SBHC Coordinators Meeting

Oregon Health Authority

Agenda

- Welcome
- Staffing & Budget
- Policy
- Data
- State Immunization Program
- Mental Health Update
- Reproductive Health Update
- State Program Office Communications
- OSBHA
- Closing

Staffing and Budget

Staffing

We are close to finalizing the hiring of our Administrative Support Specialist position!

Budget

- Possible funding for certified unfunded sites.
  - Must be certified by June 30, 2018 to enter into funding formula for fiscal year 2019.
  - Priority criteria for determining funding awards may include:
    - School demographics
    - School attendance
    - Community/school socio-economic status
    - Child and adolescent health indicators for service area
    - Counties without certified SBHCs
    - Access to healthcare providers in service area
    - Unmet need designation of service area
    - Current level of and/or motivation to increase
      - SBHC service provision (e.g. reproductive health, mental health, oral health)
      - Youth engagement and community partnerships

Questions….

Policy Updates

Adolescent and School Health Unit

- Our **Vision:** Oregon is the very best place for all youth to learn, grow, and thrive.

- Our **Mission:** To support the health of all youth in Oregon through evidence-based and data driven policies, practices, and programs.

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.

Adolescent and School Health Programs

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

SBHC SPO Strategic Plan 17-19

1. Ensure access points through improvement of the SBHC grant formula for base funding, planning, and mental health capacity (A&SH Goal 1).

2. Give SBHCs opportunity to learn from peers and clients to improve policy and practice (A&SH Goal 2).

3. Use existing data sources to enhance assessment of SBHC services and health needs of youth served by SBHCs (A&SH Goal 3).

1. Ensure access points through improvement of the SBHC grant formula for base funding, planning, and mental health capacity

Activity: Develop a funding formula that balances expansion of SBHCs, community need of new sites, and capacity building at existing sites.

2. Give SBHCs opportunity to learn from peers and clients to improve policy and practice

Activity: Provide SBHC staff with opportunity to learn from youth they serve.

Activity: Create a learning collaborative on SBHC finance and revenue so that coordinators and medical sponsors can learn from peer practice and increase sustainability.

Activity: Develop a plan to focus training and technical assistance for providers on two key quality improvement areas: reproductive health and clinical integration of mental, physical, and oral health services.

3. Use existing data sources to enhance assessment of SBHC services and health needs of youth served by SBHCs

Activity: Analyze satisfaction survey data to assess the utility of results to SPO and SBHC coordinators/staff.

Activity: Provide SBHCs with mini- Adolescent Snapshots that links SBHC encounter data with district or county level Oregon Healthy Teens data.

Activity: Analyze OCHIN health assessment data and link to SBHC encounter data to evaluate outcomes of assessment.

Activity: Utilize revenue and Medicaid billing and claims data to support more sustainable financial practices among SBHCs.

State Program Office (SPO) Communications

Questions….

SBHC Contracts Agreements - Update

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:

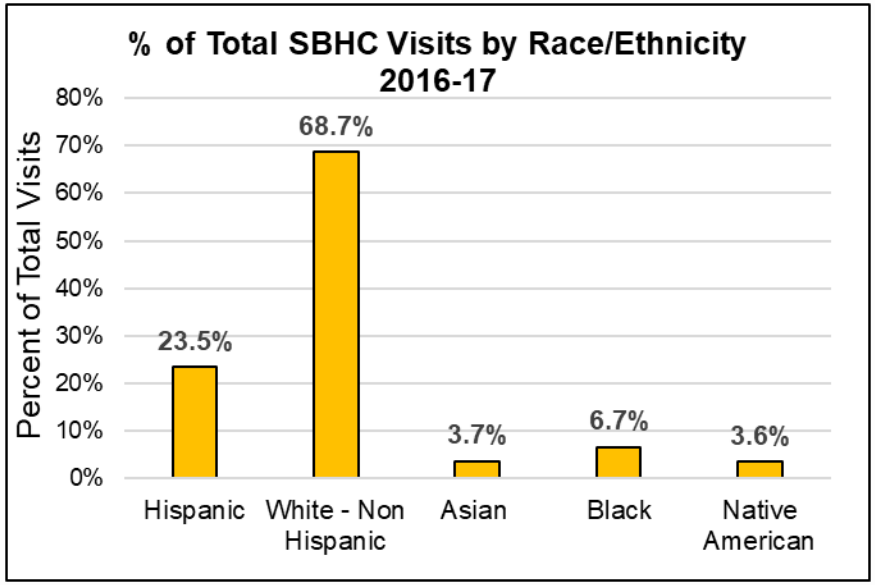
- Survey sent to all LPHA Administrators
- Survey results shared with CLHO subcommittee
- Call for stakeholders workgroup participants
  - Goal: create a policy recommendation regarding SBHC funding processes and explore the possibility of contracting directly with non-LPHA medical sponsors.

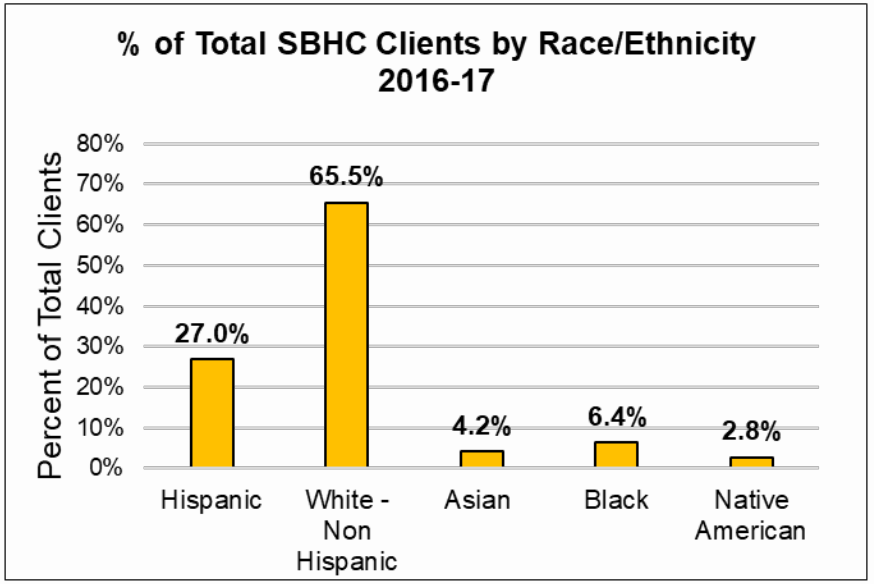
Questions….

DATA UPDATES

Health Equity & Disparities Data

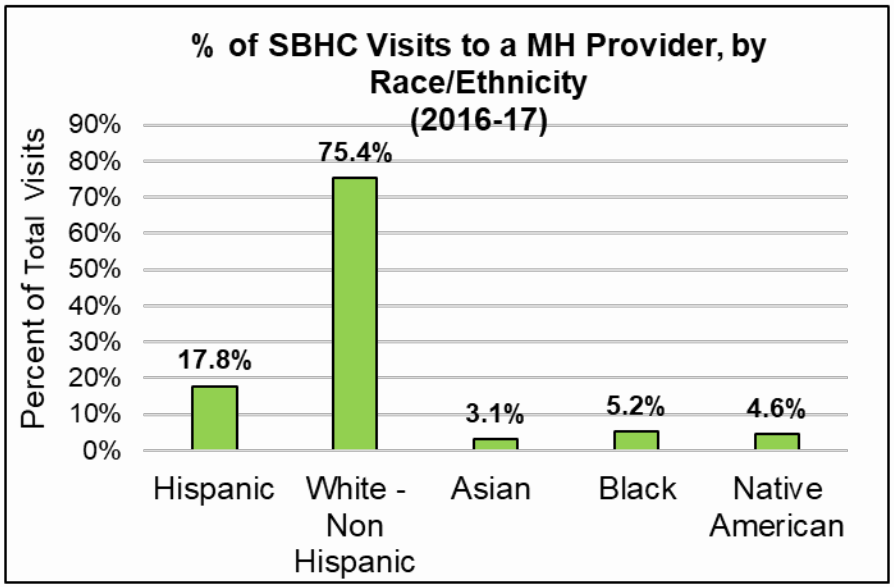
- Adolescent & School Health promotes health equity and focuses on youth that face barriers.
- To achieve this we have started looking more closely at our data

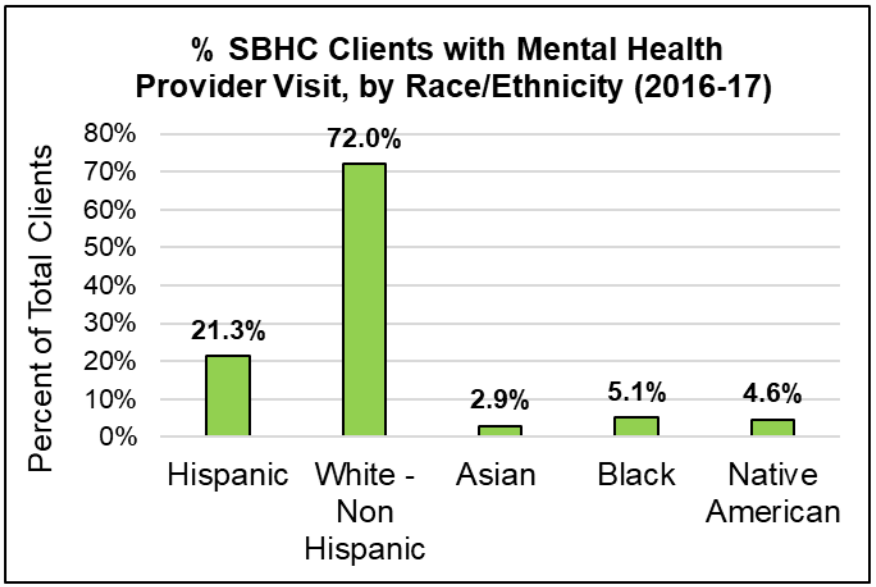




- Native Americans make 2.8% of our total client population and comprise of 3.6% of our total visits and has highest average visits (4.1) as compared to clients of other races

Mental Health



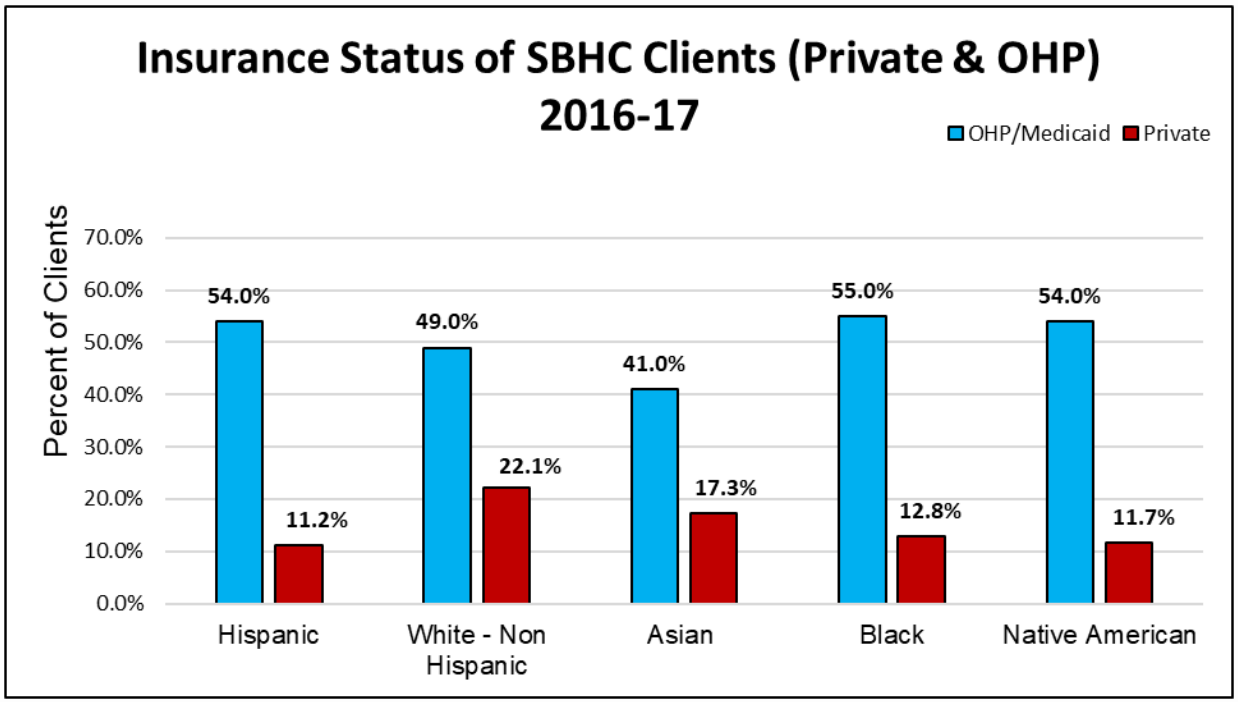


- White Non-Hispanics comprise of 65% of our total population but 72% of the Mental Health provider visits were by White Non-Hispanic clients.
- Hispanics are 27 % of our total population but only 21% have visits with a Mental Health Provider

Oregon SBHC School-Based Health Centers

Oregon Health Authority

Insurance Status



- Higher percent of White Non-Hispanic clients had a private insurance

Questions….

