

Oregon School-Based Health Centers

STATUS REPORT 2017



Oregon
Health
Authority

PUBLIC HEALTH DIVISION
School-Based Health
Center Program

Oregon
SBHC

School-Based Health Centers

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-friendly
- 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 health and dental agencies
- State government

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Executive summary

The Oregon Public Health Division, School-Based Health Center (SBHC) State Program Office (SPO) is pleased to share the annual School-Based Health Center 2017 Status Report. The main findings and projects from this past year are listed below.

SBHCs are a convenient health care access point for youth. They succeed through community partnerships that support the sustainability and growth of the model.

- Oregon has 77 certified SBHCs in 24 counties. They are medically sponsored by 32 different organizations or individuals, with 74% of the SBHCs designated as federally qualified health centers.
- During the 2015–16 service year, Oregon SBHCs served 33,941 clients in 111,420 visits. SBHC utilization grew 20% from last year, largely due to the increase in mental and dental health services and the opening of eight new SBHCs.

SBHCs provide evidence-based clinical and community interventions focused on disease prevention and early detection to students regardless of insurance status. This patient-centered approach helps students miss less class time and be ready to learn.

- For clients aged 5–21:
 - 65% of visits were for primary care (e.g., acute care, immunization, well visits, reproductive health).
 - 34% of visits were behavioral health-related.
 - 1% of visits were for dental health.
- 19 SBHCs served mostly students of color.
- 52% of all SBHC clients were insured by Medicaid.
- 55 SBHCs served predominantly Medicaid youth.
- Based on the SBHC client satisfaction survey, 56% of students reported missing less than one class while accessing care at their SBHC.

The SBHC SPO offers leadership and support to certified SBHCs and assists communities planning for an SBHC. The SPO provides education and technical assistance to meet state certification standards, funds SBHCs for daily operations, helps SBHCs give care based on best practice recommendations, and supports site sustainability.

Program developments:

- Updated SBHC Standards for Certification, Version 4
- New Key Performance Measures pilot project

Areas of policy development:

- Continued work with partners on an alternative payment improvement project
- Explored the challenges and strategies of consent and confidentiality within SBHCs

Youth engagement work:

- Funded youth-friendly clinic grants
- Supported youth advisory councils

Training and technical assistance:

- Inaugural SBHC Mental Health Summit
- SBHC regional partnership meetings

As part of the Public Health Division of the Oregon Health Authority, the SBHC program works with individuals, organizations and community partners to meet state health system transformation goals.

- The State Health Improvement Plan identifies strategies specific to SBHCs in oral health services and immunizations.
- SBHCs support the following Public Health Modernization foundational capabilities:
 - Community partnership development
 - Leadership and organizational competencies
 - Health equity and cultural responsiveness
 - Assessment and epidemiology
 - Policy and planning

The SBHC SPO is able to do this work because of the dedication of the local SBHC staff and partners. We deeply appreciate all the great work that goes into ensuring Oregon is the very best place for youth to learn, grow and thrive.



SBHCs in Oregon

School-Based Health Centers (SBHCs) are medical clinics that offer a full range of physical, mental and preventive health services to all students, regardless of their ability to pay. SBHCs are located either within or on school grounds. With easy access to health care, SBHCs reduce barriers such as cost, transportation and concerns about confidentiality that keep children and youth from seeking the health services they need.

SBHCs have existed in Oregon since 1986 and succeed through public-private partnerships between 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 the Oregon SBHC encounter data for the 2015–16 service year.

As of July 1, 2016 Oregon has:

77 certified SBHCs in **24** counties

46 high schools

6 middle schools

11 elementary schools

14 combined-grade campuses

2 SBHC planning grantees

For the 2015–16 service year:

- **SBHCs served 33,941 clients** in 111,420 visits.
- **63,169 school age children** (5–21 years old) had access to an SBHC in Oregon.(1)
- **Mental health:**
 - 97% of SBHCs had a mental health provider onsite.(2)
 - 4,495 SBHC clients received care from a mental health professional over the course of 32,770 visits.
 - 29% of all SBHC visits were to see a mental health professional.
- **Oral health:**
 - **14 SBHCs** had a dental provider onsite.(2)
 - **3,002 SBHC clients** received services for a dental concern over the course of 3,222 visits.

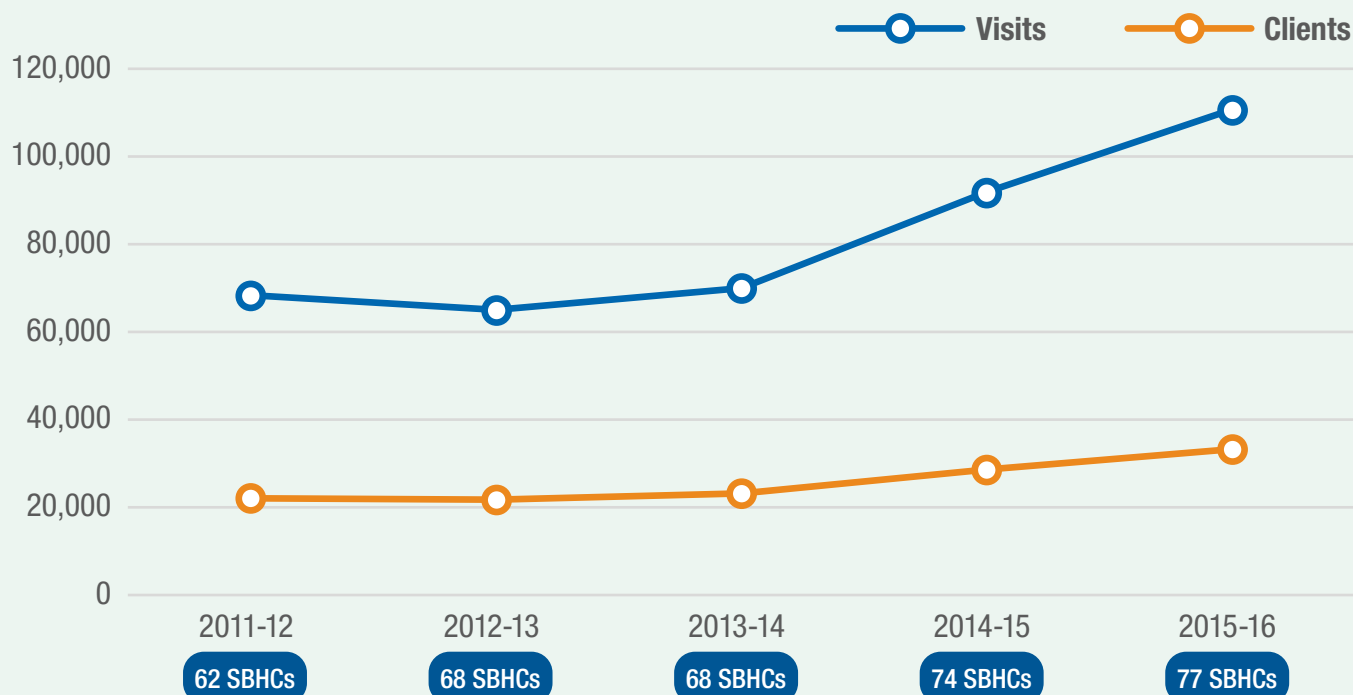


SBHC services:

- 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
- Prevention and wellness messaging
- Classroom presentations

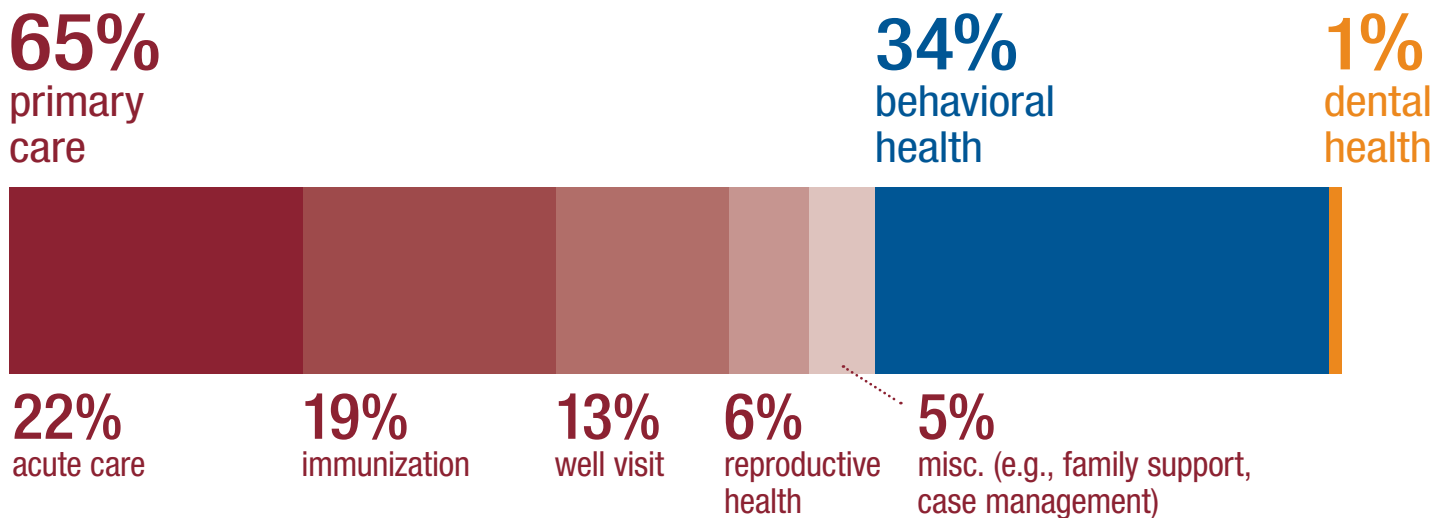


Figure 1: Number of SBHC visits by number of clients, 2011–2016

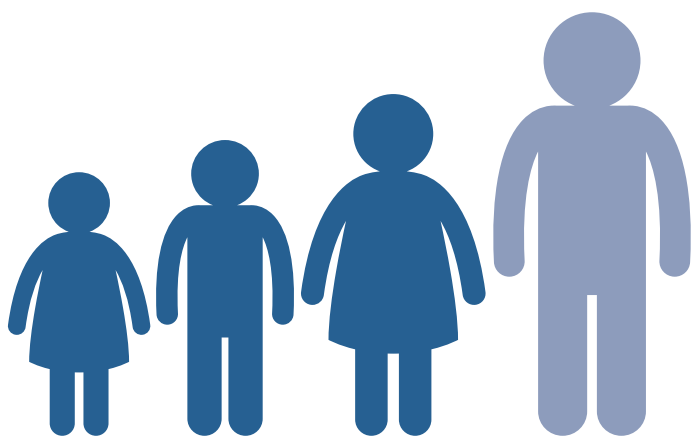


Oregon's SBHCs serve the whole child

Reason for SBHC visit, ages 5–21:



SBHC demographics

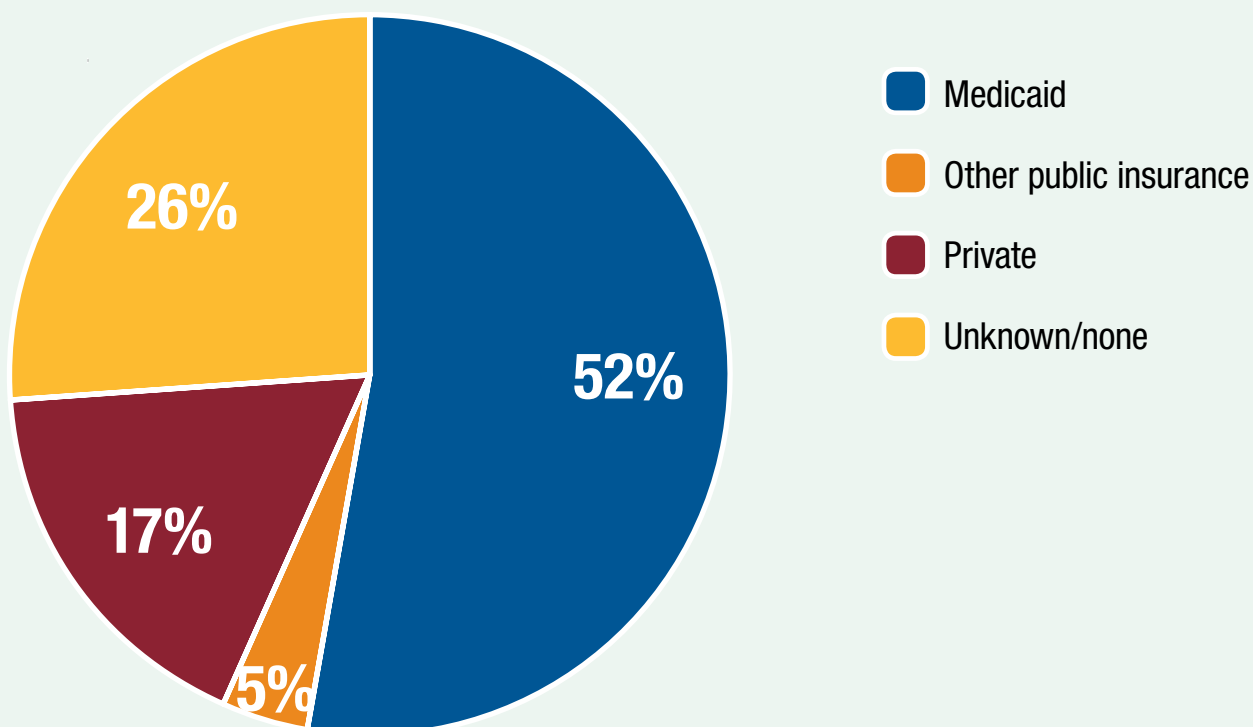


3 out of 4 clients
were between ages of 5–21

- 19 SBHCs served mostly students of color.
- 55 SBHCs served mostly students enrolled in Medicaid.
- 52% of clients were insured by Medicaid (Figure 2).
- SBHC utilization rose from 92,615 visits in 2014–15 to 111,420 visits in 2015–16, a growth of 20%. Reasons for this include increased mental and dental health services availability, as well as the opening of eight new SBHCs between winter 2015 and spring 2016.

For every state dollar invested, SBHCs leveraged an estimated additional \$3.97 from grants, billing, donations and other sources.(2)

Figure 2. Insurance status of SBHC clients: 2015–16 service year



For the current 2016–2017 service year:

- **96% of SBHCs currently use electronic health records (EHR) for medical services.**⁽²⁾
- **55% of SBHCs are state recognized as patient-centered primary care homes (PCPCH).**⁽²⁾
- **61% of SBHC are located in primary care health professional shortage areas (HPSAs).**⁽³⁾
- **74% of SBHCs are designated as federally qualified health centers (FQHCs).**⁽²⁾

SBHCs are developed and sustained by community partnerships

Medical sponsors

All certified SBHCs must have a medical sponsor that delivers health care to students. Medical sponsors are part of the local community and build relationships with partners, (mental health agencies, dental health organizations, parents, students and the school districts) to offer comprehensive services that address student needs.

Oregon currently has 77 certified SBHCs that are medically sponsored by 32 types of organizations and individuals. Sponsors include:

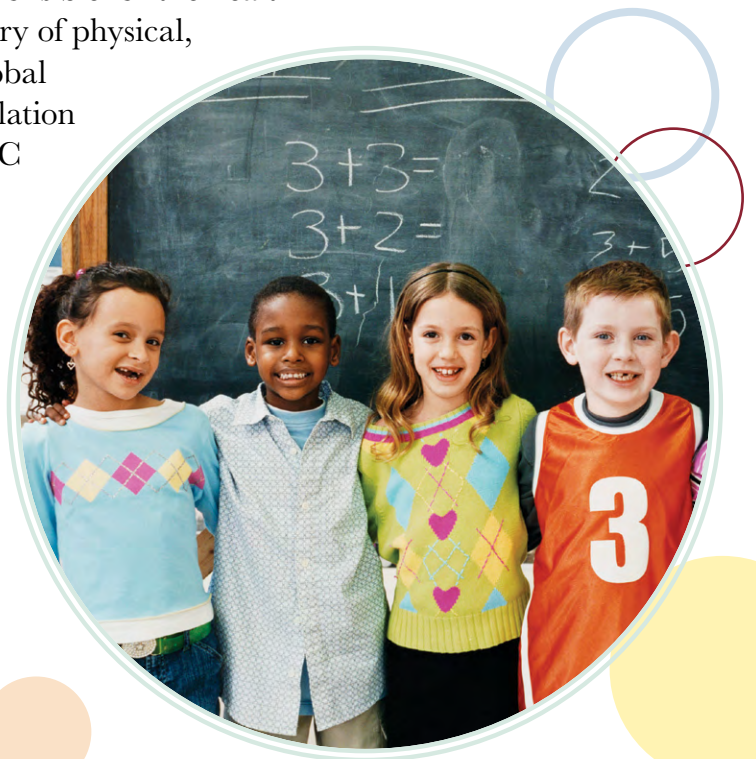
- 12 local public health authorities
- 11 community health centers
- 1 rural health clinic
- 4 local hospital or health systems
- 4 private practice primary care providers
- 19 of 32 sponsoring agencies are designated as FQHCs

The school-based health center has helped me so much. I know I can always count on them when I need them. They are there right away when you need them.

-Student, age 15

Coordinated care organizations

Coordinated care organizations (CCOs) are responsible for the health of Oregon's Medicaid population through delivery of physical, behavioral and dental health services using a global budget. More than half of the SBHC client population are covered by Medicaid; CCOs are natural SBHC partners. CCOs contract with SBHC medical sponsors to ensure payment for services and partner with SBHCs to support innovative strategies to engage the adolescent population.⁽⁴⁾ CCOs and SBHCs collaborate to meet CCO incentive metrics specific to the youth population, such as the adolescent well-visit and improved vaccination rates. See Appendix A for more information.



SBHCs have comprehensive staffing models

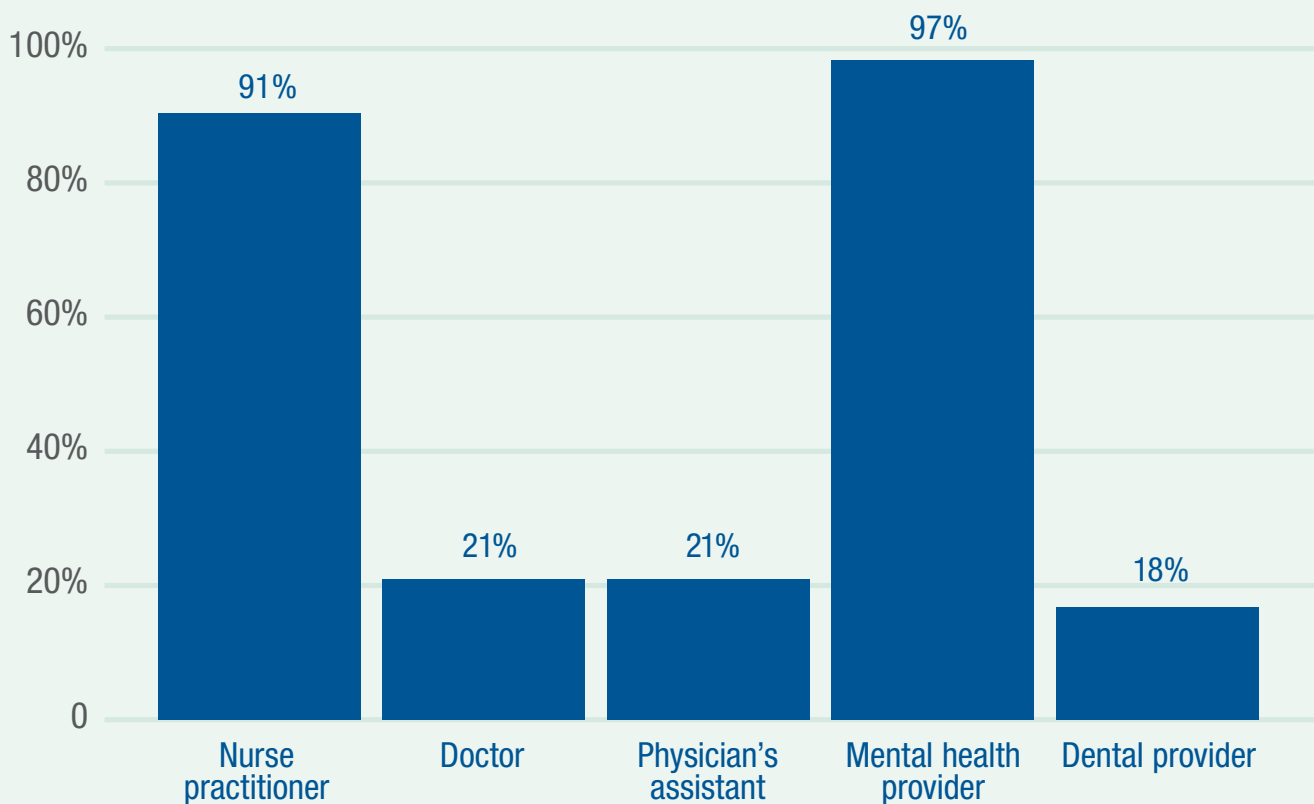
Certified SBHCs are required by state law to have a minimum staffing model that includes:

- Primary care provider - 10 hours per week
- Additional medical/mental/oral health provider - 10 hours per week
- Support staff - 15 hours per week

Local needs and resources determine the actual model for each SBHC beyond the minimum requirements.

Among 77 SBHCs during the 2015–2016 service year, the average number of primary care hours in an SBHC was 23 hours per week. See Figure 3 for the types of providers at SBHCs.

