



# **SBHC Coordinators Meeting**

October 11, 2018



“The school based health center has been an amazing resource that helped me get back on track. It has been helpful to have an easy access health center at the school when life is so hectic.”

“I love all of the people that work inside my school based health center and have a great relationship with all of them. This is a safe and caring environment and I'm happy to have it.”

“They are like my second mom. They always take care of me and make sure I'm not missing any classes.”

“I feel safe and loved for the first time ever when I step in the health center, because I'm scared of my home and school life.”

“I don't know what I would do without the health center. Very thankful.”

“This health center is a place for me to go, so I don't miss as many classes, and where I can feel confident about the care I'm going to receive. If this wasn't here and I had gone into the ER, I would have missed third period to maybe even the end of the day. I was able to get a shot which is very unsettling for me to do, without much pain, and or fear, I feel these kind of health centers should be in every school, so that way kids like me have a place to go when their parents work so many hours.”



# *WELCOME SBHC Fall Coordinators Meeting*



# Introductions



# Adolescent and School Health Programs

- Adolescent Health Policy and Assessment
- School-Based Health Centers
- School Nursing
- Youth Sexual Health



# Our Goals

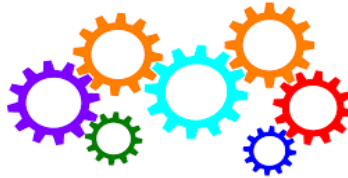
- Improve access to quality health services and health education for all youth in Oregon.
- Provide partners with opportunities to build capacity, learn new information, and improve practice in order to better meet the needs of all youth in Oregon.
- Illuminate the strengths and needs of all youth in Oregon through collection, analysis and dissemination of accurate and timely data.



# SBHC State Program Office Team



**Jessica-** Adolescent &  
School Health Manager



**Rosalyn** – Team Lead  
**Kate** -School MH Specialist  
*Vacant* - Systems Development Specialist



**Karen** – Public Health Nurse  
**Rebecca**– Public Health Nurse



**Derek** –Administrative  
Specialist



**Sarah** – Epidemiologist/ Health  
Economist  
**Loretta** – Research Analyst  
**Kavita** – Research Analyst

# SBHC State Program Update



# Budget/Legislative



- Biennial 2017-2019 Budget is stable.
- OHA Agency Request Budget includes an ask to replace OMMP dollars with general fund dollars.
- The OHA Agency Request Budget has youth-focused Policy Option Packages.

# OHA Youth-Focused Policy Option Packages

- **Expand Behavioral Health Services for Children and Youth in Schools and for Suicide Intervention & Prevention; Develop Adult Suicide Prevention Plan (\$13 million):**
  - Prevention & early intervention
  - Access **Increasing mental health providers in a school setting;**
  - Infrastructure



# OHA Youth-Focused Policy Option Packages

- **Establish Office of Child Health (\$800,000):** Improving prenatal and early childhood health is Governor's priority, as exemplified through the Governor's formation of the Children's Cabinet
- **Universal Family Linkages and Home Visiting (\$9 million):** Creates a preventive system of care for families and delivers a universal, short-term, postnatal nurse home-visiting program for all Medicaid covered/eligible infants.
- **Intensive In-Home Behavioral Health Services (\$20 million):** Institute and expand an intensive community-based level of care within Oregon's Intensive Treatment Services. Fund a level of care for youth with high needs in a more integrated setting.



# SPO-LPHA Contracting

Background: SPO is exploring a potential policy change regarding how funding for SBHCs is dispersed by OHA's Public Health Division, specifically contracting agreements. Currently, only local public health authorities (LPHAs) may receive state SBHC funding through the county Financial Assistance Agreements ([Program Element 44](#)).

## Progress-to-date:

- Survey sent to all LPHA Administrators
- Survey results shared with CLHO subcommittee
- Stakeholders workgroup convened and developed a policy recommendation
- Survey sent to all SBHC partners ☐ closed on November 1.

# SPO-LPHA Contracting

## SBHC Contracts Workgroup

- Three meetings with representatives from LPHAs that are and are not current medical sponsors, non-LPHA medical sponsors, local mental health agencies, school districts, the Oregon School-Based Health Alliance, and the Public Health Division Policy and Partnerships Office.
- Reviewed impact and considerations:
  - **Administrative Burden:** LPHA, Medical Sponsors, SPO
  - Fairness across jurisdictions ☐ **1<sup>st</sup> Right of Refusal**
  - **Role of LPHA**
  - **Impact on care: access, quality, cost**
  - Impact on school district partnerships
  - Alignment with other state programs and PH Modernization
  - **MH Expansion Grant**

# SPO-LPHA Contracting

## Proposed Policy Recommendation

- LPHAs would be given the “first right of refusal” for SBHC contracts with the state.
  - LPHAs would choose to either manage SPO contracts and receive state SBHC funding (operate similar to current policy) or have the SPO contract directly with non-LPHA medical sponsors, and therefore directly fund the medical sponsor.
  - If the LPHA is not the direct recipient of the SBHC funding, the LPHA would not be accountable for contract requirements, including contract monitoring and oversight.

# SPO-LPHA Contracting

## Proposed Policy Recommendation

- LPHA would determine the contract relationship with the SPO for each medical sponsor in their county.
- Contract agreements would be reviewed with LPHAs each biennium when contracts are renewed, when there is medical sponsor change and when new SBHCs open.
- Funding awards and contracts to LPHAs and non-LPHAs will include all state funding for that SBHC. That include SBHC base funding, Mental Health Expansion Grant awards and any additional SBHC grants or funding opportunities.
- Contract agreements regarding SBHC Planning Grant awards will be considered separately with the LPHAs.

# SPO-LPHA Contracting

## Additional Implementation Activities

- SPO will create a “first right of refusal” process.
- SPO will revise SBHC Standards for Certification to include a new requirement for to have an SBHC Advisory Committee, which would include representation from medical sponsors, school(s)/school district, LPHA, other health or community partners.

## NEXT STEPS

- **Survey sent to SBHC field (medical sponsors and LPHAs) on recommendation. → Closes November 1st**
- Present to CLHO- subcommittee for feedback and/or approval.
- Work through suggestions and CLHO committees
- No changes before July 1, 2019





# Data Updates

- Public Health Surveillance
- New SBHC Research
- SBHC Data Updates
  - 2018-19 Satisfaction Survey
  - 2016-17 SBHC Primary Care Revenue Information
  - SBHC Utilization Snapshot: 2016-18
    - Well Care Visits
    - Immunizations



# Youth Public Health Surveys

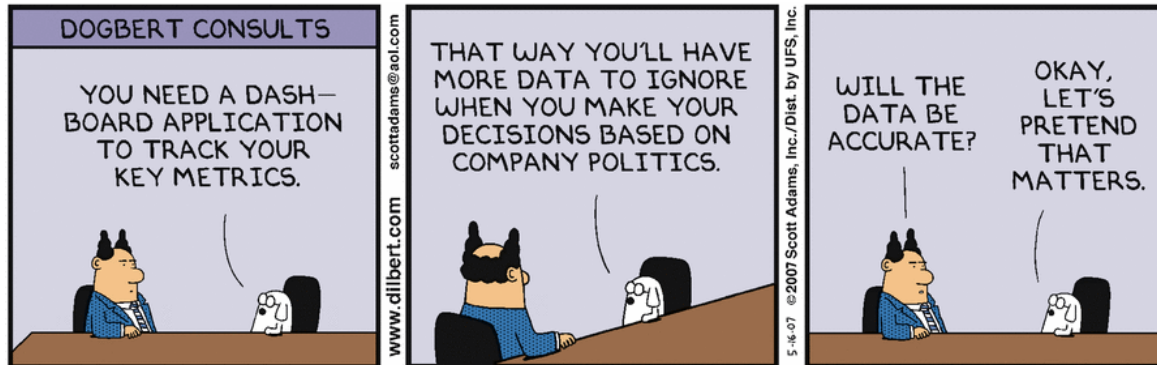
- Starting in 2020, new Oregon Student Health Survey to assess health needs, behaviors, attitudes of Oregon youth
- Combines Oregon Healthy Teens (8<sup>th</sup>/11<sup>th</sup>, odd years) and Student Wellness Survey (6<sup>th</sup>/8<sup>th</sup>/11<sup>th</sup>, even years)
- Will survey 6<sup>th</sup>, 8<sup>th</sup> and 11<sup>th</sup> graders (online & paper)
- Hope to survey more kids
- SPO sent out survey a few weeks ago on how you use OHT/SWS data
- SBHC schools are important to this effort!
- Starts Spring 2020

# New Research! SBHCs, LGBT Youth & Mental Health

Zhang, L., Finan, L.J., Bersamin, M. & Fisher, D.A. (2018). Sexual orientation-based depression and suicidality health disparities: The protective role of School-Based Health Centers. *J of Research on Adolescence*, in press, 1-9.

- 2015 Oregon Healthy Teens 11<sup>th</sup> grade survey: Do SBHCs support mental health indicators among sexual minority youth?
- 11% of 11<sup>th</sup> graders identified as lesbian/gay, bisexual, “something else” or unsure in both SBHC and non-SBHC schools
- Attending an SBHC school was related to reduced mental health risks for sexual minority youth
  - Past year depression (30% lower)
  - Suicidal ideation (34% lower)
  - Suicide attempt (43% lower)
- Controlled for sex, race/ethnicity, free/reduced lunch, school type, school size

# But First! Using Your Data...



- We LOVE it when you use your data
- Advocacy, QI, school boards, community meetings, etc.
- Context really matters!
- If you share any of the data we give you, we'd love to know!
- Email us: [sbhc.program@state.or.us](mailto:sbhc.program@state.or.us)

# 2018-19 Satisfaction Survey

- Paper packets and iPad survey files were sent out
- Complete at least 10 surveys to receive a detailed, individual SBHC report
- PCPCH sites – complete 30 surveys for each primary care provider over 2 years
- Mid-year deadline is January 15<sup>th</sup> 2019 – sites must submit/sync a subset of their required surveys
- Loretta will send out monthly updates with counts of completed surveys

# 2016-17 SBHC Primary Care Revenue

- What's new this year:  
separated mental  
health/behavioral health  
revenue from physical &  
dental health
- BH funding is really really  
complicated!
- 2016-17 reports only  
reflect primary  
care/dental revenue

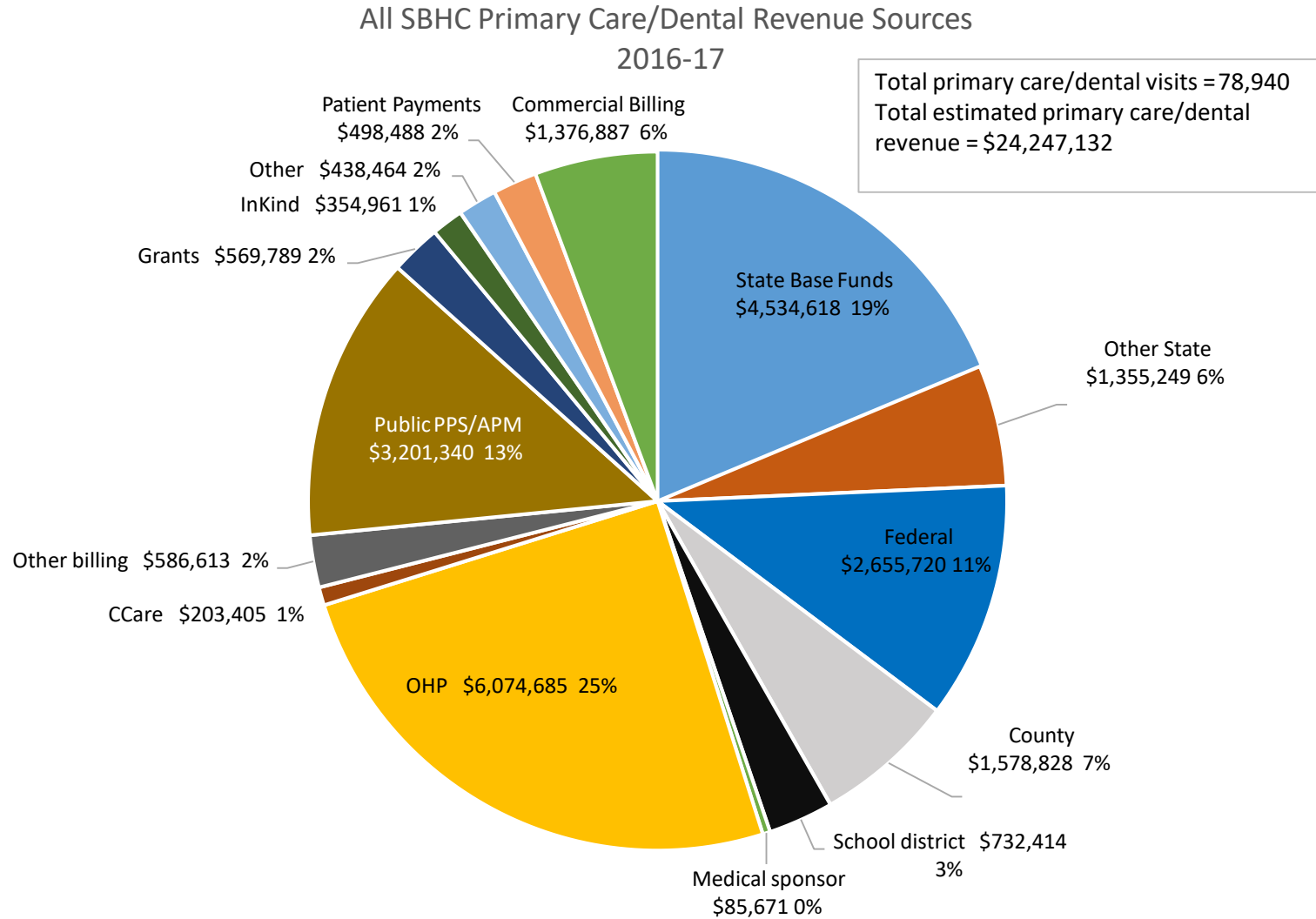


# 2016-17 SBHC Primary Care/Dental Revenue Overview\*

- # of SBHCs in analysis: 75
- Total primary care/dental visits: 78,940
- Total primary care/dental clients: 32,754
- Total estimated revenue: \$24,247,132
- Average revenue per SBHC: \$323,295
- For every \$1 in State public health revenue, SBHC medical sponsors brought in \$3.12 in other sources to support primary care and dental SBHC services.

\*1 system (2 SBHCs) has BH revenue included because all BH visits are billed with primary care

# 2016-17 SBHC Primary Care/Dental Revenue





# FQHC Affiliation Matters!

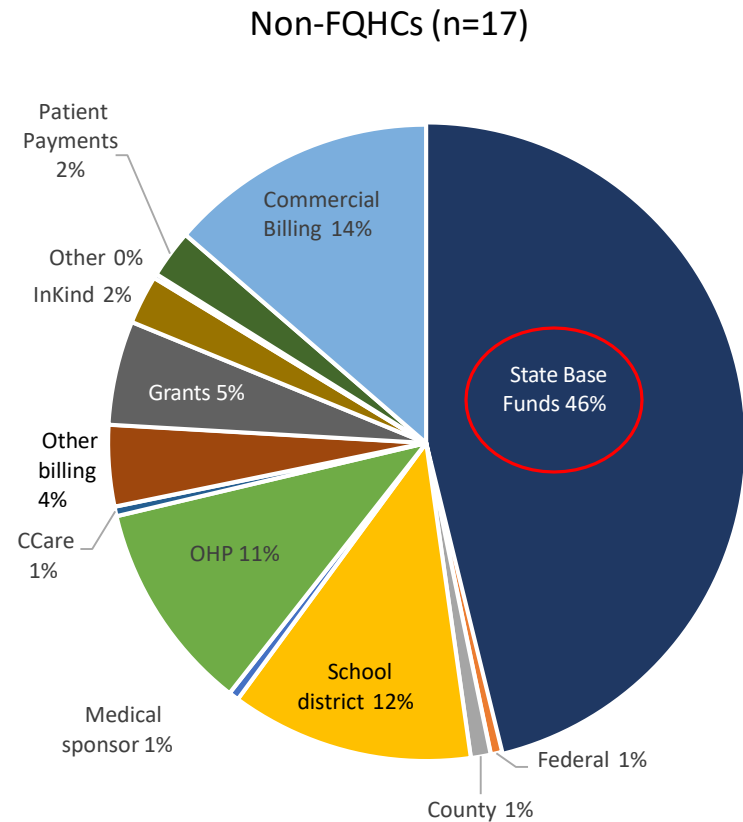
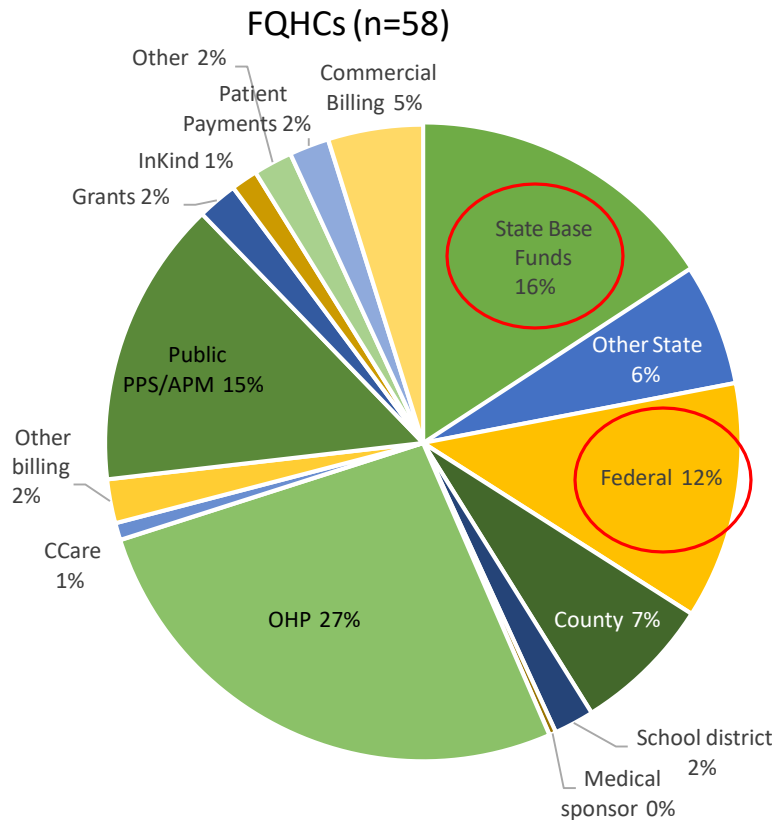
## FQHCs (Primary care/dental)

- # SBHCS: 58
- # Sponsors: 18
- # Visits: 66,210
- Total rev: \$21,930,350
- Avg revenue: \$378,109
- Brought in \$3.55 for every \$1 of OHA funds
- SPO funds make up 16% of revenue

## Non-FQHCs (Primary care/dental)

- # SBHCS: 17
- # Sponsors: 12
- # Visits: 12,730
- Total rev: \$2,316,782
- Avg revenue: \$136,281
- Brought in \$1.17 for every \$1 of OHA funds
- SPO funds make up 46% of revenue

# FQHC Affiliation Matters



# Uses for Financial Data

## SPO

- Identify places of opportunity for sustainability growth
- Target TA efforts
- Demonstrate efficient investment of state funds

## SBHCs

- Gain general picture of revenue sources/proportions
- Identify places of opportunity for sustainability growth
- Communicate SBHC effort & needs to stakeholders