Operational Profile Updates

- All SBHCs must update and confirm entries by 10/1/2018 deadline
  - Hours of operation, services provided
  - Staff shift hours & contact info, FQHC, PCPCH, YAC
    - Upcoming 2018-19 service year
  - Financial funding/revenue
    - Previous 2017-18 service year
  - KPM chart audit
    - Previous 2017-18 service year
- Webinar training will occur in August
  - Email announcement and an updated manual will go out in July
- Contact the SBHC.Program@dhsoha.state.or.us with questions

Upcoming Data Reminders

- Satisfaction surveys
  - 6/30/18 deadline for all completed surveys
- Year-end encounter data report
  - 7/15/18 deadline for visits between 7/1/17 and 6/30/18
  - Loretta will initiate secure emails in mid-June
- KPM chart audit submission
  - 10/1/18 deadline for Operational Profile entry
    - Audit for visits occurring between 7/1/17 and 6/30/18
  - Must submit chart audit process and audit tracking sheet before creating an entry in the Profile
  - Changes to programming of Operational Profile
    - KPM entry is locked until chart audit process and audit tracking sheet are approved by Loretta

Questions….

New Research…

Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed

School-based mental health services, suicide risk and substance use among at-risk adolescents in Oregon

Mallie J. Paschall*, Melina Bersamin

Prevention Research Center, Pacific Institute for Research and Evaluation, 180 Grand Avenue, Suite 1200, Oakland, CA 94612, United States

ARTICLE INFO

Keywords:
Adolescents
Mental health
Substance use
School-based health centers

ABSTRACT

This study examined whether an increase in the availability of mental health services at school-based health centers (SBHCs) in Oregon public schools was associated with the likelihood of suicidal ideation, suicide attempts and substance use behaviors among adolescents who experienced a depressive episode in the past year. The study sample included 168 Oregon public middle and high schools and 9073 students who participated in the Oregon Healthy Teens Survey (OHT) in 2013 and 2015. Twenty-five schools had an SBHC, and 14 of those schools increased availability of mental health services from 2013 to 2015. The OHT included questions about having a depressive episode, suicidal ideation, attempting suicide in the past year, and substance use behaviors in the past 30 days. Multi-level logistic regression analyses were conducted in 2017 to examine associations between increasing mental health services and the likelihood of these outcomes. Analysis results indicated that students at SBHC schools that increased mental health services were less likely to report any suicidal ideation [odds ratio (OR) (95% C.I.) = 0.66 (0.55, 0.81)], suicide attempts [OR (95% C.I.) = 0.71 (0.56, 0.89)] and cigarette smoking [OR (95% C.I.) = 0.77 (0.63, 0.94)] from 2013 to 2015 compared to students in all other schools. Lower frequencies of cigarette, marijuana and unauthorized prescription drug use were also observed in SBHC schools that increased mental health services relative to other schools with SBHCs. This study suggests that mental health services provided by SBHCs may help reduce suicide risk and substance use behaviors among at-risk adolescents.

Impact of MH Investment on Youth with MH Needs

- Prior research: Investment in SBHC MH capacity strongly related to reduced depression/suicide among Oregon students.
- New study: What was the impact on students with existing mental health needs? Did likelihood of suicidal ideation, attempts or substance use change?
- Study included 9,073 students from 168 Oregon middle/high schools across 2013 and 2015
- 25 SBHC schools, 14 increased MH capacity in 2013, 11 did not

Increasing Capacity Appears to Matter

Among youth with mental health needs…compared to all other youth, youth in SBHC MH expansion schools were:

23% less likely to report smoking cigarettes.

Adolescents were 34% less likely to report suicidal ideation.

Adolescents were 29% less likely to attempt suicide.

Expansion vs non-expansion SBHCs: Youth were 25% less likely to report suicidal ideation

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Oregon Health Authority

Change in Prevalence…

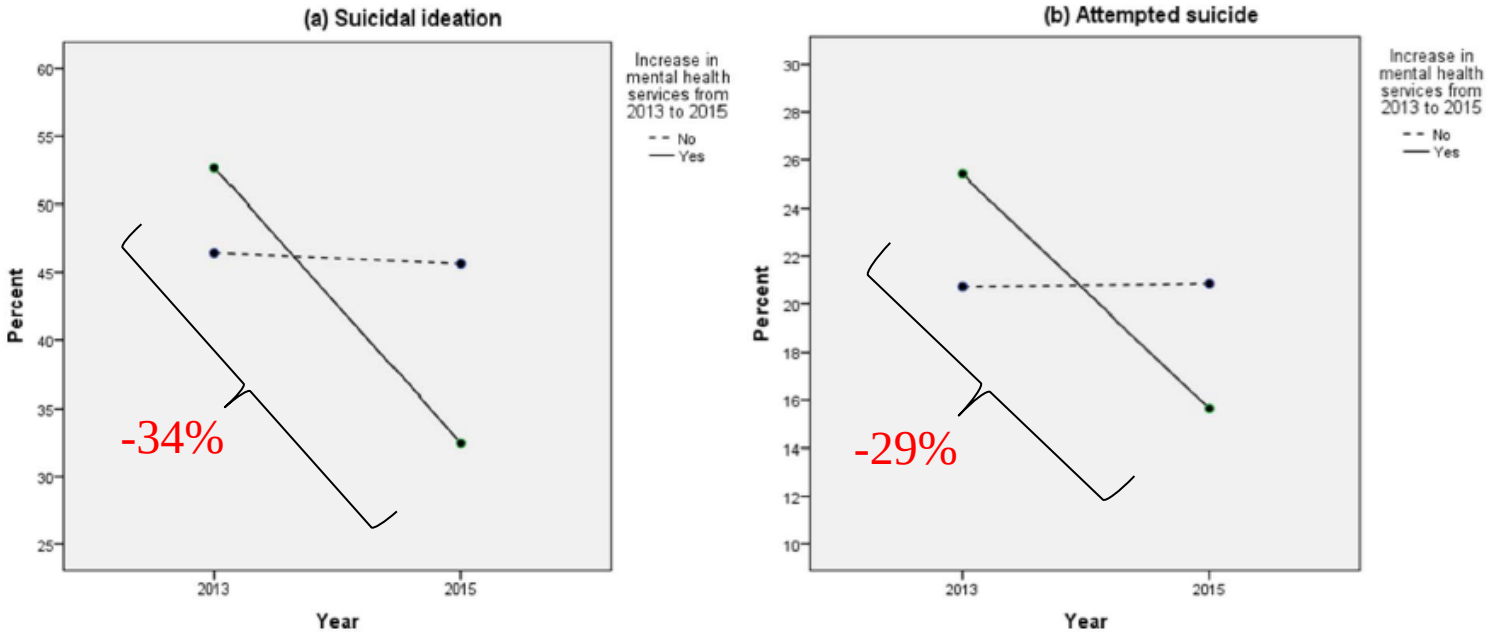

Fig. 1. Change in the prevalence of (a) past-year suicidal ideation and (b) past-year suicide attempts among at-risk students at schools with SBHCs that increased availability of mental health services after 2013 relative to other schools. Prevalence rates are adjusted for student and school demographic characteristics. Analyses were conducted in 2017.

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Oregon Health Authority

Questions….


oregon
vaccines for children


Oregon Vaccines for Children:
Vaccine Management Guide
oregon vaccines for children
QUESTIONS? CALL 971-673-4VFC (4832) or
VFC.HELP@DHSOHA.STATE.OR.US
CLINIC INFORMATION
VFC PIN:
ALERT IIS number:
Clinic name:
KEY STAFF
Responsible provider:
Primary VFC contact:
Back-up VFC contact:
ALERT
oregon immunization program
Oregon Health Authority
Website
n/a
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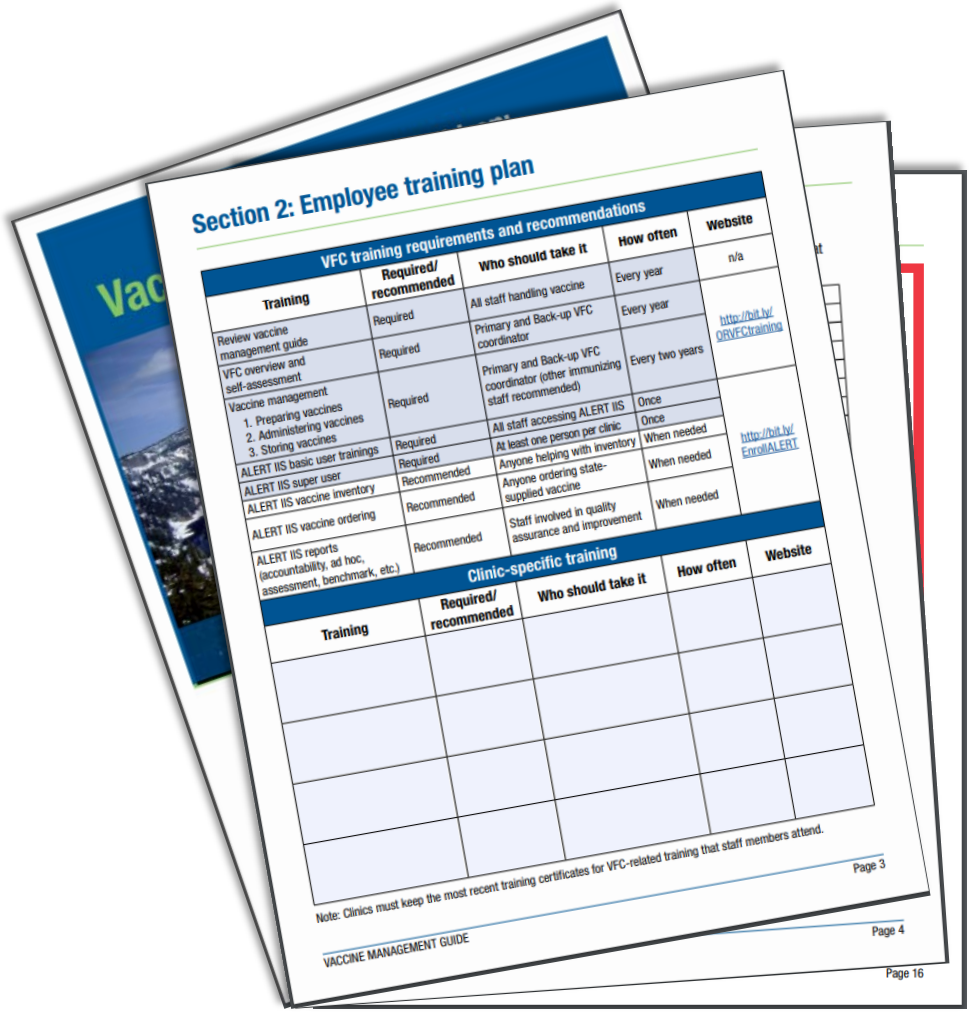

Section 2: Employee training plan

VFC training requirements and recommendations				
Training	**Required/ recommended**	**Who should take it**	**How often**	**Website**
Review vaccine management guide	Required	All staff handling vaccine	Every year	n/a
VFC overview and self-assessment	Required	Primary and Back-up VFC coordinator	Every year	http://bit.ly/ORVFCtraining
Vaccine management 1. Preparing vaccines 2. Administering vaccines 3. Storing vaccines	Required	Primary and Back-up VFC coordinator (other immunizing staff recommended)	Every two years	
ALERT IIS basic user trainings	Required	All staff accessing ALERT IIS	Once	http://bit.ly/EnrollALERT
ALERT IIS super user	Required	At least one person per clinic	Once	
ALERT IIS vaccine inventory	Recommended	Anyone helping with inventory	When needed	
ALERT IIS vaccine ordering	Recommended	Anyone ordering state-supplied vaccine	When needed	
ALERT IIS reports (accountability, ad hoc, assessment, benchmark, etc.)	Recommended	Staff involved in quality assurance and improvement	When needed	

Clinic-specific training				
Training	**Required/ recommended**	**Who should take it**	**How often**	**Website**

Note: Clinics must keep the most recent training certificates for VFC-related training that staff members attend.

