

School Health Crisis Response Act

SUPPORTING YOUTH, FAMILIES, EDUCATORS, AND COMMUNITIES

OVERVIEW

Our schools and families are being overwhelmed by the mental health crisis exacerbated by COVID-19 and we must provide innovative resources to create a continuum of care for youth and families, and address health issues and disrupted learning.

- Oregon School Health Survey Data (2020) revealed that 43% of 11th grade students are suffering from depressive symptoms
- In the 2021-22 school year 44% of SBHC visits by school-aged youth were for behavioral health reasons
- Nearly 47% of Oregon kids aged 0-17 have had adverse experiences of trauma (ACEs). This increases risk for life-long health and mental health problems and negatively impacts graduation and absenteeism

Schools are the heart of our communities, and students, parents, educators, and health providers agree that a comprehensive system of wraparound supports in schools would remove barriers to success and wellness.

IMPACT

- Expands access to affordable, health services **where kids are**, at school, in the heart of the community
- **Builds on the existing systems** that support kids in schools
- Positively contributes to and **links health care and education reform** in Oregon, with a community level focus
- Directly **improves student health and educational success**

SB 549

Provide Flexible Funding for School-Based Community Service Hubs

- Creates opportunities for students and parents to identify needed changes and additions to school services and actively engage with the school community, including community partners (“Community Wraparound Supports”).
- Allow additional school districts, education service districts, and health and community partners to collaborate to implement a trauma informed school or community school model, based on the unique needs of each community. (\$6 million)

Fund School Health Supports Statewide

- Provide grant opportunities for local communities to implement a school-based health center, school nurse model, or mental health model, according to their priority needs. (\$950,000)
- Inflationary increase of 10% to the school-based health center base rate, which has remained static for over a decade despite annual increases for CCOs and other health supports. (\$936,000)

Expand School-Based Mental Health Care

- Increase the school-based mental health fund to provide additional mental health supports in schools either directly or through SBHCs. (\$6.75 million)
- Expand options for using the funding to accommodate workforce shortages and increase youth access to supportive adults from diverse backgrounds. (No cost)

SB 552

- Provide bonding for school-based health center capital construction including pre-built modular clinics, removing a huge barrier to implementation. (\$10 million)

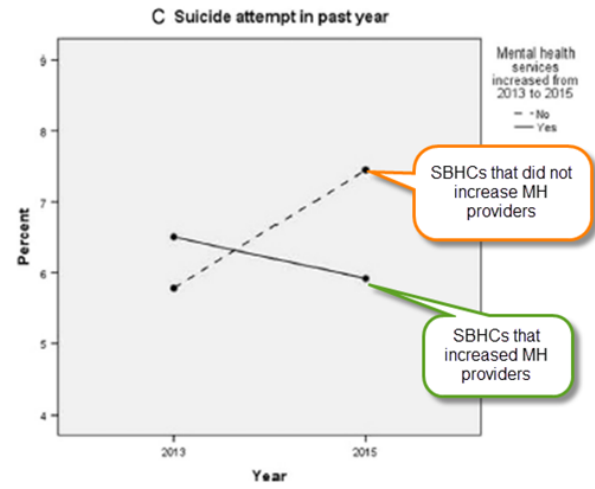
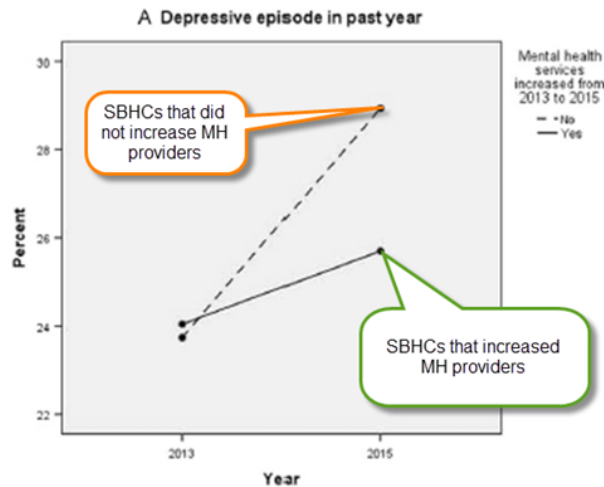
Data Shows That These Approaches Work!

SBHC IMPACT ON YOUTH MENTAL HEALTH

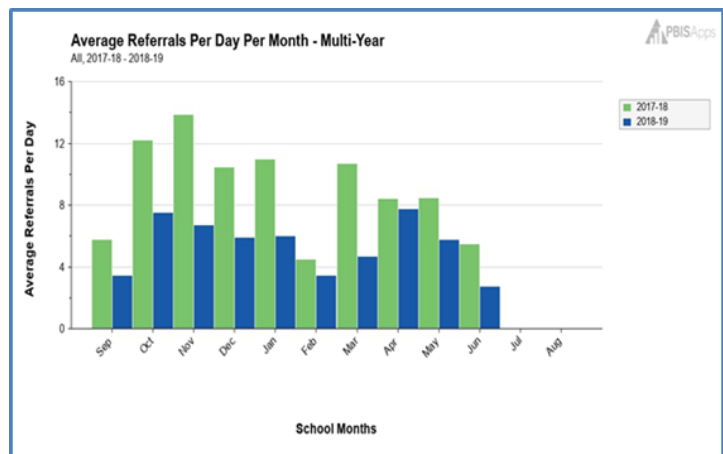
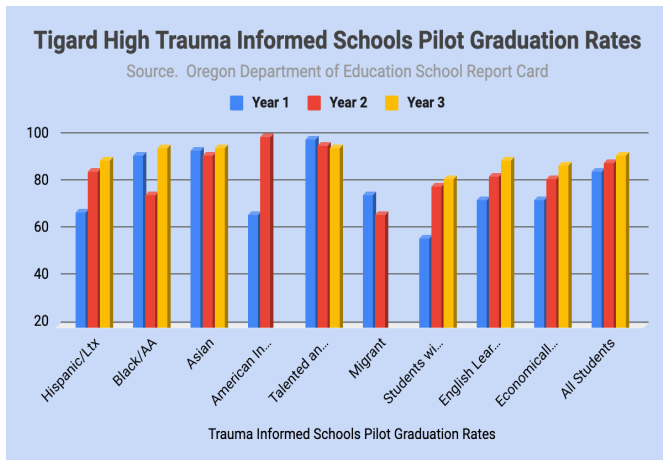
A study conducted in Oregon found that youth at SBHCs that increased mental health capacity were: **12%** less likely to report a depressive episode; **16%** less likely to report suicidal ideation; and **18%** less likely to report a suicide attempt.

48

Paschall and Bersamin / Am J



OREGON TRAUMA INFORMED SCHOOLS PILOT RESULTS – TIGARD HIGH SCHOOL



EVIDENCE BASE FOR COMPREHENSIVE COMMUNITY SCHOOLS

[The Learning Policy Institute](#) published a comprehensive evidence review and some of the many benefits found include:

- Comprehensive community school interventions have a positive impact, with programs in many different locations showing improvements in student outcomes, including attendance, behavior, social functioning, academic achievement, high school graduation rates, and reduced racial and economic achievement gaps.
- Existing cost-benefit research suggests an excellent return on investment of up to \$15 in social value and economic benefits for every dollar spent on school-based wraparound services.

¹ Source: *SBHCs, Depression & Suicide Risk Among Adolescents* (Paschall & Bersamin, 2017; *Am J of Preventive Medicine*)