# SBHC Utilization Snapshot: 2016-18

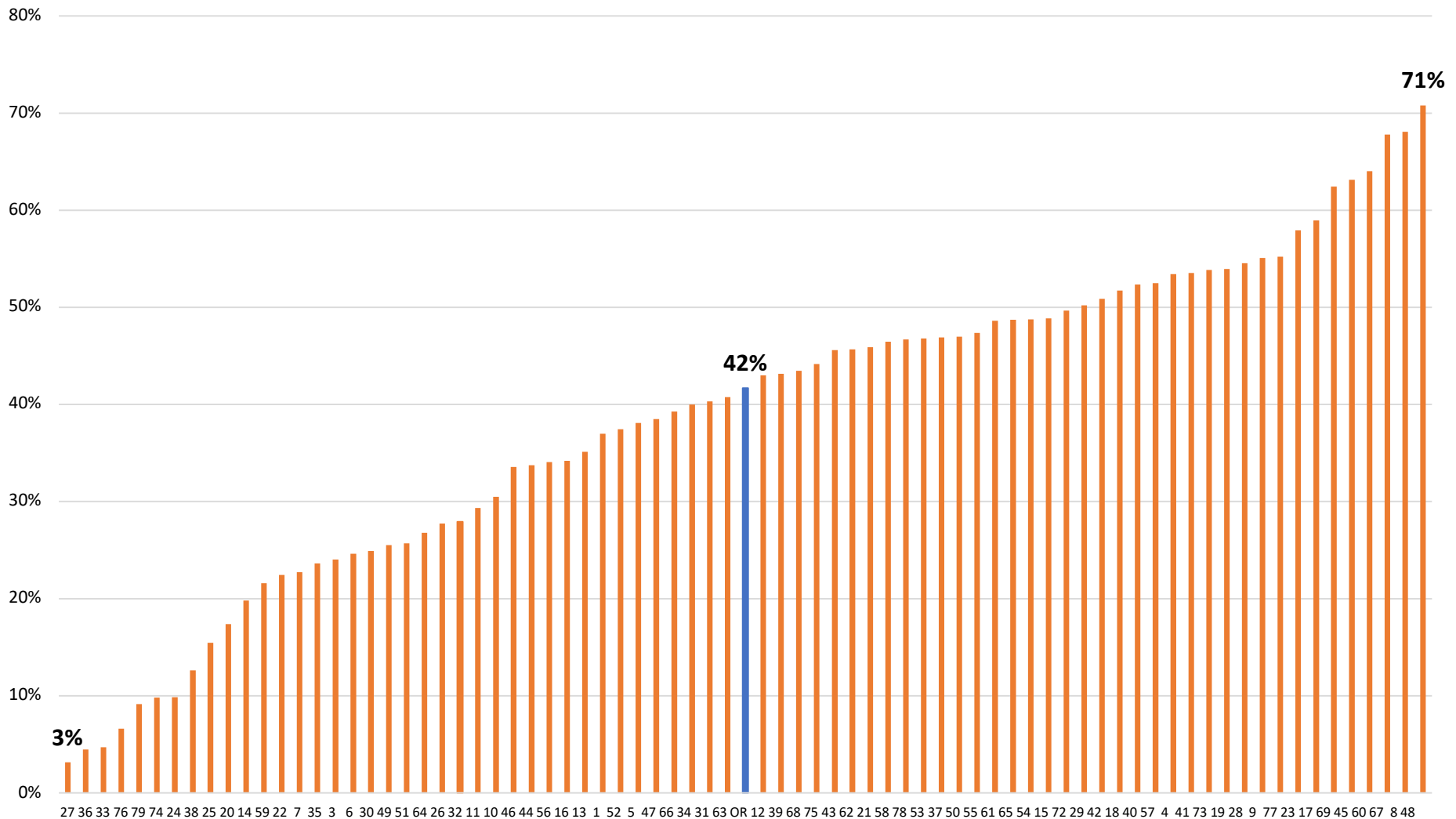


- Packet Handouts
- Two year changes in:
  - Total well care visits
  - Well care visits (OHP)
  - Immunizations
- Lots of changes at SBHC level, but statewide rates are flat

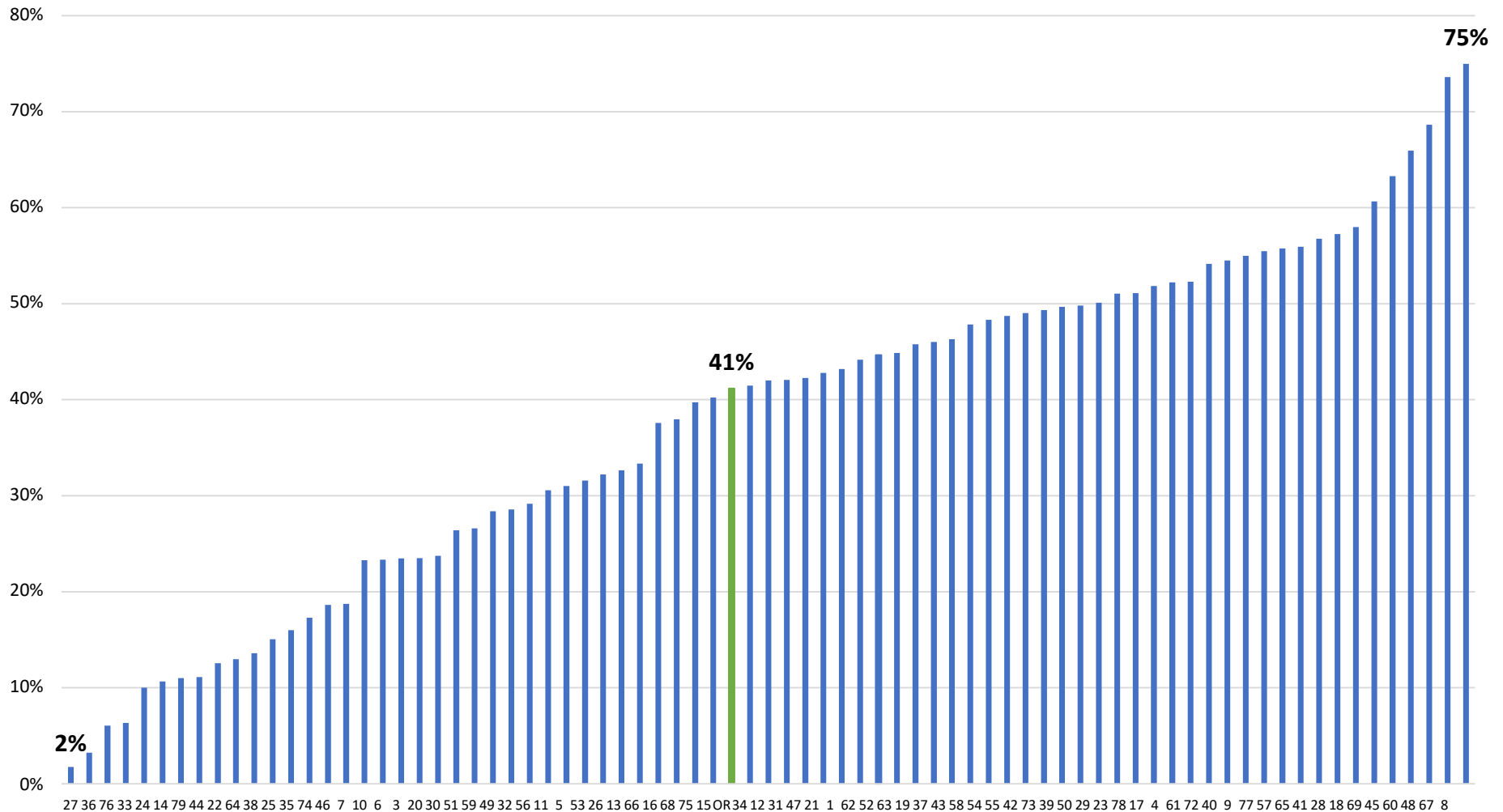
# SBHC Utilization: What Is It?

- Site-Level Data
  - Packet contains unblinded data from 2016-18
  - Ages 5-21
  - Raw data in the table with your SBHC ID
  - Slight change in methodology from last year
- Why does my data look so different from my KPMs?
  - Used CCO metric definition
  - Chart audit sample vs. full encounter data review
  - Only counts well visits/immies at SBHCs

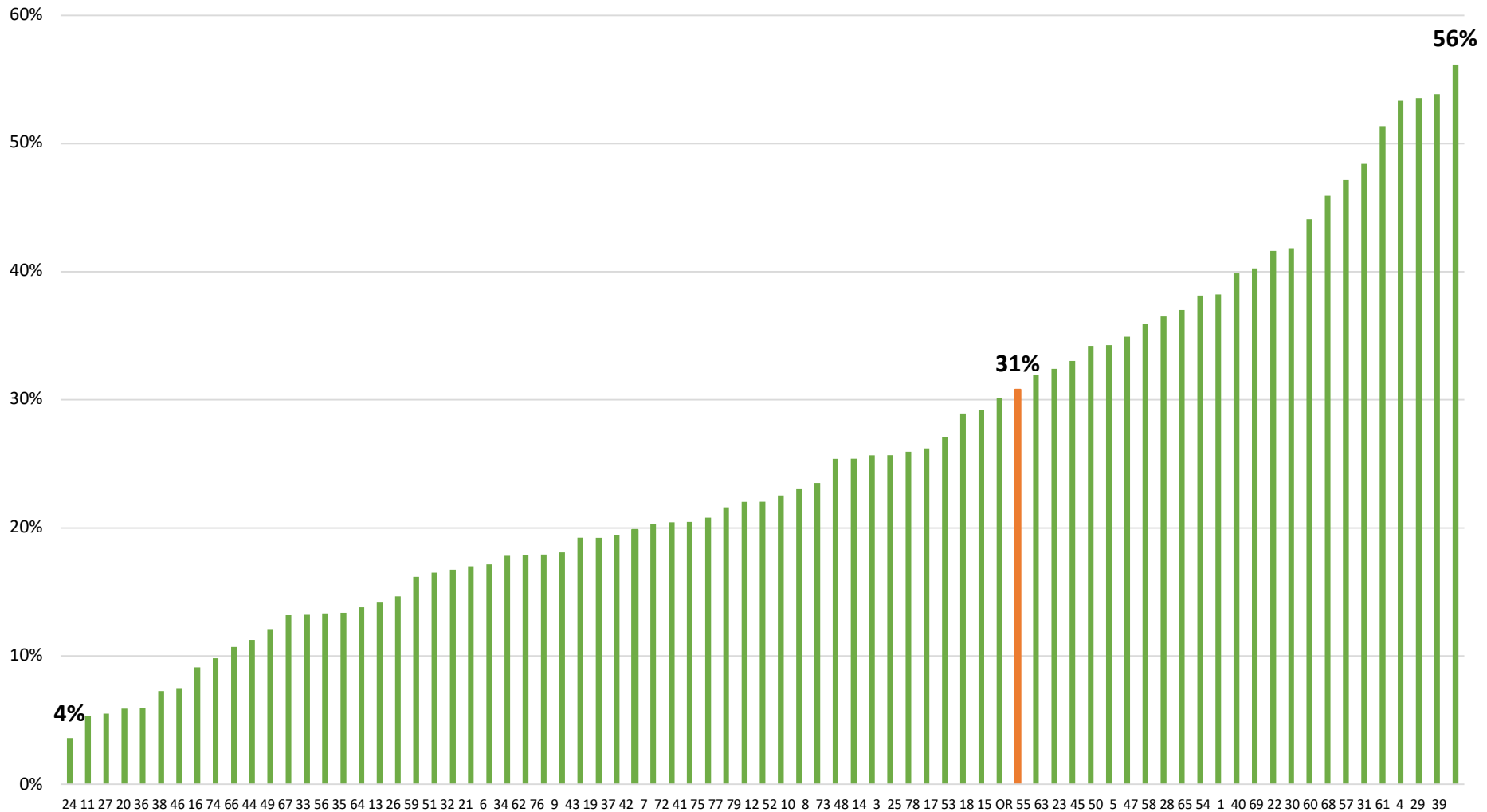
# **% of 5-21 year-old SBHC Clients Receiving a Comprehensive Well Visit, by SBHC: 2017-18**



# **% of 5-21 year-old SBHC OHP Clients Receiving a Comprehensive Well Visit, by SBHC: 2017-18**



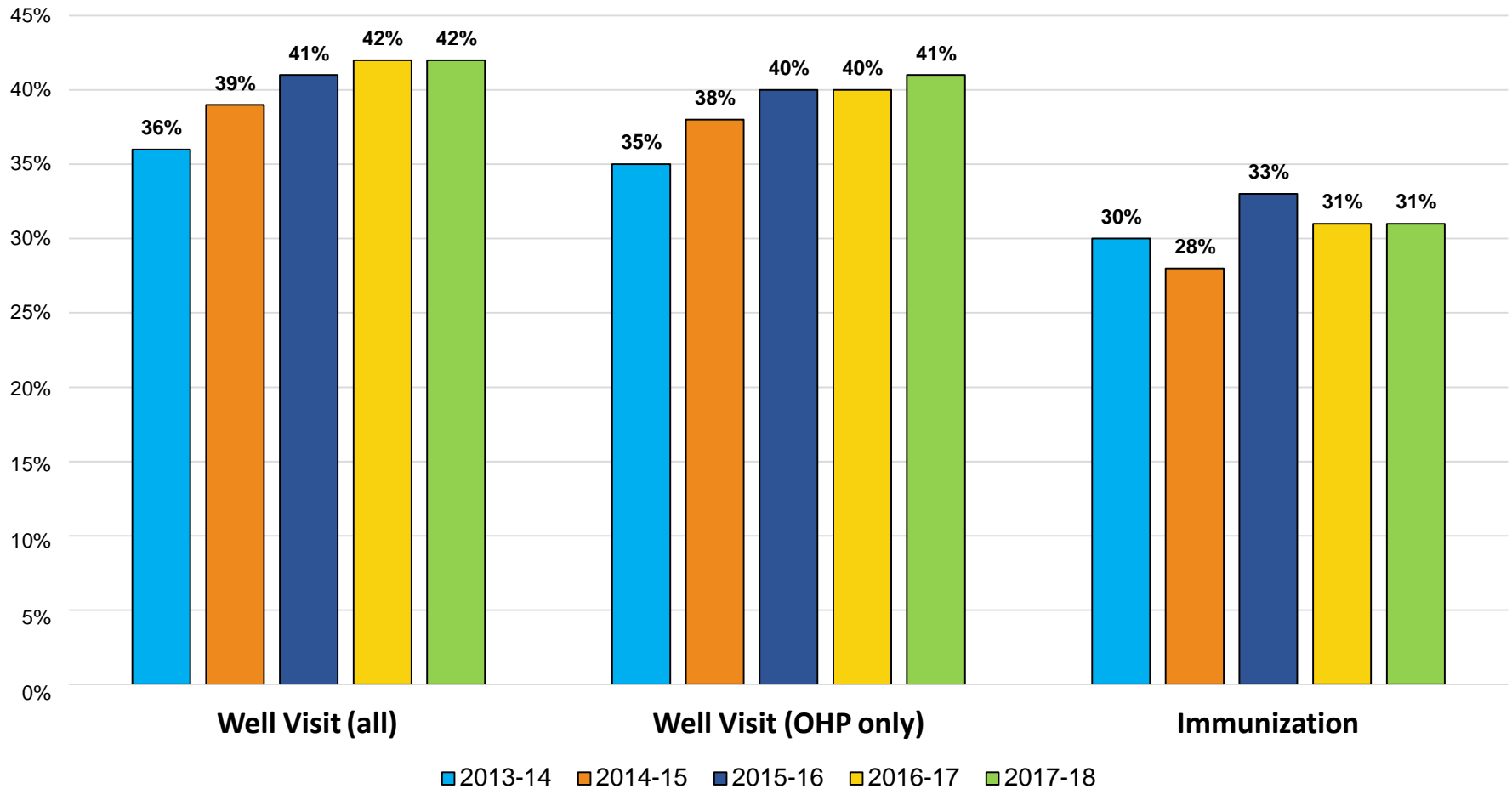
# **% of 5-21 year-old SBHC Clients Receiving an Immunization, by SBHC: 2017-18**





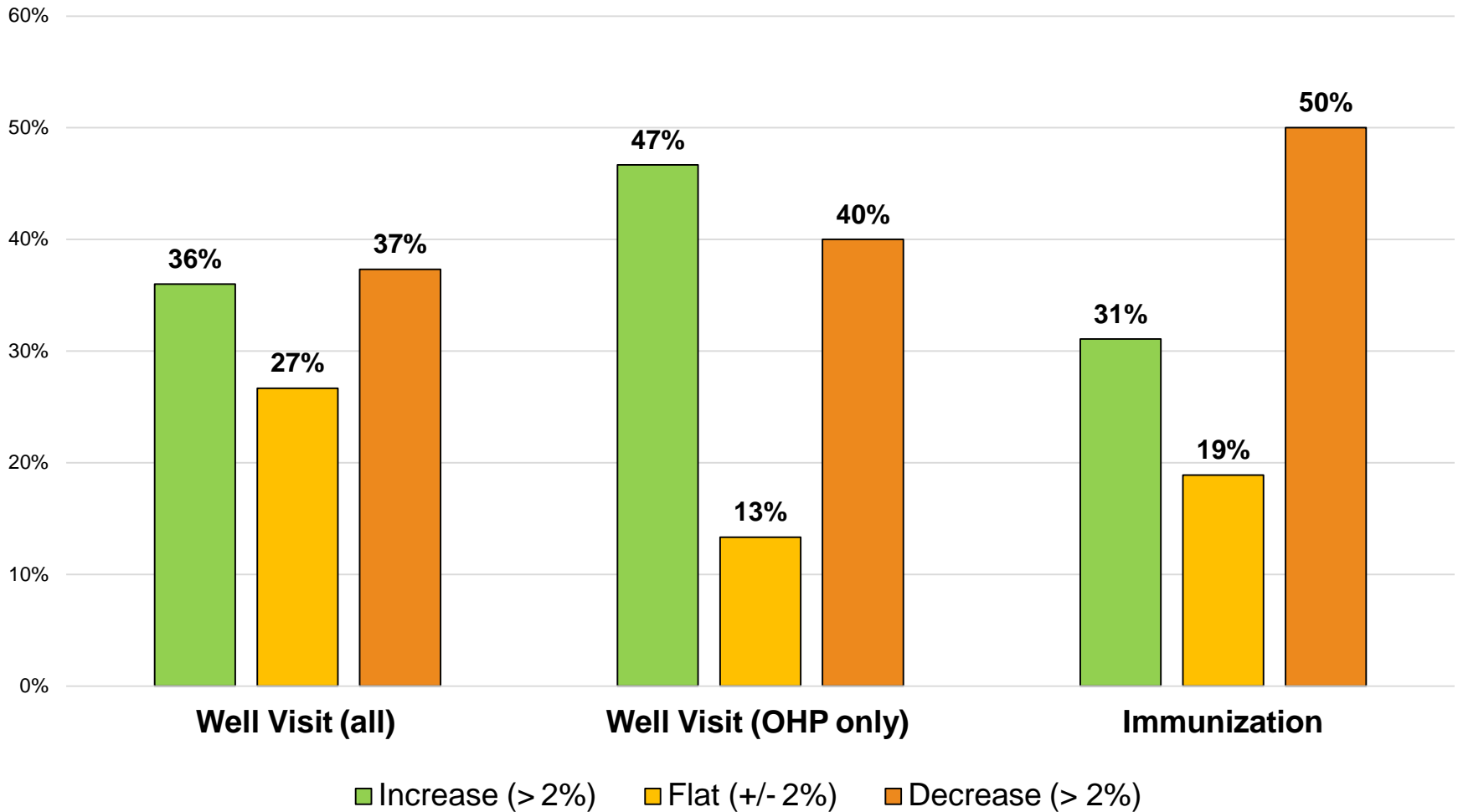
# Statewide Trends in Utilization

**SBHC Utilization Trends (ages 5-21): 2013-2018**



# Site-level Trends

## SBHC Utilization Changes: 2016-17 to 2017-18







# OREGON SCHOOL-BASED HEALTH ALLIANCE

SBHC Coordinator's Meeting  
October 11, 2018



# The OSBHA Team



Laurie Huffman  
Executive Director



Antonia Rangel-Caril  
Program and Advocacy  
Coordinator



Maureen Hinman  
Director of Policy and  
Strategic Initiatives



Jessica Chambers  
Administrative Coordinator



Ashley McAllister  
Program Manager



## OREGON SCHOOL-BASED HEALTH ALLIANCE

OSBHA is dedicated to:

- Providing resources for SBHCs, trauma-informed schools and school health initiatives
- Guiding health and education partnerships to help both sectors navigate cohesively
- Amplifying the student voice to engage locally and throughout the state
- Elevating the importance, relevance and **understanding** of school-based health services
- Seeking out national best practices that strengthen **Oregon's SBHC** system

SCHOOL-BASED  
HEALTH

SBHC HOST SCHOOL(S)

SCHOOL COMMUNITY

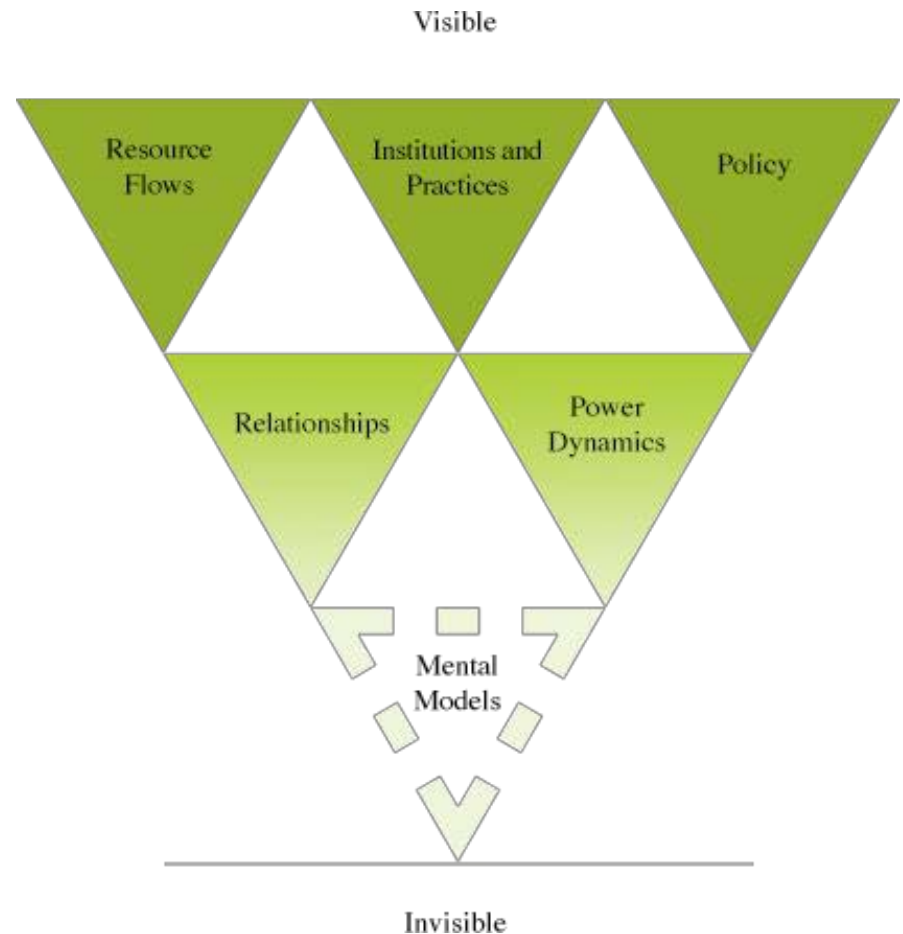
REGIONAL/STATE HEALTH AND EDUCATION LEADERS

NATIONAL SCHOOL-BASED HEALTH ALLIANCE COMMUNITY

# Grounding our work in equity

Organizational Goal:

By July 2020, OSBHA will actively engage in practices that redistribute, share and build power to change systems of inequity.





