

Oregon School-Based Health Centers

Status Update 2018



Oregon
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PUBLIC HEALTH DIVISION
School-Based Health Center Program

Oregon
SBHC
School-Based Health Centers

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Introduction

As state and local-level health and public health systems evolve, School-Based Health Centers (SBHCs) and their partners work hard every year to ensure Oregon youths' needs are being met. The “2018 SBHC Status Update” highlights some of the major projects and investments that Oregon SBHCs and the SBHC State Program Office (SPO) have focused on this past year.

Oregon's SBHCs offer a patient-centered health care model where youth and adolescents receive comprehensive physical, mental and preventive health services, regardless of their ability to pay. SBHCs are located on school grounds and are open and operating during school hours.

The SBHC SPO deeply appreciates the great work and dedication of the local SBHC staff and partners that help ensure Oregon is the best place for youth to learn, grow and thrive.

For more information please visit www.healthoregon.org/sbhc.



OREGON

School-Based Health Centers

Serving students since 1986

SBHCs value parents' involvement in their children's care.

Comprehensive services

Accessible

- Located on school campus
- Youth-centered
- Convenient and affordable

High quality and effective

- Age-appropriate care
- Primary and preventive care
- Good use of state funds to attract local dollars

- Well-child exams
- Sick visits
- Minor injury treatment
- Vision, dental and other health screenings
- Immunizations
- Alcohol and drug counseling
- Mental health counseling
- Reproductive health services
- Classroom presentations

Health care a few steps away...

Healthy and ready to learn!

Developed and sustained through partnerships among

- Schools, parents and students
- Community members
- County health departments
- Medical, mental and dental professionals
- State government

Executive summary

The Oregon Public Health Division, School-Based Health Center (SBHC) State Program Office (SPO) is happy to share our SBHC 2018 Status Update. This document provides an update to some of the findings and projects from the SBHC 2017 Status Report. You can find the report here: <http://www.healthoregon.org/sbhc>.

SBHCs are a convenient health care access point for youth.

As of July 1, 2017 Oregon has:

78 certified SBHCs in **25** counties.

77% are Federally Qualified Health Centers (FQHCs).

47% are Oregon Patient-Centered Primary Care Homes (PCPCHs).

During the 2016–17 service year:

Oregon SBHCs provided **114,380 visits** for **35,252 clients**.

For clients 5–21 years old:

61% of visits were for primary care;

37% for behavioral health; and

2% for dental health.

22 SBHCs served mostly students of color.

43 SBHCs served mainly Medicaid youth.

49% of all SBHC clients had Medicaid.



SBHCs receive funds to provide youth-friendly care.

During the 2016–17 service year, 37 SBHCs received additional state grants to support youth-friendly clinic projects to help better serve their youth. Projects included marketing and outreach campaigns, clinic space improvements, youth advisory council development and staff training.

SBHCs support student academic success.

During the 2016–17 service year, **1,873 students** completed the SBHC Student Satisfaction Survey.

Some 2016–17 SBHC Student Satisfaction Survey results are as follows:

83% of respondents state they are usually able to get an appointment for care right away.

58% of students reported missing less than one class while accessing care at their SBHC and **only 3%** missed a full day.

➤ **One in five kids** estimate they would miss a full day of school if they had to get care outside of the SBHC.



SBHCs meet the health care needs of youth through strong community collaborations.

- SBHC partners come together to **reduce barriers** that prevent children and youth from seeking the health services they need.
- The planning for an SBHC **enhances community collaborations**. This planning creates partnerships among educational, public health and other health-related entities. These partnerships may not have existed before the SBHC.
- These innovative collaborations need **thoughtful planning, strong collaboration and open communication** with each other and the community.

SBHCs in Oregon

School-Based Health Centers (SBHCs) are medical clinics that offer a full range of physical, mental and preventive health services to all students, regardless of ability to pay. SBHCs locations are either within a school or on school grounds. By providing easy access to health care, SBHCs reduce barriers. These barriers include cost, transportation and concerns about confidentiality that keep parents and students from seeking the health services students need.

SBHCs have existed in Oregon since 1986. SBHCs succeed through public-private partnerships between the following:

- Oregon Public Health Division;
- School districts;
- Local public health authorities;
- Health care providers;
- Parents;
- Students; and
- Community members.

Unless otherwise noted, all statistics are from Oregon SBHC encounter data for the 2016–17 service year. See Data Report: Service Year 2016–17, <http://www.healthoregon.org/sbhc>

SBHC services:

- Well-child exams
- Sick visits
- Minor injury treatment
- Immunizations
- Vision, dental and other health screenings
- Alcohol and drug counseling
- Mental health counseling
- Reproductive health services
- Prevention and wellness messaging
- Classroom presentations

As of July 1, 2017 Oregon has:

78 certified SBHCs in **25** counties.