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VACCINE MANAGEMENT GUIDE

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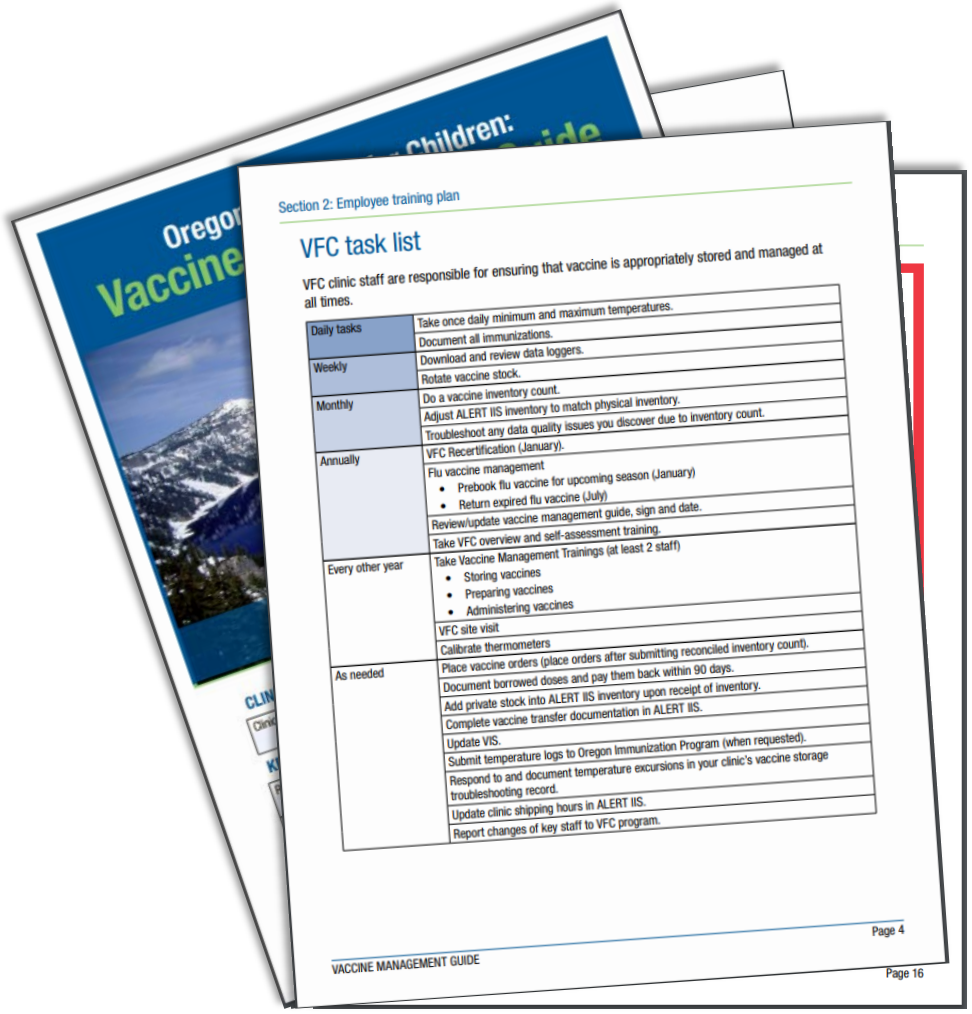
Vaccine
children:
Section 2: Employee training plan
VFC task list
VFC clinic staff are responsible for ensuring that vaccine is appropriately stored and managed at all times.
Daily tasks
Take once daily minimum and maximum temperatures.
Document all immunizations.
Weekly
Download and review data loggers.
Rotate vaccine stock.
Monthly
Do a vaccine inventory count.
Adjust ALERT IIS inventory to match physical inventory.
Troubleshoot any data quality issues you discover due to inventory count.
Annually
VFC Recertification (January).
Flu vaccine management
Prebook flu vaccine for upcoming season (January)
Return expired flu vaccine (July)
Review/update vaccine management guide, sign and date.
Take VFC overview and self-assessment training.
Every other year
Take Vaccine Management Trainings (at least 2 staff)
Storing vaccines
Preparing vaccines
Administering vaccines
VFC site visit
Calibrate thermometers
As needed
Place vaccine orders (place orders after submitting reconciled inventory count).
Document borrowed doses and pay them back within 90 days.
Add private stock into ALERT IIS inventory upon receipt of inventory.
Complete vaccine transfer documentation in ALERT IIS.
Update VIS.
Submit temperature logs to Oregon Immunization Program (when requested).
Respond to and document temperature excursions in your clinic's vaccine storage troubleshooting record.
Update clinic shipping hours in ALERT IIS.
Report changes of key staff to VFC program.
VACCINE MANAGEMENT GUIDE
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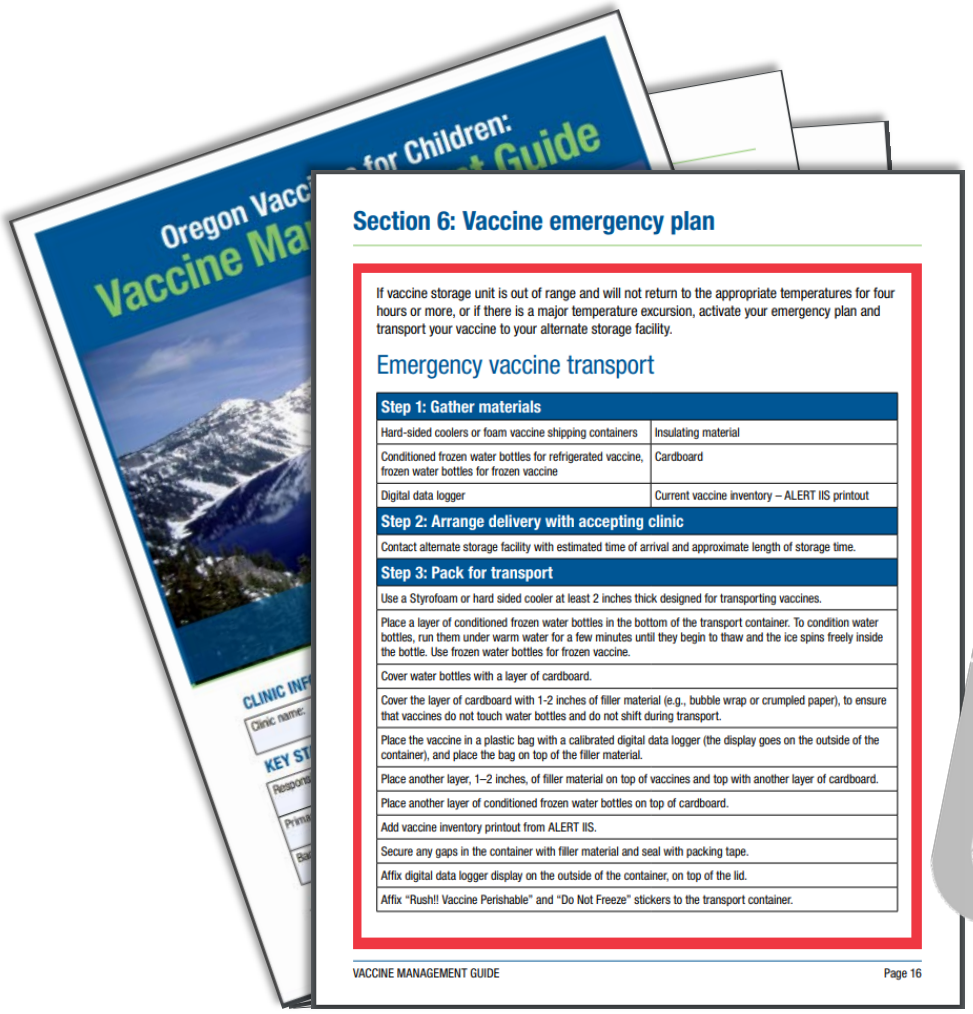
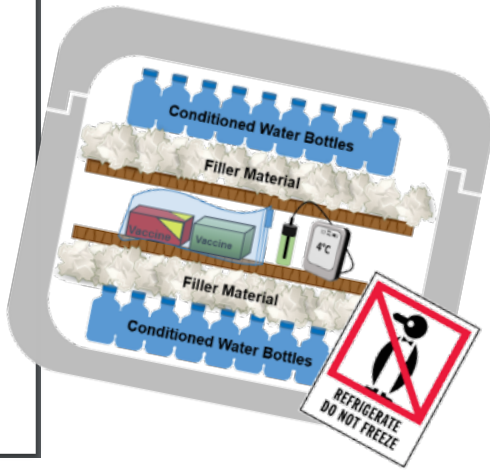


Section 6: Vaccine emergency plan

If vaccine storage unit is out of range and will not return to the appropriate temperatures for four hours or more, or if there is a major temperature excursion, activate your emergency plan and transport your vaccine to your alternate storage facility.

Emergency vaccine transport

Step 1: Gather materials	
Hard-sided coolers or foam vaccine shipping containers	Insulating material
Conditioned frozen water bottles for refrigerated vaccine, frozen water bottles for frozen vaccine	Cardboard
Digital data logger	Current vaccine inventory – ALERT IIS printout
Step 2: Arrange delivery with accepting clinic	
Contact alternate storage facility with estimated time of arrival and approximate length of storage time.	
Step 3: Pack for transport	
Use a Styrofoam or hard sided cooler at least 2 inches thick designed for transporting vaccines.	
Place a layer of conditioned frozen water bottles in the bottom of the transport container. To condition water bottles, run them under warm water for a few minutes until they begin to thaw and the ice spins freely inside the bottle. Use frozen water bottles for frozen vaccine.	
Cover water bottles with a layer of cardboard.	
Cover the layer of cardboard with 1-2 inches of filler material (e.g., bubble wrap or crumpled paper), to ensure that vaccines do not touch water bottles and do not shift during transport.	
Place the vaccine in a plastic bag with a calibrated digital data logger (the display goes on the outside of the container), and place the bag on top of the filler material.	
Place another layer, 1–2 inches, of filler material on top of vaccines and top with another layer of cardboard.	
Place another layer of conditioned frozen water bottles on top of cardboard.	
Add vaccine inventory printout from ALERT IIS.	
Secure any gaps in the container with filler material and seal with packing tape.	
Affix digital data logger display on the outside of the container, on top of the lid.	
Affix "Rush!! Vaccine Perishable" and "Do Not Freeze" stickers to the transport container.	

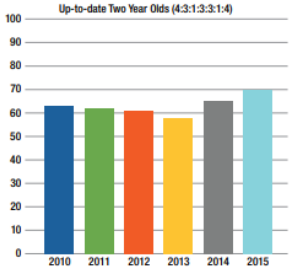


Oregon AFIX

Use data to improve immunization practices through Assessment, Feedback, Incentives and eXchange (AFIX)

What is AFIX?

A collaborative approach to improving your clinic's immunization program.



- Assessment of immunization rates and practices
- Feedback with recommended strategies for improvement
- Incentives to recognize and reward performance
- eXchange of information to support implementing quality improvement strategies

How will we help?

Oregon AFIX is a partnership designed to support health care pesonnel in identifying opportunities to improve immunization practices and rates.

We will gather and assess data on the immunization rates of your patient population.

Participation, improvement and competition will be encouraged. Successes will be recognized within your organization and among your peers across the state.

We will discuss the information with key contributors in your practice and together will identify specific improvement strategies for your clinic.

We will offer ongoing support toward implementing your chosen quality improvement strategies.

OHA 8146 (05/2017)

How do you rate?