# Services We Offer

- SBHC and School Health Policy and Advocacy Representation
- SBHC Pass-Through Funding
- Community Engagement & Convening
- Positive Youth Development Training and Support
- Technical Assistance and Training



# Policy & Advocacy



# SBHC Pass-Through Funding

## 2017-2019 ACTION Grants:

- Multnomah County: Centennial and Roosevelt SBHCs
- Washington County: Forest Grove and Tigard SBHCs
- Umatilla County: Pendleton SBHC
- Columbia County: Rainier, Vernonia, and Sacagawea SBHCs



Centennial YAC (ACTION grantee) with their new mural at the SBHC entrance



Tigard SHAC (ACTION grantee) with their Back to School Float!



# Community Engagement & Convening



# Positive Youth Development Training & Support





# Technical Assistance and Training





# Upcoming News & Events

- School Health Advocacy Day- February 28, 2019
- Statewide Survey for YAC students  
Sent to Coordinators in October 2018
- YAC Summit - Spring 2019
- Mental Health Summit- April 2019
- ACTION Grant 2019-2021 Request for  
Applications Opening in January 2019, due March  
15, 2019
- Action Alerts- Legislative Session January-July

# Membership



# Keep in Touch with OSBHA

- Email our staff:
  - Laurie Huffman: [Laurie@osbha.org](mailto:Laurie@osbha.org)
  - Maureen Hinman: [Maureen@osbha.org](mailto:Maureen@osbha.org)
  - Ashley McAllister: [Ashley@osbha.org](mailto:Ashley@osbha.org)
  - Antonia Rangel-Caril: [Antonia@osbha.org](mailto:Antonia@osbha.org)
  - Jessica Chambers: [Jessica@osbha.org](mailto:Jessica@osbha.org)
- Sign up to receive our new bimonthly newsletter
- Connect with us on Facebook, Instagram, and Twitter  
@OregonSBHA



# We Want to Learn From You!



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# Oregon Immunization Program

Sara Kiely  
October 11, 2018





# Vaccine Accountability



**GOLD** - 95% or higher of all vaccine inventory accounted for in ALERT IIS

**SILVER** – 85% to 95% or higher of all vaccine inventory accounted for in ALERT IIS

- Having fewer than 5% of accounted-for doses reported as expired, spoiled, or wasted during the quarter,
- Having recorded the receipt of vaccine in the ALERT IIS inventory module during the quarter.
- Having had no compliance issues that would lead to suspension from the VFC program at the time the accountability report is run.

# Accounting Excellence

Most accountable over the last 3 quarters (Q4 2017, Q1 2018, Q2 2018)

- BCHD - BAKER SBHC
- BETHEL HEALTH CENTER - SBHC
- CENTRAL HEALTH & WELLNESS CENTER - SBHC
- GRANT COUNTY SBHC
- IONE COMMUNITY CLINIC - SBHC
- LA CLINICA - SCENIC SBHC
- LA GRANDE SBHC
- LA PINE CHC LA PINE SBHC
- LINCOLN HEALTH CLINIC - SBHC
- LORNA BYRNE SBHC - SISKIYOU
- MOSAIC - BEND HIGH SBHC
- MOSAIC - CROOK KIDS CLINIC SBHC
- MOSAIC - ENSWORTH SBHC
- MOSAIC - LYNCH SBHC
- MOSAIC MEDICAL - REDMOND SBHC
- MOSAIC MEDICAL MADRAS HIGH - SBHC
- MULTCO SBHC CESAR CHAVEZ
- MULTCO SBHC CLEVELAND
- MULTCO SBHC GEORGE
- MULTCO SBHC PARKROSE
- NEWPORT SBHC
- ROGUE COMMUNITY HEALTH - TABLE ROCK SBHC
- ROGUE COMMUNITY HEALTH - PROSPECT/PROSP SBHC
- ROGUE COMMUNITY HEALTH - WHITE MOUNTAIN SBHC
- SANDY SBHC - CLACKAMAS CHD
- SPENCER HEALTH & WELLNESS - SBHC
- ST CHARLES - SISTERS SBHC
- SUNRIDGE MIDDLE SCHOOL SBHC
- TAFT SBHC
- TOLEDO SBHC
- UMPQUA COMM HLTH CTR - ROSEBURG SBHC
- UNION SBHC
- VIRGINIA GARCIA - BEAVERTON SBHC
- WALDPOR SBHC

# VFC Site Visit

SBHCs with no findings during their last site visit

- Central health and Wellness Center SBHC
- Evergreen SBHC – Siskiyou Community
- Illinois Valley SBHC – Siskiyou Community
- La Clinica – Central Point SBHC
- La Clinica – Crater SBHC
- La Clinica – Oak Grove SBHC
- La Clinica – Phoenix SBHC
- La Clinica – Washington SBHC
- La Pine SBHC
- Lorna Byrne Middle School SBHC
- Marshfield High School – SBHC
- Mirasol Family Health Center – YVFWC
- Mosaic Medical Redmond SBHC
- Mosaic Medical Madras High – SBHC
- Multnomah County – Davis Douglas
- Multnomah County – Lane
- Sunridge Middle School SBHC
- SBHC of Clatskanie - YVFWC

# AFIX – Quality Improvement





# AFIX – Quality Improvement

- ☐ Do you have a reminder/recall process in place for pediatric/adolescent patients?
- ☐ Do you offer walk-in or immunization only visits?
- ☐ Do you contact patients/parents within 3-5 days when a “well-child” or “immunization only” visit is a “no show” and reschedule it for as soon as possible?
- ☐ Do you have a system in place to schedule wellness visits for patients at 11-12 years old?
- ☐ Do you schedule the next vaccine visits before the parent/patient leaves the office?

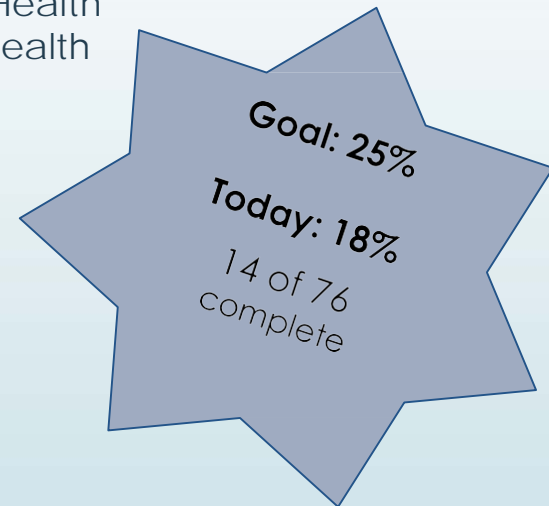
# AFIX – Quality Improvement

- ☐ Does your immunization staff educate parents about immunizations and the diseases they prevent, even when the parents refuse to immunize?
- ☐ Do you have immunization information resources to help answer questions from patients/parents?
- ☐ Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments?
- ☐ Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit?
- ☐ Do you regularly document vaccine refusals and the reason for the refusal?



# SBHCs engaged in AFIX

- Curry Community Health – Brookings SBHC
- Evergreen SBHC – Siskiyou Community Health
- Illinois Valley – Siskiyou Community Health
- Lorna Byrne – Siskiyou Community Health
- Family Health and Wellness SBHC
- Lincoln Health Clinic – SBHC
- Newport SBHC
- Oregon City High School – SBHC
- Sandy SBHC – Clackamas Co.
- Taft SBHC
- Toledo SBHC
- UCHC – Roseburg SBHC
- Waldport SBHC
- Springfield School Health Center



# Flu Vaccine in ALERT IIS

- First allocations arrived in mid – August
- VFC-active clinics that pre-booked now control when and how much of the vaccine they want shipped. You do not have to accept the full amount all at once
- “Draw Down” from “manage flu” menu item

## TIPS

- Drawing down vaccine is like placing an order. Verify that shipping days and hours are correct. Your flu vaccine will arrive in about the same time a normal order arrives
- You must reconcile your inventory before ALERT will submit your draw-down request.

Public Health Division | Immunization Program

"Draw Down" Flu Vaccine in ALERT IIS

Users in VFC-active clinics that prebooked VFC flu vaccine in ALERT IIS can control when and how much of the vaccine that has been allocated to them is shipped. This is done with a feature called "Draw Down" from the Vaccine Request Status screen.

There are two menu items, "request flu" and "manage flu," in the left-hand blue menu bar under the "Inventory" section. Use these menu items to request vaccine doses during annual prebook, see what has already been prebooked for your clinic, and check whether doses have been allocated to you during flu season.

The screenshot shows the ALERT IIS interface. On the left, there is a blue menu bar with the 'Inventory' section expanded, and 'manage flu' is circled in red. The main content area shows the user's profile (Erin Corigan) and various sections including 'announcements', 'release notes', 'Vaccine Order/Transfer Notification', and 'Inventory that is Running Low by Vaccine Group'.

Last updated August 16, 2018

**Step 1. To check and see if we have allocated doses to you, click the "manage flu" menu item.** ALERT IIS will automatically show you the most recent flu season (in the "Event" window), with any doses that were previously requested for your clinic. You can also see where you are in the queue.

**Step 2. If doses are available for you, you will see that in the "Amt Available Now" column.** Keep checking this screen so that when you have doses, you can "Draw Down" to have them shipped.

When you have doses available and are ready to have vaccine shipped, check the "Select" box next to any vaccine that is available now, and click the "Draw Down" button.

The screenshot shows the 'Vaccine Request Status' screen. At the top, there is a navigation bar with 'organization: ERIN'S NEW CLINIC', 'user: Erin Corigan', and 'role: Standard User'. Below this, there is a 'Vaccine Request Status' section with buttons for 'Take doses from current vaccine allocation', 'Change previously requested vaccine amounts', and 'Return to the previous screen'. A red arrow points to the 'Draw Down' button. Below this is a 'Vaccine Request List' table with columns for 'Select', 'Trade Name', 'Packaging', 'Manufacturer', 'Type', 'Initiation User', 'Request Date', 'Request Status', 'Place in Queue', 'Total Amt Requested', 'Total Amt Allocated', 'Total Drawn Down', and 'Amt Available Now'. The 'Amt Available Now' column is circled in red.

**Step 3. From the "Vaccine Draw Down" screen, enter the amount you want shipped and click the Submit button to place your order.** Or, you can hold them for later or return them to the VFC pool.

The screenshot shows the 'Vaccine Draw Down' screen. It displays the VFC PIN (0900N), Initiating User (ERIN'S NEW CLINIC), and Delivery Contact (ERIN CORIGAN). Below this, there is a 'Ship # Doses from current vaccine allocation' section with a 'Submit' button. A red arrow points to the 'Submit' button. Below this is a 'Ship all doses in full quantity allocated' section with an 'Accept All' button. Below that is a 'Do not ship any doses at this time, hold for later' section with a 'Hold All' button. Below that is a 'Do not accept any of the current doses and return them to the state' section with a 'Reject All' button. Below this is a 'Return to the previous screen' section with a 'Cancel' button. At the bottom, there is a table with columns for '# Doses', 'Trade Name', 'Packaging', 'Manufacturer', 'Type', 'Doses Requested', 'Current Doses Allocated', 'Min Order Qty', and 'Outstanding Doses'. The 'Amt Available Now' column is circled in red.

Last updated August 16, 2018



# Thank You

Sara Kiely

[Sara.e.kiely@state.or.us](mailto:Sara.e.kiely@state.or.us)

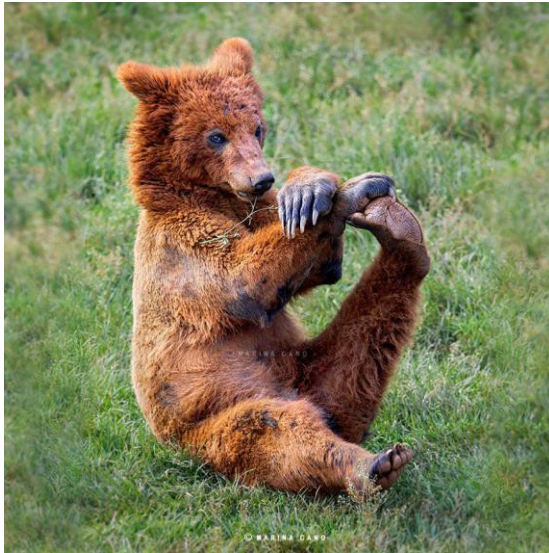
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Oregon  
Health  
Authority







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# Health Care Provider Incentives Program

**Joseph Sullivan**

Provider Incentives Coordinator  
OHA



HEALTH POLICY AND ANALYTICS  
DIVISION

Primary Care Office

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# What's the Problem?

- It is understood that much of the state is underserved by primary care, oral health and behavioral health providers and lacks the health care capacity necessary to provide adequate care to all its community members
- The majority of the State has identified Healthcare Shortages of one type or another



# So What Can the State do for You?

- HB3261 is the result of consolidation of multiple state programs into a single program effective 1/2/2018, with different incentives available to support rural and underserved areas in Oregon:
  - *Loan Forgiveness/Scholarships (\$7.1m)*
  - *Loan Repayment (\$4.3m)*
  - *Insurance Subsidies (\$4.0m)*
  - *Other (\$1m)*
- Likely, the incentive of most use to you all will be Loan Repayment

# What is Loan Repayment?

- **Loan Repayment:**
  - Loan repayment is an incentive for qualifying clinicians already in the workforce. Providers must be working (or contracted to begin working) for an eligible site before they can apply to receive this funding to repay existing loans in exchange for a service commitment
- Developed to attract and retain health care providers in underserved areas by providing loan repayment assistance to qualified health care providers serving Medicaid/Medicare recipients in both rural and non-rural underserved areas
- Eligible Providers: Dentists, Expanded Practice Dental Hygienists, Physicians (MD, DO or ND), Nurse Practitioners, Physicians Assistants, Pharmacists, Psychiatrists, Clinical Psychologists, Licensed Clinical Social Workers, Licensed Marriage or Family Therapists

# Initial Steps (for Site Administrators)

- Site needs to be certified through the Oregon Office of Rural Health as a “Qualified Practice Site”
- Qualified Practice Site means:
  - *Clinic must be seeing Medicaid/Medicare at same percentage as is present in community **AND***
  - *Clinic must be in a Health Professional Shortage Area (HPSA)*
  - ***OR** Clinic must be below median on Unmet Needs report*

\*Contact ORH for full list of requirements (contact information on last slide)

# Application Process

- Once approved by Office of Rural Health, clinicians from your SBHC's would be able to apply for awards
- Award selections happen every quarter; next group of awardees will be chosen October 26<sup>th</sup>, 2018
- Applications being accepted EVERY DAY, so get your clinics approved and clinicians to apply as soon as possible
- Approximately 50% of clinicians who apply have received awards this year

# Follow Up/Questions

## **Joe Sullivan**

Health Care Provider Incentives Coordinator

Primary Care Office

Health Policy Division

503-559-0340

[joseph.a.sullivan@dhsosha.state.or.us](mailto:joseph.a.sullivan@dhsosha.state.or.us)

## **Bill Pfunder**

Oregon Office of Rural Health

503-494-8685

[pfunder@ohsu.edu](mailto:pfunder@ohsu.edu)



# Collaboration with School Based Health Centers

---

Melissa Trombetta,MSW YouthLine Statewide Outreach Strategist

# Why talk about Suicide Prevention?

---

- Lets look at the Data

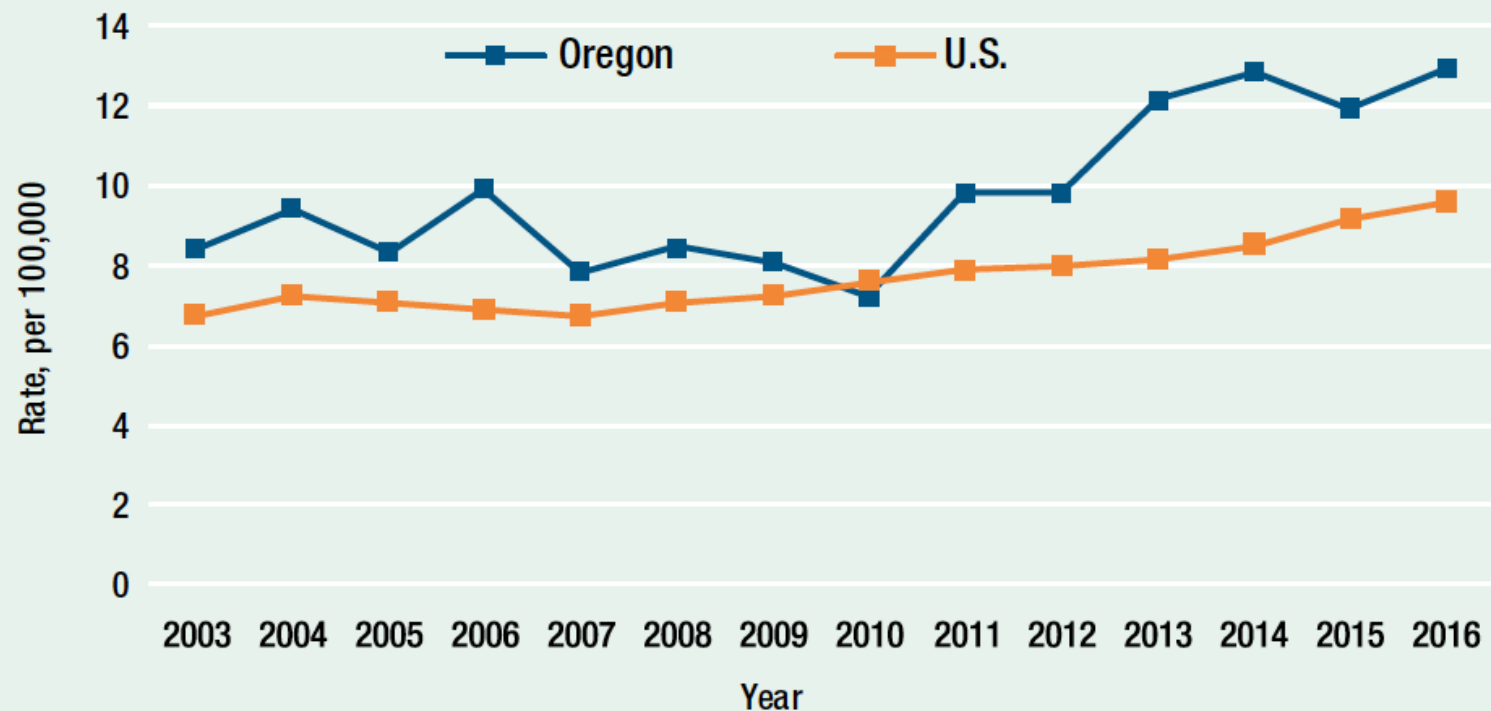
But First....

