

2021

>> Oregon School-Based Health Centers

Status Report 2021



Oregon
Health
Authority
PUBLIC HEALTH DIVISION

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
- Culturally responsive

High quality and effective

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

- 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

Acknowledgments

This publication was prepared by the Oregon Health Authority Public Health Division School-Based Health Center Program, including:

Rosalyn Liu, interim Adolescent and School Health Program manager

Kate O'Donnell, interim team lead

Sarah Knipper, health economist and epidemiologist

Mikah Rotman, school mental health specialist

Tara Miller, systems development specialist

Karen Vian, public health nurse

Rebecca Jacobs, public health nurse

Loretta Gallant, research analyst

Kavita Gavand, research analyst

Cuong Phan, administrative support specialist

For more information: Contact the School-Based Health Center Program at 971-673-0249 or sbhc.program@dhsosha.state.or.us.

This Oregon School-Based Health Center (SBHC) Status Report 2021 is posted on SBHC Program's website at <http://www.healthoregon.org/sbhc>.

Please cite this publication as follows:

Oregon Public Health Division. Oregon School-Based Health Centers: 2021 status report. Oregon Health Authority. Portland, OR. 2021 April.

Contents

» Executive summary	v
» The effect of COVID-19	1
» School-Based Health Centers in Oregon	3
» Physical health	10
» Behavioral health	16
» Oral health	21
» Youth sexual health	23
» Youth engagement	25
» Youth voice	27
» School Health Services Planning Grant	30
» Looking forward	31
» Appendices.....	32
» Appendix A: SBHC medical sponsor list	32
» Appendix B: Oregon School-Based Health Center map.....	34
» Appendix C: COVID-19 timeline through June 30, 2020.....	35
» Appendix D: Stories during the time of COVID-19	38
» Appendix E: Innovation through telehealth	41
» Endnotes	45



Executive summary

The Oregon School-Based Health Center State Program Office (SPO) is pleased to share the Oregon School-Based Health Centers (SBHC) Status Report 2021. This is an annual publication, which reports on the state of Oregon's certified SBHCs. The purpose of the report is to monitor trends among SBHCs and create a clear, complete and factual picture of the state of certified SBHCs in Oregon. The report provides a tool to make data accessible to:

- SBHCs
- School districts
- Medical sponsors
- Policy makers
- Researchers
- Communities
- Media
- Youth, and
- Families.

SBHCs are a vital community tool with a youth-centered model that supports young people's health and well-being. Oregon SBHCs are in schools or on school grounds and provide medical care, behavioral health services and, often, dental services. Because of these easily accessible services, school-aged youth have an equal opportunity to learn, grow and thrive.

This SBHC Status Report 2021 chronicles SBHC service provision during the 2019–2020 service year. Highlights include:

- Basic data and demographics about SBHCs and clients
- Trend data 2015–2020
- SBHC data 2019–2020, including effects of the COVID-19 pandemic
- Elevation of the importance of youth engagement and youth voice, and
- Statewide work to expand SBHC and school health services.

SBHCs are a convenient health care access point for youth

- As of July 1, 2020, Oregon has 78 certified SBHCs in 25 counties. Seventy-six percent of the SBHCs are federally qualified health centers (FQHCs). (1) Forty-seven percent are state-recognized patient-centered primary care homes (PCPCH). (1)
- During the 2019–2020 service year:
 - » SBHCs provided 121,144 visits for 35,785 clients.
 - » School-aged youth (5–21 years) accounted for 74% of all visits.
 - » For SBHC visits among school-aged youth (5–21-years):
 - » 52% of visits were for primary care.
 - » 46% of visits were for behavioral health.*
 - » 2% of visits were for dental health.

* In this report, the term “behavioral health” includes mental health, behavioral health, and substance abuse.

- » In 54 SBHCs, more than half of the youth clients had Medicaid coverage.
- » 8% of visits were via telehealth.
- » 53% of all clients had Medicaid coverage.
- » 97% of SBHCs had a behavioral health provider on-site.

SBHCs value youth input

- During the 2019–2020 school year, 1,460 students (ages 12–19) from 71 SBHCs completed the Student Satisfaction Survey.
- Nearly all surveyed youth had a positive SBHC experience. Eighty-five percent said the SBHC staff definitely involved them in decision-making about their health care.

COVID-19 affected SBHCs

- During the 2019–2020 service year:
 - » Overall SBHC utilization fell from 130,586 visits in 2018–2019 to 121,144 visits in 2019–2020. This was a decrease of 7%.
 - » Despite COVID-19-related closures at schools and many SBHCs, behavioral health visits and client counts slightly increased in 2019–2020 from 2018–2019.

SPO mentions the effects of the COVID-19 pandemic on schools and clinical services throughout this report. However, the program also recognizes how the COVID-19 pandemic has disproportionately affected communities of color and tribal communities. (2) The disproportionate experience of disease and death during the pandemic is a painful indicator of how systemic racism affects communities. SPO has a commitment to promote adolescent health with a focus on health equity, leading with race. SPO is leaning into the Oregon Health Authority’s strategic goal to end health inequities by 2030 (3) and the Healthier Together Oregon strategies to advance equity for these priority populations:

- Communities of color and tribal communities
- People with low incomes
- LGBTQ2SIA+ people
- People with disabilities, and
- People living in rural areas. (4)

SBHCs are in a good position to address health inequities among youth. (5)

SPO would be remiss without acknowledging the huge work the SBHC field has undertaken during this service year. SPO appreciates SBHC staff members’ and partners’ hard work, dedication and passion for supporting Oregon’s young people’s health during such a challenging time. Thank you!

The SPO team

The effect of COVID-19

The winter of 2019 brought the world the coronavirus disease 2019 (COVID-19). The ongoing public health crisis disrupted day-to-day rhythms across the world as leaders asked people to:

- **Stay home**
- **Limit travel**
- **Work from home, and**
- **Keep physical distance from others.**

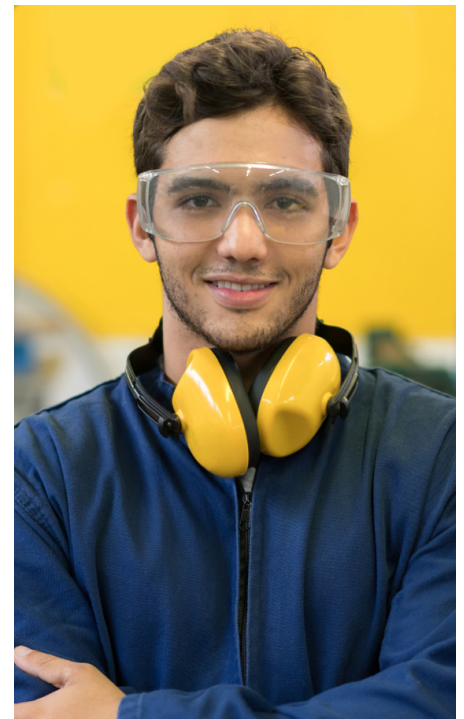
On March 12, 2020, Oregon Governor Kate Brown [announced](#) the closure of all in-person schools. This resulted in many SBHCs temporarily closing their clinic doors. (6) Based on a quick poll of Oregon-certified SBHCs, on March 16, 2020, 32 out of 78 SBHCs reported that they remained open.

The landscape of Oregon schools and SBHCs quickly changed as Governor Brown issued a series of additional executive orders and extended K-12 school closure through the end of the school year. See full COVID-19 Timeline in [Appendix C](#).

SBHCs had to rethink immediately how to provide and ensure accessible, quality health care to youth in Oregon as the effect of the pandemic unfolded through spring and summer of 2020.

Some considerations for SBHCs included:

- Ensure the health and safety of staff
- Work with limited capacity as staff became assigned to support local COVID-19 response
- Provide telehealth services for physical health and behavioral health
- Outreach to students and families who were existing clients
- Outreach and engagement to the youth of vulnerable populations and those disengaged
- Decline in utilization
- Support the technology needs of students
- Coordinate with multiple partners (e.g., schools, county public health, community organizations) to ensure youth got services they needed, and
- Support COVID-19 screening and testing.



Considering the major changes SBHCs were experiencing, SPO also had to pivot in a flexible, supportive manner to ensure the sustainability of the SBHC model. Some considerations for SPO included:

- Ensure the health and safety of staff
- Work with limited capacity as staff became assigned to support state and local COVID-19 response
- Assess compliance with SBHC Standards for Certification given travel restrictions
- Work with SBHCs to understand ongoing and changing needs and challenges, and
- Adjust SBHC Standards for Certification requirements temporarily.

Data helps tell the story of how COVID-19 has affected Oregon's SBHCs. Governor Kate Brown's [Executive Order No. 20-08](#), ordered the March 16, 2020 closure of all in-person schools. Therefore, SPO has chosen to report and describe data from:

- July 1, 2019 through March 15, 2020 as *pre-COVID-19*, and
- March 16, 2020 through June 30, 2020 as *during-COVID-19*. (7)

SPO notes these data, when applicable, in the body of the publication. Also, SPO reports on telehealth versus in-person services to the best of SPO and SBHC's abilities.

Data are only one piece of the story. We added three sections in this report to record the history and changes in the SBHC field related to the COVID-19 pandemic:

1. **COVID-19 timeline through June 30, 2020** — A detailed chronology of key events in Oregon's COVID-19 pandemic response related to schools and SBHCs, interspersed with significant actions taken by SPO in response to the local needs of SBHCs. ([Appendix C](#))
2. **Stories during the time of COVID-19** — Firsthand experiences from SBHCs. Watching, witnessing and sharing the story of the response to COVID-19 can help the SBHC field and others evolve and prepare for the next public health emergency. ([Appendix D](#))
3. **Innovation through telehealth** — Highlights three SBHC medical sponsors on the successes, challenges and lessons learned implementing telehealth. ([Appendix E](#))

Please review the data with a little grace, given changes to telehealth happened so quickly, including how SBHCs captured, reported and analyzed data. Due to challenges some centers experienced with collection of data and reporting abilities, 2019–2020 encounter visit data in this report is an undercount of the total telehealth visits that occurred in the SBHCs.

School-Based Health Centers in Oregon

School-Based Health Centers (SBHCs) are medical clinics that offer a full range of physical, behavioral and preventive health services. SBHCs offer services to all students in a convenient and youth-centered environment, regardless of ability to pay. SBHCs are either within a school or on school grounds. SBHCs provide easy access to health care. SBHCs reduce barriers such as 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. They succeed through public-private partnerships among:

- The 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 2019–2020 service year (July 1, 2019–June 30, 2020). See 2021 SBHC Data at <http://www.healthoregon.org/sbhc>.

As of July 1, 2020, SBHCs are:

- 78 certified in 25 counties:
 - » 47 high schools
 - » 6 middle schools
 - » 11 elementary schools
 - » 14 combined-grade campuses
- » Areas are:
 - » 40 urban
 - » 34 rural, and
 - » 4 frontier

I love the health center. There is everything you need all in one place and for free. Everyone is welcoming and non-judgmental. I know a lot of my friends use and love the health center as well. I think that you guys do a fantastic job and just knowing it's here is wonderful (even if you don't NEED it).

-SBHC client



- 47% the state recognized as patient-centered primary care homes (PCPCHs). (1)
- 67% are in primary care health professional shortage areas (HPSAs). (8)
- 76% are federally qualified health centers (FQHCs). (1)

Services offered at Oregon SBHCs (service provision varies by site) in the 2019-2020 service year:

- Well-child exams
- Sick visits
- Minor injury treatment
- Vision, dental and other health screenings
- Immunizations
- Substance use screening and assessment
- Mental health counseling
- Reproductive health services
- Prevention and wellness messaging, and
- Health-related classroom presentations.