Improving immunization rates is one of seven priority areas in the Oregon State Health Improvement Plan. In 2015, 70% of 2-year-olds in Oregon were fully vaccinated.

Help Oregon acheive its 2020 goal of having 80% of 2-year-olds fully vaccinated.

What's your practice's current immunization coverage rate?

Why are assessment and feedback important?

Routine assessment and feedback of immunization rates is recommended by the Community Prevention Services Task Force on the basis of strong evidence for increasing vaccination rates in a wide range of contexts.

https://www.thecommunityguide.org/findings/vaccination-programs-assessment-and-feedback

AFIX fulfills the Healthy People 2020 objective to increase the number of providers who have had vaccination coverage levels measured within the past year.

Target 50% of public and private health providers

For more information visit http://bit.ly/oregonafix

Oregon Health Authority
PUBLIC HEALTH DIVISION
Immunization Program
971-673-4832

You can get this document in other languages, large print, braille or a format you prefer. Contact the Immunization Program at 971-673-4832 or email VFC.Help@state.or.us. We accept all relay calls or you can dial 711.

OHA 8146 (05/2017)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Target
50%
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OHA 8146 (05/2017)

Vaccine Stewardship Accountability

Vaccine Stewardship Accountability

95% accountability or better

Vaccine Stewardship Accountability

95% accountability or better

85%-95% accountability or better

2018-2019 Flu Pre-book!

2018-2019 Flu Pre-book!

Questions….

Mental Health Update

Mental Health Grant Updates

Reports:

- MHEG: Q2 reports due **July 15th**
- YACs: 2017-2018 SY reports due **July 15th**

Funding:

- Unspent FY18 $ roll over into FY19
- All grant $ must be spent by **June 30th 2019**

Mental Health TAT

- C-SSRS (Part 1) & Safety Planning webinars
  - Recordings available: www.healthoregon.org/sbhc
- C-SSRS (Part 2) webinar:
  - August 8th 7:30-9AM
- Mental Health Provider phone “summit”:
  - June 27th 8-9:30AM
  - SPO conference call line: 1-877-848-7030, access: 148921
- Grantee check-in calls (primary care + mental + dental):
  - Fall 2018
- SBHC Mental Health Summit (in-person)
  - Coming Spring 2019!

Oregon SBHC School-Based Health Centers

Oregon Health Authority

AAP Universal Depression Screening

- Youth ages 12 and older should be screened annually for depression
- Establish foundations:
  - Staff trainings (screening tools, safety planning)
  - Connect with community resources
- Identification and assessment
  - Formal self-report screening tool
  - Assessment with positive screen
    - Including follow-up discussion with patient (alone) and families
- Initial management
  - Treatment plan with concrete goals
  - Safety planning

Oregon SBHC School-Based Health Centers

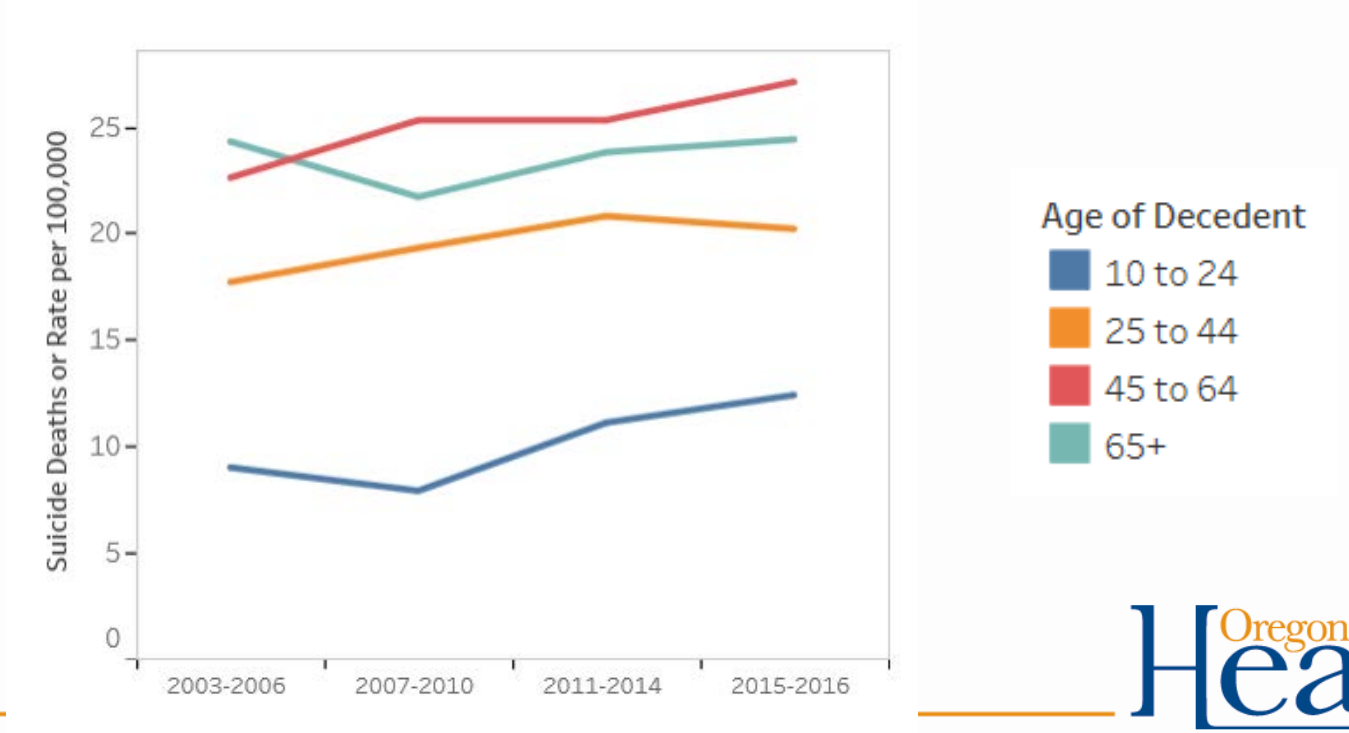
Oregon Health Authority

Oregon Suicide Intervention Efforts

Meghan Crane, MPH
Zero Suicide Program Coordinator
OHA, Public Health Division
meghan.crane@state.or.us
971-673-1023

Suicide in Oregon

- In 2016, 771 Oregon residents died by suicide (17.8%)
- Suicide is the 2nd leading cause of death among Oregonians 10-24 years and 8th leading cause of death for all ages
- Oregon ranks 11th in the nation for suicide deaths
  - Ranks 5th for older adult suicide deaths (65+ yrs)
  - Ranks 16th for 15-24 years

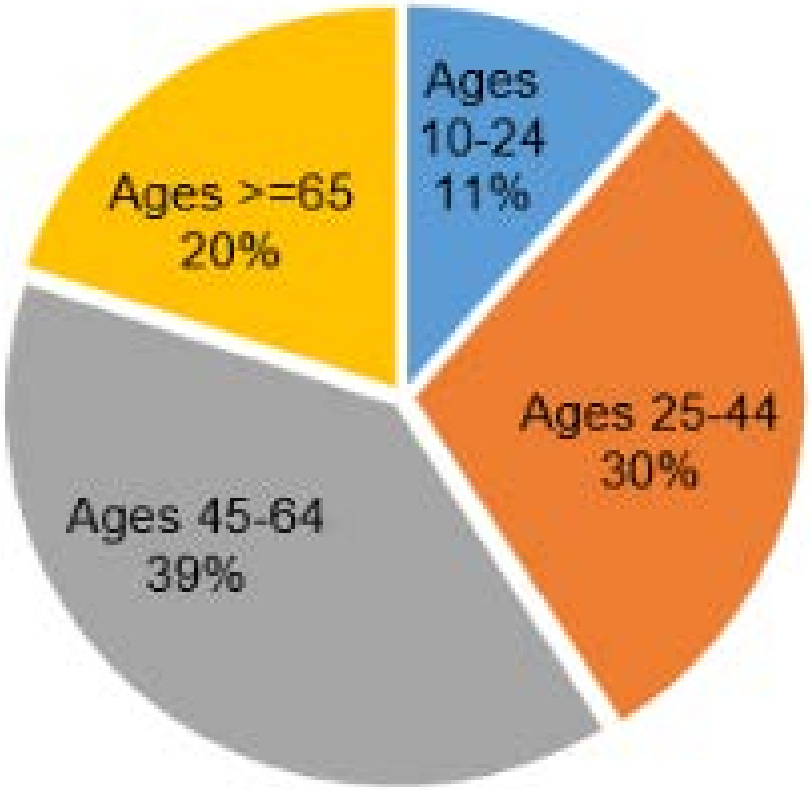


Adolescent Suicide in Oregon

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

Suicide in Oregon

Percentage of Suicides by Age Group, Oregon, 2010-2016



AT-RISK in PRIMARY CARE

■ Adolescents

https://demos.kognito.com/courses/pcp_teen-demo/launch.html?dly=20

Simulation for Health Care Professionals

•20-30 minute online learning experience.

•Awards .75 CEUs for physicians, nurses, social workers, and school psychologists.

•Promotes integration of behavioral health in the primary care setting.

•Includes *Virtual Patient* role-play conversation.

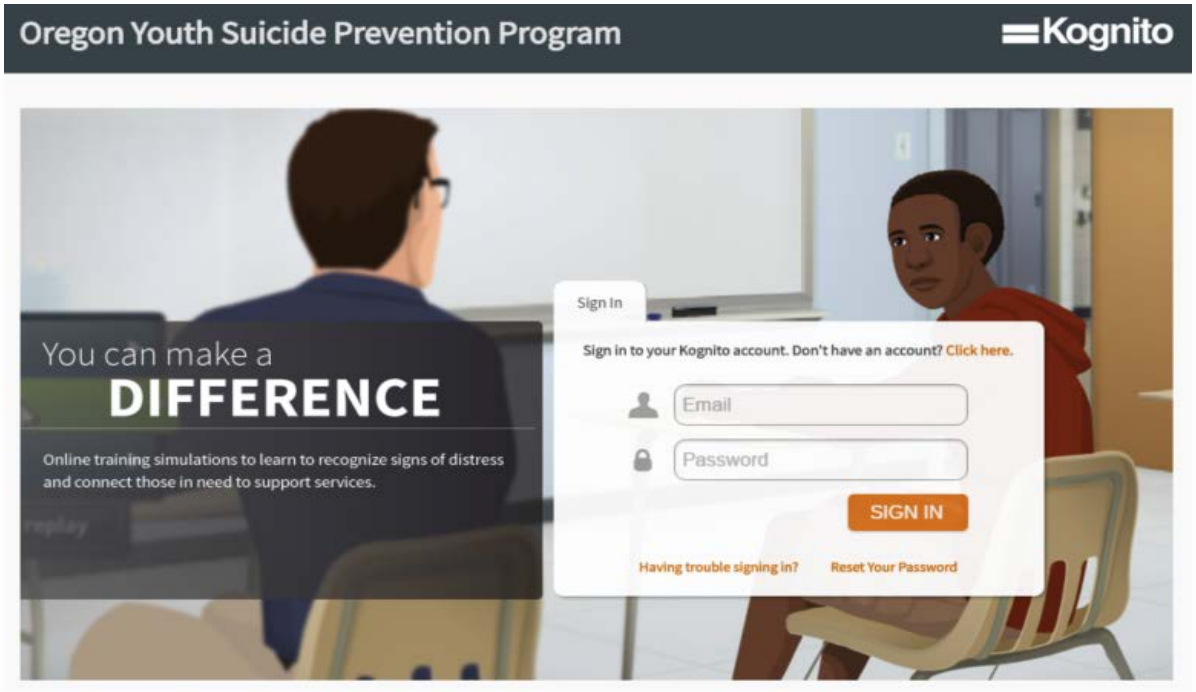
•Incorporates practice using motivational interviewing techniques.