43 high schools

7 middle schools

12 elementary schools

16 combined-grade campuses

The 2016–17 service year:

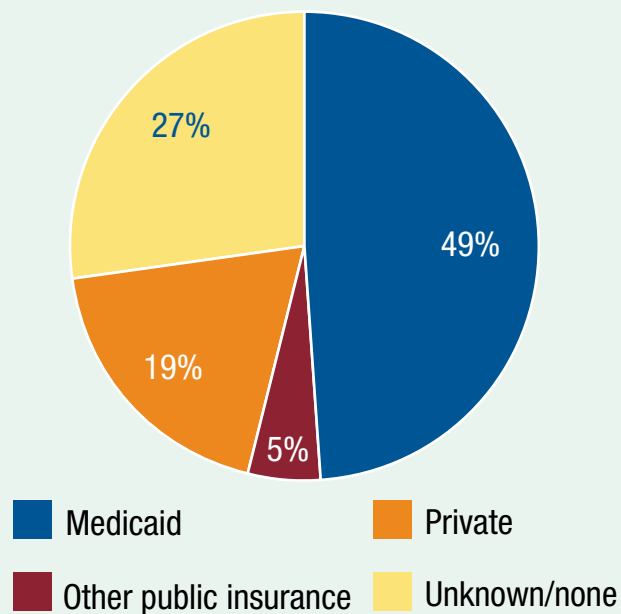
- SBHCs provided **114,380 visits** for **35,252 clients**.
- On average, clients accessed the SBHC about **three times per year**.
- **64,305 school age children** (5–21 years old) had access to an SBHC in Oregon.(1)
- **Physical health:**
 - 30%** of clients received an immunization.
 - 42%** of clients (5–21 years old) received a well child visit.
- **Mental health:**
 - 100%** of SBHCs had a mental health provider onsite.(2)
 - 4,890** SBHC clients received care from a mental health professional over the course of 35,328 visits.
 - 31%** of all SBHC visits were to see a mental health professional.
- **Oral health:**
 - 15** SBHCs had a dental provider onsite.(2)
 - 1,364** SBHC clients received services for a dental concern over the course of 2,332 visits.

For every \$1 in state public health revenue, SBHC medical sponsors brought in an estimated \$2.55 from other revenue sources.(2)

SBHC demographics

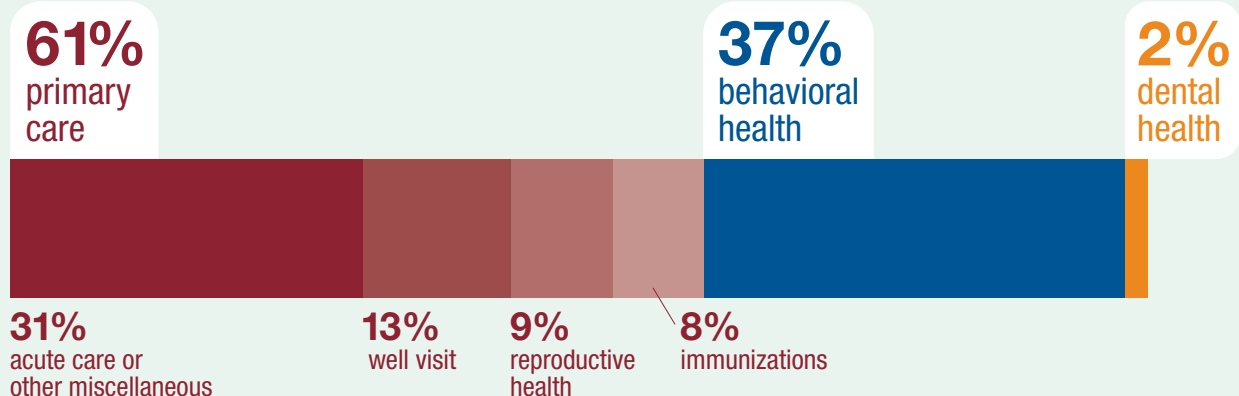
- 3 out of 4** clients were 5–21 years old.
- 22** SBHCs served mostly students of color.
- 43** SBHCs served mostly students enrolled in Medicaid.
- 49%** of clients had Medicaid (Figure 1).

Figure 1.
Insurance status of SBHC clients:
2016–17 service year



SBHCs serve the whole child. Reasons for SBHC visit, 5–21 years old:

Figure 2.



