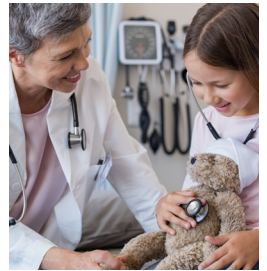


2019

>> Oregon School- Based Health Centers 2019 Status Report



Oregon
Health
Authority
PUBLIC HEALTH DIVISION

OREGON

School-Based Health Centers

Serving students since 1986

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

Comprehensive services

Accessible

- Located on school campus
- Youth-friendly
- Convenient and affordable
- Culturally responsive

- 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

High quality and effective

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

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

Acknowledgments

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Executive summary

The Oregon Public Health Division is pleased to share our Oregon School-Based Health Centers (SBHC) 2019 Status Report. The report highlights the state of adolescent health in Oregon and SBHCs' role in reducing health disparities and supporting health equity through direct service and authentic youth engagement.

According to the U.S. Census Bureau, there were more than 847,000 school-aged youth (ages 5–21) in Oregon in 2016, making up 21% of the state's population.

- 64% were White.
- 22% were Hispanic.
- 48% were eligible for free and reduced school lunch.
- 17% lived in families in poverty.
- 4% were homeless.
- 97% had health insurance coverage.

The 2017 Oregon Healthy Teens Survey revealed how specific populations experienced disparities in health outcomes and behaviors.

- Since 2013, the percent of Oregon youth meeting the Positive Youth Development (PYD)* benchmark has decreased by 5% for eighth graders and 8% for 11th graders. Native American/Alaska Native youth and Hispanic youth are particularly low in PYD.
- Alcohol use among eighth graders is approximately 10% for most racial and ethnic groups, except for Native American/Alaska Native (15%) and Asian youth (5%).
- Approximately one in five 11th graders reported using marijuana in the past month; Hispanic, Native American/Alaska Native and Black youth used marijuana at slightly higher rates than other racial and ethnic groups.
- Since 2013, the percent of Oregon 11th graders reporting suicide contemplation has increased from 14% to 18%. In both eighth- and 11th-grade, Native American/Alaska Native youth report significantly higher rates of contemplation than White youth.
- Oregon's teenage pregnancy rate has dropped dramatically over the past 15 years among all racial and ethnic groups. However, disparities remain.

* The Interagency Working Group on Youth Programs defines PYD as “an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.”

School-Based Health Centers in Oregon

As of July 1, 2018 in Oregon:

- 76 certified SBHCs were in 25 counties and 49 school districts.
- 78% of the SBHCs were federally qualified health centers (FQHCs).
- 51% of the SBHCs were Oregon patient-centered primary care homes (PCPCH).

Between July 1, 2017 and June 30, 2018:

- Oregon SBHCs provided 119,077 visits for 35,815 clients.
- For clients 5–21 years old:
 - » 59% of visits were for primary care
 - » 39% were for behavioral health, and
 - » 2% were for dental health.
- Within the 76 Oregon SBHCs:
 - » In 21 SBHCs, more than half of the youth clients were students of color.
 - » In 51 SBHCs, more than half of the youth clients were enrolled in Medicaid.

SBHCs focus on preventive care by offering well visits to all students.

- 42% of SBHC clients ages 5–21 received a well visit in the SBHC during 2017–2018.
- Among Native Hawaiian/Pacific Islander and Black youth, this rate was greater than 50%.

As mental health provider capacity in SBHCs has grown since 2013, the number of youth seeking and receiving mental health services has increased.

- Mental health visits to SBHCs have more than quadrupled since 2013. In 2017–18, 32% of SBHC visits were to a mental health provider.

To reduce barriers to contraceptive services, more SBHCs are choosing to provide such services on-site.

- As of 2018, 60% (46 out of 76) of Oregon’s certified SBHCs reported dispensing at least one type of contraceptive on-site. Condoms and contraceptive pills were the most common forms.
- Sites that dispense are in 17 counties, in both urban and rural areas.

In line with the Positive Youth Development approach to support youth resiliency, SBHCs provide opportunities for meaningful youth engagement and connection with adults.

- During the 2017–2018 school year, 36 SBHCs had a Youth Advisory Council.
- 91% of surveyed students said the SBHC staff explained things in a way that was definitely easy to understand.
- 89% of surveyed students said the SBHC staff spent enough time with them.

Introduction

School-Based Health Centers (SBHCs) are a vital community tool supporting young people's health and well-being. SBHCs provide medical care, behavioral health services (which include mental health and substance abuse) and, in many instances, dental services directly in schools. As a result of these easily accessible services, school-aged youth have equal opportunity to learn, grow and thrive.

Oregon SBHCs are in schools or on school grounds. They are open during school hours. SBHCs offer a youth-centered health care model, where children and adolescents receive comprehensive physical, mental and preventive health services, regardless of their ability to pay.

This 2019 SBHC Status Report highlights the role of SBHCs in reducing health disparities and supporting health equity through direct service and authentic youth engagement.

The SBHC State Program Office (SPO) appreciates SBHC staff members' and partners' hard work, dedication and passion for supporting Oregon young people's health.

Local level partnerships that sustain SBHCs play an important role in supporting statewide health system transformation efforts.

SBHCs are part of Oregon's State Health Improvement Plan (SHIP) that addresses the leading causes of death, disease and injury in Oregon. SHIP uses evidence-based and measureable strategies to improve all Oregonians' health by 2020. SBHCs are specifically recognized as key partners in increasing HPV vaccination rates and as access points for dental care. For more information on the SHIP priorities, visit <https://www.oregon.gov/oha/PH/About/Pages/HealthImprovement.aspx>.

The Oregon Legislature invested \$5 million to modernize Oregon's public health system during the 2017–19 biennium. This funding helps local public health authorities strengthen local capacity and establish regional approaches for communicable disease control programs. Recognizing SBHCs as an essential access point for adolescents, many of the regional partnerships work with their SBHCs to meet their program goals. For more information on public health modernization, go to <https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Pages/index.aspx>.

Adolescent health in Oregon

The Oregon Public Health Division SBHC program uses the Oregon Healthy Teens (OHT) survey results to evaluate the differences in health behaviors and outcomes among racial and ethnic youth populations. This information helps guide our work, priorities and partnerships.

Demographics of Oregon youth

Oregon is home to more than 847,000 school-aged youth (ages 5–21), making up 21% of the state's population. They represent a diverse group of racial and ethnic identities, backgrounds and economic situations (Figure 1).

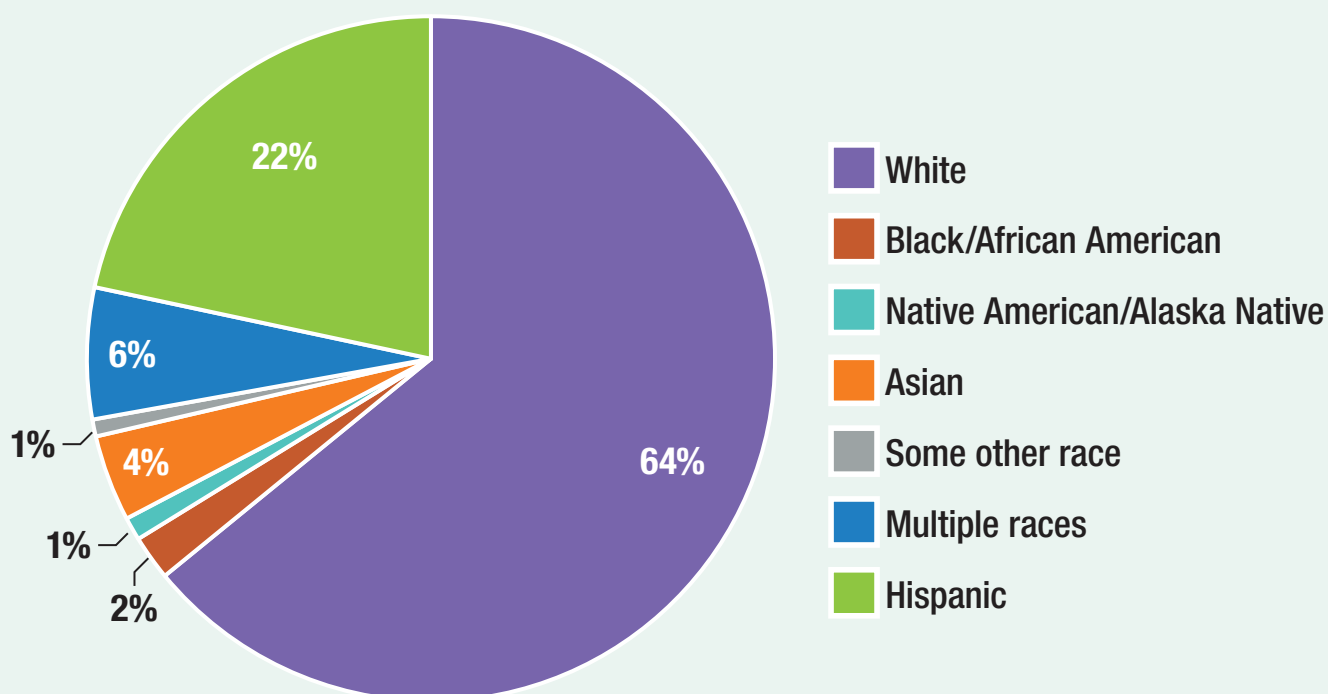
	2016 population (U.S. Census Bureau)
Oregonians ages 5–21	847,757

In 2017–18, approximately 48% of Oregon students were eligible for free or reduced school lunch; 17% lived in families in poverty; and 4% were homeless. However, approximately 97% had some type of health insurance coverage.