Figure 3: Percentage of SBHCs with one of the following provider type: 2015–16 service year (n=77)



SBHCs provide youth-friendly services

Youth have unique physical, behavioral and preventive health care needs that are best met by receiving care in a youth-friendly clinic environment. Youth-friendly environments are defined by the SBHC's physical space, staff training and clinical policies and practices that meet youth needs. SBHCs partner with students, parents, schools and other health providers and provide clinical care that meets youth-friendly criteria outlined by organizations such as the American Academy of Pediatrics,⁽⁵⁾ the Society for Adolescent Health and Medicine,⁽⁶⁾ and Advocates for Youth.⁽⁷⁾

An annual SBHC student satisfaction survey gives youth an opportunity to share their perspective of their SBHC experience.

Of the (1,754) 12–19 year-olds surveyed in the 2015–16 SBHC student satisfaction survey:⁽⁸⁾

- 90% were satisfied with their SBHC.
- 91% said things were explained in a way that was easy to understand.
- 90% said they were given easy-to-understand instructions about taking care of their health problems.
- 90% said health center staff spent enough time with them.
- 96% said health center staff treated them with courtesy and respect.

SBHCs engage families

Parents and guardians are important partners in students' health care. SBHC providers know children and adolescents do better when a trusted adult is involved in their care.

“Once a year before the freshmen start, I do a talk for the incoming parents and give an overview [of the SBHC]. And then the school sends out a newsletter to the parents every month and they give me space to include different things that are coming up with the health center.”

- SBHC staff

“I highly encourage kids to involve their parents. If they're hesitant we explore why they're not involving their parents and what it would look like if we did involve their parents. So we kind of go over those scenarios with them.”

- SBHC staff

I am more than happy with the staff at the health center. They make me feel so welcome and I know that my children are in good hands. The staff are always helping me to keep my three students caught up on their vaccines, physical checks and many other important checkups we need. They know all of my family by name and always give us the best of them.

-Parent of SBHC clients

“One thing we have done that I think has been helpful is that, with the student’s consent, the provider will call the parent while the student is in the exam room and discuss with the parent why the child is there. Just to keep the parent a part of the process. And I think parents have really appreciated that.”

- SBHC staff

All Oregon SBHCs must have a parental involvement policy outlining how parents and guardians engage in the care delivered through the centers. The policies vary according to the needs and preferences of the local community. All policies are aligned with Oregon minor consent law.(9) SBHC parent/guardian engagement strategies include:

- Counseling youth clients to speak with a parent/guardian about the health issues discussed during their visit.
- Notifying a parent/guardian when their child receives care at the SBHC, when appropriate.
- Making information about the SBHC widely available to parents/guardians through websites and printed publications.
- Meeting parents/guardians at Back to School night, freshman orientation and other school events.
- Holding parent education and family therapy groups.
- At elementary schools, requiring a parent/guardian to be present for the child to receive services.

Parents recognize SBHCs provide convenient, high quality care for children and adolescents.



I am so happy and thankful to have this for our family. It helps having a doctor close so we can get the kids checked out. Also we are both working and it's hard to get them in. Having mental health that close has helped my daughters so much and they have not had to miss full days of school just to get the help they need.

-Parent of SBHC clients

SBHCs are rooted in evidence-based best practices

SBHCs provide pediatric health care aligned with nationally recognized standards, including recommendations from the American Academy of Pediatrics Bright Futures guidelines.

Preventive health services commonly provided in SBHCs include:

- **Well-care visit:** In 2015–16 school year, 10,641 clients aged 5–21 had a well care-visit at an SBHC. This is an increase of 22% from 2014–15 when 8,717 clients had a well care-visit.
- **Behavioral health:** There were 32,770 behavioral health visits in SBHCs during the 2015–16 school year, a 35% increase from 2014–15. SBHCs screen for depression and anxiety, provide psycho-social education to improve coping and communication skills, and treat mental health disorders to reduce severity and prevent relapse or recurrence.
- **Immunizations:** The 77 certified SBHCs in Oregon make up 13% of the Oregon Vaccine for Children (VFC) providers; and more than 60% of Oregon's certified SBHCs meet the VFC Program's criteria for excellent vaccine accountability.⁽¹⁰⁾
- **Oral health:** 3,222 visits to SBHCs in 2015–16 had an oral health component. Fourteen SBHCs have dental care providers onsite, compared to only five in 2014. Not only do more sites deliver care through dental health professionals, but primary care providers screen for problems and offer oral health education during visits.
- **Reproductive health:** As of 2015, 43% of Oregon-certified SBHCs (33 of 76) reported dispensing at least one type of contraception onsite (including condoms).
- **Screening for sexually transmitted infections/HIV:** As of 2014, 97% of Oregon-certified SBHCs (63 of 65) reported providing chlamydia testing and treatment onsite.



SBHCs support student success

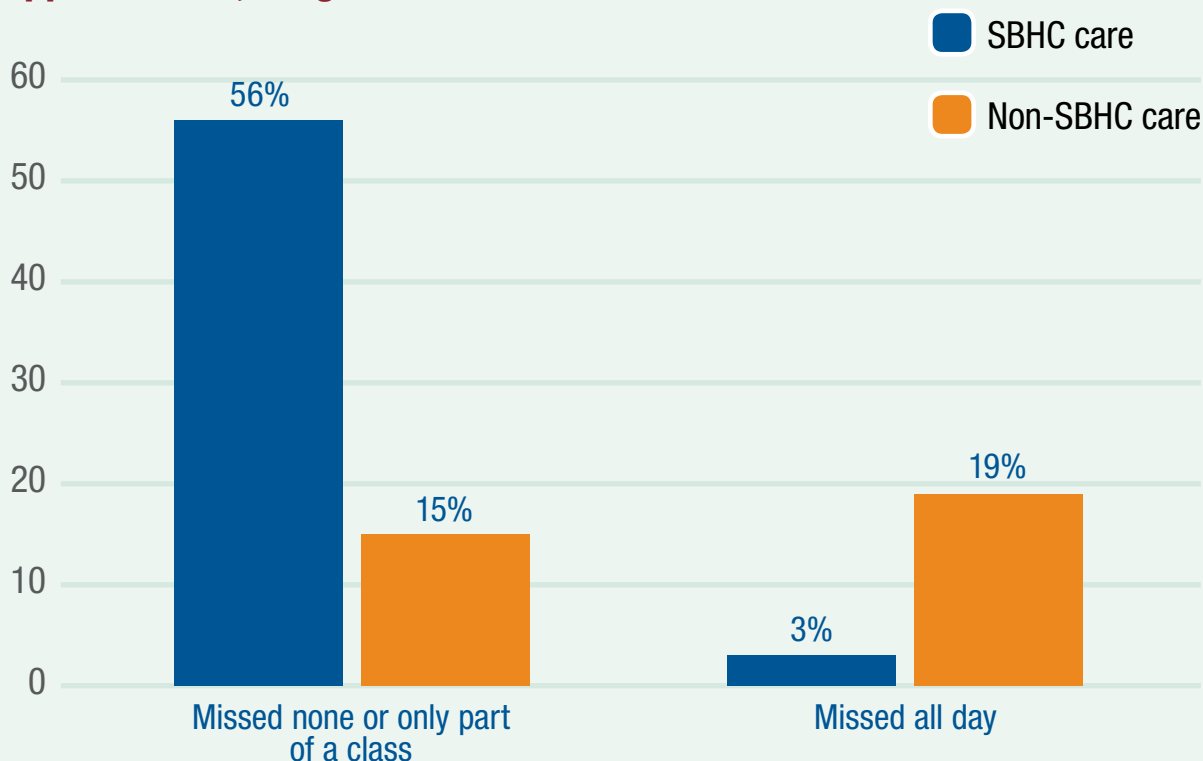
SBHCs are open and operating when kids are in school. As a result, students are back in class faster than if they had sought health care in a non-SBHC setting. Figure 4 shows class time missed by students for health care appointments. Additionally, parents can participate in visits with their child at school and do not need to take additional time off from work to transport them to and from the doctor.

According to the 2015–16 SBHC student satisfaction survey, 84% of 12–19 year-olds reported they were usually able to get an appointment for care they needed right away.

Our PCP is an hour drive one way. When my daughter told me that she was having problems getting short of breath when she played basketball, I was able to get her into the SBHC. We didn't have to drive and she was only out of class for about half an hour total. She was diagnosed with asthma and prescribed an inhaler. I followed up the next month with her PCP.

-Parent of SBHC client

Figure 4: Estimated class time missed by students for health care appointments, Oregon 2015–16*



* Percentages based upon student satisfaction survey

SBHC State Program Office

The Oregon SBHC State Program Office (SPO) ensures youth have access to clinical preventive services and supports SBHCs to provide quality, patient-centered care. In addition, the SPO ensures SBHC practices follow applicable laws, assists SBHCs in making data-driven decisions to manage SBHC activities and monitors SBHCs to regularly review and revise policies and procedures for SBHC operations.

This work is continuously supported by program and policy development, authentic youth engagement, and training and technical assistance to the SBHC field.

Below are some highlights from this past year.



Program development

Standards for Certification

Originally developed in 2000, the SBHC Standards for Certification ensure compliance with quality standards and outline the minimum requirements for certified SBHCs in Oregon.

The SPO began a review of the 2014 SBHC Standards for Certification in fall 2015. The goal of this review was to 1) identify and address any areas in need of clarification, 2) update sections to align with current best practice, and 3) continue to adapt the standards to support operations and advance quality health care through SBHCs.

SPO convened a SBHC certification review workgroup of representatives from the SPO, Oregon School-Based Health Alliance (OSBHA), the Conference of Local Health Officials, and Oregon SBHCs. Workgroup participants represented seven counties and 33 SBHCs from diverse communities and SBHC systems. The workgroup produced an updated SBHC Standards for Certification, Version 4.

A final draft of the new SBHC Standards for Certification, Version 4 was shared with the SBHC field in fall 2016. All Oregon-certified SBHCs will be required to meet the minimum standards in the revised standards beginning Jul. 1, 2017. The new SBHC Standards for Certification, Version 4 can be found at <http://www.healthoregon.org/sbhc>.

Key performance measures

The SPO initially implemented key performance measures (KPMs) in 2008 to promote high-quality, age appropriate care and to help SBHCs identify areas of practice improvement. The three required measures were well-child checks, health assessments and body mass index. As part of the KPM process, certified SBHCs were required to conduct an annual chart audit on 20% of their charts in the eligible population. These audits determine the SBHC's progress in meeting the benchmark associated with each KPM. From 2008–2014, the KPMs showed improvement.

Due to the high rate of compliance and input from SBHC stakeholders, KPMs were revised in 2014, with a two-year implementation pilot period. Updated KPMs align more closely with existing state and national health care quality metrics (e.g., HEDIS, NCQA, CCO metrics). Benchmarks will be finalized by summer 2017. The new KPM process requires SBHCs to track and report on two core measures and one of five optional measures. The SPO hosted webinars and technical assistance calls to support SBHCs as they adopted the new measures and additional requirements around audit documentation.