Between July 1, 2019 and June 30, 2020:

- SBHCs provided 121,144 visits for 35,785 clients.
 - » 74% of all visits were with school-aged youth (5-21 years).
 - » 32,233 clients had 100,606 visits pre-COVID-19.*
 - » 8,811 clients had 20,538 visits during-COVID-19.*
 - » 13% of visits were during-COVID-19.*
 - » 10% of clients first received SBHC services during-COVID-19.*
 - » 4,466 clients had 10,443 visits via telehealth.
 - » 8% of visits were via telehealth.
- On average, clients accessed the SBHC about three times per year.
- There were 67,148 school-aged youth (5–21 years) with access to SBHCs in their schools. (9)

* Governor Kate Brown's Executive Order No. 20-08, ordered the March 16, 2020 closure of all in-person schools. Therefore, SPO reports and describes data as follows, when applicable: pre-COVID-19 describes data July 1, 2019 through March 15, 2020 and during-COVID-19 describes data March 16, 2020 through June 30, 2020. (7)

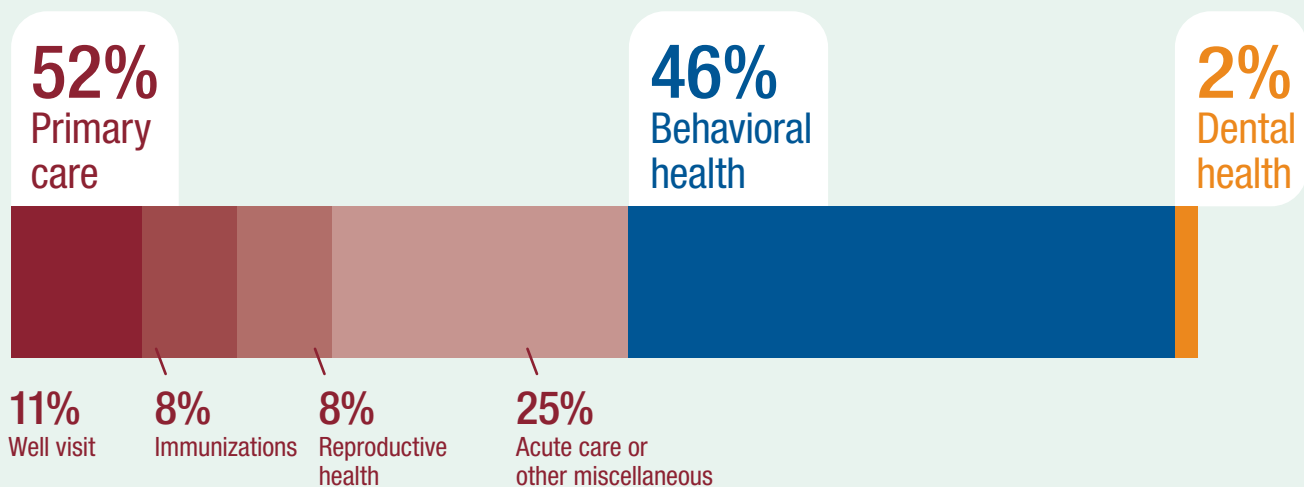
- For SBHC visits among school-aged youth (5–21 years) (Figure A):
 - » 52% were for primary care.
 - » 46% were for behavioral health.*
 - » 2% were for dental health.
- Physical health:
 - » 34% of clients received an immunization.
 - » 38% of clients (ages 5–21) received a well visit.
 - » 16% of physical health visits were during-COVID-19.†
 - » 7% of physical health visits were via telehealth.
 - » On average, primary care clients accessed a SBHC three times a year.

The school health-based center is one of the best things I've ever experienced.

-SBHC client

Figure A. SBHC visit type, ages 5–21, 2019–2020

Oregon SBHC encounter data



- Behavioral health*:
 - » 97% of SBHCs had a behavioral health provider on-site.
 - » 6,537 SBHC clients received care from a behavioral health provider for 44,258 visits. (Figure B)

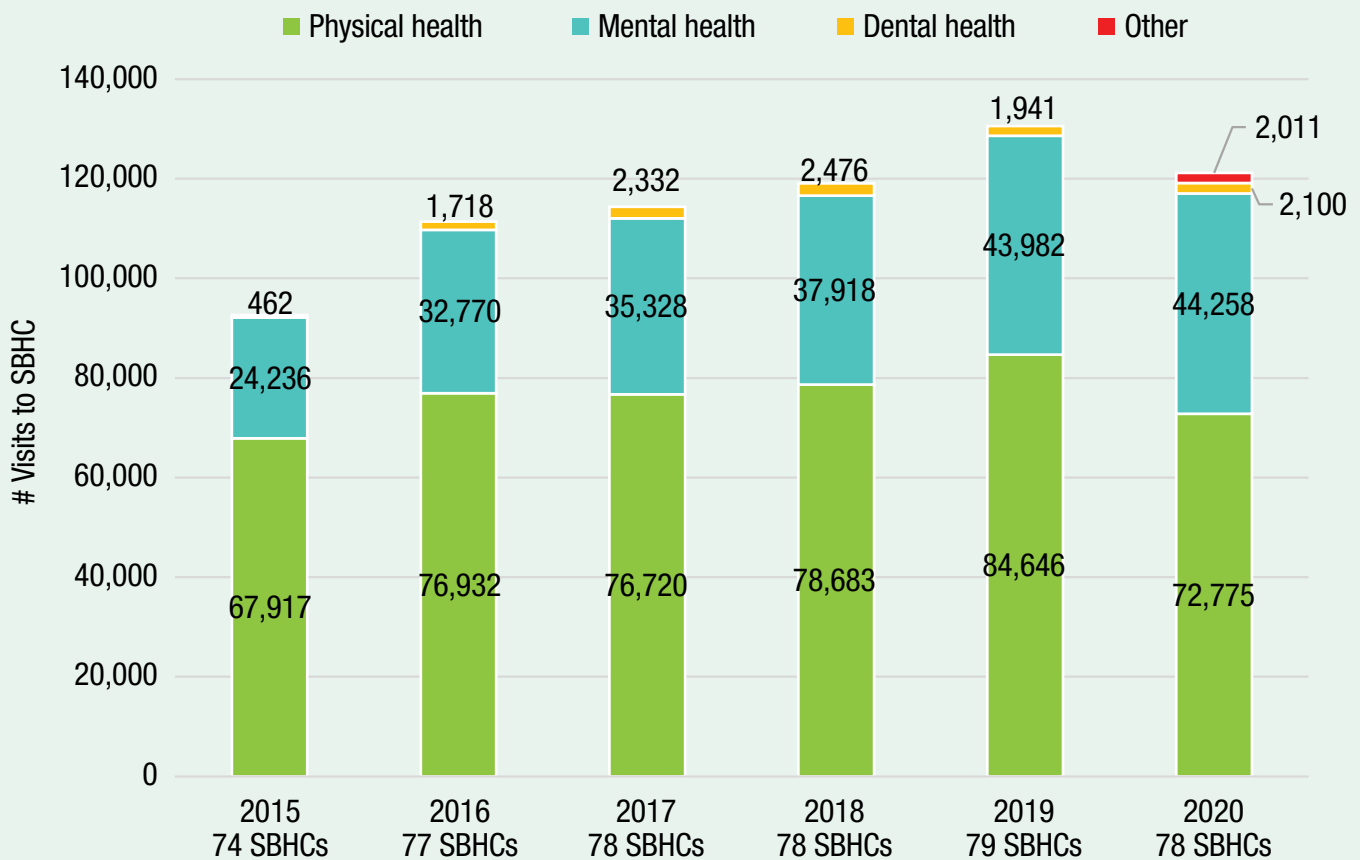
* In this report, the term “behavioral health” includes mental health, behavioral health, and substance abuse.

† Governor Kate Brown’s Executive Order No. 20-08, ordered the March 16, 2020 closure of all in-person schools. Therefore, SPO reports and describes data as follows, when applicable: pre-COVID-19 describes data July 1, 2019 through March 15, 2020 and during-COVID-19 describes data March 16, 2020 through June 30, 2020. (7)

- » 37% of all SBHC visits were to see a behavioral health provider.*
- » 23% of behavioral health clients (ages 5–21) received a well visit.
- » 20% of behavioral health visits were during-COVID-19.†
- » 12% of behavioral health visits were via telehealth.
- » On average, behavioral health clients accessed a SBHC for behavioral health visits seven times a year.

Figure B. Number of SBHC visits by provider type, school years ending 2015–2020

Oregon SBHC encounter data



* In this report, the term “behavioral health” includes mental health, behavioral health, and substance abuse.

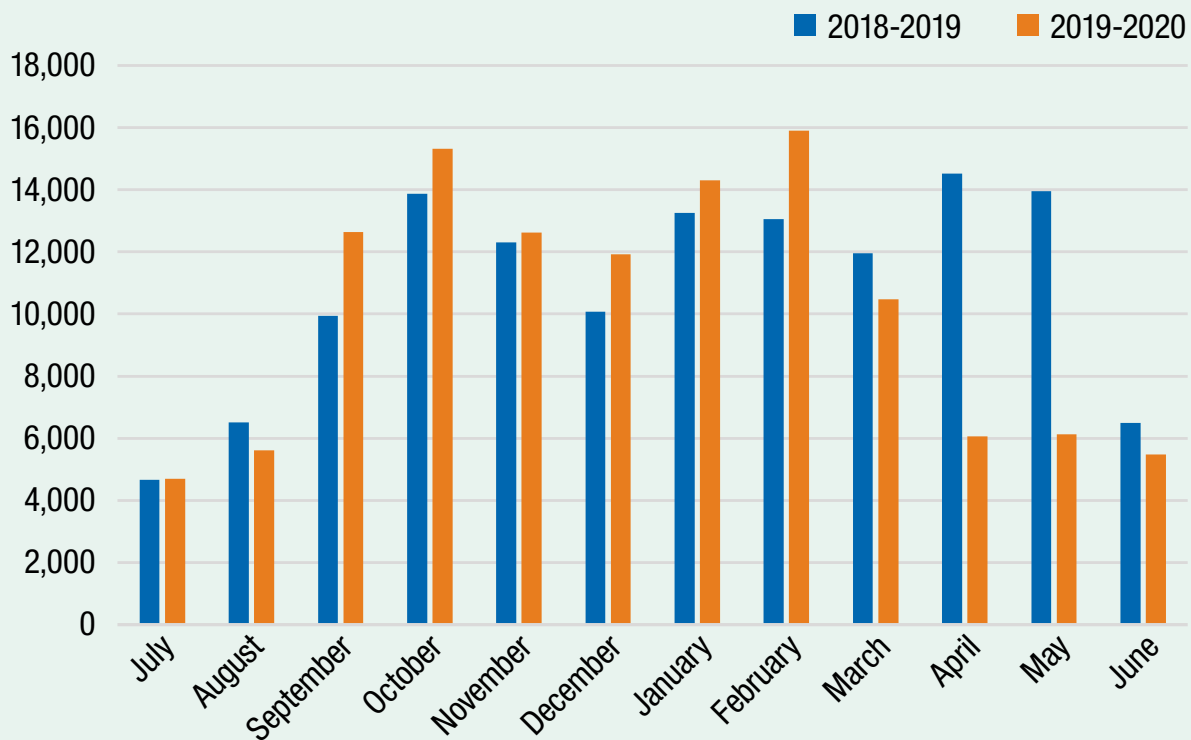
† Governor Kate Brown’s Executive Order No. 20-08, ordered the March 16, 2020 closure of all in-person schools. Therefore, SPO reports and describes data as follows, when applicable: pre-COVID-19 describes data July 1, 2019 through March 15, 2020 and during-COVID-19 describes data March 16, 2020 through June 30, 2020. (7)

- Oral health:
 - » 11 SBHCs had a dental provider on-site. (1)
 - » 1,302 SBHC clients received services from a dental provider for 2,100 visits. (Figure B)
 - » 353 clients (ages 5–21) received dental sealants at an SBHC.

Overall SBHC utilization fell from 130,586 visits in 2018–2019 to 121,144 visits in 2019–2020, a decrease of 7%. (Figure B) The effect of COVID-19 on SBHC utilization is shown by the significant decrease in monthly visit counts during the last quarter of the service year 2019–2020 compared to 2018–2019. Otherwise, visits were higher in all months September 2019 through February 2020. Also, utilization was on track to have the most visits ever per year. (Figure C)

Figure C. Number of SBHC visits by month, 2018–2019 and 2019–2020

Oregon SBHC encounter data



Clients receiving services were:

- 75% white
- 53% white, non-Hispanic
- 24% Hispanic
- 4% Black
- 3% American Indian or Alaska Native
- 3% Asian
- 1% Native Hawaiian or other Pacific Islander
- 7% unknown race or ethnicity



We value the ability to provide culturally specific services to youth and families who have historically been marginalized in the community and had less access to mental health services. Research, and our experience, have shown that providing culturally specific services increases the likelihood that clients will engage and benefit from treatment services.