The current 2017–2018 service year:

100% of SBHCs currently use electronic health records (EHR) for medical services.(2)

47% of SBHCs are state PCPCHs.(2)

64% of SBHCs are in primary care health professional shortage areas (HPSAs).(3)

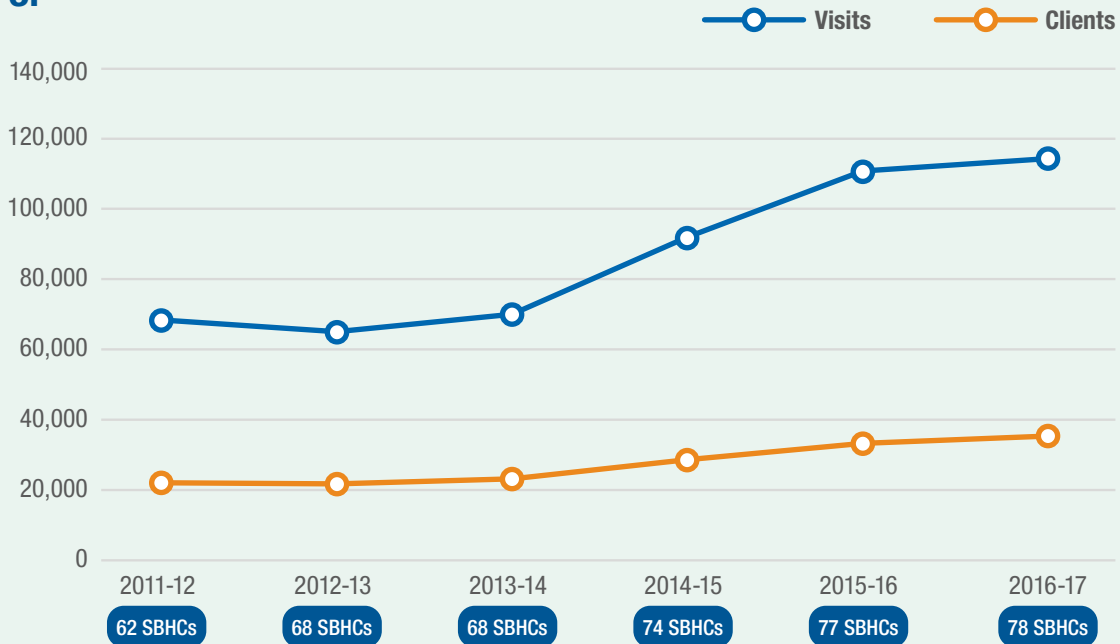
77% of SBHCs are FQHCs.(2)



Number of SBHC visits by number of clients, 2011–2017

SBHC utilization **rose** from 92,615 visits in 2014–15 to **114,380 visits in 2016–17**, a **growth of 24%**. Reasons for this include increased mental and dental health services availability, as well as opening of eight new SBHCs between fall 2014 and spring 2017 (Figure 3).

Figure 3.



Supporting youth through SBHCs

Youth-friendly clinics

The SPO provided 37 SBHCs with grants during the 2016-2017 school year to support “youth-friendly” clinic projects and help SBHCs better serve their youth clients. Funding was to support one or more of the following projects:

SBHC marketing and outreach campaigns

Grant dollars helped SBHCs work with youth to help reach students and the broader school community. Examples are as follows:

- Revamping SBHC fliers and brochures to make them more engaging for youth clients.
- Upgrading clinic signage in front of SBHCs and around the school.
- Holding SBHC open houses for youth, parents and school staff.
- Setting up a text message system for appointment reminders.

Clinic improvements

Many grantees used grant funds to work with youth and improve the clinic itself. Examples are as follows:

- Remodeling the waiting and exam rooms to increase patient confidentiality.
- Repainting clinic spaces with colors chosen by youth.
- Replacing clinic decorations with student artwork.
- Buying new, more comfortable clinic furniture chosen by youth.
- Developing trauma-informed clinical practices.

“Kids are loving the new furniture — I just had a little girl tell me that the yellow and turquoise chairs in the exam room ‘look like the sun and the ocean,’ which of course prompted a discussion of how wonderful and healing both of those things are!”

(SBHC staff, elementary school SBHC)

Youth Advisory Council (YAC) development

Grant funding was critical to supporting in-depth youth engagement work. This included development of Youth Advisory Councils (YACs). Funding also supported youth-led activities. Examples are as follows:

- Assessing SBHC space for “youth-friendliness” and suggesting ways to improve.
- Conducting schoolwide assessments to learn what clinical services are important to youth.
- Developing schoolwide campaigns related to youth-selected health topics, such as depression, anxiety and bullying.

Staff training to support specific clinical skills

Grant dollars made the following SBHC staff trainings possible:

- Motivational interviewing
- Trauma-informed care
- Serving adolescent clients

“The work I’ve done with the grant has taught me so much about the resources in our community and about how much others care. Being involved has made me want to continue doing service and helping others.”

