Fall SBHC Coordinators Meeting

October 13, 2023







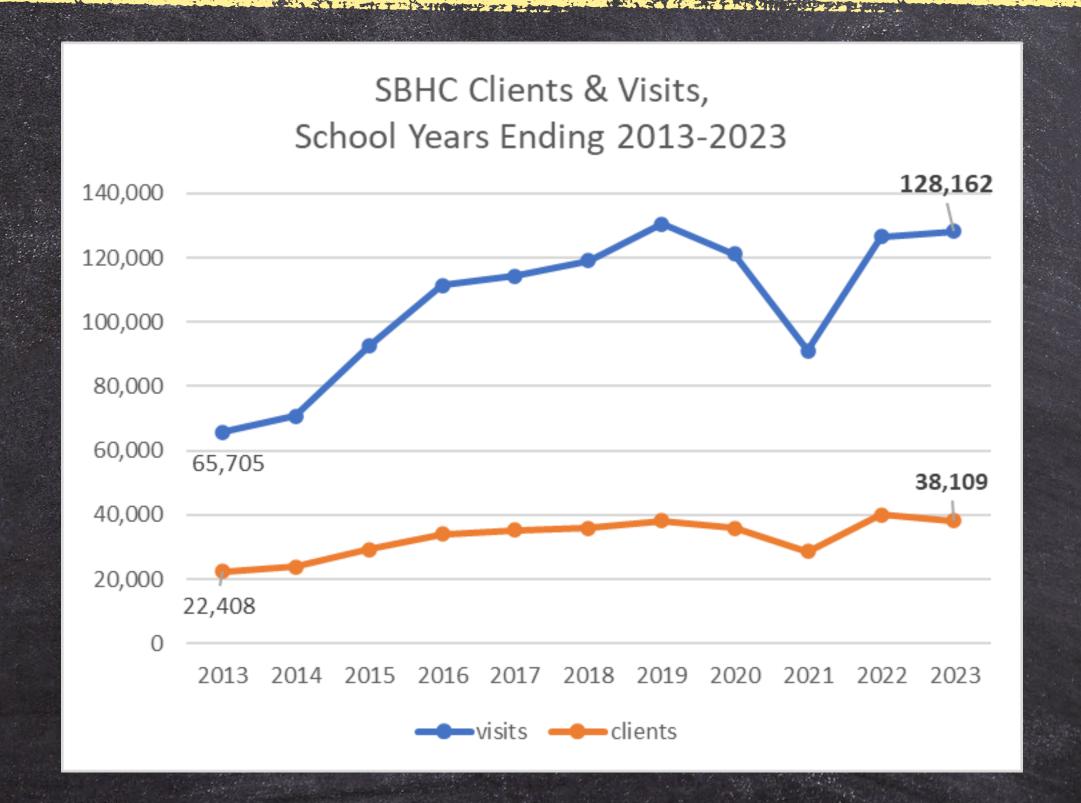
Since we last met...