-SBHC mental health provider



7 of 10 clients were between ages of 5 and 21

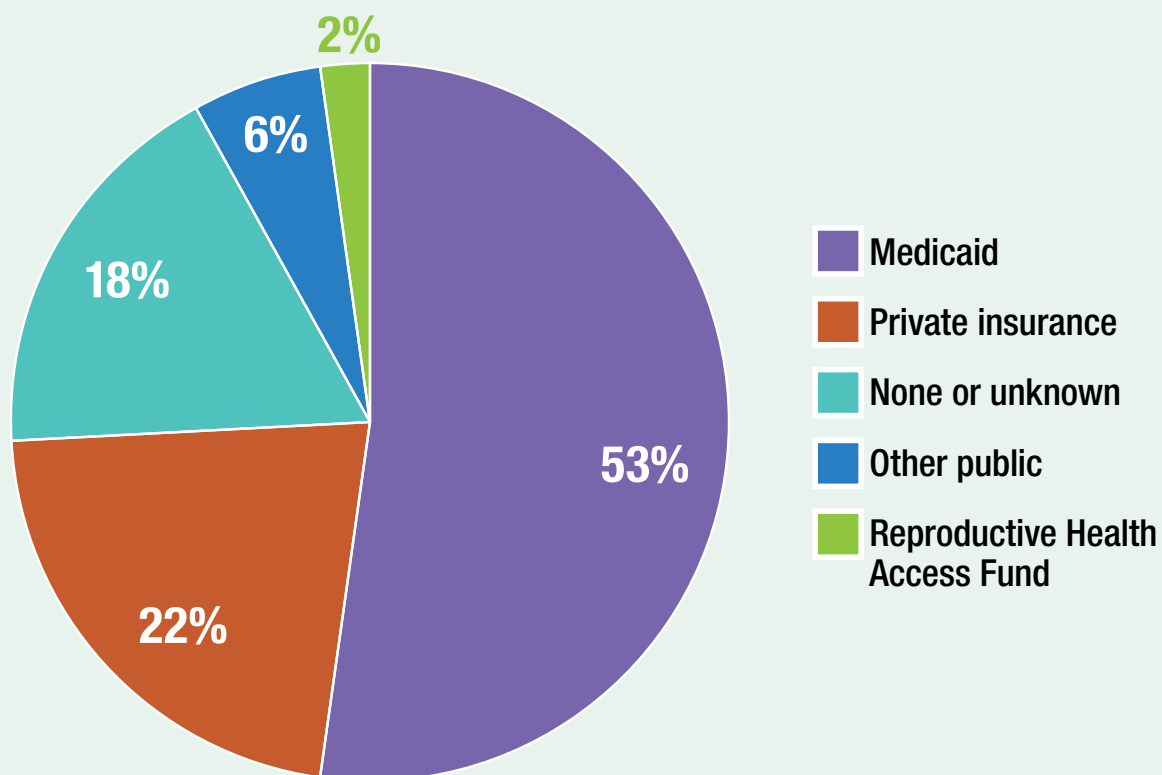
For every state primary care dollar invested, SBHCs used about \$3.60 from grants, billing, donations and other sources to support SBHC primary care and oral health services.

- In 54 SBHCs, more than half of the youth clients had Medicaid coverage.
- Fifty-three percent of clients had Medicaid coverage. (Figure D)



Figure D. Health coverage status of SBHC clients at the first visit, 2019–2020

Oregon SBHC encounter data



Physical health

Because Oregon SBHCs are in schools or on school grounds, youth have easy access to medical care. But when schools closed in March 2020, physical health services dropped drastically in April, May, and June 2020. While the ease of transitioning to telehealth varied across sites, telehealth provided a solution to continue delivering high-quality care to youth. (Figure E, Figure F, Figure G)

According to interviews with Oregon SBHC Coordinators and staff, this decrease in physical health visits is credited to a variety of reasons related to the COVID-19 pandemic, including:

- Temporary SBHC closures
- Decreased utilization in open SBHCs due to students not being on a school campus
- Lag time in implementing telehealth services due to equipment needs or establishing policies, and workflow
- Additional work demands for SBHC staff responding to the COVID-19 pandemic
- Limited access to personal protective equipment for SBHC staff to work in a safe environment, and
- Limited outreach and telehealth services for clients without access to the internet and computer.

[Appendix E](#) highlights three SBHC medical sponsors and their telehealth successes, challenges, and lessons learned.



Figure E. Number of SBHC physical health visits by month and type, 2019–2020

Oregon SBHC encounter data

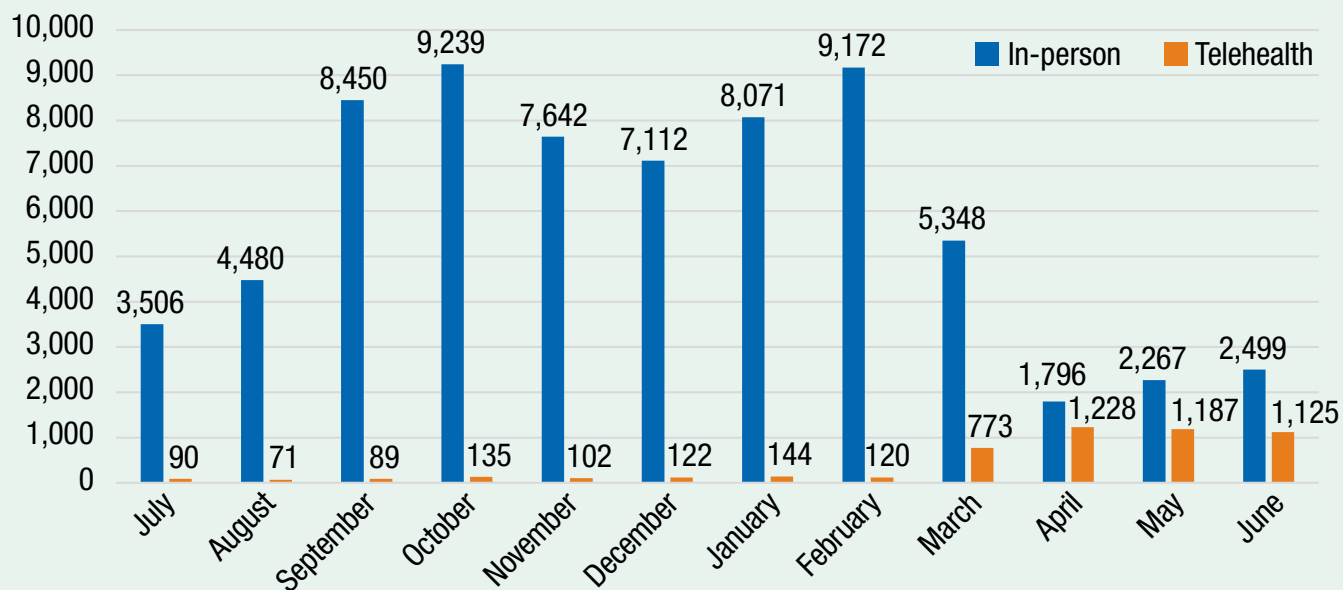
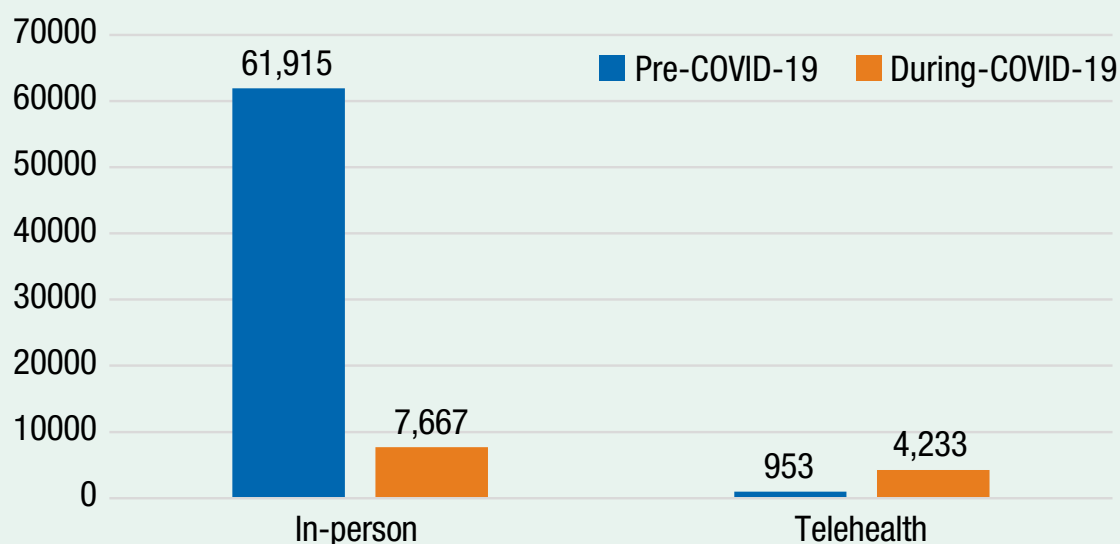


Figure F. Number of SBHC physical health visits pre-COVID-19 and during-COVID-19 by type, 2019–2020*

Oregon SBHC encounter data

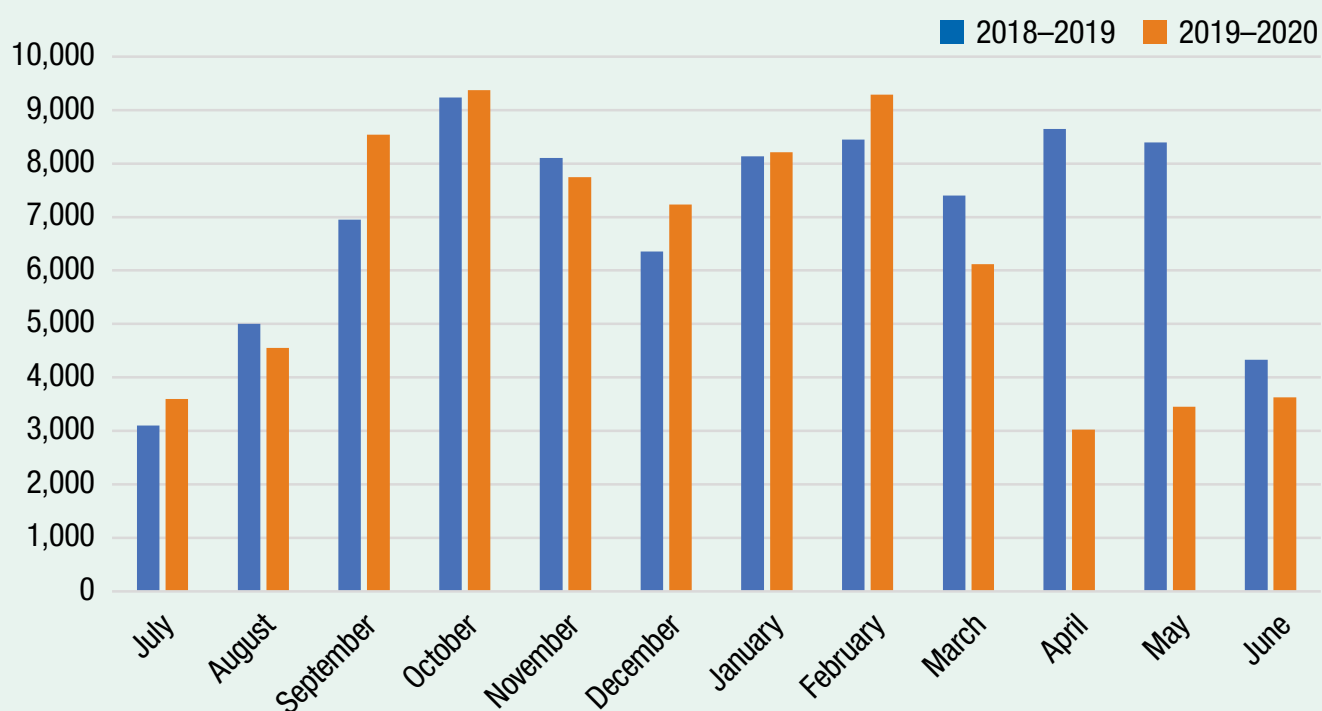


* Governor Kate Brown's *Executive Order No. 20-08*, ordered the March 16, 2020 closure of all in-person schools. Therefore, SPO reports and describes data as follows, when applicable: pre-COVID-19 describes data July 1, 2019 through March 15, 2020 and during-COVID-19 describes data March 16, 2020 through June 30, 2020. (7)

COVID-19 and the resulting school closings in March 2020 caused a significant impact on the number of visits in the SBHCs. Figure G illustrates the abrupt decrease in physical health visits in April, May and June 2020 compared to 2019.