Figure 1. Race/ethnicity of Oregon 5–21 year-olds,

U.S. Census Bureau, 2016



Health of Oregon youth

Oregon's youth possess many strengths that help them navigate the challenges of growing up and managing their physical, emotional and social health. The OHT survey results reveal some of the most relevant health issues facing Oregon youth. The survey also highlights places where health patterns are strongly related to race and ethnicity.

Positive Youth Development*

Within the OHT survey, the Positive Youth Development (PYD) benchmark is a multi-item measure of youth strengths and resilience. This measure is highly related to positive health behaviors and lower rates of health risks. Unfortunately, fewer Oregon youth are meeting the PYD benchmark. Since 2013, the percent of Oregon youth

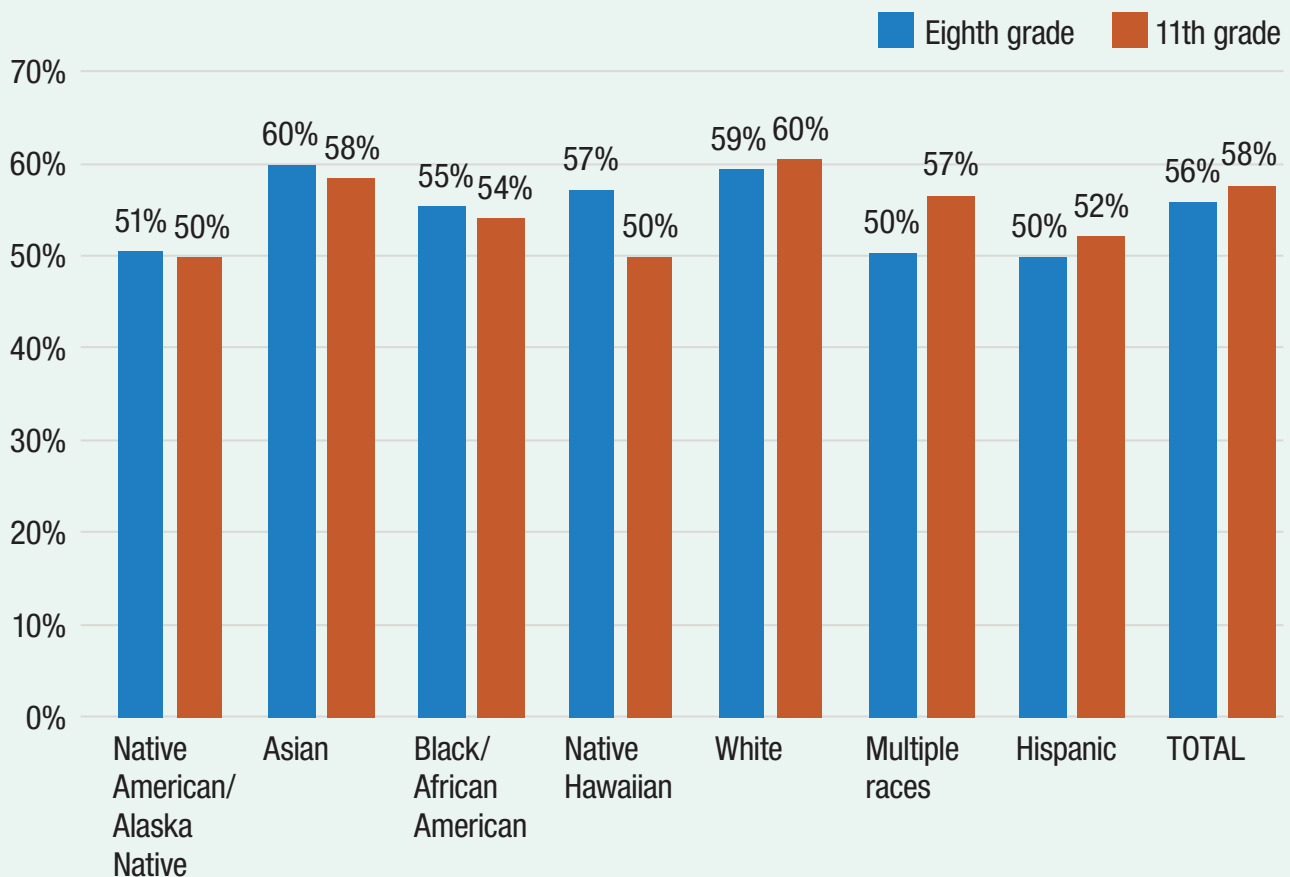
* The Interagency Working Group on Youth Programs defines PYD as “an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.”

meeting the PYD benchmark has decreased by 5% for eighth graders and 8% for 11th graders. The PYD benchmark is particularly low among Native American/Alaska Native and Hispanic youth (Figure 2). One crucial element of PYD is having a caring and trusted adult; SBHCs can provide a link to this crucial element with youth-friendly providers and staff.



Figure 2. Percent of eighth- and 11th-grade youth meeting Positive Youth Development benchmark, by race/ethnicity,

Oregon Healthy Teens Survey, 2017

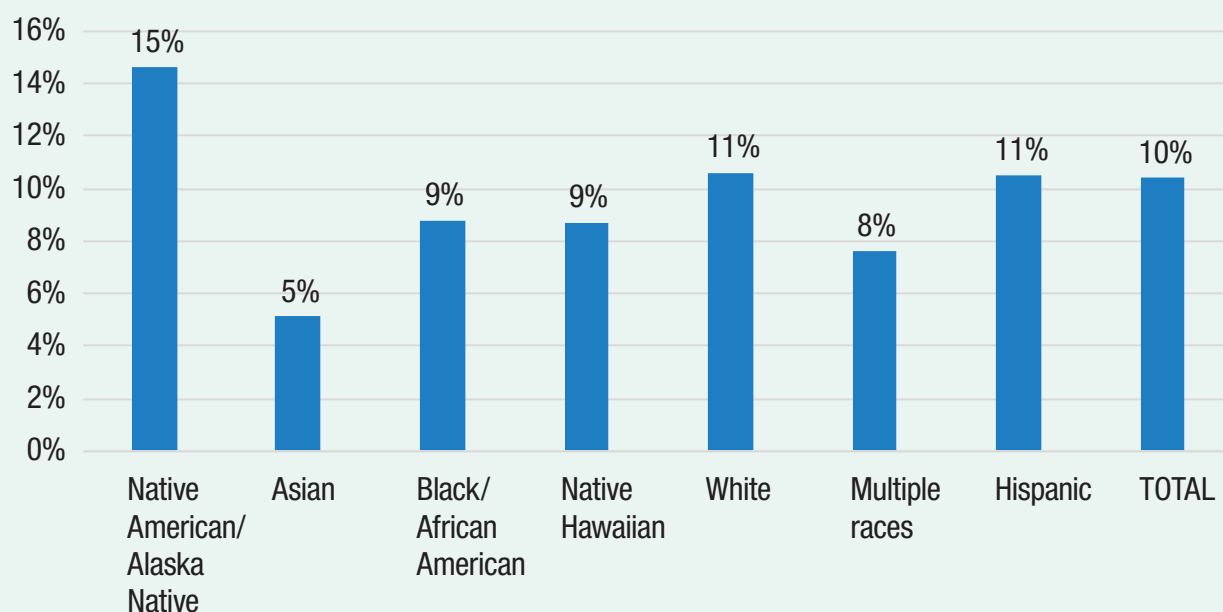


Substance use

Most Oregon youth do not engage in substance use. However, some use alcohol and drugs, often as a coping mechanism. As of 2017, alcohol use among eighth graders has hovered around 10% for most racial and ethnic groups, except for Native American/Alaska Native youth (15%) and Asian youth (5%), (Figure 3).

