



# Oregon School-Based Health Alliance

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**HB 336/338 Senate Committee on Health Care  
and Human Services Hearing**

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# SB 336 and SB 338 Combined

**[SB 336] SECTION 1.** In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2015, out of the General Fund, the amount of **\*\$952,000**, which may be expended to establish parity in the funding formula for school-based health centers,

**[From SB 338]** the amount of \$900,000, which may be expended for planning and administration necessary to accommodate the development and establishment of new school-based health centers, **and no less than \$97,000 to provide technical assistance in order to specifically address improving health equity and reducing disparities among youth by contracting with an entity that coordinates school-based health centers for the purpose of engaging organizations working with local communities.**

*\*Blue sections indicate proposed amendments to original bill language*



# Background

## Parity of the SBHC funding formula – SB 336

**PROBLEM:** Currently, if a county has one SBHC they receive \$120,000/biennium; if there is more than one SBHC, only \$106,000/biennium per SBHC. This penalizes counties that invest in multiple SBHCs and medical providers that sponsor new SBHCs, as well as limits the ability of the SBHC to provide comprehensive services.

**SOLUTION:** Funding for parity at \$120,000/biennium per SBHC will be about \$952,000 for the biennium.



# Background

## SBHC development and health equity – SB 338

**PROBLEM:** There is interest in up to 25 more SBHCs in 2015-2017 but no operational funding is available from OHA.

**SOLUTION:** Funding for 10 new planning grants at \$900,000 for the biennium.

**PROBLEM:** Communities that are most impacted by health disparities may need assistance initiating SBHC development.

**SOLUTION:** Funding for technical assistance for SBHC planning to communities identified as high need will require approximately \$97,000.

## Why SBHCs?

Accessible pediatric practices located on school grounds, where kids are.

Public health model and as such they provide integrated care that includes preventive, primary care, mental health care, and sometimes dental.

**Cost Effective:** leveraging an additional \$2.40 of every state dollar invested from billing, grants, and other sources.



# Healthcare Reform



Actively working to build partnerships with coordinated care organizations and to improve their systems.

- 94% of school based health centers have electronic health records
- 49% of them are Patient-centered Primary Care Home Certified
- Help CCOs meet state metrics such as adolescent well child visits and depression screenings
- Effective access points - sometimes the only access points
- Reduce ER visits and improve health outcomes



# Education Reform

- SBHCs improve educational attainment and reduce absenteeism
- Students in states with SBHCs that serve as Medicaid providers have greater academic achievement than states without them
- An OHA report states that for every avoided high school dropout the state of Oregon will save around \$14,000 in Medicaid and uninsured costs over the course of a student's lifetime
- Typically little to no expense to school other than the cost of the space
- Jackson County: each day a student visits the health center (K-6<sup>th</sup> grade) for a medical reason rather than missing school they received a return on investment of \$221,000 based on \$37/student/day and 5973 visits

# Making a Difference

*“In 2014 we had several kids say that they had thought about suicide. When I see struggling students I let them know that if something was to happen to them that I would be sad and miss them, and it would really affect a lot of people.*

*We got our state Satisfaction Survey results back and one of them said that the student had shown up at the Health Center knowing that when they went home after school that day, they were planning to end their life. They said that changed when Monica told them that she would really be upset and miss them more than they even knew.*

*When our Survey results were given back to us they are anonymous, but I knew that I had made a huge difference on that day! I love my job and I know that we are needed.”*

*-Monica Rea, Medical Assistant, Ranier SBHC*