(YAC participant)



Youth voice

Oregon SBHCs must conduct annual satisfaction surveys. Surveys consist of a convenience sample of their patients 12–19 years old. During the 2016–17 school year, 1,873 students completed the Student Satisfaction Survey. Those responding represented 76 SBHCs (about 10% of all those 12–19 years old visiting SBHCs). Survey data were weighted at the SBHC level to reflect the actual percentage of those 12–19 years old served in each SBHC. Survey participation is anonymous, voluntary and confidential. SBHC staff offer the survey to youth when the visit is complete (not randomly sampled). Therefore, results are not necessarily typical of all youth who visit SBHCs. However, the survey is a useful source of information about the experiences and opinions of participating youth. See complete results at <http://www.healthoregon.org/sbhc>, Data Report: Service Year 2016–17.

Nearly all surveyed youth had a positive SBHC experience.

89% of youth report being **very satisfied** with the SBHC.

97% said the SBHC staff person treated them with courtesy and respect at their visit.

SBHCs can be an important health home for youth.

Almost 1 in 5 youth

identified the SBHC as their usual source of care for both physical and mental health. (Figure 4)

➤ **Gender nonconforming youth** were especially likely to identify the SBHC as their usual source of care, **notably for mental health needs.**

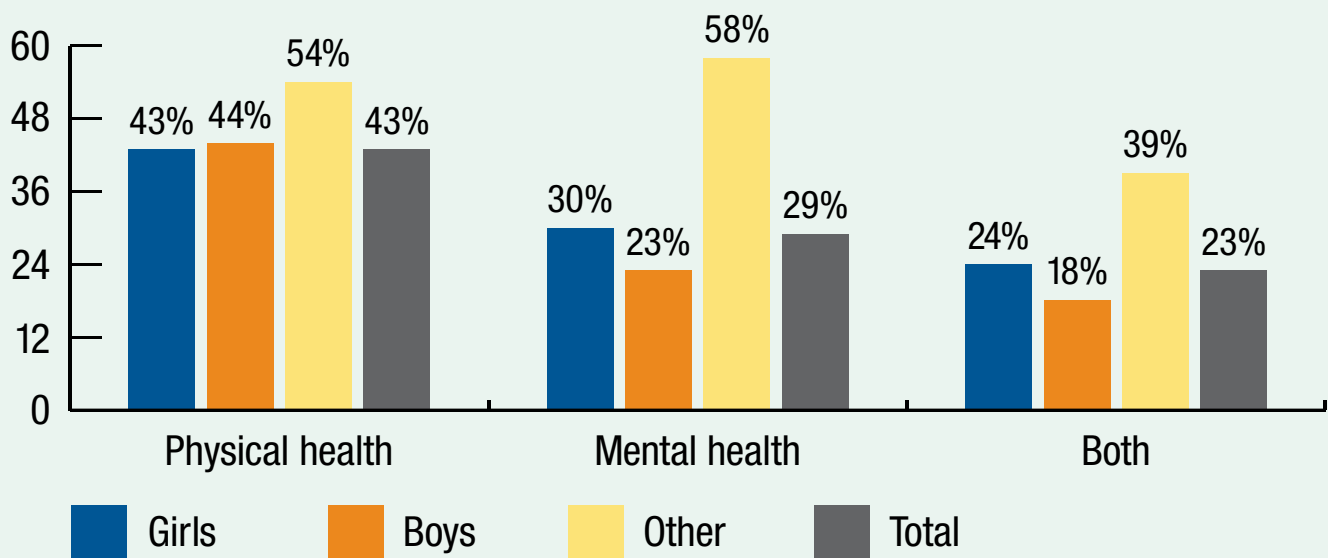
Only 19% of youth

said they had another source of care that they would use if the SBHC were not available that day.



Figure 4.

Percentage of youth who identify SBHC as their usual source of care for physical health, mental health or both, by gender