Figure 3. Percent of alcohol use in past 30 days, eighth graders, by race/ethnicity,

Oregon Healthy Teens Survey, 2017

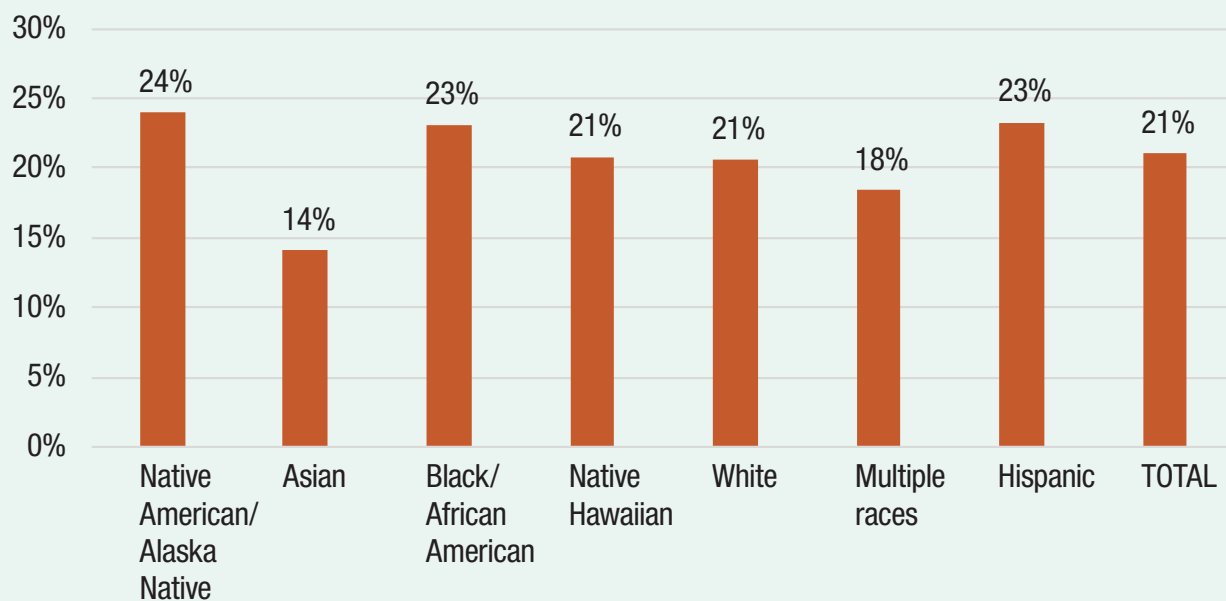


Approximately one in five 11th graders reported using marijuana in the past month. Hispanic, Native American/Alaska Native and Black youth used marijuana at slightly higher rates than other racial and ethnic groups, while Asian adolescents used it less than other racial and ethnic groups (Figure 4).



Figure 4. Percent of marijuana use in past 30 days, 11th graders, by race/ethnicity,

Oregon Healthy Teens Survey, 2017

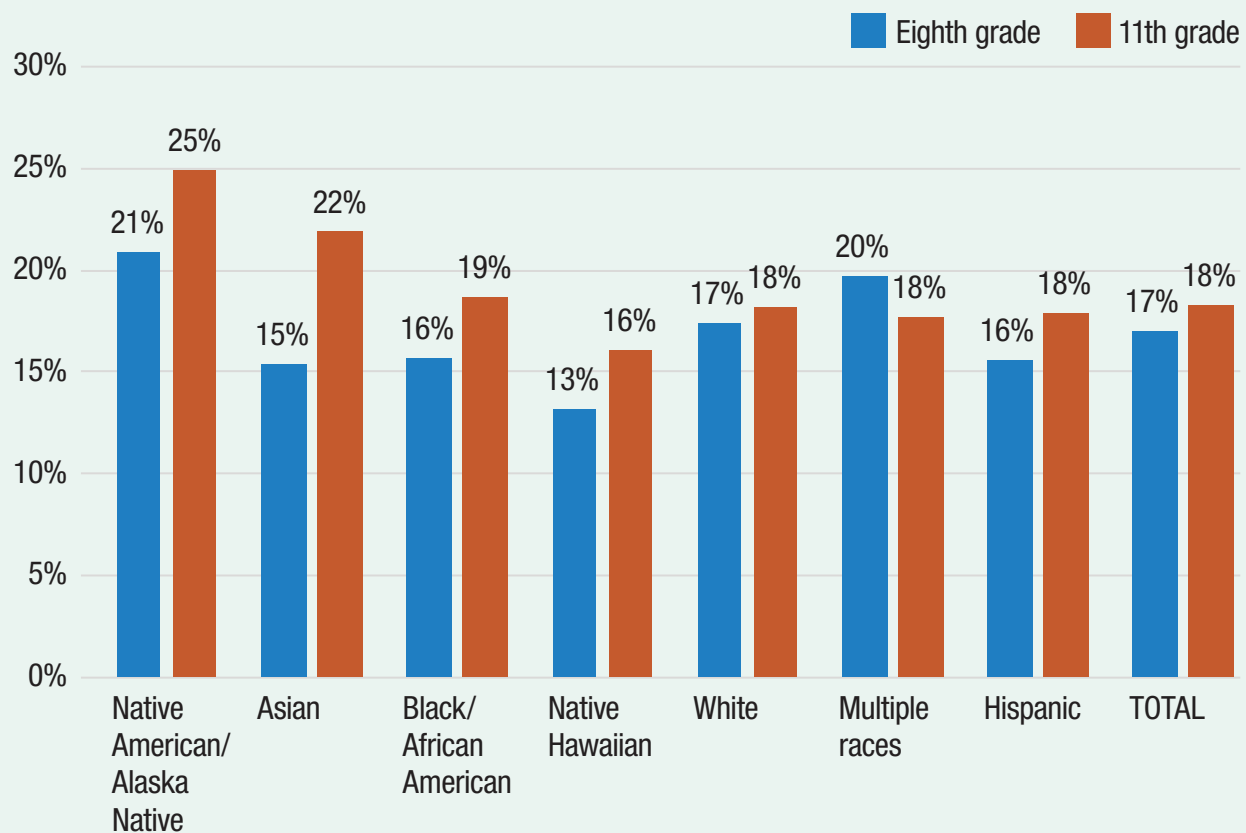


Mental health

Since 2013, the percent of Oregon 11th graders reporting suicide contemplation has increased from 14% to 18%. Among 11th graders, both Asian and Native American/Alaska Native youth report significantly higher rates of contemplation than White youth (Figure 5).

Figure 5. Percent of eighth and 11th graders who contemplated suicide in last 12 months,

Oregon Healthy Teens Survey, 2017

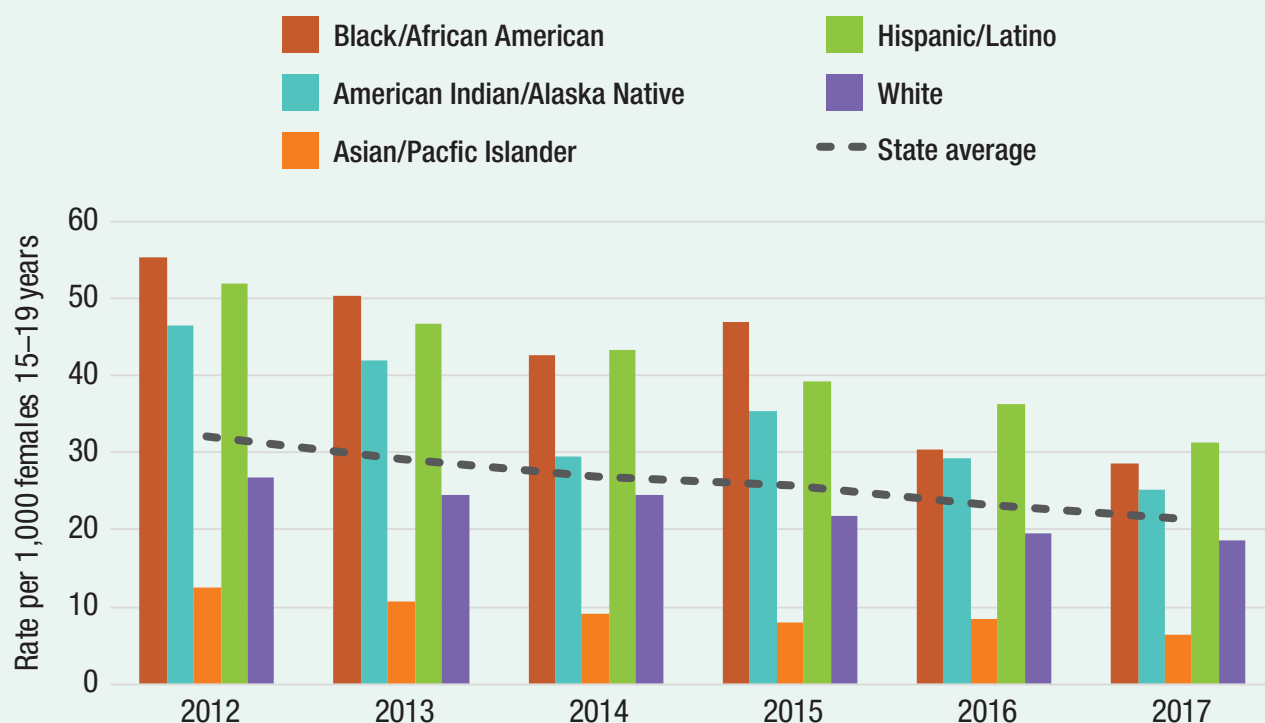


Youth sexual health

Oregon's teenage pregnancy rate is declining among all racial and ethnic groups. Higher rates are found among Hispanic/Latina youth and, to a lesser extent, Black and American Indian/Alaska Native youth. All these groups' teen pregnancy rates remain significantly higher than the state average (Figure 6).

Figure 6. Teen pregnancy rate, 15–19 years old,

Oregon Health Authority, Center for Health Statistics



School-Based Health Centers in Oregon

Note: Unless otherwise stated, all statistics in this section are from Oregon SBHC encounter data for the 2017–18 service year.