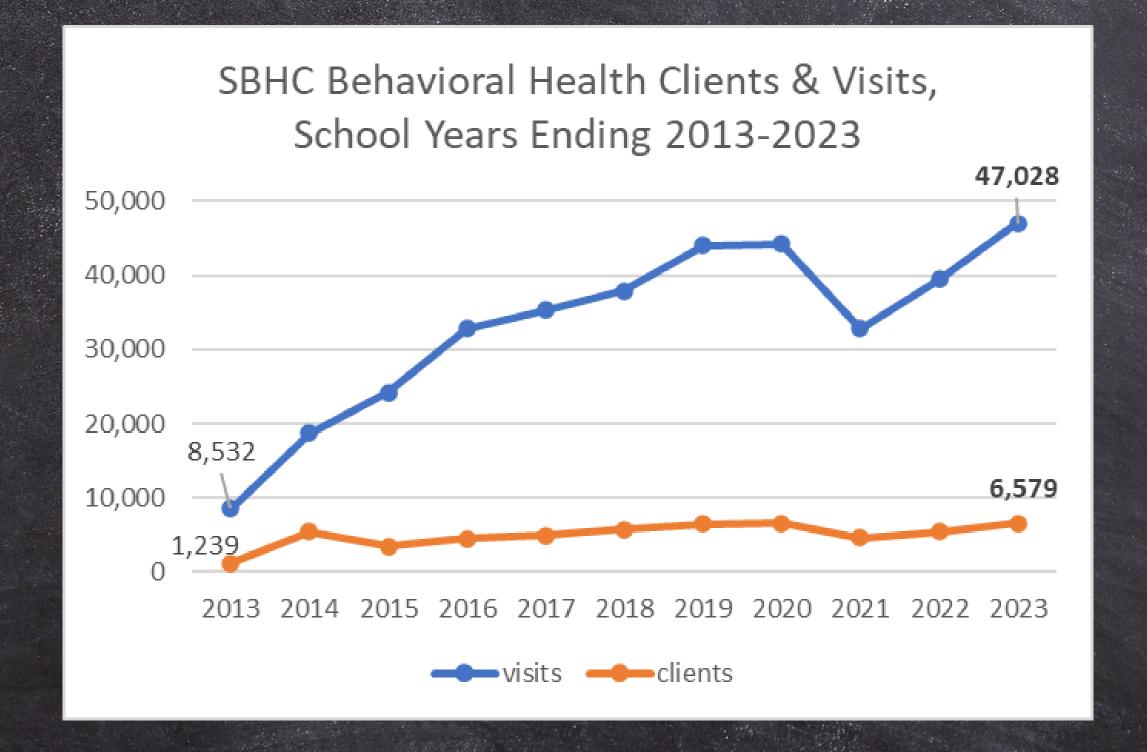
Since we last met...







Since we last met...









Today's agenda

8:30-8:45

8:45-9:00

9:00-9:15

9:15-10:00

10:00-10:30

10:30-11:45

Welcome!

Icebreaker

Keynote

SHS Snapshot

BREAK / Networking

Youth Panel





Today's agenda

11:45-12:45

12:45-1:15

1:15-2:45

2:45-3:00

3:00-4:20

4:20-4:30

Lunch!