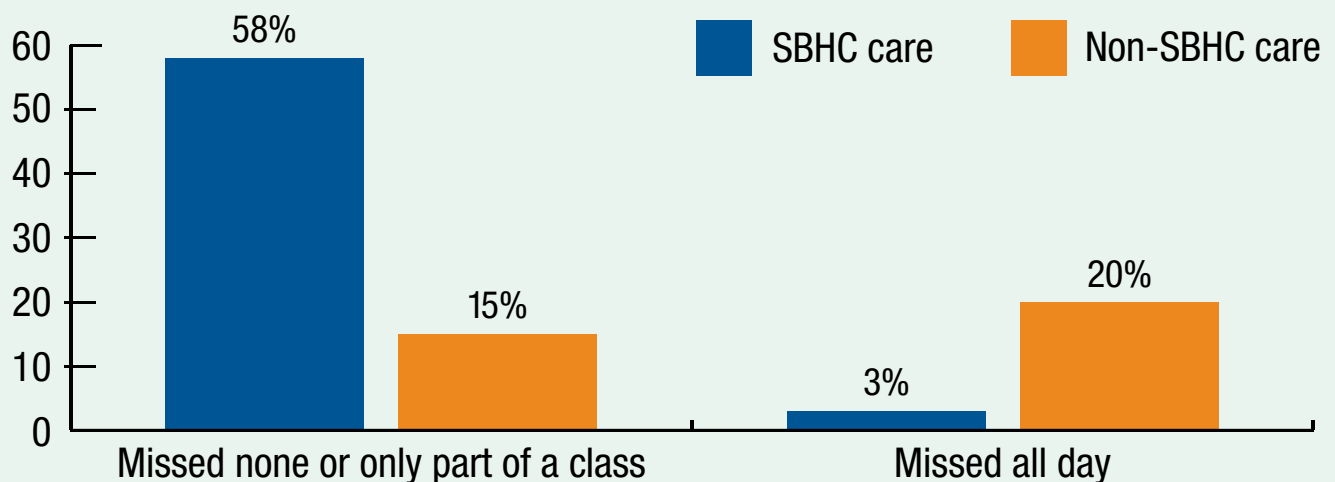
Student success

SBHCs are open when students are in school. As a result, students are back in class faster than if they had sought health care in a non-SBHC setting. Figure 5 shows class time missed by students for health care appointments. Additionally, parents can take part in visits with their child at school and do not need to take more time off from work to take them to and from the doctor.

According to the 2016–17 SBHC student satisfaction survey, 83% of the 12–19 years old respondents reported they were usually able to get an appointment for care right away.

Figure 5.

Estimated class time missed by students for health care appointments, Oregon 2016–17(4)



"They care about you and will try to do anything to help you feel better so you can get time in school and you don't have to be at home. They want you to stay in school to get good grades so they will see you so you don't have to go into town and miss school. They are great doctors here and take care of you just like you're one of their own."

(Student, age 17)



Supporting public health modernization through SBHCs

Public health modernization ensures basic public protections critical to the health of all Oregonians and future generations.⁽⁵⁾ As Oregon’s public health system continues modernization, SBHCs are an important part in supporting one of the foundational programs of modernization – equitable access to clinical preventive services. Creating new and sustainable access points through SBHCs starts at the planning phase. Planning for an SBHC promotes community collaborations through partnerships among educational, public health and other health-related entities. These partnerships that may not have existed prior to the SBHC. These innovative collaborations require thoughtful planning, strong collaboration and open communication. This section of our Status Update highlights the successful SBHC partnership work of three different communities and connects to the core of public health modernization.

Ione Community School SBHC, established 2015

2016–17 School Enrollment: 199

Kris Jones, Morrow County Health District Primary Care Services manager, shared that **“the school is a huge part of the Ione community**

and the whole community is wrapped up in the school.” Therefore, the proposal to open an SBHC at the Ione Community Charter School had a wide variety of reactions from excitement to resistance. In addition, there were many questions: What is an SBHC? What services would be available? Who could use the center? This was to be the first SBHC in Morrow County. To ensure success, it was crucial the Health District took time to answer questions and educate all community members about the SBHC’s innovative partnership model.

To establish trust with the community during the planning process, the Morrow County Health District was **transparent and visible** with school staff, the principal, parents and students. There was the need for weekly meetings with partners, parent mailings, back to school events, health fairs and open houses. The involvement of the principal at

When asked to describe the Ione community, Kris Jones explained, “They are all about family. They support each other. There are lots of farmers and families who have been there for a long time. They rally around each other and that school.”

every step played a crucial role in building a strong and positive foundation.

Bringing easily accessible care to the students and the Ione community was a priority for the Health District. They ran several existing primary care clinics, but none of them had integrated services like the SBHC. The Ione SBHC integrated services model includes on-site providers from the following:

- Morrow County Health District (primary care and medical services);
- Morrow Public Health (prevention and health promotion activities with families, clients and the school);
- Advantage Dental (dental services); and
- Community Counseling Solutions (behavioral health services).

This successful partnership is not only about co-location of services, but also true integration of those services, built on shared responsibility and communication among the stakeholders. Partners met monthly to discuss the SBHC. The meetings were a way for partners to ensure uniform operations. It also helped to create smooth referrals. They discussed changes and challenges. They also talked about funding opportunities. They strategized ways to increase services where utilization was low. Partners worked to ensure all SBHC services have representation at health-related events. They strategized ways to increase services where utilization was low and worked to ensure all SBHC services have representation at the health-related events. Constant engagement with the school staff, principal and clinic staff were also very critical. According to Kris, “Everyone needed to be involved in some way.”

