

SCHOOL-BASED HEALTH CENTER Funding Formula Review and Recommendation Final Report

Oregon School-Based Health Center Program
Public Health Division
Oregon Dept of Human Services
800 NE Oregon St. Suite 825
Portland, OR 97232

For more information, please contact:

Rosalyn Liu
SBHC Systems Development
Public Health Division
Oregon DHS
Tel: 971-673-0248
rosalyn.liu@state.or.us

Janet Matthews
SBHC Program Manager
Public Health Division
Oregon DHS
Tel: 971-673-0241
janet.matthews@state.or.us

Robert J. Nystrom
Adolescent Health Manager
Public Health Division
Oregon DHS
Tel: 971-673-0243
robert.j.nystrom@state.or.us

TABLE OF CONTENTS

Executive Summary.....	2
I. Background.....	4
II. Funding Workgroup Process.....	5
III. Funding Workgroup Discussion.....	6
IV. Funding Principles.....	6
V. Funding Scenarios.....	6
VI. Public Comments.....	8
VII. Final Recommendation.....	8
Appendix A: 2004 Funding Workgroup Report.....	11
Appendix B: Currently Certified SBHC in 2005 Funding Formula.....	17
Appendix C: Meeting Minutes from Exploratory Funding Workgroup and Funding Formula Workgroup.....	19
Appendix D: 2009 SBHC Funding Principles.....	38
Appendix E: SBHC Funding Scenario Spreadsheets.....	41
Appendix F: Public Comments Survey Results.....	63

SBHC Funding Formula Review and Recommendation EXECUTIVE SUMMARY

In January 2009, the Oregon School-Based Health Center (SBHC) State Program Office, in partnership with the Oregon School-Based Health Care Network (OSBHCN) and the Conference of Local Health Officials-Maternal and Child Health (CLHO-MCH), began a process to review the current SBHC funding formula and explore the need for a revised formula. The following are the summary results of that process.

In February 2009, an exploratory funding workgroup convened to decide whether to revise the state SBHC funding formula that determines the distribution of state dollars to the local public health authorities (LPHAs) to support their county's SBHCs and SBHC systems. After extensive review and discussion of the current formula, the workgroup unanimously decided there was a need to revise the current formula and explore other funding scenarios. Based on the exploratory workgroup's decision, a funding formula workgroup convened to revise the SBHC funding principles and explore other SBHC funding scenarios.

After an extensive process, there was consensus from the workgroup that Scenario B (originally named Scenario 7) would be recommended to the Conference of Local Health Officials- Maternal and Child Health as a revision to the current SBHC funding formula.

All the reviewed funding scenarios were based on the assumptions that the same level of State General Funds will be available for the 2009-11 biennium (about \$4,439,000) to help support 56 certified SBHCs, and eligibility will continue to be based on the current assessment of certified centers.

Recommendation 1: Scenario B

- Counties with only one certified SBHC get \$120,000/biennium.
- Counties with 2 or 3 certified SBHCs get \$80,000/biennium for each SBHC (including the 1st center).
- Counties with 4 or more certified SBHCs get \$80,000/biennium for the first 3 centers (totaling \$240K/biennium) and then \$50,600/biennium for each additional certified center over 3, with no limit on the number of additional centers.

Recommendation 2- In the event of an increase to state funding:

The workgroup assumed an increase of \$500,000 to the total biennium special payments to counties to show how additional funds would be distributed in the event of an increase. This amount was based on the proposed increase amount for the 2009-2011 SBHC budget.

Attempting to move all centers closer to equity, the funding increase would be distributed to counties with more than one certified SBHC. Therefore,

- Counties with only one certified SBHC would remain at \$120,000/biennium.
- Counties with more than one certified SBHC gets \$81,282/biennium for each SBHC (including the 1st center).

Recommendation 3- In the event of a decrease to state funding:

The workgroup assumed a 10% reduction in funding to the total special payments to show how a potential cut would affect the counties based on the proposed scenario.

The decrease would be evenly distributed to all certified SBHCs. Therefore,

- Counties with only one certified SBHC get \$108,000/biennium.
- Counties with 2 or 3 certified SBHCs get \$72,000/biennium for each SBHC (including the 1st center).
- Counties with 4 or more certified SBHCs get \$72,000/biennium for the first 3 centers (totaling \$216K/biennium) and then \$45,540/biennium for each additional center over 3, with no limit on the number of additional centers.

Benefits of Scenario B:

- There is no loss of funds to counties transitioning from the current formula to Scenario B;
- Nine out of 22 counties will gain funds transitioning from the current formula to Scenario B. (Benton , Clackamas, Columbia, Douglas, Jackson, Lane, Lincoln, Multnomah, and Umatilla counties.)
- Placing monetary value of every center maximizes the potential for local community advocacy to maintain existing funds.
- Placing monetary value on every center, promotes expansion development and therefore an incentive for future advocacy to seek additional funds.
- The formula maintains the expectation of shared funding such as local investment and ongoing work towards sustainability;
- With the possibility of future additional funding to the total special payments, the formula provides a clear goal of creating equity among the value of each SBHC.

SBHC Funding Formula Review and Recommendation FINAL REPORT

I. BACKGROUND

School-Based Health Centers (SBHCs) have over a twenty year history in Oregon, with strong support from the Oregon Department of Human Services and the Oregon Legislature. State funding for SBHCs began in 1985 with approximately \$212,000 that partially funded five out of the eight existing SBHCs in the State. By 2007, SBHC state funding grew to \$5,329,920 which helped support forty-four certified SBHCs and 18 planning sites through the 2007-2009 biennium. Eighty-three percent of that funding, entitled “special payments,” goes directly to the local public health authorities (LPHAs) to support their respective SBHCs and SBHC systems. The remaining 17% is used for operations by the SBHC State Program Office towards technical assistance, certification, and data collection activities.

Prior to the current state funding formula, which was implemented in July 2005, SBHCs received state funds through a competitive grant process that awarded approximately \$52,000/year for each center. Once all the special payments were distributed, the remaining centers received no direct state funding, however, maintained similar levels of service to those SBHCs receiving state dollars. This method of funding created an inequity in the distribution statewide. However, when there was a legislative interruption of funds in February 2003 due to the failure of Measure 28, state-funded SBHCs were more severely impacted than those centers that were less reliant on state dollars. When State dollars were fully reinstated in Fall 2003, the opportunity arose to correct this inequity of distribution by re-evaluating the funding formula. In 2005, after discussions with the Oregon School-Based Health Care Network and the Conference of Local Health Officials, a new funding formula was implemented that aligned SBHCs with the public health delivery system for stability and ongoing support, while attempting to level most inequities. *See Appendix A: 2004 Funding Workgroup Report.*

Based on the 2005 funding formula each county with a state certified SBHC is eligible for state dollars through their local public health authority (LPHA). The LPHA is provided funds to support SBHC efforts based on the number of state certified SBHCs in the county and the availability of legislatively approved dollars. The 2005 funding formula uses a range formula: if there are 1-2 certified SBHCs in the county, the LPHA receives \$60,000/yr; 3-5 SBHCs they receive \$120,000/year; 6-9 SBHCs they receive \$180,000; and 10 centers and over they receive \$240,000/year. Each of these state dollars is used to leverage \$3-4 local dollars. This 2005 range funding formula requires an increasing local investment in the development of an SBHC system as the total number of centers increase, leading to questions regarding it’s solvency with both SBHC expansion and sustainability. Local dollars may come from schools, school districts, county health departments, county commissioners, hospitals, community providers, local businesses and individuals, grants, and general fundraising. However, stable sources of ongoing revenue and operational funds remain a significant concern for most SBHCs. *See Appendix B: Certified Centers in 2005 Funding Formula.*

During the 2007-2009 biennium, the largest expansion in Oregon's SBHC history occurred with 18 planning site in counties with and without existing centers. Working within the 2005 range funding formula, many counties began to reevaluate the sustainability of their current centers when presented with the opportunity to open new centers. This initiated the discussion of the current effectiveness of the 2005 range formula within the context of sustainability and expansion. For example, under the current formula, a county with one SBHC does not receive any additional state funding if they add a second center. Counties expressed concern that adding a center would be at the expense of an existing center. In response, in January 2009, the funding workgroup convened to (1) revisit how State General Fund dollars support the overall mission of SBHCs in Oregon; (2) examine the effectiveness of the current funding formula in the present times; and (3) explore other funding formula models to improve sustainability and expansion efforts with the possibility of recommending a revised formula.

To learn more about the history of SBHC funding see the SBHC funding history presentation titled *SBHC and the History of our Funding* at http://oregon.gov/DHS/ph/ah/sbhc/sbhc_funding.shtml.

II. FUNDING WORKGROUP PROCESS

SBHC stakeholders agreed to a two part process: (1) an exploratory review of the current funding formula to determine whether there is a need for a new funding formula model and upon decision, (2) develop a revised funding formula recommendation on how State funding would be distributed to the LPHAs.

Exploratory Workgroup: In February 2009 an exploratory workgroup held three meetings with the ultimate goal as whether to maintain the current SBHC funding formula or convene a funding workgroup to explore other funding formula scenarios.

- Exploratory group participants: The SBHC State Program Office, Oregon School-Based Health Care Network, Conference of Local Health Officials- Maternal and Child Health, Oregon Primary Care Association, Rural and Urban Health Departments, and a county Commission on Children and Families.
- Topics of discussion included:
 - SBHC funding history
 - 2004 funding principles
 - Economic and political climate
 - Sustainability concerns
- The workgroup unanimously voted to explore other funding scenarios and therefore convened a Funding Workgroup that would do so.

Funding Formula Workgroup: In March 2009 the funding workgroup convened to explore other funding formula scenarios.

- Funding workgroup participants:

- Three voting representative groups: SBHC State Program Office, Oregon School-Based Health Care Network, and Conference of Local Health Officials- Maternal and Child Health
- Additional participants: Oregon Primary Care Association, Rural and Urban Health Depts and a county Commission on Children and Families.
- Funding Principles were updated to reflect current funding expectations.
- Nine different scenarios were explored with one proposed recommendation sent out for comments to all SBHC partners and local county health departments.
- Voting members agreed on a final recommendation made to CLHO- MCH on May 20, 2009.

III. FUNDING WORKGROUP DISCUSSION

Each meeting was approximately two hours long with topics for discussion and goals of each meeting reviewed at the start of each session. Agendas and any documents for discussion were sent out prior to the meeting. Minutes were recorded and shared with the workgroup prior to the next meeting. *See Appendix C: Exploratory Workgroup and Funding Formula Workgroup minutes.*

IV. FUNDING PRINCIPLES

The 2004 funding workgroup established a core set of principles that were reflected in the approach or detail of their final recommendation. The 2009 funding workgroup agreed to also work from a set of funding principles and therefore revised the 2004 principles to better reflect our current goals and mission. The following are the revised 2009 funding principles: *See Appendices D: 2009 Funding Principles for detailed description.*

- State General Fund dollars should preserve the delivery of quality health care services.
- State General Fund dollars should support the most equitable distribution of funds per SBHC.
- Maintain an expectation of shared funding, such as local investment and ongoing work towards sustainability of SBHCs.
- Promote the development of new SBHCs and reduce disincentives to SBHC development.
- Increase ease of administration of the distribution of State General Fund dollars to counties.
- Maximize potential for future local community advocacy to maintain existing funds or to seek additional funds.
- In the event of a redistribution of State General Fund dollars, do the most good/least harm for the most counties receiving state funds.

V. FUNDING SCENARIOS

The funding workgroup analyzed nine different scenarios. Each scenario was presented on a financial modeling spreadsheet to show how funds would be distributed to each county including a comparison on the impact on existing funding levels. **State General Funds go to the LPHAs**

based on the number of certified centers, however, the distribution and use of those funds is a local level decision. Two assumptions are made with all scenarios: (1) the total special payments available to counties are \$4,439,000; and (2) the total number of certified SBHCs is 56. This includes 44 currently certified centers and 12 phase II planning sites (to be certified by June 30, 2009). The following gives a brief description of each scenario. *See Appendices E: Funding Scenario Spreadsheets.*

- Scenario 1: Equal funding for 1st certified center in county plus money for each additional certified center up to six centers in the county.
- Scenario 2: Equal funding for all currently certified centers.
- Scenario 3: Equal funding for first three certified centers in a county. (Not scored because total funding for this scenario was above the available special payment dollars.)
- Scenario 4: Existing funding formula plus a compensation index.
- Scenario 5/A Equal funding for 1st certified center in county plus money for each additional certified center with no limit on the number of additional centers.
- Scenario 6: Two levels of funding for 1st certified center depending on the number of certified centers in the county, plus money for additional certified centers with no limit on the number of additional centers.
- Scenario 7/B: Three levels of funding. Counties with only one certified center receive a certain level of funding. Counties with more than one certified center receive a different funding level for the first three certified centers and additional moneys for the fourth center and beyond.
- Scenario 8: An administrative base to all counties with certified centers plus money for each certified center, including the first.
- Scenario 9: Counties funded based on student enrollment in the schools where the certified centers are located.

The three voting representatives scored all scenarios (except scenario 3) next to the revised principles with a yes, no, or neutral as whether they met the principles or not. The workgroup discussed the scoring results in addition to pros and cons to the scenarios.

Consequently, scenario 5 and 7 were the most favorable. The scenario names were changed to scenario A (previously scenario 5) and scenario B (previously scenario 7) for further discussion. In addition, the workgroup identified how potential increases and decreases to the total funding level could be representing in both scenarios. *See Appendices E* for increase and decrease in scenarios A and B.

After further discussion, there was consensus from the workgroup that Scenario B aligned with the principles, showed the least disadvantages and therefore was the best recommendation to put forth for further review and comments by all SBHCs and local county health departments.

Benefits of Scenario B:

- There is no loss of funds to counties transitioning from the current formula to Scenario B;
- Nine out of 22 counties will gain funds transitioning from the current formula to Scenario B. (Benton , Clackamas, Columbia, Douglas, Jackson, Lane, Lincoln, Multnomah, and Umatilla counties.)

