



JOINT WAYS AND MEANS SUBCOMMITTEE ON HUMAN SERVICES

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

Paula Hester, Oregon School-Based Health Care Network

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

For the record, my name is Paula Hester, and I am the Executive Director of the School-Based Health Care Network, the non-profit that provides policy advocacy leadership, engages communities and their multiple constituencies at the local level, and leads SBHC program development using innovation and best practices. I am submitting this testimony in support of HB 2445 A on behalf of the Network of nearly 69 SBHCs across the state.

This bill establishes SBHCs in statute in Oregon, where they have provided prevention, primary care and mental health services to children for some 28 years. Better than anything fast food ever conceived, more than a million services have been provided to school-age children since 1985.

This bill guides OHA in its quest to support school-based health services by outlining the continuation and expansion of the number of centers and the quality of services to a growing number of children each year—and by strengthening the outcomes of the Triple Aim.

Finally, this bill establishes a stakeholder's workgroup to optimize use of SBHCs for kids—kids who represent the largest single percentage of our state's Medicaid population. This workgroup will develop needed recommendations for coordinating and integrating care within the CCO system.

Starting July 1, 2013, all SBHCs will be required to bill for services, but a vast array of expertise exists in the state—and return on investment varies. We look forward to supporting the recommendations of the workgroup in raising the capacity of all SBHCs, ensuring that children and youth enjoy the best measure of scope and practice—that each child's health and academic success is optimized—and that coordination of their care is a priority across all systems.

During school year 2012, more than 23,000 students utilized their SBHCs. And more than 70,000 visits were accounted for in the system. The large majority of SBHC clients—80% report that they would not have received health services that day, were it not for the SBHC.

The data goes on and on in support of creating health and wellness, reinforcing health promotion for our kids. What we do next is equally important. OHA has long notes that the return on investment leverages \$3-\$4 additional dollars at the public-private partnership level for every \$1 of state General Fund. The value of the state dollars goes far beyond this. Just ask any one of the 100's of youth and children who tell their story; who visit the halls of this Capitol; who invite you to visit their center, in your home community.

We encourage you to support the fiscal needs tied to this bill:

SBHCs	Number	Amount	Total
Certified, but not in 2013 formula	1	120000	\$ 120,000
HRSA sites under construction to open in 1-2 years	4	120000	\$ 480,000
Planning Site expected to open in 2014	1	120000	\$ 120,000
Communities expressing high interest in planning and opening sites	6	120000	\$ 720,000
Funding formula parity 62 (of 69) sites @\$38k	62	38000	\$ 2,356,000
Technical Assistance and Training (TAT) contract(s)			\$ 250,000
			\$ 4,046,000
Workgroup Incentives			
Prevention			\$ 500,000
Business Practices			\$ 500,000
			\$ 1,000,000
Combined total			\$ 5,046,000
FTE for State Program Office			Unknown