

# Oregon School-Based Health Centers Status Update 2016



Oregon  
**Health**  
Authority

PUBLIC HEALTH DIVISION  
School-Based Health Center Program

Oregon  
**SBHC**  
School-Based Health Centers



# CONTENTS

Introduction..... 1

Utilization and preventive care.....3

Youth voice..... 5

Health system transformation..... 7

State program updates..... 11

Looking forward..... 13

References..... 14

Appendices..... 15

    Appendix A: SBHC medical sponsor list..... 15

    Appendix B: Oregon SBHC map.....17

    Appendix C: SBHC encounter and operational profile data..... 18

    Appendix D: Student satisfaction survey data..... 19

# 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 "2016 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. For more information please visit [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc).

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.

**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

# UTILIZATION AND PREVENTIVE CARE

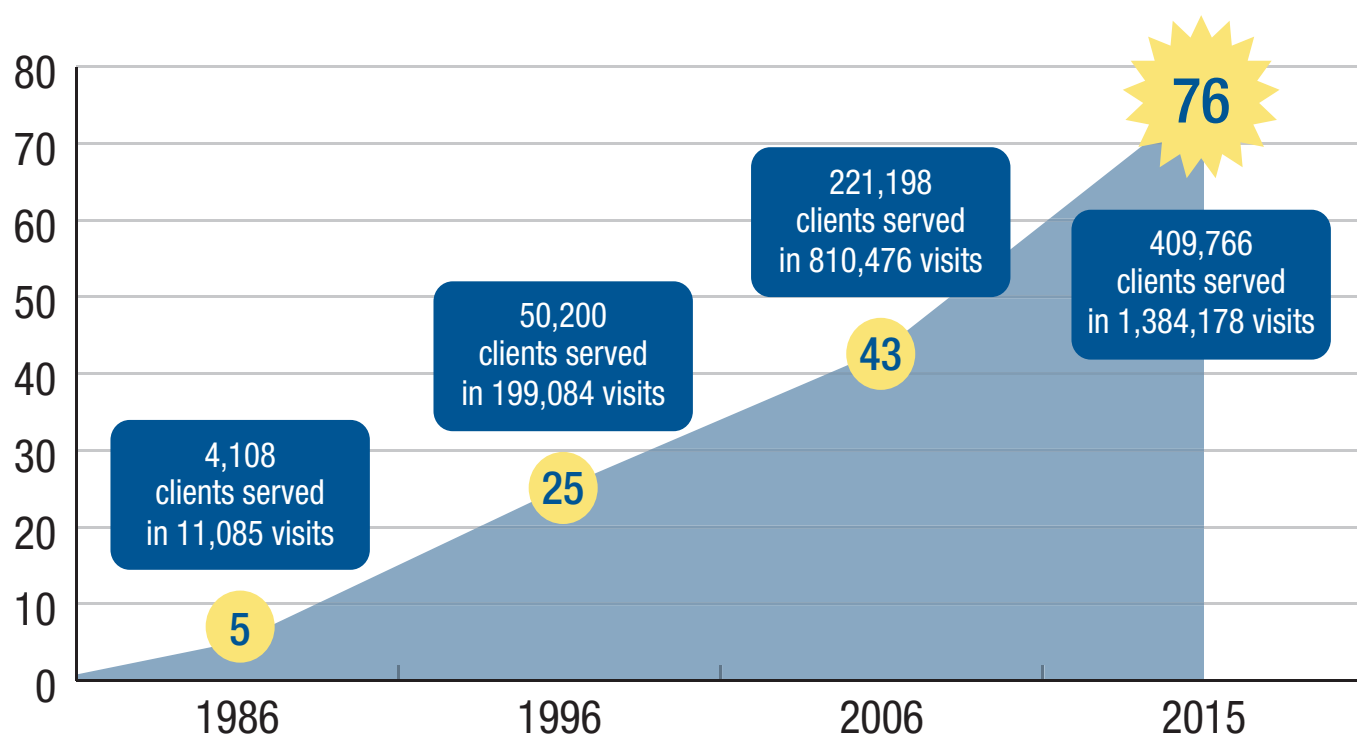
**In the 30 years that SBHCs have operated in Oregon, they have served more than 400,000 clients in nearly 1.4 million visits (Figure 1).**

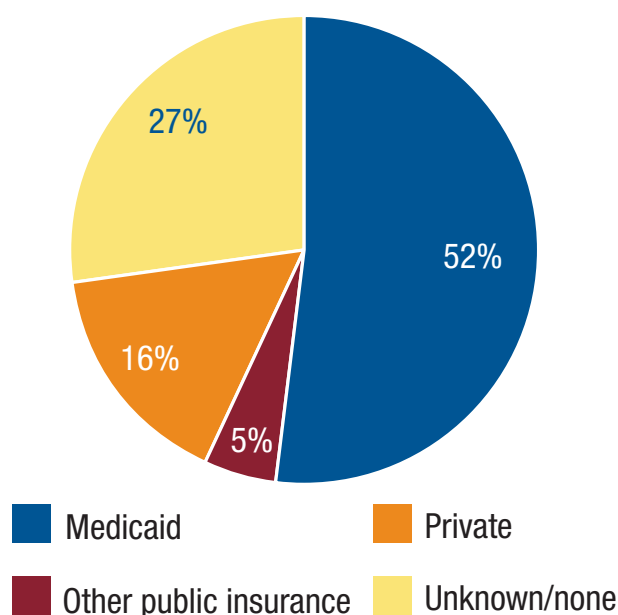
Oregon SBHC characteristics (2015–2016):

- 76 SBHCs in 24 Oregon counties
  - › 45 high schools
  - › 6 middle schools
  - › 11 elementary schools
  - › 14 combined-grade campuses
- Federally qualified health centers (FQHCs) sponsor 71% of SBHCs.<sup>1</sup>
- Local public health authorities sponsor 43% of the SBHCs (29% have FQHC status).<sup>1</sup>
- 93% currently use electronic health records.<sup>1</sup>
- 53% of SBHCs are state recognized as patient-centered primary care homes.