SPO / OSBHA Updates

SBHC Panel

BREAK / Networking

World Café

Closing







SPO staff





State Program Office (SPO) staff



Rosalyn Liu (she/her) Interim ASRH Section Manager



Stefanie Murray (she/her) Interim Health Systems Manager



Kate
O'Donnell
(she/her)
SBHC Program
Coordinator



Mikah Rotman (they/he) School Mental Health Specialist



Melanie
Potter
(she/her)
School Health
Program
Specialist



Cuong Phan (he/his) Administrative Specialist





- State Program Office (SPO) staff



Sarah Knipper (she/her) School Health Epidemiologist



Loretta
Gallant
(she/her)
Research Analyst



Kavita Gavand (she/her) Research Analyst



Rebecca
Jacobs
(she/her)
Public Health
Nurse



Karen Vian (she/her) Public Health Nurse





Adolescent and School Health staff



Wes Rivers
(he/him)
ASH Policy and
Partnerships
Manager



Alexis Phillips
(she/her)
Policy &
Assessment
Specialist



Lindsay
Weaver
(she/her)
Youth Sexual
Health Program
Analyst



Corinna Brower
(she/her)
State School Nurse
Consultant



Kalli Nichols
(she/her)
Youth
Engagement
Coordinator





Housekeeping

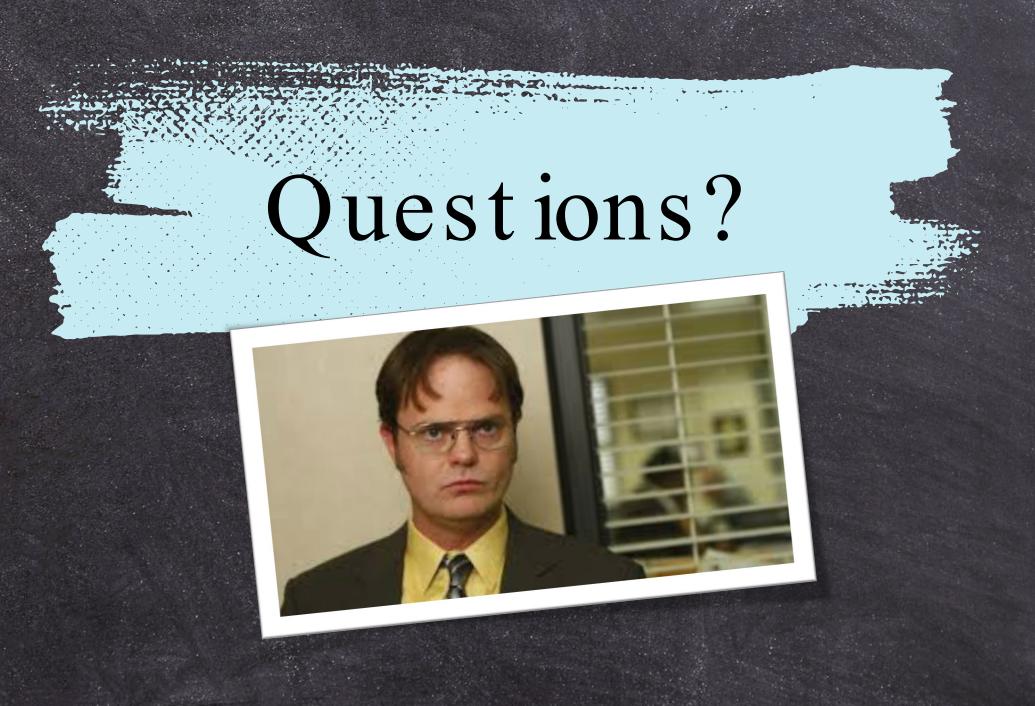
- Restrooms:
 - Exit the ballroom, go to the left
 - At the end of the hall, take a right
 - Restrooms are on the left!
- Wi-Fi:
 - Network: Embassy Events
 - Passcode: event5
- Questions? Raise "?" paper at your table!



(Virtual) Housekeeping

- Please stay muted unless actively participating
- Raise your hand to ask a question & an SPO staff person will help get to your question.
- Right click on your image in Zoom and click "Pin Meeting" to see what's going on in the room.
- Closed captioning is available both in-person and remote!





Icebreaker (Better Than Coffee)

Let's figure out who is in the room and on Zoom!

- Type of organization
- Population of area
- School population
- SBHC campus location
- SBHC services
- SBHC host school grade levels