Core measures (required):

- Well-care visit
- Comprehensive health assessment

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

Measure	# SBHCs implementing
Adolescent immunizations	9
Chlamydia screening	19
Depression screening	28
Nutrition counseling	10
Substance use screening	11

First year clinic adjustments included:

- Improved communication between primary care, mental health and oral health providers
- Adjustments to EHR documentation
- Development of reports to allow for better tracking of the measures

Background information and guidance documents that outline the definitions and requirements for each KPM can be found at <http://www.healthoregon.org/sbhc>.

Policy development

Alternate Payment Improvement Project (APIP)

Since 2014, the SPO and SBHC partners have been working to better understand the current ways in which SBHCs are paid for service delivery to the Medicaid population and to explore possible Alternate Payment Methods (APMs) that support clients, payers (CCOs) and SBHCs alike.

Year 1: 2014–15

Through funding from the SPO, Multnomah County led an APIP workgroup of Portland-area CCOs, county staff, SPO representatives, the Oregon Primary Care Association and the OSBHA. The workgroup developed an “Ideal Services Model” representing the billable and non-billable services SBHCs provide to illustrate how these compare and contrast with more traditional primary care settings.

Year 2: 2015–16

The work focused on the SBHC patient population within the larger Medicaid system, including their primary care utilization, achievement of CCO metrics and cost. The workgroup leveraged CCO participation to conduct a selected claims-based analysis of youth who visit SBHCs in two counties compared to those who get primary care services elsewhere. Results of these analyses (shown in Figure 5 and 6) are being used to increase concrete partnerships between SBHCs and CCOs and launch discussions about future financial arrangements.

Year 3: 2016–17

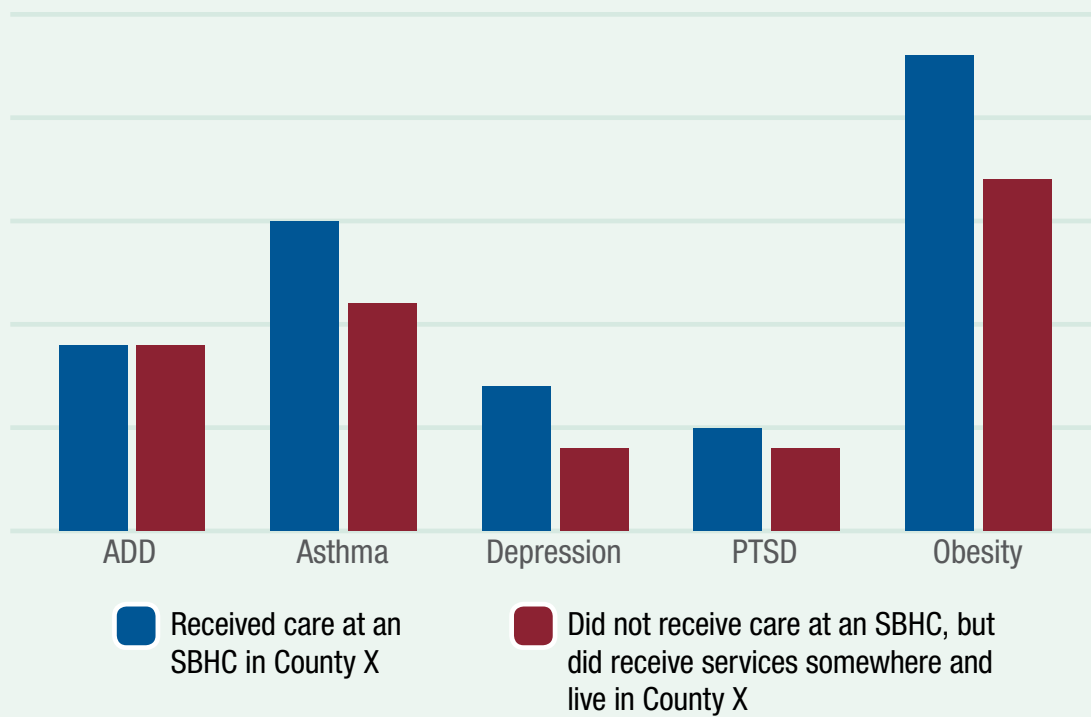
Year 3 will focus on replicating the CCO analyses with a second major CCO, identifying where the well-visits are occurring as well as doing a deeper analysis of low, medium and high utilizers of SBHC services. This information will help determine how well the current SBHC payment system is supporting their clients and service delivery.

Findings from APIP data sharing with CCO:

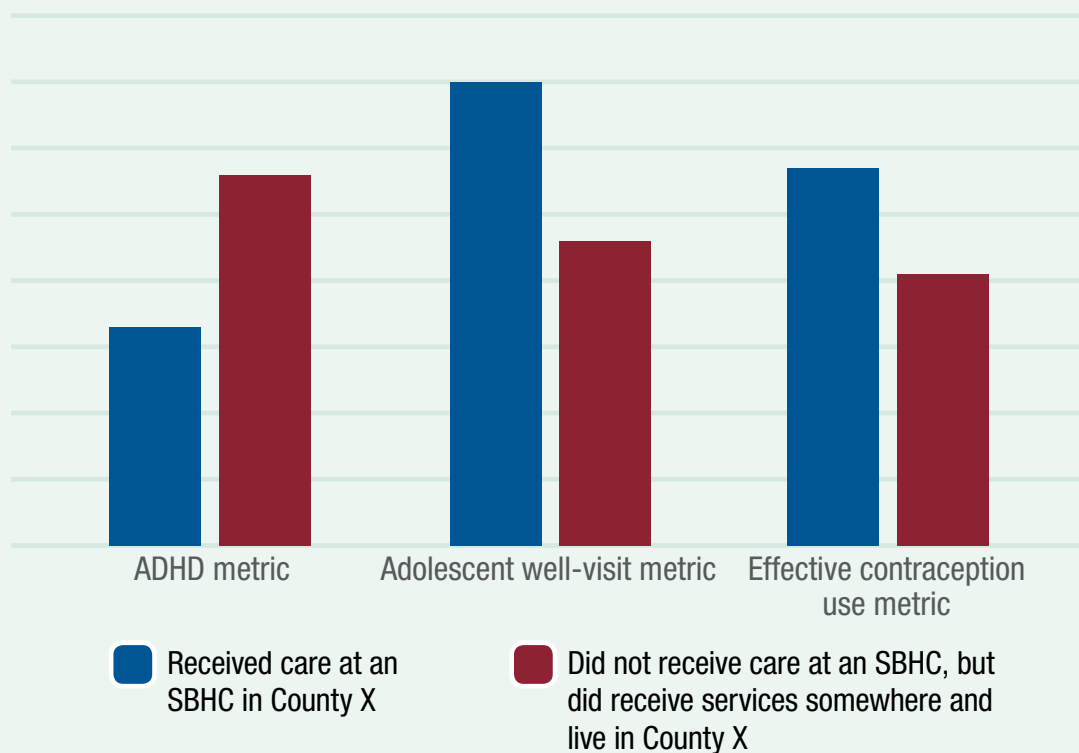
Early results show youth seen at selected SBHCs are more racially and ethnically diverse, at higher risk of chronic conditions such as obesity, asthma and depression and use mental health services at higher rates than their peers who don't access SBHCs. The SBHC population appears also more likely to receive a well-visit and effective contraception.



**Figure 5. Chronic condition diagnoses among 11–19 year olds in County X:
Data from CCO A**



**Figure 6. Metric performance among 11–19 year olds in County X:
Data from CCO A**



Consent/confidentiality

In Oregon, minors are able to consent for their own care depending on their age and the services they are seeking (see Table 1). SBHC providers work with youth who are of age to self-consent for their own care to involve their parents or guardians.

Once a youth has accessed care, confidentiality becomes an essential component of the comprehensive health care they receive.⁽⁵⁾ Ensuring confidential care helps create a trusting relationship between the patient and provider. Fears about disclosure of protected health information may cause youth to delay or avoid needed care. Youth, just like adults, expect that their health information will be kept private, especially for sensitive services such as mental health, substance use or reproductive health.

Table 1: Oregon minor consent laws

Minors 15 years of age or older may consent for medical and oral health services (ORS 109.640)

Minors 14 years of age or older may consent for outpatient mental health, drug or alcohol treatment (ORS 109.675)

Minors of any age may consent for birth control related information and services, as well as testing and treatment of sexually transmitted infections (ORS 109.640, ORS 109.610)

SBHCs face challenges in ensuring confidentiality for adolescents. To better understand these issues and how different SBHCs approach them, the SPO conducted interviews in summer 2016 with SBHC systems.

Initial findings suggest significant SBHC-specific challenges with implications for patient care and sustainability:

- Students seek out SBHCs as critical sources for confidential care, so breeches in client confidentiality can damage the client/provider relationship and inhibit client care.
- Some EHR systems do not allow SBHCs to properly code or “flag” information as confidential, leading to concerns about sharing information across providers and potentially affecting continuity of care.
- Most SBHCs and their clients have been unable to navigate complex systems to suppress explanation of benefits (EOBs) for clients with private insurance.
- Several SBHCs reported CCOs send home EOBs or other communications, regardless of whether the visit was confidential.
- SBHCs generally do not bill for services if there is concern that billing may inadvertently disclose information the client would like to keep private.

Findings from these interviews will be used to develop policy and support training and technical assistance for the SBHC field.

Youth engagement

Youth-friendly clinic grants

SPO is committed to supporting SBHCs to provide high quality care to children and adolescents. The SPO awarded mini-grants to support “youth-friendly” SBHC clinic projects during the 2016–2017 school year. Youth-friendly mini-grants are being used to support one or more of the following projects:

- SBHC marketing and outreach campaigns
- Clinic improvements
- Staff training

Grants were awarded to 37 SBHCs in 13 counties. Grantees received up to \$5,000 per SBHC, with a maximum of \$10,000 per SBHC system.

These grants will help SBHCs better understand the needs and preferences of their adolescent clients while also increasing youth involvement in shaping clinic environment and policies. Ultimately, these grants will support increased youth access to and utilization of SBHC services.

Youth advisory councils

Youth advisory councils (YACs) allow SBHCs to support positive youth development and collaborate with youth to develop a vision for a healthy community. YACs are youth-driven groups that focus on school and community health as it pertains to young people. The groups may choose to work on projects that are SBHC-focused, such as increasing awareness of SBHC services at their school, or to work on health-related projects, for example, community food insecurity. Through the Mental Health Expansion Grant, the SPO was able to support 13 YACs in the 2015–16 school year in five counties (Clackamas, Deschutes, Jackson, Multnomah and Washington counties).

In the 2015–16 school year, YAC grantees worked to increase student and community awareness of SBHCs, provide health education on such topics as trauma and mental health awareness, and conduct participatory action research on topics that affected them and their peers. Some projects included a screening of the documentary film, “Paper Tigers,” a TED-style talk on self-harm and a research project on how bullying affects students’ mental health.

The YAC impacted me by teaching me to be a leader.

-YAC member

My favorite part about being involved with the YAC this year was helping kids at my school.

