I am extremely happy I have access to a health center in my school. I feel much at ease and adore the staff. I never feel judged or looked down upon and for that I am appreciative.
What is an SBHC?

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

Each SBHC is staffed by a primary care provider (i.e., doctor, nurse practitioner or physician’s assistant), other medical, mental, or dental health professionals and support staff such as a receptionist.

SBHCs have existed in Oregon since 1986 and succeed through unique public-private partnerships between the Oregon Public Health Division, school districts, county public health departments, public and private practitioners, parents, students, and community members.
What do SBHCs do?

SBHCs provide patient-centered care services for all students whether or not they have health insurance coverage.

SBHCs can:

- Perform routine physicals, well-child exams, and sports exams;
- Diagnose and treat acute and chronic illnesses;
- Treat minor injuries/illnesses;
- Provide vision, dental and blood pressure screenings;
- Administer vaccinations;
- Prevent and treat alcohol and drug problems;
- Deliver preventive health and wellness messaging;
- Provide and/or connect students with mental health counseling;
- Provide reproductive health services;
- Give classroom presentations on health and wellness;
- Prescribe medication;
- Help students find social supports.
How can SBHCs help youth?

SBHCs are ideally situated to help students with health-related challenges and have the opportunity to guide healthy decision-making. Areas in which youth may need health care services and prevention messaging include:\(^1\)

### Improving physical health and wellness
- 11% report having a current asthma diagnosis.
- 25% are either overweight or obese.
- 19% report not having enough to eat sometime in the past year.

### Improving emotional health and wellness
- 14% reported seriously considering suicide in the past year.
- 23% report they might not have an adult in their school who cares about them.

### Reducing risk behaviors
- 21% have smoked marijuana in the past month.
- 45% have ever had sex; of those, 36% did not use a condom at last intercourse.

\(^1\) 2013 Oregon Healthy Teens Survey, Oregon 11th Graders
School-Based Health Centers…

- Improve access to affordable and high quality physical, mental, dental and preventive health services.
- Treat children and youth who otherwise may not receive care.
- Reduce costs related to unnecessary hospital stays and use of emergency rooms.
- Save parents time by reducing missed work hours.
- Get students back to the classroom faster and ready to learn.
- Support students while they take charge of their health care as they become young adults.
- Meet community needs through patient-centered care.

2012-2013 SBHC client demographics and services

- 56% of clients were female.
- 24% of clients were Hispanic/Latino(a).
- 7% of clients were Black.
- 5% of clients were American Indian.
- 86% of clients were between the ages of 5 and 21.
- 18% of visits were related to a mental health or substance use concern.
- 50% of visits were provided by nurse practitioners.
- Immunizations were given at 13% of visits.
- 10% of visits contained an adolescent well-visit.
- 38% of clients were covered by Oregon Health Plan.
- Patients visited the SBHC, on average, three times per year.
SBHCs and technology

Oregon SBHCs are rapidly increasing their use of electronic health records (EHR) and other technology to improve the patient and provider experience. SBHCs are increasingly using tablets to collect satisfaction data from students.

There were over 54,000 students with access to an SBHC during the 2012-2013 school year.

Most Common Reasons for SBHC Visits

- Well child/adolescent visit
- Reproductive health issue
- Flu vaccine
- Headache
- Attention Deficit Hyperactivity Disorder

SBHC Visits by Provider Type

Insurance Status of SBHC Clients 2012-13

Table Use Among SBHCs for Patient Satisfaction Survey

The use of EHR has increased over the past several years. For the 2013-14 school year, 91% of sites are using some sort of EHR.
Oregon has 65 School-Based Health Centers (SBHCs) in 20 counties. Each year, the SBHC State Program Office asks a random sample of students in grades 6-12 to share their opinions of the health care they receive at their SBHCs. During the 2012-2013 school year, 1,293 students completed the SBHC Patient Satisfaction Survey. The survey is completed by the students in an anonymous and confidential manner. SBHCs are increasingly using new technology, such as tablets, to collect satisfaction data from students.

What youth say about the SBHC atmosphere

- 98% are comfortable going to the health center.
- 91% said the SBHC doctor or nurse explained things in a way that was easy to understand.
- 93% felt receiving care at the health center helped them to keep their healthy behaviors.
- 95% said they were likely to follow advice of health center staff.
- 85% said the care they received from the health center helped them change unhealthy/risky behaviors.

Keeping kids in school:
SBHCs keep kids healthy and ready to learn!