Keynote Speaker

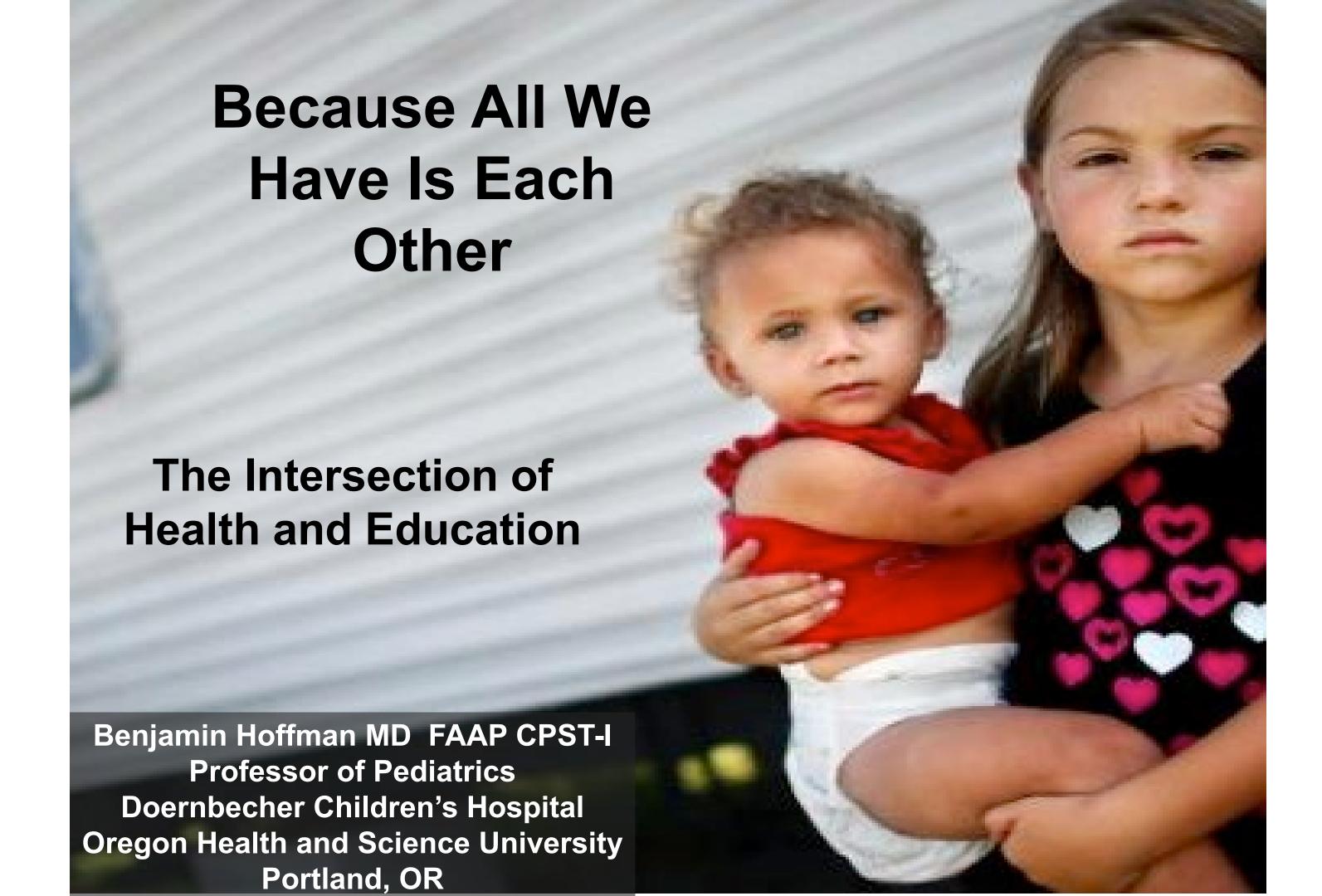


Benjamin D. Hoffman, MD, CPST-I, FAAP

Professor of Pediatrics, OHSU School of Medicine
Medical Director, Tom Sargent Safety Center
Director, Oregon Center for Children and Youth with
Special Health Needs (OCCYSHN)

President-Elect, AAP Board of Directors







'The living sign that all men are created qual'

Hill family finds adoptions well received

By R. BEHNKE Los Alamos Bureau

residents who could agree Mrs. Hoffman, things have with the statement, "Let New changed somewhat as more Mexico be the living sign that Negro families have started all men are created equal-no adopting and the availability matter where they were born, of children for all adoption no matter who their parents purposes has dropped. are" made by Gov. Jerry Thus, when the Hoffmans

196 El Rayo.

having two boys of their own, agency for aid. decided to adopt two girls.

children but were at the same with another girl for the time involved with the zero. Hoffmans. population growth question Her name is Carrie. She is

They solved all these factors She was the more difficult of separate problems involved. It took nine months to adopt with both adoptions.

Mrs. Hoffman said

There were so many, ac-cording to Mrs. Hoffman, that must be followed. they were being kept in in- In addition, the cost of stitutions, but no releases for adoption could be a drawback. adoption had ever been ob- Luckily, the Hoffmans were tained from the parents able to adopt Carrie for less because so few Caucasian than the normal cost, which families wanted to adopt a can run as high as 10 per cent

That was in 1970, when Julie salary, plus court costs plus dicated that she felt that in was only five months old. Los Alamos has six new Since that time, according to

Apodaca in his inaugural decided to adopt another girl a bit more than two years ago. They are the members of they were told that there were the Cyrus Hoffman family of no children available for immediate adoption.

Mr. and Mrs. Hotiman are a The Hoffmans turned to the concerned couple who, after Welcome House adoption

This organization places 200 According to them, they had to 300 children from the Far a desire to have more East each year. It came up

and the desire to do something. Korean and has been with the they considered worthwhile. Hoffman family for 18 months.

by adopting two girls. Julie the two girls to adopt, ac-and Carrie. There were cording to Hoffman.