What are you noticing?

What are YOU hoping to change?



Figure 1. Suicide rates among youth aged 10 to 24 years, U.S. and Oregon, 2003-2016.(2)



\*From the Nat'l Center for Health Statistics, Center for Disease Control and Prevention



# In Oregon:



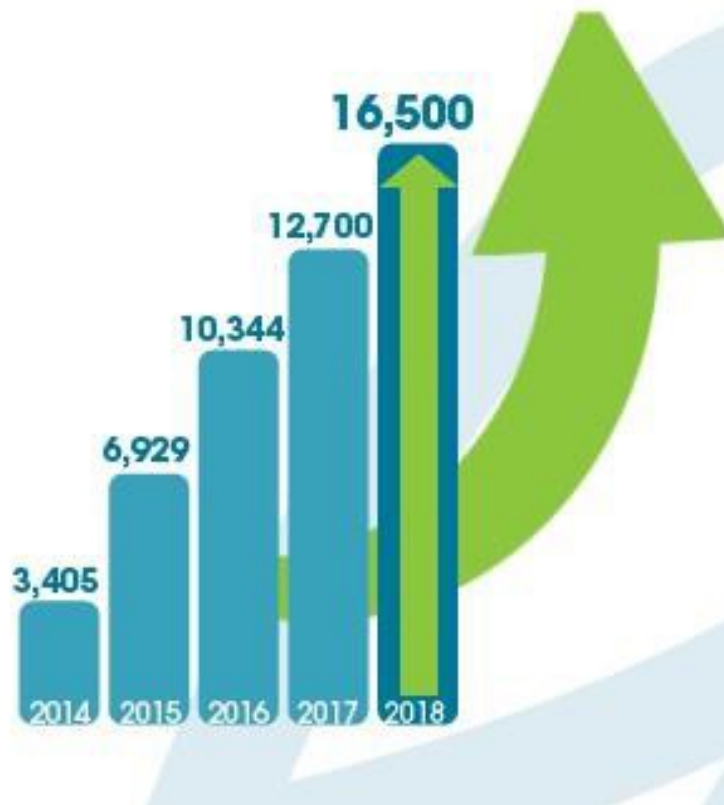
Based on Hospital data. Self disclosure on Oregon Healthy Teens shows a higher number

Who is



# Call Volume

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Oregon YouthLine is experiencing exponential growth of callers reaching out for help.

Over the past five years, texts and calls from youth in crisis has risen **85%.**

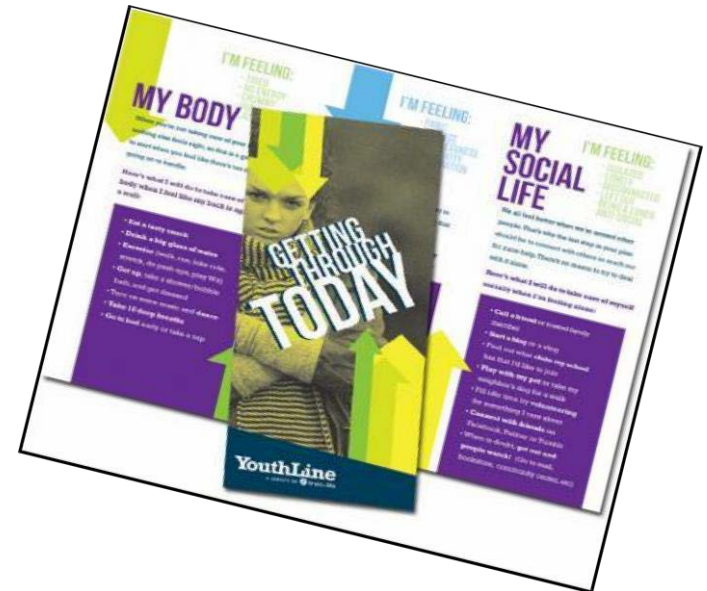
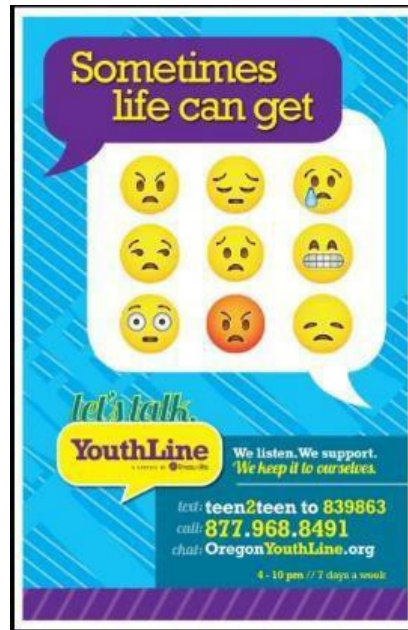
High risk callers has almost doubled over the last year from 2891 in 2016 to 4654 in 2017.

# Our Volunteers

- 15-19 years old
- Work one shift per week (3.5 hours)
- Supervised by Masters Level Clinician
- Complete over **50 hours of training** before answering Calls, Texts, Chats



# Materials for your Clinics:





## More Information:

---

- [www.oregonyouthline.org](http://www.oregonyouthline.org)
- [MelissaT@linesforlife.org](mailto:MelissaT@linesforlife.org)

# Community Suicide Response Panel

## Facilitator:

Meghan Crane, MPH

*Zero Suicide Program Coordinator, OHA – Public Health Division*

## Panelists:

Claire Catt

*Prevention Coordinator, Public Health Foundation of Columbia County*

Brooke Cottle

*Director, Bethel Health Center (Lane)*

Tamarra Harris

*System Clinic Manager, Mosaic Medical (Crook/Deschutes/Jefferson)*







# Affirming Care for Trans & Gender Diverse Youth

## Presenters:

- Jess Guerriero, OHSU
- Christopher Hamann, Legacy
- Neola Young, Legacy

# Understanding Concepts

- **Sex** – usually determined by physiological & anatomical characteristics; assigned at birth (male, female, intersex)
- **Gender** – innate sense of who you are (man, woman, genderqueer, another gender)
- **Gender expression** – how you present your gender through clothing, hairstyles, accessories, body language, etc.
- **Sexual/romantic orientation** – who you're attracted to

# Understanding Concepts

- **Orientation identities**

- Gay
- Lesbian
- Same Gender Loving (SGL)
- Bisexual
- Pansexual
- Queer
- Asexual
- Straight/heterosexual



# Understanding Concepts

- **Gender**

- Cisgender
- Transgender
- Trans
  - Trans woman, trans man, trans person
- Genderqueer, non-binary

**For more info:**

<https://transequality.org/issues/resources/frequently-asked-questions-about-transgender-people>

**\*Cis = stay on the same side**

**\*Trans = to cross over**

# Understanding Concepts

- "**Gender dysphoria**" is the medical diagnosis used to describe transgender identities. Healthcare providers use this as a tool to access medical transition care.
  - **Medical transition/transition related care** is understood as, but not limited to: puberty suppression, hormone therapy, surgical procedures
- "Gender identity disorder" was added to the DSM (Diagnostic and Statistical Manual of Mental Disorders) in 1980 and replaced with "**gender dysphoria**" in 2013.

# Understanding Concepts



Male

↓  
Men

↓  
Masculine

↓  
Attracted only to women



A culturally defined code of accepted identities & behaviors that assumes **males are men who are masculine** and **females are women who are feminine** and nothing exists outside of this system.



Female

↓  
Woman


↓  
Feminine

↓  
Attracted only to men





# Prevalence – youth



The Williams Institute  
UCLA SCHOOL OF LAW

HOME | RESEARCH | EXPERTS | EVENTS | EDUCATION | OPPORTUNITIES | PRESS | ABOUT

## New Estimates Show that 150,000 Youth Ages 13 to 17 Identify as Transgender in the US

**For Immediate Release**  
January 17, 2017

Media Contact:  
Noel Alumit, [alumit@law.ucla.edu](mailto:alumit@law.ucla.edu)  
Office: 310-794-2332  
Cell: 323-828-5554

**New Estimates Show that 150,000 Youth Ages 13 to 17 Identify as Transgender in the US**

*In addition to 0.6 percent of U.S. adults (1.4 million individuals), new study finds that 0.7 percent of youth ages 13 to 17 identify as transgender*

# Experiences of K-12 students



Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender

EXPERIENCES	% OF THOSE WHO WERE OUT OR PERCEIVED AS TRANSGENDER
Verbally harassed because people thought they were transgender	54%
Not allowed to dress in a way that fit their gender identity or expression	52%
Disciplined for fighting back against bullies	36%
Physically attacked because people thought they were transgender	24%
Believe they were disciplined more harshly because teachers or staff thought they were transgender	20%
Left a school because the mistreatment was so bad	17%
Sexually assaulted because people thought they were transgender	13%
Expelled from school	6%
<b>One or more experiences listed</b>	<b>77%</b>

# Risk Profile of TGNC Youth

As compared to cisgender counterparts, TGNC are **2-3x more likely** to experience:

- Symptoms of depression and anxiety
- Social isolation and rejection
- Low self-esteem/self-worth
- Self-harming behaviors
- Suicidal ideation
- Perception of being completely misunderstood and alone



Journal of Adolescent Health 61 (2017) 521–526

# Protective Factors

## **Creating an environment of inclusion:**

- Transgender Visibility and celebration
- Inclusive Language
- Family Support
- Social Support
- Early Intervention
- Community resources
- Educated health care providers
- Access to health care and insurance inclusion



# Considerations for Youth

- Age of consent and parental support
- Fertility implications
- Bullying/School and social support
- Insurance exclusions
- Limitations in legal transition
- DHS/OYA - out of home care and consent
- Fluidity in identity and expression





Adolescent health brief

## Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth

Stephen T. Russell, Ph.D.<sup>a,\*</sup>, Amanda M. Pollitt, Ph.D.<sup>a</sup>, Gu Li, Ph.D.<sup>b</sup>, and Arnold H. Grossman, Ph.D.<sup>c</sup>

<sup>a</sup> University of Texas at Austin, Austin, Texas

<sup>b</sup> University of British Columbia, Vancouver, British Columbia, Canada

<sup>c</sup> New York University, New York, New York

Article history: Received November 17, 2017; Accepted February 1, 2018

Keywords: Transgender; Youth; Depression; Suicidality

### ABSTRACT

**Purpose:** This study aimed to examine the relation between chosen name use, as a proxy for youths' gender affirmation in various contexts, and mental health among transgender youth.

**Methods:** Data come from a community cohort sample of 129 transgender and gender nonconforming youth from three U.S. cities. We assessed chosen name use across multiple contexts and examined its association with depression, suicidal ideation, and suicidal behavior.

**Results:** After adjusting for personal characteristics and social support, chosen name use in more contexts was associated with lower depression, suicidal ideation, and suicidal behavior. Depression, suicidal ideation, and suicidal behavior were lowest when chosen names could be used in all four contexts.

**Conclusion:** For transgender youth who choose a name different from the one given at birth, use of their chosen name in multiple contexts affirms their gender identity and reduces mental health risks known to be high in this group.

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## JOURNAL OF ADOLESCENT HEALTH

[www.jahonline.org](http://www.jahonline.org)

### IMPLICATIONS AND CONTRIBUTION

It is critical to public health and policy to understand chosen name use among transgender youth, and whether use of a chosen name influences mental health. This study found mental health benefits associated with chosen name use among transgender youth who choose a name different from the one given at birth.

N = 129, 74 had chosen name  
**29% decrease** in suicidal ideation  
**56% decrease** in suicidal behavior

# Role of Care Providers

- Addressing parental and other caregiver concerns/reassurance
  - Gender fluidity & questioning common at young age
  - Give young person freedom to express gender
  - Gender dysphoria should be taken seriously
- Creating an affirming environment
  - Using correct name/pronouns; ensuring staff do the same
  - Being sensitive with physical exams
  - **Affirming the young person**
- Support during transition
  - Knowledgeable of local resources and appropriate referrals
  - Sounding board for young person to explore changes taking place

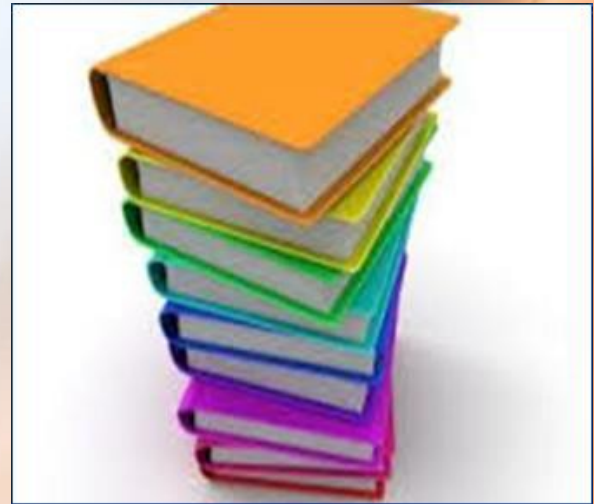
# Supporting Autonomy

- Pathways for transition may look different from person to person
- Recognize flexibility for customization/individual plans
- Timing and pacing: social, physical, medical, and legal transition are individualized and not always a linear process



# Opportunities for Advocacy

- Name & pronoun use
  - Official school records
  - School rosters
- Restroom accessibility
- Locker room accessibility
- Sports & gym classes
- Dress codes
- Gender segregated activities



# Support Resources

Information, resources, referral, navigation, accompaniment, consultation, and education available in local health systems through:

- **OHSU Transgender Health Program:** 503.494.7970
- **Legacy Gender & Sexual Health Program:** 503.413.5600
  - **Kaiser Gender Pathways:** 503.249.6748

# Support Resources

<b>Portland:</b> <ul style="list-style-type: none"><li>• SMYRC downtown</li><li>• SMYRC East</li><li>• Transactive Gender Center</li><li>• PFLAG Portland</li><li>• Momentum Alliance</li><li>• Bridges Voices choir</li></ul>	<b>Clackamas County:</b> <ul style="list-style-type: none"><li>• The Living Room</li><li>• PFLAG East County</li></ul>
<b>Salem/Corvallis:</b> Salem Rainbow Youth PFLAG Corvallis	<b>Bend/Central OR:</b> Human Dignity Coalition
<b>Medford/Ashland:</b> Lotus Rising Project	<b>Oregon Coast:</b> OR Central Coast PFLAG
<b>Pendleton:</b> PFLAG Pendleton	

# Questions?

## **Neola H. Young**

Legacy Gender & Sexual Health  
Program Coordinator

[nhyoung@lhs.org](mailto:nhyoung@lhs.org) or 503.413.6912

## **Christopher Hamann, LCSW**

Legacy Gender & Sexual Health  
Social Worker

[Transhealth@lhs.org](mailto:Transhealth@lhs.org) or 503.413.5600

## **Jess Guerriero, MSW, MA**

OHSU Trans Health Program

Intake & Referral Specialist

[guerrier@ohsu.edu](mailto:guerrier@ohsu.edu) or 503.494.7984

*And the award goes to....*







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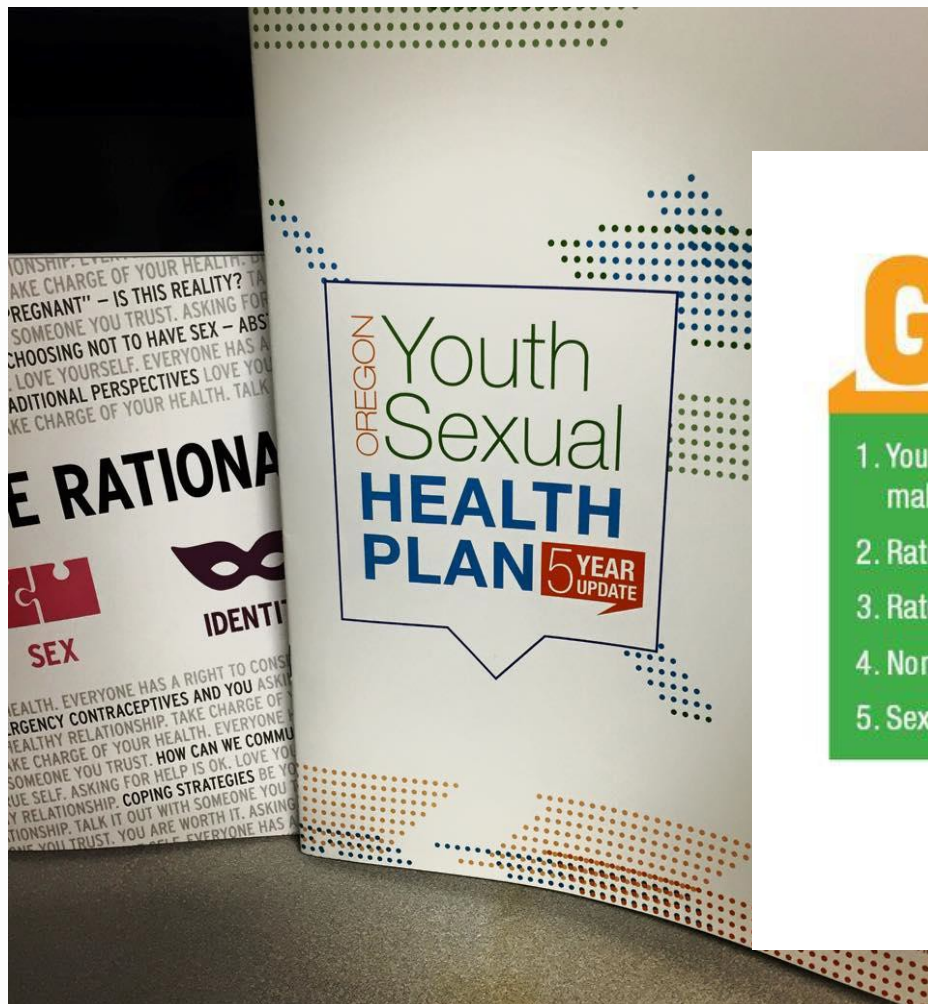
# 30 Minutes is Not Enough

Shelagh Johnson  
Youth Sexual Health Coordinator

SBHC Coordinators Meeting  
October 11, 2018



# Oregon's Youth Sexual Health Plan



## GOALS

### OREGON YOUTH SEXUAL HEALTH PLAN

1. Youth use accurate information and well-developed skills to make thoughtful choices about relationships and sexual health.
2. Rates of unintended pregnancy are reduced.
3. Rates of sexually-transmitted infections are reduced.
4. Non-consensual sexual behaviors are reduced.
5. Sexual health inequities are eliminated.