SBHC vs. Non-SBHC Care
The percentage of students who reported missing class time to access healthcare:

- SBHC care: 68%
- Non-SBHC care: 15%

SBHC care: 1%
Non-SBHC care*: 17%

* Percentages based upon student estimates
Access to care

SBHCs help reduce the barriers that often prevent youth from seeking the health services they need, such as cost, inconvenience, transportation, confidentiality concerns, and comfort level discussing personal health problems. Ninety percent of youth said they were able to get an SBHC appointment right away for the care they needed.

75% of youth are unlikely to have received care that day if there was not an SBHC available to them.

Focus on prevention

SBHC visits provide a valuable chance to talk with youth about health risks and disease prevention. SBHC providers are able to develop lasting relationships with their youth patients, which helps them monitor treatment and promote prevention activities. Most of the youth in the 2012-2013 survey reported talking with their provider about a range of prevention topics, from tobacco cessation to healthy eating.

In their words: What do students say?

“I really like the school-based health clinic. I wouldn’t have anywhere else to go if this wasn’t here. The nurses and staff are always so nice and very helpful. It doesn’t feel like a chore to come here because I enjoy it; the nurses/staff make you very comfortable.”

“I really appreciate that I can have a place where I can get treated. I often don’t have money to go to a regular doctor so it is great I can come here!”

Preventive health topics commonly covered during SBHC visits include:

- Safety and prevention
- *Reproductive health
- Tobacco
- *Feelings
- Brushing and flossing
- Alcohol
- Healthy relationships
- *Healthy body weight
- Drugs
- *Healthy eating
- *Exercise

Seventy-seven percent of students reported discussing at least one preventive health topic during their health center visit.

*Top five preventive health topics reported
Oregon is in the midst of a major health system transformation to reach the triple aim of providing better care to achieve better health at a lower cost. Oregon’s plan to meet these outcomes includes Coordinated Care Organizations (CCOs) and Patient-Centered Primary Care Homes (PCPCH). CCOs will replace a fragmented system of care that relied on different groups to meet physical health, mental health, addictions, and dental health needs with a joint network of health care clinics and providers, including state-designated PCPCH entities. Clinics must apply to the state and meet certain criteria to be recognized as certified PCPCHs.\(^1\)

1\(\text{www.oregon.gov/oha/ohpr/Pages/healthreform/pcpch/index.aspx}\)

### Role of SBHCs in health system transformation

SBHCs are important local partners in our current and future health care delivery system and will contribute to the goals of health system transformation.

### Primary care services in SBHCs

SBHCs reflect the core aspects of the PCPCH model by providing high quality care that meets the needs of children and youth. Because of easy access to health services in school settings, SBHCs contribute to the goals of Oregon’s CCOs. By providing primary care services, including well-child visits, vaccinations, mental health counseling, and treatment of minor injury/illness and chronic disease, SBHCs are strongly supported by Oregonians.

### As of September 2013, 45% of SBHC sites have applied and received Tier 2 or 3 PCPCH recognition.
SBHCs participate in CCO governance*

CCO governance structure must reflect community needs. Regular meetings of community advisory councils (CACs) are required. CCOs may also establish a clinical advisory panel, on which SBHCs may participate.

- Over half of the SBHCs report their CCO committee representative is very invested in the SBHC.
- 46 SBHC sites (71%) report having some representation within CCO governance committees.
- Involvement is not usually at the SBHC level; representatives are primarily CEOs of Federally Qualified Health Centers, County Commissioners, or Health Department Administrators.

SBHCs help CCOs meet incentive measures

CCOs are required to collect data for 17 outcome and quality measures (aka incentive measures). One of these measures is adolescent well-care visits. Since the clinics primarily serve and are easily accessible to youth, SBHCs are poised to help CCOs meet this metric.

SBHCs are defining relationships with CCOs*

CCOs have the ability to create contracts with different provider arrangements and can include alternative payment strategies. A contract allows for data-sharing and can improve provider relationships. More than three quarters of SBHCs have a contract with a CCO.

*CCO/SBHC Partnership Assessment, March 2013

As Oregon moves into the second year of health system transformation, CCOs will continue to strengthen their network of local providers and the state will assess CCO progress. As the process goes forward, the role of SBHCs and their relationship with CCOs will be further defined.
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<tr>
<th>County Name</th>
<th>SBHC Name</th>
<th>Medical Sponsor</th>
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*Indicates that the medical sponsor is a Federally Qualified Health Center.
†State PCPCH recognized
“I am very happy that I have had access to the health center because I do get sick a lot and without the health center I probably would just go home and miss school.” SBHC Youth
“I am extremely happy I have access to a health center in my school. I feel much at ease and adore the staff. I never feel judged or looked down upon and for that I am appreciative.” SBHC Youth