School-Based Health Centers (SBHCs) are medical clinics that offer a full range of physical, mental and preventive health services to students in a convenient and youth-friendly environment, regardless of the student's ability to pay. By providing 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 among the Oregon Public Health Division, school districts, local public health authorities, health care providers, coordinated care organizations* (CCOs), parents, students and community members.

As of July 1, 2018, Oregon has:

- 76 certified SBHCs in 25 counties in 49 school districts
 - » 45 are in high schools, seven are in middle schools, 11 are in elementary schools and 13 are in combined grade campuses.
 - » 39 are in urban locations, 33 are in rural locations and four are in frontier locations.
- 78% are federally qualified health centers (FQHCs).
- 51% are Oregon patient-centered primary care homes (PCPCHs).
- 67% of SBHCs are in primary care health professional shortage areas (HPSAs).

Between July 1, 2017 and June 30, 2018:

- SBHCs served 35,815 clients in 119,077 visits.[†]
- 61,384 school age children (5–21 years old) had access to an SBHC in Oregon.
- For 5–21 year-old clients' SBHC visits:
 - » 59% were for primary care.
 - » 39% were for behavioral health.[‡]
 - » 2% were for dental health.

* The Oregon Health Authority defines a coordinated care organization as a network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).

† SBHCs provide health care access to the entire student community at a school and, in some cases, to the entire school district or community.

‡ In this report, the term “behavioral health” is intended to include mental health and substance abuse.

- **Behavioral health***

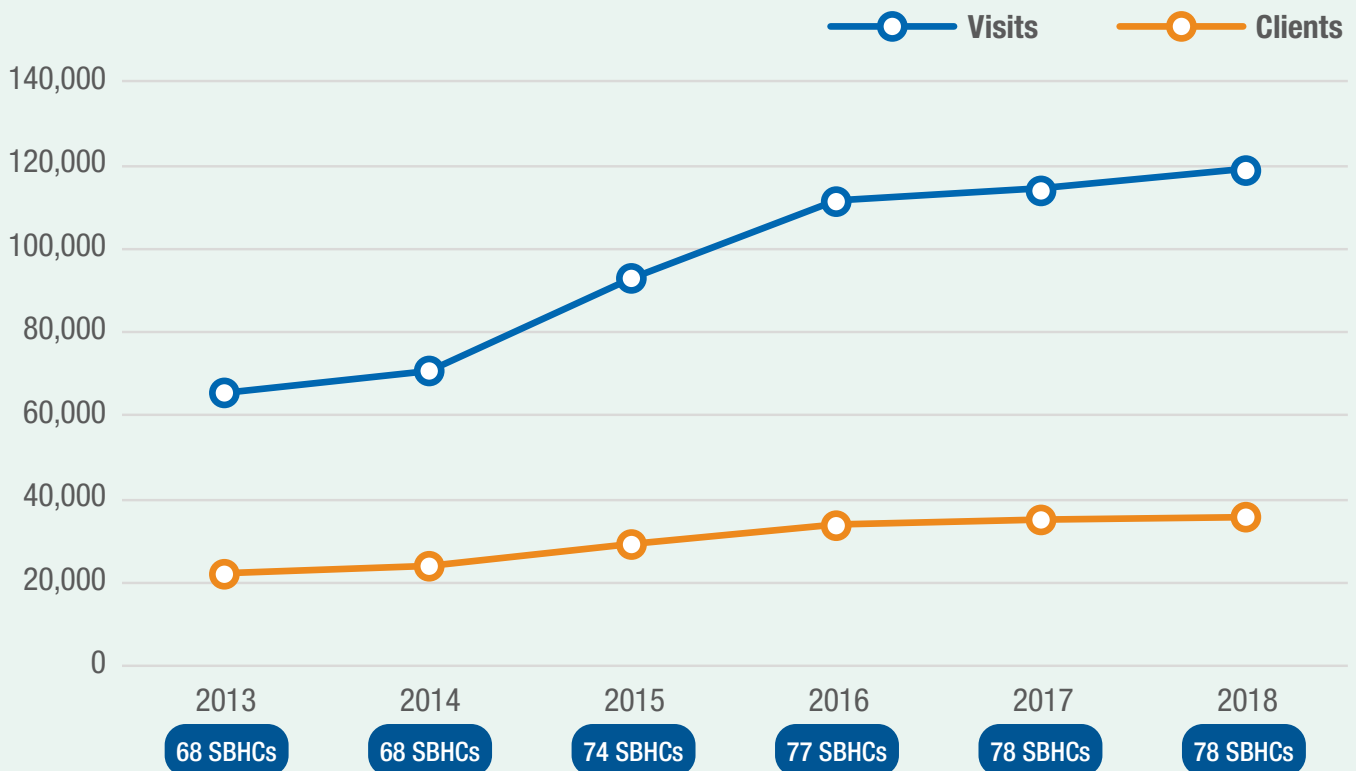
- » 100% of SBHCs had a behavioral health provider on-site.
- » 5,772 SBHC clients received care from a behavioral health professional over the course of 37,918 visits.
- » 32% of all SBHC visits were to see a behavioral health professional.

- **Oral health**

- » 16 SBHCs had a dental provider.
- » 1,602 SBHC clients received care from a dental health professional over the course of 2,476 visits.
- » 107 clients ages 5–21 received dental sealants at an SBHC.

Figure 7. Number of SBHC visits and clients, school years ending in 2013-2018,

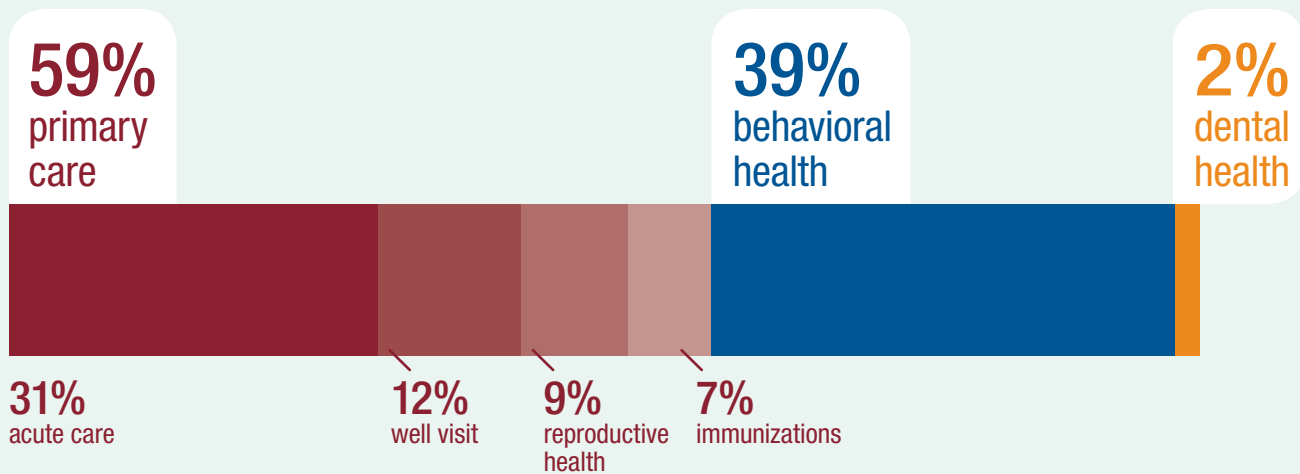
Oregon SBHC Encounter Data



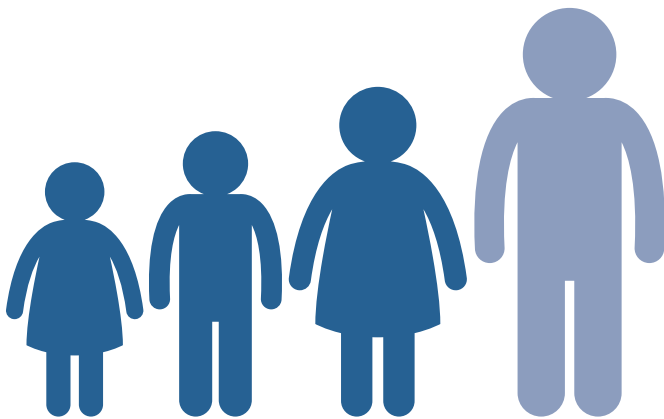
* In this report, the term “behavioral health” is intended to include mental health and substance abuse.