OREGON YOUTH SEXUAL HEALTH REPORT  
FIVE YEAR UPDATE

3

PUBLIC HEALTH DIVISION  
Adolescent & School Health Program

Photo credit: Shelagh Johnson

Oregon  
Health  
Authority



# What is happening?



PUBLIC HEALTH DIVISION  
Adolescent & School Health Program

Oregon  
**Health**  
Authority

# What I want you to know, #1:



# What I want you to know, #2:





# What I want you to know, #3:

## Sexual Violence Prevention Resource Map

Injury Community Implementation Group

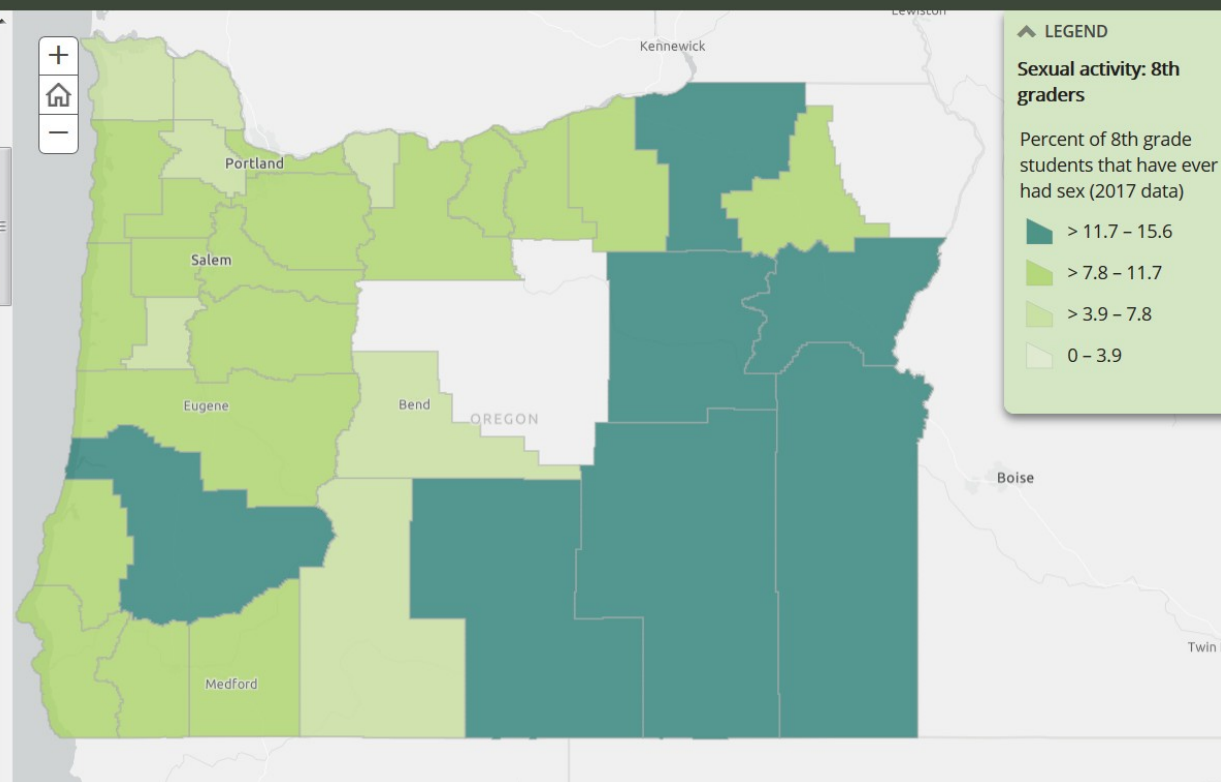
### Teen Dating Violence

### Sexual Behavior among Oregon Teens: 8th Grade Students

Data Source: 2013-2017 Oregon Healthy Teens Survey, a survey of 8th and 11th grade students. The map shows the results of one question from the survey: "Have you ever had sexual intercourse?". The results are reported as a percent.

Some caution should be used when interpreting these numbers:

- Districts and schools from every county, Crook, Jefferson, and Wallowa (2017), participated in the survey.
- Caution should be used when interpreting the results from some counties (2017: Marion, Multnomah, Yamhill, Josephine, Lane) for specific years. The percentage of students that participated in these counties was low. See the website below for more information on the effects of small sample sizes for some counties.
- Some county results have been combined: Grant/Harney, Klamath/Lake, Morrow/Umatilla, Sherman/Gilliam/Wasco, 2013; Sherman/Gilliam/Wasco into North Central Health District (11th grade) and

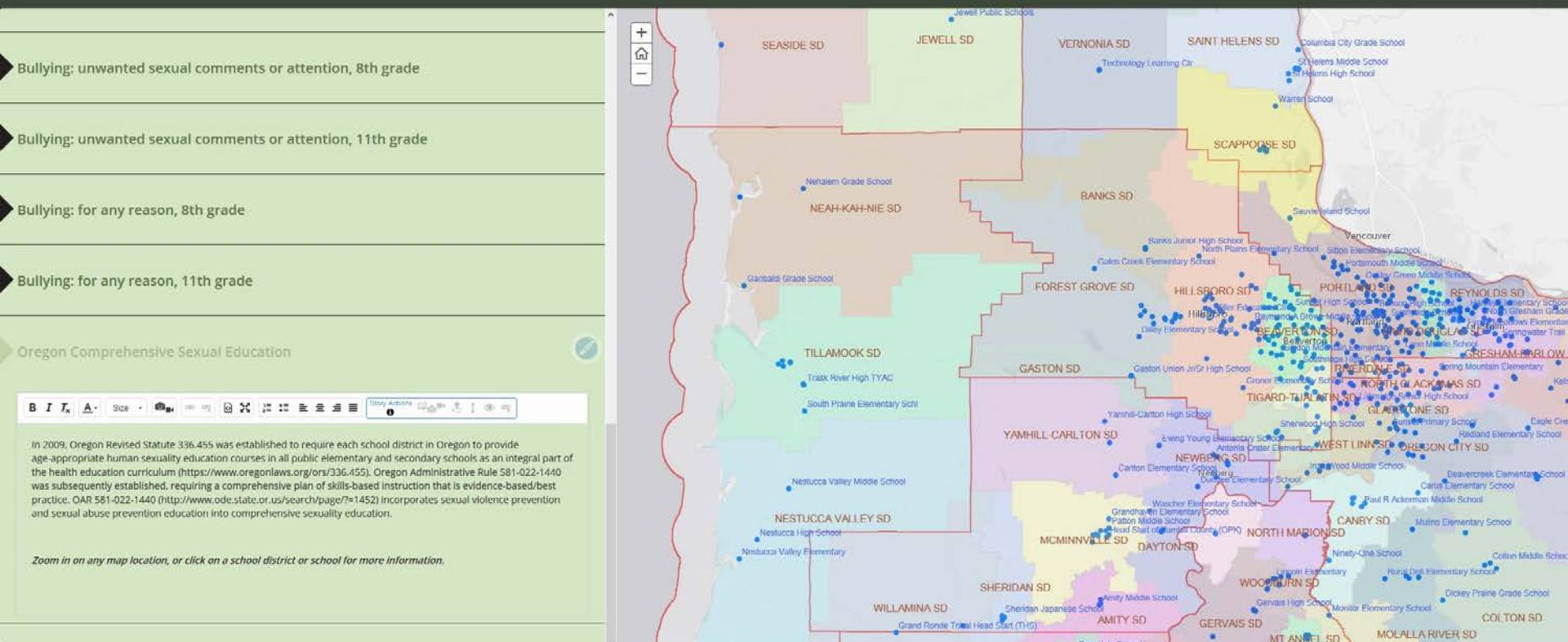


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Adolescent & School Health Program

The Map

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# What I want you to know, #3 cont.:



## The Map

PUBLIC HEALTH DIVISION  
Adolescent & School Health Program

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# What else do we need to know?

**What?**

**So What?**

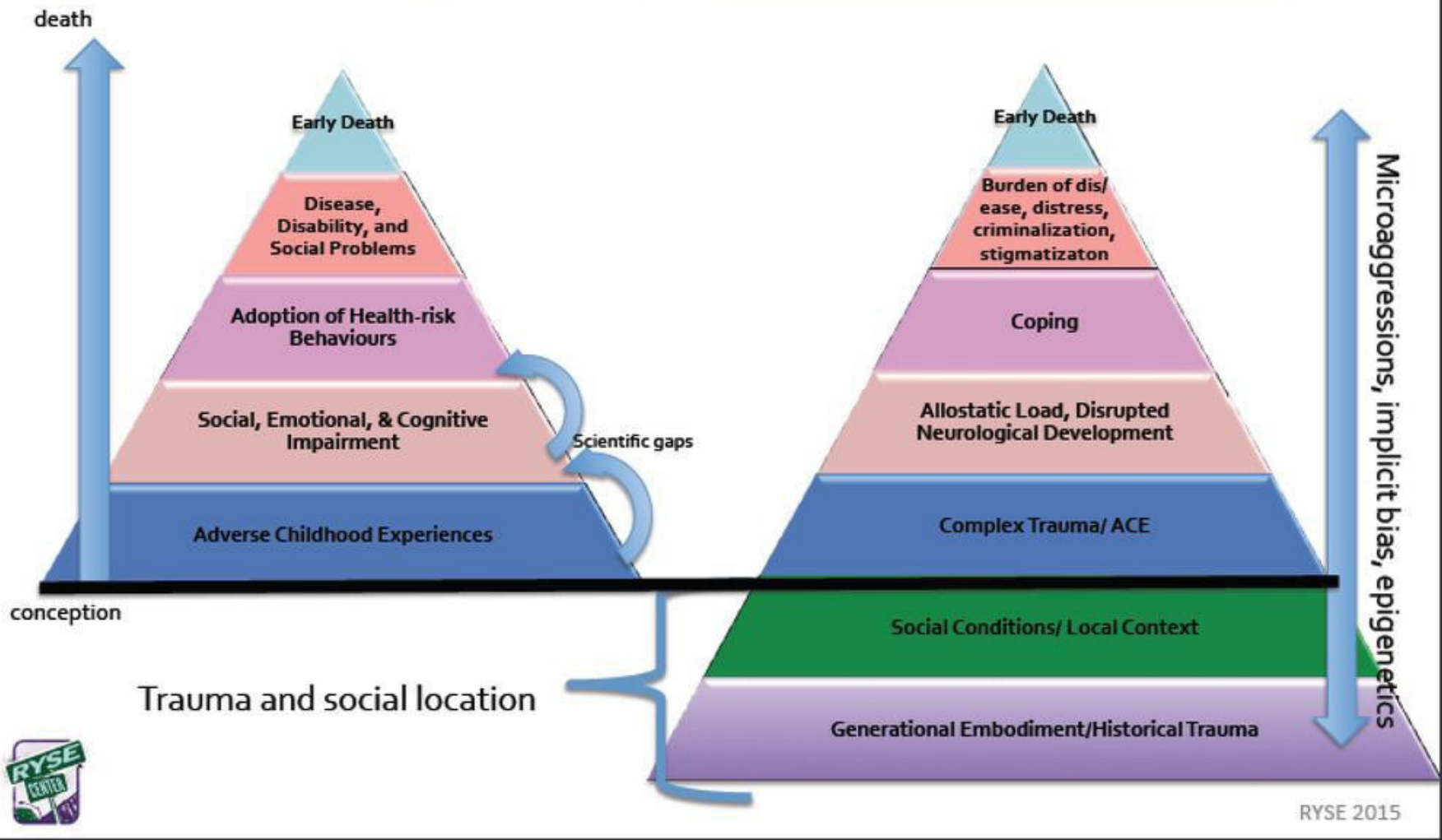
**Now What?**



# Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment





## Parents' Rights in Education

1 hr · \*

SEXUALLY  
TRANSMITTED  
DISEASES

HOMEWORK  
ASSIGNMENTS



BEDSIDER birth control methods where to get it reminders feature

METHOD EXPLORER /

most effective party-ready STI proven



What is all this stuff?

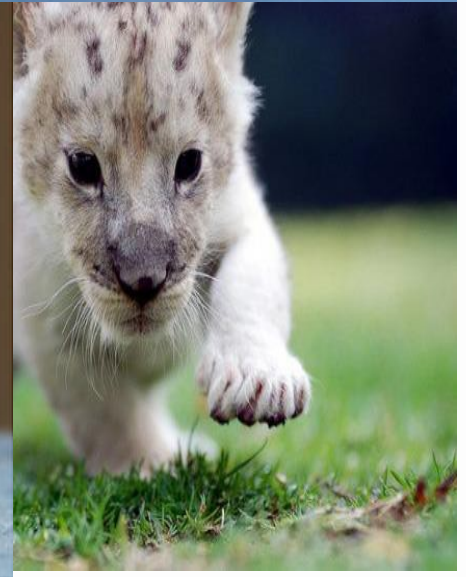
The explorer is a place to learn about all of the different methods of birth control. Click on any method for more details. Want a more apples-to-apples way to compare? View a side-by-side comparison.



PUBLIC HEALTH DIVISION  
Adolescent & School Health Program

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<http://abduzeedo.com/50-incredibly-cute-baby-animal-pictures-around-world>

# Contact information:

Shelagh M. Johnson, Youth Sexual Health Program Coordinator  
Oregon Health Authority, Public Health Division  
Adolescent & School Health Program  
[shelagh.m.johnson@state.or.us](mailto:shelagh.m.johnson@state.or.us)  
971-673-2016



# Panel: SBHC Financial Sustainability

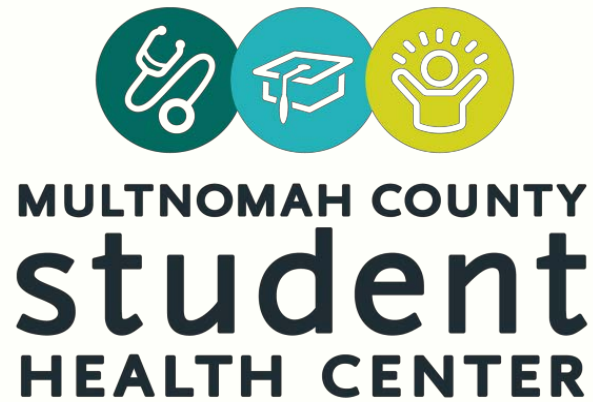
Featuring...

- Brooke Cottle (Bethel Health Center)
- Alexandra Lowell (Multnomah County)
- Alisha Southwick (Umatilla County)

Moderated by...

- Sarah Knipper (SPO)





## Financial Sustainability

Place Your Logo Here - Align Center

State SBHC Coordinators Meeting  
Oct 11, 2018



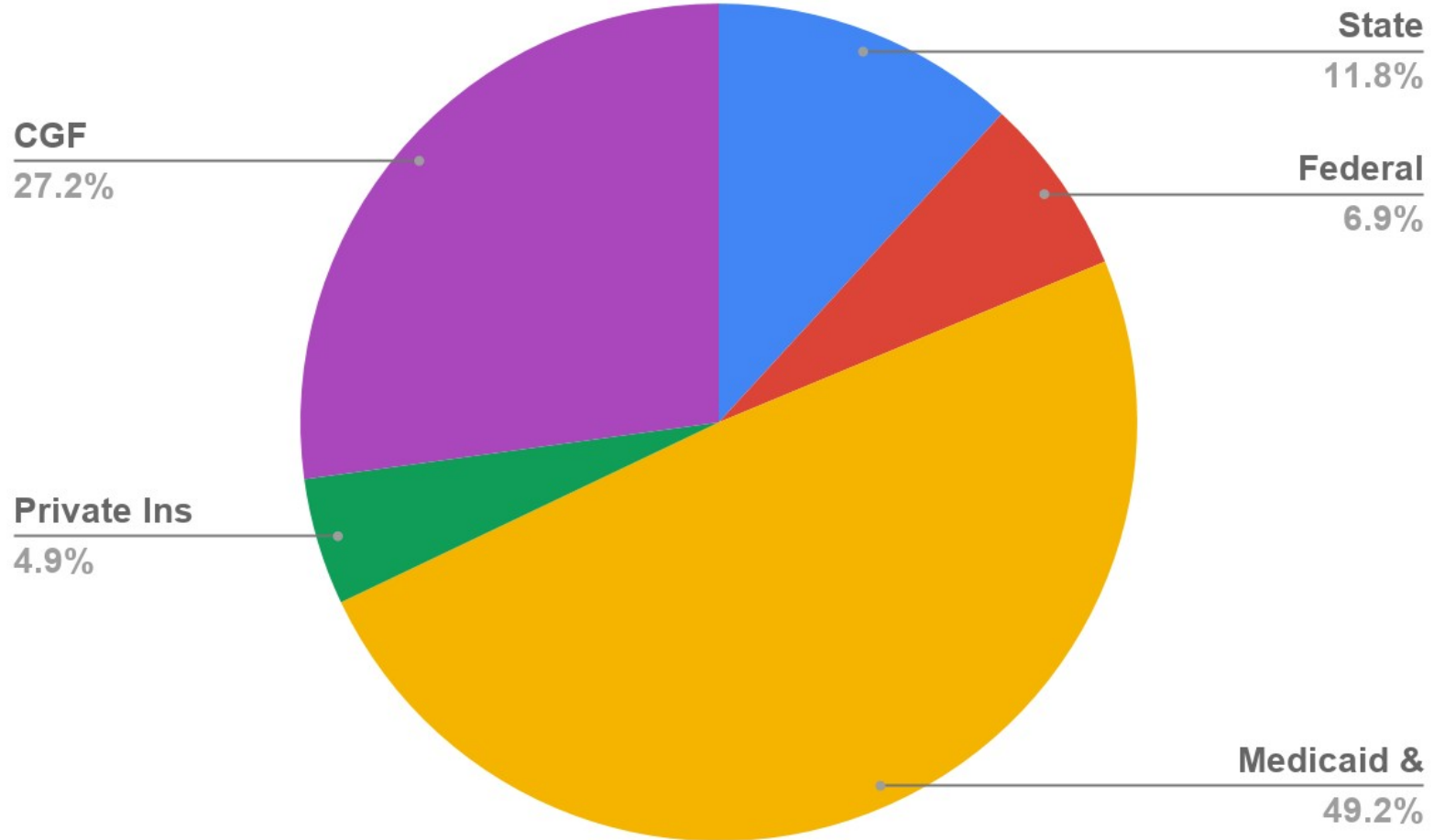




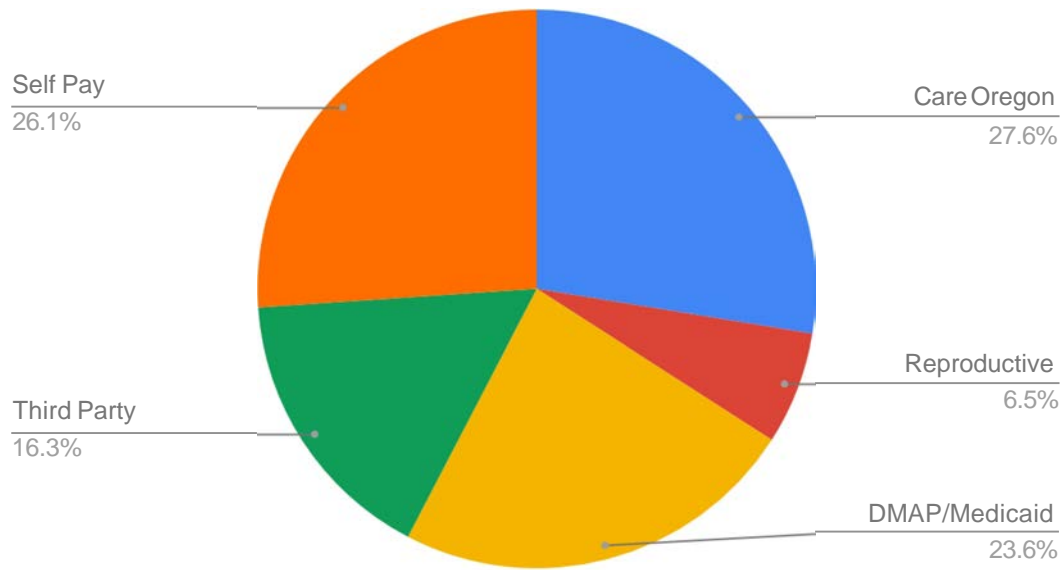
- 10 SHCs & 8 large PC centers
- FQHC
- County is medical sponsor - Commissioner & Community Health Council support

- Serve K-12
- MH 4 days/wk
- BHP at only 3 sites (16-24 hrs/wk)

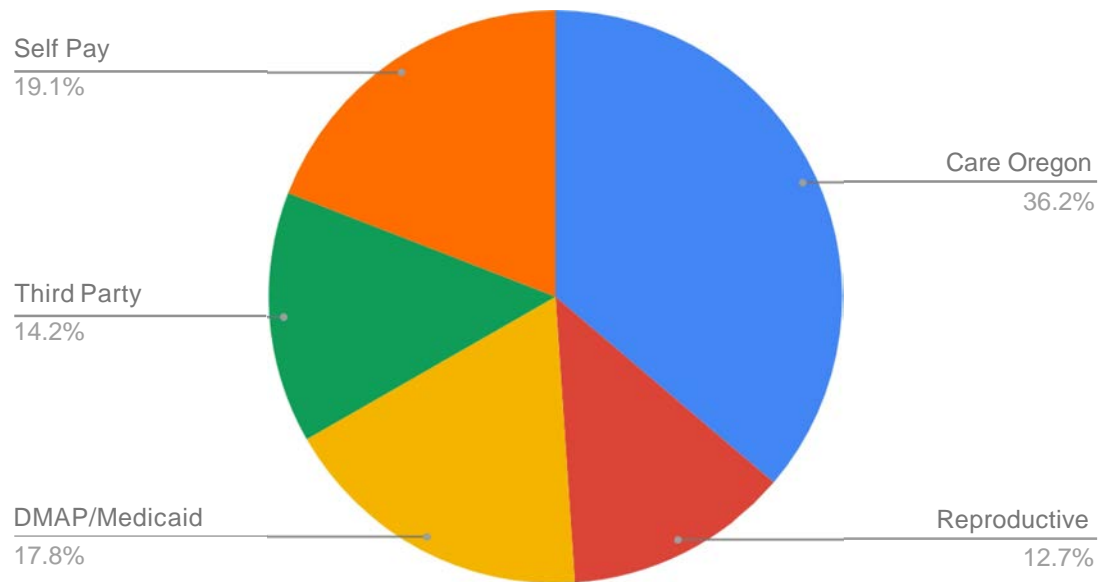
# FY18 Revenue mix



## Payer Mix FY18 Average



## May 2018 - RH Affect







- EASA supports youth statewide, ages 15-25, who have had their first experience of psychosis in the last year.
- Offers early intervention services to individuals for 2 years.
- Services include Case Management, Counseling, Medication, Supported Employment, Occupational Therapy, and Peer Support.
- Families receive support such as contact with team members, multi-family group, and psychoeducation.
- There is an EASA program in every county in Oregon.