Carrie compared to four "At the time Julie was months for her sister Julie. adopted, there were a lot of There is a longer waiting Negro children available," period on Far Eastern children due to the im-

of the busband's annual

institutional care while the immigration procedings are going on, plus the air fare from Korea.

The Hoffmans four children—Benjy, 9; Lucas, 6; react to their sisters?

Carrie and Julie, both five— "When we went to p attend Barranca Mesa School and the only difficulty ever encountered was when the school secretary telephoned Mrs. Hoffman to inform her that she had made a mistake in registration and had given her daughters' ages as two months apart.

"It's no mistake," said Mrs. Hoffman. "When you see the girls, I'm sure you'll un-derstand."

The Hoffmans, pessibly because of those feelings expressed by Gov. Apodaca and others like him, feel that New Mexico is a good place to bring up their family.

Mrs. Hoffman said that she and her husband had a few misgivings when they were still in New Jersey and prior to the time they adopted Julie in 1970.

There had been a few racial incidents and they were apprehensive, according to Mrs. Hoffman.

They postponed the adoption for three months because of this, but finally went ahead with their plan.

"There hasn't been a single incident since we came here." Mrs. Hoffman said. She insuch a mixed culture as New Mexico, people seemed to accept differences more

How do the Hoffman boys

"When we went to pick up Julie, Lucas was only two and a half and Benjy four and a half," Hoffman said.

"Benjy thought it was wonderful. He was like any child and thought of his new sister as being a toy.

Carrie came to the family only 18 months ago and by this time, the other three children were older. It was the children, according to Hoffman, who took the new little girl, who could speak no English, and comforted her.

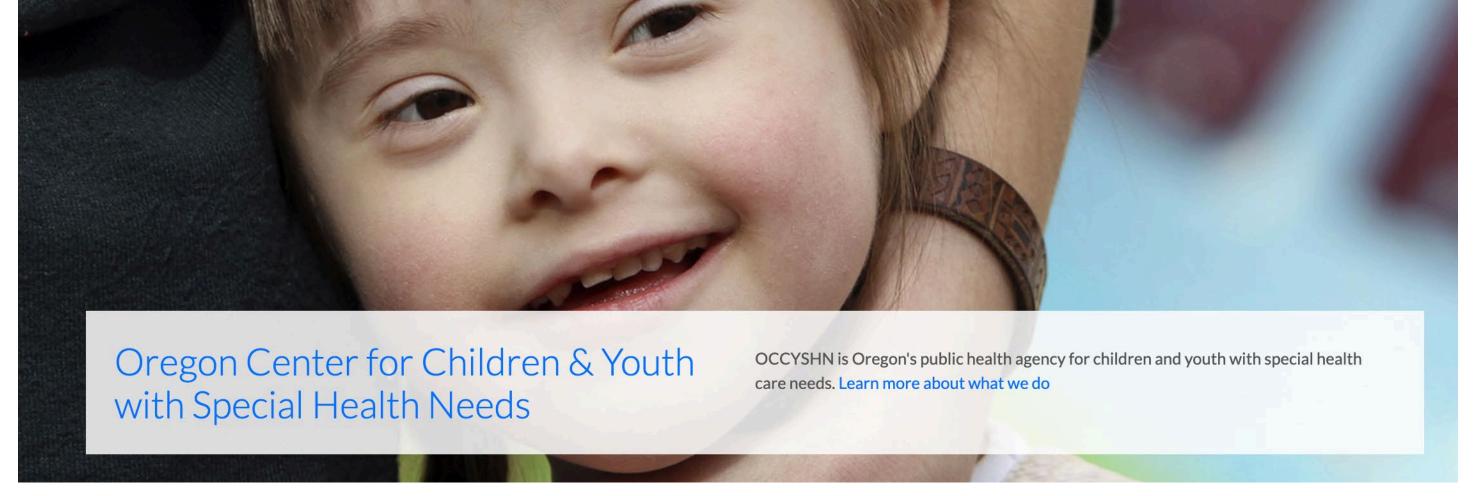
Julie took her into the room they would share and played and talked to her and somehow it all worked out.