-YAC member

[Through the YAC], I have learned about mental health and how to improve it in myself and others.

-YAC member

Training and technical assistance

Mental Health Summit

To better support SBHC mental health providers, the SPO partnered with the OSBHA to convene the first ever Oregon SBHC Mental Health Summit in May 2016. The event was an opportunity for networking and partnership building for SBHC mental health providers and their managers, as well as training on emerging or established practices for adolescent mental health issues. The one-day event brought together around 90 participants from around the state. Participants were able to attend training sessions on:

- Trauma-informed education and care
- Treatment of anxiety and depression through mindfulness
- Suicide prevention
- Responding to and de-escalating crises
- Working with transgender youth
- Addiction and multi-generational poverty

Presentation materials and contact information are available at the OSBHA website: <http://osbha.org/2016-school-based-health-center-mental-health-summit>.



SBHC regional meetings

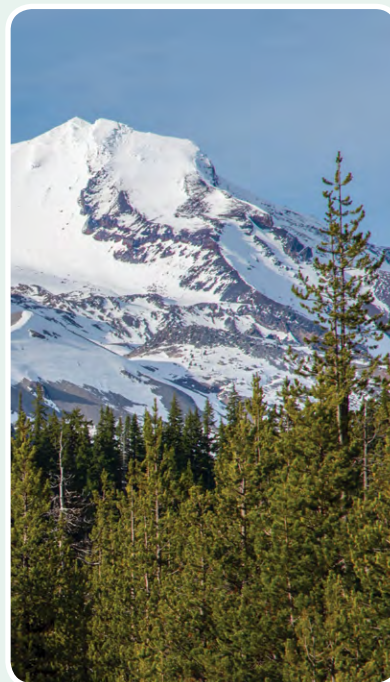
The SPO and SBHC partners work with CCOs to align efforts toward the goal of improving the health of young people in Oregon. The SPO contracted with OSBHA to coordinate and facilitate five regional partnership meetings between SBHCs, local public health authorities (LPHAs) and CCOs during the 2015–2017 biennium. The goals of the regional meetings are to identify opportunities for partnership and set action plan priorities related to health system transformation topics, such as care coordination and the integration of mental health and primary care. In 2016, meetings were held in Central and Eastern Oregon. During the 2016–2017 school year, the SPO and OSBHA will identify three more regions to hold meetings.

Central Oregon SBHC Regional Meeting

Attendee organizations: SBHC State Program Office, OSBHA, Deschutes County Public Health, Deschutes County Behavioral Health, Pacific Source, Central Oregon Health Council, Mosaic Medical, St. Charles Healthcare, La Pine Community Health Center, Lutheran Community Services NW, Redmond School District, Bend- La Pine School District, Crook County Public Health, Crook County School District, Advantage Dental.

Priority areas identified at meeting:

- Improve patient confidentiality in SBHCs
- Maximize the adolescent well-visit in SBHCs
- Increase school-based access to behavioral health services
- Explore expanding reproductive health services at SBHCs

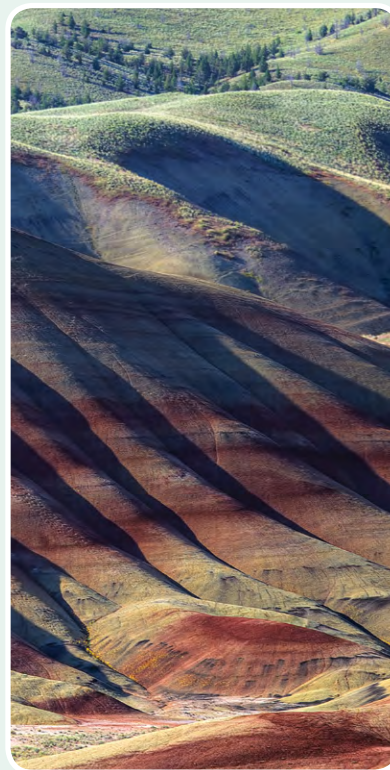


Eastern Oregon SBHC Regional Meeting

Attendee organizations: SBHC State Program Office, OSBHA, Moda Health, GOBHI, Eastern Oregon IPA, Baker County Public Health, Center for Human Development Inc. (Union County), Umatilla County Public Health, Morrow County Health District, Grant County Public Health.

Priority areas identified at meeting:

- Increase and maximize the adolescent well-visit in SBHCs
- Ensure continuity of care between SBHC and community providers
- Prevention campaign for youth
- Explore state patient-centered primary care home recognition
- Ensure accurate and clear communication between CCO and SBHCs



SBHCs supporting state goals

Oregon's State Health Improvement Plan

The Oregon Health Authority, Public Health Division is working with individuals, organizations and community partners to implement the State Health Improvement Plan (SHIP). Oregon's SHIP addresses the leading causes of death, disease and injury in Oregon through evidence-based and measurable strategies to improve the health of all people in Oregon by 2020. The SHIP identifies seven priority areas for improving health and quality of life in Oregon. With a focus on delivering clinical preventive care, SBHCs are crucial partners in addressing each of these priorities:

- Prevent and reduce tobacco use
- Slow the increase of obesity
- Improve oral health
- Reduce harms associated with alcohol and substance use
- Prevent deaths from suicide
- Improve immunization rates
- Protect the population from communicable diseases

The SBHC State Program Office partners with other state programs including the Oral Health Program and Immunization Program to identify specific steps towards engaging SBHCs to advance the SHIP strategies identified below.



SHIP strategies specific to SBHCs:

Enhance oral health services through community clinics, including SBHCs.

This local oral health infrastructure allows for timely access to oral health prevention, education and care. One measure of this strategy is the number of SBHCs that provide routine access to a dental provider onsite.

Percentage of SBHCs that provide routine access to an onsite dental provider

(Data source: PHD School-Based Health Center Program)

Target	2014	2015	TARGET MET!
17%	7%	18%	

Increase the percentage of school-aged children who are vaccinated. This strategy is measured by the number of total vaccines and the number of HPV vaccines administered by SBHCs.

Total vaccines given per year in SBHCs (Data source: ALERT IIS)

Target	2014	2015
25,000	20,742	23,340

Total HPV vaccines given per year in SBHCs (Data source: ALERT IIS)

Target	2014	2015
3,755	3,129	3,441

For more detailed information about Oregon's State Health Improvement Plan see <https://public.health.oregon.gov/About/Pages/HealthImprovement.aspx>.

Public health modernization

With the passing of HB 3100 in 2015, Oregon's public health system started on a path towards modernization. This upgrade to the public health system will ensure basic public protections are available to all Oregonians. The plan for public health modernization is for state and local public health authorities to work closely with community members and partner to implement the foundational capabilities and programs.

SBHCs are an important component of a modernized public health system. SBHCs reduce barriers that prevent children and youth from seeking the health services they need. Figure 7 shows the foundational capabilities and programs for governmental public health. Figure 8 includes how SBHCs play a role.

Foundational capabilities are the knowledge, skills and abilities needed to successfully implement foundational programs.

Foundational programs include topic- and disease-specific work to achieve improved health outcomes, such as a decrease in the prevalence of a particular disease or health risk behavior.

Figure 7

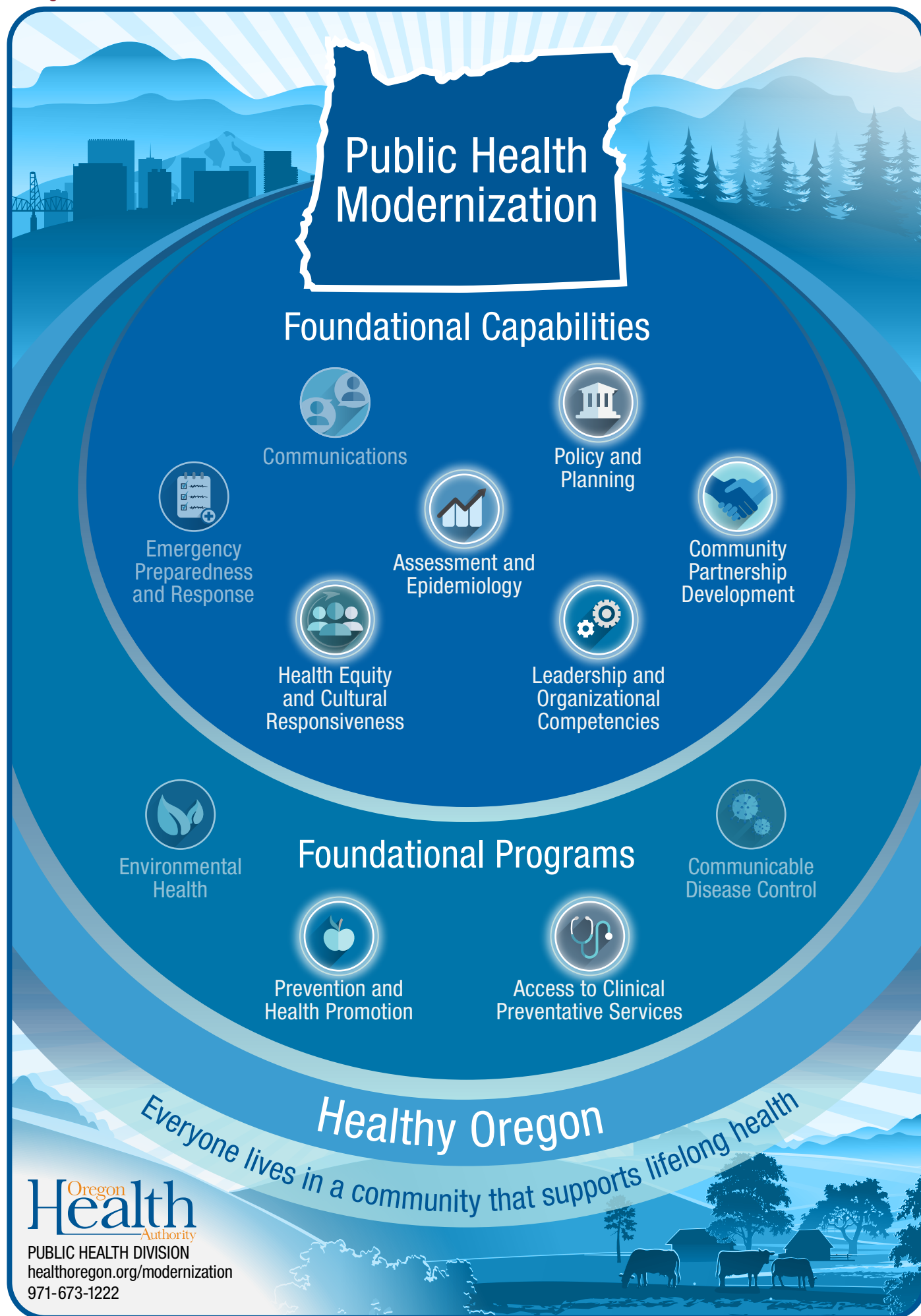


Figure 8

Foundational capabilities



Community partnership development

SBHCs are built and sustained through community partnerships, involving local medical, mental, and dental health providers, schools, CCOs and social service agencies. The SPO contracts with LPHAs, which either directly operate the SBHCs or contract with local providers.