- Placing monetary value on every center maximizes the potential for local community advocacy to maintain existing funds.
- Placing monetary value on every center, promotes expansion development and therefore an incentive for future advocacy to seek additional funds.
- With the possibility of future additional funding to the total special payments, the formula provides a clear goal of achieving equity among the value of each SBHC.
- The formula maintains the expectation of shared funding such as local investment and ongoing work towards sustainability.

VI. PUBLIC COMMENTS

Scenario B and a link to additional support documents were sent out to all SBHCs and local county health departments for review and comments over a two week period. The review process included a short survey for people to provide feedback and comments. Survey results and comments were sent out to the workgroup for review before a final vote. The following are some results for the survey. *See Appendix F: Public Comments Survey Results* for full results.

- There were 33 responses from 17 counties and 1 statewide organization.
- Eighty-two percent (27/33) said they support the workgroup decision to recommend Scenario B.
- Eighty-two percent (27/33) reported a positive level of satisfaction that Scenario B is an improvement to the existing formula.

VII. FINAL RECOMMENDATION

After reviewing the public comments and for reasons identified in Section V of this document, the voting members for the funding workgroup unanimously agreed to recommend Scenario B (previously named Scenario 7) as a revision to the new SBHC funding formula.

The recommendation assumes the same level of General Funds will be available for the 09-11 biennium and eligibility will continue to be based on the current assessment of certified centers.

Recommendation 1: Scenario B

- Counties with only one certified SBHC get \$120,000/biennium.
- Counties with 2 or 3 certified SBHCs get \$80,000/biennium for each SBHC (including the 1st center).
- Counties with 4 or more certified SBHCs get \$80,000/biennium for the first 3 centers (totaling \$240K/biennium) and then \$50,600/biennium for each additional certified center over 3, with no limit on the number of additional centers.

Recommendation 2- In the event of an increase to state funding:

The workgroup assumed an increase of \$500,000 to the total biennium special payments to counties to show how additional funds would be distributed in the event of an increase. This amount was based on the proposed increase amount for the 2009-2011 SBHC budget.

Attempting to move all centers closer to equity, the funding increase would be distributed to counties with more than one certified SBHC. Therefore,

- Counties with only one certified SBHC would remain at \$120,000/biennium.
- Counties with more than one certified SBHC gets \$81,282/biennium for each SBHC (including the 1st center).

Recommendation 3- In the event of a decrease to state funding:

The workgroup assumed a 10% reduction in funding to the total special payments to show how a potential cut would affect the counties based on the proposed scenario.

The decrease would be evenly distributed to all certified SBHCs. Therefore,

- Counties with only one certified SBHC get \$108,000/biennium.
- Counties with 2 or 3 certified SBHCs get \$72,000/biennium for each SBHC (including the 1st center).
- Counties with 4 or more certified SBHCs get \$72,000/biennium for the first 3 centers (totaling \$216K/biennium) and then \$45,540/biennium for each additional center over 3, with no limit on the number of additional centers.

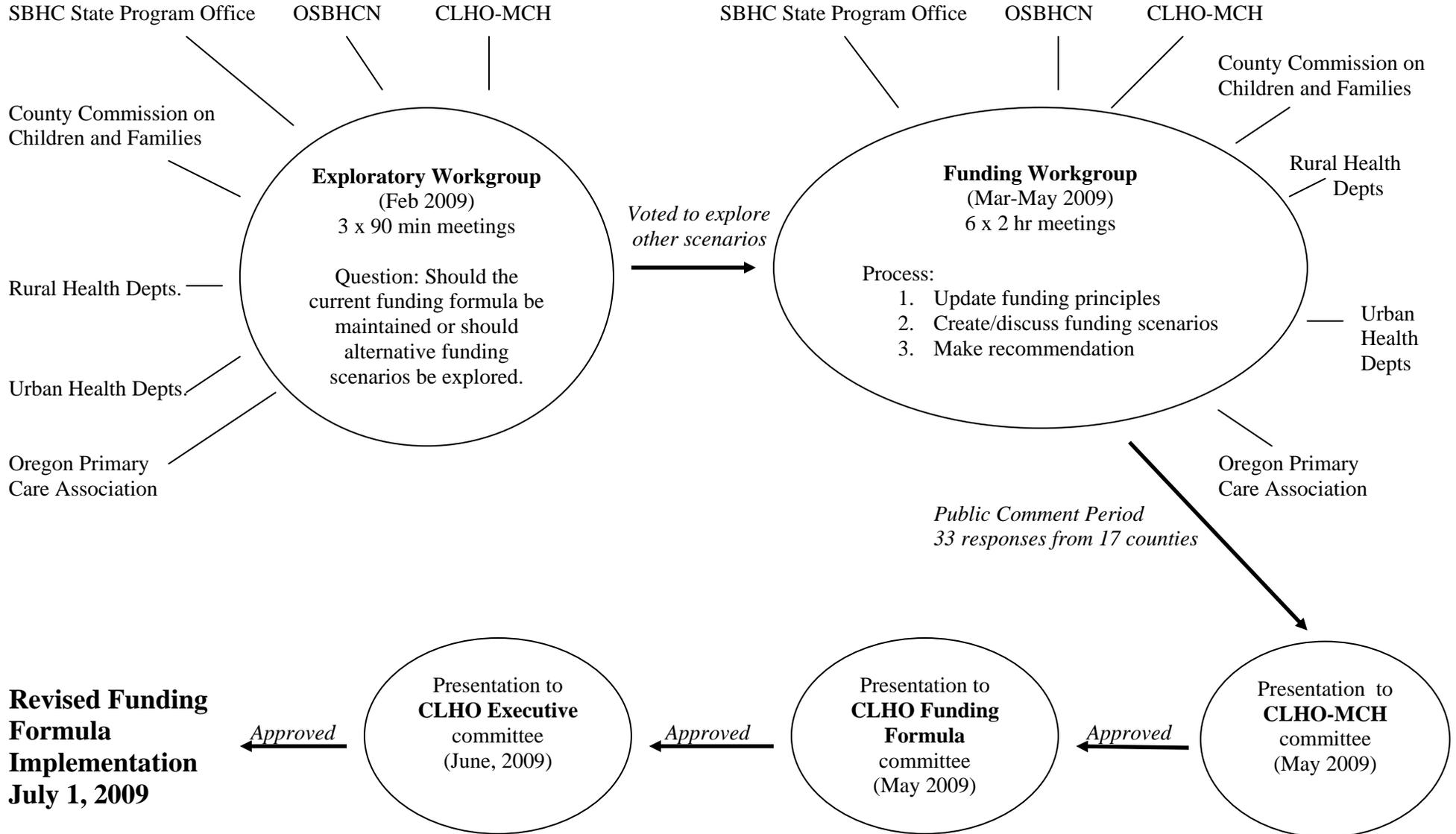
VIII. APPROVAL PROCESS

The recommendation of Scenario B as a revision to the SBHC state funding formula was presented and discussed at the May, 2009 CLHO-MCH committee meeting. The committee unanimously voted to strongly recommend the approval of Scenario B to the CLHO funding formula committee.

Upon review and discussion, the CLHO funding formula committee voted to move the recommendation forward to the CLHO executive committee for final approval.

The recommendation was brought to the CLHO executive committee in June, 2009. The committee approved the recommendation of Scenario B. Based on that approval, the SBHC State Program Office will implement the revision of the funding formula to Scenario B starting July 1, 2009.

SBHC Funding Formula Revision Process



APPENDIX A: 2004 Funding Workgroup Report

School-Based Health Center Funding Workgroup Report March 2004

▪ Background

Oregon's School-Based Health Center program (SBHC) has benefited from 17 years of support by the Oregon Department of Human Services and the Oregon Legislature. What began with an initial commitment of \$212,000 to partially fund four SBHCs grew to a commitment of \$2,619,649 for the 2003-2005 biennium. The total number of centers supported by state general funds has increased from four in 1988 to twenty centers in 2003 representing a local investment of \$2,104,760. The balance of funds is used for operation of the state program office to perform coordination, certification, data collection, and technical assistance activities for approximately 41 certified SBHCs.

Over the years, the actual dollar figure for state support per center has remained essentially constant at approximately \$52,000 per site. One exception in the funding cycle worth noting is that during the economic downturn of 1991-93 state support was cut to \$28,000 per site but reinstated the following biennium. Twenty centers currently receive \$52,619 each per year.

Oregon participated in the Robert Wood Johnson Foundation (RWJF) Making the Grade SBHC initiative between the years 1994-2000. The grant provided for the establishment of six new centers and dedicated state staffing to look at statewide policy and to refine the SBHC model. Outcomes of that grant resulted in establishing development of state certification (a requirement for future funding eligibility), a system for statewide data collection & reporting, a state model for funding and replacement funding for the six RWJF sites and ongoing state program office functions which reflects our current level of General Fund investment by the legislature.

In the past, all monies (General Fund or Other) that have been made available to the state to establish or operate SBHCs have always been awarded by a competitive RFP process. Over time, this has created an inequity between individual centers, communities and counties in terms of ongoing monetary supports for SBHC operations. Also historically, once a center had successfully competed for money they have continued to receive funding in subsequent years. At this time, slightly less than half of all certified centers have ever received General Fund support and some counties have never received any funding.

Experiences over the past several legislative sessions related to ongoing uncertainty of SBHC dollars as a funding priority within the state budget processes combined with the recent loss/restoration of funding in 2003 has been the primary impetus for both state and local partners' desire to, (1) re-visit how General Fund dollars are utilized to support the overall mission, (2) address equity issues between funded / un-funded centers or counties, and, (3) to lay a more stable public health funding framework to help improve ongoing support for both maintenance and future growth of the SBHC program.

▪ **Funding Workgroup Process**

SBHC stakeholders agreed to participate in a process that would review and develop new recommendations for how SBHC funding might be distributed as of the 2005-2007 biennium. A workgroup was established with one representative each from: Oregon School-Based Health Care Network (OSBHCN); Maternal and Child Health Committee of the Conference of Local Health Officials (MCH-CLHO), and; the School-Based Health Center state program office, Office of Family Health (OFH), Department of Human Services (DHS).

The overall plan was for the workgroup to meet over a concentrated period of time to develop a report and propose new funding recommendations. The recommendations would be opened for comment and advanced through MCH-CLHO to the CLHO funding formula committee and ultimately to CLHO for action. Steps in the process include:

- February Identification of workgroup members, preparation & gathering of background materials, develop meeting agenda
- March Conduct half-day workgroup meetings (3/3, 3/8, 3/12)
Draft report/recommendations
Update MCH-CLHO and CLHO on progress
Open recommendations for review to all SBHCs and LHD administrators
- April Present recommendations with comments to CLHO funding formula committee
- May CLHO action on recommended changes

▪ **Funding Workgroup Discussion**

Each meeting was approximately 3 hours long with topics for discussion and desired meeting outcomes decided at the start of each session. Notes were compiled and distributed to workgroup members prior to subsequent meetings along with any follow-up staffing tasks (e.g., budget estimates and projections). Discussion topics included:

- Charge/goal of the workgroup,
- Historical background on School Based Health Center funding,
- Review of state model for SBHC funding
- Current political, economic, contextual factors,
- Review of comments from OSBHCN & Funding Loss Survey,
- Use of un-obligated funds (short-term and long-term),
- Principles / factors to consider in guiding our work,
- Floor / threshold funding level,
- Targeting criteria,
- Core vs. Expanded certification levels,
- Future cycle of funding review,
- Use of restricted funding sources,
- Growth projection/retraction

▪ **Criteria & Principles**

As a result of the workgroup's extended discussion and deliberation, several core principles emerged that we agreed should be reflected in the approach or detail of any final funding formula recommendation. These included:

- Preserve the link between certification and eligibility for existing or future funding
- Use existing General Fund dollars to support more centers and/or more counties to make the distribution of funds more equitable
- Do the least harm to the least number of SBHCs or SBHC systems currently receiving state funds
- Preserve some level or concept of floor or threshold funding
- Maintains an expectation of shared funding, local investment and ongoing work towards sustainability at the local level
- Increase ease of administration and flexibility of use of funds
- Maximize potential for future local community advocacy to maintain existing or to seek additional funds

▪ **Funding Models**

The workgroup brainstormed several possible models for funding and then used a SBHC financial modeling spreadsheet to review how awards would look by individual centers or counties to compare impact on existing funding levels. In addition, a list of 'advantages' and 'disadvantages' for each model was developed for comparison between models and against the common criteria & principles. Five basic models (sometime discussed with variations) were identified. These included:

1. Differential funding based on a defined needs / targeting criteria
2. Equal funding for all currently certified centers (N=41)
3. Equal funding for all counties (N=14) with one or more certified centers
4. Base county funding plus additional money for each certified center
5. Base county funding by a range formula

Multiple reasons were identified for the eventual elimination of the first four models, however the primary reasons they were not advanced were:

1. [Differential] criteria too complex or limiting, administrative burden
2. [Equal by centers] dilution of funds, inequity by counties, below thresholds
3. [Equal by counties] inequity by counties/#centers, severe loss by multiple counties
4. [Base county +plus] significant loss by multiple counties

Consequently, model five [Base county by range of # of centers] was advanced as an option that seem to best met the criteria & principles (stated above) and had the least disadvantages. The base county by range model:

- avoided complexity and administrative burden,
- did not dilute or move funding significantly below existing thresholds,
- avoided loss by the least number of counties (with a mitigating solution proposed),
- provides maximum flexibility for counties to use dollars across certified SBHCs within their system,
- best reflects a public health investment strategy (county / county systems development)
- represents a shared responsibility for expanding the model with counties coordinating individual community interests with their public health needs
- is easy to portray to policy makers and offers options related to expansion (new counties vs. existing system development)
- suggested a 'limit' or 'cap' for the maximum investment in this particular access/safety net model that addresses long term cost control

▪ **Recommendations & Explanation**

For the reasons identified above, the workgroup came to a consensus decision and recommends the following model and actions.

The recommendation assumes the same level of General Funds will be available for the 05-07 biennium and ranges are determined based on the current assessment of certified centers.