Figure G. Number of SBHC physical health provider visits by month, 2018–2019 and 2019–2020

Oregon SBHC encounter data



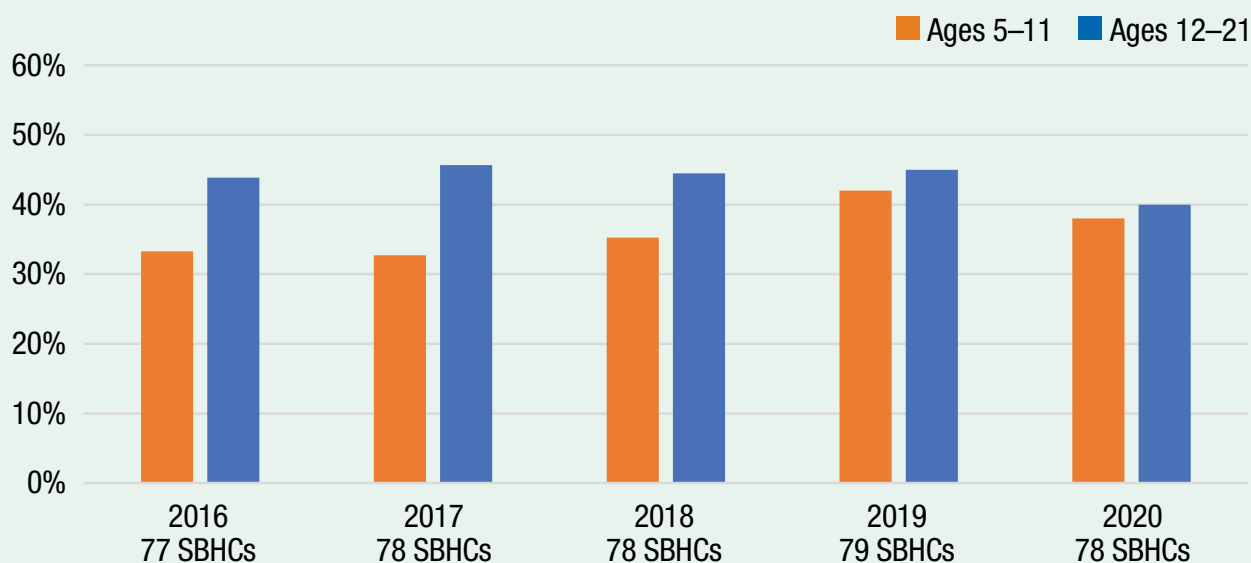
Since the onset of the pandemic, across the nation, a significant drop in well-child visits has resulted in delays in vaccinations, appropriate screenings and referrals, and anticipatory guidance to assure optimal health. The American Academy of Pediatrics Bright Futures initiative recommends providers identify children who have missed well-child visits and/or recommended vaccinations and contact them to schedule appointments.

- 38% of SBHC clients ages 5–21 received a well visit during 2019-2020.
- 55% of sports physicals for SBHC clients ages 5–21 had a well-visit component.
- The percent of youth ages 12–21 with a well visit decreased in 2019-2020 by 5% (Figure H)
- The percent of youth ages 5–11 with a well visit decreased in 2019-2020 by 10% (Figure H)



Figure H. Percent of SBHC clients (ages 5–11 and 12–21) who received a well visit, school years ending 2016–2020

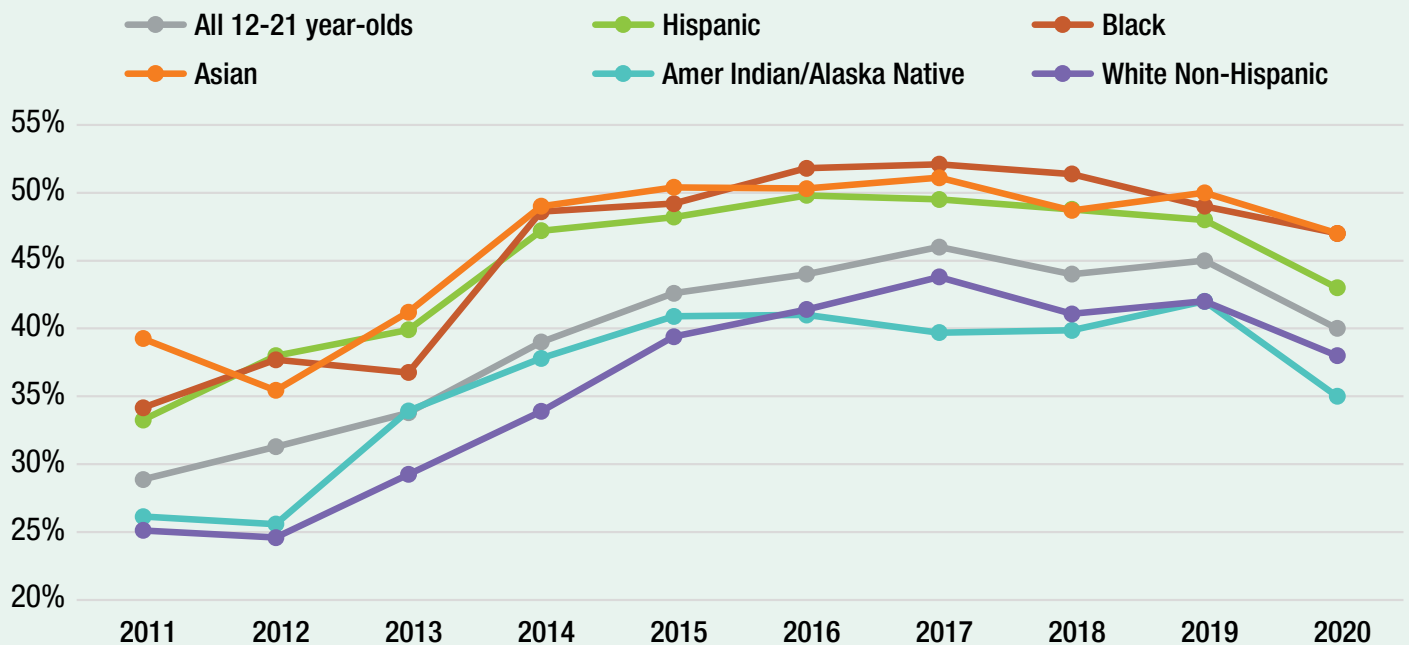
Oregon SBHC encounter data



Well visits decreased across all races and ethnicities during 2019-2020, related to the decrease in physical health visits. Consistently, there is a greater percentage of youth ages 12–21 with a well visit for Black, Hispanic, and Asian clients than the percentage for all 12–21-year-olds. (Figure I)

Figure I. Percent of SBHC clients (ages 12–21) receiving a well visit, by race/ethnicity, school years ending 2011–2020

Oregon SBHC Encounter Data



This health center makes me feel comfortable and safe. All the staff are friendly and makes you feel at ease with everything. 10/10

-SBHC client

Behavioral health

The 2019 Oregon State Legislature dedicated \$7.5 million to continue to support SBHC behavioral health* capacity during the 2019-2021 biennium. Most of this funding was reserved to support SBHC behavioral health capacity by adding mental health staff and expanding current mental health staff hours at Oregon SBHCs.

- Total counties receiving funding for SBHC mental health staffing: 27
- SBHCs supported by Mental Health Capacity Grants: 65
- New SBHCs supported through Mental Health Capacity Grants: 10[†]
- SBHC mental health FTE[‡] supported: 52.5

In the 2019-2020 school year, 97% of Oregon's 78 certified SBHCs had some level of behavioral health staffing onsite, although not all positions are funded through SBHC Mental Health Capacity grants. During the service year 2019-2020, 37% of all SBHC visits were to see a behavioral health professional. Behavioral health services at SBHCs involve more than just clinical services. Behavioral health providers also do group counseling, support Youth Advisory Council (YAC) work, lead classes on behavioral health topics such as mindfulness, assist with school crisis planning, and provide classroom curriculum to name a few.

Without the health center — knowing how to handle myself in class and deal with my health issues would be immensely harder. The counseling services offered also offer a huge breath of relief. They've helped me figure things out and make things manageable as well as set up appointments for treatment and care outside of class time. Both the physical and mental health services we have are a huge benefit/asset to our school!

-SBHC client

* In this report, the term “behavioral health” includes mental health, behavioral health, and substance abuse.

† SBHC had not received SBHC mental health expansion dollars in the previous 2017-2019 biennium.

‡ Full-time employee (FTE) numbers are based on grantee estimates and reflect only the portion supported by SBHC Mental Health Capacity Grants. Additional FTE may be available at the SBHC and/or host school that is not grant supported.

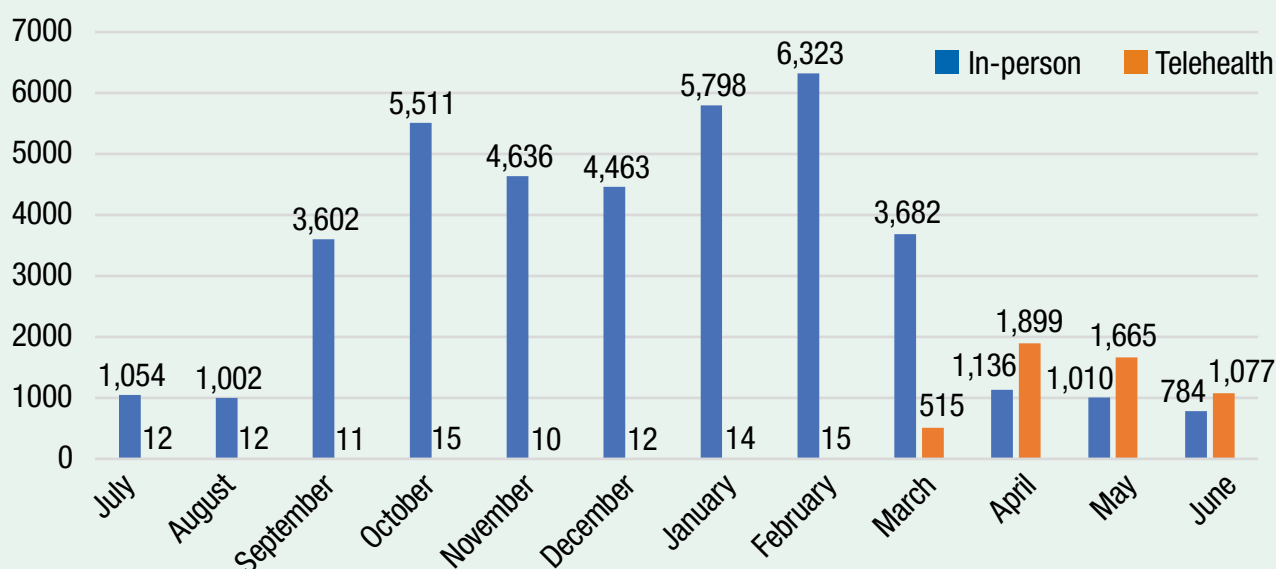
During the pandemic, behavioral health services remained vital and SBHCs used innovative approaches to continue connecting with students. This included supporting students in accessing technology, food, and housing resources while finding ways to best engage students and families with available telehealth technology.

When schools closed in March 2020, behavioral health services dropped drastically in April, May, and June 2020, similar to physical health services. According to interviews with Oregon SBHC Coordinators and staff, the ease of transitioning to telehealth varied across sites. Telehealth offered a solution to continue providing high-quality behavioral health care to youth and was described, at times, as easier to implement in the behavioral health field, than the physical health field. (Figure J, Figure K, Figure L)*

[Appendix E](#) highlights three SBHC medical sponsors and their telehealth successes, challenges, and lessons learned.

Figure J. Number of SBHC behavioral health visits by month and type, 2019–2020

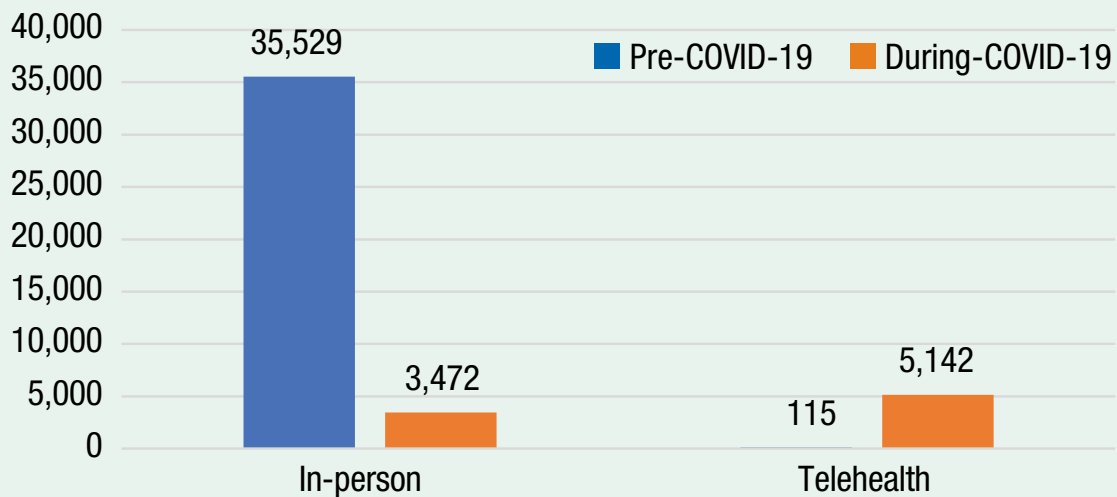
Oregon SBHC encounter data



* Governor Kate Brown's Executive Order No. 20-08, ordered the March 16, 2020 closure of all in-person schools. Therefore, SPO reports and describes data as follows, when applicable: pre-COVID-19 describes data July 1, 2019 through March 15, 2020 and during-COVID-19 describes data March 16, 2020 through June 30, 2020. (7)

Figure K. Number of behavioral health visits: pre-COVID-19 and during-COVID-19 by type, 2019-2020*

Oregon SBHC encounter data



This year our school implemented a new program called Character Strong which focuses on building strong character traits and teaching social-emotional skills to school children and staff. Each week we created one additional class period so I could meet with the entire high school and middle school. We worked on core values such as kindness, honesty, patience, growth mindset, distress tolerance, goal setting, community building, self-esteem, emotional regulation, and empathy. A highlight of the program was a group of students coordinating a day to pick up trash in our community that allowed for students to step into leadership roles.