# Psychosis in Focus

Psychosis Education for School Based Health Centers



**EASA** Center for Excellence



- EASA supports youth statewide, ages 15-25, who have had their first experience of psychosis in the last year.
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- Families receive support such as contact with team members, multi-family group, and psychoeducation.
- There is an EASA program in every county in Oregon.



# Young Adult Leadership Council ( YALC)

**“Uniting the voices and strengths of young adults and their allies to create a thriving community and revolution of hope”**

YALC seeks to:

- Create an outlet for expression
- Educate and supporting EASA participants and graduates
- Respond to/ gathering and using feedback
- Advocate for change

Made up of current EASA participants and graduates



# YALC Accomplishments

- Collaborated with the West Linn/Clackamas County School District on mental health and psychosis education
- Produced a statewide conference in conjunction with the Oregon Counseling Association (ORCA).
- Provides feedback and influence on the fidelity guidelines for how EASA is run across the state.
- Created an official housing policy which provided recommendations for policy makers and state/local program developers on how best to support young adults transitioning into independent housing. This policy influenced how a recent housing grant was implemented. Young adults on the panel chose which organizations would receive the funding.

## Accomplishments Continued...

- In 2016 we released an official national policy platform that delineates our recommendations for the future of early psychosis intervention program development at the nation level.
- We embarked on a letter writing campaign to members of the senate (HELP) Committee, advocating for early intervention programs like EASA and support services for youth experiencing mental health challenges.

# Individual Council Member Accomplishments

- Law school student
- Occupational Therapy Doctorate student
- Passed MCATS: Applying to Med Schools
- Applying to Social Work Schools
- Peer Support Specialists
- Graduates of High School and College
- Business Owners

# Council Member Accomplishments

## Continued...

- Patients
- Volunteer Work
- Published Authors of Research Articles
- Writing Textbook Chapters
- Community Based Researchers
- Artists and Musicians of all Kinds!

# What is psychosis?



# Psychosis is...

- A break from a person's past perceptions of reality.
- Seeing or hearing things that other people do not hear or see.
- Believing things that others say aren't real or possible.
- Difficulty communicating or staying on topic.
- Psychosis is a symptom, not an illness.
- Psychosis can be caused by a mental illness, drug abuse, trauma or extreme stress.

**Psychosis is an agreed upon term but not everyone identifies with it.**



# Myths about Psychosis

**"People who have psychosis will never get better."**

**RECOVERY IS POSSIBLE AND LIKELY with EARLY INTERVENTION.**

**"People need to go to the hospital immediately."**

**There are other options.**

**"Psychosis is inherently negative."**

**Some cultures see it as a positive experience or a gift.**

**"People who have gone through psychosis need to get disability or quit work/school."**

**It is possible to live a full, independent life after having gone through psychosis.**

## Statistics

5% - 8% of the population experiences psychosis at some point. **For an average high school of 1,500 students, that's roughly four classrooms full of teens or 120 students.**

Almost everyone encounters someone who has gone through psychosis.

1 in 3 homeless people have some form of mental illness and have experienced psychosis.

**Homelessness is a consequence of untreated mental health issues.**

# Early Intervention Can Prevent hospitalization

- "Hospitals are not healing they are just harming" -C.
- "Hospitals should be a last resort." -S.
- "Hospitals are like holding cells." -E.
- "When I got out of the hospital, I thought that I was alone, but the people at EASA were there for me, and they will be there for you." -N. EASA Graduate & Young Leadership Council member
- *"I remember being in a dark and confusing place after my diagnosis. Your diagnosis does not define who you are. EASA changed my life and they will help you too!"*-N. EASA Graduate & Young Adult Leadership Council member



# **Personal Experiences and How EASA Helped**

# Tips for supporting someone experiencing psychosis

- Don't make jokes about what they are going through from a place of discomfort
- Humor can be comforting if used right - Laugh with don't laugh at
- Allow the person to speak - don't cut them off
- Encourage them
- Don't discourage them from trying things that may seem hard.
- Remember: Even if you haven't had the same experience, you can still empathize
- Be understanding if they can't accomplish the same things as before
- And never give up!

# What do we want you to do?

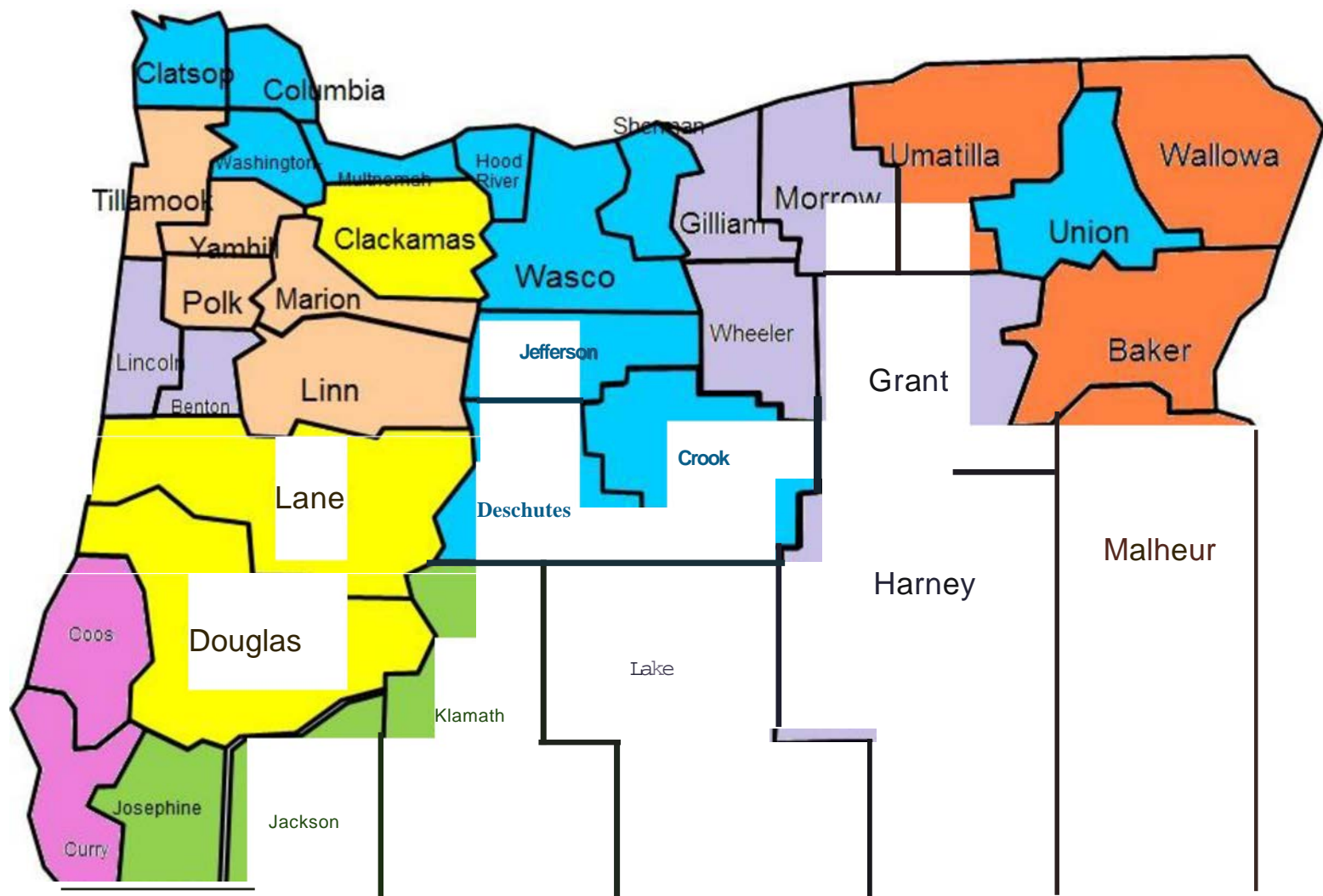
- Educate teachers and students about psychosis
- Help bust stigma!



# How to Connect with EASA

- Check out our **Resource table** here for more information
- Each county has an EASA program you can find your's here <http://www.easacommunity.org/easa-programs.php>
- Even if you are unsure you can refer students to EASA for an assessment
- EASA can refer to other programs if needed
- We strive to provide resources for students in all academic settings
- Connect with YALC at [wallch@OHSU.edu](mailto:wallch@OHSU.edu)





# Student Health Advocate Panel: Providing Youth-Friendly Services



**Haylee Williams**  
Student Health  
Advocate Coach



**Melissa Muñoz**  
Student Health  
Advocate



**Megan Feely**  
Student Health  
Advocate



**Morgan Gallardo**  
Student Health  
Advocate

Moderator: Ashley McAllister, OSBHA Program Manager  
[ashley@osbha.org](mailto:ashley@osbha.org)



# Contact Us

School-Based Health Center Program

Oregon Public Health Division

800 NE Oregon St., Ste. 805

Portland, OR 97232

P: 971-673-0249

F: 971-673-0250

[sbhc.program@state.or.us](mailto:sbhc.program@state.or.us)

[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)



Oregon  
Health  
Authority



# SBHCs Across Oregon







SBHCs are Serving Oregon's  
Youth!





Ashland High School





Ashland High School





Ashland High School



Beaverton High School





Beaverton High School



Beaverton High School

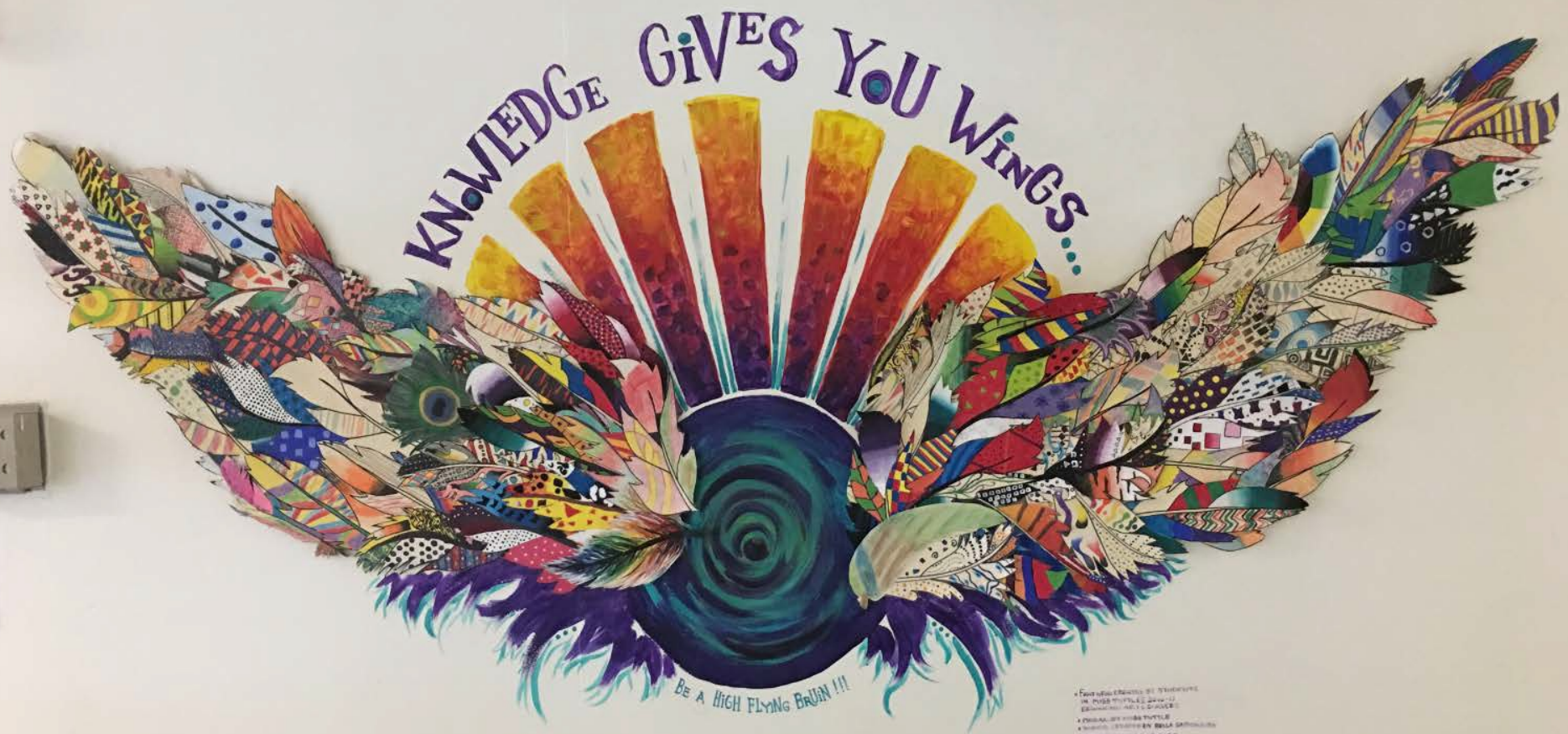


Beaverton High School





Brookings Harbor High School



Brookings Harbor High School



SBHC

CONTACT:

Text "teen2teen"  
to 839863

Call

877-968-8491

March is:

Suicide Prevention

Awareness  
Month



Brookings Harbor High School



Centennial High School





Centennial High School

**To avoid eating poop, sing the  
alphabet song while you wash  
your hands.**

Centennial High School

**WHEN DID  
YOU LAST  
HAVE YOUR  
TEETH  
CLEANED**

Centennial High School



# Your opinion matters!



Take our survey for a chance to win a

**SUBWAY** gift card

Centennial High School

CENTENNIAL  
HEALTH  
CENTER

# YOUTH ADVISORY COUNCIL



**JOIN Y.A.C. MAKE A DIFFERENCE.**

- Raise awareness & educate peers about health issues
- Advocate to make our school & community a healthier place
- Advise the Health Center on issues that matter to you

ALL STUDENTS  
ARE WELCOME!!!

Leadership &  
Communication Skills.  
Health Knowledge & Skills.  
Presentation & Job Skills  
Volunteer Experience. Activity to  
Include in Scholarship & College Apps

Centennial High School





Churchill High School



Churchill High School





Churchill High School



CHURCHILL GSA PRESENTS

# DRAG NIGHT

7:00 TO 8:00 PM

FRIDAY,  
JANUARY 12TH

\$5 ADMISSION

Churchill High School





David Douglas High School



David Douglas School-Based Health Center




DAVID DOUGLAS  
SCHOOL-BASED HEALTH CENTER  
1824 SE 12TH AVENUE  
PORTLAND, OR 97203  
503-980-3554  
In Case of Emergency Dial 911  
Oregon Department of Health & Human Services  
Public Health



David Douglas High School

**David Douglas**



**School Based  
Health Center**

David Douglas High School



**David Douglas**



**School Based  
Health Center**

David Douglas High School

**David Douglas**



**School Based  
Health Center**

David Douglas High School



**1 in 8 people  
with HIV  
don't know  
they have it.**



**Everyone  
16 - 18 years old  
should be tested  
at least one time.**

Test results  
available  
during your  
visit!

**You can get  
tested at your  
School-Based  
Health Center!**

David Douglas High School



# Ask us about a Telephone Appointment today!

TELEPHONE VISITS ARE A CONVENIENT WAY TO GET THE CARE YOU NEED FOR THINGS LIKE:

*Our Providers will call you!*

- Sore Throat
- Stress
- Pinkeye
- Seasonal Allergies
- Contraception
- Medication Refills
- Sleep Problems
  - Nausea/vomiting
- Bladder Infection
- Referral Management
- Laboratory Test Results along with next steps of Care
- Follow up after Emergency Room Visit or Hospitalization

Lab needs to be done in the clinic | Prescription can be picked up at your convenience!

David Douglas High School



## myth #1

**everyone is  
having sex**

**FACT**

**Not everyone is having sex.**

59% of students graduate having never had sex-- that's most of us!

Teens today are actually far less likely to have sex than their parents were.



## myth #2

**hooking up is  
no big deal**

**FACT**

**Hooking up has lasting consequences.**

Most people end up regretting it (78% of women and 72% of men). Studies show that it can lower your self-esteem and mess with other relationships. It puts you at risk of getting a sexually transmitted infection and/or pregnant, especially when alcohol is involved.

Plan to

**NETFLIX &  
CHILL ?**

## myth #3

**only one type of  
body is lovable**

**FACT**

Body shaming is out. **Body positivity** is in. Media will have you believe that you have to look one specific way, but the average American female is a size 14 and American male has a size 39 waist. Don't allow the media's definition of beauty to get in the way of you doing do. #bodyposi



## myth #4

**I'm not at risk  
for STI's**

**FACT**

Are you between the age of 15-24 years old? Then you are at a *higher* risk for getting a sexually transmitted disease (STI). Even though fewer of us are having sex, we account for **over half** of the 20 million new STI's that occur in the U.S each year.

**Always use dual protection\*, even if you aren't going all the way.**



David Douglas High School



Eagle Point High School



# School-Based Health Center

The image shows the entrance to a school-based health center. A large white sign with dark blue text reads "School-Based Health Center". Below the sign is a covered walkway with a wooden ceiling and blue support pillars. The walkway leads to a glass entrance. A small sign above the door points right and says "Health Center". To the right of the entrance is a window with horizontal blinds. The scene is brightly lit, suggesting daytime.

Eagle Point High School



Winterspring

Grief Group

Starting This Month - FEB

Here at EPHS - TALK TO

MS. FLETCHER at Eagle Center

Eagle Point High School



Evergreen Elementary School



## HOW MUCH SUGAR?

HOW WOULD YOU LIKE TO HAVE \$350 TO \$500 GIVEN TO YOU EVERY YEAR?



THAT'S HOW MUCH YOU (OR YOUR PARENTS) SPEND ON SODA YEARLY.



A 12 OUNCE CAN OF SODA CONTAINS TEN TEASPOONS OF SUGAR.



THIS MEANS YOU GET MORE THAN 62 POUNDS OF SUGAR A YEAR FROM SODAS ALONE!!!



A SUPERSIZED (42 OUNCE) SODA CONTAINS 35 TEASPOONS OR ALMOST A CUP OF SUGAR.



THE AVERAGE MIDDLE SCHOOL STUDENT DRINKS MORE THAN 500 CANS OF SODA A YEAR.

THAT'S OVER 94 GALLONS FOR EACH OF YOU!!!