The recommendation also assumes in order to avoid dilution of funds or counties falling below threshold that, unless additional funds are identified for new county participation or system expansion, counties will not receive new or increased funding if they open a center or move into a new range through local investment. However, such local investment would position counties for future funding. New funds would need to be sought or prioritized for (1) increasing the number of counties participating in this model, (2) expanding existing systems, or (3) a combination of both. A spreadsheet (attached) is provided that shows current and future awards.

Recommendation 1. Adopt a Base County by Range Model for the '05-'07 biennium

- Funding is based on range number of centers per county currently certified
 - 1-2 centers = \$50,000
 - 3-5 centers = \$100,000
 - 6-9 centers = \$150,000
 - 10 or more centers = \$200,000

Recommendation 2. Utilize the anticipated \$80,000 in unobligated funds for '03-'04 to off-set loss by the two counties that experience the greatest future monetary loss and immediately bring in the three counties with certified centers who have never received any General Fund to help stabilize their funding environments;

- \$25,000 each to Umatilla and Jackson to mitigate 05-07 formula loss
- \$10,000 each to Benton, Columbia, and Washington to immediately help stabilize their funding environments

Recommendation 3. Utilize the SBHC funding workgroup in the future to help respond to annual or biennial changes in funding levels and/or redistribution of unobligated funds by:

- Convening annually, or as needed, the workgroup with equal representation by MCH-CLHO, OSBHCN, and DHS State Program Office who would conduct the analysis and advance a report with recommendations for consideration through the appropriate stakeholder groups and CLHO channels
- Redistributing or assigning one-time unobligated funds only at the end of any current fiscal year based on immediate funding needs or to assist counties (new or moving into an expanded range) if they have met certification requirements during the prior year

APPENDIX B: Currently Certified SBHC in 2005 Funding Formula

Certified School-Based Health Centers in Current Funding Formula

Current Funding Formula:

Each county with a state-certified SBHC is eligible for state funds through its local public health authority (LPHA).

- 1-2 certified SBHCs in county: LPHA receives \$120,000 per biennium
- 3-5 certified SBHCs in county: LPHA receives \$240,000 per biennium
- 6-9 certified SBHCs in county: LPHA receives \$360,000 per biennium
- 10 or more certified SBHCs in county: LPHA receives \$480,000 per biennium.

# of Certified Centers	County	FY 2007-2009 Biennium Total	Avg \$\$ amount/SBHC Annually
1	Baker	\$120,000	\$60,000
2	Benton	\$120,000	\$30,000
1	Clackamas	\$120,000	\$60,000
1	Columbia	\$120,000	\$60,000
1	Coos	\$120,000	\$60,000
1	Deschutes	\$120,000	\$60,000
1	Douglas	\$120,000	\$60,000
6	Jackson	\$360,000	\$30,000
1	Jefferson	\$120,000	\$60,000
2	Josephine	\$120,000	\$30,000
5	Lane	\$240,000	\$24,000
4	Lincoln	\$240,000	\$30,000
1	Marion	\$120,000	\$60,000
12	Multnomah	\$480,000	\$20,000
2	Umatilla	\$120,000	\$30,000
1	Union	\$120,000	\$60,000
1	Washington	\$120,000	\$60,000
1	Wheeler	\$120,000	\$60,000
1	Yamhill	\$120,000	\$60,000

Currently, 12 planning sites pending certification status (by June 30, 2009) in 10 counties (*counties without existing SBHCs):

- Canby High School-Clackamas County
- Rainier High School- Columbia County
- Brookings Harbor High School- Curry County *
- Ensworth Elementary School- Deschutes County
- Lynch Elementary School- Deschutes County
- Douglas High School- Douglas County
- Jewett Elementary School- Jackson County
- Evergreen Elementary School- Josephine County
- Gilchrist School- Klamath County *
- Falls City Elementary School- Polk County*
- Forest Grove High School- Washington County
- Tigard High School- Washington County

**APPENDIX C: Meeting Minutes from Exploratory Funding Workgroup
and Funding Formula Workgroup**

SBHC Exploratory Funding Workgroup
Monday, Feb. 2, 2009
2:00-3:30pm

Meeting Minutes

Participants: Rosalyn Liu, Loretta Gallant, Janet Matthews, Jackie Rose, Jill Daniels, Kate Moore, Bill Thomas, Maxine Proskurowski, Judy Cleave, Sherrie Ford, Cindy Shaw, Vicki Brown, Bob Maxwell.

The discussion focused on the principles that were established by the 2004 Funding Workgroup and proposal of new principles. The goal was to decide whether the current funding formula still fits these principles and in turn update and add new principles of a “best fit” model.

Original Principle #1: *Preserve the link between certification and eligibility for existing or future funding.*

Participant Comments:

- This principle is a foundation to the funding model.
 - Certification provides credibility and makes sense to be tied to State funding.
 - Other states and national efforts are being made to mirror Oregon’s link between Certification and funding.
 - All participants in the group agreed that the current formula supports the principle and agreed to keep the principle language as is.
- ⇒ **Current formula supports principle**
- ⇒ **Keep principle as is.**

Original Principle #2: *Use existing General Fund dollars to support more centers and/or more counties to make the distribution of funds more equitable.*

Participant Comments:

- During the development the first funding model, this principle was more relevant because there were huge inequities across the state.
 - The principle was true during the transition from the RFP grant process to the funding formula, however, made need to be updated to be more relevant.
 - The current funding formula creates a disincentive for counties to expand.
 - There should be language in the principle supporting sustainability of current and future certified centers and equitable distribution.
- ⇒ **Current formula does not support principle as is.**
- ⇒ **Alter principle language to make relevant.**

Proposed Change: *Existing State General Fund dollars should support the most equitable distribution of funds to SBHCs or SBHC systems as possible.*

Original Principle #3: *Do the least harm to the least number of SBHCs or SBHC systems currently receiving state funds.*

Participant Comments:

- The principle seems less relevant now compared to when the formula was developed. However, if a new model is proposed, there is a need to have this principle in place.
 - Both concepts #2 and #3 could be combined to support the idea of a funding model that does the most good has opposed to least harm.
 - Add principle to include the concept that future growth should not happen at the expense of current centers.
 - Although the current formula held this principle at the time of development, the principle does not hold true now because the addition of new centers in a county can negatively impact currently certified centers.
- ⇒ Current formula does not support principle as is.
- ⇒ Alter principle language to make relevant.

Proposed Change: *In the event of a possible redistribution of State General Fund dollars, do the most good for the most SBHCs or SBHC systems receiving state funds.*

Original Principle #4: *Preserve some level or concept of floor or threshold funding.*

Participant comments:

- There should be a threshold level preserved.
 - The threshold level should be consistent when new centers are certified into a county. Currently the amount per center goes up and down as you increase funding range steps in a county.
 - The current formula does not support a consistent threshold level. Currently, if county funds were evenly distributed to centers, it seems some of the centers would drop below threshold.
 - Costs are usually the same when opening additional centers. Therefore, the assumption that creating a system with multiple centers reduces the cost, is not true.
 - There is no economy of scale.
 - Communities are not equitable so how do we create an equitable system? We need to make sure at least the base funding is equitable.
 - Agreed that we do have a principle that preserves the concept of threshold funding. However, we may need to be more specific when there is expansion in a county.
- ⇒ Current formula does not support principle as is.
- ⇒ Alter principle to be more specific.

Proposed Change: *Preserve some level or concept of floor or threshold funding of State General Fund dollars that sufficiently supports local investment towards sustainability of current SBHCs and expansion of new SBHCs.*

Original Principle #5: *Maintain an expectation of shared funding, local investment and ongoing work towards sustainability at the local level.*

Participant comments:

- If there is the expectation of local level investment than there should be sufficient funding from the State to support that local investment.

- That amount from the state that is used to leverage dollars should be stable and predictable as counties increase the number of certified sites.
 - Currently, the money from the state (if divided per center) is not a stable amount as you increase centers in county.
 - We need to think about whether we are trying to encourage expansion or sustainability of current centers.
- ⇒ Current formula supports principle.
- ⇒ Alter principle language to be more specific.

Proposed Change: *Maintain an expectation of shared funding, local investment and ongoing work towards sustainability at the local level with sufficient State funding to initiate that process.*

Original Principle #6: *Increase ease of administration and flexibility of use of funds.*

- There is almost too much flexibility and not enough restrictions on the use of funds by the LPHAs.
 - In cases where the LPHA is not the medical sponsor, partners at the center level are not part of the decision on how to use the State dollars.
 - May want to add language in the county contracts around use of SBHC State General Fund dollars as non-flexible funding, restrict administrative cuts, establish parameters on the use of State SBHC dollars, set expectations and constraints, define flow of dollars, encourage partnership at the local level and/or state intent of dollars.
 - Current funding formula fits principles, however, to a disadvantage of some centers.
- ⇒ Current formula supports principle.
- ⇒ Alter principle language to be more specific.

Proposed Change: *Increase ease of administration and flexibility of use of funds to benefit the most SBHCs or SBHC systems at the local level.*

Original Principle #7: *Maximize potential for future local community advocacy to maintain existing or to seek additional funds.*

- Principle was true at the time of development of the funding formula, however currently, the formula makes it very difficult to advocate for expansion.
 - The current formula threatens potential funds with the inconsistent stair steps in funding as counties expand their number of centers.
- ⇒ Current formula does not support principle.
- ⇒ Keep principle as is.

Proposed New Principles:

- *Maximize the use of state funds for supporting SBHC development and operations.*
- *Promote the development of new SBHCs and eliminate or reduce disincentives to SBHC development.*

SBHC Exploratory Funding Workgroup
Wednesday, Feb 11, 2009
9:30-11:00am

Meeting Minutes

Participants: Rosalyn Liu, Loretta Gallant, Carol Opheikens, Jackie Rose, Jill Daniels, Kate Moore, Maxine Proskurowski, Judy Cleave, Cindy Shaw, Vicki Brown, Bob Maxwell.

Continued Discussion of Principles:

- Group agreed on proposed Principle language. A temporary document of the updated principles is attached. At this time we will not get too specific with the principle language but make sure the concept with some justification is preserved in the document. We can go back to finalize the principles document (including a glossary) once a decision is made regarding a funding formula change.
- County contract language regarding flexibility in use of SBHC funds will be another discussion to follow the work sessions regardless of the decision to maintain the funding formula or not.

Discussion of Funding Formula in Relation to Political and Economic Climate:

- Rosalyn shared political and economic overview:
 - In 2003-2005, the economic climate was poor. We were in an economic downturn with revenue shortfalls. The SBHC program and funding were eliminated. Funding was restored after 6 months. Political climate was favorable. There was bipartisan support for the model and interested in public health prevention programs.
 - Currently, the economic climate is poor. There are revenue shortfalls at state and local level with added pressure on counties regarding loss of additional funds, specifically timber loss, which disproportionately affects the counties. We have strong bipartisan support for the model. There has been increasing interest in public health prevention strategies including SBHCs. However, there is increased expectation that we show health outcome data and the long-term economic impact of SBHCs. SBHCs are recognized in the safety net system and discussed in context of overall health systems reform. SBHCs are part of National legislation and possible future federal funding for SBHCs.
 - Factors to think about:
 - Does the current model put counties at risk because it is not proportional, especially in poor economic times?
 - Although SBHCs may be politically favored, we need to be sensitive when talking about expansion dollars due to loss of other state and local funds in other areas of direct social services, such as alcohol and drug, welfare, and mental health.
- Participants shared that sites are struggling in the poor economic times.

- Current funding formula may incentivize other centers to close. An example is a county with two sites has to justify why they shouldn't close one of the centers because they would still get the same funds from the State.
- Sites are still receiving funds from the same sources but the amounts have gone down.
- Sites have had to think about how to redistribute their funds across their centers.
- Although expansion of SBHCs may be a sensitive talking point because other programs are being defunded, with political support and increased need in services and resources, expansion may be favorable. However, it's most viable when you can increase your State funding by moving up in the range formula.
- Some centers are trying to divide staff time to cover more than one center, however, this is situational and depends on the county and geographical locations.

Homework:

- Rosalyn revised the Principles (document attached).
- Participants are asked to reflect on the political/economic discussion in relation the current funding formula.

Next Meeting:

- February 18, 9:30-11:00am
- Discussion will focus on sustainability of SBHCs within the current funding formula.

SBHC Exploratory Funding Workgroup
Wednesday, Feb 18, 2009
9:30-11:00am

Meeting Minutes

Participants: Rosalyn Liu, Loretta Gallant, Carol Opheikens, Jackie Rose, Jill Daniels, Kate Moore, Judy Cleave, Cindy Shaw, Vicki Brown, Bob Maxwell, Glenn Thurkow, Bill Thomas.

Review of 2/11/09 meeting minutes:

- Rosalyn created a temporary document outlining the principles for a best-fit funding model. We will go back, edit and finalize the principles language at a later date.
- No additional comments regarding the economic and political climate.

Discussion regarding sustainability of SBHC with the current funding formula:

- Highlights regarding the local level sustainability of SBHCs.
 - Counties are rolling over funds from other programs to cover their SBHCs.
 - Some sites are still getting local financial support from County General Fund, School Districts, businesses and hospitals. Some centers are also asking for registration fees. Due to the poor economic climate the amounts from partners have gone down. It's very difficult to ask for more when everyone is experiencing financial challenges.
 - Centers are still applying for grant funding and foundation money. However, one site suggests they are having difficulty receiving grants because granters are seeing the grant request as coming from the county as opposed to an independent program.
 - There is the belief in some communities that running an SBHC is similar to any other medical clinic and that is not the case, so educating partners on the differences is necessary for sustainability.
 - A union environment in some counties has created barriers to controlling cost saving in staffing.
 - One center started providing family planning services on site to help increase billing revenue. The community agreed because there was a need to increase revenue to keep the center open.
- Highlights regarding state wide/model sustainability of SBHCs.
 - Flexibility in use of State funds helps centers redistribute dollars where necessary.
 - Currently, the State money is insufficient to fully sustain a center and therefore, we need to determine a sufficient base with a fixed step increase when there is expansion.
 - Currently the formula shows the maximum investment of a county to be 10. Having a cap amount set at 10 is good because it shows a maximum investment in the model, however there is no economy of scale.
 - Participants felt it is hard for rural counties to grow up to 10 centers in their county.