Figure 8. Reasons for SBHC visits, ages 5–21,

Oregon SBHC Encounter Data



SBHC demographics



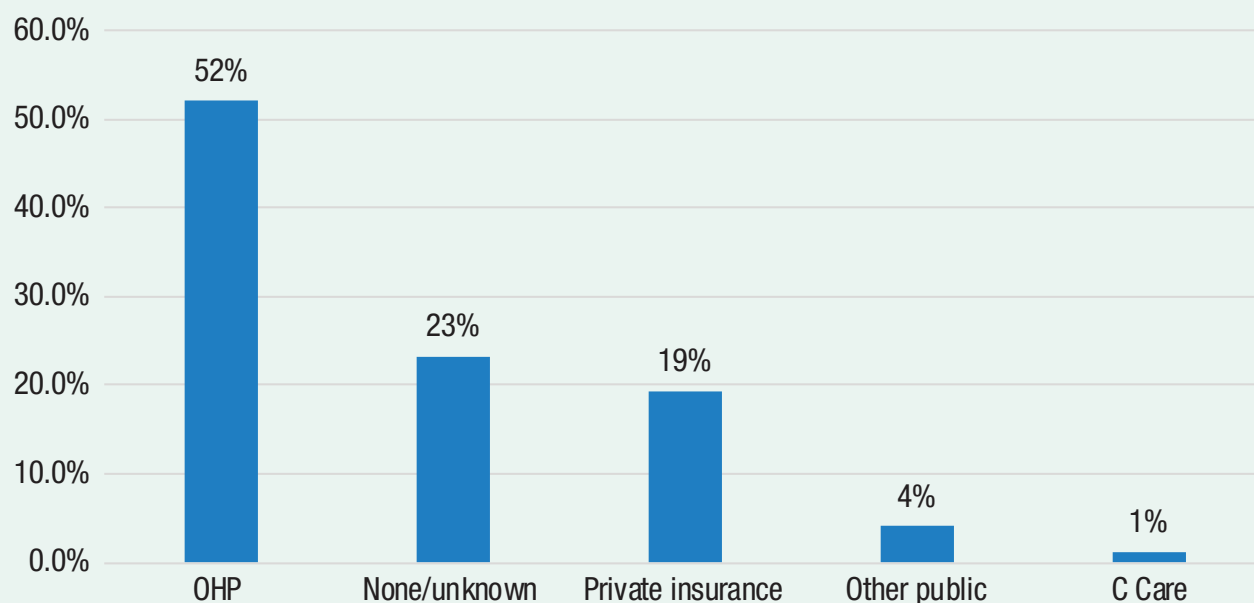
3 of 4 clients

were between ages of 5 and 21

- In 21 SBHCs, more than half of their youth clients were students of color.
- In 51 SBHCs, more than half of their youth clients were enrolled in Medicaid.
- 52% of all SBHC clients were covered by Medicaid (Figure 9).

Figure 9. Insurance status of SBHC clients, 2017–18,

Oregon SBHC Encounter Data

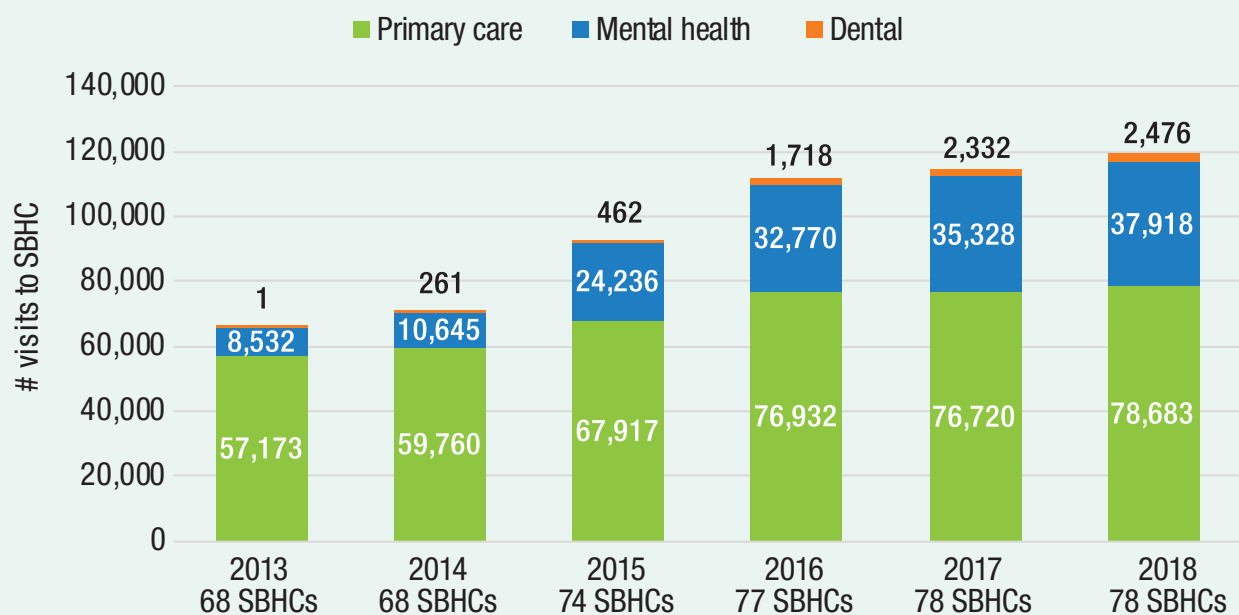


For every state primary care dollar invested, SBHCs leveraged an estimated \$3.12 from grants, billing, donations and other sources to support SBHC primary care and oral health services.



Figure 10. Oregon SBHC visits, by provider type, school years ending 2013-2018,

Oregon SBHC Encounter Data



What SBHCs are doing

SBHCs provide youth-friendly accessible care to all students in the school regardless of ability to pay, insurance status, race, color, national origin, religion, sex, gender identity, gender expression, immigration status, sexual orientation and disability. SBHCs play a key role in supporting health equity among child and adolescent populations experiencing health disparities.

Students access SBHCs for a variety of reasons. Each of those visits present opportunities to support the overall health of a young person. The following section highlights SBHCs' activities related to well visits, behavioral health, youth sexual health and youth engagement.

Well visits

Adolescence is a key transition period in life during which youth develop physically, emotionally and cognitively. The American Academy of Pediatrics Bright Futures initiative recommends that providers use the annual well visit to assess a young person's physical, mental and social health.

- 42% of SBHC clients ages 5–21 received a well visit during 2017–18 (Figure 11).



Figure 11. Percent of SBHC clients receiving a well visit, by age, school years ending 2014–2018,

Oregon SBHC Encounter Data

■ Ages 5–11 ■ Ages 12–21

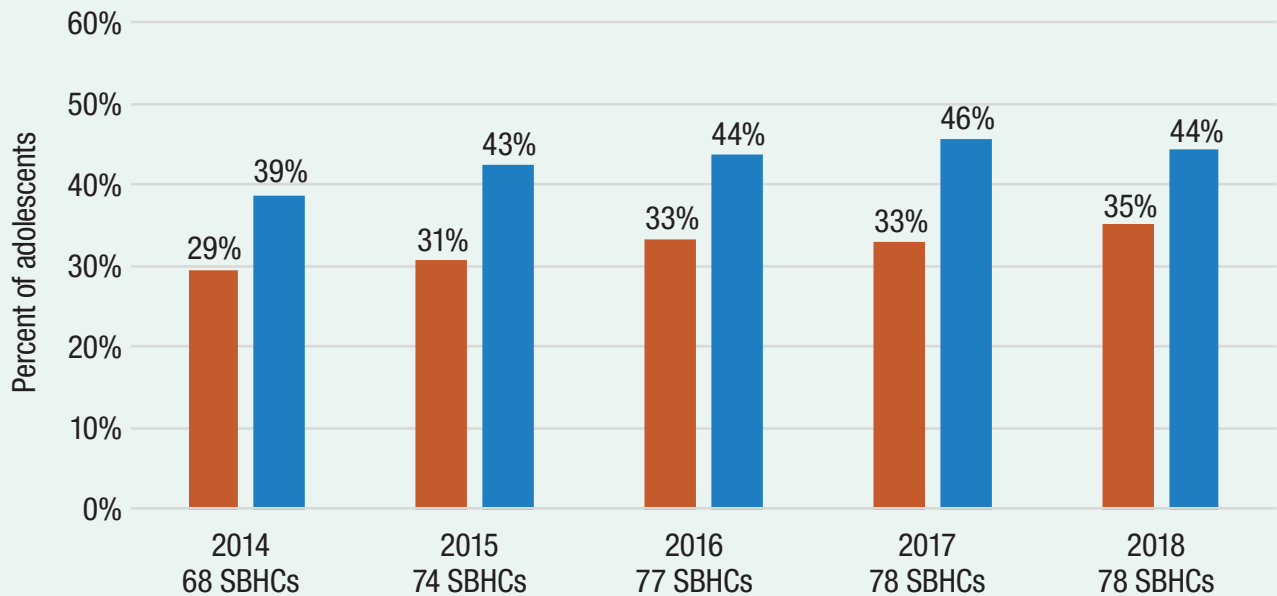


Figure 12. Percent of SBHC clients receiving a well visit, ages 12–21, by race/ethnicity,

Oregon SBHC Encounter Data

● All 12–21 year-olds ● Black ● American Indian/Alaska Native
 ● Hispanic ● Asian ● White Non-Hispanic