Julie now speaks English and has become just another member of the family. She is now no more liked or disliked. depending on the mood of the other children, than any other brother or sister.

The Hoffmans, originally from New York City, have recently transferred to Los Alamos from Princeton, N.J., where Hoffman was a professor of physics at Princeton University, Hoffman is employed with the Los Alamos Scientific Laboratory



EET THE HOFFMANS - The Hoffman family Carrie, Benjy and Lucas. The Hoffmans have exas lived in Los Alamos only a short time, but Iready feel the atmosphere on the Hill is conducive or raising healthy children. Standing are Jane and Tyrus Hoffman, and children from left are Julie, being and Lucas. The Hoffmans have expressed gratitude that adoption of their two girls, Julie and Carrie who are of different ethnic origins has been so well-accepted in Los Alamos.



Mission

OCCYSHN's mission is to improve the health, development and well-being of all Oregon's children and youth with special health needs.

Vision

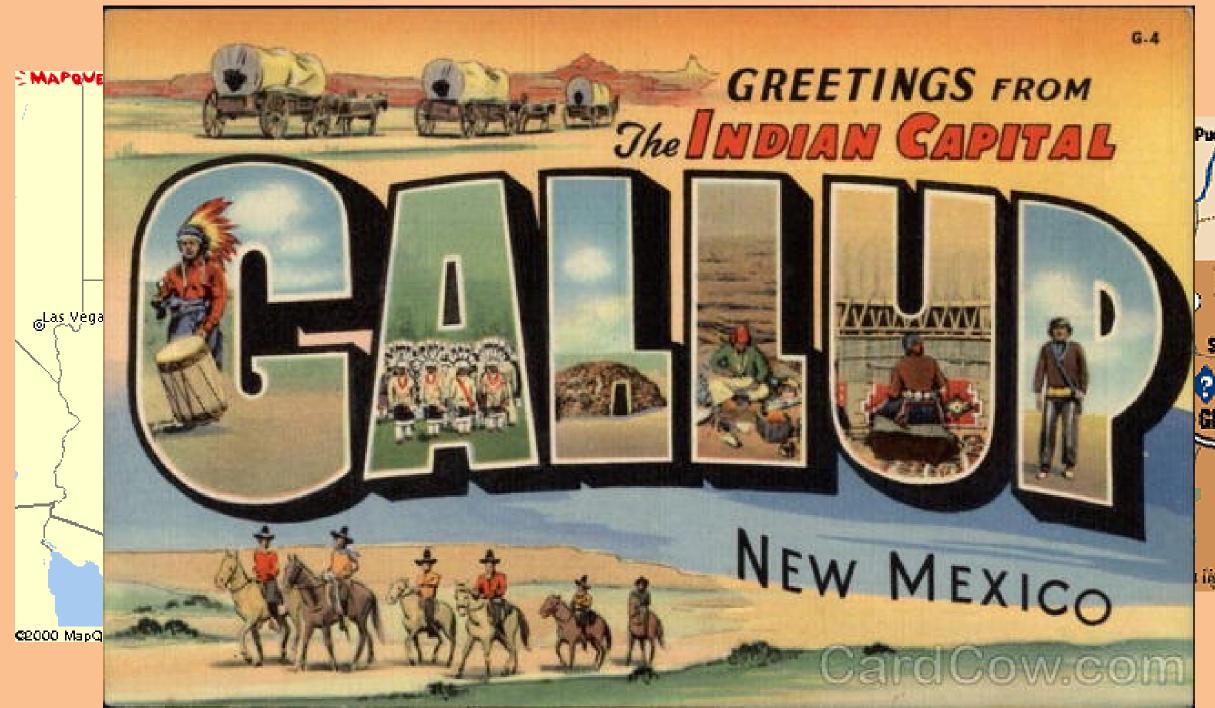
OCCYSHN's vision is that all Oregon's children and youth with special health care needs are supported by a system of care that is family-centered, culturally competent, community-based, coordinated, accessible, comprehensive, and continuous.

Equity commitment

Because racism and other forms of discrimination affect health care for Oregon's children with special health needs and their families, we are committed to advancing health equity. Read our Equity Commitment .