- The step ranges are too big for some counties. Adding one center at time would be easier for a county, however, there may not be increase in their State funding to just add one.
- Maintaining a strong base amount is better than having equal amount distributed to all centers.

Other factors to discussion before a decision is made to move forward

- No additional factors were presented

Decision:

- Rosalyn asked the group whether they felt ready to make a final decision today as whether to keep the current funding formula or move forward to explore other funding options.
 - There was discussion on whether it was worth exploring other funding models if the likelihood of expansion dollars is minimal and a change would lead to “winners” and “losers”.
 - Some participants felt that the likelihood to get expansion dollars is still there.
 - **There was an unanimous decision by the group to explore other funding models, with the idea that there will be the option to keep the current funding formula if a better model is not proposed.**

Next Steps:

- **Feb. 23rd Meeting Canceled.**
- In March a funding workgroup with representatives from the State Program Office (Rosalyn Liu), the Oregon School-Based Health Care Network (Jackie Rose) and CLHO MCH (Judy Cleave) will meet and explore other funding formula options and in turn bring recommendations to CHLO MCH. The funding workgroup sessions are open to other participants. If you are interested in participating in the workgroups please let me know. If you are unable to attend and would like to provide some input, please contact one of the representatives. Dates and times for the work sessions will be email in the next week.

SBHC FUNDING WORKGROUP
Wednesday, March 11th, 2009
10:30-12:30pm

Minutes

Participants: Rosalyn Liu, Carol Opheikens, Loretta Gallant, Janet Matthews, Jill Daniels, Jackie Rose, Judy Cleave, Vicki Brown, Kate Moore, Bill Thomas, Bob Maxwell

Workgroup Process

- We decided as a group that anyone could bring funding scenario ideas forward. The work on the scenarios can be done by any participants beforehand and/or the State Program Office can bring the idea back and run the scenario to discuss in the next work session.
- Scenarios that were found to be worthy would be scored next to the principles with a yes/neutral/no scoring. The goal is have a “best fit” model.
- Assumptions
 - We would first run the scenarios assuming the entire special payment amount of \$4,439,000 and a total of 56 centers (44 certified and 12 planning).
 - Once we have some scenarios that we think may work, we can start to run them with the idea of expansion or reduction in funding.

Review of Funding Principles

- A principles score sheet has been created with a yes/neutral/no scoring. The principle language will need to be finalized at the end of this process. However, for now we can tweak the language as we move through the scenarios as we see fit.

Funding Scenarios

- Scenario 1- \$60K/yr as base to all counties and \$32,125/yr for each additional center. Capped at 6 centers per county.
 - Was scored next to principles – **See attached principles score sheet**
- Scenario 2- Total funds evenly distributed per center across all SBHCs (\$39,634/yr).
 - Group decided this was not worthy of scoring next to principles because too many counties would see a reduction in funding.
- Scenario 3- \$60K/yr for each center. Cap at 3, 6 and no cap.
 - The cap at 3 showed how far the current budget would get us if all centers were equally funded at \$60K/yr. Group decided this was no worth scoring next to principles because many counties would probably close centers and there was less incentive to expand. The adjustment was calculated into the existing formula on this spreadsheet. This seemed confusing to people, so an updated spreadsheet will be sent out without the adjustment.
 - The cap at 6 was run to show how much more funding we would need to hit a cap of 6 centers for each county.

6/22/09

- The no cap model shows us how much more funding we would need to fully fund all centers at an equal amount of \$60K/yr.

New Scenarios

- Jackie Rose proposed a funding scenario where we would keep the existing formula and put the net adjustment amount back into the base (\$599,000) to compensate counties with centers that are between ranges and therefore “uncompensated”.
- Jill Daniels requested to see Scenario 1 with no cap.

Next Steps:

- The State Program Office will run the two new scenarios and send out with agenda for next weeks meeting.
- An updated Scenario 3 will be sent out without the adjustment calculated into the existing formula.

Next Meeting: Monday 3/16/09 1:00-3:00pm

SBHC FUNDING WORKGROUP
Monday March 16, 2009
1:00-3:00pm

Minutes

Participants: Rosalyn Liu, Janet Matthews, Carol Opheikens, Loretta Gallant, Jill Daniels, Bill Thomas, Maxine Proskurowski, Kate Moore, Judy Cleave, Vicki Brown, Bob Maxwell, Jackie Rose

Clarification of Principles:

- Rosalyn briefly reviewed the main points on each principle to clarify the differences. There was a suggestion to reorganize the principles so the flow of the principles makes more sense. Judy Cleave sent out a document showing funding principles that a school system uses. The document may help us simplify our principle language. There was the agreement that we would not score the new scenarios to the principles until revisions have been made.
 - Action: Rosalyn will reorganize the principles with the highlighted main points within each.
 - Action: The group will review the document sent by Judy for discussion next meeting and see if there is anything we can use from it.

New Scenarios:

- Scenario 4: The majority of the group liked the scenario because it presented a favorable outcome for most counties and put a value on every center. The scenario had some drawbacks: it's difficult to explain and therefore advocacy would be difficult, and predicting a future request for dollars will be very complicated. Overall, people felt the scenario was worthy to keep as an option if we could overcome some of the drawbacks.
 - Action: Loretta is going to add a column that shows the average dollars per center in each county.
 - Action: The group should take a close look to see how we would advocate/market this funding model with simple language or is there another way to come up with a simple formula with these numbers.
- Scenario 5: Overall the feeling was that this model wouldn't work because there are counties that would lose some funding. Those counties really felt like losing that money would mean closing doors.
- Scenario 6: This was a slight alteration of Scenario 5. Overall the model seemed to show some promise because no centers lost money and the model put a value on every center. However, the differences in base to counties would need to be explained as a transitional step so no counties would have a reduction in funds. It may be difficult to explain the transitional step. In addition, the funding will most likely need to be reevaluated sooner.

- [Action: Loretta is going to add a column that shows the average dollars per center in each county.](#)
- Scenario 7: This scenario creates almost equal steps when adding on a new center and tries to get each center to have equal value. The proposed model requires an additional \$442,000 to the current special payment amounts. The spreadsheet also reconciles that amount, however, it is difficult to explain the adjustment calculation.
 - [Action: Loretta is going to try to run this scenario or a variation using the current special payment amounts](#)

Additional Scenario Ideas

- There was discussion of a model where counties would be funded with a base amount and then additional dollars for each center (including 1). The base could potentially be seen as an administrative base to the county. This model would truly use the concept of a base funding supporting a county system. Some people felt that an administrative base may present some difficulties in counties with more than one system.
 - [Action: Loretta is going to run a scenario that shows this concept.](#)
- There was a discussion on whether we want to look at other data concepts (other than # of centers/county) such a geographical location, need, operational costs, etc. People felt there were many drawbacks at looking at these variables: It would be difficult and time consuming to administer or come up with the data; the SBHC access model is different than typical clinics; there will most likely be less equitable funding for the centers; the diversity of the state creates unique challenges for each county; lose the real community “value” of the center.
 - There has been a recent bill requesting DHS to require counties to distribute funds to centers based on percentage of kids seen.
 - [Action: Loretta is going to run a scenario that shows how much each county would get based on student enrollment.](#)

Next Steps

- Review edits to principles and compare to document of school system funding.
- Look at edits to the Scenarios 4,6,7 and new Scenarios.
- Questions to think about has we find viable options:
 - Does the scenario create disincentives for the development of more centers?
 - How would expansion dollars be distributed?
 - How would a reduction in funds be implemented?
 - Can and how would we advocate for the scenario?

Next Meeting: Monday 3/23/09 1:00-3:00pm

SBHC FUNDING WORKGROUP
Monday March 23, 2009
1:00-3:00pm

Minutes

Participants: Rosalyn Liu, Loretta Gallant, Carol Opheikens, Janet Matthews, Judy Cleave, Jackie Rose, Bill Thomas, Vicki Brown

Principles

- Rosalyn changed the order of the principles to make them flow a little better.
- Thoughts on the *School Funding Systems* document:
 - The group liked the “phase in” concept and felt that we should have a principle that reflects the idea of a transition period.
 - Participants liked the principle of the funding formula being rational and defensible along with easy to explain to the community.
 - There were many principles in the document that overlapped with our current principles document such as:
 - Minimizing possible negative effects (ie. expectation of leveraging funds or community involvement)
 - Predictable future funding levels
 - Non-restrictive and flexible use of funds
- [Action:](#) Rosalyn will draft some language regarding the phase-in/ transitional concept for our Principles document.

Review of Scenarios

- Scenario 4- Existing Formula plus compensation index
 - The 10% cut and \$500K bump were added as an exercise to think about how the formula would deal with those situations and to see how counties would gain or lose. The State made the assumption the cut and bump would go towards the compensation index, however, this is one assumption that could change.
 - Participants felt this formula was a step towards equity, however, may be difficult to come up with an accurate expansion fund ask with so many variables to consider and would need to be revisited often → we agreed that any scenario would be need to be reviewed after an appropriate amount of time.
- Scenario 6- \$60K/\$45K base with funds for each additional center
 - Participants felt this scenario may be easier to talk about, however the difference in base would need an clear explanation. The scenario could also be seen as a transitional formula.
- Scenario 7a: Avg \$40K/center with current budget
 - This is version of Bill Thomas’s proposed scenario 7 with a more formulaic approach and assuming flat funding for the special payments.
 - Participants felt there was a clear objective towards an equitable value per center, however it was not easy to explain.
- Scenario 8: Base plus funds for each additional center (including 1)

- The end results was the same as Scenario 5, however, this was just a different way of dividing up the money.
- The Participants felt the scenario may imply an administrative responsibility on the county, the base number seemed meaningless and was a random number to make it work.
- Scenario 9a: Funding based on school enrollment within existing formula.
 - Doesn't change how the money would be distributed from the State to the counties, but would change the flexibility of use of dollars at the local level
- Scenario 9b: Funding based on school enrollment.
 - There were a lot issues perceived for this model including: the difficulty in predicting expansions dollars, the drastic inequity in funds to small schools and rural counties and the loss of recognition in the variability of models.

Additional Scenario Ideas

- No additional scenarios were suggested. However, there was the recommendation that any new formula would have a credible way of approaching expansion to limit the loss of funds to current certified sites.

Next Steps

- There was a suggestion that we establish a clear sense of a goal with the funding formula. An example was whether the formula was establishing a goal of eventually getting to \$60K/center or a % of operations dollars.
- There was also a request to define the path or process of what the voting members would need to make a decision or how a decision would be made.
- Action: Rosalyn will send out the cost modeling report so people can see the costs of start-up and operations.
- Action: Rosalyn, Jackie and Judy will discuss the decision making process outside of the group and bring back our thoughts.
- Action: Rosalyn will work with Judy and Jackie to schedule 3 more meetings.

Next Meeting: Monday 4/6/09 9:00-11:00am

SBHC FUNDING WORKGROUP
Monday April 6, 2009
9:00-11:00am

Minutes

Participants: Rosalyn Liu, Loretta Gallant, Carol Opheikens, Jackie Rose, Judy Cleave, Jill Daniels, Bill Thomas, Bob Maxwell, Vicki Brown

Process and Schedule Review

- The original agenda for this meeting was to review the scoring of the principles and pick two scenarios to send out for a public comment period. After the three voting representatives (Jackie, Judy and Rosalyn) went through the scoring exercise, we realized the principles needed further clarification and therefore the scores were not ready to share.

Follow-up from last work session

- “Transitional” language was added to the last principle.
- We reviewed the history of the State’s funding and the expectation of shared funding at the local level. The original Robert Wood Johnson Grant funded the State and centers with the understanding that the role of Public Health was to help build a system of care and not necessarily run the centers.

Discussion of Principles

- The group reviewed all the principles in an effort to simplify and clarify the purpose, meanings, and goals of each.
- **ACTION:** Rosalyn will rewrite the updated principles and share them with Jackie and Judy for review. Based on the progress, we will attempt to score the scenarios with the new principles.

Next Steps

- We will keep the next three meeting as is. Based on the progress of revising the principles, the scenarios will be scored and shared at the next meeting. At that point we will have a discussion to decide on 2 scenarios to put out for public comment period and revise the meeting dates as necessary.

Next Meeting: Wednesday 4/22 10:00-12:00pm

SBHC FUNDING WORKGROUP
Wednesday April 22, 2009
10:00-12:00pm

MINUTES

Participants: Rosalyn Liu, Janet Matthews, Bob Nystrom, Loretta Gallant, Carol Opheikens, Jackie Rose, Judy Cleave, Jill Daniels, Bill Thomas, Bob Maxwell, Kate Moore

Updated Principles

- Since the last meeting on 4/6, Jackie, Judy and Rosalyn have been working on updating and revising the principle to simplify the language and make descriptive bullets that help with the scoring the scenarios. The updated version was shared with the group. A revised version is attached to the minute's email with track changes based on further recommendations from the group.
- The recommended edits did not affect any of the scoring of the scenarios.

Scoring of the Principles

- Scoring members shared their scoring experience and top choices.
 - Jackie's comments: Jackie thought the scoring process was much clearer with the revised principles, however, still required a lot of time and reflection. Jackie's two scenario picks were Scenario 5/8 and 2.
 - Judy's comments: Judy agreed that the process was easier than last time although there were still some ambiguity. Judy's picks were Scenario 5/8 and 7.
 - Rosalyn's comments: Rosalyn agreed the process was easier, although not easy. By simplifying the principle language that left room for interpretation. Rosalyn's picks were Scenario 5 and 7.
 - The group decided that Scenario 8 had the same outcome as 5, just packaged differently. The description of the distribution of the funds created some concerns and therefore we decided to remove Scenario 8 as a viable recommendation.
 - Scenario 2 scored high among all scorers; however, the loss to certain counties is very high.
- **The group decided that Scenario 5 and 7 were the strongest scenarios and would be put out for review by SBHC partners.**

Next Steps

- Scenarios 5 and 7 will be run showing ways of incorporating a 10% cut or an addition of \$500K to the special payments.
 - **Action:** Loretta will put that together and Rosalyn will send them out to the group to review before next meeting. The group needs to decide which 10% cut and \$500K bump version to put out for review.
- SBHC Partner Review Process:

6/22/09

- Once the two scenarios (with bump and cut versions) are finalized, they will be sent out for review. A survey will be attached for people to share their comments.
- Action: The group needs to think about if we should only send it out for review to health department Administrators, non-health department medical sponsor administrators and all SBHC coordinators.
- Action: Rosalyn will create a short survey for reviewers to enter their comments. To be reviewed at next meeting.

