

# Support Health and Wellness in Schools

All children and youth deserve optimal health and academic success

Schools are the heart of our communities and it is essential that Oregon support the health of all students. Health disparities and school absenteeism disproportionately affect low-income children, students from certain racial and ethnic groups, and those with disabilities. Providing health services in schools, where kids are, is a solution. We support creating wellness in schools by advocating for:

- **School-based health centers (SBHCs)** provide physical, mental health, and preventive services to young people in schools. This reduces barriers to care and keep kids in their seats ready to learn.
- The **school-based mental health expansion fund** is run by the Oregon Health Authority (OHA) and provides funding to place mental health providers in schools and SBHCs.
- Research shows that adverse childhood experiences, or traumas, are a barrier to academic success, and can have serious long-term health impacts. In 2016, funds were appropriated to pilot **trauma informed schools** but funding was only available for one year of the three year pilot. Two additional years are needed to provide comprehensive implementation and evaluation.

## HB 2408 SUMMARY

### School-Based Health Center Expansion

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

**SOLUTION:** Funding for new planning grants and technical assistance at \$995,000 for the biennium.

### School-Based Mental Health Providers

**PROBLEM:** Access to mental health providers is limited statewide, and mental health issues are a huge cause of absenteeism and health problems.

**SOLUTION:** Increase the school-based mental health fund by \$3 million to put mental health providers in schools either directly or through SBHCs.

### Trauma Informed Schools Pilots

**PROBLEM:** Two schools received funding at the end of the biennium to pilot becoming trauma informed organizations. The pilot was intended to continue for two additional years to allow for comprehensive implementation and evaluation but new funding must be appropriated.

**SOLUTION:** Continue funding for trauma informed school pilots for the rest of the biennium.

## IMPACT

- Improves and expands access to affordable, high-quality physical, mental, oral, and preventive health services where the kids and teens are, at school, in the heart of the community
- Builds on the existing system that supports SBHCs and funds development of new SBHCs
- Positively contributes to and links health care and education reform in Oregon
- Directly impacts student health and educational success

## What is a School-Based Health Center (SBHC)?

SBHCs are a patient-centered, evidence-based health care model where children and adolescents receive comprehensive physical, mental, and preventive health services regardless of the ability to pay. SBHCs are located on school grounds and operate during school hours.

## Where are SBHCs located?

In Oregon there are 77 SBHCs in 25 counties with urban, suburban, and rural sites. These SBHCs are located in:

- 46 high schools
- 6 middle schools
- 11 elementary schools
- 14 combined-grade campuses

There are over 1200 schools in Oregon.

## How are SBHCs operated?

SBHCs are the result of a community partnership that includes the school, local public health authority, and a medical sponsor (which may be the LPHA or a community provider).

- Federally qualified health centers (FQHCs) sponsor 71% of SBHCs.
- Local public health authorities sponsor 43% of the SBHCs (29% have FQHC status).
- 96% currently use electronic health records.
- 55% of SBHCs are state recognized as patient centered primary care homes.

## Who is served by SBHCs?

SBHCs serve all students in a school, and often students district-wide, regardless of ability to pay. In some cases they serve community members as well. SBHCs are typically located in high need schools as measured by free and reduced lunch percentages.

## What is the impact of SBHCs?

- SBHCs provide **critical health services** to students who may otherwise have little or no access to care.
- SBHCs contribute to the goals of health care reform by **helping CCOs meet their metrics**. In a CCO analysis spanning two counties, SBHC patients received adolescent well child visits at higher rates than their cohort, well above the 50% benchmark.
- **Mental health services** are provided in 97% of SBHCs and make up 29% of visits.
- SBHCs **address health disparities**, serving a higher percentage of students of color than are represented in Oregon as a whole.
- SBHCs **leverage about \$4** for every state dollar received

## School-Based Mental Health Expansion Funding

The Oregon Health Authority (OHA) currently has a school-based mental health expansion program which provides grants to SBHCs and to schools without SBHCs. Increasing funding allows more schools overall to provide mental health services.

OHA convened a Behavioral Health Collaborative (BHC) in 2016 and shared the following:

- OR ranked 14<sup>th</sup> nationally in youth suicide
- 14.6% of teens experienced a major depressive episode in the past year
- Only 45% of youth who had a major depressive episode received treatment
- Illicit drug use and binge drinking are 2.5% higher in Oregon than the national average.
- Recommendations call for integrated physical, behavioral health & oral health care.

Similarly, an education outreach effort called Oregon Rising surveyed nearly 11,000 Oregonians to identify education priorities and found that one of the 5 priorities was “Support for physical and mental health....”

## Trauma Informed Schools Pilots

Students are impacted profoundly by Adverse Childhood Events (ACEs), or traumatic experiences, which significantly affect short and long term health, school attendance, and likelihood to graduate. A trauma-informed approach to education is designed to be a community response to support these students and their families. This includes:

- Policies and practices that create safe school environments,
- Professional learning regarding the signs and symptoms of trauma,
- Promotion of resiliency and wellness among students, their families, and staff; and
- Preventing re-traumatization.

In 2016, HB 4002 passed, appropriating funds for trauma informed schools pilots for one year. However, the intention was for the pilots to last three years in order to allow for full implementation and evaluation to be conducted. The budget report states, “The pilot program will last three years with grant funding allocated in three different allotments.”

After less than one year, the pilots have already informed districts implementing trauma informed approaches. Two more years will allow for creation of a replicable program.