**Figure 1.**

Number of School-Based Health Centers in Oregon, 1986–2015





**Figure 2.**

Insurance status of SBHC users (SY 2014–2015)

For Oregon SBHCs' 2014–2015 service year:

- SBHCs served 29,293 clients in 92,615 visits.<sup>2</sup>
- 54,799 school-age children (5–21 years old) had access to an SBHC.<sup>2</sup>
- 52% of SBHC clients were insured by Medicaid (Figure 2).
- Mental health:
  - › 60 SBHCs had an on-site mental health provider.<sup>2</sup>
  - › 8,426 SBHC clients received mental health services over the course of 35,689 visits.<sup>2</sup>
  - › Mental health professionals provided 26% of all visits.<sup>2</sup>
- SBHC visits are up 31% from 2013–14, largely due to new sites and additional on-site mental and dental health services.

See Appendix C for additional SBHC encounter and operational profile data.

## SBHC's impact on promoting equity

In March 2015, the U.S. Community Preventive Services Task Force evaluated SBHCs' impact on promoting equity. The task force found enough evidence to recommend placing SBHCs in low-income communities to improve educational and health outcomes.<sup>3</sup>

The Community Preventive Services Task Force provides evidence-based findings and recommendations on community preventive services, policies and programs that focus on improving health. To make its recommendations, the task force conducts a systematic review of published studies on a particular topic and determines whether the intervention is “recommended,” “recommended against” or that there is “insufficient evidence.”

Major findings include:

- SBHCs led to improved educational outcomes including school performance, grade promotion and high school completion.
- SBHCs led to improved health outcomes including providing vaccinations and other recommended preventive services. SBHCs also led to decreased asthma symptoms and complications, and the use of emergency departments and hospitalizations.

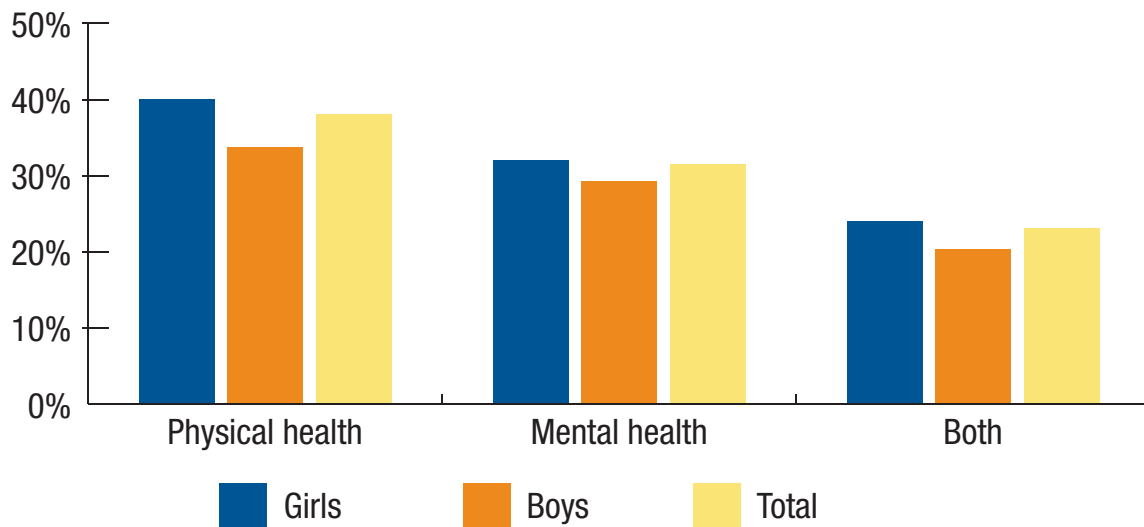
# YOUTH VOICE

Oregon SBHCs are required to conduct annual satisfaction surveys with a convenience sample of their patients aged 12 to 19 years. During the 2014–15 school year, 1,597 youth completed the SBHC Patient Satisfaction Survey; they represented 63 SBHCs (approximately 10% of all 12–19 year-olds visiting SBHCs). Survey data were weighted at the SBHC level to reflect the actual percent of 12–19 year-olds served in each SBHC. Survey participation is anonymous, voluntary and confidential. Because SBHC staff offer the survey to youth when the visit is complete (youth are not randomly sampled), results

are not necessarily representative of all youth who visit SBHCs. However, the survey is a useful source of information about the experiences and opinions of participating youth. Findings from this year's survey indicate participating youth are largely quite satisfied with the care they are getting and perceive SBHCs as helping to improve their health and reduce their absenteeism. However, the data indicate some students may need more support in their health care. See the complete results in Appendix D.