Oregon SBHC School-Based Health Centers

Oregon Health Authority

Accessing the Simulations

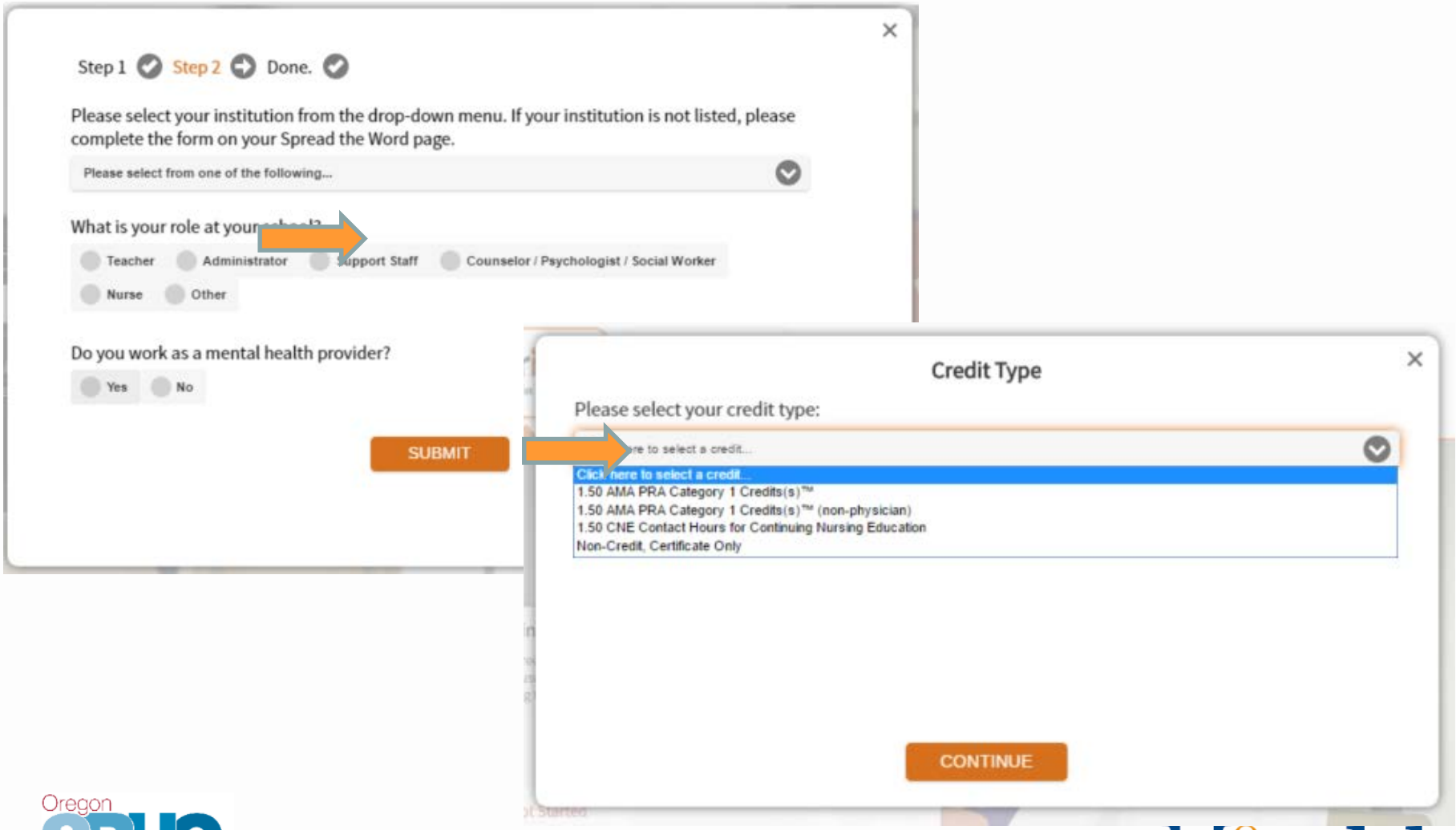
www.kognito.com/oregon



Identify Yourself:
SBHC staff select Primary Care Professional

Primary Care Professional

Provide Detailed Information



Oregon SBHC School-Based Health Centers

Oregon Health Authority

Rick Factors Associated with Adolescent Suicide

Suicide Circumstances for Youth (10-24 yrs.), Oregon, 2013-2014 (NVDRS)

- 62%: Current depressed mood
- **53%: Relationship problems**
- 47%: Current mental health problem
- 43%: Current/past mental health treatment
- 42%: History of suicidal thoughts/plans
- **31%: Recent/imminent crisis**
- 22%: Family relationship problems
- 21%: Non-alcohol substance abuse problem
- 8%: School problem

Decision Time

Among survivors of near fatal suicides, when asked about time from their decision to complete suicide and the attempt:

- 24% said less than 5 minutes
- 24% said 5 to 19 minutes
- 23% said 20 minutes to 1 hour

Putting time and distance
between a suicidal person
and lethal means MAY save a life

Simon TR et al, Characteristics of impulsive suicide attempts and attempters. SLTR 2001: 32 (supp) 49 – 59.

Oregon Zero Suicide Academy: Sept. 18-19, 2018 & Oregon Community of Practice for Better Suicide Care

The Zero Suicide Academy® is a two-day training for senior leaders of health and behavioral health care organizations that seek to dramatically reduce suicides among patients in their care. Using the Zero Suicide framework, participants learn how to incorporate best and promising practices into their organizations and processes to improve care and safety for individuals at risk. Zero Suicide faculty provide both interactive presentations and small group sessions, and collaborate with participants to develop organization-specific action plans. The Oregon Zero Suicide Academy is sponsored by the Oregon Health Authority, Public Health Division (OHA PHD).

The will Oregon Community of Practice for Better Suicide Care begin in October 2018 as a member-driven group engaged in virtual learning to hear from state and national experts on their experiences implementing better suicide care practices.

The Zero Suicide Academy and Oregon Community of Practice for Better Suicide Care application can be found at:

https://zerosuicide.sprc.org/zero-suicide-academy

Oregon SBHC School-Based Health Centers

Oregon Health Authority

SBHC Technical Assistance Webinars

- Webinar recordings available at: www.healthoregon.org/sbhc
- The Stanley/Brown Safety Planning Intervention: A First Contact Treatment Intervention for Those At-Risk of Suicide
- Identification and Triage Using the Columbia-Suicide Severity Rating Scale: Reducing Suicide, Improving Care Delivery and Redirecting Scarce Resources
- SAVE THE DATE: August 8, 7:30-9am
  - Identification and Triage Using the Columbia-Suicide Severity Rate Scale, Part II

YouthLine
1-877-968-8491
(text teen2teen at 839863)

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

RED NACIONAL de PREVENCIÓN del SUICIDIO
1-888-628-9454
prevenciondelsuicidio.org

Veterans Crisis Line
1-800-273-8255 PRESS 1

Resources

- OHA Violent Death Data Dashboard (suicide, firearm, homicide data)
- OHA Opioid Data Dashboard
- Oregon Healthy Teens Survey
- OHA 2016-2020 Youth Suicide Intervention and Prevention Plan and 2017 Annual Report
- Sign up for the Youth Suicide Prevention Network: http://listsmart.osl.state.or.us/mailman/listinfo/yspnetwork
- CDC Adverse Childhood Experiences webpage
- Suicide Prevention Resource Center www.sprc.org
- American Foundation of Suicide Prevention www.afsp.org
- Means Matters www.hsph.harvard.edu/meansmatter/
- National Action Alliance www.actionallianceforsuicideprevention.org

Oregon SBHC School-Based Health Centers

Oregon Health Authority

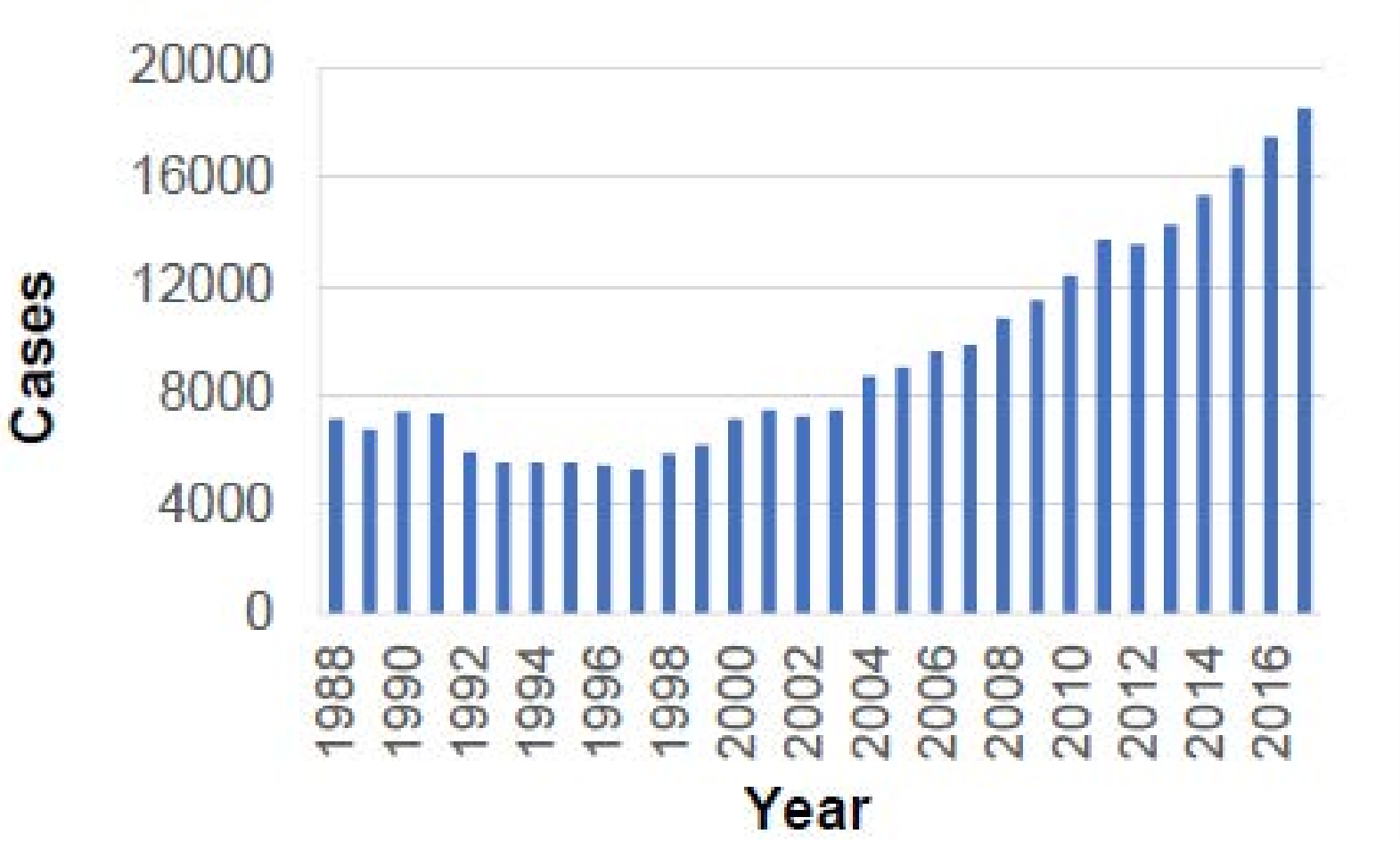
Questions….

