

**The Issue below was Presented by the Astoria School District by the  
North Coast Republican Women**

**Astoria School District  
School Based Health Center**

Presented to the Astoria School District Board of Directors – April 10<sup>th</sup>, 2013.

Opening Statement. Thank you for the opportunity to address the Board regarding the proposed School Based Health Center at Astoria High School. We hope to provide the Board with some information, and share some concerns which you may not be aware of because the Advisory Committee is closed to citizens and parents who do not support an SBHC (email attached).

Concerns

1. Loss of Parental Control
  2. Accountability
  3. Quality of Care/Quality Assurance
  4. Liability
  5. Staffing & Funding
  6. Competition with Local Private Providers
- 
1. Loss of Parental Control
    - a. ORS 109.610, 109.640 & 109.675 codify Minor Rights to Access and Consent to Health Care.
      - i. Minors can self-consent:
        1. 15 years and older - Medical and Dental Services
        2. 14 years and older – Mental Health and Chemical Dependency
        3. Any age – Family Planning/Sexual & Reproductive Health
    - b. HIPAA Laws give children 12 years of age and older rights to privacy.
    - c. Currently, AHS parents can control their children’s access to health care, and access their medical info BECAUSE there is no SBHC.
    - d. Clatsop County and Coastal Family Health Center will be able to influence the healthcare decisions, counsel and treat students without their parent’s knowledge.
    - e. What assurance can the School Board give the concerned citizens and parents of the ASD that Planned Parenthood will NEVER be given access to AHS students, as a “Co-Sponsor”, or in any other capacity?
  2. Accountability
    - a. The SBHC will allow unprecedented access to our children.

- b. What oversight will have ASD SB have over the SBHC?
  - c. Will the SBHC be subject to Public Meetings Laws?
  - d. How will the ASD SB keep its parents and citizens informed?
  - e. Is the SB aware that the services offered at the SBHC are set in the State Certification Standards and that these Standards cannot be “tailored” to meet Community values?
  - f. How will parents and citizens have input into proposed changes to the SBHC’s policies and procedures?
3. Quality of Care/Quality Assurance
- a. QA is vital. Information found in the Oregon Medical Board website has raised concerns. <https://techmedweb.omb.state.or.us/Clients/ORMB/Public/VerificationRequest.aspx>
  - b. It appears that the required State quality assurance measures are insufficient:
    - i. The SBHC will submit an annual chart review report to the State.
      - 1. How will parents know there are problems with quality if SBHC only has to report to the State?
    - ii. The SBHC will have one technical assistance visit every two years.
  - c. The Planning Grant states that CCC student health care providers will be training at the SBHC.
4. Liability
- a. What recourse will parents have if their children are harmed by the SBHC? If parents are not informed of their children’s treatment, potentially dangerous situations may arise. For example, who will be held liable if a child harms him/her self or someone else because of a negative reaction to an anti-depressant drug? The parent, the School Board, the SBHC?
  - b. Parents can be investigated for “neglect” and held accountable for something they had no knowledge about, including:
    - i. Misdiagnosis.
    - ii. Allergic reactions.
    - iii. Contraindicated medications.
    - iv. Behavioral problems.
    - v. Violence.
    - vi. Suicide.
  - c. The Planning Grant states a potential exists for student family members to utilize the SBHC. How can the SB ensure student safety if non-students are accessing the SBHC?
5. Staffing & Funding
- a. Has the ASD budgeted for additional costs associated with:
    - i. Janitorial services (incl. BioHazard & Sharps Training)?
    - ii. Maintenance and repair?
    - iii. Security for visiting non-AHS patients/students?
    - iv. Utilities?
  - b. Reports from Salem indicate there may be funding shortfalls for the Oregon Health Authority. The SBHC business plan depends on an annual grant from the OHA. Is the ASD prepared to fill funding gaps should the annual grants dry up?

6. Competition with Local Private Healthcare Providers
  - a. The SBHC will have distinct advantages over private providers:
    - i. Location.
    - ii. Subsidized operations, staffing, and overhead.
  - b. Has the SB considered a “no-competition clause” so that insured students which would otherwise use a private provider will not be actively solicited by the SBHC?
  - c. What, if any feedback have local providers offered?

Solutions

1. Support efforts to coordinate services (School Nurse/Counselor/Clatsop Co./Local Providers/CFHC/)
2. Use the Drug Treatment Model which is in place locally which emphasizes family involvement and support in the treatment process.
3. Support referrals to the Pregnancy Resource Center and Faith-Based Counseling.

Closing Statement

- a. An SBHC at AHS is unnecessary. Astoria High School students have an outstanding healthcare support network close at hand:
- b. Coastal Family Health Clinic, 2158 Exchange St.
- c. Clatsop Behavioral Healthcare, 2120 Exchange St.
- d. Clatsop County Health Department, 820 Exchange Street, Suite 100
- e. Pregnancy Resource Center, 360 9<sup>th</sup> St.
- f. Other resources:
  - i. Women’s Resource Center, 1361 Duane St.
  - ii. Coast Rehabilitation Services, 89451 Hwy 101 Warrenton.
- g. An SBHC will be a wedge between parents and their students and between the Community and their High School.
- h. With the current lack of parental control, lack of access to children’s medical information, and lack of local control of services offered, we cannot support an SBHC at AHS.

=====

References

1. Minors Rights: Access and Consent to Health Care.
2. Astoria School District 1C Codes:
  - i. AB, The People and Their School District
  - ii. AE, District Goals

- iii. BFC-AR, Advisory Committees to the Board
  - iv. KA/KAA, School-Community Relations Goals and Objectives
  - v. KAB-AR, Parental Rights
  - vi. KB, Public Information Program
  - vii. KC, Community Involvement in Decision-Making
3. Oregon School Based Health Centers Standards for Certification.
  4. Clatsop Co. Dept. of Public Health School Based Health Center, 2012-13 Advanced Planning Grant.
  5. Planning and Sustaining A School Based Health Center: Cost and Revenue Findings from Oregon.