**Figure 3.**

Percent of youth who identify SBHC as their usual source of care for physical health, mental health or both (N=1,530)



- **Nearly all surveyed youth had a positive SBHC experience.**
  - › 87% of youth said they were very satisfied with the SBHC.
  - › 96% said the SBHC staff person treated them with courtesy and respect at their visit.
  - › 65% reported their health was better because of the SBHC.
- **SBHCs can be an important health home for youth.**
  - › Almost one in four youth identified the SBHC as their usual source of care for both physical and mental health (Figure 3).
  - › Youth who identified the SBHC as their usual source of care for physical health were 27% less likely to report visiting an ER or urgent care clinic in the past year, compared to those whose usual source of physical health care was identified as another location.\*
- **Youth with unmet physical or mental health needs† may need more support in the SBHC.**
  - › Most respondents said SBHC advice on how to take care of their health problems was “definitely” easy to understand. However, this was less true for youth with an unmet mental health need (83%) than for those whose mental health needs were met (91%).
  - › Youth with an unmet health need reported using an ER or urgent care clinic in the past year at much higher rates (43%) than those without an unmet need (27%).
- **SBHC staff engage youth in valuable conversations about prevention on a number of health topics. In general, youth report they are getting what they need. However, some gaps remain.**
  - › Youth and SBHC providers were most likely to discuss healthy eating (64%), feelings (63%) and sexual health (61%); they were least likely to talk about drugs (48%), tobacco (44%) and alcohol (43%).
  - › Some youth still want information from SBHC staff on healthy body weight (9%), feelings (7%), healthy eating (7%) and exercise (7%).
  - › Youth who identified the SBHC as their mental health home were 79% more likely to report that SBHC staff engaged them in discussions on healthy relationships.



“My health center is always there to listen and they help me with my health and my school problems. They are the best and they give me ideas and suggestions to do things. They help me so much.”

*(Male, age 14, grade 9)*

\* Controlling for the number of visits to the SBHC in the past 12 months, physical health status and PCPCH-designation of the SBHC.

† Youth are asked the following question on the survey to define unmet need: “During the past 12 months, have you had any [physical/mental] health care needs that were NOT met (anytime where you thought you should see a doctor or nurse)?”

# HEALTH SYSTEM TRANSFORMATION

Oregon's SBHCs are evolving to stay at the forefront of the changing health care environment. Their partners continue to examine their role in helping meet state health-related goals such as coordinated care organizations' (CCOs) metrics and patient-centered primary care home (PCPCH) recognition.

## SBHCs and CCO metrics

CCOs help move the state toward a cost-effective health care system that ensures a healthy population through person-centered care. CCOs currently serve the Medicaid population in Oregon. The Oregon Health Authority is using quality health metrics to measure how well the CCOs provide care, make quality care accessible, eliminate health disparities and curb the rising cost of health care. With a focus on youth-centered care, SBHCs are well-positioned to help CCOs achieve the benchmarks in the children and young adult measures.

The following measures are some of the 2015 Oregon CCO incentive measures and state performance test measures that pertain to populations served by SBHCs:

- Adolescent well-care visits (aged 12–21 years);
- Alcohol or other substance misuse (SBIRT) (aged 12+ years);
- Chlamydia screening (aged 16–24 years);
- Depression screening and follow-up plan (aged 12+ years);
- Effective contraception use among women at risk of unintended pregnancy (aged 15–50 years);
- Immunization for adolescents (aged 13 years).

For more details and resources on each measure, visit the Health System Transformation page on our website: [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc).



*"If it wasn't for the health center being so close I would have gone without care and would have ended up in the ER more than once. The staff here is excellent. They're very understanding and willing to work with me and my schedule. My health hasn't been the greatest recently and, with the help of the clinic, I'm able to get back on track on my recovery. I'm very thankful for this clinic and all the staff."*

*(Female, grade 11)*

## SBHC and PCPCH recognition

As communities continue to use SBHCs for their primary care services, more SBHCs are becoming PCPCH-recognized. State-recognized PCPCH clinics are held to a high standard of accessible, accountable, comprehensive, continuous, coordinated and patient- and family-centered care. Some SBHC systems received state-funded innovation grants to support their PCPCH recognition efforts (see below).

A total of 40 (53%) SBHCs are PCPCH-recognized.

For more details and resourced on Oregon's PCPCH Program, visit [www.oregon.gov/oha/pcpch/Pages/index.aspx](http://www.oregon.gov/oha/pcpch/Pages/index.aspx).

## SBHCs and innovation

The 2013 Oregon Legislature passed House Bill 2445, which allocated approximately \$750,000 to motivate organizations to accomplish one or more of the following goals:

- Increase the number of SBHCs certified as PCPCHs;
- Improve the coordination of the care of patients served by CCOs and SBHCs;
- Improve the effectiveness of the delivery of health services through SBHCs for patients who qualify for medical assistance.

In 2014–2015, these grant funds supported larger, systems-level innovation projects as well as smaller, targeted projects to meet the goals outlined in HB 2445. The SBHC State Program Office (SPO) awarded grants to six communities; they included two CCOs (InterCommunity Health Network CCO and Jackson Care Connect), two FQHCs (Virginia

Garcia and La Pine CHC) and two local public health departments (Multnomah County and the Public Health Foundation of Columbia County).

Larger, systems-level projects produced learnings that could apply to SBHCs and larger health care system process improvements:

- **Developing innovative partnerships:**  
Grantees' regular discussion of projects resulted in stronger relationships between the CCOs and SBHC medical sponsor. Grantees also developed new partnerships and strengthened existing relationships with local entities, such as social service and mental health service providers, to better serve child and adolescent clients.
- **Coordinating care for SBHC clients:**  
Grantees worked to effectively obtain information about preventive and acute care provided outside the SBHC through new workflows and electronic health record information sharing.