Youth Sexual Health Update

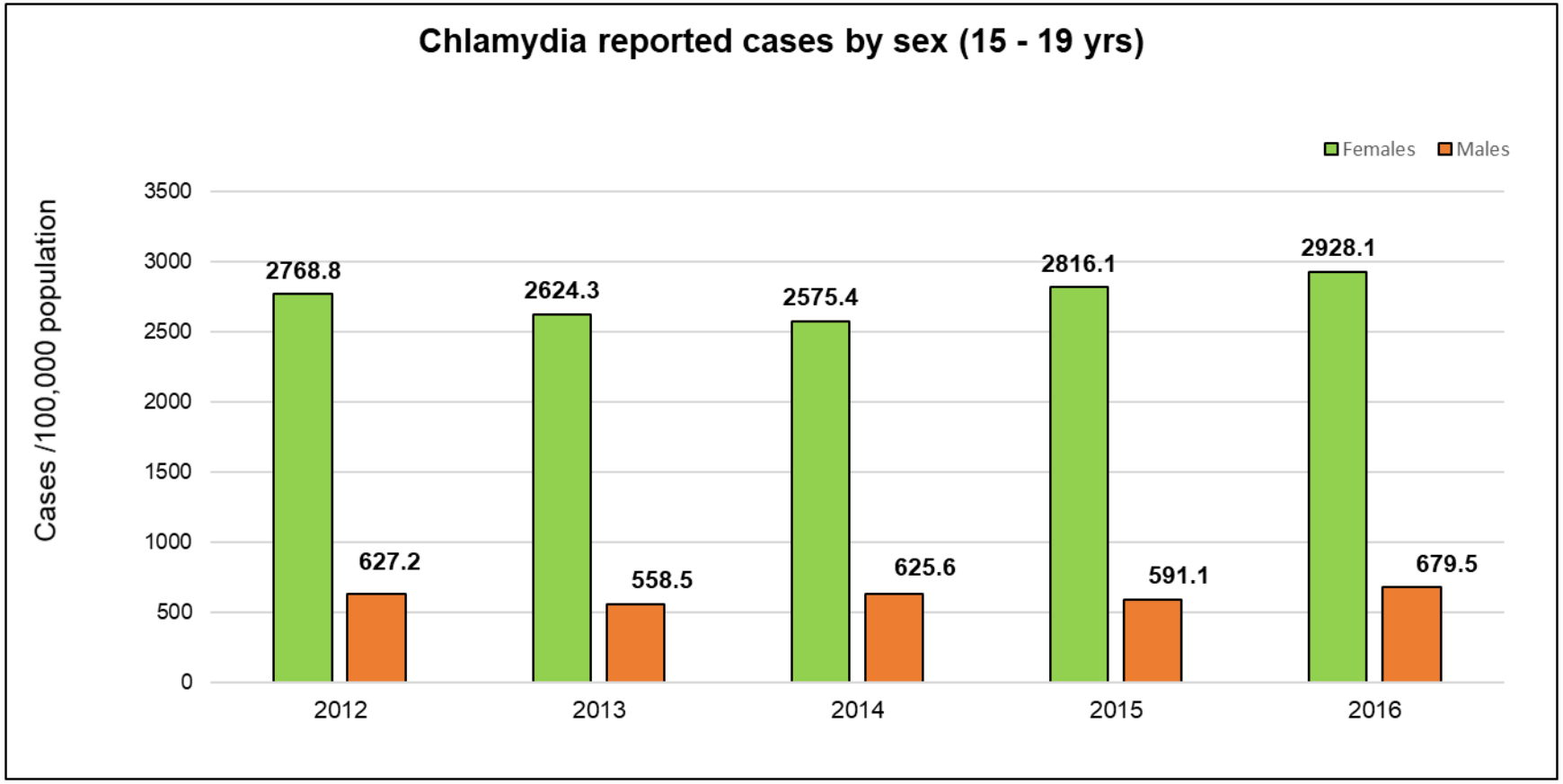
Chlamydia and Gonorrhea Screening

- Oregon Chlamydia Data
- CCO Metric: Chlamydia
- Oregon Gonorrhea Data
- Oregon Sex Education in Schools
- Modernization Work
- Public Health Modernization Accountability Metric: Gonorrhea
- Key Performance Measure: Chlamydia
- Screening Recommendations
- Call to Action

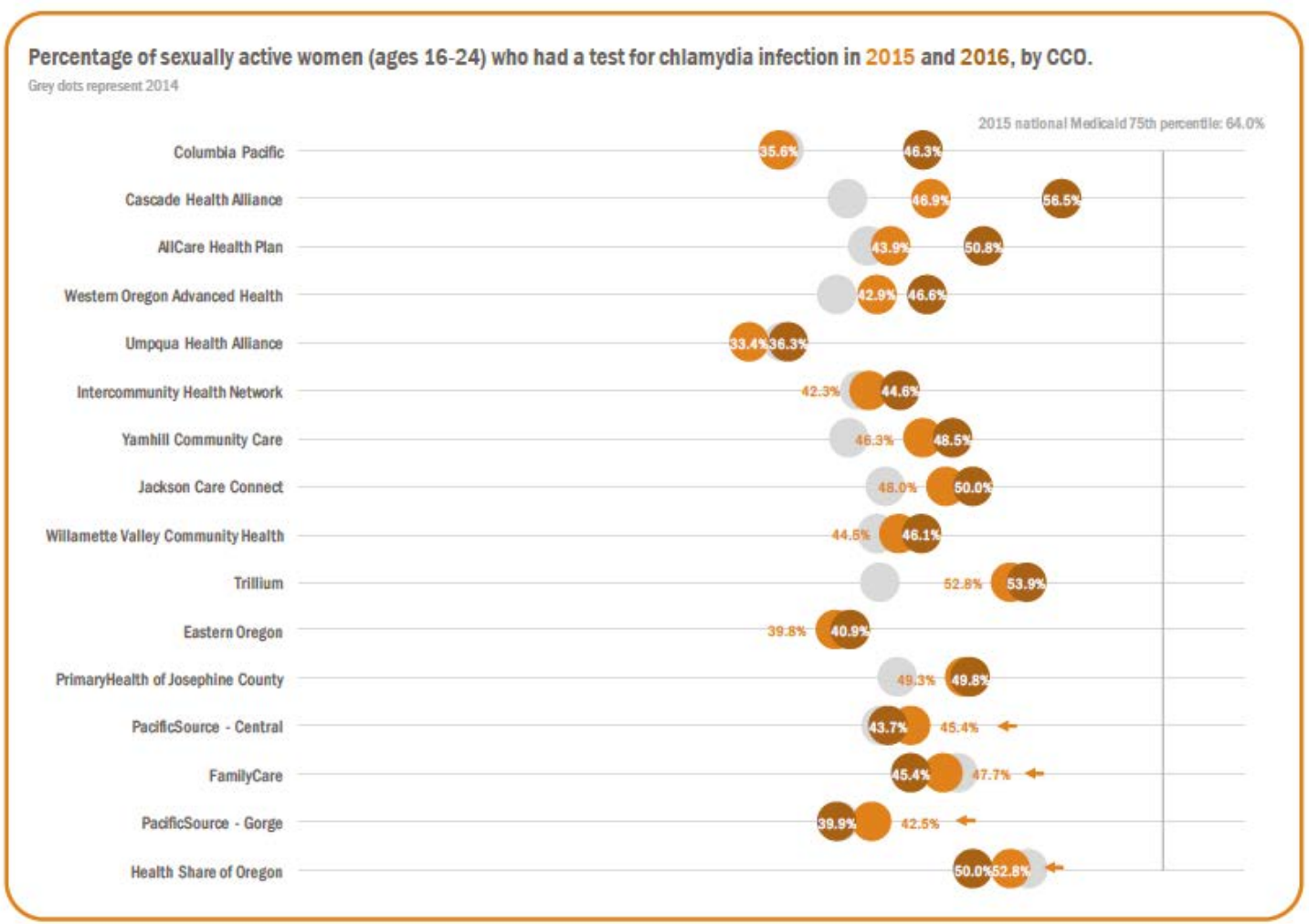
Oregon Chlamydia Cases, 1988-2017



Chlamydia in Oregon Teens, 2012-2016



CCO metric: Chlamydia Screening



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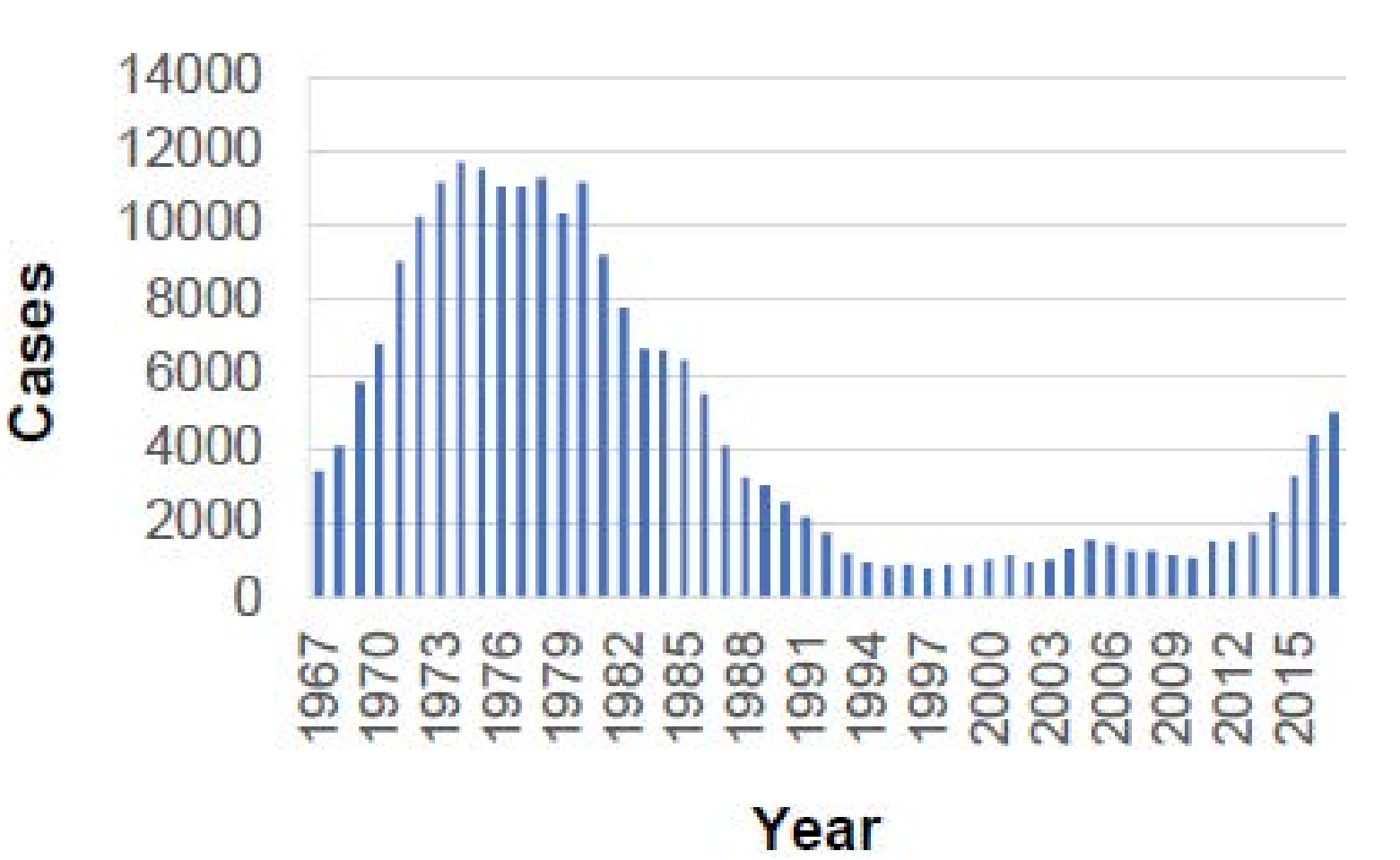
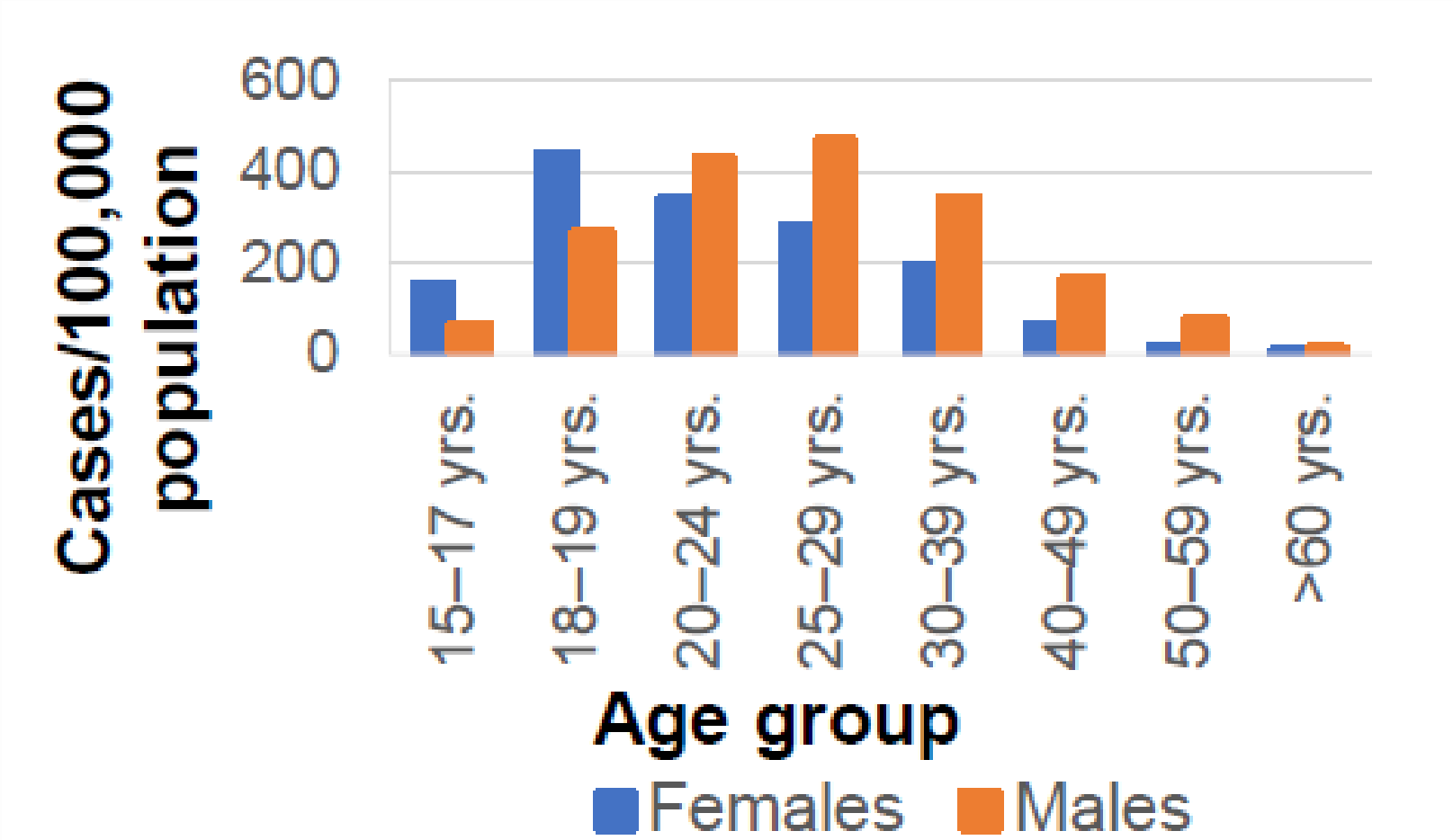
Oregon Gonorrhea Cases, 1967-2017