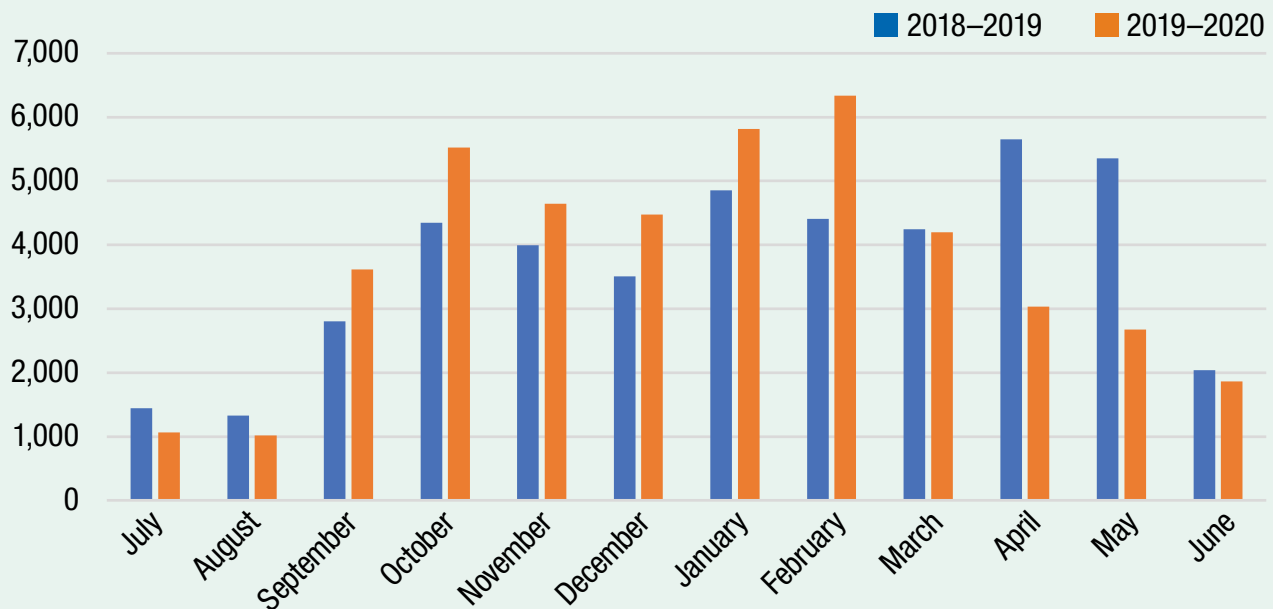
-SBHC mental health provider

* Governor Kate Brown's *Executive Order No. 20-08*, ordered the March 16, 2020 closure of all in-person schools. Therefore, SPO reports and describes data as follows, when applicable: pre-COVID-19 describes data July 1, 2019 through March 15, 2020 and during-COVID-19 describes data March 16, 2020 through June 30, 2020. (7)

COVID-19 and the resulting school closings in March 2020 caused a significant impact on the number of visits in the SBHCs. Figure L illustrates the abrupt decrease in behavioral health visits in April, May and June 2020 compared to 2019.

Figure L. Number of SBHC behavioral health provider visits by month, 2018-2019 and 2019-2020

Oregon SBHC encounter data

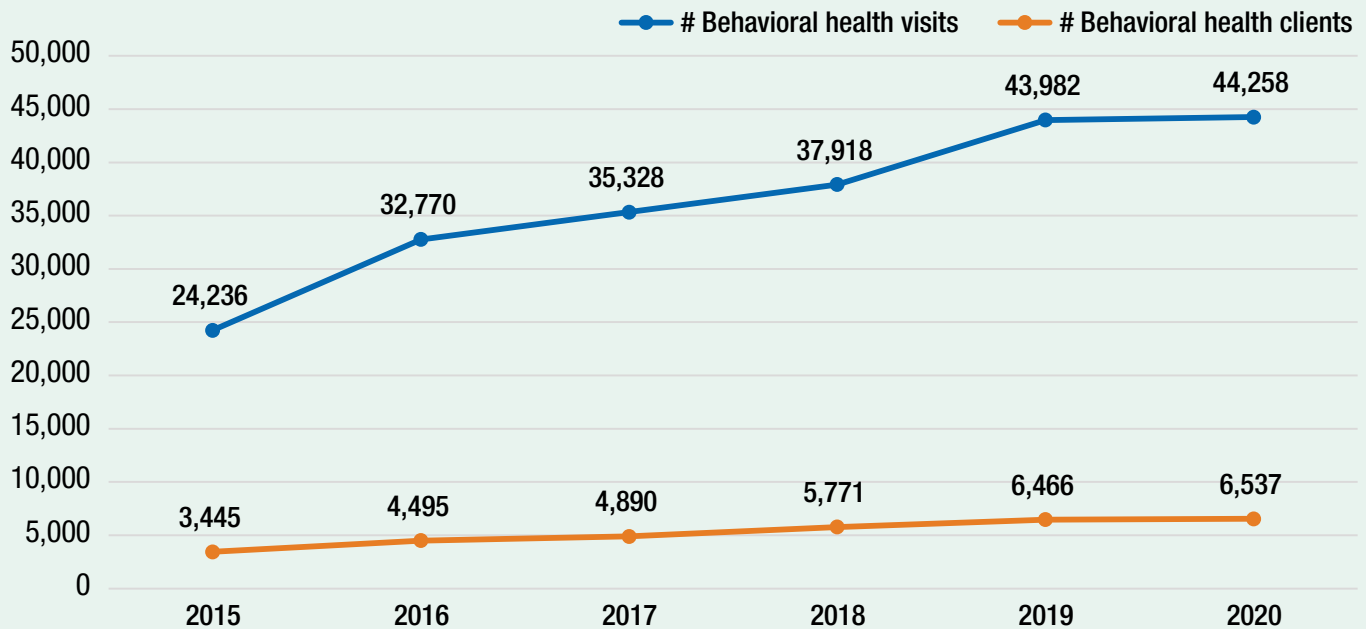


Since 2015, behavioral health visits to SBHCs have nearly doubled. Despite COVID-19-related closures at schools and many SBHCs, behavioral health visits and client counts slightly increased in 2019-2020 from 2018-2019. In 2019-2020, behavioral health providers saw 6,537 clients for a total of 44,258 visits compared to in 2018-2019 behavioral health providers saw 6,466 clients for a total of 43,982 visits. (Figure M)



Figure M. SBHC trends in the number of behavioral health visits and clients, school years ending 2015–2020

Oregon SBHC encounter data



I have been working with a 10-year-old girl who was very guarded when we first started meeting, she would turn off the camera and audio and use the chat function only. She would end sessions early as well. Since then she has made great strides in emotional expression. Gradually she would only turn off the audio and still speak to me, tolerating longer and longer sessions. Now we have regular video visits. She has taught me how to draw a dragon, expressed her emotions by sharing her music with me, we take turns creating topics for plays we put on. I am certain that we would not have been able to build the relationship we have now without meeting through video, it has created a safe space where she is in control of the environment, she can set the pace and end the session if she feels she needs to.

-SBHC mental health provider

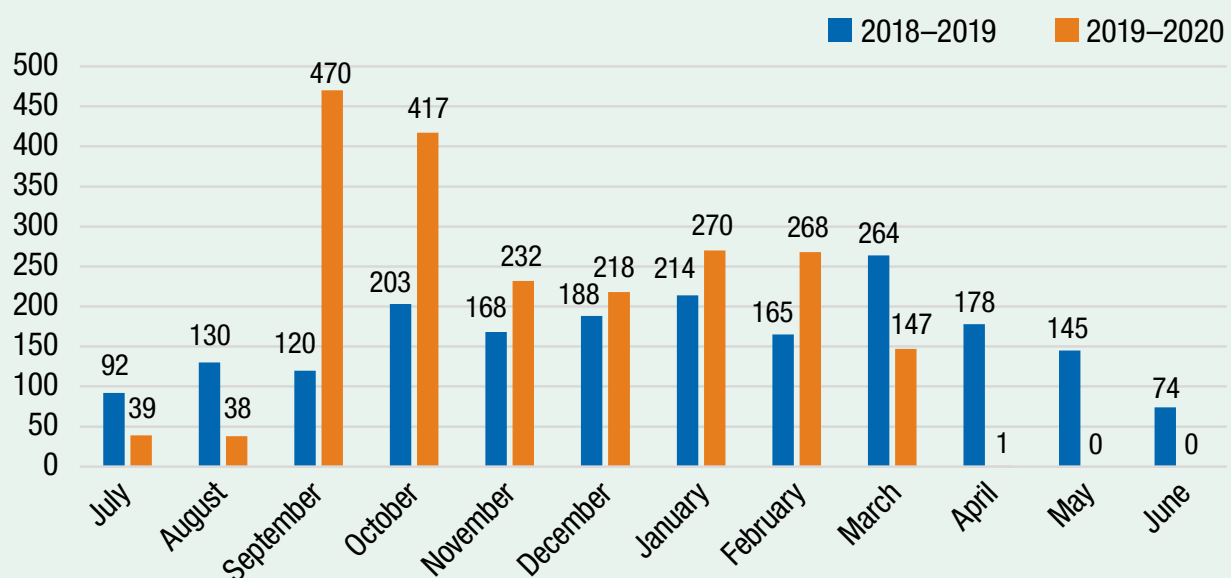
Oral health

In 2019-2020, there were 11 SBHCs with a dental provider who provided 2,100 visits to 1,302 clients. In comparison, in 2018-2019 there were 16 SBHCs with a dental provider that provided 1,941 visits to 1,278 SBHC clients. (Figure N)



Figure N. SBHC dental health provider visits by month, 2018–2019 and 2019–2020

Oregon SBHC encounter data



SBHCs had an immediate drop in dental visits due to:

- The March 2020 closure of all in-person schools, and
- Governor Kate Brown's [Executive Order No. 20-10](#), ordering all elective and non-urgent care settings that utilize personal protective equipment (PPE), including dental clinics, to cancel such procedures to conserve and redirect PPE to the COVID-19 emergency response.

There were:

- 2,076 SBHC visits with a dental provider pre-COVID-19, and
- 24 visits during-COVID-19.*

There were no telehealth dental visits in 2019-2020.



* Governor Kate Brown's *Executive Order No. 20-08*, ordered the March 16, 2020 closure of all in-person schools. Therefore, SPO reports and describes data as follows, when applicable: pre-COVID-19 describes data July 1, 2019 through March 15, 2020 and during-COVID-19 describes data March 16, 2020 through June 30, 2020. (7)

Youth sexual health

Access to high-quality reproductive health information and services is important for people of all ages, including youth. SBHCs are a place where youth can learn about:

- Their physical development
- Sexual health, and
- How to engage in healthy relationships.

Reproductive health services in an SBHC include:

- Age-appropriate reproductive health exams
- Prescriptions for and dispensing of contraceptives
- Condom distribution, and
- Pregnancy prevention education and testing.

Some SBHCs do not provide any contraceptive services on-site (i.e. give out condoms, prescribe contraceptives or dispense contraceptives). Therefore, they must refer students to other providers for those services.

Most types of visits are conducive to the telemedicine platform. This includes requests for contraceptive services. We are able to prescribe most birth control methods and find a pharmacy close to the client's home via telemedicine. The only reason we need to bring a client in is for implant and IUD insertions and STI screening, but we do the birth control method and STI prevention counseling during a telemedicine appointment prior to the onsite visit.