Related projects: *SBHC/CCO/LPHA regional meetings, Mental Health Expansion Grant.*



Leadership and organizational competencies

The SPO convenes SBHC stakeholders to help guide program and policy strategies. The SPO provides grants to SBHCs to support use of technology through EHR adoption and satisfaction survey collection. The SPO collects, analyzes and reports on SBHC-specific encounter data to drive state and national policies regarding SBHCs.

Related projects: *Standards for Certification revisions, SBHC Mental Health Advisory Group, SBHC key performance measures.*



Health equity and cultural responsiveness

The SPO creates policies to ensure SBHCs provide accessible physical and mental health to all students in a school regardless of health insurance status. The SPO provides grants to SBHCs to be culturally responsive.

Related projects: *Ensuring confidentiality, Youth-Friendly Clinic Grant, Mental Health Expansion Grant.*



Assessment and epidemiology

The SPO collects and analyzes SBHC-specific encounter data. SBHCs partner with CCOs to meet regional and state goals. SBHCs report into the statewide immunizations registry.

Related projects: *APIP, SBHC-specific annual fact sheets, SBHC-specific SHIP strategies (oral health and immunization).*



Policy and planning

SBHCs provide care based on evidence-based best practice recommendations. The SPO support SBHCs and partners to develop strategies and policies to improve the health of the population specific to their region.

Related projects: *Standards for Certification revision, SBHC/CCO/LPHA regional meetings, SBHC specific annual fact sheets.*

Foundational programs



Prevention and
health promotion

SBHCs



Access to clinical
preventive services

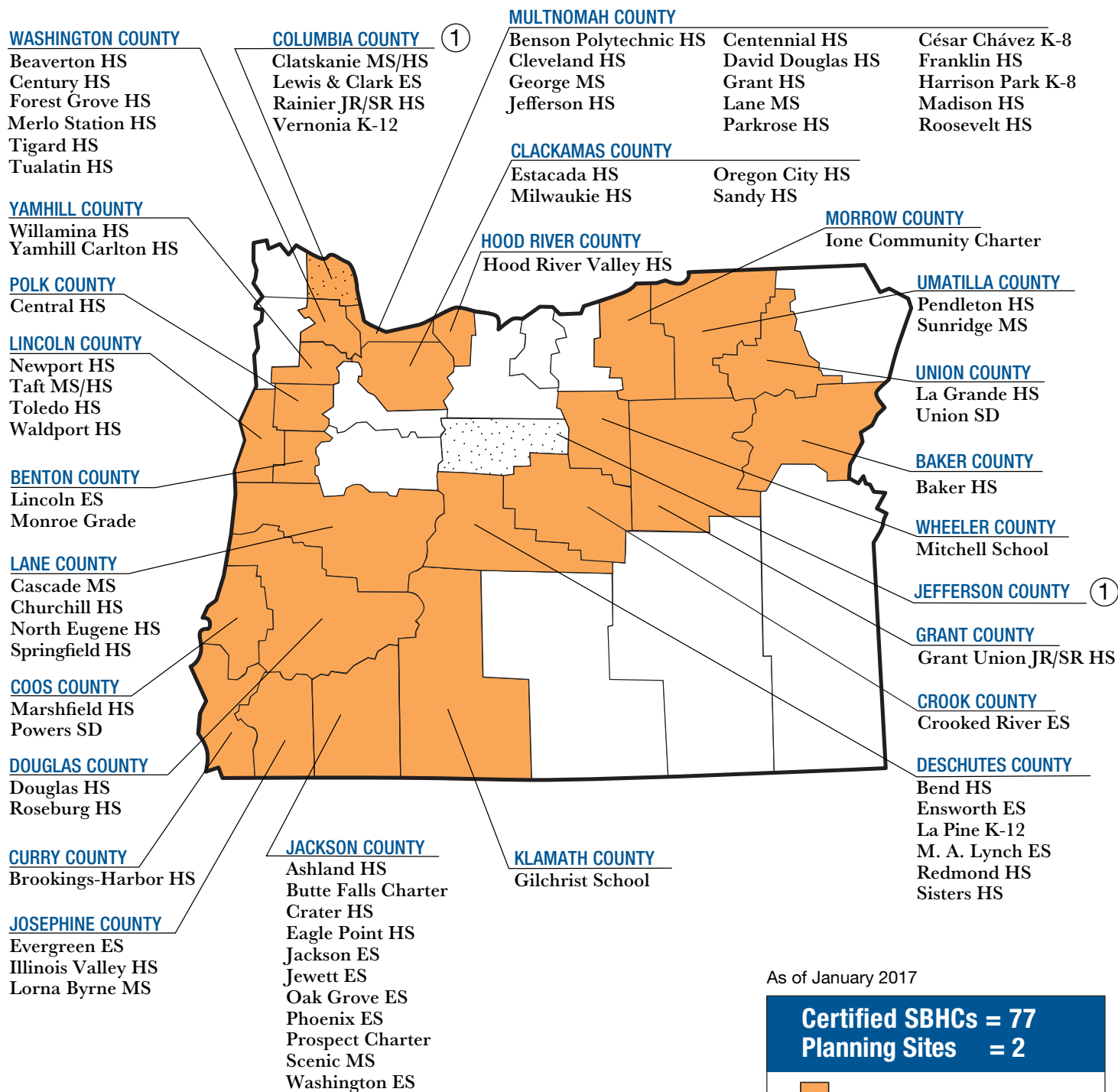
For more information on public health modernization visit: <http://public.health.oregon.gov/About/TaskForce/Pages/index.aspx>

Looking forward

The following highlights offer a glimpse of the SPO's priority areas for the next year.





- **Enhance the quality of care provided in SBHCs.** This will include refinement of SBHC key performance measure processes, training and technical assistance to enhance youth-friendly care, ensuring access to comprehensive reproductive health services, and continuing a SBHC mental health advisory group.
- **Support SBHCs to maximize revenue.** The SPO will update our SBHC cost/revenue estimates, explore ways to improve patient confidentiality so systems are reliable and still allow for reimbursement, and look at return on investment of SBHC services.
- **Increase youth engagement practices.** The SPO plans to engage with the community to identify and eliminate health inequities for youth. The SPO will fund three youth listening sessions to understand the drivers for youth accessing care. The SPO will also sponsor a Youth Participatory Action Research (YPAR) training and fund a SBHC YAC summit.
- **Address SBHCs as part of a comprehensive school health services model.** The SPO will work to enhance relationships between SBHCs and other school health services, such as school nursing.

Appendix A: Oregon SBHC map



As of January 2017

Certified SBHCs = 77
Planning Sites = 2

-  Counties with certified SBHCs
-  Counties with certified SBHCs and planning sites
-  New counties with planning sites
-  Number of planning sites for county

Appendix B: SBHC medical sponsor list

County name	SBHC school name	Medical sponsor
Baker	Baker High School	Baker County Health Department
Benton	Lincoln Elementary School †	Benton Community Health Center*
	Monroe Grade School †	Benton Community Health Center*
Clackamas	Estacada High School	Orchid Health
	Milwaukie High School †	Outside In*
	Oregon City High School	Clackamas County Health Centers*
	Sandy High School	Clackamas County Health Centers*
Columbia	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
Coos	Marshfield High School	Waterfall Clinic*
	Powers School District	Waterfall Clinic*
Crook	Crooked River Elementary School †	Mosaic Medical*
Curry	Brookings-Harbor High School	Curry Community Health
Deschutes	Bend High School	Mosaic Medical*
	Ensworth Elementary School	Mosaic Medical*
	La Pine K-12 School †	La Pine Community Health Center*
	M.A. Lynch Elementary School	Mosaic Medical*
	Redmond High School	St. Charles Health System, Inc.
	Sisters High School	St. Charles Health System, Inc.
Douglas	Douglas High School †	Umpqua Community Health Center*
	Roseburg High School †	Umpqua Community Health Center*
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*
	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*
Josephine	Evergreen Elementary 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 Center*
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	Benson Polytechnic High School	OHSU Family Medicine Richmond
	Centennial High School	Multnomah County Health Department*
	César Chavéz School †	Multnomah County Health Department*
	Cleveland High School †	Multnomah County Health Department*
	David Douglas High School †	Multnomah County Health Department*
	Franklin High School - Marshall Campus †	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	Neighborhood Health Center
	Tigard High School †	Virginia Garcia Memorial Health Center*
	Tualatin High School	Virginia Garcia Memorial Health Center*
Wheeler	Mitchell School District	Asher Community Health Center*
Yamhill	Willamina High School †	Virginia Garcia Memorial Health Center*
	Yamhill Carlton High School	Alana Bailey, FNP

†State PCPCH recognized

*Indicates SBHC is a federally qualified health center site.