Oregon Gonorrhea by Age and Sex, 2017



Adolescent Sex Ed – Condom Use

Topic taught in 6, 7 or 8th grade	% of Schools	95% CI	N
How HIV and other STIs are transmitted	79.1	74.0 – 83.5	156
The importance of using condoms consistently and correctly	54.1	48.2 - 59.9	156
How to obtain condoms	49.3	43.4 - 55.3	155
How to correctly use a condom	43.6	38.0 - 49.4	156
The importance of using a condom at the same time as another form of contraception	54.8	48.7 – 60.8	156

Source: 2016 School Health Profiles – Lead Health Educator Survey

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Adolescent Sex Ed – Condom Use

Topic taught in 9, 10, 11, or 12th grade	% of Schools	95% CI	N
How HIV and other STIs are transmitted	96.8	93.5 – 98.5	135
The importance of using condoms consistently and correctly	87.6	82.2 – 91.5	134
How to obtain condoms	83.4	78.0 – 87.7	133
How to correctly use a condom	80.8	75.3 – 85.4	133
The importance of using a condom at the same time as another form of contraception	91.3	86.8 – 94.4	134

Source: 2016 School Health Profiles – Lead Health Educator Survey

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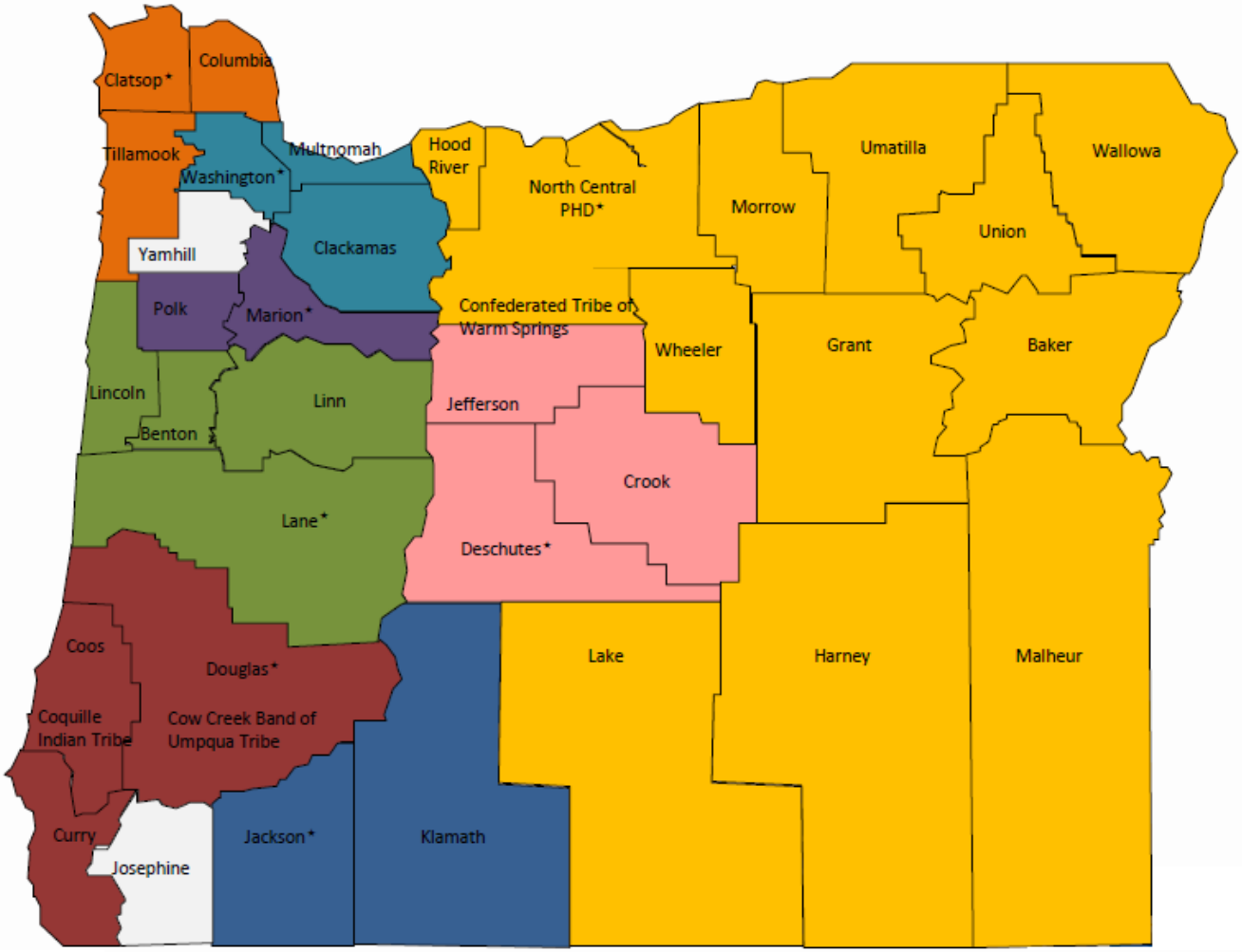
2017-2019 Public Health Modernization



http://www.oregon.gov/oha/ph/About/TaskForce/Pages/index.aspx

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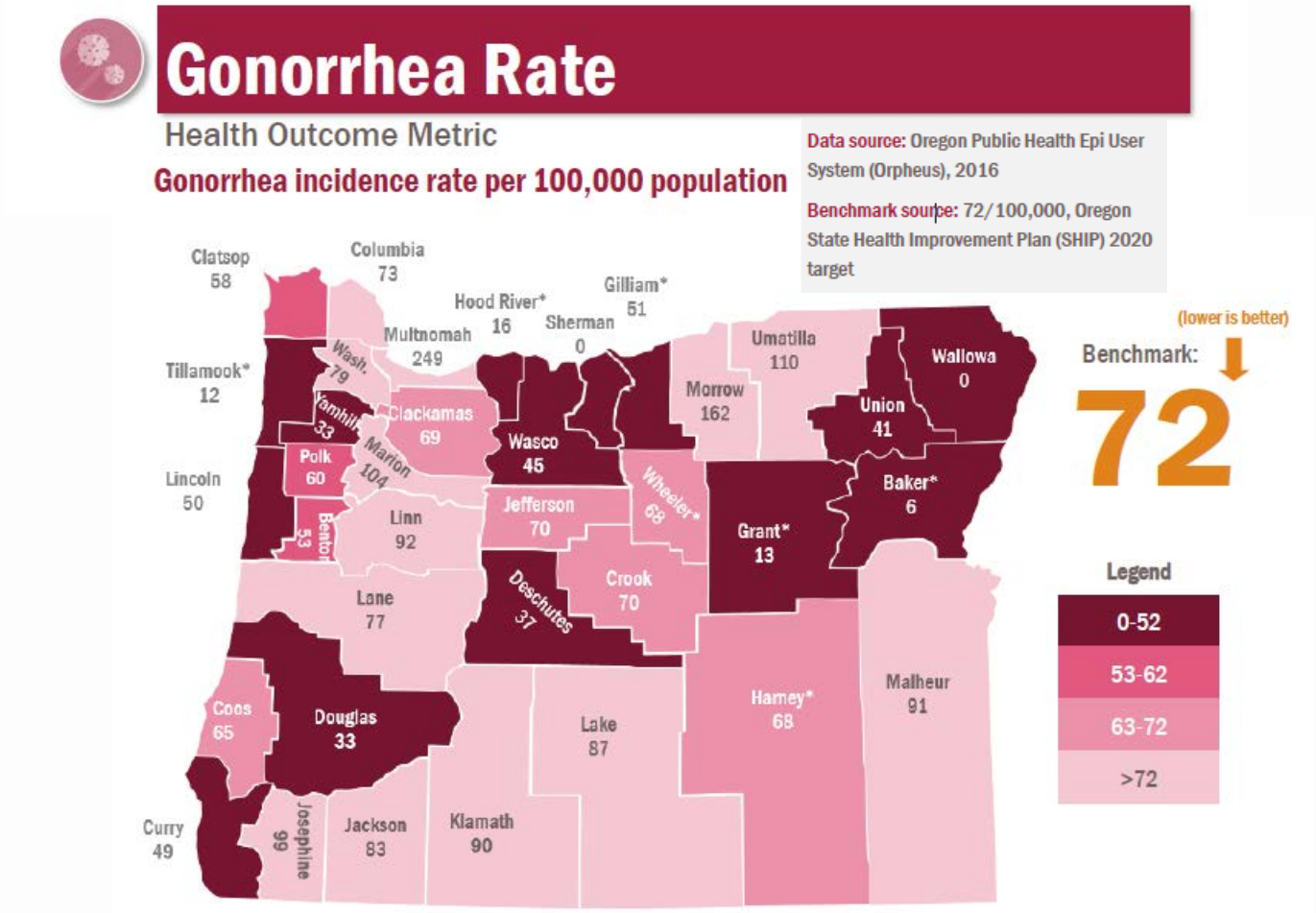
Public Health Modernization

Region	SBHCs	Working On
Clatsop, Columbia and Tillamook counties	Clatskanie MS/HS Rainier JR/SR Sacagawea ES Vernonia K-12	plans to convene partners to assess regional data on sexually transmitted infections and develop priorities
Jackson and Klamath counties; Southern Oregon Regional Health Equity Coalition; Klamath Regional Health Equity Coalition	Ashland HS, Butte Falls, Crater HS, Eagle Point HS, Jackson ES, Jewett ES, Oak Grove ES, Phoenix ES, Prospect, Scenic MS, Table Rock ES, Washington ES, White Mountain MS, Gilchrist	plans to work with regional health equity coalitions and community partners to respond to and prevent sexually transmitted infections

Public Health Modernization

Region	SBHCs	Working On
Marion and Polk counties; Willamette Valley Community Health CCO	Central HS	plans to focus on system coordination and disease- and population-specific interventions to control the spread of gonorrhea and chlamydia
North Central, Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union, Wallowa and Wheeler counties; EOCCO; Mid-Columbia Health Advocates	Baker HS Grant MS/HS Hood River HS Ione School Pendleton HS Sunridge MS Mitchell K-12 La Grande HS Union SD	plans to create regional policy for gonorrhea interventions and engage community-based organizations to decrease gonorrhea rates through shared education and targeted interventions