-SBHC site coordinator

Youth can also access sexually transmitted infection (STI) prevention education, screening, testing and treatment, as well as HIV counseling, screening, testing and referral to treatment services.

- In 2020, 62% of Oregon's certified SBHCs reported dispensing at least one type of contraceptive on-site. Condoms and contraceptive pills are the most common forms.
- Sites that dispense are in 18 counties, in both urban and rural areas.
- 48% of SBHCs are providing long-acting reversible contraceptives on-site.
- In the 2019-2020 school year, SBHCs delivered reproductive health services to 4,733 school-age youth.
- Youth receiving reproductive health services were:
 - » 45% white, non-Hispanic
 - » 29% Hispanic
 - » 8% Black
 - » 81% female

Continued access to reproductive health information and services throughout the COVID-19 pandemic was essential for Oregon's youth. Youth already using a long-acting reversible contraceptive — such as an implant or IUD — had access to a reliable birth control method. Therefore, SBHCs set priorities to provide short-term methods such as condoms, birth control pills and injectables. Some SBHCs prioritized outreach to coordinate continued care during closures.



Youth engagement

Youth Advisory Councils

Youth Advisory Councils (YACs) serve as a vital space for students to:

- Connect with other students
- Build relationships with a facilitator who is knowledgeable in youth-adult partnerships, and
- Create change in their schools, SBHCs and communities.

In the 2019-2021 biennium, SPO prioritized \$700,000 funded through SBHC mental health funding to support youth-led mental health projects. These projects were to reduce mental health stigma and promote student resiliency at SBHC host schools. This funding supported 15 SBHCs to:

- Facilitate YACs, and
- Support students in engaging in YAC projects.

YAC projects can focus on the SBHC, center on mental health, or be a Youth Participatory Action Research (YPAR) project. Projects focused on mental health most often addressed self-care, depression and anxiety. YPAR is an innovative approach to positive youth and community development based on social justice principles in which young people receive training to conduct systematic research to:

- Improve their lives
- Their communities, and
- Institutions intended to serve them.

YAC had a big impact on both the teachers and students enrolled in health at our high school. Not only did YAC present on healthy relationships and sexual health for youth, but we elevated adolescent voices by receiving student feedback through a survey about how LGBTQ+ inclusive the health curriculum is. We also provided the health teachers with lessons, materials, an anonymous question box, and additional technical assistance to help them meet the needs of all students.

-SBHC YAC coordinator

YAC members and facilitators adapted to online meetings after Governor Brown's closure of in-person schools went into effect. Adaptations included:

- Holding regular meetings online
- Organizing online game night and social activities
- Changing the focus of their YPAR projects, or
- Pursuing new projects in response to COVID-19 such as creating a “thank you” video for teachers.

Projects by YACs

During the 2019-2020 school year, student-led projects included:

- Food pantry and hygiene supply closets
- Stress management resources for students
- Creation of materials promoting SBHCs and addressing misconceptions
- Attendance at the state YAC Summit
- Education campaigns about issues identified by YAC members
- Celebrate Love tabling event during school lunch promoting love outside of just romantic relationships, and
- Attendance at School Health Advocacy Day at the Oregon State Capital.

We hosted an all-day Teen Health Expo on Valentine's Day, a Friday in February. Based on the topics ranked high in our school survey, we brought in various community partners to host booths on all kinds of topics, including mental health, nutrition, sleep, distracted driving, substances, resiliency, immunizations, and heart health with Cardiologists and free EKG screenings. There was a DJ and trail mix bar. The Cardiologists referred about 15 students to the SBHC for follow up/connection to health care and we had a therapist who saw four students for on-demand mental health appointments during the fair.

-SBHC site coordinator

Youth voice

The annual SBHC Student Satisfaction Survey measures how well SBHC staff build relationships with youth. Survey participation is anonymous, voluntary and confidential. The survey is a useful source of information about the experiences and opinions of youth who use the SBHC.

Due to schools and many SBHCs closing, 30% fewer SBHC Student Satisfaction Surveys were completed in 2019-2020 compared to 2018-2019:

- In the 2019–2020 school year, 1,460 students (ages 12-19) from 71 SBHCs completed the survey.
- In the 2018–2019 school year, 2,079 students (ages 12-19) from 76 SBHCs completed the survey. (10)

See complete results at 2021 SBHC Data, www.healthoregon.org/sbhc.

- Nearly all surveyed youth had a positive SBHC experience:
 - » 81% were very satisfied with the space at the SBHC.
 - » 85% were very satisfied with the check-in process at the SBHC.
 - » 92% were very satisfied with the staff at the SBHC.
 - » 85% said the SBHC staff definitely involved them in decision making about their health care.
- 68% of 12–19-year-olds reported they were always or usually able to get an appointment for the care they needed right away.

The health center made me feel really safe, it made me feel like I had more people who care about me and my health.

-SBHC client

I don't know who I would have gone to if I didn't find out about the health center.

-SBHC client

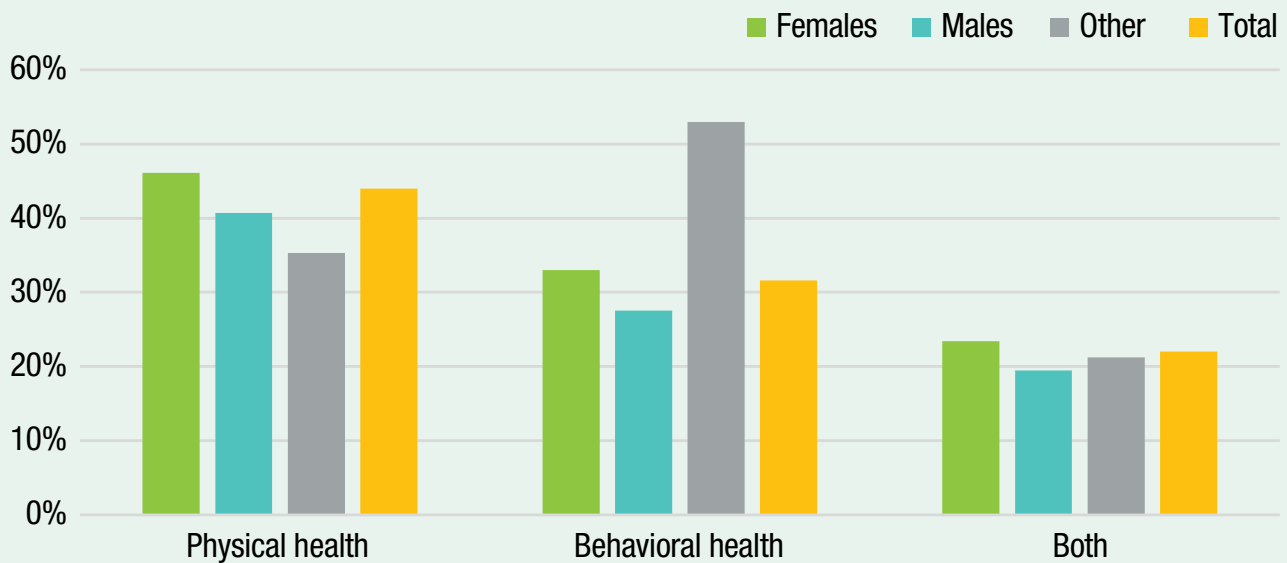
The staff has helped me when I've needed people to be there for me.

-SBHC client

- SBHCs can be an important health home for youth:
 - » Nearly 40% of youth said the SBHC is their usual source of care for both physical and behavioral health. (Figure O)
 - » Youth who selected other or a combination of gender responses were particularly likely to say the SBHC is their usual source of care, especially for behavioral health needs. (Figure O)
 - » Only 21% of youth said they had another source of care they would use if the SBHC were not available that day.

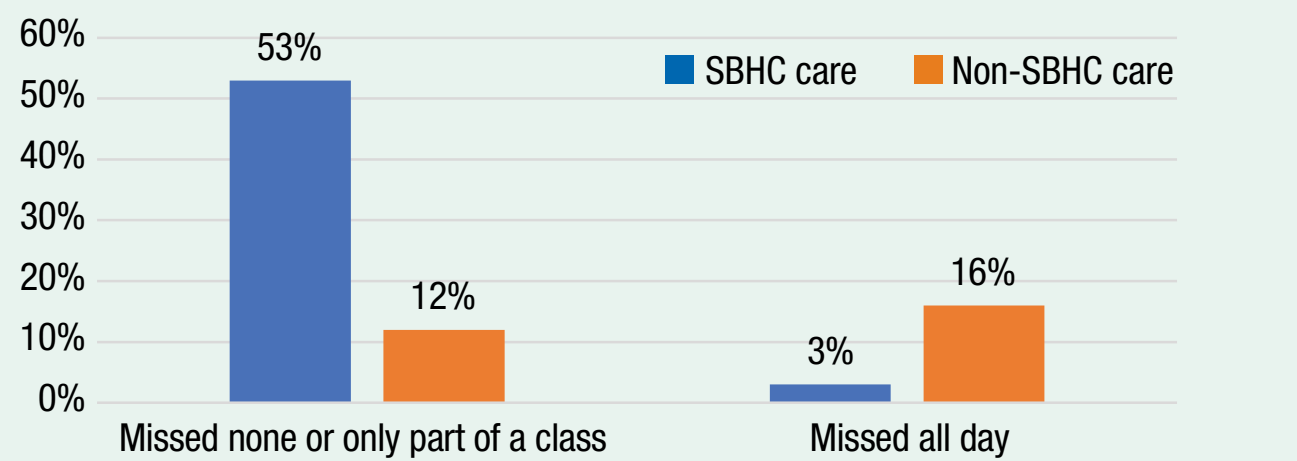


Figure O. Percentage of surveyed youth who identify SBHCs as their usual source of care for physical health, behavioral health or both, by gender (10)



Students receiving SBHC care estimate missing less class time than if they had received non-SBHC care. Sixteen percent of youth estimate they would have missed a full day of school if they had to get care outside the SBHC. (Figure P)

Figure P. Estimated class time missed by students for health care appointments (10)



School Health Services Planning Grant

House Bill 3165 (2019) created the School Health Services Planning Grant (SHSPG) opportunity for selected school districts and Educational Service Districts (ESDs). These grants are to assess and implement programs that address the health needs of their students. Eleven grantees - from eight school districts and three ESDs in 12 counties – began needs assessments in 2019-2020. In 2020-2021 they will complete needs assessments and continue implementing school health service models either through:

- SBHCs, or
- School nursing pilot programs.

SBHCs: SHSPG grantees moving toward SBHC certification follow the state's standard SBHC certification process. These new SBHCs would be open in the fall of 2021. They will fully certify by January 2022.

School nursing: For the first time in Oregon, the state has funds dedicated to improving school health services through school nursing. Six school districts and ESDs will enter a five-year pilot program to improve school nursing services to support both:

- Individual nurse practice, and
- Nursing services.

School nursing model pilot programs will continue to collaborate with the Adolescent and School Health Program to set up standards and key measures for school nurse service delivery.

Throughout the COVID-19 pandemic, school districts and ESDs have continued with needs assessment and planning efforts. SHSPG grantees have revised plans and strategies to ensure they continue grant activities while addressing new and shifting needs. One positive outcome of these efforts is an improved partnership between local public health and schools in SHSPG implementation regions.



Looking forward

As we look forward to the next year, the SPO will support SBHCs to continue being resilient and responsive key partners in ensuring youth have access to health care services in their communities. There are many signals the COVID-19 pandemic will have long-lasting effects. This includes the social, cultural, economic, political and multidimensional effects on all societies, including young people. We know COVID-19 has forever changed us and the SBHC model. There is no going back to how exactly it was before. However, SPO commits to supporting the continuing and evolving SBHC model in Oregon.

Even as there are still many unknowns for the next year, SPO will reflect on and embrace potential changes and improvements to move forward and evolve. SPO commits to:

- Help SBHCs work out their role in COVID-19 testing and vaccinations as schools open back up for in-person learning.
- Support the value of telehealth in the statewide model and certification standards while SBHCs continue to refine their telehealth services.
- Prioritize the social and emotional wellbeing of youth.
- Support SBHCs to achieve health equity for the priority populations of:
 - » Communities of color and tribal communities
 - » People with low incomes
 - » LGBTQ2SIA+ people
 - » People with disabilities, and
 - » People living in rural areas.
- Value the voice and experience of young people in helping to better refine the SBHC model. Also, ensure youth receive the care they need and want. The SPO will continue to encourage youth engagement and youth voice at the state and local levels.
- Recognize the need to give space and attention to the trauma, grief and change caused by COVID-19. COVID-19 has affected everyone. SPO will uplift the SBHC community and each other with flexibility, grace and empathy.
- Seek new opportunities for quality improvement in telehealth data.
- Actively listen and document stories from SBHCs.