*"I love the health center. It is the one clinic I can take my kids to where they are seen in a reasonable amount of time (other places are often two or more months out). They are always friendly and helpful."*

*(Parent of female, age 13, grade 7)*

## SBHCs and innovation, cont.

- **Exploring alternative payment methodologies (APMs):** Local stakeholders met to explore alternative methods for SBHCs to be reimbursed for services. A workgroup also defined the unique value of SBHCs and identified SBHC-specific services that are not reimbursable through traditional payment methods.

Results from smaller, targeted projects include:

- **Increasing well child visits:** Grantees employed several strategies to increase the number of well-child visits provided to SBHC clients. Some grantees found that targeted outreach and large incentives (\$50) for clients and parents increased well-child visits. Others found provider incentives (\$100 per well-child visit provided) and increased primary care hours to be most effective.
- **Increasing SBHC use:** Grantees implemented new staffing models in order to increase use and improve the SBHCs' ability to conduct outreach and coordinate client care.
- **Achieving state PCPCH recognition:** Grantees employed Plan-Do-Study-Act (PDSA) cycles and used clinical improvement systems from other primary care clinics to move their SBHCs toward meeting state PCPCH program requirements. Five SBHCs were able to achieve PCPCH recognition through the support of this grant.

Innovation grants allowed local communities to explore different approaches to advance Oregon health system transformation efforts through school-based health. The grants also helped maximize the role of the SBHC in the larger primary care system. As grantees continue to build upon these initial efforts, the SBHC State Program Office will apply lessons learned through training and technical

assistance to SBHCs and CCOs. A final report on the innovation grants is available on the SPO website: [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc).

## SBHCs and the 2015 Oregon Legislature

### SBHC budget increase

School-based health centers received additional general fund dollars when Senate Bill 5507 passed. The 2015 Legislature increased the SBHC general fund budget by \$600,000 for the biennium. Half the funding will be distributed to those counties with more than one SBHC in order to move those SBHCs closer to funding parity. Prior to the passage of this bill, counties with one SBHC received \$60,000/year and counties with more than one SBHC received \$53,000/year for each SBHC. SB 5507 moves SBHCs closer to the goal of every SBHC receiving \$60,000/year. The other \$300,000 will be allocated to counties with new SBHCs that have completed their planning process and are ready for certification.

### CCOs and SBHCs

Senate Bill 436, passed in 2013, required CCOs and community advisory councils to adopt health improvement plans that included:

- The use of school-based health centers;
- Maximizing resources at the local level; and
- Bringing children's programs and providers together.

*"The health center has been a great help to me and makes me feel a lot better and helps me with my emotional issues. I love the people here. They're truly amazing."*

*(Female, age 16, grade 10)*

The 2015 Oregon Legislature passed Senate Bill 902, which lifts the sunset on Senate Bill 436 and supports SBHCs' continued participation in regional health care discussions and developing community health improvement plans. Senate Bill 902 encourages diverse partners to come together to ensure children's health services are efficient and effective.

## School nursing

The 2015 Oregon Legislature passed Senate Bill 698, which is designed to support school nurses and school nursing programs. The bill will strengthen relationships between health and education by creating a school nursing consultant position as part of the Oregon Health Authority. This position will work directly with the Oregon Department of Education, which provides oversight for school nursing services. Senate Bill 698 also creates a task force on school nursing. The task force will examine other health care funding sources, such as public and private insurance. The goal is to direct health care dollars, as opposed to education dollars, to support school health services. The task force will recommend the following: sustainable sources for school health services to fund school health screenings and school nursing services; standards of school nursing practices related to health transformation and academic performance; and ways to create a coordinated school health services model to direct appropriate levels of funding to school nursing and school-based health centers.

## Modernization of public health

House Bill 2348 in the 2013 Legislature created the Task Force on the Future of Public Health Service to study:

- The regionalization and consolidation of public health services;

- The future of public health services in Oregon; and
- Recommendations for legislation.

This work continues to move forward with the 2015 Legislature's passage of HB 3100, which puts into practice many of the task force's recommendations. HB 3100 also creates a plan to modernize Oregon's public health system. It defines and seeks to agree on public health's foundational capacities and programs. These programs provide the building blocks for state and local public health to assess, protect and improve all Oregonians' health.

As part of the Oregon Health Authority Public Health Division (PHD), the SBHC State Program Office is working to align the work of Oregon SBHCs with public health modernization.

More information on public health modernization is available at <http://public.health.oregon.gov/About/TaskForce/Pages/index.aspx>.

## Public health modernization

### Foundational capacities:

- Assessment and epidemiology
- Emergency preparedness and response
- Communications
- Policy and planning
- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Community partnership development

### Foundational programs:

- Communicable disease control
- Environmental public health
- Prevention and health promotion
- Access to clinical preventive services

# STATE PROGRAM UPDATES

This section highlights two specific SPO focus areas from the past year that increased our SBHCs' capacity and improved their quality:

- With the state AMH investment, the SPO captured lessons learned on mental and physical health integration to help SBHCs move toward better financial sustainability in the future.
- After many cycles of tracking the foundational key performance measures (i.e., body mass index, comprehensive well visit, health assessment), SBHCs will pilot more measures of high quality care to children and adolescents.

## Mental health investments

Since 2014, funding from AMH has helped SBHCs increase their capacity to provide mental and behavioral health services through the SBHC Mental Health Expansion Grant. SBHCs received funding to add or expand mental health staffing and support mental health projects. As a result, SBHCs have increased the number of mental health visits from 18,691 (school year 2013–2014) to 35,689 (school year 2014–2015). SBHCs also participated in several projects including trainings on substance use and depression screening, EHR implementation, telemental health, youth advisory councils (YACs); they also conducted projects to increase cultural competency. The funding also allowed SBHCs to initiate or strengthen partnerships within SBHCs

## Youth Participatory Action Research (YPAR) projects

YPAR is an evidence-based strategy to authentically engage youth in programs and policies that affect their lives; providing opportunities for youth to build skills in research, team work and civic engagement while promoting strong youth-adult partnerships.