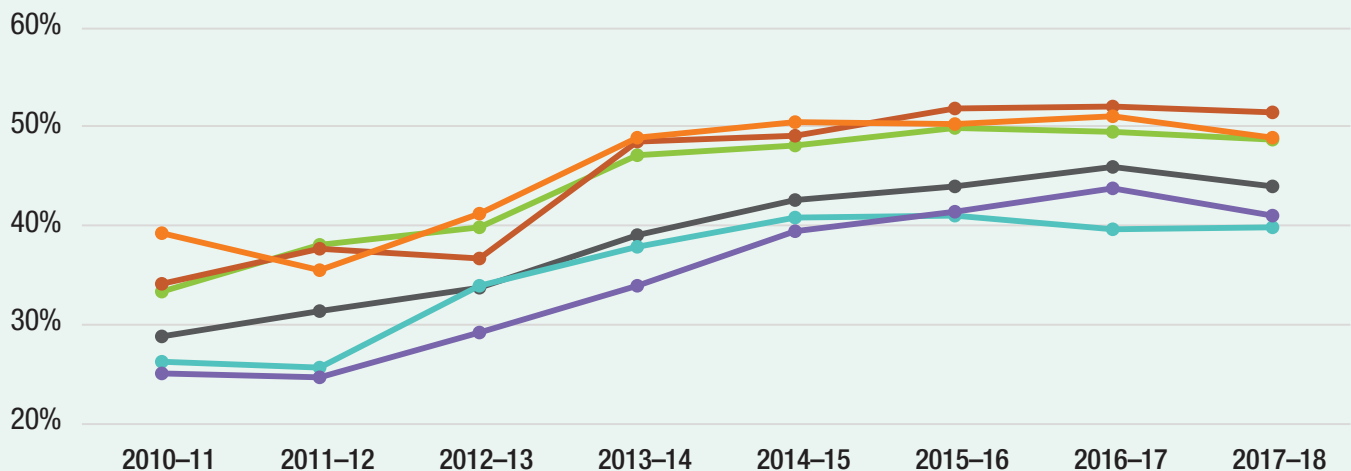
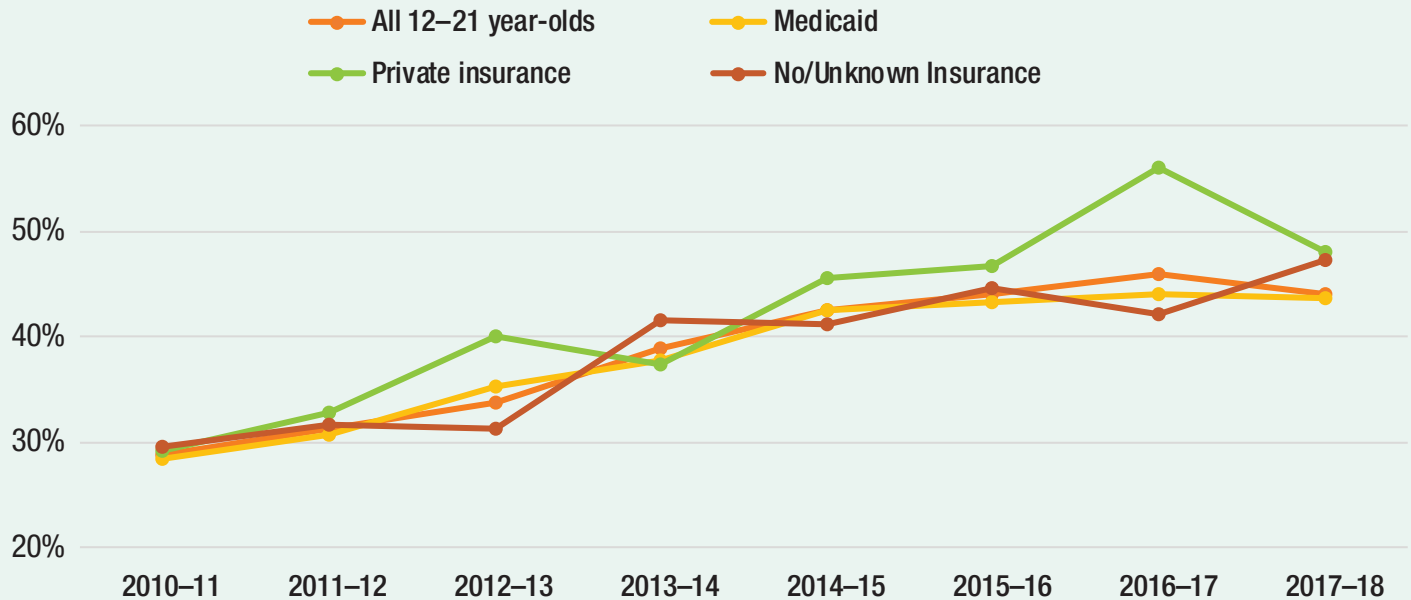


Figure 13. Percent of SBHC clients receiving a well visit, by insurance status, ages 12–21, school years ending 2011–2018,

Oregon SBHC Encounter Data



Increasing the number of adolescents receiving a preventive well visit is a national and state priority. The adolescent well visit is one of Oregon’s CCO incentive metrics. State SBHC funds and federal Title V Maternal and Child Health Block Grant funds support efforts to increase the number of adolescents receiving a preventive well visit. Statewide, the percent of children and youth receiving well visits continues to improve both within SBHCs and across the state Medicaid population.

To reach specific populations in the community, some SBHCs have hired clinical staff that represent the racial demographics of the community. Other SBHCs attempt to meet the needs of the Spanish speaking community by hiring only bilingual office and medical assistants.

One successful strategy that SBHCs use to increase the annual well visit is converting a sports physical into a more comprehensive well visit. SBHCs encourage student athletes to complete both a well visit and sports physical at the same time. This maximizes time spent and information shared:

- By parents
- During a pre-visit questionnaire, and
- During the physical exam.

This coordination helps limit a student's absence from school and sports. It also ensures that provided health care covers all aspects of a student's health during a well visit or sports physical. In 2017–18, 49% of sports physicals for SBHC clients ages 5–21 had a well visit component.

Behavioral health*

In 2017, the Oregon Legislature dedicated \$6.4 million to continue its investment in SBHC behavioral health capacity during the 2017–2019 biennium. Most of this funding helped increase behavioral health capacity at Oregon SBHCs. An additional \$650,000 supported youth-led behavioral health-focused projects to help reduce mental health stigma and promote student resiliency at SBHC host schools. SBHCs have greatly increased their behavioral health staffing since the initial 2013 legislative investment in school mental health. As a result, SBHCs have experienced large increases in youth seeking and receiving behavioral health services.

*The health center is
a great place to get a
checkup when at school!*

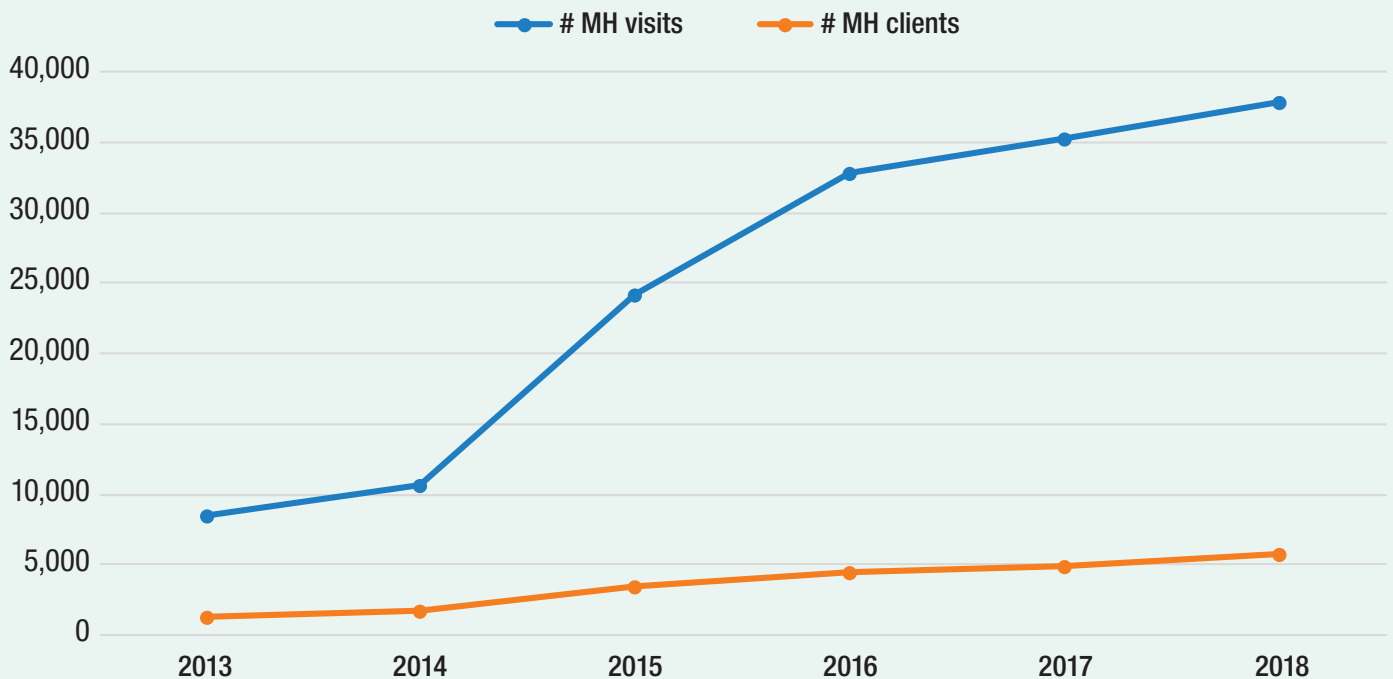
-SBHC client

SBHC mental health services:

- Individual counseling
- Group counseling
- Family therapy
- Substance use disorder screening/assessment
- Depression/suicide screening
- Classroom prevention education

* In this report, the term “behavioral health” is intended to include mental health and substance abuse.