Next Meeting: Tuesday, May 28 from 1-3pm

SBHC FUNDING WORKGROUP
Tuesday April 28, 2009
1:00-3:00pm

Minutes

Participants: Rosalyn Liu, Janet Matthews, Bob Nystrom, Judy Cleave, Jill Daniels, Jackie Rose, Bill Thomas, Kate Moore

Discussion of Cut and Bump Scenarios

- Scenarios were renamed. Scenario 5 is now Scenario A. Scenario 7 is now Scenario B.
- Correction: The header for the document titled “Scenario 7a- 10% Cut evenly distributed to all SBHCs” should be changed from Version 2 to Version 1.
- The group came to a consensus on which versions of the 10% cut and \$500K to put forward:
 - Scenario A: 10% Cut-Version 1 (evenly distributed to all SBHCs) and \$500K Bump-Version 3 (bump to additional SBHCs beyond 1)
 - Scenario B: 10% Cut- Version 1 (evenly distributed to all SBHCs) and \$500K Bump-Version 1 (bump to additional SBHCs beyond 1)

Discussion and Comments of Scenarios

- Scenario A: This scenario seems easier to talk about. Counties with 3 SBHCs lose funding from the current formula. Within the last biennium, some counties strategically expanded up to three to move up a range in the current formula. The goal of striving towards equity would take longer with this formula. Scored high next to the principles (however, principles were not weighted).
- Scenario B: The three levels of funding make it a little more difficult to talk about. No counties lose funding from the current formula. This scenario shows a clearer goal of trying to get toward equity faster. Can be seen as a transitional formula towards the goal of equity.
- The group seemed to be leaning toward Scenario B. There was discussion on whether we needed to put both Scenario A and B out to SBHC partners for review. The group decided that we wanted to show the top two choices (Scenario A and B) to partners, however, provide a clear description that the overall feeling of the group was favoring Scenario B.
- Action: Rosalyn will add the change from the existing formula for both cut and bump scenarios.

Partner Review Process

- Both scenarios will be shared with SBHC partners. The survey will ask for any general comments and feedback. We will also ask partners if they feel they could support Scenario B.
- We decided that the survey and review process would be shared with Health Department Administrators (this will catch CLHO representatives), SBHC administrators and coordinators (this will catch all medical sponsors).

6/22/09

- Background documents, principles, Scenarios A and B, and meeting minutes will be posted on the SBHC State website. An email with a link to the survey and State website will be sent to SBHC partners. The email will also provide a summary of why the group thinks Scenario B is a better choice.
- **Action:** Rosalyn will redesign the survey to focus more on Scenario B and post items to the website.

Next Steps

- The survey email should go out before Friday, allowing for a little less than 2 weeks for review. Once survey is closed, Rosalyn will share results with the workgroup.
- **Meeting on May 6th is cancelled.**
- Jackie, Judy and Rosalyn will officially vote on May 15th. Rosalyn will share a draft version of the report that will be presented to CLHO MCH before that meeting. The recommendations and report will be presented to CLHO MCH on May 20th.

Next Meeting: Friday, May 15th 10-12pm

APPENDIX D: 2009 SBHC Funding Principles

SBHC Funding Model Principles (4/22/09)

Principle #1: *State General Fund dollars should preserve the delivery of quality health care services.*

- Certification provides credibility and guarantees a level of quality care.
- The formula should maintain the link between Certification and state funding- only counties with state-certified SBHCs are eligible for state funding through their local public health authority.

Principle #2: *State General Fund dollars should support the most equitable distribution of funds per SBHC.*

- The formula should support the concept that each SBHC be treated as having equal value.
- This principle is not referring to the equitable distribution of SBHCs as access points across the state. However, that issue is addressed in the expansion grant process.
- The distribution of funds from the LPHA to the SBHCs is a local level decision.

Principle #3: *Maintain an expectation of shared funding, such as local investment and ongoing work towards sustainability of SBHCs.*

- On average, the State has seen that each State dollar is used to leverage about 3 to 4 dollars at the local level.
- The formula should anticipate that communities will build a shared funding model to operate and sustain an SBHC and not expect the State dollars to fully operate the SBHCs.
- The principle supports a local business plan for SBHCs that helps the SBHC to maximize local funding efforts and utilize intelligent business practices.
- The funding model will be evaluated in the context of the State's economy and available funding knowing that available funds may expand or contract.

Principle #4: *Promote the development of new SBHCs and reduce disincentives to SBHC development.*

- The formula should promote the development of new SBHCs by increasing funding as a county adds an additional site. The increase in funding as you add new centers does not have to be consistent, but simply an increase.
- The formula would reduce disincentives to expand SBHC development by having a consistent average per center amount (does not fluctuate up and down) or a consistently small reduction as a county expands.

Principle #5: *Increase ease of administration of the distribution of State General Fund dollars to counties.*

- The formula should not be too complicated to administer from the State to the LPHA.
- There should be a limited number of variables to consider when determining funding levels. Variable should be somewhat consistent within a biennium, so amendment changes do not have to be made often.

Principle #6: *Maximize potential for future local community advocacy to maintain existing funds or to seek additional funds.*

- The formula should be somewhat easy to talk about with the public and legislators.
- By placing a value on every center, counties will be invested in advocacy to maintain funding for each center or expand the number of centers.

Principle #7: *In the event of a redistribution of State General Fund dollars, do the most good/least harm for the most counties receiving state funds.*

- Most good to most counties could be viewed as a greater number of counties that would not lose money with a redistribution of funds.
- The formula should also try to do the least harm to counties by supporting both rural and urban regions.
- With limited State funding, any formula may be seen as a transitional step towards that goal.

APPENDIX E: SBHC Funding Scenario Spreadsheets

RECOMMENDED- SBHC Funding Scenario B: (previously named Scenario 7)

Counties with only one SBHC get \$120,000/biennium. Counties with 2 or 3 SBHCs get \$80,000/biennium for each SBHC (including the 1st center). Counties with 4 or more SBHCs get \$80,000/biennium for the first 3 SBHCs (totaling \$240,000) and then \$50,600/biennium for each additional center with no limit on the number of additional centers.

Assumptions: (1) Total Biennium Special Payments 2009-2011: \$4,439,000; (2) Total Number of Certified SBHCs 2009-2011: 56

Total # SBHCs	County	FY 09-11 Existing Formula	(Scenario B) \$120K/biennium for counties with only 1 SBHC	(Scenario B) \$80K/biennium/SBHC for counties w/ more than 1 SBHC up to 3	(Scenario B) \$50,600/biennium for each add'l SBHC over 3	(Scenario B) Biennium Total	Change from Existing Formula to Scenario B
1	Baker	\$120,000	\$120,000			\$120,000	\$0
2	Benton	\$120,000		\$160,000		\$160,000	\$40,000
2	Clackamas	\$120,000		\$160,000		\$160,000	\$40,000
2	Columbia	\$120,000		\$160,000		\$160,000	\$40,000
1	Curry	\$120,000	\$120,000			\$120,000	\$0
1	Coos	\$120,000	\$120,000			\$120,000	\$0
3	Deschutes	\$240,000		\$240,000		\$240,000	\$0
2	Douglas	\$120,000		\$160,000		\$160,000	\$40,000
6	Jackson	\$360,000		\$240,000	\$151,800	\$391,800	\$31,800
1	Jefferson	\$120,000	\$120,000			\$120,000	\$0
3	Josephine	\$240,000		\$240,000		\$240,000	\$0
1	Klamath	\$120,000	\$120,000			\$120,000	\$0
5	Lane	\$240,000		\$240,000	\$101,200	\$341,200	\$101,200
4	Lincoln	\$240,000		\$240,000	\$50,600	\$290,600	\$50,600
1	Marion	\$120,000	\$120,000			\$120,000	\$0
12	Multnomah	\$480,000		\$240,000	\$455,400	\$695,400	\$215,400
1	Polk	\$120,000	\$120,000			\$120,000	\$0
2	Umatilla	\$120,000		\$160,000		\$160,000	\$40,000
1	Union	\$120,000	\$120,000			\$120,000	\$0
3	Washington	\$240,000		\$240,000		\$240,000	\$0
1	Wheeler	\$120,000	\$120,000			\$120,000	\$0
1	Yamhill	\$120,000	\$120,000			\$120,000	\$0
56		\$3,840,000*	\$1,200,000	\$2,480,000	\$759,000	\$4,439,000	

*\$3,840,000 is less than the available special payment amount (\$4,439,000) because the number of centers that advanced toward certification did not meet the predicted number.

6/22/09

Scenario B- Summary Table

# of SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/SBHC Annually
1	\$120,000		\$60,000
2	\$160,000	\$40,000	\$40,000
3	\$240,000	\$80,000	\$40,000
4	\$290,600	\$50,600	\$36,325
5	\$341,200	\$50,600	\$34,120
6	\$391,800	\$50,600	\$32,650
7	\$442,400	\$50,600	\$31,600
8	\$493,000	\$50,600	\$30,813
9	\$543,600	\$50,600	\$30,200
10	\$594,200	\$50,600	\$29,710
11	\$644,800	\$50,600	\$29,309
12	\$695,400	\$50,600	\$28,975
13	\$746,000	\$50,600	\$28,692
14	\$796,600	\$50,600	\$28,450
15	\$847,200	\$50,600	\$28,240

6/22/09

Scenario B- \$500,000 increase to total funding distributed to each SBHC in counties with more than one center. Counties with only one center do not receive an increase (\$120,000). Counties with >1 center receive \$81,282/biennium for each SBHC (including the 1st center).

- Total Biennium Special Payment with \$500,000 increase: \$4,939,000

Total # Centers	County	FY 2009-2011 Existing Formula	Scenario B Biennium Total	(Scenario B- w/ increase) \$120K/biennium for counties with only 1 SBHC	(Scenario B- w/ increase) \$81,282/biennium for each add'l SBHC	(Scenario B- w/ increase) Biennium Total	Change from Scenario B to Scenario B- w/ increase	Change from Existing Formula to Scenario B- w/ increase
1	Baker	\$120,000	\$120,000	\$120,000		\$120,000	\$0	\$0
2	Benton	\$120,000	\$160,000		\$162,564	\$162,564	\$2,564	\$42,564
2	Clackamas	\$120,000	\$160,000		\$162,564	\$162,564	\$2,564	\$42,564
2	Columbia	\$120,000	\$160,000		\$162,564	\$162,564	\$2,564	\$42,564
1	Curry	\$120,000	\$120,000	\$120,000		\$120,000	\$0	\$0
1	Coos	\$120,000	\$120,000	\$120,000		\$120,000	\$0	\$0
3	Deschutes	\$240,000	\$240,000		\$243,846	\$243,846	\$3,846	\$3,846
2	Douglas	\$120,000	\$160,000		\$162,564	\$162,564	\$2,564	\$42,564
6	Jackson	\$360,000	\$391,800		\$487,692	\$487,692	\$95,892	\$127,692
1	Jefferson	\$120,000	\$120,000	\$120,000		\$120,000	\$0	\$0
3	Josephine	\$240,000	\$240,000		\$243,846	\$243,846	\$3,846	\$3,846
1	Klamath	\$120,000	\$120,000	\$120,000		\$120,000	\$0	\$0
5	Lane	\$240,000	\$341,200		\$406,410	\$406,410	\$65,210	\$166,410
4	Lincoln	\$240,000	\$290,600		\$325,128	\$325,128	\$34,528	\$85,128
1	Marion	\$120,000	\$120,000	\$120,000		\$120,000	\$0	\$0
12	Multnomah	\$480,000	\$695,400		\$975,384	\$975,384	\$279,984	\$495,384
1	Polk	\$120,000	\$120,000	\$120,000		\$120,000	\$0	\$0
2	Umatilla	\$120,000	\$160,000		\$162,564	\$162,564	\$2,564	\$42,564
1	Union	\$120,000	\$120,000	\$120,000		\$120,000	\$0	\$0
3	Washington	\$240,000	\$240,000		\$243,846	\$243,846	\$3,846	\$3,846
1	Wheeler	\$120,000	\$120,000	\$120,000		\$120,000	\$0	\$0
1	Yamhill	\$120,000	\$120,000	\$120,000		\$120,000	\$0	\$0
56		\$3,840,000	\$4,439,000	\$1,200,000	\$3,738,972	\$4,938,972		

6/22/09

Scenario B- with \$500,000 increase: Summary Table

# of SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/SBHC Annually
1	\$120,000		\$60,000
2	\$162,564	\$42,564	\$40,641
3	\$243,846	\$81,282	\$40,641
4	\$325,128	\$81,282	\$40,641
5	\$406,410	\$81,282	\$40,641
6	\$487,692	\$81,282	\$40,641
7	\$568,974	\$81,282	\$40,641
8	\$650,256	\$81,282	\$40,641
9	\$731,538	\$81,282	\$40,641
10	\$812,820	\$81,282	\$40,641
11	\$894,102	\$81,282	\$40,641
12	\$975,384	\$81,282	\$40,641
13	\$1,056,666	\$81,282	\$40,641
14	1,137,948	\$81,282	\$40,641
15	1,219,230	\$81,282	\$40,641

6/22/09

Scenario B- 10% decrease to total funding evenly distributed to all SBHCs.