Appendix C: Oregon CCO/SBHC map

Washington County

Beaverton HS
Century HS
Forest Grove HS
Merlo Station HS
Tigard HS
Tualatin HS

Columbia County

Clatskanie MS/HS
Lewis & Clark ES
Rainier JR/SR High
Vernonia K-12

Multnomah County

Benson Polytechnic HS
Centennial HS
César Chávez K-8
Cleveland HS

David Douglas HS
Franklin HS
George MS
Grant HS
Harrison Park K-8

Yamhill County

Willamina HS
Yamhill Carlton HS

Polk County

Central HS

Lincoln County

Newport HS
Taft MS/HS
Toledo HS
Waldport HS

Benton County

Lincoln ES
Monroe Grade

Lane County

Cascade MS
Churchill HS
North Eugene HS
Springfield HS

Coos County

Marshfield HS
Powers SD

Douglas County

Douglas HS
Roseburg HS

Curry County

Brookings-Harbor HS

Josephine County

Evergreen ES
Illinois Valley HS
Lorna Byrne MS

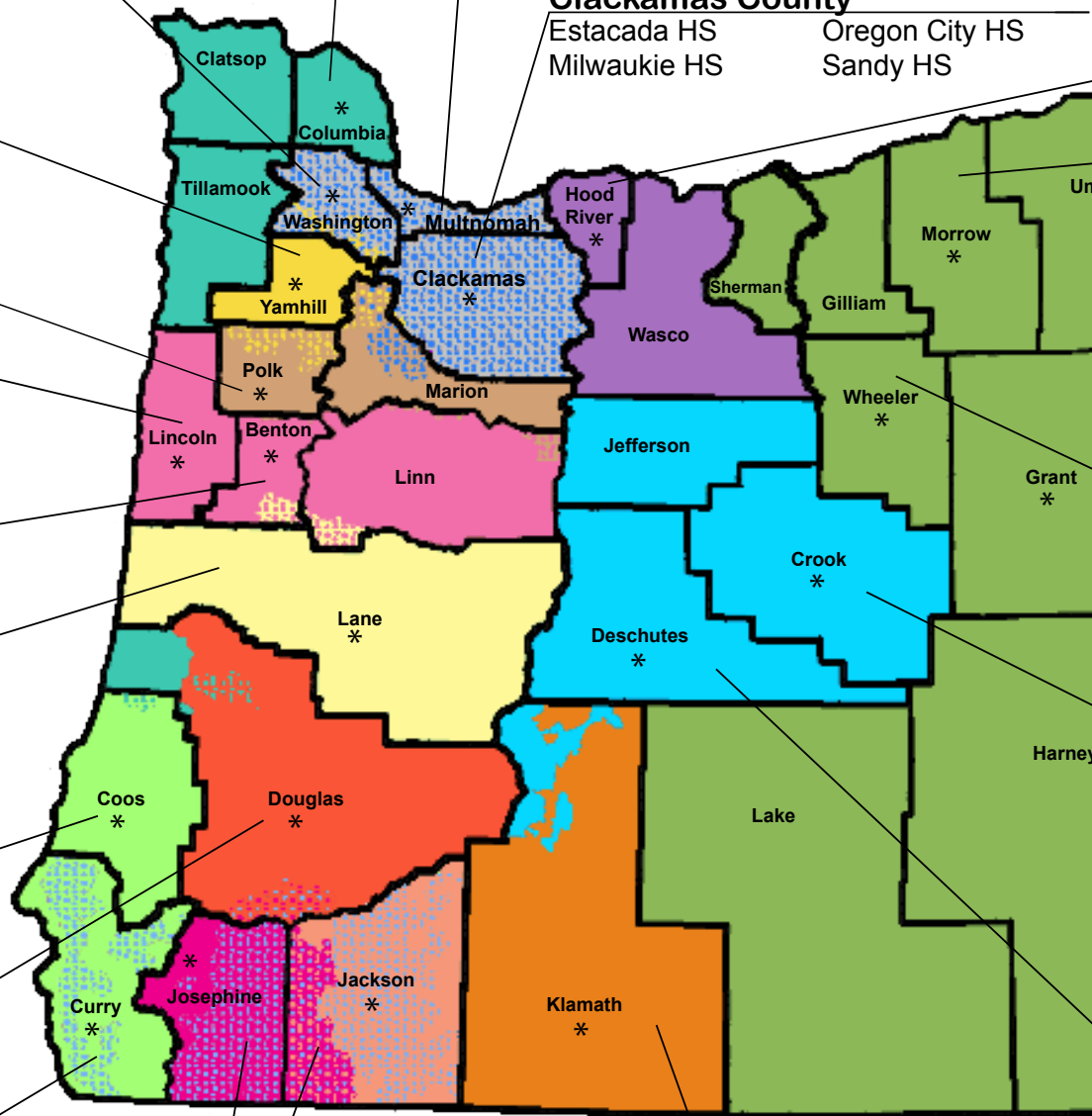
Jackson County

Ashland HS
Butte Falls Charter
Crater HS
Eagle Point HS
Jackson ES

Clackamas County

Estacada HS
Milwaukie HS

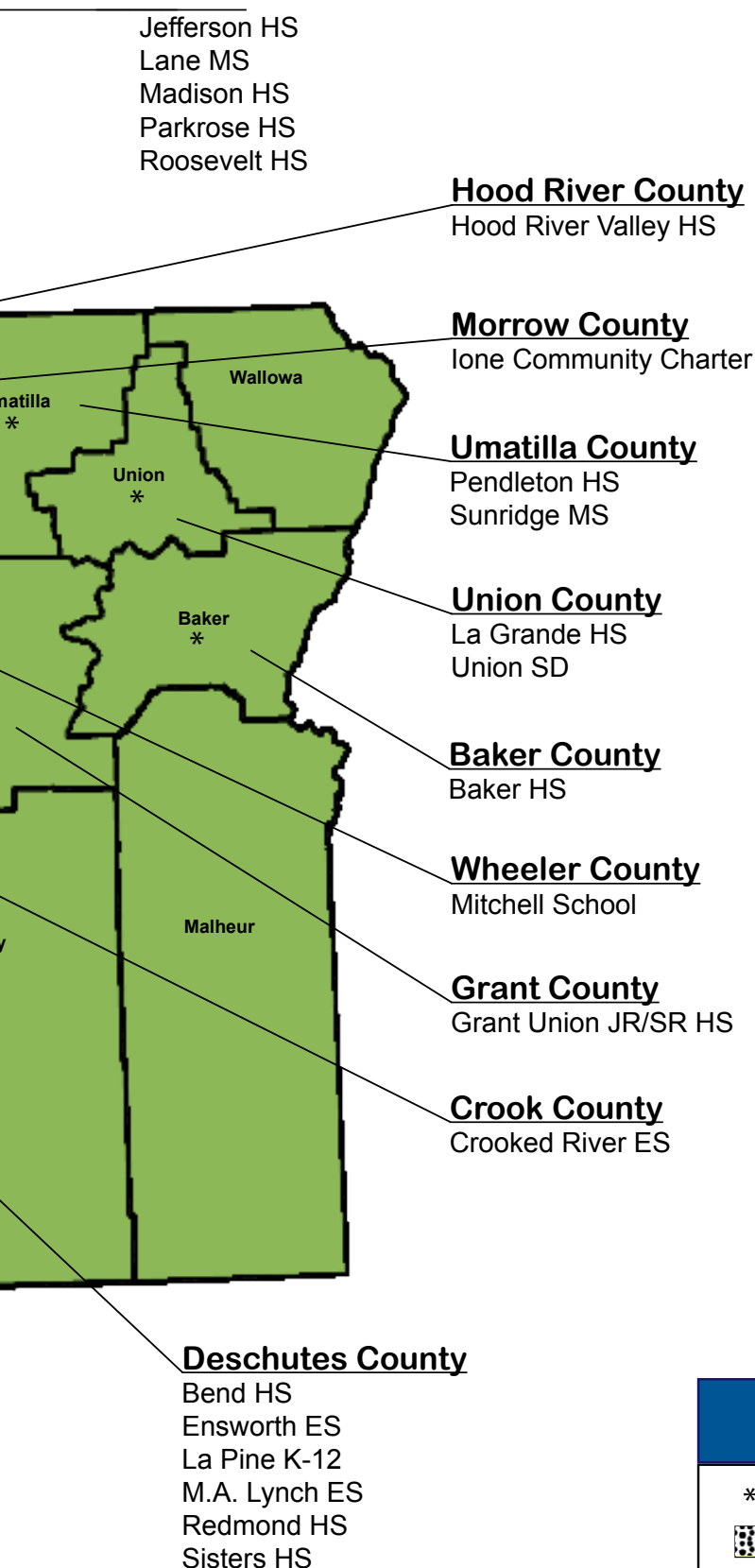
Oregon City HS
Sandy HS







Klamath County

Gilchrist School


Jewett ES
Oak Grove ES
Phoenix ES
Prospect Charter
Scenic MS
Washington ES



Coordinated Care Organizations (CCOs)

-  AllCare Health Plan
-  Cascade Health Alliance
-  Columbia Pacific CCO
-  Eastern Oregon CCO
-  Family Care, Inc.
-  Health Share of Oregon
-  Intercommunity Health Network CCO
-  Jackson Care Connect
-  Pacific Source Community Solutions CCO, Central Oregon Region
-  Pacific Source Community Solutions CCO, Columbia Gorge Region
-  Primary Health of Josephine County, LLC
-  Trillium Community Health Plan
-  Umpqua Health Alliance
-  Western Oregon Advanced Health, LLC
-  Willamette Valley Community Health, LLC
-  Yamhill Community Care Organization

77 Certified SBHCs

- * Counties with certified SBHCs
-  Overlapping CCO coverage areas

As of January 2017

Appendix D: SBHC encounter and operational profile data

Data reported below covers the period from Jul. 1, 2015 to Jun. 30, 2016, and are from encounter visits and the SPO operational profile database.

SBHC encounter and operational profile data	
Number of certified SBHCs in Oregon	77
SBHC population served	33,941 clients in 111,420 visits
SBHC population served by a mental health provider	4,495 clients in 32,770 visits
Number of Oregon school-aged children (5–21 years) with access to an SBHC	63,169
Percentage of SBHCs with PCPCH recognition	55%
Percentage of SBHCs sponsored by FQHCs	75%
Percentage of SBHCs sponsored by LPHAs	43% (30% have FQHC status)
Insurance status of SBHC clients at first visit	
OHP/Medicaid	52%
CCare/other public	5%
Private	17%
Unknown/none*	26%
Average number of visits per client	3.3
Male: percentage clients, percentage visits	44.6% clients, 39.4% visits
Female: percentage clients, percentage visits	55.2% clients, 60.2% visits
Transgender	0.1% clients, 0.4% visits
School-aged youth (5–21 years): percentage clients, percentage visits	77% clients, 78% visits
Hispanic/Latino(a): percentage of clients	23%
White: percentage of clients	59%
Black: percentage of clients	6%
Asian: percentage of clients	5%
American Indian: percentage of clients	3%
Native Hawaiian or other Pacific Islander: percentage of clients	1%
Percentage of clients who had an adolescent well-visit (aged 5–21 years)	41%
Percentage of visits related to a mental health or substance use concern	38%
Percentage of visits where an immunization was administered	12%
Percentage of visits with a reproductive health-related service	10%
Percentage of visits with a dental concern	3%

* “Unknown/none” categories include some clients who have insurance, but for whom the insurance information is not captured in the data for a number of reasons: It is not a billable visit; it is a confidential visit so insurance is not billed; student does not know/provide evidence of their insurance.

Appendix E: 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 received at their SBHCs. During the 2015–16 school year, 1,754 students representing 73 SBHCs completed the survey in an anonymous and confidential manner. Surveys are completed by either iPad (85%) or paper form (15%). Survey data were weighted at the SBHC level to reflect the actual percent of 12–19 year-olds served in each SBHC.

Student satisfaction survey data		
Questions	Categories	Percentage
1. Grade (n=1,718)	5	0.1%
	6	1.5%
	7	6.9%
	8	7.0%
	9	18.2%
	10	24.6%
	11	21.7%
	12	20.1%
2. Age (years) (n=1,709)	12	5.5%
	13	6.3%
	14	10.9%
	15	21.7%
	16	23.4%
	17	21.1%
	18	10.0%
	19	1.1%
3. Gender (n=1,746)	Male	31.9%
	Female	66.4%
	Other*	1.7%
4. Would you say that in general your physical health is: (n=1,748)	Excellent	14.8%
	Very good	28.1%
	Good	41.2%
	Fair	14.5%
	Poor	1.1%

* “Other” = Students who selected “Other” by itself (n=6), “Male” and “Other” (n=3), “Female” and “Other” (n=2), and “Female”, “Male” and “Other” (n=1).