In addition, there were challenges the partners had to address creatively. Ione SBHC providers had to adapt to share a small space and ensure

protection of client health information. Marketing and promotion of an SBHC is a constant need. It requires engaging students and families and making the clinic more user friendly. The partners rose to this challenge as an integrated team, even though marketing and promotion are not specific to any position or funding source. Nevertheless, the Ione SBHC continues to grow each year, increasing in primary care services and strengthening its infrastructure. This will allow the Ione SBHC to apply with confidence for state Patient-Centered Primary Care Home recognition.*

Madras High School SBHC, established 2017

2016–17 School Enrollment: 664

There was a longstanding interest in SBHCs from Jefferson County Health Department. In addition, Mosaic Medical has experience operating SBHCs in two other counties. As a local provider, Mosaic Medical recognized that Madras had a shortage in health care providers, mainly pediatricians. **Mosaic Medical believes in bringing necessary services to communities and embedding services in the locations of patients.** A funding opportunity for a state SBHC planning grant allowed partners to pursue the opening of an SBHC in Jefferson County at Madras High School. Providing medical sponsorship for an SBHC in Jefferson County fit Mosaic’s mission.

Mosaic Medical’s Board approved a business plan and assessment for a SBHC at Madras High School. This led to a school and community stakeholder engagement process. Mosaic and the Madras High School principal each had

* Information provided by Kris Jones, Morrow County Health District, primary care services manager

When asked to describe the Madras community, Mosaic Medical staff member Tamarra Harris said they are “passionate, passionate about youth. Involved and concerned.”

prior SBHC experience and therefore the school administration easily partnered with Mosaic and the Public Health Department. They convened school staff, community providers, the Warm Spring Tribe, and the Diversity Coalition to discuss their visions for a SBHC at Madras High School.

Provider competition is a common concern when opening a new SBHC. Community providers in Madras were no different. Mosaic recognized that a successful SBHC at Madras High School meant engaging all community members. This meant including the school administration, school nurse, coaches, parents, students and other community providers. Mosaic’s job was to ensure everyone had a voice and seat at the table. The planning period allowed time **to set up a model that worked towards the common good, to ensure the filling of gaps in access** and that young people can access services that meet their needs. Through evolving and open discussions and reaching a shared understanding of the potential for their SBHC model, concerns were addressed and solutions created. Honest, regular and forthright communication contributed to the successful and speedy opening of an SBHC in Madras High School within one year.

Madras SBHC currently offers on-site medical and mental health services. Their strong ability to build partnerships inspires their plans to include dental and other supportive projects such as Healthy Beginnings and Women, Infants and Children (WIC).[†]

[†] Information provided by Tamarra Harris, Mosaic Medical, pediatric clinics manager

Central High School SBHC, established 2015

2016–17 School Enrollment: 997

Data were critical in development of the SBHC planning in Polk County. A Polk County community needs assessment revealed a lack of access to mental and dental health services in Monmouth and Independence. With the possibility of a state SBHC planning grant, Polk County decided to survey high school students, teachers and parents to verify what they were hearing. They learned that students were missing full school days to get to dental appointments. In addition, there was very limited access to health care services for Oregon Health Plan (Medicaid) clients in particular. With the help of an already established Service Integration Team, Polk County expanded the SBHC planning committee to include other community providers and representatives from the Latino community. Polk County became the convener, ensured a collaborative effort and made informed decisions based on input from the entire group.

Preexisting community relationships and data showing the need for expanded access to medical services were driving forces that built community support for an SBHC. With a supportive superintendent and a new principal (who came from a school with a successful SBHC), the school staff were open to the idea of an SBHC. The support of staff, administration, survey data and the positive effects on school attendance were all critical in gaining support from the school board.

Ensuring the right services were part of their model required collaboration with existing partners and development of new relationships. SBHCs were new to Polk County

and the community providers at the table. The county had a long and positive history with Salem Health West Valley Hospital. Although the hospital had never operated an SBHC, they were very interested and willing to provide medical sponsorship. Recognizing the high need for on-site dental services, Capital Dental quickly stepped up as an on-site SBHC provider. Polk County provided the behavioral health services in the SBHC. In addition, the SBHC formed a partnership to have a certified teen parent program in the same facility.

The planning and creation of the Central High School SBHC fostered a level of integrated services not existing before, between these partners. Not only did partners have to build relationships with one another and gain the trust of the school board, they also had to learn to create a working business model together. This required the school, hospital, providers and county lawyers to work together to address liability and other contingencies.

The Central High School SBHC involved youth as active partners in the SBHC planning process. **Recognizing the value of true youth engagement, the county ensured that youth were involved and vocal** in the design of the clinic. Youth helped choose the artwork, develop marketing materials and guide the design of the clinic space. The SBHC quickly became a warm and welcoming place for youth, by youth.‡



Brent shared that Monmouth and Independence communities are “invested in the health of their community and optimistic.”