- Total Biennium Special Payments with 10% decrease: \$3,995,100

Total # Centers	County	FY 2009-2011 Existing Formula	Scenario B Biennium Total	(Scenario B- w/ decrease) \$108K/biennium for counties with only 1 SBHC	(Scenario B- w/decrease) \$72K/biennium/ SBHC for counties w/ more than 1 SBHC up to 3	(Scenario B- w/ decrease) \$45,540/biennium for each add'l SBHC over 3	(Scenario B- w/ decrease) Biennium Total	Change from Scenario B to Scenario B w/ decrease	Change from Existing Formula to Scenario B w/ decrease
1	Baker	\$120,000	\$120,000	\$108,000			\$108,000	-\$12,000	-\$12,000
2	Benton	\$120,000	\$160,000		\$144,000		\$144,000	-\$16,000	\$24,000
2	Clackamas	\$120,000	\$160,000		\$144,000		\$144,000	-\$16,000	\$24,000
2	Columbia	\$120,000	\$160,000		\$144,000		\$144,000	-\$16,000	\$24,000
1	Curry	\$120,000	\$120,000	\$108,000			\$108,000	-\$12,000	-\$12,000
1	Coos	\$120,000	\$120,000	\$108,000			\$108,000	-\$12,000	-\$12,000
3	Deschutes	\$240,000	\$240,000		\$216,000		\$216,000	-\$24,000	-\$24,000
2	Douglas	\$120,000	\$160,000		\$144,000		\$144,000	-\$16,000	\$24,000
6	Jackson	\$360,000	\$391,800		\$216,000	\$136,620	\$352,620	-\$39,180	-\$7,380
1	Jefferson	\$120,000	\$120,000	\$108,000			\$108,000	-\$12,000	-\$12,000
3	Josephine	\$240,000	\$240,000		\$216,000		\$216,000	-\$24,000	-\$24,000
1	Klamath	\$120,000	\$120,000	\$108,000			\$108,000	-\$12,000	-\$12,000
5	Lane	\$240,000	\$341,200		\$216,000	\$91,080	\$307,080	-\$34,120	\$67,080
4	Lincoln	\$240,000	\$290,600		\$216,000	\$45,540	\$261,540	-\$29,060	\$21,540
1	Marion	\$120,000	\$120,000	\$108,000			\$108,000	-\$12,000	-\$12,000
12	Multnomah	\$480,000	\$695,400		\$216,000	\$409,860	\$625,860	-\$69,540	\$145,860
1	Polk	\$120,000	\$120,000	\$108,000			\$108,000	-\$12,000	-\$12,000
2	Umatilla	\$120,000	\$160,000		\$144,000		\$144,000	-\$16,000	\$24,000
1	Union	\$120,000	\$120,000	\$108,000			\$108,000	-\$12,000	-\$12,000
3	Washington	\$240,000	\$240,000		\$216,000		\$216,000	-\$24,000	-\$24,000
1	Wheeler	\$120,000	\$120,000	\$108,000			\$108,000	-\$12,000	-\$12,000
1	Yamhill	\$120,000	\$120,000	\$108,000			\$108,000	-\$12,000	-\$12,000
56		\$3,840,000	\$4,439,000	\$1,080,000	\$2,232,000	\$683,100	\$3,995,100		

6/22/09

Scenario B- with 10% decrease: Summary Table

# of SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/SBHC Annually
1	\$108,000		\$54,000
2	\$144,000	\$36,000	\$36,000
3	\$216,000	\$72,000	\$36,000
4	\$261,540	\$45,540	\$32,693
5	\$307,080	\$45,540	\$30,708
6	\$352,620	\$45,540	\$29,385
7	\$398,160	\$45,540	\$28,440
8	\$443,700	\$45,540	\$27,731
9	\$489,240	\$45,540	\$27,180
10	\$534,780	\$45,540	\$26,739
11	\$580,320	\$45,540	\$26,378
12	\$625,860	\$45,540	\$26,078
13	\$671,400	\$45,540	\$25,823
14	\$716,940	\$45,540	\$25,605
15	\$762,480	\$45,540	\$25,416

6/22/09

SBHC Funding Scenario 1: County receives \$120,000/biennium for 1st certified center and then \$64,250 for each additional certified center up to six centers in the county.

Assumptions: (1) Total Biennium Special Payments 2009-2011: \$4,439,000 ; (2) Total Number of Certified SBHCs 2009-2011: 56

Total # Centers	County	FY 09-11 Existing Formula	(Scenario 1) \$120K/ biennium for 1st SBHC	(Scenario 1) \$64,250/biennium for each add'l SBHC up to 6	(Scenario 1) Biennium Total	Change from Existing Formula to Scenario 1
1	Baker	\$120,000	\$120,000	\$0	\$120,000	\$0
2	Benton	\$120,000	\$120,000	\$64,250	\$184,250	\$64,250
2	Clackamas	\$120,000	\$120,000	\$64,250	\$184,250	\$64,250
2	Columbia	\$120,000	\$120,000	\$64,250	\$184,250	\$64,250
1	Curry	\$120,000	\$120,000	\$0	\$120,000	\$0
1	Coos	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Deschutes	\$240,000	\$120,000	\$128,500	\$248,500	\$8,500
2	Douglas	\$120,000	\$120,000	\$64,250	\$184,250	\$64,250
6	Jackson	\$360,000	\$120,000	\$321,250	\$441,250	\$81,250
1	Jefferson	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Josephine	\$240,000	\$120,000	\$128,500	\$248,500	\$8,500
1	Klamath	\$120,000	\$120,000	\$0	\$120,000	\$0
5	Lane	\$240,000	\$120,000	\$257,000	\$377,000	\$137,000
4	Lincoln	\$240,000	\$120,000	\$192,750	\$312,750	\$72,750
1	Marion	\$120,000	\$120,000	\$0	\$120,000	\$0
12	Multnomah	\$480,000	\$120,000	\$321,250	\$441,250	-\$38,750
1	Polk	\$120,000	\$120,000	\$0	\$60,000	-\$60,000
2	Umatilla	\$120,000	\$120,000	\$64,250	\$184,250	\$64,250
1	Union	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Washington	\$240,000	\$120,000	\$128,500	\$248,500	\$8,500
1	Wheeler	\$120,000	\$120,000	\$0	\$120,000	\$0
1	Yamhill	\$120,000	\$120,000	\$0	\$120,000	\$0
56		\$3,840,000*	\$2,640,000	\$1,799,000	\$4,379,000	

Scenario 1: Summary Table

# SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/ SBHC Annually
1	\$120,000		\$60,000
2	\$184,250	\$64,250	\$46,063
3	\$248,500	\$64,250	\$41,417
4	\$312,750	\$64,250	\$39,094
5	\$377,000	\$64,250	\$37,700
6	\$441,250	\$64,250	\$36,771
7	\$441,250	\$0	\$31,518
8	\$441,250	\$0	\$27,578

# SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/ SBHC Annually
9	\$441,250	\$0	\$24,514
10	\$441,250	\$0	\$22,063
11	\$441,250	\$0	\$20,057
12	\$441,250	\$0	\$18,385
13	\$441,250	\$0	\$16,971
14	\$441,250	\$0	\$15,759
15	\$441,250	\$0	\$14,708

*\$3,840,000 is less than the available special payment amount (\$4,439,000) because the number of centers that advanced toward certification did not meet the predicted number.

6/22/09

SBHC Funding Scenario 2: County receives \$79,268/biennium for each certified center in the county with no limit on the number of centers. Assumptions: (1) Total Biennium Special Payments 2009-2011: \$4,439,000 ; (2) Total Number of Certified SBHCs 2009-2011: 56

#SBHCs	County	FY 09-11 Existing Formula	(Scenario 2) Biennium Total 09-11	Change from Existing Formula to Scenario 2
1	Baker	\$120,000	\$79,268	-\$40,732
2	Benton	\$120,000	\$158,536	\$38,536
2	Clackamas	\$120,000	\$158,536	\$38,536
2	Columbia	\$120,000	\$158,536	\$38,536
1	Curry	\$120,000	\$79,268	-\$40,732
1	Coos	\$120,000	\$79,268	-\$40,732
3	Deschutes	\$240,000	\$237,804	-\$2,196
2	Douglas	\$120,000	\$158,536	\$38,536
6	Jackson	\$360,000	\$475,607	\$115,607
1	Jefferson	\$120,000	\$79,268	-\$40,732
3	Josephine	\$240,000	\$237,804	-\$2,196
1	Klamath	\$120,000	\$79,268	-\$40,732
5	Lane	\$240,000	\$396,339	\$156,339
4	Lincoln	\$240,000	\$317,071	\$77,071
1	Marion	\$120,000	\$79,268	-\$40,732
12	Multnomah	\$480,000	\$951,214	\$471,214
1	Polk	\$120,000	\$79,268	-\$40,732
2	Umatilla	\$120,000	\$158,536	\$38,536
1	Union	\$120,000	\$79,268	-\$40,732
3	Washington	\$240,000	\$237,804	-\$2,196
1	Wheeler	\$120,000	\$79,268	-\$40,732
1	Yamhill	\$120,000	\$79,268	-\$40,732
56		\$3,840,000*	\$4,439,000	

Scenario 2: Summary Table

# SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/ SBHC Annually
1	\$79,268		\$39,634
2	\$158,536	\$79,268	\$39,634
3	\$237,804	\$79,268	\$39,634
4	\$317,071	\$79,268	\$39,634
5	\$396,339	\$79,268	\$39,634
6	\$475,607	\$79,268	\$39,634
7	\$554,875	\$79,268	\$39,634
8	\$634,143	\$79,268	\$39,634

# SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/ SBHC Annually
9	\$713,411	\$79,268	\$39,634
10	\$792,679	\$79,268	\$39,634
11	\$871,946	\$79,268	\$39,634
12	\$951,214	\$79,268	\$39,634
13	\$1,030,482	\$79,268	\$39,634
14	\$1,109,750	\$79,268	\$39,634
15	\$1,189,018	\$79,268	\$39,634

*\$3,840,000 is less than the available special payment amount (\$4,439,000) because the number of centers that advanced toward certification did not meet the predicted number.

6/22/09

****SBHC Funding Scenario 3:** County receives \$120,000/biennium for each certified SBHC up to 3 centers in the county.

Assumptions: (1) Total Biennium Special Payments 2009-2011: \$4,439,000 ; (2) Total Number of Certified SBHCs 2009-2011: 56

Total # Centers	County	FY 09-11 Existing Formula	(Scenario 3) All counties w/1 SBHC get \$120K/biennium	(Scenario 3) Add'l funding- \$120K/ biennium up to 3 SBHCs	(Scenario 3) Biennium Total	Change from Existing Formula to Scenario 3
1	Baker	\$120,000	\$120,000	\$0	\$120,000	\$0
2	Benton	\$120,000	\$120,000	\$120,000	\$240,000	\$120,000
2	Clackamas	\$120,000	\$120,000	\$120,000	\$240,000	\$120,000
2	Columbia	\$120,000	\$120,000	\$120,000	\$240,000	\$120,000
1	Curry	\$120,000	\$120,000	\$0	\$120,000	\$0
1	Coos	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Deschutes	\$240,000	\$120,000	\$240,000	\$360,000	\$120,000
2	Douglas	\$120,000	\$120,000	\$120,000	\$240,000	\$120,000
6	Jackson	\$360,000	\$120,000	\$240,000	\$360,000	\$0
1	Jefferson	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Josephine	\$240,000	\$120,000	\$240,000	\$360,000	\$120,000
1	Klamath	\$120,000	\$120,000	\$0	\$120,000	\$0
5	Lane	\$240,000	\$120,000	\$240,000	\$360,000	\$120,000
4	Lincoln	\$240,000	\$120,000	\$240,000	\$360,000	\$120,000
1	Marion	\$120,000	\$120,000	\$0	\$120,000	\$0
12	Multnomah	\$480,000	\$120,000	\$240,000	\$360,000	-\$120,000
1	Polk	\$120,000	\$120,000	\$0	\$120,000	\$0
2	Umatilla	\$120,000	\$120,000	\$120,000	\$240,000	\$120,000
1	Union	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Washington	\$240,000	\$120,000	\$240,000	\$360,000	\$120,000
1	Wheeler	\$120,000	\$120,000	\$0	\$120,000	\$0
1	Yamhill	\$120,000	\$120,000	\$0	\$120,000	\$0
56		\$3,840,000	\$2,640,000	\$2,280,000	\$4,920,000	

****This is a hypothetical scenario to see how many centers would get funding if everyone got \$120,000. The total funding for this scenario is above available Special Payment funds and therefore was not considered as a viable option.**

6/22/09

SBHC Funding Scenario 4: County receives funds based on the existing funding formula and additional funds for those centers that do not get compensated. (center # 2,4,5,7,8,9,11,12).