Funding from AMH enabled the SPO to fund YPAR projects. In the spring of 2015, SBHCs and youth-serving organizations were trained in facilitating YPAR. Four youth groups with community organizations and eight SBHC YACs then developed and conducted research on mental health-related topics ranging from sleep to suicide prevention using YPAR strategies.



and with external partners, change social norms related to mental health, and build technical infrastructure to provide services and collect data.

AMH renewed and increased the SBHC Mental Health Expansion Grant for the 2015–2017 biennium that resulted in 15 more SBHCs receiving funding. Twenty-two counties and 52 SBHCs received funding to add or support existing mental health staffing capacity. With the help of the SBHC Mental Health Expansion Grant, 97% of SBHCs will have a mental health provider on site.

Grant funding will also support YACs in 13 SBHCs. Each YAC will conduct a youth-led research project focused on a mental health topic of their choice. Grant-funded SBHCs will also focus on screening tool implementation, integration of behavioral/mental health and primary care, and cultural competency.

In the 2015–2017 biennium, the SPO will focus on grantee sustainability, including billing and reimbursement for mental and behavioral health services.

## Key performance measures

The SPO implemented a set of key performance measures (KPMs) in 2006 to promote high-quality, age-appropriate health care and to help SBHCs identify areas of practice improvement. Each state-certified SBHC is expected to conduct an annual chart audit to assess progress in meeting these measures.

In fall 2014, a workgroup reviewed and revised these measures. It recommended that each certified SBHC be required to report on two core and one of five optional KPMs. The revised KPMs were designed to align more closely with existing state and national health care quality metrics (e.g., HEDIS, NCQA, CCO metrics).

Core measures (required):

- Well-care visit;
- Comprehensive health assessment.

Optional measures (each SBHC selected one of the following measures):

Optional measures	Number of SBHCs using this KPM
Adolescent immunization	9
Chlamydia screening	19
Depression screening	27
Nutrition counseling	11
Substance use screening	10

SBHCs will implement changes to the KPMs' structure in two pilot years during the 2015–2016 and 2016–2017 school years. Measures will be finalized in the 2017–2018 school year. The SPO created guidance documents outlining the definitions and requirements for each of these new measures, which can be found on the SPO website.

## Professional development highlights

During this past year, state and local partners offered the following trainings to enhance the SBHC field:

- Behavioral and mental health service provision in SBHCs;
- HIPAA/FERPA 101;
- Billing and coding training;
- SBHCs as PCPCHs: an overview of the PCPCH Program;
- OCHIN EPIC health assessment/episode training.

For presentations and training resources, go to the Trainings page on our website: [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc).

# LOOKING FORWARD

## National SBHC performance measures

The national School-Based Health Alliance (SBHA) has been developing a pilot process to test and implement national standardized SBHC performance measures. This project is part of a 2014 grant from the Maternal and Child Health Bureau (MCHB) Division of Child, Adolescent and Family Health, Adolescent Branch. It would enable a systematic understanding of essential preventive health services that SBHCs across the country are performing. The SBHA is considering metrics similar to Oregon's KPMs, as well as other metrics that would assess care coordination, health literacy and educational outcomes. Members of Oregon's State Program Office have been integrally involved in advising the SBHA as they move through the decision-making process to select the pilot measures. SBHC and SBHA staff are working hard to ensure Oregon's SBHCs are able to fully participate in whatever national performance measures are selected.

## Certification review

In 2000 the SPO and SBHC partners developed the first "Oregon School-Based Health Centers Standards for Certification" to promote high-quality, age-appropriate and accessible health services for school-age children at all of Oregon's

state-certified SBHCs. These standards have been updated a number of times over the past 15 years, most recently in 2013.

In early fall 2015 the SPO convened a workgroup of representatives from local SBHCs, the Oregon School-Based Health Alliance and the Conference of Local Health Officials (CHLO) to review the current standards. The goals of this review are to:

- Identify and address any areas in need of clarification;
- Update sections to align with current best practice; and
- Continue to adapt the standards to support operations and advance quality health care in a school-based setting.

The SPO intends to have a revised version of the standards in place and tied to certification by the 2017–2018 school year.



*"I really believe coming here will end up helping me out emotionally, a ton, in the end."*

*(Female, age 16, grade 11)*

# REFERENCES

1. State Program Office, School-Based Health Centers. Oregon SBHC Operational Profile, 2015–2016 Service Year (SY).
2. State Program Office, School-Based Health Centers. Oregon SBHC utilization data, 2014–2015 SY.
3. The Guide to Community Preventive Services. Promoting health equity through education programs and policies: school-based health centers. [cited 2015 Aug 14]. Available from: [www.thecommunityguide.org/healthequity/education/schoolbasedhealthcenters.html](http://www.thecommunityguide.org/healthequity/education/schoolbasedhealthcenters.html).