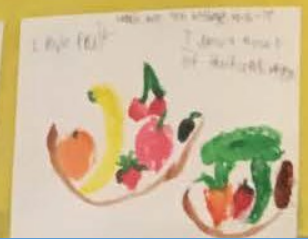
STACK ALL OF THE CANS ON TOP OF EACH OTHER AND IT WOULD BE OVER 200 FEET TALL!!!



SOAK-IN-THE-COKE EXPERIMENT

This nail and chicken bone have been soaking in a Coca-Cola bath for 24 hours. Check out the damage!!!

Evergreen Elementary School



Evergreen Elementary School







Forest Grove High School



will **shape** all of **tomorrow**

**We** Are the Future

**TOTAL** POTENTIAL

*Let's be Strong*

Thoughtful **CONFIDENT**

**TOGETHER**

Forest Grove High School



Franklin High School





MULTNOMAH COUNTY  
**student**  
HEALTH CENTER

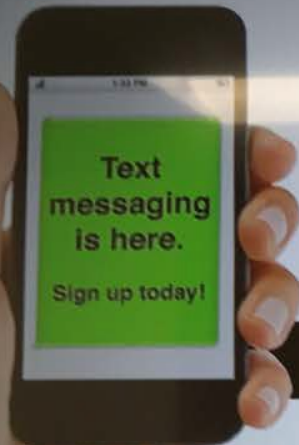


Franklin High School



MULTNOMAH COUNTY  
**student**  
HEALTH CENTER

Franklin High School



# Sign up for text messages!

Receive appointment reminders, account or  
care-related information on your cell phone.

**It's easy to get these helpful texts!**

- ① Give us your cell phone #
- ② Text MCHD to 622622

Message and data rates may apply. Text HELP to 622622 to receive help, STOP to 622622 to opt-out.  
Visit [txt.tvox.com](http://txt.tvox.com) for more info.

Franklin High School

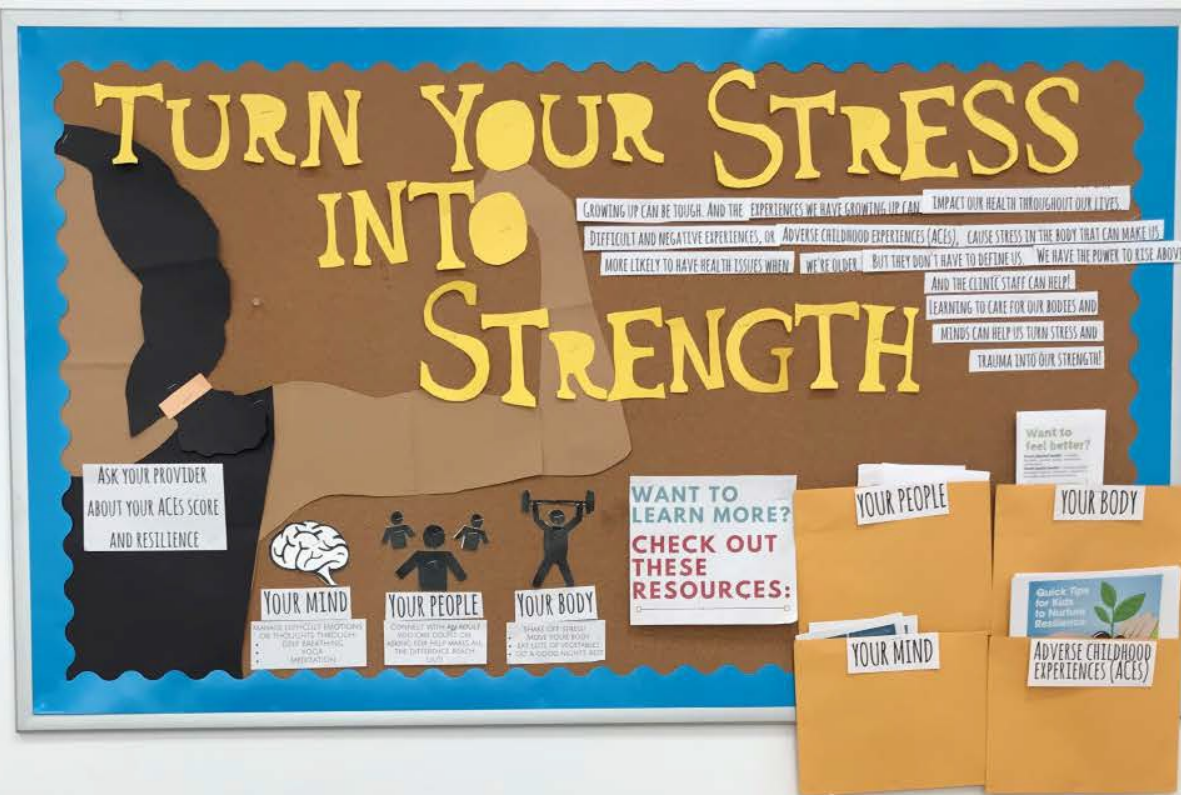


You can have checkups, physicals, get your prescriptions, or even talk to a counselor if you're feeling down.



Franklin High School





Franklin High School





Hanby Middle School





Hanby Middle School



Harrison Park K-8



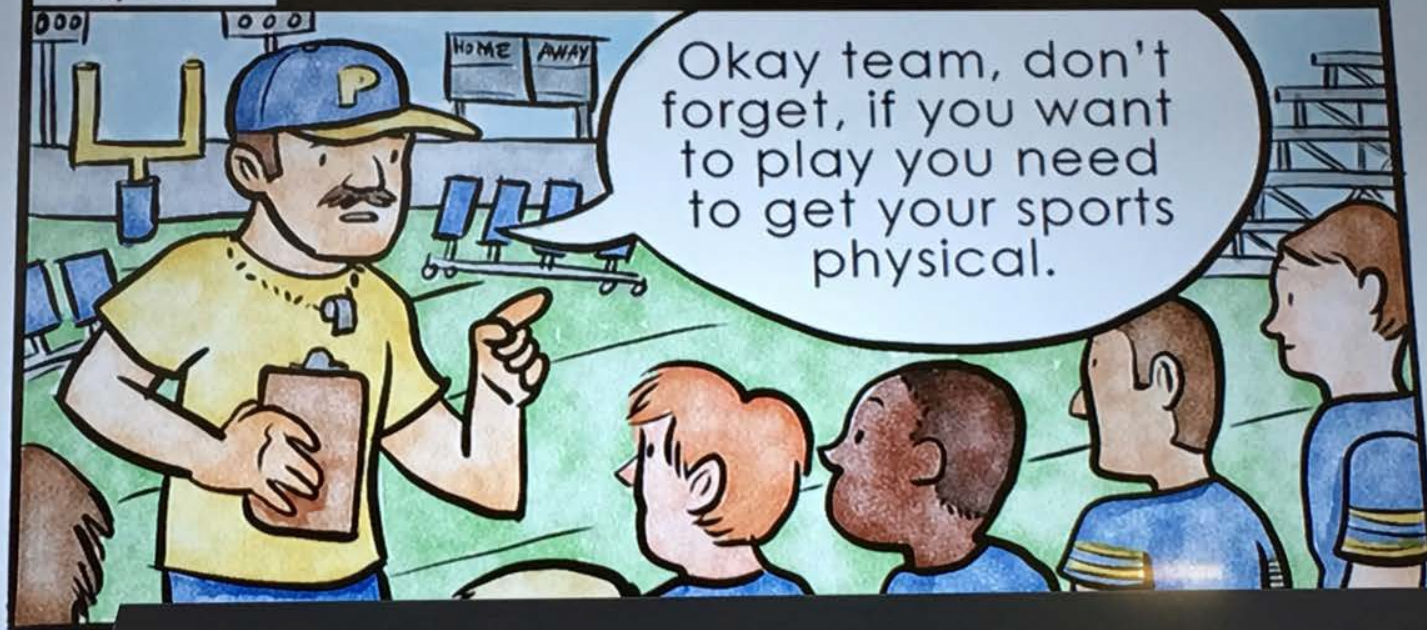


Harrison Park K-8



HEALTHY  
COMIX  
= N° 2 =

## Getting Your Game On With Sports Physicals!



**KEEPING YOU HEALTHY AND READY TO PLAY**

Harrison Park K-8

Eat Smart  
Play Hard

Win a New  
Energized YOU



**Drink water**

Drinking water helps you feel more awake and gives you more energy.

Sodas don't quench your thirst; they take water from your body.

Drink eight glasses of water a day.

**Be Active**

Working out can help you relax and reduce stress.

Keeping fit helps prevent injuries and makes you feel & look better.

You need 30-60 minutes of physical activity every day.



Harrison Park K-8





Lane Middle School



Lane Middle School



5 fruits and veggies

4 glasses water

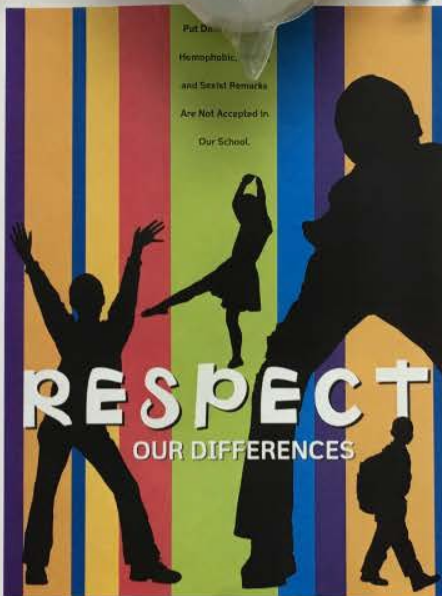
3 good laughs

2 hours or less screen time

1 hour physical activity

+8 hours sleep

EVERY  
DAY  
FOR  
GOOD  
HEALTH



Lane Middle School





Madison High School



# TURN YOUR STRESS INTO STRENGTH



GROWING UP CAN BE TOUGH, AND THE EXPERIENCES WE HAVE GROWING UP CAN IMPACT OUR HEALTH THROUGHOUT OUR LIVES.  
DIFFICULT AND NEGATIVE EXPERIENCES, OR ADVERSE CHILDHOOD EXPERIENCES (ACEs), CAUSE STRESS IN THE BODY THAT CAN MAKE US  
MORE LIKELY TO HAVE HEALTH ISSUES WHEN WE'RE OLDER.

BUT THEY DON'T HAVE TO DEFINE US. WE HAVE THE POWER TO RISE ABOVE. AND THE CLINIC STAFF CAN HELP!

LEARNING TO CARE FOR OUR BODIES AND MINDS CAN HELP US TURN STRESS AND TRAUMA INTO OUR STRENGTH!



## YOUR MIND

MANAGE DIFFICULT EMOTIONS  
OR THOUGHTS THROUGH  
DEEP BREATHING  
YOGA  
MEDITATION



## YOUR BODY

SHAKE OFF STRESS!  
• MOVE YOUR BODY  
• EAT LOTS OF VEGETABLES  
• GET A GOOD NIGHT'S REST



## YOUR PEOPLE

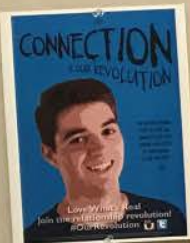
CONNECT WITH AN ADULT  
YOU CAN COUNT ON.  
LOOKING FOR HELP MAKES ALL  
THE DIFFERENCE. REACH  
OUT!

ASK YOUR PROVIDER  
ABOUT YOUR ACEs SCORE  
AND RESILIENCE

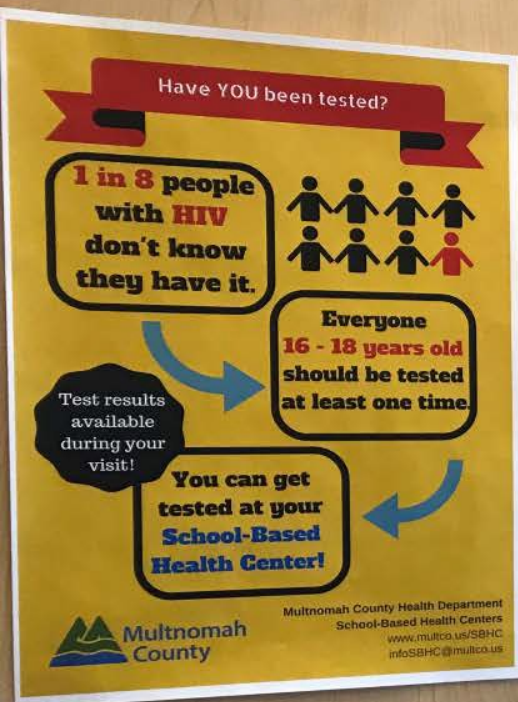
WANT TO  
LEARN MORE?  
CHECK OUT  
THESE  
RESOURCES:

YOUR PEOPLE

YOUR MIND



Madison High School



Madison High School



# TURN YOUR STRESS INTO STRENGTH!

Growing up can be tough. And the experiences we have growing up can impact our health throughout our lives. Difficult and negative experiences, or Adverse Childhood Experiences (ACEs), can make us more likely to get sick when we're older. But they don't have to define us. You have the power to rise above. And clinic staff can help you do it! Learning to care for our bodies and minds can help us turn stress and trauma into our strength!

Try these 5 tips for a less stressed, healthy life

Madison High School

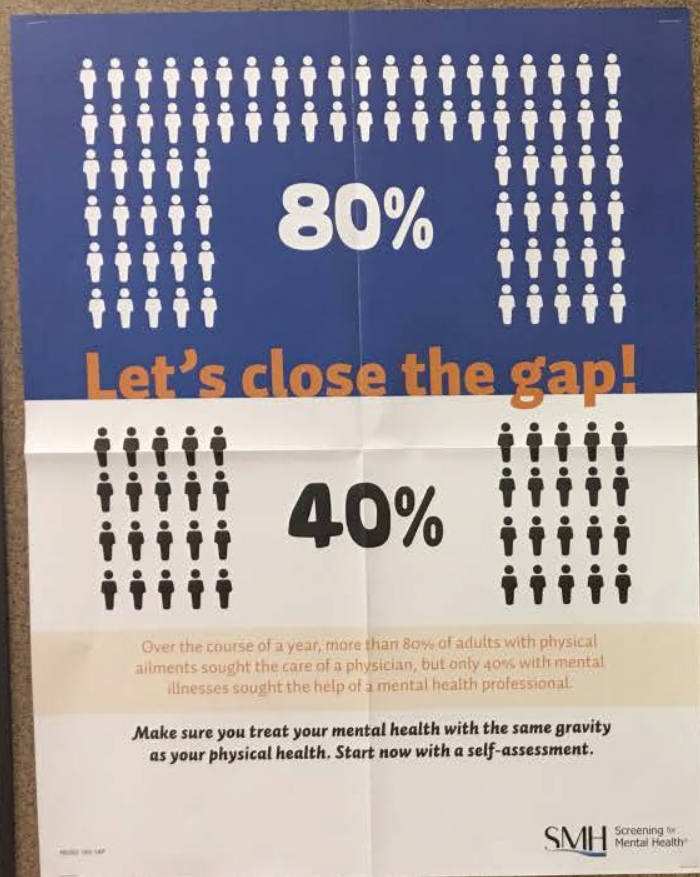


Marshfield High School





Marshfield High School



### Oregon School-Based Health Centers

Health care a few steps away

**What's an SBHC?**

SBHCs are medical clinics that offer children and youth health care either in a school or on school grounds. They help children and youth get the care they need when they need it.

SBHCs have primary care providers such as doctors, nurse practitioners and physician assistants. Some have dental and mental health providers. They work with school nurses to help youth stay healthy and in school.

Community partnerships that include schools, school boards, parents, students and medical professionals create and support SBHCs.

**How can an SBHC help?**

- 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
- Contraception

**Who can go?**

SBHCs serve children and youth who attend the school. Some SBHCs serve students within the district or county, teachers and staff at the school, and other community members.

**Why go?**

- SBHCs are convenient
- It's easy to drop by or make an appointment
- Parents spend less time away from work
- Students spend less time away from school
- Care is youth-centered
- Services are affordable

**What about payment?**

SBHCs serve children and youth even if they don't have insurance or can't pay. SBHCs can bill Oregon Health Plan and often bill other insurance.

Need more info?

[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)

Oregon Health Division SBHC

## IS IT CONFIDENTIAL?

Details about your visit could be sent to the person who pays for your health insurance...

**UNLESS YOU TAKE ACTION.**

**Talk to clinic staff.** They can tell you your options. For more information: <http://tinyurl.com/ORPatientPrivacy>

**Why does this matter?** Your insurance company may send information about where and when you got health care and what services you had to the person who pays for your insurance, like a parent or spouse.

Health Insurance Bill

Health Oregon PUBLIC HEALTH DIVISION Advocacy, Compliance and Regulatory Health

Marshfield High School





Mitchell School





Mitchell School



BE A HERO



TALK



I love my...  
life!



NO HUNTING  
NO FISHING

Pretty

Ms. Alisha

Mitchell School



Be smart enough to know yourself  
Strong enough to use your strengths  
Wise enough ask for what you need

Today I need.....

(take what you need)

Patience

Hope

Courage

peace

Strength

Love

Underst

Faith

Patience

Hope

Mitchell School



North Eugene High School





**Why Don't They Just  
Call Them What They Are?**

North Eugene High School



North Eugene High  
School





Pendleton High School





Pendleton High School

# HAVE YOU HEARD ABOUT THE HEALTH CENTER AT PHS?



As you become more independent, there is a lot to think about. What's on your mind matters to us, and our trained staff at **Pendleton High School Health Center** are here to work with you! At the Health Center you can get the same kinds of health services that you get at a regular primary care clinic, and we are conveniently **located here at school**.

## Pendleton High School

priority is partnering with you  
✓ Emotional health and feelings

the counseling office and the cafeteria.



dule An  
-3857.

MR  
p  
icella

**FOLLOW US ON TWITTER**




**@PHShealth**

- **Current Events at the School-Based Health Center**
- **Health Reminders**
- **Nurse Availability**

Pendleton High School



Follow us On !



Pendleton High School



Redmond High School





Redmond High School



Redmond High School



# Well Care Visits FOR TEENS



Take Care of Your WHOLE Health

A Well Care Visit ONCE A YEAR will address all of your health needs, including forms if you play sports!

Redmond High School

covered for anyone

- Dental health

- Need for preventive immunizations

# Youth Action Council

Are you passionate about the mental health of you and your peers? Do you want to be a part of creating positive change? This club is all about advocating for health while also learning strategies for managing stress and improving your own mental health!

## what:

Youth Action Council is a club that runs throughout the year. Students will be investigating current mental health topics and advocating for change. Students will also learn and practice strategies for managing their own stress. Trainings and certifications such as safeTALK and OPR may also be

Redmond High School





Springfield High School

## IS IT CONFIDENTIAL?

Details about your visit could be sent to the person who pays for your health insurance...



### UNLESS YOU TAKE ACTION.

#### Talk to clinic staff.

They can tell you your options.

For more information:

[www.patientprivacy.oregon.gov](http://www.patientprivacy.oregon.gov)

#### Why does this matter?

Your insurance company may send information about where and when you got health care and what services you had to the person who pays for your insurance, like a parent or spouse.



Oregon  
**Health**  
PUBLIC HEALTH DIVISION  
Advocacy, Consultation and  
Reproductive Health

## ¿ES CONFIDENCIAL?

La persona que paga su seguro de salud puede recibir detalles sobre su visita...



### A MENOS QUE USTED TOME LAS MEDIDAS NECESARIAS.

#### Platique con los empleados de la clínica.

Ellos le pueden explicar sus opciones.

Para más información:

[www.patientprivacy.oregon.gov](http://www.patientprivacy.oregon.gov)

#### ¿Por qué es importante esto?

Su compañía de seguros puede enviar información sobre dónde y cuándo usted recibió cuidado de la salud y sobre los servicios que recibió a la persona que paga por su seguro, como por ejemplo su padre o cónyuge.



Oregon  
**Health**  
PUBLIC HEALTH DIVISION  
Advocacy, Consultation and  
Reproductive Health

OREGON DEPARTMENT OF HUMAN SERVICES PUBLIC HEALTH DIVISION

**TURN MISCONCEPTION INTO CONTRACEPTION**

Get free birth control that works for you at [ccare.oregon.gov](http://ccare.oregon.gov)

DHS | Independent. Healthy. Safe. [oregoncontraceptivecare.org](http://oregoncontraceptivecare.org)

**Kids are too small for adult safety belts.**

The A-B-C of child safety seats: Always buckle the child right - a correct installation. Buckle seats right every time for the full ride. Always buckle the harness across the child's chest.