Appendix A: SBHC medical sponsor list, 2020–2021

County name	SBHC school name	Medical sponsor
Baker	Baker High School	Baker County Health Department
Benton	Lincoln Elementary School†	Community Health Centers of Benton and Linn Counties*
	Monroe Grade School†	Community Health Centers of Benton and Linn Counties*
Clackamas	Estacada High School†	Orchid Health
	Milwaukie High School†	Outside In*
	Oregon City High School	Clackamas County Health Clinics*
	Rex Putnam High School	Clackamas County Health Clinics*
	Sandy High School	Clackamas County Health Clinics*
Columbia	Clatskanie MS/HS	Columbia Health Services
	Lewis & Clark Elementary School†	Columbia Health Services
	Rainier Jr/Sr High School†	Columbia Health Services
	Vernonia K-12	Columbia Health Services
Coos	Marshfield High School†	Waterfall Community Health Center*
Crook	Pioneer High School†	Mosaic Medical*
Deschutes	Bend Senior High School†	Mosaic Medical*
	Ensworth Elementary School†	Mosaic Medical*
	LaPine 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 System
Douglas	Roseburg High School	Aviva Health*
Grant	Grant-Union Jr/Sr 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*
	Hanby Middle School	La Clinica*
	Jackson Elementary School†	La Clinica*
	Jewett Elementary School†	La Clinica*
	Kids Unlimited Academy	La Clinica*
	Oak Grove Elementary School†	La Clinica*
	Phoenix Elementary School†	La Clinica*
	Scenic Middle School†	La Clinica*
	Table Rock Elementary School	Rogue Community Health*
	Washington Elementary†	La Clinica*
	White Mountain Middle School	Rogue Community Health*
Jefferson	Madras High School	Mosaic Medical*
Josephine	Evergreen Elementary School†	Siskiyou Community Health Center*
	Grants Pass High School	Siskiyou Community Health Center*
	Illinois Valley High School†	Siskiyou Community Health Center*
	Lorna Byrne Middle School†	Siskiyou Community Health Center*

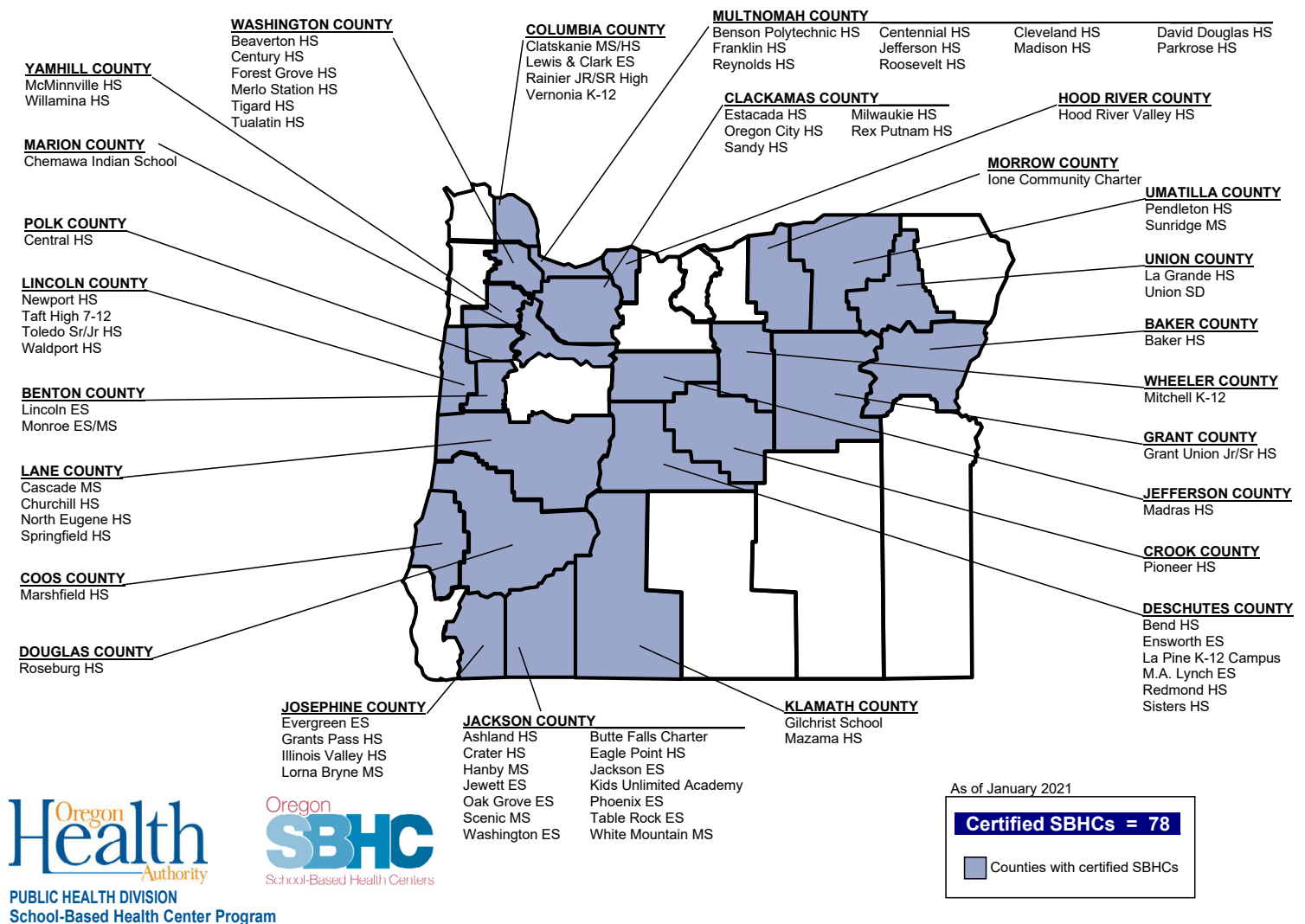
County name	SBHC school name	Medical sponsor
Klamath	Gilchrist School†	La Pine Community Health Centers*
	Mazama High School†	Klamath Health Partnership*
Lane	Cascade Middle School	Bethel Health Center/PeaceHealth Medical Group
	Churchill High School	PeaceHealth Medical Group
	North Eugene High School	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*
Marion	Chemawa Indian School	Indian Health Services
Morrow	Ione Community Charter School†	Morrow County Health District
Multnomah	Benson High School	OHSU Family Medicine Richmond*
	Centennial High 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*
	Jefferson High School†	Multnomah County Health Department*
	Madison High School†	Multnomah County Health Department*
	Parkrose High School†	Multnomah County Health Department*
	Reynolds High School	Multnomah County Health Department*
	Roosevelt 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 Public Health
	Sunridge Middle School	Umatilla County Public Health
Union	La Grande High School	Center for Human Development, Inc.
	Union School District	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	Neighborhood Health Center*
Wheeler	Mitchell School K–12	Asher Community Health Center*
Yamhill	McMinnville High School	Sunrise Family Clinic
	Willamina High School†	Virginia Garcia Memorial 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

OREGON SCHOOL-BASED HEALTH CENTERS 2021



Appendix C: COVID-19 timeline through June 30, 2020

Below is a chronology of key events in Oregon's COVID-19 pandemic response related to schools and SBHCs, along with significant actions by the SPO in response to local needs of the SBHC field.

Feb. 28, 2020

The Oregon Health Authority (OHA) reported the first case of suspected COVID-19. The resident of Washington County had not traveled to an infected area. This likely meant the person contracted the virus within the community. (11)

March 7, 2020

Oregon Governor Kate Brown issued [Executive Order 20-03](#). The order declared an emergency due to the COVID-19 outbreak in Oregon. (12)

March 12, 2020

Governor Kate Brown announced the closure of all in-person schools from March 16, 2020 through March 31, 2020. These closures resulted in many SBHCs temporarily closing their clinic doors.

March 16, 2020

The State Program Office (SPO) quickly polled the SBHC field to get a snapshot assessment of SBHC services amid the pandemic and closures of in-person schools. SPO asked whether the SBHCs would be open or closed during the current Governor's order. Thirty-two out of 78 certified SBHCs were open during that time. With the rapidly changing landscape of schools and SBHCs, SPO announced plans to reschedule the SBHC certification verification site visits previously scheduled for early April for later that school year, or for 2020-2021. SPO considered looking at the certification verification site visits scheduled for later in the spring closer to those dates. Because of the Governor's orders to close schools, SPO knew that some SBHCs were closed and others may have staffing hours affected. Therefore, SPO decided not to require SBHCs to submit new certification waivers if they were not meeting standards for certification.

March 17, 2020

Governor Kate Brown issued [Executive Order No. 20-08](#). The order extended the closure of public schools through April 28, 2020. (7)

March 19, 2020

Governor Kate Brown issued [Executive Order No. 20-10](#). The order was for all care settings that utilize personal protective equipment (PPE), including student health centers and dental clinics, to cancel all elective and non-urgent procedures. The purpose was to conserve and redirect PPE to the COVID-19 emergency response. (13)

March 20, 2020

SPO gave updates to the SBHC field to outline further SPO's response to COVID-19. SPO postponed all SBHC certification verification site visits previously scheduled. A total of 14 SBHC certification verification site visits were postponed.

March 24, 2020

The Department of Consumer and Business Services and OHA issued joint guidance expecting health plans of all types to:

- Provide increased access to health care through telehealth delivery platforms, and
- Encourage patients to use telehealth delivery options to limit the amount of in-person health care they seek. (14)

April 8, 2020

K-12 school closures extended through the end of the school year with Governor Kate Brown's issuance of [Executive Order 20-20](#). (15)

April 2020

SPO interviewed each SBHC system by telephone about accessibility to them during the COVID-19 pandemic. SPO learned from earlier polling that asking if an SBHC is open or closed, was not clear enough to fully document the wide array of services across Oregon in SBHCs in response to the pandemic. SBHCs were already taking on new ways to reach out to youth to provide SBHC services while schools were closed, including telehealth. Through these telephone interviews SPO determined:

- 31 of 78 SBHCs were open for on-site services.
- 25 SBHCs had on-site physical health sick care
- 33 SBHCs had on-site physical health well care
- 66 SBHCs had telehealth physical health sick care
- 52 SBHCs had telehealth physical health well care
- 11 SBHCs had on-site mental health services
- 71 SBHCs had telehealth mental health services
- 11 SBHCs had both on-site and telehealth mental health services
- One SBHC had dental health services (Indian Health Service-sponsored)
- Seven SBHCs had telehealth dental services.

April 10, 2020

The Adolescent and School Health Program revised the timeline and expectations for the School Health Services Planning Grant (SHSPG). This provided more time for school districts planning new SBHCs to complete their community needs assessments.

April 16, 2020

SPO announced they would not require SBHCs to continue their administration of the Student Satisfaction survey. SPO decided this because many SBHCs did not have in-person access to survey administration of students.

April 17, 2020

SPO offered a listening session for SBHCs to ask questions they might have and learn how SPO can support SBHCs during COVID-19.

Late April and early May 2020

Governor Kate Brown began to take steps across Oregon to ease some restrictions to begin a phased, data-driven and regionally tailored approach to reopening social, economic, and other activities in Oregon.

April 27, 2020

Governor Kate Brown issued [Executive Order 20-22](#). The order allowed for a gradual resumption of non-urgent health care procedures. (16)

May 15, 2020

To bring students back to classrooms safely, the Oregon Department of Education (ODE) issued new statewide guidance for in-person instruction for summer school and other summer programs. The guidance was meant to ensure all in-person instruction:

- Minimized health and safety risks, and
- Improved student connections and learning. (17)

June 24, 2020

Governor Kate Brown issued [Executive Order 20-29](#). This order established Ready Schools, Safe Learners (RSSL) and K-12 instructional activities and provides school-based services necessary during the 2020-2021 school year in the face of the ongoing COVID-19 pandemic. (18) RSSL guidance set:

- Standards for protecting the health and safety of students and school staff, and
- A foundation to resume in-person instruction.

It also outlined options based on local conditions and readiness, of each school selecting one of these ways to begin school in the fall:

- Return to a school campus (on-site learning),
- Return to school with a blend of on-site and comprehensive distance learning (hybrid learning), or
- Return to school through comprehensive distance learning (off-site learning).

Appendix D: Stories during the time of COVID-19

These are firsthand experiences from SBHCs. Watching, witnessing and sharing the story of the response to COVID-19 can help the SBHC field and others evolve and prepare for the next public health emergency.