Public Health Accountability Metrics



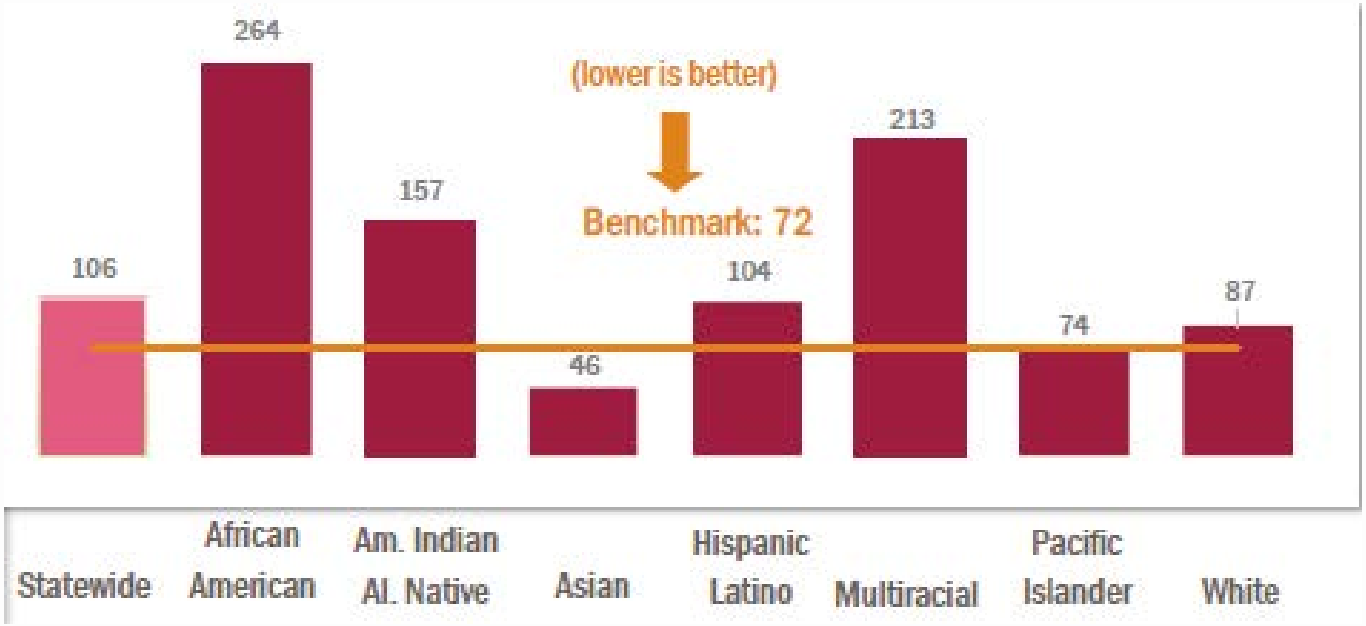
http://www.oregon.gov/oha/PH/ABOUT/Documents/phab/Accountability-metrics-baseline-report.pdf

Public Health Accountabilitv Metrics

Gonorrhea Rate

Health Outcome Metric

Gonorrhea incidence rate per 100,000 population



Oregon SBHC School-Based Health Centers

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Key Performance Measure: Chlamydia

Beaverton HS	Ensworth SBHC	Oregon City HS
Bend HS	Forest Grove HS	Parkrose HS
Brookings Harbor HS	Franklin HS	Redmond HS
Centennial HS	Jefferson HS	Roosevelt HS
Century HS	Lynch ES	Sandy HS
Cleveland HS	Madison HS	Tigard HS
Crook Kids	Madras HS	Tualatin HS
David Douglas HS	Merlo Station	Willamina HS

Chlamydia/Gonorrhea Screening Recommendations

- Women <25 years of age, at least annually if sexually active
- Young men if increased individual risk or high prevalence setting, at least annually if sexually active
- Everyone with a positive test should be retested 3 months after treatment to screen for reinfection, since reinfection after treatment is very common.
- Oropharynx should be screened for gonorrhea if history of oral contact, while screening oropharynx is not recommended for chlamydia.

http://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/CDSUMMARYNEWSLETTER/Documents/2018/ohd6701.pdf

Oregon SBHC School-Based Health Centers

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Call to Action

- Sexual history
- Screen and treat
- Expedited partner therapy (EPT)

http://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/CDSUMMARYNEWSLETTER/Documents/2018/ohd6701.pdf

SBHCs are a great place to screen and treat chlamydia and gonorrhea!

Oregon SBHC School-Based Health Centers

Oregon Health Authority

Questions….

Oregon Sexual Violence Resource Map

This mapping tool was created to assess risk factors, protective factors, and outcomes related to sexual violence and sexual health education, particularly among adolescents.

It can be used to:

- Identify risk and protective factors in local communities
- Understand how communities differ in regard to risk factors, protective factors, outcomes, policies and resources
- View trends in data over time (for example, teen pregnancy)

Youth Sexual Health Webinars

- **Reducing STIs: What's Going On?**
- FRIDAY, MAY 4, 12-1pm
- Register: https://register.gotowebinar.com/register/726685745511827609 8
- Description: While rates of teen pregnancy have decreased, the same cannot be said for sexually transmitted infections (STIs). What's the story? Attendees will learn about current rates, efforts to decrease stigma and prevent STIs, and discuss some systemic obstacles related to STI prevention that are making this particular goal of the Youth Sexual Health Plan our most perplexing.
- Guest: Josh Ferrer, STD/HIV Prevention Technical Consultant, OHA Public Health Division

Youth Sexual Health Webinars

- **Sexual Health Promotion is Sexual Violence Prevention**
- FRIDAY, MAY 18, 12-1pm
- Register: https://register.gotowebinar.com/register/18226168340924121 62
- Description: Inclusion of sexual violence prevention efforts within the state's Youth Sexual Health Plan was a big deal ten years ago, and now more than ever the connection of "sexual health promotion is sexual violence prevention" is a central tenet of Oregon's approach. Attendees will learn about current upstream efforts to improve and expand sexual violence prevention programming in schools and communities throughout the state.
- Guests: Meg Foster, Prevention Coordinator, Oregon Attorney General's Sexual Assault Task Force; and Matt Laidler, Core Injury and Violence Prevention Research Analyst, OHA Public Health Division

Youth Sexual Health Webinars

- **Health Equity in Youth Sexual Health**
- FRIDAY, JUNE 1, 12-1pm
- Register: https://attendee.gotowebinar.com/register/7347081122015779074
- Description: The Youth Sexual Health Plan clearly stated the goal of "sexual health inequities are eliminated," and we have had some successes. Equity work within the youth sexual health field has meant shifting prior thinking and norms about what sexual health means, while also addressing youths' needs with culturally specific services. Attendees will learn about current disparities needing attention and hear about innovative work happening here in Oregon.
- Guest: Veronica Leonard, Health and Wellness Manager, Latino Network

Questions….

OREGON SCHOOL-BASED HEALTH ALLIANCE

OREGON SCHOOL-BASED HEALTH ALLIANCE

SBHC Coordinator's Meeting

May 3rd, 2018

ABOUT OSBHA:

- **Oregon School-Based Health Alliance** (OSBHA) is a statewide 501(c)(3) **nonprofit** organization

- **Vision:** All young people are healthy, learning, and thriving.

- **Mission:** To strengthen school based health services and systems that promote the health and academic success of young people.

OREGON SCHOOL-BASED HEALTH ALLIANCE

Guiding Principles (criteria for our work):

- Sustaining, strengthening and expanding school based health centers
- Promoting diversity and equity that engages community and youth voices
- Advocating for and facilitating the integration of health, wellness and education

OREGON SCHOOL-BASED HEALTH ALLIANCE

CURRENT STAFF

Laurie Huffman
Executive Director

Maureen Hinman
Policy Director

Ashley McAllister
Program Manager

Jessica Chambers
Administrative Coordinator

Gabrielle Kornahrens
Student Health Advocacy Group Facilitator

OREGON SCHOOL-BASED HEALTH ALLIANCE

Legislative and Policy Update

- School Health Advocacy Day
- Budget increase for school-based mental health

Youth Advocates Update

- Policy work:
  - School Health Advocacy Day
  - Advocacy work for the SBHC Authorization Act

- Recent public speaking & training opportunities:
  - YAC Trainings for Mental Health YAC Grantees
  - Oregon Pediatric Society Conference
  - Oregon HPV Statewide Summit

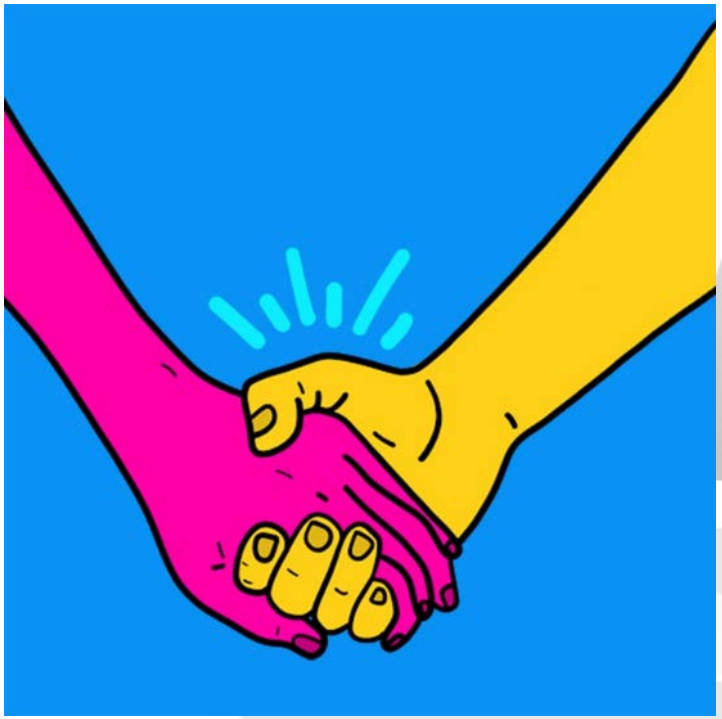
- Applications for the Student Health Advocates 2018-2019 year will open on 9/10/18

Highlights of SBHC development work with Gresham and Reynolds School Districts

- Business plan development
- Community engagement with students, parents, and community-based organizations
- Mental health services have been identified as priorities in both school districts

HTRA (Healthy Teen Relationship Act) Implementation Project Update

- **Intent: To create a school-wide culture of consent.** Expand, broaden and deepen healthy relationship education, prevention and advocacy services for students.
- **Unprecedented in the United States:** currently the only public school-approved program offering on-site confidential advocacy services to youth.



- **Partners:** Raphael House, VOA Home Free, PPS's Cleveland & Franklin high schools, their SBHCs, community partners & students

OREGON SCHOOL-BASED HEALTH ALLIANCE

Trauma Informed Schools update

Lane County SBHC Community Collaborative

- Kaiser Permanente funded OSBHA's proposal to provide technical assistance to the Lane Co. SBHC Collaborative
- SBHC providers, staff & management; school and other healthcare staff, medical sponsors & community providers will participate
- 3 main outcomes:
  - Increase completed wellness visits & successful referrals to behavioral
  - Increase youth access to specialty providers
  - Increase student use of school health services, including use by homeless students

FY 2017/18 projects with the State School-Based Health Center Program

Youth engagement

- YAC TA calls & webinars
- Trainings: Youth-Adult Partnership; Youth Participatory Action Research
- Regional SBHC/CCO/LPHA meetings on partnership opportunities re: youth engagement

APIP (Alternative Payments)

- Continued work on reimbursement strategies to support SBHCs

Mental Health Summit

- Focus on integration of mental health in SBHCs
- Shaped by CCO and state priorities
- Planning committee is helping to inform agenda
- Field Assessment Survey results are being summarized
- Summit likely to be held in April 2019

OREGON SCHOOL-BASED HEALTH ALLIANCE

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Gabrielle Kornahrens, Student Health Advocate Facilitator
gabrielle@osbha.org

Questions….

Thank You

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SBHC.Program@dhsoha.state.or.us
www.healthoregon.org/ah