Student satisfaction survey data

Questions	Categories	Percentage
5. Would you say that in general your emotional and mental health is: (n=1,750)	Excellent	16.5%
	Very good	22.8%
	Good	31.3%
	Fair	22.2%
	Poor	7.2%
6. Which statement best describes your visit to the Health Center? (n=1,731)	Today is the first time I've ever visited the Health Center.	15.3%
	Today is the first time I've visited the Health Center this school year.	15.0%
	I've already visited the Health Center at least once this school year.	69.7%
7. How satisfied are you with the Health Center? (n=1,580)	Very satisfied	89.5%
	Somewhat satisfied	10.1%
	Not very satisfied	0.3%
	Not at all satisfied	0.2%
8. How many classes did you miss today to come to the Health Center? (n=1,746)	None or only part of a class	56.3%
	1–2 classes	36.4%
	3–5 classes	1.7%
	All day	3.2%
	I don't know	2.3%
9. 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 10a and 10b. (n=1,738)	Yes	53.3%
	No	19.9%
	I don't know	26.8%
10a. If yes, would you go to the other clinic or doctor for care today? (n=967)	Yes	36.6%
	No	39.0%
	I don't know	24.4%
10b. How many classes would you have missed today if you went to the other clinic or doctor? (n=973)	None or only part of a class	15.2%
	1–2 classes	33.4%
	3–5 classes	18.8%
	All day	19.1%
	I don't know	13.5%
11. Was your visit today to the SBHC a walk-in or a scheduled appointment? (n=1,705)	Walk-in appointment	25.1%
	Scheduled appointment	74.9%

Student satisfaction survey data

Questions	Categories	Percentage
12. In the past 12 months, how many days of school did you miss for ANY reason? (n=1,716)	None	16.5%
	1–5 days	44.0%
	6–10 days	19.6%
	11 or more days	19.8%
13. During the past 12 months, how many days of school did you miss because of physical health reasons (for example, cough, cold, stomach problems, injury, headache, cramps, asthma, allergies, etc.)? (n=1,730)	None	29.0%
	1–5 days	52.6%
	6–10 days	11.6%
	11 or more days	6.8%
14. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons (for example, if you felt too sad or nervous to go to school)? (n=1,730)	None	63.2%
	1–5 days	26.3%
	6–10 days	5.5%
	11 or more days	4.9%
15. 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=1,660)	Yes (any)	28.4%
	Yes – on the weekend	12.8%
	Yes - during school hours	12.3%
	Yes – before or after school	11.2%
	Yes – during the summer	10.4%
	No	60.0%
	Don't know	11.7%
16. During the past 12 months, have you had any physical health care needs that were NOT met? (Count any situation where you thought you should see a doctor, nurse, or other health professional, but couldn't or didn't.) (n=1,530)	Yes	13.8%
	No	86.2%
17. In the past 12 months, where did you usually go to get physical health care? (n=1,716)	School-Based Health Center	39.4%
	Doctor's office	29.4%
	Don't know	8.8%
	Other health clinic (not at school)	8.4%
	Emergency room or urgent care clinic	5.3%
	School nurse	2.0%
	Some other place	1.9%
	Does not apply to me	3.7%

Student satisfaction survey data

Questions	Categories	Percentage
18. During the past 12 months, have you had any emotional or mental health care needs that were NOT met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional, but couldn't or didn't.) (n=1,520)	Yes	19.7%
	No	80.3%
19. In the past 12 months, where did you usually go to get emotional or mental health care? (n=1,669)	School-Based Health Center	24.4%
	Therapist or counselor	14.2%
	Don't know	13.1%
	School counselor	4.8%
	Doctor's office	3.4%
	Some other place	3.0%
	Other health clinic (not at school)	1.9%
	Emergency room or urgent care clinic	1.4%
	School nurse	1.2%
	Parent/family member	0.1%
20. Where do you usually go during the summer to access physical health care? (n=1,688)	Does not apply to me	32.6%
	Doctor's office	38.5%
	School-Based Health Center	12.5%
	Don't know	10.4%
	Other health clinic	9.1%
	Emergency room or urgent care clinic	6.2%
	Some other place	2.8%
21. Where do you usually go during the summer to access emotional or mental health care? (n=1,684)	I don't usually need care in the summer	20.5%
	Don't know	22.2%
	Therapist or counselor	14.9%
	School-Based Health Center	7.7%
	Doctor's office	6.5%
	Other health clinic	3.6%
	Some other place	3.4%
	Emergency room or urgent care clinic	1.4%
22. In the past 12 months, did the Health Center doctor or nurse send you to another place to get health care services, like mental health, dental, or x-rays? (n=1,721)	I don't usually need care in the summer	40.3%
	Yes	21.0%
	No	70.1%
	I don't know	9.0%

Student satisfaction survey data

Questions	Categories	Percentage
23. In the past 12 months, did the Health Center doctor or nurse order a blood test, x-ray or other test for you? (n=1,734)	Yes	31.4%
	No	60.3%
	I don't know	8.4%
24. 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=1,726)	Always	45.7%
	Usually	21.3%
	Sometimes	8.8%
	Never	4.1%
	Does not apply to me	20.2%
25. 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=1,720)	Always	48.2%
	Usually	21.8%
	Sometimes	8.3%
	Never	3.1%
	Does not apply to me	18.7%
26. In the past 12 months, when you made an appointment for a mental health visit (like therapy or counseling) with this Health Center, how often did you get an appointment as soon as you thought you needed? (n=1,529)	Always	31.1%
	Usually	16.1%
	Sometimes	5.6%
	Never	4.8%
	Does not apply to me	42.5%
27. During your visit to the Health Center today, did the Health Center staff explain things in a way that was easy to understand? (n=1,722)	Yes, definitely	90.9%
	Yes, somewhat	8.1%
	No	1.0%
28. 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=1,716)	Yes, definitely	90.1%
	Yes, somewhat	8.9%
	No	0.9%
29. During your visit to the Health Center today, did the Health Center staff spend enough time with you? (n=1,716)	Yes, definitely	89.5%
	Yes, somewhat	9.4%
	No	1.1%
30. During your visit to the Health Center today, did the Health Center staff treat you with courtesy and respect? (n=1,716)	Yes, definitely	96.1%
	Yes, somewhat	3.0%
	No	0.8%

Student satisfaction survey data

Questions		Categories				Percentage
31. 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=1,605)	24.9%	0.6%	23.5%	2.3%	48.7%
	Healthy eating (breakfast, milk, fruits, veggies, etc.) (n=1,666)	51.2%	2.4%	11.9%	4.0%	30.3%
	Drugs (n=1,666)	27.9%	0.9%	22.7%	2.5%	45.9%
	Screen time (TV, computer, tablet, smartphone, etc.) (n=1,632)	32.6%	1.7%	12.8%	4.8%	48.2%
	Dental care, brushing and flossing (n=1,600)	37.8%	1.4%	12.2%	3.9%	44.8%
	Feelings (sad, angry, anxious) (n=1,669)	48.1%	3.9%	12.5%	4.0%	31.5%
	Alcohol (n=1,672)	24.8%	0.5%	21.4%	2.5%	50.8%
	Safety and injury prevention (n=1,658)	30.7%	0.8%	14.1%	2.0%	52.5%
	Eye care, vision (n=1,587)	35.0%	1.5%	11.7%	4.4%	47.4%
	Sexual health and puberty (n=1,678)	48.2%	1.9%	13.3%	1.8%	34.8%
	Exercise (sports, walking, dancing, etc.) (n=1,675)	49.7%	2.3%	12.0%	2.4%	33.7%
	Healthy body weight (n=1,660)	43.6%	2.9%	11.3%	5.0%	37.2%
	Sleep (n=1,586)	44.3%	3.8%	9.9%	5.3%	36.6%
	Healthy relationships (dating, friends, family, etc.) (n=1,675)	43.3%	1.6%	11.4%	3.9%	39.7%
	Immunizations/vaccines (n=1,665)	50.9%	1.9%	10.2%	2.2%	34.8%
	Your school performance, grades and attendance (n=1,662)	42.2%	2.3%	12.1%	3.4%	40.0%

Student satisfaction survey data

Questions	Categories	Percentage
32. The number of prevention topics discussed in question 31: (n=1,754)	0	8.6%
	1	4.8%
	2	5.3%
	3	5.4%
	4	5.9%
	5	5.2%
	6	5.5%
	7	5.4%
	8	4.9%
	9	5.4%
	10	5.1%
	11	5.6%
	12	4.5%
	13	4.0%
	14	3.7%
	15	4.9%
	16	15.6%

Terminology

Acronyms/abbreviations	
AAP	American Academy of Pediatrics
APM	Alternate payment methodology
CCare	Oregon Contraceptive Care
CCO	Coordinated care organization
EHR	Electronic health record
ER	Emergency room
ES	Elementary school
FQHC	Federally qualified health center
FTE	Full-time equivalent
GS	Grade school
HEDIS	Healthcare Effectiveness Data and Information Set
HS	High school
K-12	Kindergarten through 12th grade
K-8	Kindergarten through eighth grade
LPHA	Local public health authorities
MH	Mental health
MS	Middle school
NCQA	National Council on Quality Assurance
OHP	Oregon Health Plan
OPIP	Oregon Pediatric Improvement Partnership
ORS	Oregon Revised Statutes
OSBHA	Oregon School-Based Health Alliance
PCPCH	Patient-centered primary care home
SAMHSA	Substance Abuse and Mental Health Services Agency
SBHC	School-Based Health Center
SBIRT	Screening, Brief Intervention and Referral to Treatment
SPO	State Program Office
YAC	Youth advisory council
YPAR	Youth participatory action research

References

1. Oregon Department of Education. Student Enrollment Report 2015-2016 [Internet]. 2016. Available from: <http://www.ode.state.or.us/search/page/?id=5487#Students>
2. State Program Office School-Based Health Centers. Oregon SBHC Operational Profile, 2015-2016. 2016.
3. 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>
4. Oregon Health Authority-Public Health Division. School-Based Health Center Innovation Grant 2016 Summary Report [Internet]. 2016. Available from: <https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Documents/SBHC-Innovation-Grant-Final-Report.pdf>
5. Committee on Adolescence. Achieving Quality Health Services for Adolescents. Pediatrics. 2008;121(6):1263–70.
6. Klein JD, Slap GB, Elster AB, Schonberg SK. Access to health care for adolescents. J Adolesc Heal [Internet]. 1992 Oct 12;13(2):162–70. Available from: [http://dx.doi.org/10.1016/1054-139X\(92\)90084-O](http://dx.doi.org/10.1016/1054-139X(92)90084-O)
7. Alford S. Best Practices for Youth Friendly Clinical Services [Internet]. Advocates for Youth. 2009. Available from: <http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services>
8. State Program Office School-Based Health Centers. Oregon SBHC Student Satisfaction Survey, 2015-2016 [Internet]. 2016. Available from: <https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Documents/SBHC Data/SatisfactionSurvey.pdf>
9. Oregon Revised Statutes. ORS 109.610, ORS 109.640, ORS 109.675.
10. Oregon Health Authority-Public Health Division. Oregon VFC Clinics Achieving Excellence [Internet]. 2016. Available from: <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/vfc/Pages/VFC100Club.aspx>

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