# APPENDICES

## Appendix A: SBHC medical sponsor list

As of January 2016

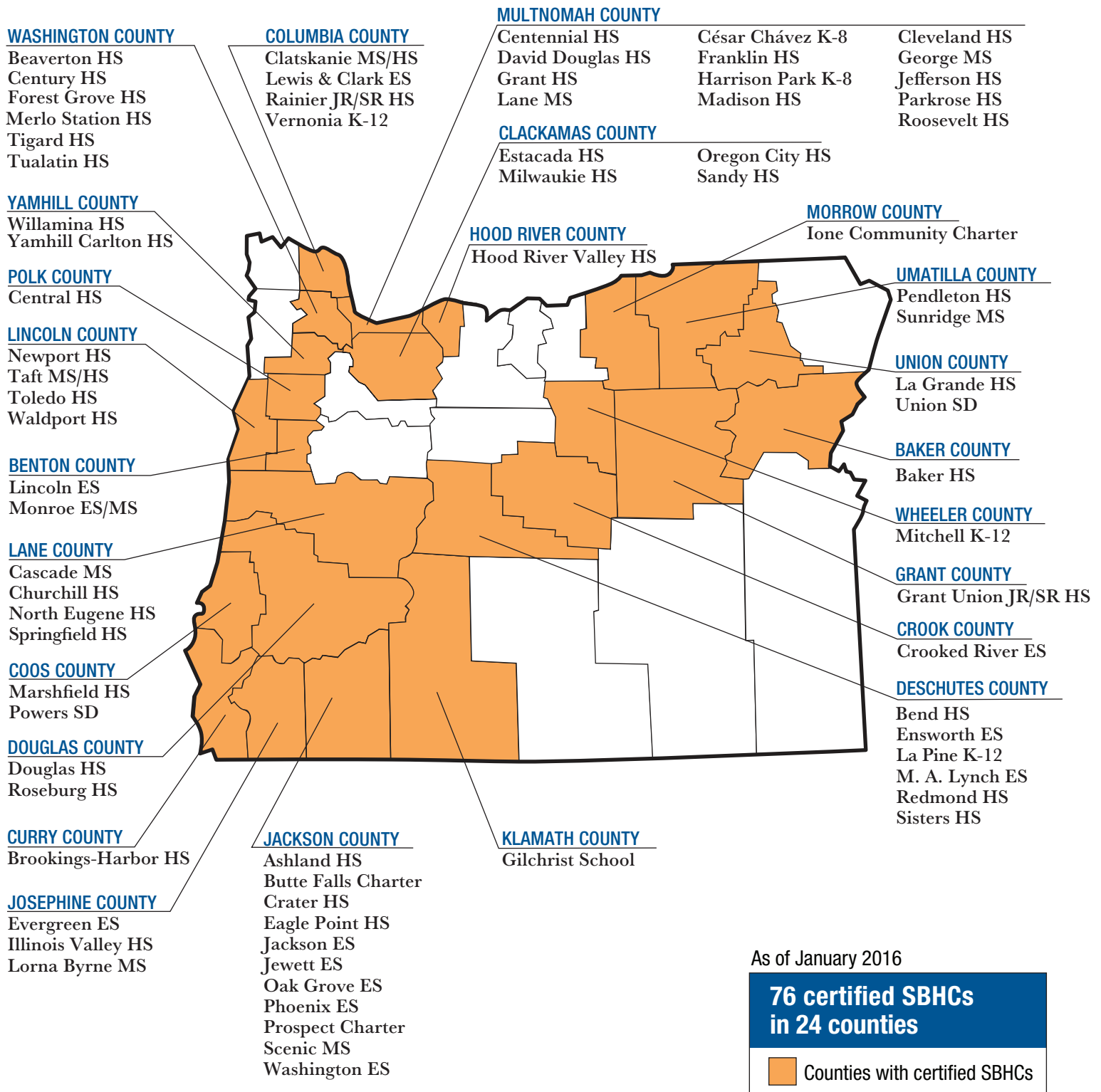
County name	SBHC school name	Medical sponsor
<b>Baker</b>	Baker High School	Baker County Health Department
<b>Benton</b>	Lincoln Elementary School †	Benton Community Health Center*
	Monroe Elementary/Middle School †	Benton Community Health Center*
<b>Clackamas</b>	Estacada High School	Legacy Health
	Milwaukie High School †	Outside In*
	Oregon City High School	Clackamas County Health Centers*
	Sandy High School	Clackamas County Health Centers*
<b>Columbia</b>	Clatskanie Middle/High School	Coastal Family Health Center*
	Lewis & Clark Elementary School (Sacagawea Health Center)	The Public Health Foundation of Columbia County
	Rainier Jr/Sr High School †	The Public Health Foundation of Columbia County
	Vernonia K-12 School (Spencer Health and Wellness)	The Public Health Foundation of Columbia County
<b>Coos</b>	Marshfield High School	Waterfall Clinic*
	Powers School District	Waterfall Clinic*
<b>Crook</b>	Crooked River Elementary School †	Mosaic Medical*
<b>Curry</b>	Brookings-Harbor High School	Curry Community Health
<b>Deschutes</b>	Bend High School	Mosaic Medical*
	Ensworth Elementary School	Mosaic Medical*
	La Pine K-12 School †	La Pine Community Health Centers*
	M.A. Lynch Elementary School	Mosaic Medical*
	Redmond High School	St. Charles Hospital
	Sisters High School	St. Charles Hospital
<b>Douglas</b>	Douglas High School †	Umpqua Community Health Center*
	Roseburg High School †	Umpqua Community Health Center*
<b>Grant</b>	Grant Union Jr/Sr High School	Grant County Health Department
<b>Hood River</b>	Hood River Valley High School	One Community Health*
<b>Jackson</b>	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*
	Washington Elementary School †	La Clinica*