Figure 14. SBHC trends in number of behavioral health visits and clients, school years ending 2013–2018



All Oregon certified SBHCs currently have some level of behavioral health staffing on-site. SBHC Mental Health Expansion grants funded many of these positions.

To reduce health disparities experienced by specific populations, some SBHCs have used the mental health grant funding to hire therapists to provide culturally specific services. For example, Multnomah County hired a therapist to serve the Asian Pacific Islander community, and a therapist in Washington County provides services to the Latinx community.

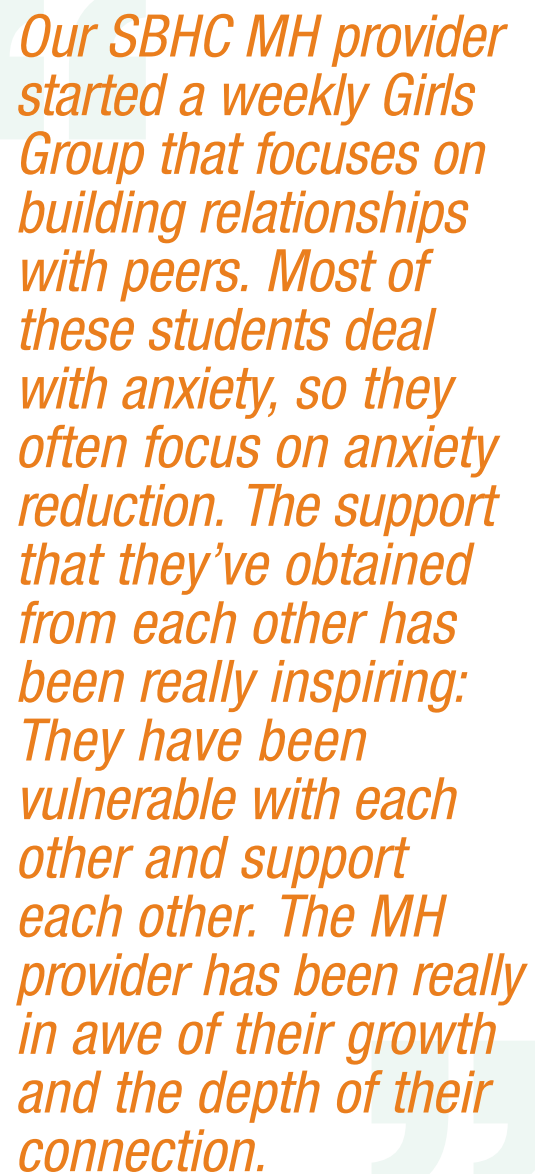
During the 2018–2019 school year, the Mental Health Expansion grant funded:

- Forty-six behavioral health full-time equivalents (FTEs) in 55 SBHCs in 25 counties
- Sixteen SBHCs Mental Health Youth Advisory Council grants

Other trends:

- Behavioral health visits to SBHCs have more than quadrupled since 2013. Of all SBHC visits in 2017–2018, 32% of all SBHC visits were to a behavioral health provider.
- 25% of behavioral health clients were Hispanic.
- 57% of behavioral health clients were White, non-Hispanic.
- 28% of school-aged behavioral health clients also received a well visit in the SBHC.
- Top five behavioral health diagnoses*
 - » Stress/adjustment disorders
 - » Major depressive disorder
 - » Anxiety disorders
 - » Persistent mood disorder
 - » Attention-deficit hyperactivity disorders

Even with these advancements in SBHC behavioral health services, there is still work to be done. The SPO continues to support the integration of primary care and behavioral health within the SBHCs and promote partnerships with school staff. Many mental health providers report full caseloads and schedules, showing that unmet needs remain. Provider recruitment to serve specific populations can be challenging. Additionally, SBHCs report roadblocks in billing for behavioral health services for both Medicaid and private insurers.



Our SBHC MH provider started a weekly Girls Group that focuses on building relationships with peers. Most of these students deal with anxiety, so they often focus on anxiety reduction. The support that they've obtained from each other has been really inspiring: They have been vulnerable with each other and support each other. The MH provider has been really in awe of their growth and the depth of their connection.

-SBHC Coordinator

* Multiple diagnoses can occur within the same visit.

If there is one story I could share, it was having the opportunity to personally witness a student who sought care in our site the very first week we reopened last September. She was depressed, suicidal, and had been a victim of sexual assault over the summer. To state it in plain language, I honestly do not know if she would still be here today had it not been for the care received in our site. To witness her this past June walk across the graduation platform in route to her college degree with the backdrop of Mt. Hood and a double rainbow behind her — simply priceless. There are countless student stories that depict the same underlying theme.

-SBHC Coordinator

Youth sexual health

Access to high-quality reproductive health information and services is important for people of all ages, including youth. SBHCs are a place where youth can learn about their physical development, sexual health and how to engage in healthy relationships. SBHCs are part of the system of care that helps meet state goals around youth sexual health. One of these goals is effective contraceptive use among women at risk of unintended pregnancy, which is an incentive metric for Oregon CCOs. Along with classroom-based health education that meets state standards, services at SBHCs contribute to Oregon's declining teen pregnancy rate.

Reproductive health services in an SBHC include age-appropriate reproductive health exams, prescriptions for and dispensing of contraceptives, condom distribution, and pregnancy prevention education and testing. SBHCs that do not provide condoms, prescribe contraceptives or dispense contraceptives on site must refer students to other providers for those services.

SBHCs provide sexually transmitted infection (STI) prevention education, screening, testing and treatment. SBHCs also provide HIV counseling, screening, HIV testing and referral to treatment services.

- During the 2018–19 school year, 24 SBHCs are focusing on increasing chlamydia screening as an SBHC state key performance measure.
- Starting in fall 2018, seven SBHCs began dispensing contraceptives on-site for the first time.
- As of 2018, 60% (46 of 76) of Oregon's certified SBHCs reported dispensing at least one type of contraceptive on-site. Condoms and contraceptive pills are the most common forms.
- Sites that dispense are in 17 counties, in both urban and rural areas.
- For reproductive health services among school-age clients:
 - » 31% were Hispanic
 - » 45% were White, non-Hispanic.

Long-acting reversible contraception (LARC)

- Currently, both the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend LARC as the first-line choice for female adolescents who are not abstinent. LARCs, which include IUDs and contraceptive implants, are more than 99% effective at preventing pregnancy and provide pregnancy prevention for 3–10 years. (1)
- 34% (26 out of 76) of SBHCs are providing LARC on-site, which is an increase of eight SBHCs from the previous year.



*The staff put me at ease
and I knew right away I
came to the right place.*

-SBHC client

Youth engagement

As the target audience for SBHCs, youth offer critical support and feedback to help improve service delivery. They also advocate for school-based health services. In line with the Positive Youth Development approach, the combination of meaningful youth engagement with adult connectedness supports youth resiliency. The SPO and SBHCs can promote youth engagement and amplify youth strengths through youth advisory councils (YACs) and the SBHC Student Satisfaction Survey.

Youth advisory councils

YACs are youth-driven groups that focus on advising, supporting and advocating for SBHCs and their services. During the 2017–2018 school year, 36 SBHCs had a YAC. Of these, 15 SBHCs in five counties (Clackamas, Deschutes, Jackson, Multnomah, Washington) received funding from the SPO to support youth-led projects to reduce mental health stigma and promote student resiliency at SBHC host schools. The most popular project topics were stress and self-care, followed by suicide and anxiety.

YACs that received state funding were asked to do a Youth Participatory Action Research (YPAR) project where the youth were authentically engaged in a research and decision-making process around a topic of their choice.

Some examples of YPAR project questions included:

- “What affects student mental health and how do students deal with stress?”
- “How do students experience and cope with anxiety while in school?” and
- “Do individuals who identify as male have a healthier body image than individuals who identify as female?”

As far as the impact on program participants, meeting like-minded individuals and coming together as a group to encourage positive change was really empowering for the students. Many of the students did not have an existing skill set or platform for letting their voices be heard or a strong connection to their school, but by the end of the year many students reported that the work we did in YAC changed this. We also created a safe, inclusive environment where students felt heard, supported, and at ease. In an end of term class evaluation, one student wrote: ‘I have loved walking into this room knowing that I was enough. This is the one place I feel like I am a success. Having that affirmation gives me peace.’

-YAC Adult Leader

Youth voice

The annual SBHC Student Satisfaction Survey assesses how well the SBHC staff build relationships with youth. During the 2017–18 school year, 2,086 students (ages 12–19) from 76 SBHCs completed the survey; participation is anonymous, voluntary and confidential. The survey is a useful source of information about participating youths’ experiences and opinions.

Nearly all surveyed youth had a positive SBHC experience.

- 90% said they were very satisfied with the health center.
- 91% said health center staff explained things in a way that was easy to understand.
- 88% said health center staff gave them easy-to understand instructions about taking care of their health problems.
- 89% said health center staff spent enough time with them.