Once the stay-at-home order went into effect our YAC created a Kindness Bingo Board which contained information about the School Health Center and mental health resources for youth and families. The YAC was able to **connect with the school** and have the bingo boards added to the school lunches given out to families and students. 1175 Kindness Bingo Boards were distributed.

– *SBHC YAC coordinator*

During one of our girl's groups, we had transitioned to **video meetings** due to COVID-19, and one week the girls wanted to dress up for the Emmy awards and another week they wanted to dress up in crazy costumes. The students felt so good about themselves, and we talked about how self-esteem relates to when you feel good on the inside it radiates on the outside, and vice versa. When we dressed in crazy costumes, we talked about not worrying so much about what others think about us, but rather being true to ourselves. – *SBHC mental health provider*

A parent was wanting to start parent-child interaction therapy (PCIT), an evidenced-based attachment therapy for parents and young children but had very limited hours to attend sessions. There were many other barriers to treatment, including travel time, lack of childcare for other children, and other appointments and activities that tend to fill up the week for many families. Once the quarantine hit all our therapy sessions were offered through telehealth which **eliminated this family's barriers**. The parent and their child started noticing improvements rapidly, which is how PCIT is designed to work. The parent expressed hopefulness and relief in achieving this progress and finally getting access to the help they've needed. An additional and uniquely positive aspect of doing PCIT via telehealth is that the family is practicing the skills in their home as opposed to the PCIT lab in the school, so they're gaining the benefit of the true-to-life application of interventions like child-directed interactions and special playtime. While telehealth occasionally results in a few technical hiccups, the positives far outweigh the negatives for this thriving family. – *SBHC mental health provider*

One of the **ways we easily reached students** attending mental health groups, was to send session packets to the student's homes with their school lunch delivery – *SBHC mental health provider*

Telehealth options **expand our ability to provide services** to students who may have transportation issues or have anxiety about leaving the house. It also allows us to offer more hours and services outside of on-site appointments. – *SBHC site coordinator*

A girl's group that began during the pandemic will continue to meet via telehealth because the girls from two neighboring towns can **all meet together** which is what they prefer.
– *SBHC mental health provider*

Telehealth has been a great opportunity for us to improve some of our **workflows** by establishing more of our forms to be accessible for electronic completion and submission. – *SBHC site coordinator*

Because of the long-standing relationships each therapist developed with the schools they serve, there is **trust** between parents and the administration. This is leading to better working relationships and better engagement of students. When the school closures happened, all services were moved to telehealth and the phone. – *SBHC mental health provider*

Our SBHC behavior health provider is looking at beginning substance abuse groups over telehealth so that individuals in remote areas can **access** group services with other clients from neighboring towns in our service district. – *SBHC site coordinator*



I started working with a 6-year-old student in January to process trauma related to interpersonal violence which had occurred in the home. The client made measurable improvements at school including more participation with peers, more confidence, and fewer instances of anxiety during transitions and we were able to reduce the frequency of her sessions after three months of treatment. However, it was hard to get consistent engagement from mom because she was busy with work and medical appointments, has several other children and had ongoing transportation issues. I couldn't obtain much information about how the client was doing at home, or address family dynamics in a meaningful way. When the school closures happened and we transitioned to providing services virtually, mom was able to make a referral for her other daughter, and now I see both clients each week through video sessions. I have significantly **more engagement** from mom because she answers the phone and sets up the videos which offer opportunities to check-in and hear frequent updates about events and changes in the girls' lives. Having this information helps me be more directive and proactive in therapy sessions and allows me to provide more frequent feedback and psychoeducation to mom to assist her in supporting her daughter's growth and progress at home. Telemedicine has also eliminated the transportation barrier which is significant for this family. Mom has many medical appointments and several other children, so making time to drive to therapy sessions can be a barrier. With the option of virtual visits, she can more easily accommodate the sessions so that participation ends up being higher. The family has chosen to extend counseling services through the summer which allows more consistency and clinical support to the clients. Overall, the quality of care being provided to this family has improved because of having the option for virtual visits – *SBHC mental health provider*

YAC members made hundreds of baked goods and collected **donations** like masks and gloves to drop off at an organization that feeds and mentors houseless youth. – *SBHC YAC coordinator*

Clients who did not respond to outreach attempts received a letter from our program with the clinician's contact information as well as the local crisis line number and a list of community **resources**. – *SBHC mental health provider*

Since COVID-19 we've been providing food box delivery to clients in **partnership** with our local food bank and some school districts. – *SBHC mental health provider*

Appendix E: Innovation through telehealth

This section of the status report highlights three medical sponsors on the successes, challenges and lessons learned implementing telehealth.

Mosaic Medical is a nonprofit community health center. Mosaic Medical serves Central Oregonians through a network of 15 clinics, six clinics are SBHCs in Bend, Redmond, Madras and Prineville. Adapting services to a pandemic environment highlighted some of the organization's unique strengths in serving communities across Deschutes, Jefferson, and Crook Counties. During the 2019-2020 school year, Mosaic SBHCs provided 19% of their 7,755 visits to youth via telehealth.

Mosaic Medical made many adjustments to provide high-quality, remote services to their clients during COVID-19:

- Assembled a COVID-19 workgroup to protect the health of patients and staff.
- Increased virtual care visits system-wide from an average of less than 30 per week to more than 1,300 per week.
- Moved the workforce from less than 1% to over 80% working at home.
- Transitioned the main pediatric clinic to acute care only.
- In cooperation with St. Charles Health System, the Ensworth SBHC became a well clinic only to ensure patients ages two and younger continued to receive newborn, lactation, vaccination and well-visit support in a safe environment.
- Embraced telehealth to provide improved access to care for the region's youth after seeing growing behavioral health concerns across the Central Oregon system.
- Created a behavioral health warm line as a way for Spanish-speaking and English-speaking patients experiencing acute distress to have immediate access to a behavioral health provider.



Multnomah County Health Department Student Health Centers provide primary care and mental health services for all school-aged youth, at nine schools in Multnomah County. Any Multnomah County youth in grades K-12 can access care at any center.

With the onset of the pandemic, the entire County primary care system shifted to mostly phone and virtual visits. During the 2019-2020 school year, Multnomah Student Health Centers provided 14% of their 13,600 visits to youth via telehealth.

While making progress integrating telemedicine into their service delivery model, like others, they face challenges for the virtual visits:

- Technical support to clients and providers is time-consuming.
- There is some provider discomfort with the virtual visit platform and telephone visits are “easier.”
- They haven’t worked out the best way to integrate some screening forms.

Most types of visits are conducive to the telemedicine platform. Adding telemedicine to the mix has been great because it:

- Has improved client assessment and interactions with families.
- Has provided flexibility when onsite services are not accessible.
- Is based on the client’s preference of visit type.
- Allows the provider to interface with the client in their home setting.
- Has options to have both the nurse practitioner and behavioral health provider in the same visit with the client and family.



Orchid Health operates the Estacada SBHC in Clackamas County. Their other clinics in Lane County serve rural communities in Blue River, Oakridge, and McKenzie River.

At Estacada SBHC, telehealth has enhanced healthcare delivery to the community and students. When COVID-19 started, they recognized the importance of moving quickly to implement telehealth to ensure patient access to care. The SBHC provided medical and mental health services to families facing hardships including isolation, job loss, and lack of access to necessities. During the 2019-2020 school year, Estacada SBHC provided 15% of their 2,569 visits to youth via telehealth.

Positives

- The top priority for utilizing telehealth is to keep clients and staff safe from COVID-19 to:
 - » Minimize possible exposure to COVID-19, and
 - » Ensure SBHCs meet client's ongoing needs.

Ensuring clients' access to care for:

- » Chronic conditions
- » Other health needs, or
- » Mental health is a priority.
- Telehealth allows continued quality care to patients.
- Patients who struggled to attend regular visits have benefited from telehealth by eliminating:
 - » Barriers related to transportation, and
 - » Time away from home and work.

Challenges

- Staff need to learn new technology.
- A great number of patients had:
 - » No internet
 - » No access to a smartphone or computer
 - » Poor Wi-Fi connection, or
 - » Lack of familiarity with technology.
- Staff and patients had to become more familiar with the process and had technology issues.
- Some patients didn't feel comfortable with telehealth or phone and chose to wait for an in-person appointment.

Solutions

- Allowed patients to utilize phone visits when telehealth was not possible, for example if they had Wi-Fi problems.
- Purchased tablets for the clinic so patients could come to the parking lot and access telehealth with their tablets.
- Through a grant, purchased tablets to give to patients that have access to Wi-Fi so they can access care from home:
 - » Tablet bookmarks preset for patient ease of use.
 - » Provided training to the patients so they would know how to use the tablets.
 - » Clients can keep the tablets given to them.
- Some patients come to the parking lot for the visit if it is not sure they will need a physical exam. If the provider decides they do, the medical assistant can bring the patient directly into the clinic for the exam and limit the time in the clinic.

Lessons learned

- Telehealth allowed us to expand the ways we offer services to the community. It has been a great tool to allow Orchid to reach patients.
- Many patients have difficulty coming to the clinic due to transportation or mobility issues. Telehealth gives them more flexibility.
- For some patients, telehealth has improved their appointment compliance as it is easier to access care and less time away from home or work.
- Overall, implementing telehealth has been a huge success. Looking to the future, there is value in utilizing telehealth once the pandemic has past.



Endnotes

1. State Program Office School-Based Health Centers. Oregon SBHC Operational Profile, 2019–2020
2. Oregon Health Authority. Oregon’s Weekly Surveillance Summary. COVID-19 Weekly Report [Internet]. 2021. Available from: <https://www.oregon.gov/oha/covid19/Documents/DataReports/COVID-19-Weekly-Report-2021-1-27-FINAL.pdf>
3. Oregon Health Authority. Public Health Division. Strategic Plan [Internet]. 2021. Available from: <https://www.oregon.gov/oha/PH/ABOUT/Pages/Goals.aspx>
4. Oregon Health Authority. Healthier Together Oregon [Internet]. 2020. Available from: https://healthiertogetheroregon.org/wp-content/uploads/2020/08/Healthier-Together-Oregon_fullplan-1.pdf
5. The Community Guide. School-Based Health Centers [Internet]. 2015. Available from: <https://www.thecommunityguide.org/sites/default/files/assets/OnePager-SBHC.pdf>
6. State of Oregon Newsroom. (2020, March). Governor Kate Brown Announces Statewide School Closure for Students in Oregon from Monday, March 16 through Tuesday, March 31. <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=52634>
7. Office of the Governor, State of Oregon. (2020, March). Executive Order No. 20-08. Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-08.pdf
8. U.S. Department of Health and Human Services. Health Professional Shortage Areas [Internet]. Health Resources & Services Administration Data Warehouse. Available from: <https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>
9. Oregon Department of Education. Student Enrollment Report 2019–2020 [Internet]. 2020. Available from: <https://www.oregon.gov/ode/reports-and-data/students/Pages/default.aspx>
10. From the 2019–2020 SBHC Student Satisfaction Survey
11. Oregon Health Authority – External Relations Division. Oregon announces first, presumptive case of novel coronavirus [Internet]. 2020. Available from: <https://www.oregon.gov/oha/ERD/Pages/Oregon-First-Presumptive-Case-Novel-Coronavirus.aspx>
12. Office of the Governor, State of Oregon. (2020, March). Executive Order No. 20-03. Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-03.pdf

13. Office of the Governor, State of Oregon. (2020, March). Executive Order No. 20-10.
Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-10.pdf
14. Department of Business and Consumer Affairs. 2020. Available from: <https://dfr.oregon.gov/insure/health/understand/Documents/DFR-OHA%20Telehealth%20Guidance.pdf>
15. Office of the Governor, State of Oregon. (2020, April). Executive Order No. 20-20.
Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-20.pdf
16. Office of the Governor, State of Oregon. (2020, April). Executive Order No. 20-22.
Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-22.pdf
17. Office of the Governor, State of Oregon. Governor Kate Brown Issues Finalized Phase I Guidance for Building a Safe and Strong Oregon [Internet]. 2020. Available from: <https://mailchi.mp/oregon/news-releasegovernor-kate-brown-issues-finalized-phase-i-guidance-for-building-a-safe-and-strong-oregon?e=37f2e9bb9d>
18. Office of the Governor, State of Oregon. (2020, June). Executive Order No. 20-29.
Available from: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-29.pdf





PUBLIC HEALTH DIVISION
School-Based Health Center Program

800 NE Oregon St., Suite 805
Portland, OR 97232
971-673-0871
sbhc.program@dhsosha.state.or.us

You can get this document in other languages, large print, braille or a format you prefer. Contact the School-Based Health Center Program at 971-673-0871 or email sbhc.program@dhsosha.state.or.us. We accept all relay calls or you can dial 711.