County name	SBHC school name	Medical sponsor
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 Centers*
Lane	Cascade Middle School † (Bethel Health Center)	Peace Health Medical Group*
	Churchill High School	Tony Diehl, MD
	North Eugene High School	Tony Diehl, MD
	Springfield High School †	Community Health Centers of Lane County*
Lincoln	Newport High School	Lincoln County Health Department*
	Taft Middle/High School	Lincoln County Health Department*
	Toledo High School	Lincoln County Health Department*
	Waldport High School	Lincoln County Health Department*
Morrow	Ione Community Charter School	Morrow County Health District
Multnomah	Centennial High School	Multnomah County Health Department*
	César Chávez K-8 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*
	Grant High School †	Multnomah County Health Department*
	Harrison Park K-8 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	Oregon Health & Science University
	Tigard High School †	Virginia Garcia Memorial Health Center*
	Tualatin High School	Virginia Garcia Memorial Health Center*
Wheeler	Mitchell K-12 School	Asher Community Health Center*
Yamhill	Willamina High School †	Virginia Garcia Memorial Health Center*
	Yamhill Carlton High School	Michael Jaczko, DO

†State PCPCH recognized

\*Indicates SBHC is a federally qualified health center site.

## Appendix B: Oregon School-Based Health Center map



## Appendix C: SBHC encounter and operational profile data

Data reported below cover the period from July 1, 2014, to June 30, 2015, and are from encounter visits and the State Program Office operational profile database.

SBHC encounter and operational profile data		
Number of certified SBHCs in Oregon	74*	
SBHC population served	29,293 clients in 92,615 visits	
SBHC mental health population served	8,426 clients in 35,689 visits	
SBHC population served by a mental health provider	3,445 clients in 24,236 visits	
Number of Oregon school-aged children (5–21 years) with access to an SBHC	54,799	
Percent of SBHCs with PCPCH recognition	45%	
Percent of SBHCs sponsored by FQHCs	74%	
Percent of SBHCs sponsored by LPHAs	46% LPHAs (31% have FQHC status)	
Insurance status of SBHC clients at first visit	OHP/Medicaid	52%
	CCare/other public	5%
	Private	16%
	Unknown/none	27%
Average number of visits per client	3	
Male: percent clients, percent visits	45% clients, 39% visits	
Female: percent clients, percent visits	55% clients, 60% visits	
Transgender	0.04% clients, 0.11% visits	
School-aged youth (5–21 years): percent clients, percent visits	76% clients, 79% visits	
Hispanic/Latino(a): percent of clients	23%	
White: percent of clients	88%	
Black: percent of clients	6%	
Asian: percent of clients	4%	
American Indian: percent of clients	3%	
Native Hawaiian or Other Pacific Islander: percent of clients	1%	
Percent of clients who had an adolescent well visit (12–21 years)	42%	
Percent of visits related to a mental health or substance use concern	39%	
Percent of visits where an immunization was administered	11%	
Percent of visits with a reproductive health-related service	11%	

\* Includes data from advanced planning sites.

## Appendix D: Student satisfaction survey data

Each year, SBHCs are required to ask a sample of their clients aged 12–19 to share their experience of the health care they receive at their SBHCs. During the 2014–15 school year, 1,597 students representing 63 SBHCs completed the survey in an anonymous and confidential manner. Surveys are completed via either iPad (77%) or paper form (23%). Survey data were weighted at the SBHC level to reflect the actual percent of 12–19 year-olds served in each SBHC.

Student satisfactory survey data		
Questions	Categories	Percent
1. Grade (n=1,576)	5	0.1%
	6	2.7%
	7	7.0%
	8	8.6%
	9	18.4%
	10	20.9%
	11	22.8%
	12	19.4%
2. Age (years) (n=1,574)	12	4.7%
	13	8.1%
	14	13.8%
	15	19.8%
	16	22.2%
	17	19.5%
	18	10.8%
	19	1.2%
3. Gender (n=1,591)	Male	31.4%
	Female	67.9%
	Other	0.7%
4. Would you say that in general your physical health is: (n=1,595)	Excellent	14.5%
	Very good	29.2%
	Good	40.9%
	Fair	14.1%
	Poor	1.4%
5. Would you say that in general your emotional and mental health is: (n=1,593)	Excellent	16.6%
	Very good	24.3%
	Good	29.3%
	Fair	23.5%
	Poor	6.3%

## Student satisfaction survey (continued)

Questions	Categories	Percent
6. How many times have you been to the Health Center in the last 12 months? (n=1,590)	First time	20.4%
	2 times	21.7%
	3–5 times	32.0%
	6–10 times	12.9%
	More than 10 times	13.0%
7. Would you say your health is better, the same, or worse because of the Health Center? (n=1,300)	Better	65.0%
	The same	34.6%
	Worse	0.4%
8. How satisfied are you with the Health Center? (n=1,590)	Very satisfied	86.5%
	Somewhat satisfied	12.6%
	Not very satisfied	0.6%
	Not at all satisfied	0.3%
9. How many classes did you miss today to come to the Health Center? (n=1,364)	None or only part of a class	60.0%
	1–2 classes	33.4%
	3–5 classes	1.9%
	All day	2.1%
	I don't know	2.6%
10. If your school did not have a Health Center, would you have another place to go for care today (like a doctor's office, emergency room, or another clinic)? If you answer "yes", answer questions 11a and 11b. (n=1,583)	Yes	51.9%
	No	19.9%
	I don't know	28.2%
11a. If yes, would you go to the other clinic or doctor for care today? (n=849)	Yes	33.4%
	No	43.3%
	I don't know	23.2%
11b. How many classes would you have missed today if you went to the other clinic or doctor? (n=857)	None or only part of a class	16.7%
	1–2 classes	33.6%
	3–5 classes	19.8%
	All day	17.8%
	I don't know	12.1%
12. In the past 12 months, about how many school days did you miss because you were sick? (n=1,578)	None	20.5%
	1–2 days	25.6%
	3–5 days	25.9%
	6–10 days	13.1%
	More than 10 days	14.9%