Looking forward

SBHCs are well positioned to support cross-sector work, which includes public health, health care, education and social services. As part of Oregon's larger health care and public health systems, SBHCs provide access to clinical preventive services in underserved communities. SBHCs work closely with school systems (including school nurses and school counselors) to ensure better educational outcomes for students. Additionally, SBHCs recognize the effect of social determinants of health and, therefore, build community partnerships that work to eliminate health disparities.

The following activities provide a brief glimpse of the State Program Office priorities for 2019–2021:

- Ensure access points through improvement of the SBHC grant formula for base funding, planning and mental health capacity.
- Enable SBHCs to learn from peers and clients to improve policy and practice.
- Use existing data sources to enhance assessment of SBHC services and health needs of youth served by SBHCs.



Endnotes

1. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Preventing teen pregnancy: a key role for health care providers. April 2015. [cited 2019 Jan 7]. Available from: <https://www.cdc.gov/vitalsigns/larc/index.html>.

Appendix A: SBHC medical sponsor list, 2018-2019

County name	SBHC school name	Medical sponsor
Baker	Baker High School	Baker County Health Department
Benton	Lincoln Elementary School†	Community Health Centers of Benton and Linn Counties*
	Monroe Grade School†	Community Health Centers of Benton and Linn Counties*
Clackamas	Estacada High School	Orchid Health
	Milwaukie High School†	Outside In*
	Oregon City High School	Clackamas County Health Centers*
	Rex Putnam High School	Clackamas County Health Centers*
	Sandy High School	Clackamas County Health Centers*
Columbia	Clatskanie Middle/High School	Columbia Health Services
	Rainier Jr/Sr High School†	Columbia Health Services
	Lewis and Clark Elementary School†	Columbia Health Services
	Vernonia K-12	Columbia Health Services
Coos	Marshfield High School†	Waterfall Community Health Center*
Crook	Pioneer High School†	Mosaic Medical*
Curry	Brookings Harbor High School	Curry Community Health
Deschutes	Bend Senior High School	Mosaic Medical*
	Ensworth Elementary School	Mosaic Medical*
	LaPine K-12†	La Pine Community Health Center*
	M.A. Lynch Elementary School	Mosaic Medical*
	Redmond High School	Mosaic Medical*
	Sisters High School	St. Charles Health System
Douglas	Roseburg High School	Umpqua Community Health Center*
Grant	Grant Union High School	Grant County Health Department
Hood River	Hood River Valley High School	One Community Health*
Jackson	Ashland High School†	Rogue Community Health*
	Butte Falls Charter School†	Rogue Community Health*
	Crater High School†	La Clinica*
	Eagle Point High School†	Rogue Community Health *
	Hanby Middle School	La Clinica*
	Jackson Elementary School†	La Clinica*
	Jewett Elementary School†	La Clinica*
	Oak Grove Elementary School†	La Clinica*
	Phoenix Elementary School†	La Clinica*
	Scenic Middle School†	La Clinica*
	Table Rock Elementary School	Rogue Community Health*
	Washington Elementary†	La Clinica*
	White Mountain Middle School	Rogue Community Health*
Jefferson	Madras High School	Mosaic Medical*

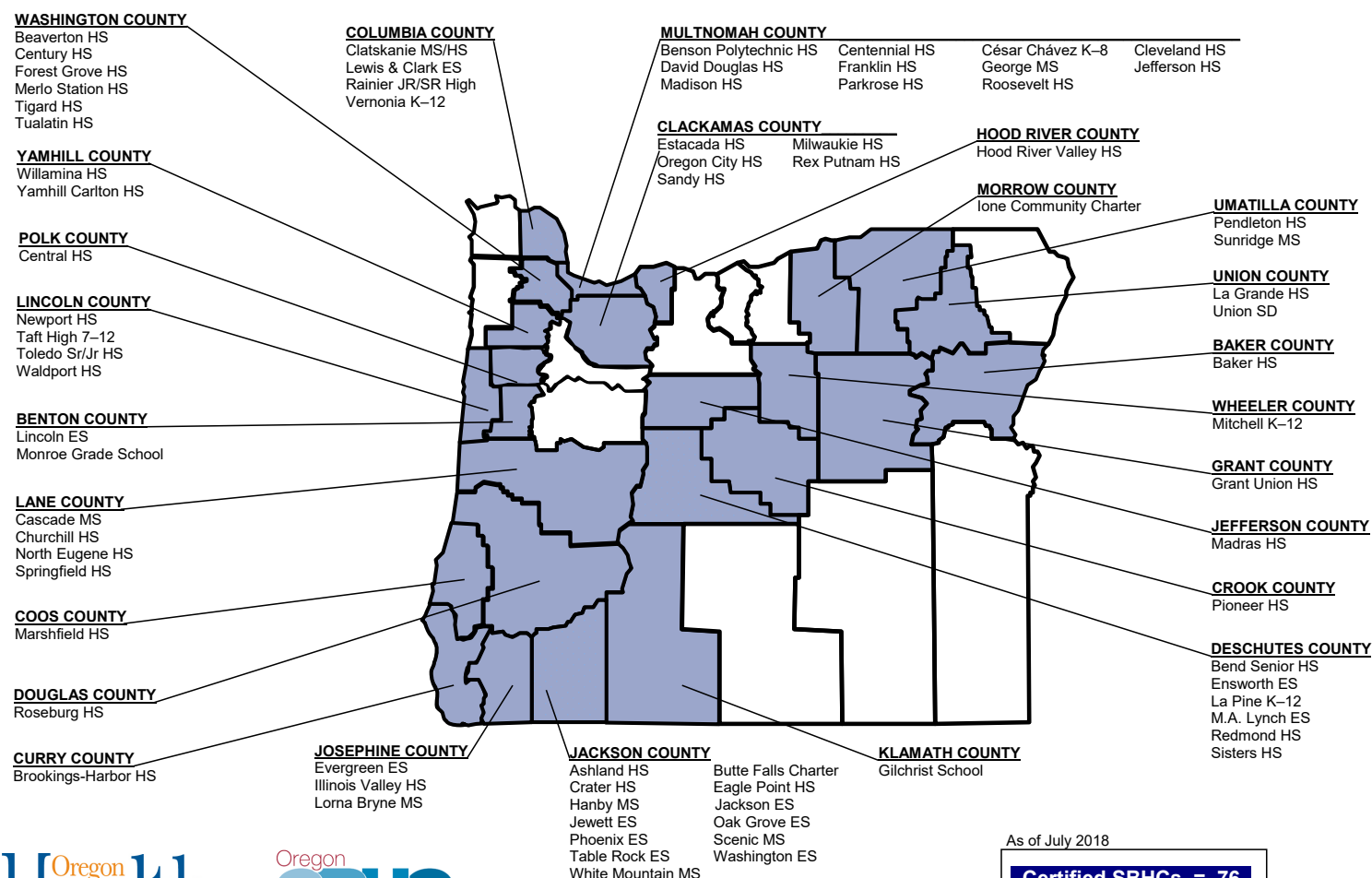
County name	SBHC school name	Medical sponsor
Josephine	Evergreen Elementary School†	Siskiyou Community Health Center*
	Illinois Valley High School†	Siskiyou Community Health Center*
	Lorna Byrne Middle School†	Siskiyou Community Health Center*
Klamath	Gilchrist School†	La Pine Community Health Center*
Lane	Cascade Middle School	Bethel Health Center/PeaceHealth Medical Group
	Churchill High School	PeaceHealth Medical Group
	North Eugene High School	PeaceHealth Medical Group
	Springfield High School†	Community Health Centers of Lane County*
Lincoln	Newport High School	Lincoln County Health & Human Services*
	Taft High 7–12	Lincoln County Health & Human Services*
	Toledo Jr/Sr High School	Lincoln County Health & Human Services*
	Waldport High School	Lincoln County Health & Human Services*
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*
	Cesar Chavez K–8†	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*
	Jefferson High 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	Columbia River Health*
	Sunridge Middle School	Columbia River Health*
Union	La Grande High School	Center for Human Development, Inc.
	Union School District	Center for Human Development, Inc.
Washington	Beaverton High School	Virginia Garcia Memorial Health Center*
	Century High School	Virginia Garcia Memorial Health Center*
	Forest Grove High School	Virginia Garcia Memorial Health Center*
	Merlo Station High School	Neighborhood Health Center*
	Tigard High School	Virginia Garcia Memorial Health Center*
	Tualatin High School	Virginia Garcia Memorial Health Center*
Wheeler	Mitchell School K–12	Asher Community Health Center*
Yamhill	Willamina High School†	Virginia Garcia Memorial Health Center*
	Yamhill Carlton High School	Yamhill Carlton School-Based Health Center

†State PCPCH recognized

*Indicates SBHC is a federally qualified health center site.

Appendix B: Oregon School-Based Health Center map

OREGON SCHOOL-BASED HEALTH CENTERS 2018



Oregon Health Authority

Oregon SBHC
School-Based Health Centers

PUBLIC HEALTH DIVISION
School-Based Health Center Program

As of July 2018

Certified SBHCs = 76

Counties with certified SBHCs



PUBLIC HEALTH DIVISION
School-Based Health Center Program

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