**Kids take a back seat for safety.**

Children should sit in the back seat of a vehicle until they are at least 13 years old.

**¡Latinos Saludables!**

¡Serie de clase gratis! Aprender como hacer sus recetas culturales favoritas mas saludables. La clase se presenta en español.



My Diabetes Education

Phone: \_\_\_\_\_

**DIABETES NUTRITION PLACEMAT**

**MILK**  
1 serving = 1/2 glass of milk, 8 gms protein

**FRUIT**  
1 serving = 1/2 glass of fruit, 10 gms of carbs, 50 calories

**PORTION SIZES (SERVED SIZE)**  
1 cup = 1/2 glass  
2 oz = 1/4 glass of juice  
1 slice = 1/2 of a whole of food

# Springfield High School



**11 y/o:** the HPV (Human Papilloma Virus) vaccine is recommended for boys and girls starting at the age of 11, and up to the age of 26, to prevent infections that can cause cancers of the cervix, vagina, vulva, anus, penis, and mouth/throat area. It can also prevent genital warts.

**21+ y/o:** Pap smears are recommended for women between 21-65 y/o to prevent cervical cancer.

**50 y/o female:** Women between the ages of 50-74 y/o are recommended a mammogram to screen for breast cancer, every 1-2 years. A colonoscopy is recommended between the ages of 50-75 to screen for colon cancer.

**50 y/o male:** A colonoscopy is recommended between the ages of 50-75 to screen for colon cancer.

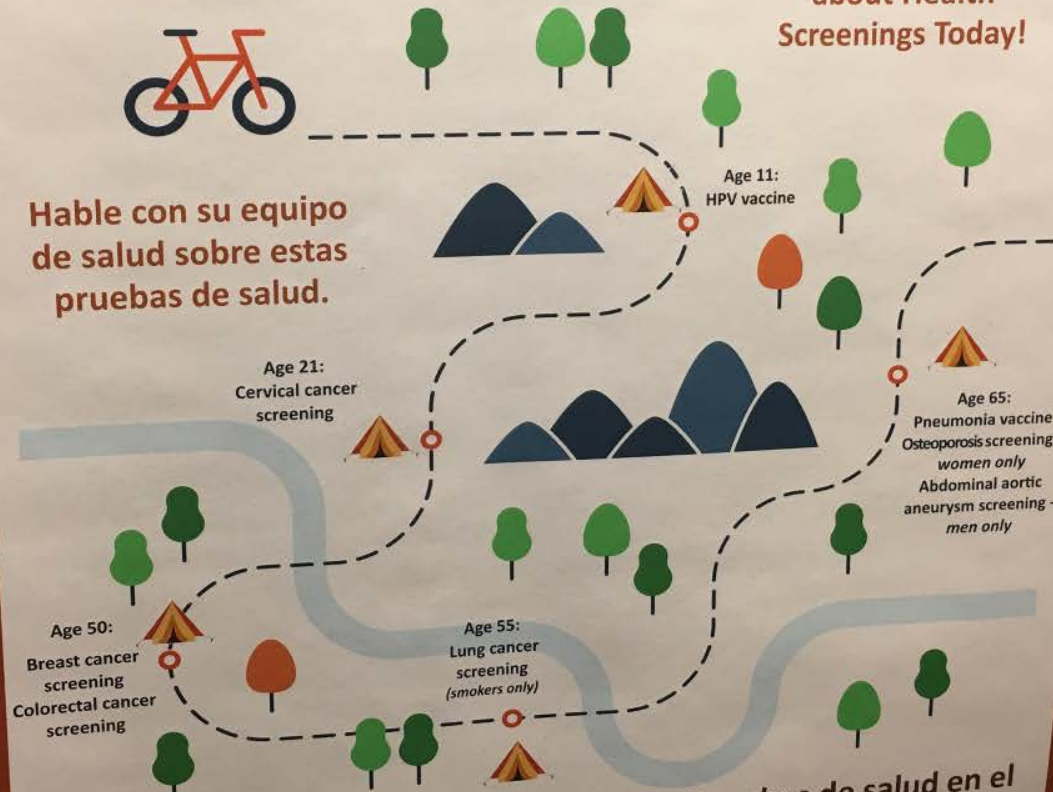
**55 y/o:** If you are between the ages of 55-80 who is currently smoking or have quit smoking within the past 15 years, a CT scan of your lungs is recommended to screen for lung cancer.

**65 y/o female:** If you are 65 and above, a DEXA scan is recommended to screen for osteoporosis. A pneumonia vaccine is also recommended to prevent a lung infection.

## Health Screenings on the TRAIL TO WELLNESS

Hable con su equipo  
de salud sobre estas  
pruebas de salud.

Ask your Care Team  
about Health  
Screenings Today!



**11 años:** la vacuna VPH (virus del papiloma humano) es recomendable para niños y niñas a partir de los 11 años, y hasta los 26 años, para prevenir infecciones que pueden causar cáncer del cervix, vagina, vulva, ano, y área de la boca/garganta. También puede prevenir las verrugas genitales.

**21+ años:** La prueba de Papanicolaou es recomendable para mujeres entre 21-65 años para prevenir el cáncer cervical.

**50 años -mujer:** Se recomienda un mamograma entre las edades de 50-74 para detectar el cáncer de mama cada 1-2 años. Se recomienda la colonoscopia entre las edades de 50-75 para detectar el cáncer de colon.

**50 años -hombre:** Se recomienda la colonoscopia entre las edades de 50-75 para detectar el cáncer de colon.

**55 años:** Si usted tiene entre 55 y 80 años de edad y fuma o dejó de fumar dentro de los últimos 15 años, se recomienda una tomografía computarizada de sus pulmones para detectar cáncer de los pulmones.

**65 años -mujer:** Si tiene 65 años o más, se recomienda un examen de la densidad mineral ósea llamada DEXA scan para detectar osteoporosis. También se recomienda la vacuna contra la neumonía para prevenir la infección de los pulmones.

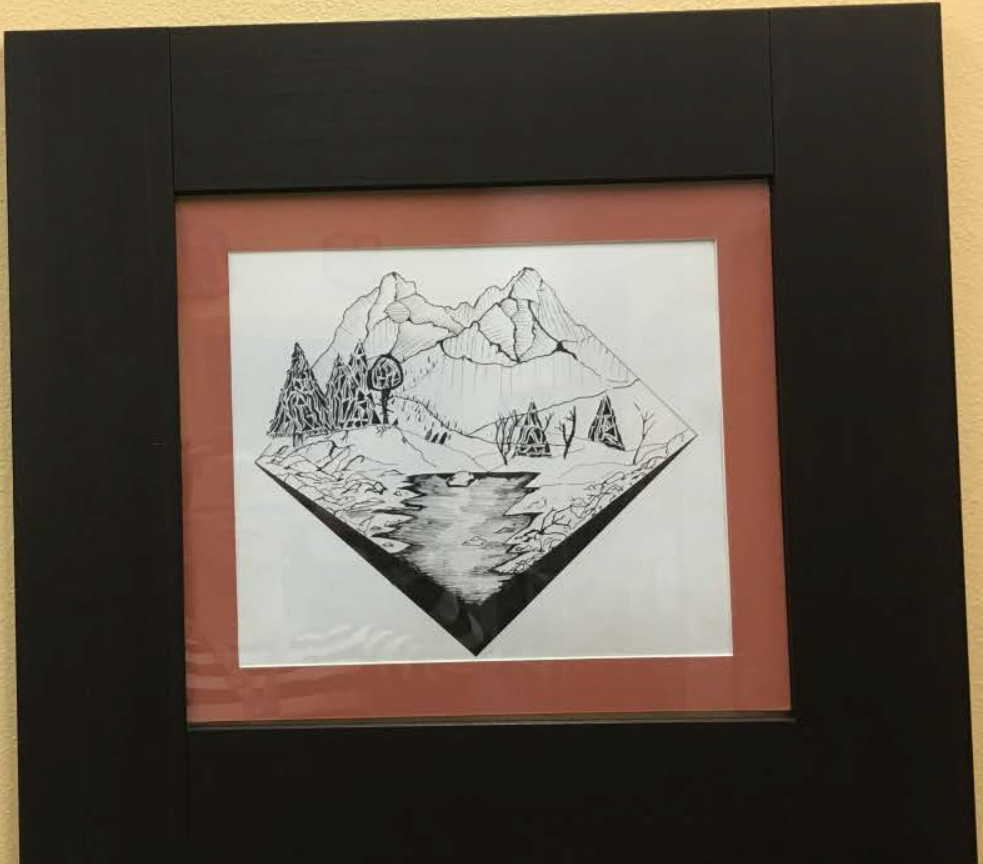
**65 años -hombre:** Si se fuma o se recomendó en el pasado entre los 55-80 años para detectar el cáncer de pulmón. También se recomienda la vacuna contra la neumonía para prevenir la infección de los pulmones.

Springfield High School



Taft High School





Taft High School

you are

Amazing!

you are

Important!

you are

Special!

you are

Unique

you are

Kind!

Taft High School





Toledo High School







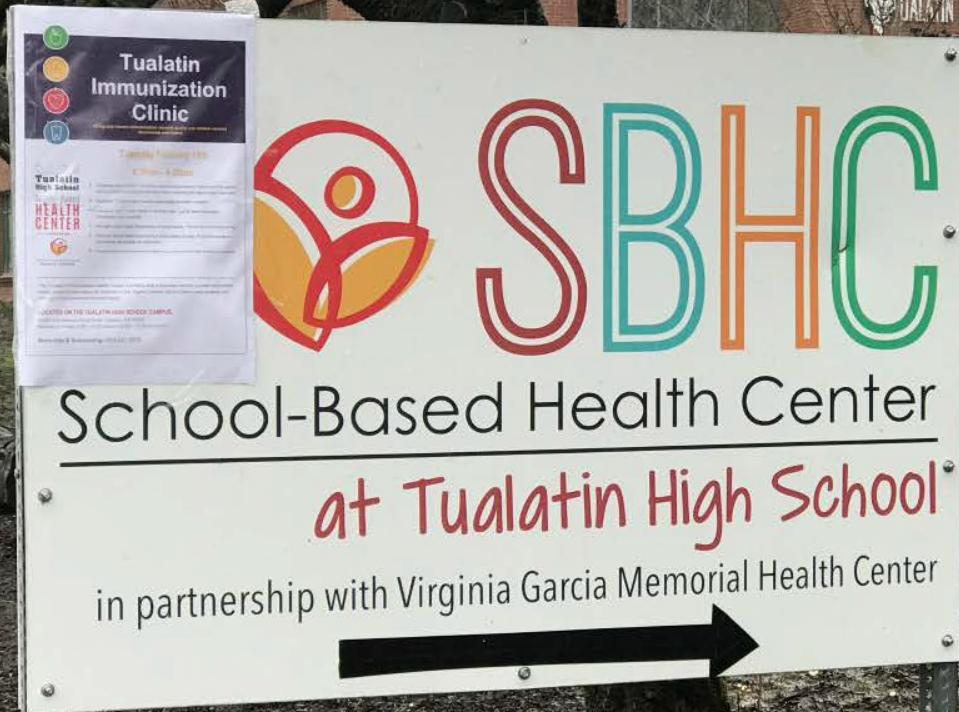
Toledo High School





Tualatin High School





Tualatin High School





# Tualatin Immunization Clinic

**\*Bring any known immunization records and/or any related vaccine documents and letters**

**Tuesday February 13th**

**8:30am - 4:00pm**




**Tualatin  
High School**

School-Based  
**HEALTH**

- Students that DO NOT have the required vaccines by February 21st will be EXCLUDED from school until they have received the appropriate vaccines.
- Students 14 and under need to have legal guardian present.
- Students over 15 can come in on their own, but ID and insurance

Tualatin High School

- 
- \*No patient will be turned away for their inability to pay. Please ask front desk staff for more information.



Tualatin High School





Tualatin High School





## *The Power Of Intention*

*"You are what your deepest desire is.  
As your desire is, so is your intention.  
As your intention is, so is your will.  
As your will is, so is your deed.  
As your deed is, so is your destiny."  
- Upanishads*

Tualatin High School





Union School District





Union School District



Union School District



SBHC stands for School Based Health Center . . . . .

What does it mean to you?



S Smiles

B andaids

H elp

C are

Union School District



Union School District





White Mountain Middle School



White Mountain Middle School





White Mountain Middle School



# What is Social Bullying?

Do you fabricate vicious rumors?

Do you distort allegations about others? Do you

fear being seen as an unhip, lame, or inferior individual?

**Pick on others**

that are less popular than you? Do

you purposely make others feel that they are unwelcome, ignored, or rejected?

Do you try to make others

feel uncomfortable? **Name-call?**

Do you intentionally hurt others by insulting, humiliating, or slandering them?

**Badmouth?**

Do you try to make others feel inferior to you and

your friends? Do you try to

**humiliate others**

in front of your friends?

Use your influence to intimidate?

others? Think that you will win or get what you want by causing others to

feel small? Use your social status

to discredit or damage the reputation of others

that you are jealous or envious of?

Think that you will impress your friends by teasing others?

Do you enjoy feeling dominance over someone? Do you not even

Do you pick on others with few friends who will stand up for them?

Do you cut down others?

## Verbal or nonverbal harm to someone's group acceptance by:

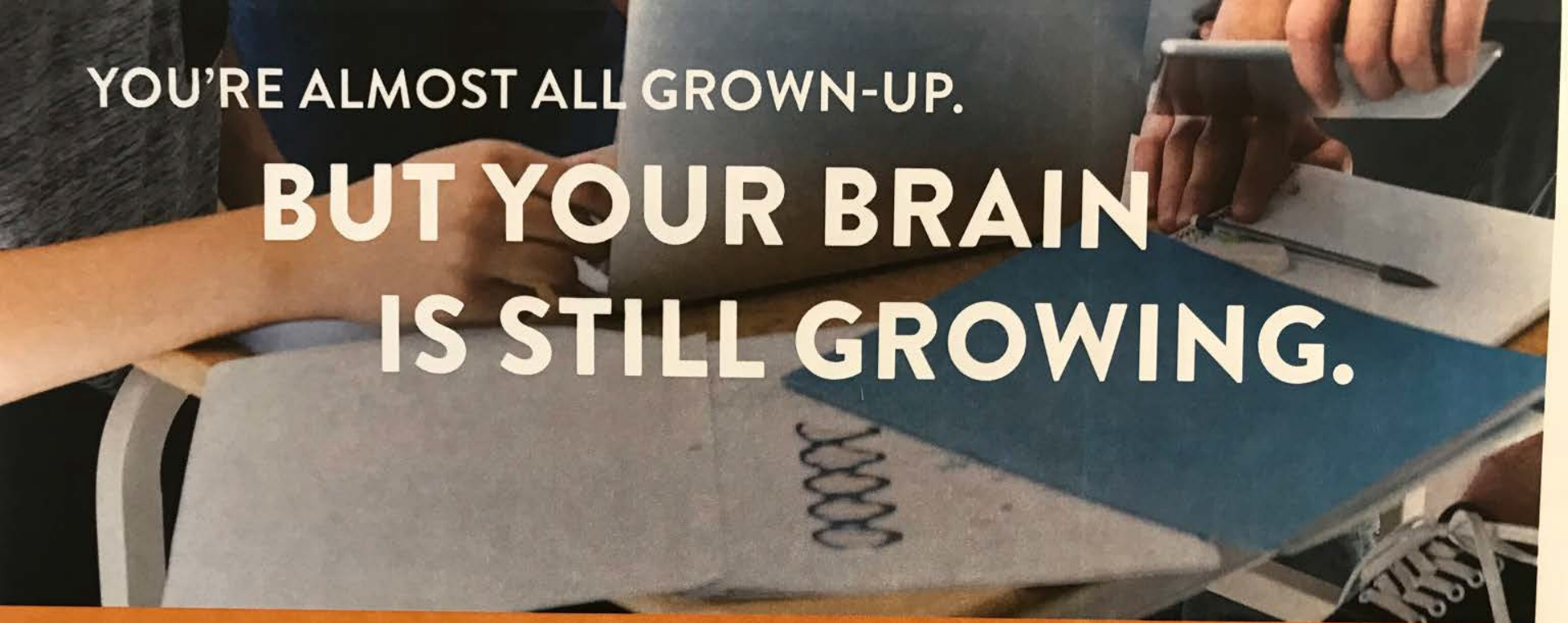
gossiping, starting or spreading rumors; teasing publicly about clothes, looks, relationships with boys/girls, etc.; ignoring someone and excluding them from a group; ostracizing using notes, instant messaging, e-mail, etc.; posting slander in public places (such as writing derogatory comments about someone in the school bathroom), playing mean tricks to embarrass someone; enforcing total group exclusion against someone by threatening others if they don't comply, and/or arranging public humiliation.

Some of these behaviors are against the law. All of them are mean, so just

# STOP IT!

White Mountain Middle School





YOU'RE ALMOST ALL GROWN-UP.

**BUT YOUR BRAIN  
IS STILL GROWING.**

Oregon  
**Health**  
Authority

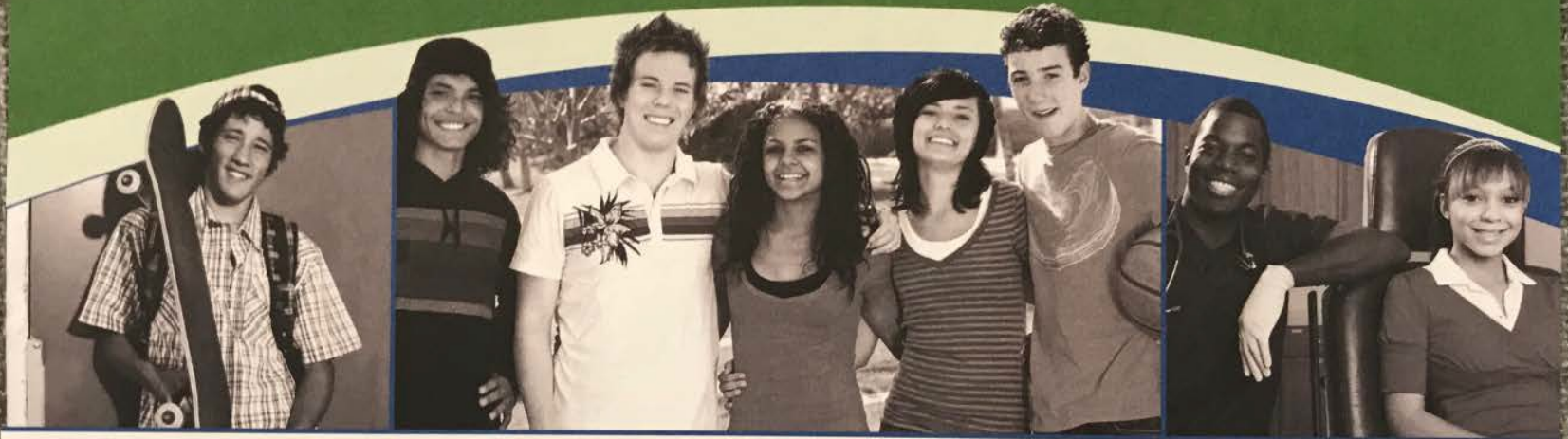
Your brain is still developing and it won't be complete until your twenties. Using weed while you're young can keep you from reaching your full potential. And if you're under 21, recreational pot use is still illegal.



**More about how pot use affects young people:**  
[healthoregon.org/marijuana](http://healthoregon.org/marijuana)

White Mountain Middle School

# We cover all uninsured Oregon kids and teens.



## No-cost or low-cost health coverage

- Healthy Kids covers all the care teens need, including annual physicals, school-based health center visits, prescriptions, dental, vision, preventive services, mental and behavioral health care, and more.
- Youth up to age 19 qualify, and coverage lasts for one full year.
- Once enrolled, stay enrolled. Don't let your coverage lapse.

White Mountain Middle School

If you'd like help filling out the Healthy Kids application, there are local organizations in





Yamhill Carlton High School





Yamhill Carlton High School



# *Yamhill Carlton* **HEALTH CENTER**

YCSBHC.ORG • 503.852.6960

← **LOCATED NEXT TO THE YC DISTRICT OFFICE. OPEN TO ALL!**

Yamhill Carlton High School





THANK YOU FOR ALL YOU DO!