Education (OHSU, Pacific U.)
NWRegional Education Service District

- Community Advocacy and Support
- Program Partnerships
- Cash and In-Kind Contributions
- Assist in Resource Development
- Countywide SBHC Initiative Steering Committee

Commission on Children & Families

- Fiscal Agent
- Assist in Resource Development
- Support Local Planning Committees
- Support Countywide SBHC Initiative Steering Committee
- Support SBHC Operations Teams

School Districts

Beaverton
Forest Grove/Banks/Gaston
Hillsboro
Tigard-Tualatin
Sherwood

- Facility Space
- Cash and In-Kind Contributions
- Medicaid Administrative Claiming
- Oregon Healthy Teens Survey
- Medicaid/Healthy Kids Outreach
- Convene Local Planning Committees
- Countywide SBHC Initiative Steering Committee
- SBHC Advisory Committees
- SBHC Operations Teams

Washington County School-Based Health Center Development Timeline

Eight Years: July 2006 to July 2014

Phase One - SBHC Collaborative Development

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

Phase Two – SBHC District Planning

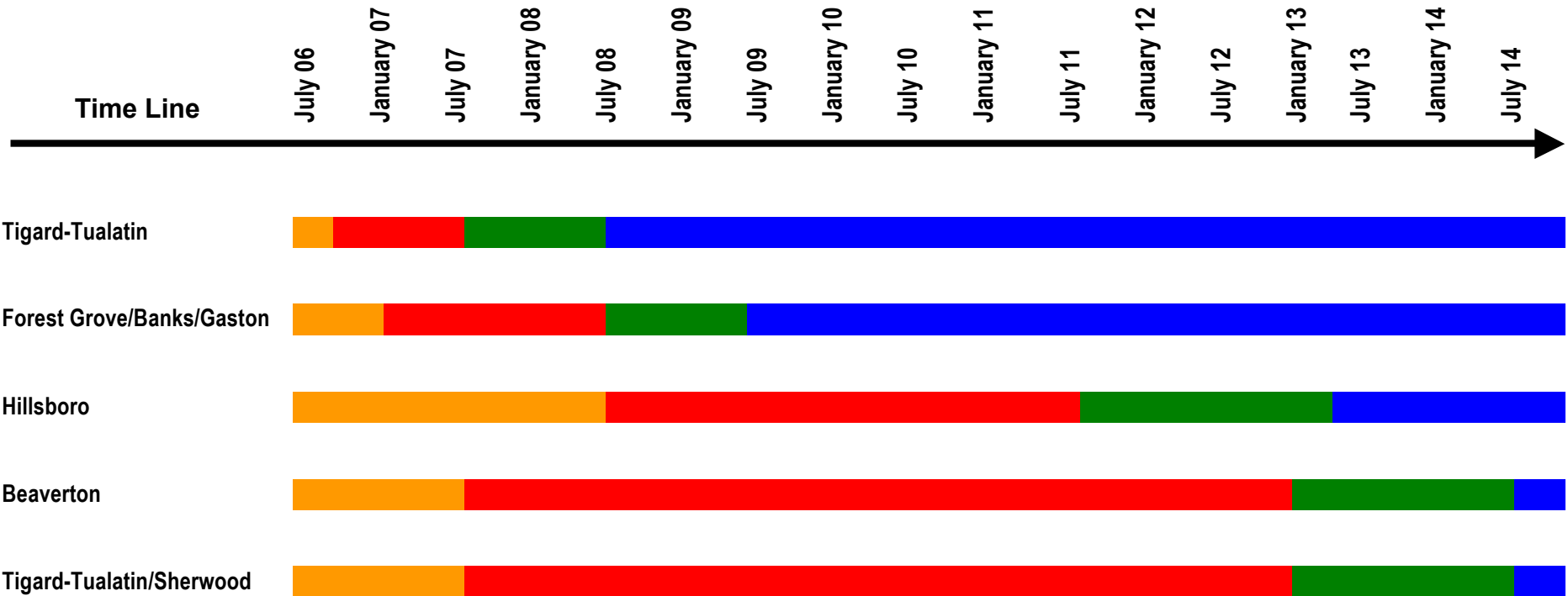
1. Identify population to be served, location and space
2. Ensure school board support for planning
3. Convene local committee to ensure community support
4. Obtain planning funds in collaboration with partners
5. Develop implementation plan and obtain start-up funds

Phase Three – SBHC Site Implementation

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

Phase Four - SBHC Operations and Maintenance

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



**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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