‡ Information provided by Brent DeMoe, Polk County, family & community outreach department director

Appendices

Appendix A: SBHC medical sponsor list, 2017–18

County name	SBHC school name	Medical sponsor
Baker	Baker High School	Baker County Health Department
Benton	Lincoln Elementary School †	Community Health Centers of Benton & Linn Counties *
	Monroe Grade School †	Community Health Centers of Benton & Linn Counties *
Clackamas	Estacada High School	Orchid Health
	Milwaukie High School †	Outside In *
	Oregon City High School	Clackamas County Health Clinics *
	Sandy High School	Clackamas County Health Clinics *
Columbia	Clatskanie Middle/High School	Yakima Valley Farm Workers Clinic *
	Rainier Jr/Sr High School †	The Public Health Foundation of Columbia County
	Lewis and Clark Elementary School †	The Public Health Foundation of Columbia County
	Vernonia K–12	The Public Health Foundation of Columbia County
Coos	Marshfield High School †	Waterfall Community Health Center *
	Powers High School †	Waterfall Community Health Center *
Crook	Crooked River Elementary School †	Mosaic Medical *
Curry	Brookings-Harbor High School	Curry Community Health
Deschutes	Bend Senior High School	Mosaic Medical *
	Ensworth Elementary School	Mosaic Medical *
	La Pine K–12 School †	La Pine Community Health Center *
	M.A. Lynch Elementary School	Mosaic Medical *
	Redmond High School	Mosaic Medical *
	Sisters High School	St. Charles Health Systems

*Indicates School-Based Health Center is a federally qualified health center site.

†Recognized by the state as a Patient-Centered Primary Care Home.

County name	SBHC school name	Medical sponsor
Douglas	Roseburg High School	Umpqua Community Health Center*
Grant	Grant Union High School	Grant County Health Department
Hood River	Hood River Valley High School	One Community Health*
Jackson	Ashland High School †	Rogue Community Health*
	Butte Falls Charter School †	Rogue Community Health*
	Crater High School †	La Clinica*
	Eagle Point High School †	Rogue Community Health*
	Jackson Elementary School †	La Clinica*
	Jewett Elementary School †	La Clinica*
	Oak Grove Elementary School †	La Clinica*
	Phoenix Elementary School †	La Clinica*
	Prospect Charter School	Rogue Community Health*
	Scenic Middle School †	La Clinica*
	Table Rock Elementary School	Rogue Community Health*
	Washington Elementary School †	La Clinica*
White Mountain Middle School	Rogue Community Health*	
Jefferson	Madras High School	Mosaic Medical*
Josephine	Evergreen Elementary School †	Siskiyou Community Health Center*
	Illinois Valley High School †	Siskiyou Community Health Center*
	Lorna Byrne Middle School †	Siskiyou Community Health Center*
Klamath	Gilchrist School †	La Pine Community Health Center*
Lane	Cascade Middle School	Bethel Health Center/PeaceHealth Medical Group
	Churchill High School	PeaceHealth Medical Group
	North Eugene High School	PeaceHealth Medical Group
	Springfield High School †	Community Health Centers of Lane County*
Lincoln	Newport High School	Lincoln County Health & Human Services*
	Taft High 7–12	Lincoln County Health & Human Services*
	Toledo Jr/Sr High School	Lincoln County Health & Human Services*
	Waldport High School	Lincoln County Health & Human Services*

*Indicates School-Based Health Center is a federally qualified health center site.