Assumptions: (1) Total Biennium Special Payments 2009-2011: \$4,439,000 ; (2) Total Number of Certified SBHCs 2009-2011: 56

Total # Centers	County	FY 09-11 Existing Formula	(Sc. 4) # of Uncompensated SBHCs	(Sc. 4) Add'l Compensation/Biennium	(Sc. 4) Biennium Total	Change from Existing Formula to Scenario 4
1	Baker	\$120,000	0	\$0	\$120,000	\$0
2	Benton	\$120,000	1	\$24,958	\$144,958	\$24,958
2	Clackamas	\$120,000	1	\$24,958	\$144,958	\$24,958
2	Columbia	\$120,000	1	\$24,958	\$144,958	\$24,958
1	Curry	\$120,000	0	\$0	\$120,000	\$0
1	Coos	\$120,000	0	\$0	\$120,000	\$0
3	Deschutes	\$240,000	1	\$24,958	\$264,958	\$24,958
2	Douglas	\$120,000	1	\$24,958	\$144,958	\$24,958
6	Jackson	\$360,000	3	\$74,874	\$434,874	\$74,874
1	Jefferson	\$120,000	0	\$0	\$120,000	\$0
3	Josephine	\$240,000	1	\$24,958	\$264,958	\$24,958
1	Klamath	\$120,000	0	\$0	\$120,000	\$0
5	Lane	\$240,000	3	\$74,874	\$314,874	\$74,874
4	Lincoln	\$240,000	2	\$49,916	\$289,916	\$49,916
1	Marion	\$120,000	0	\$0	\$120,000	\$0
12	Multnomah	\$480,000	8	\$199,664	\$679,664	\$199,664
1	Polk	\$120,000	0	\$0	\$120,000	\$0
2	Umatilla	\$120,000	1	\$24,958	\$144,958	\$24,958
1	Union	\$120,000	0	\$0	\$120,000	\$0
3	Washington	\$240,000	1	\$24,958	\$264,958	\$24,958
1	Wheeler	\$120,000	0	\$0	\$120,000	\$0
1	Yamhill	\$120,000	0	\$0	\$120,000	\$0
56		\$3,840,000*	24	\$598,992	\$4,438,992	

Scenario 4: Summary Table

# SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/ SBHC Annually
1	\$120,000		\$60,000
2	\$144,958	\$24,958	\$36,240
3	\$264,958	\$120,000	\$44,160
4	\$289,916	\$24,958	\$36,240
5	\$314,874	\$24,958	\$31,487
6	\$434,874	\$120,000	\$36,240
7	\$459,832	\$24,958	\$32,845
8	\$484,790	\$24,958	\$30,299

# SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/ SBHC Annually
9	\$509,748	\$24,958	\$28,319
10	\$629,748	\$120,000	\$31,487
11	\$654,706	\$24,958	\$29,759
12	\$679,664	\$24,958	\$28,319
13	\$704,622	\$24,958	\$27,101
14	\$729,580	\$24,958	\$26,056
15	\$754,538	\$24,958	\$25,151

*\$3,840,000 is less than the available special payment amount (\$4,439,000) because the number of centers that advanced toward certification did not meet the predicted number.

6/22/09

SBHC Funding Scenario A: (previously named Scenario 5)

All counties receive \$120,000/biennium for 1st SBHC and \$52,900/biennium for each additional SBHC with no limit on the number of additional centers.

Assumptions: (1) Total Biennium Special Payments 2009-2011: \$4,439,000; (2) Total Number of Certified SBHCs 2009-2011: 56

Total # Centers	County	FY 2009-2011 Existing Formula	(Scenario A) \$120K/biennium for 1 st SBHC	(Scenario A) \$52,900/biennium for each SBHC beyond 1	(Scenario A) Biennium Total	Change from Existing Formula to Scenario A
1	Baker	\$120,000	\$120,000	\$0	\$120,000	\$0
2	Benton	\$120,000	\$120,000	\$52,900	\$172,900	\$52,900
2	Clackamas	\$120,000	\$120,000	\$52,900	\$172,900	\$52,900
2	Columbia	\$120,000	\$120,000	\$52,900	\$172,900	\$52,900
1	Curry	\$120,000	\$120,000	\$0	\$120,000	\$0
1	Coos	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Deschutes	\$240,000	\$120,000	\$105,800	\$225,800	-\$14,200
2	Douglas	\$120,000	\$120,000	\$52,900	\$172,900	\$52,900
6	Jackson	\$360,000	\$120,000	\$264,500	\$384,500	\$24,500
1	Jefferson	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Josephine	\$240,000	\$120,000	\$105,800	\$225,800	-\$14,200
1	Klamath	\$120,000	\$120,000	\$0	\$120,000	\$0
5	Lane	\$240,000	\$120,000	\$211,600	\$331,600	\$91,600
4	Lincoln	\$240,000	\$120,000	\$158,700	\$278,700	\$38,700
1	Marion	\$120,000	\$120,000	\$0	\$120,000	\$0
12	Multnomah	\$480,000	\$120,000	\$581,900	\$701,900	\$221,900
1	Polk	\$120,000	\$120,000	\$0	\$120,000	\$0
2	Umatilla	\$120,000	\$120,000	\$52,900	\$172,900	\$52,900
1	Union	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Washington	\$240,000	\$120,000	\$105,800	\$225,800	-\$14,200
1	Wheeler	\$120,000	\$120,000	\$0	\$120,000	\$0
1	Yamhill	\$120,000	\$120,000	\$0	\$120,000	\$0
56		\$3,840,000*	\$2,640,000	\$1,798,600	\$4,438,600	

*\$3,840,000 is less than the available special payment amount (\$4,439,000) because the number of centers that advanced toward certification did not meet the predicted number.

6/22/09

Scenario A- Summary Table

# of SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/SBHC Annually
1	\$120,000		\$60,000
2	\$172,900	\$52,900	\$43,225
3	\$225,800	\$52,900	\$37,633
4	\$278,700	\$52,900	\$34,838
5	\$331,600	\$52,900	\$33,160
6	\$384,500	\$52,900	\$32,042
7	\$437,400	\$52,900	\$31,243
8	\$490,300	\$52,900	\$30,644
9	\$543,200	\$52,900	\$30,178
10	\$596,100	\$52,900	\$29,805
11	\$649,000	\$52,900	\$29,500
12	\$701,900	\$52,900	\$29,246
13	\$754,800	\$52,900	\$29,031
14	\$807,700	\$52,900	\$28,846
15	\$860,600	\$52,900	\$28,687

6/22/09

Scenario A- \$500,000 increase to total funding distributed to each additional SBHC beyond the first one in a county.

- Total Biennium Special Payment with \$500,000 increase: \$4,939,000

Total # Centers	County	FY 2009-2011 Existing Formula	Scenario A Biennium Total	(Scenario A-w/ increase) \$120K/biennium for 1 st SBHC	(Scenario A-w/ increase) \$67,640/biennium for each SBHC beyond 1	(Scenario A-w/ increase) Biennium Total	Change from Scenario A to Scenario A-w/ increase	Change from Existing Formula to Scenario A-w/ increase
1	Baker	\$120,000	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0
2	Benton	\$120,000	\$172,900	\$120,000	\$67,640	\$187,640	\$14,740	\$67,640
2	Clackamas	\$120,000	\$172,900	\$120,000	\$67,640	\$187,640	\$14,740	\$67,640
2	Columbia	\$120,000	\$172,900	\$120,000	\$67,640	\$187,640	\$14,740	\$67,640
1	Curry	\$120,000	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0
1	Coos	\$120,000	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0
3	Deschutes	\$240,000	\$225,800	\$120,000	\$135,280	\$255,280	\$29,480	\$15,280
2	Douglas	\$120,000	\$172,900	\$120,000	\$67,640	\$187,640	\$14,740	\$67,640
6	Jackson	\$360,000	\$384,500	\$120,000	\$338,200	\$458,200	\$73,700	\$98,200
1	Jefferson	\$120,000	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0
3	Josephine	\$240,000	\$225,800	\$120,000	\$135,280	\$255,280	\$29,480	\$15,280
1	Klamath	\$120,000	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0
5	Lane	\$240,000	\$331,600	\$120,000	\$270,560	\$390,560	\$58,960	\$150,560
4	Lincoln	\$240,000	\$278,700	\$120,000	\$202,920	\$322,920	\$44,220	\$82,920
1	Marion	\$120,000	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0
12	Multnomah	\$480,000	\$701,900	\$120,000	\$744,040	\$864,040	\$162,140	\$384,040
1	Polk	\$120,000	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0
2	Umatilla	\$120,000	\$172,900	\$120,000	\$67,640	\$187,640	\$14,740	\$67,640
1	Union	\$120,000	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0
3	Washington	\$240,000	\$225,800	\$120,000	\$135,280	\$255,280	\$29,480	\$15,280
1	Wheeler	\$120,000	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0
1	Yamhill	\$120,000	\$120,000	\$120,000	\$0	\$120,000	\$0	\$0
56		\$4,438,600	\$4,438,600	\$2,640,000	\$2,299,760	\$4,939,760		

6/22/09

Scenario A- with \$500,000 increase: Summary Table

# of SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/SBHC Annually
1	\$120,000		\$60,000
2	\$187,640	\$67,640	\$46,910
3	\$255,280	\$67,640	\$42,547
4	\$322,920	\$67,640	\$40,365
5	\$390,560	\$67,640	\$39,056
6	\$458,200	\$67,640	\$38,183
7	\$525,840	\$67,640	\$37,560
8	\$593,480	\$67,640	\$37,093
9	\$661,120	\$67,640	\$36,729
10	\$728,760	\$67,640	\$36,438
11	\$796,400	\$67,640	\$36,200
12	\$864,040	\$67,640	\$36,002
13	\$931,680	\$67,640	\$35,834
14	\$999,320	\$67,640	\$35,690
15	\$1,066,960	\$67,640	\$35,565

6/22/09

Scenario A- 10% decrease to total funding evenly distributed to all SBHCs.

- Total Biennium Special Payments with 10% decrease: \$3,995,100

Total # Centers	County	FY 2009-2011 Existing Formula	(Scenario A) Biennium Total	(Scenario A – w/ decrease) \$108K/biennium for 1st SBHC	(Scenario A- w/ decrease) \$47,620/biennium for each SBHC beyond 1	(Scenario A- w/ decrease) Biennium Total	Change from Scenario A to Scenario A w/ decrease	Change from Existing Formula to Scenario A w/ decrease
1	Baker	\$120,000	\$120,000	\$108,000	\$0	\$108,000	-\$12,000	-\$12,000
2	Benton	\$120,000	\$172,900	\$108,000	\$47,620	\$155,620	-\$17,280	\$35,620
2	Clackamas	\$120,000	\$172,900	\$108,000	\$47,620	\$155,620	-\$17,280	\$35,620
2	Columbia	\$120,000	\$172,900	\$108,000	\$47,620	\$155,620	-\$17,280	\$35,620
1	Curry	\$120,000	\$120,000	\$108,000	\$0	\$108,000	-\$12,000	-\$12,000
1	Coos	\$120,000	\$120,000	\$108,000	\$0	\$108,000	-\$12,000	-\$12,000
3	Deschutes	\$240,000	\$225,800	\$108,000	\$95,240	\$203,240	-\$22,560	-\$36,760
2	Douglas	\$120,000	\$172,900	\$108,000	\$47,620	\$155,620	-\$17,280	\$35,620
6	Jackson	\$360,000	\$384,500	\$108,000	\$238,100	\$346,100	-\$38,400	-\$13,900
1	Jefferson	\$120,000	\$120,000	\$108,000	\$0	\$108,000	-\$12,000	-\$12,000
3	Josephine	\$240,000	\$225,800	\$108,000	\$47,620	\$203,240	-\$22,560	-\$36,760
1	Klamath	\$120,000	\$120,000	\$108,000	\$0	\$108,000	-\$12,000	-\$12,000
5	Lane	\$240,000	\$331,600	\$108,000	\$190,480	\$298,480	-\$33,120	\$58,480
4	Lincoln	\$240,000	\$278,700	\$108,000	\$142,860	\$250,860	-\$27,840	\$10,860
1	Marion	\$120,000	\$120,000	\$108,000	\$0	\$108,000	-\$12,000	-\$12,000
12	Multnomah	\$480,000	\$701,900	\$108,000	\$523,820	\$631,820	-\$70,080	\$151,820
1	Polk	\$120,000	\$120,000	\$108,000	\$0	\$108,000	-\$12,000	-\$12,000
2	Umatilla	\$120,000	\$172,900	\$108,000	\$47,620	\$155,620	-\$17,280	\$35,620
1	Union	\$120,000	\$120,000	\$108,000	\$0	\$108,000	-\$12,000	-\$12,000
3	Washington	\$240,000	\$225,800	\$108,000	\$95,240	\$203,240	-\$22,560	-\$36,760
1	Wheeler	\$120,000	\$120,000	\$108,000	\$0	\$108,000	-\$12,000	-\$12,000
1	Yamhill	\$120,000	\$120,000	\$108,000	\$0	\$108,000	-\$12,000	-\$12,000
56		\$3,840,000	\$4,438,600	\$2,376,000	\$1,619,080	\$3,995,080		

Scenario A- with 10% decrease: Summary Table

# of SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/SBHC Annually
1	\$108,000		\$54,000
2	\$155,620	\$47,620	\$38,905
3	\$203,240	\$47,620	\$33,873
4	\$250,860	\$47,620	\$31,358
5	\$298,480	\$47,620	\$29,848
6	\$346,100	\$47,620	\$28,842
7	\$393,720	\$47,620	\$28,123
8	\$441,340	\$47,620	\$27,584
9	\$488,960	\$47,620	\$27,164
10	\$536,580	\$47,620	\$26,829
11	\$584,200	\$47,620	\$26,555
12	\$631,820	\$47,620	\$26,326
13	\$679,440	\$47,620	\$26,132
14	\$727,060	\$47,620	\$25,966
15	\$774,680	\$47,620	\$25,823

SBHC Funding Scenario 6: Counties with either 1 or 3 certified SBHCs receives \$120,000/biennium for the 1st center. All other counties receive \$90,000/biennium for 1st SBHC. Counties receive \$60,852/biennium for each additional center in the county with no limit.