## Student satisfaction survey (continued)

Questions	Categories	Percent
13. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? [Check all that apply] (n=1,511)	Yes (any)	30.7%
	Yes – during school hours	15.5%
	Yes – during the summer	7.8%
	Yes – on the weekend	13.4%
	Yes – before or after school	13.2%
	No	60.0%
	Don't know	9.3%
14. In the past 12 months, where did you usually go to get physical health care? (n=1,559)	School-Based Health Center	37.9%
	Doctor's office	31.5%
	Don't know	9.8%
	Other health clinic (not at school)	9.3%
	Emergency room or urgent care clinic	5.8%
	School nurse	1.9%
	Parent/family member	1.9%
	Some other place	1.8%
	Pharmacy	0.2%
15. During the past 12 months, have you had any physical health care needs that were not met? (Any time when you thought you should see a doctor or nurse). (n=1,537)	Yes	15.6%
	No	84.4%
16. In the past 12 months, where did you usually go to get emotional or mental health care? (n=1,530)	School-Based Health Center	31.4%
	Don't know	20.0%
	Parent/family member	12.7%
	Doctor's office	11.3%
	School counselor	7.6%
	Some other place	5.8%
	Other health clinic (not at school)	5.4%
	Coach/teacher	3.2%
	Emergency room or urgent care clinic	1.7%
	School nurse	1.0%

## Student satisfaction survey (continued)

	Questions	Categories	Percent
17.	During the past 12 months, have you any emotional or mental health care needs that were not met? (Any time when you thought you should see a mental health counselor). (n=1,515)	Yes	14.4%
		No	85.6%
18.	In the past 12 months, did the Health Center doctor or nurse refer you to another place to get health care services, like mental health, dental, or x-rays? (n=1,589)	Yes	18.9%
		No	73.0%
		I don't know	8.2%
19.	In the past 12 months, did the Health Center doctor or nurse order a blood test, x-ray or other test for you? (n=1,588)	Yes	30.1%
		No	62.4%
		I don't know	7.5%
20.	In the past 12 months, when you called this Health Center to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed? (n=1,579)	Always	49.8%
		Usually	22.6%
		Sometimes	9.9%
		Never	4.0%
		Does not apply to me	13.8%
21.	In the past 12 months, when you made an appointment for a check-up or physical exam with this Health Center, how often did you get an appointment as soon as you thought you needed? (n=1,577)	Always	51.8%
		Usually	22.8%
		Sometimes	8.2%
		Never	2.6%
		Does not apply to me	14.7%
22.	During your visit to the Health Center today, did the Health Center staff explain things in a way that was easy to understand? (n=1,574)	Yes, definitely	90.4%
		Yes, somewhat	9.0%
		No	0.6%
23.	During your visit to the Health Center today, did the Health Center staff give you easy to understand instructions about taking care of your health problems? (n=1,575)	Yes, definitely	89.8%
		Yes, somewhat	9.1%
		No	1.2%
24.	During your visit to the Health Center today, did the Health Center staff spend enough time with you? (n=1,575)	Yes, definitely	89.1%
		Yes, somewhat	9.9%
		No	1.0%
25.	During your visit to the Health Center today, did the Health Center staff treat you with courtesy and respect? (n=1,570)	Yes, definitely	96.0%
		Yes, somewhat	3.6%
		No	0.4%

## Student satisfaction survey (continued)

Questions		Responses					
26.	In the past 12 months, did a doctor or other Health Center Staff talk to you about:	Prevention topic	YES, and I got what I needed	YES, but I did not get what I need	YES, but I didn't need it	NO, but I need to talk about that	NO, I do not need to talk about that
		Tobacco (n=1,479)	23.8%	0.4%	20.6%	2.0%	53.2%
		Healthy eating (n=1,550)	47.4%	3.4%	13.2%	3.3%	32.7%
		Drugs (n=1,541)	24.6%	0.9%	22.2%	2.3%	50.0%
		Brushing and flossing (n=1,526)	35.2%	1.7%	11.7%	2.8%	48.7%
		Feelings (sad, angry, anxious) (n=1,453)	48.1%	3.4%	11.1%	3.8%	33.7%
		Alcohol (n=1,545)	21.7%	1.0%	19.9%	2.0%	55.3%
		Sexual health (n=1,554)	43.0%	1.3%	14.6%	2.5%	38.5%
		Safety and injury prevention (n=1,535)	40.5%	1.0%	12.8%	1.4%	44.4%
		Healthy body weight (n=1,457)	41.8%	2.4%	9.9%	6.5%	39.4%
		Exercise (n=1,554)	43.5%	2.3%	11.1%	4.7%	38.4%
		Healthy relationships (n=1,547)	41.7%	1.7%	10.0%	4.0%	42.6%
		School performance and grades (n=1,541)	39.8%	2.6%	11.2%	3.8%	42.7%

## Student satisfaction survey (continued)

Questions		Categories	Percent
27.	The number of prevention topics (see question 26) discussed: (n=1,597)	0	11.5%
		1	6.7%
		2	6.6%
		3	6.6%
		4	7.0%
		5	8.3%
		6	8.2%
		7	6.4%
		8	5.8%
		9	5.6%
		10	5.2%
		11	4.8%
		12	17.4%

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