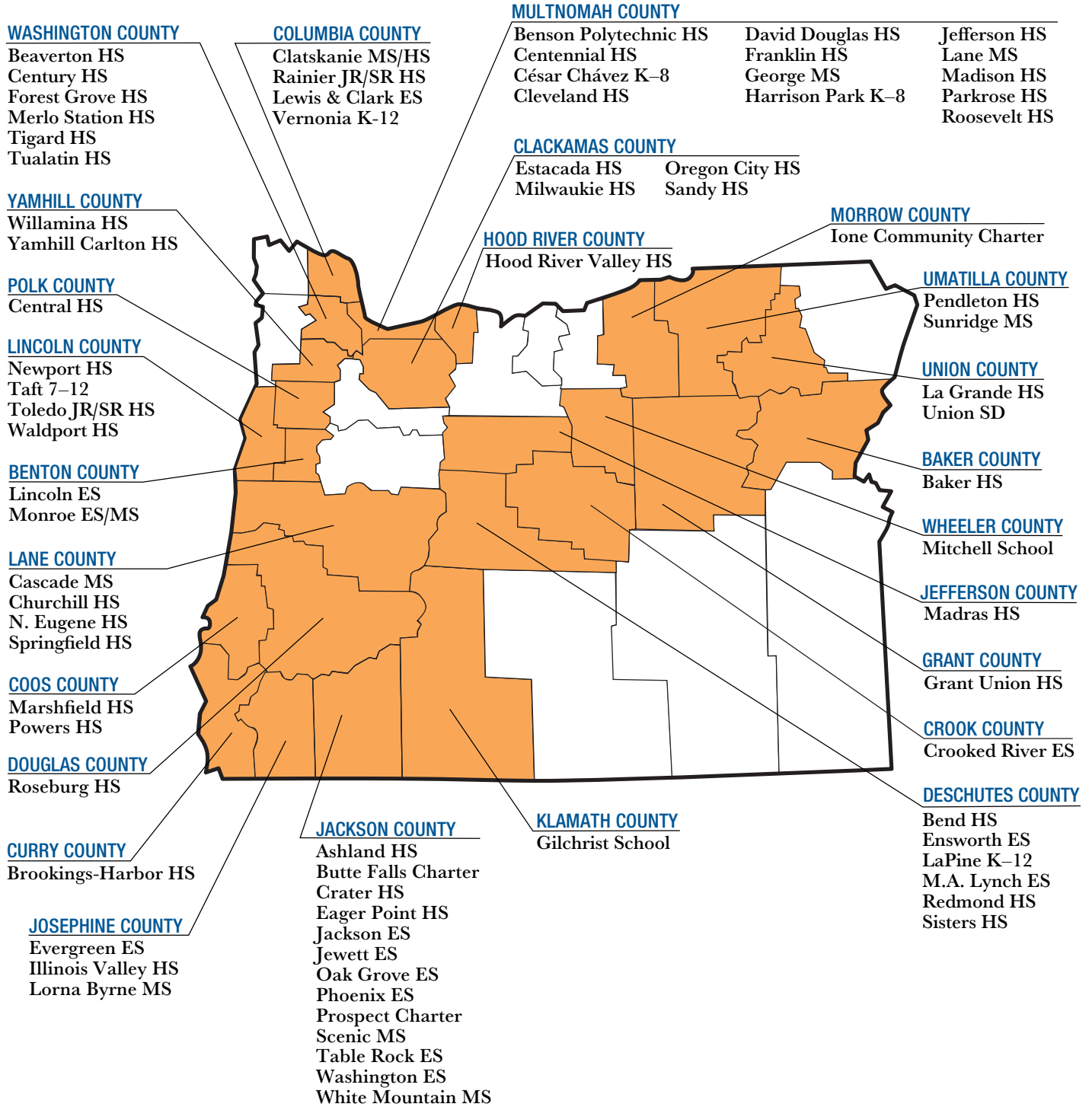
†Recognized by the state as a Patient-Centered Primary Care Home.

County name	SBHC school name	Medical sponsor
Morrow	Ione Community Charter School	Morrow County Health District
Multnomah	Benson High School	OHSU Family Medicine Richmond*
	Centennial High School †	Multnomah County Health Department*
	Cesar Chavez School †	Multnomah County Health Department*
	Cleveland High School †	Multnomah County Health Department*
	David Douglas High School †	Multnomah County Health Department*
	Franklin High School †	Multnomah County Health Department*
	George Middle School †	Multnomah County Health Department*
	Harrison Park School †	Multnomah County Health Department*
	Jefferson High School †	Multnomah County Health Department*
	Lane Middle School †	Multnomah County Health Department*
	Madison High School †	Multnomah County Health Department*
	Parkrose High School †	Multnomah County Health Department*
	Roosevelt High School †	Multnomah County Health Department*
Polk	Central High School †	Salem Health
Umatilla	Pendleton High School	Umatilla County Health Department
	Sunridge Middle School	Umatilla County Health Department
Union	La Grande High School	Union County Center for Human Development, Inc.
	Union School District	Union County Center for Human Development, Inc.
Washington	Beaverton High School	Virginia Garcia Memorial Health Center*
	Century High School	Virginia Garcia Memorial Health Center*
	Forest Grove High School	Virginia Garcia Memorial Health Center*
	Merlo Station High School	Neighborhood Health Center*
	Tigard High School	Virginia Garcia Memorial Health Center*
	Tualatin High School	Virginia Garcia Memorial Health Center*
Wheeler	Mitchell School	Asher Community Health Center*
Yamhill	Willamina High School	Virginia Garcia Memorial Health Center*
	Yamhill Carlton High School	Yamhill Carlton School Based Health Center



*Indicates School-Based Health Center is a federally qualified health center site.

†Recognized by the state as a Patient-Centered Primary Care Home.

Appendix B: Oregon School-Based Health Center map



As of January 2018

Certified SBHCs = 78	
	Counties with certified SBHCs
	Counties without certified SBHCs

References

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