Assumptions: (1) Total Biennium Special Payments 2009-2011: \$4,439,000 ; (2) Total Number of Certified SBHCs 2009-2011: 56

Total # Centers	County	FY 09-11 Existing Formula	(Sc. 6) Funding / biennium for 1 st center	(Sc. 6) \$60,852/ biennium for each add/l center	(Scenario 6) Biennium Total	Change from Existing Formula to Scenario 6
1	Baker	\$120,000	\$120,000	\$0	\$120,000	\$0
2	Benton	\$120,000	\$90,000	\$60,852	\$150,852	\$30,852
2	Clackamas	\$120,000	\$90,000	\$60,852	\$150,852	\$30,852
2	Columbia	\$120,000	\$90,000	\$60,852	\$150,852	\$30,852
1	Curry	\$120,000	\$120,000	\$0	\$120,000	\$0
1	Coos	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Deschutes	\$240,000	\$120,000	\$121,704	\$241,704	\$1,704
2	Douglas	\$120,000	\$90,000	\$60,852	\$150,852	\$30,852
6	Jackson	\$360,000	\$90,000	\$304,260	\$394,260	\$34,260
1	Jefferson	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Josephine	\$240,000	\$120,000	\$121,704	\$241,704	\$1,704
1	Klamath	\$120,000	\$120,000	\$0	\$120,000	\$0
5	Lane	\$240,000	\$90,000	\$243,408	\$333,408	\$93,408
4	Lincoln	\$240,000	\$90,000	\$182,556	\$272,556	\$32,556
1	Marion	\$120,000	\$120,000	\$0	\$120,000	\$0
12	Multnomah	\$480,000	\$90,000	\$669,372	\$759,372	\$279,372
1	Polk	\$120,000	\$120,000	\$0	\$120,000	\$0
2	Umatilla	\$120,000	\$90,000	\$60,852	\$150,852	\$30,852
1	Union	\$120,000	\$120,000	\$0	\$120,000	\$0
3	Washington	\$240,000	\$120,000	\$121,704	\$241,704	\$1,704
1	Wheeler	\$120,000	\$120,000	\$0	\$120,000	\$0
1	Yamhill	\$120,000	\$120,000	\$0	\$120,000	\$0
56		\$3,840,000*	\$2,370,000	\$2,068,968	\$4,438,968	

Scenario 6: Summary Table

# SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/ SBHC Annually
1	\$120,000		\$60,000
2	\$150,852	\$30,852	\$37,713
3	\$241,704	\$90,852	\$40,284
4	\$272,556	\$30,852	\$34,070
5	\$333,408	\$60,852	\$33,341
6	\$394,260	\$60,852	\$32,855
7	\$455,112	\$60,852	\$32,508
8	\$515,964	\$60,852	\$32,248

# SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/ SBHC Annually
9	\$576,816	\$60,852	\$32,045
10	\$637,668	\$60,852	\$31,883
11	\$698,520	\$60,852	\$31,751
12	\$759,372	\$60,852	\$31,641
13	\$881,076	\$121,704	\$33,888
14	\$1,002,780	\$121,704	\$35,814
15	\$1,124,484	\$121,704	\$37,483

\$3,840,000 is less than the available special payment amount (\$4,439,000) because the number of centers that advanced toward certification did not meet the predicted number.

SBHC Funding Scenario 8: Counties receive a base of \$67,100/biennium and \$52,900/biennium for each certified SBHC including the 1st with no limit.

Assumptions: (1) Total Biennium Special Payments 2009-2011: \$4,439,000 ; (2) Total Number of Certified SBHCs 2009-2011: 56

Total # Centers	County	FY 09-11 Existing Formula	(Sc. 8) \$120K/biennium county base	(Sc. 8) \$52,900/biennium for each SBHC	(Scenario 8) Biennium Total	Change from Existing Formula to Scenario 8
1	Baker	\$120,000	\$67,100	\$52,900	\$120,000	\$0
2	Benton	\$120,000	\$67,100	\$105,800	\$172,900	\$52,900
2	Clackamas	\$120,000	\$67,100	\$105,800	\$172,900	\$52,900
2	Columbia	\$120,000	\$67,100	\$105,800	\$172,900	\$52,900
1	Curry	\$120,000	\$67,100	\$52,900	\$120,000	\$0
1	Coos	\$120,000	\$67,100	\$52,900	\$120,000	\$0
3	Deschutes	\$240,000	\$67,100	\$158,700	\$225,800	-\$14,200
2	Douglas	\$120,000	\$67,100	\$105,800	\$172,900	\$52,900
6	Jackson	\$360,000	\$67,100	\$317,400	\$384,500	\$24,500
1	Jefferson	\$120,000	\$67,100	\$52,900	\$120,000	\$0
3	Josephine	\$240,000	\$67,100	\$158,700	\$225,800	-\$14,200
1	Klamath	\$120,000	\$67,100	\$52,900	\$120,000	\$0
5	Lane	\$240,000	\$67,100	\$264,500	\$331,600	\$91,600
4	Lincoln	\$240,000	\$67,100	\$211,600	\$278,700	\$38,700
1	Marion	\$120,000	\$67,100	\$52,900	\$120,000	\$0
12	Multnomah	\$480,000	\$67,100	\$634,800	\$701,900	\$221,900
1	Polk	\$120,000	\$67,100	\$52,900	\$120,000	\$0
2	Umatilla	\$120,000	\$67,100	\$105,800	\$172,900	\$52,900
1	Union	\$120,000	\$67,100	\$52,900	\$120,000	\$0
3	Washington	\$240,000	\$67,100	\$158,700	\$225,800	-\$14,200
1	Wheeler	\$120,000	\$67,100	\$52,900	\$120,000	\$0
1	Yamhill	\$120,000	\$67,100	\$52,900	\$120,000	\$0
56		\$3,840,000*	\$1,476,200	\$2,962,400	\$4,438,600	

Scenario 8: Summary Table

# SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/ SBHC Annually
1	\$120,000		\$60,000
2	\$172,900	\$52,900	\$43,225
3	\$225,800	\$52,900	\$37,633
4	\$278,700	\$52,900	\$34,837
5	\$331,600	\$52,900	\$33,160
6	\$384,500	\$52,900	\$32,041
7	\$437,400	\$52,900	\$31,242
8	\$490,300	\$52,900	\$30,643

# SBHCs	Biennium Total	Difference Between Steps- Annually	Avg \$\$/ SBHC Annually
9	\$543,200	\$52,900	\$30,177
10	\$596,100	\$52,900	\$29,805
11	\$649,000	\$52,900	\$29,500
12	\$701,900	\$52,900	\$29,245
13	\$754,800	\$52,900	\$29,030
14	\$807,700	\$52,900	\$28,846
15	\$860,600	\$52,900	\$28,686

*\$3,840,000 is less than the available special payment amount (\$4,439,000) because the number of centers that advanced toward certification did not meet the predicted number.

SBHC Funding Scenario 9: Counties receive fund based on student enrollment data in the schools where the SBHC is located.

Assumptions: (1) Total Biennium Special Payments 2009-2011: \$4,439,000 ; (2) Total Number of Certified SBHCs 2009-2011: 56

County	Existing Funding Formula 2009-2011	(Scenario 9) Biennium Total to County based on enrollment	SBHC	(Scenario 9) Biennium Total to Individual SBHC based on enrollment	Student enrollment	Change from Existing Funding Formula to Scenario 9
Baker	\$120,000	\$58,407	Baker	\$58,407	646	-\$61,593
Benton	\$120,000	\$63,289	Lincoln	\$36,256	401	-\$56,711
			Monroe	\$27,033	299	
					700	
Clackamas	\$120,000	\$354,870	Canby HS	\$150,899	1669	\$234,870
			Oregon City	\$203,971	2256	
					3925	
Columbia	\$120,000	\$131,822	Lewis & Clark	\$78,659	870	\$11,822
			Rainier Jr/Sr HS	\$53,163	588	
					1458	
Curry	\$120,000	\$154,244	Brookings-Harbor K-12 Campus	\$120,000	1706	\$34,244
Coos	\$120,000	\$103,884	Marshfield	\$103,884	1149	-\$16,116
Deschutes	\$240,000	\$205,418	Ensworth ES	\$23,779	263	-\$34,582
			Lynch ES	\$42,404	469	
			LaPine K-12	\$139,236	1540	
					2272	
Douglas	\$120,000	\$226,484	Douglas HS	\$44,845	496	\$106,484
			Roseburg	\$181,639	2009	
					2505	
Jackson	\$360,000	\$396,551	Ashland	\$100,539	1112	\$36,551
			Crater	\$133,359	1475	
			Jewett ES	\$44,574	493	
			Oak Grove	\$39,601	438	

County	Existing Funding Formula 2009-2011	(Scenario 9) Biennium Total to County based on enrollment	SBHC	(Scenario 9) Biennium Total to Individual SBHC based on enrollment	Student enrollment	Change from Existing Funding Formula to Scenario 9
			Phoenix	\$40,415	447	
			Washington	\$38,064	421	
					4386	
Jefferson	\$120,000	\$83,541	Madras	\$83,541	924	-\$36,459
Josephine	\$240,000	\$119,707	Evergreen ES	\$41,500	459	-\$120,293
			Illinois Valley	\$42,584	471	
			Lorna Byrne	\$35,623	394	
					1324	
Klamath	\$120,000	\$24,321	Gilchrist School	\$120,000	269	-\$95,679
Lane	\$240,000	\$656,307	Churchill	\$116,181	1285	\$416,307
			North Eugene	\$103,884	1149	
			Sheldon	\$153,973	1703	
			South Eugene	\$153,340	1696	
			Springfield	\$128,929	1426	
					7259	
Lincoln	\$240,000	\$188,963	Newport	\$64,645	715	-\$51,037
			Taft MS/HS	\$70,251	777	
			Toledo MS/HS	\$31,373	347	
			Waldport	\$22,694	251	
					2090	
Marion	\$120,000	\$54,790	Hoover	\$54,790	606	-\$65,210
Multnomah	\$480,000	\$922,844	Binnsmead	\$43,760	484	\$442,844
			Cleveland	\$133,088	1472	
			George	\$41,319	457	
			Grant	\$152,888	1691	
			Jefferson	\$51,174	566	
			Lane	\$47,648	527	
			Lincoln Park	\$49,004	542	
			Madison	\$84,626	936	
			Marshall	\$78,117	864	

County	Existing Funding Formula 2009-2011	(Scenario 9) Biennium Total to County based on enrollment	SBHC	(Scenario 9) Biennium Total to Individual SBHC based on enrollment	Student enrollment	Change from Existing Funding Formula to Scenario 9
			Parkrose	\$101,353	1121	
			Portsmouth	\$68,081	753	
			Roosevelt	\$71,788	794	
					10207	
Polk	\$120,000	\$8,589	Falls City ES	\$120,000	95	-\$111,411
Umatilla	\$120,000	\$154,516	Pendleton	\$88,243	976	\$34,516
			Sunridge	\$66,272.62	733	
					1709	
Union	\$120,000	\$63,922	La Grande	\$63,922	707	-\$56,078
Washington	\$240,000	\$393,929	Merlo Station	\$33,814	374	\$153,929
			Forest Grove HS	\$178,927	1979	
			Tigard HS	\$181,187	2004	
					4357	
Wheeler	\$120,000	\$5,696	Mitchell	\$5,696	63	-\$114,304
Yamhill	\$120,000	\$66,906	Willamina	\$66,906	740	-\$53,094
	\$3,840,000	\$4,439,000		Total School Enrollment all SBHCs	49097	

APPENDIX F: Public Comments Survey Results

SBHC Funding Formula Public Comments Survey Results- 5/14/09

33 respondents (17 counties and 1 statewide organization):

Location:

Columbia: 5
Washington: 4
Coos: 2
Douglas: 2
Multnomah: 2
Jackson: 2
Jefferson 2
Josephine: 2
Union: 2
Yamhill: 2
Clackamas: 1
Curry: 1
Deschutes: 1
Klamath: 1
Lincoln: 1
Polk: 1
Umatilla: 1
Statewide Org. : 1

Role: (can have more than 1 role)

- County Health Dept Administrator: 8
- SBHC Administrator: 6
- SBHC Coordinator: 14
- Other: 4
 - Oversight Committee Member
 - Provider (FNP)
 - School District Nurse
 - Public Health Division Director
 - Oregon Primary Care Association
 - Commission on Children and Families (lead agency for county SBHC initiative)

Support for Scenario B:

- 82% (27/33) of respondents said they **support** the workgroup decision to recommend Scenario B.
- 6% (2/33) of respondents said they **do not support** the workgroup decision to recommend Scenario B.
- 12% (4/33) of respondents said they are **undecided**.
- Additional Comments:
 - “Scenario A would be a better decision in that it provides additional funding if we were to expand the numbers of school based health centers in our county. We hope in the future to have an additional center at the St Helens High School and another in Vernonia. With Rainier's new center starting up next year, it is far better for us to choose scenario A”

- “While I am all for growth my first priority is the survival of Sacagawea Health Center. The new formula offers and improvement over the old formula a second health center in the county would put a serious dent in our budget. I am having a hard time understanding why funding on a per center basis would increase should there be a fourth center.”
- “Scenario B with decrease would cause our SBHC to lose our health assistant, or cause us to decrease the hours the SBHC is open”
- “The funding formula shown assumes all health centers have central administration through the County Health Departments. We are independent of ours county health department who merely distributes funds to our foundation for operation. If another school district in our county were to open an health center it would decrease our funding by a full third. It also does not make sense that funding per health center would INCREASE for a third health center - where do economies of scale come in?”

Satisfaction level that Scenario B is an improvement to the existing formula?

- 42% (14/33) of respondents reported being **very satisfied**
- 24% (8/33) of respondents reported being **somewhat satisfied**
- 15% (5/33) of respondents reported being **satisfied**
- 6% (2/33) of respondents reported being **somewhat unsatisfied**
- 6% (2/33) of respondents reported being **not satisfied at all**
- 6% (2/33) of respondents reported being **not sure**

Any additional comments?:

- “Poor survey. You did not address scenario A in this survey.”
- “My primary reservations are: there remains a financial preference for counties with one center, there is not a uniform amount of financial support for each center as the number of centers increases, funding is not tied to student population and there is no specific expectation of matching funds that are leveraged by the state \$.”
- “I wish that each center could be funded for \$60,000/yr.”
- “I appreciate the effort taken to hear the needs of the communities. I feel those needs have been heard adequately, in the creation of Scenario B.”
- “Please continue to work towards equity in funding for all SBHCs. Thanks”
- “The centers who are affiliated with an FQHC or hospital system already have a financial advantage not available to some rural counties and I don't think this was part of the consideration of models, but I couldn't think of a way to address this.”
- “This is a very poorly thought out funding formula that is fatally flawed and would cause a severe disruption in our abilities to continue functioning in the event another school district in our county decided to open a health center.”

- “Increases predictability for future allocations and thereby supports expansion; moves rapidly toward SBHC equity if HKP passes; no counties lose funding from current formula”
- “I would like to see that the new funding formula supports the distribution of funds across all certified SBHC's in the county.”