Who we serve

OCCYSHN works on behalf of Oregon's children and youth with special health care needs (CYSHCN). These children and youth either have chronic health conditions, or they are at risk for having them. Their health conditions can be physical, developmental, behavioral, or emotional. CYSHCN need more health and related services than other children. One in five Oregon children fits this description.













What is pediatrics?



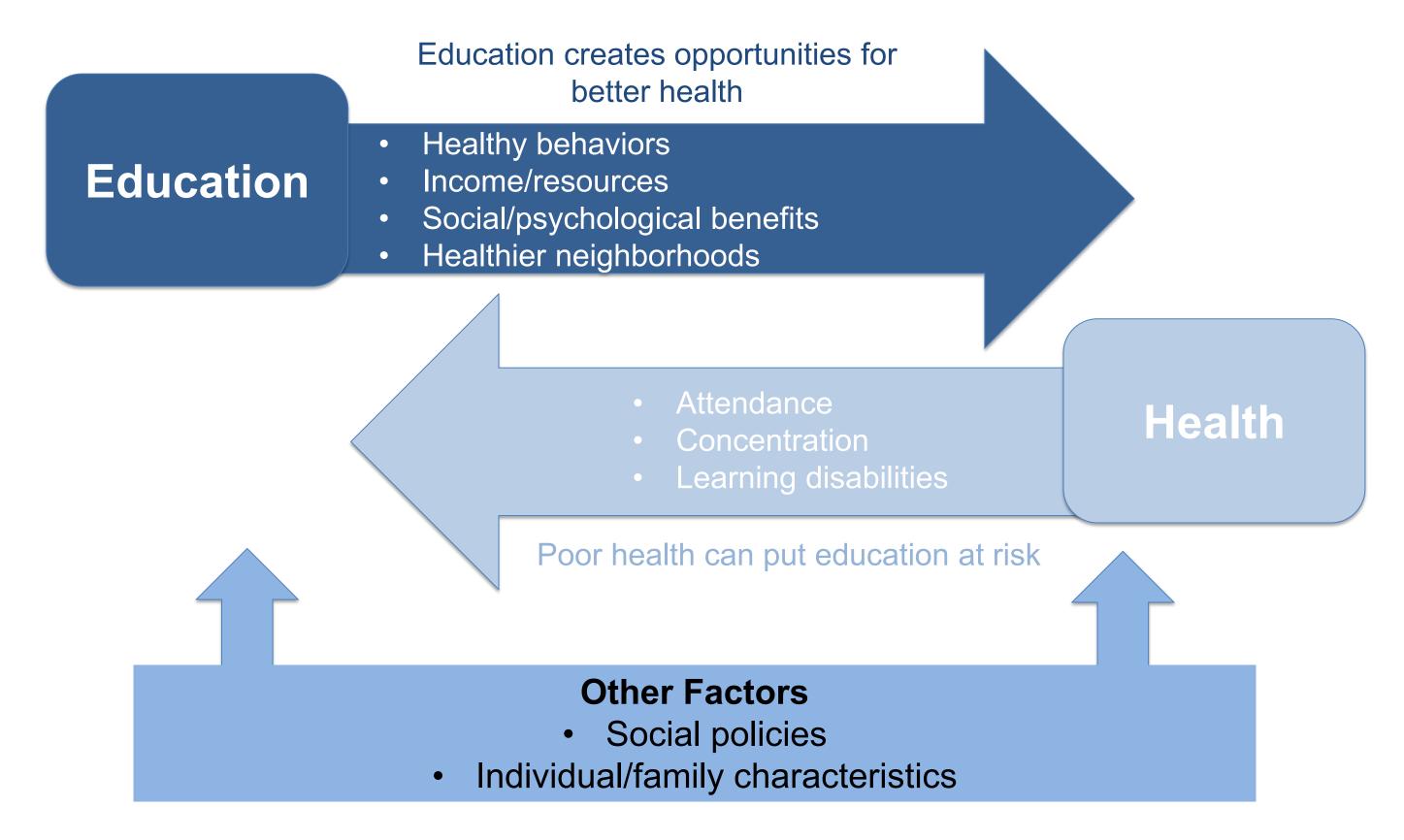


Education -> Health

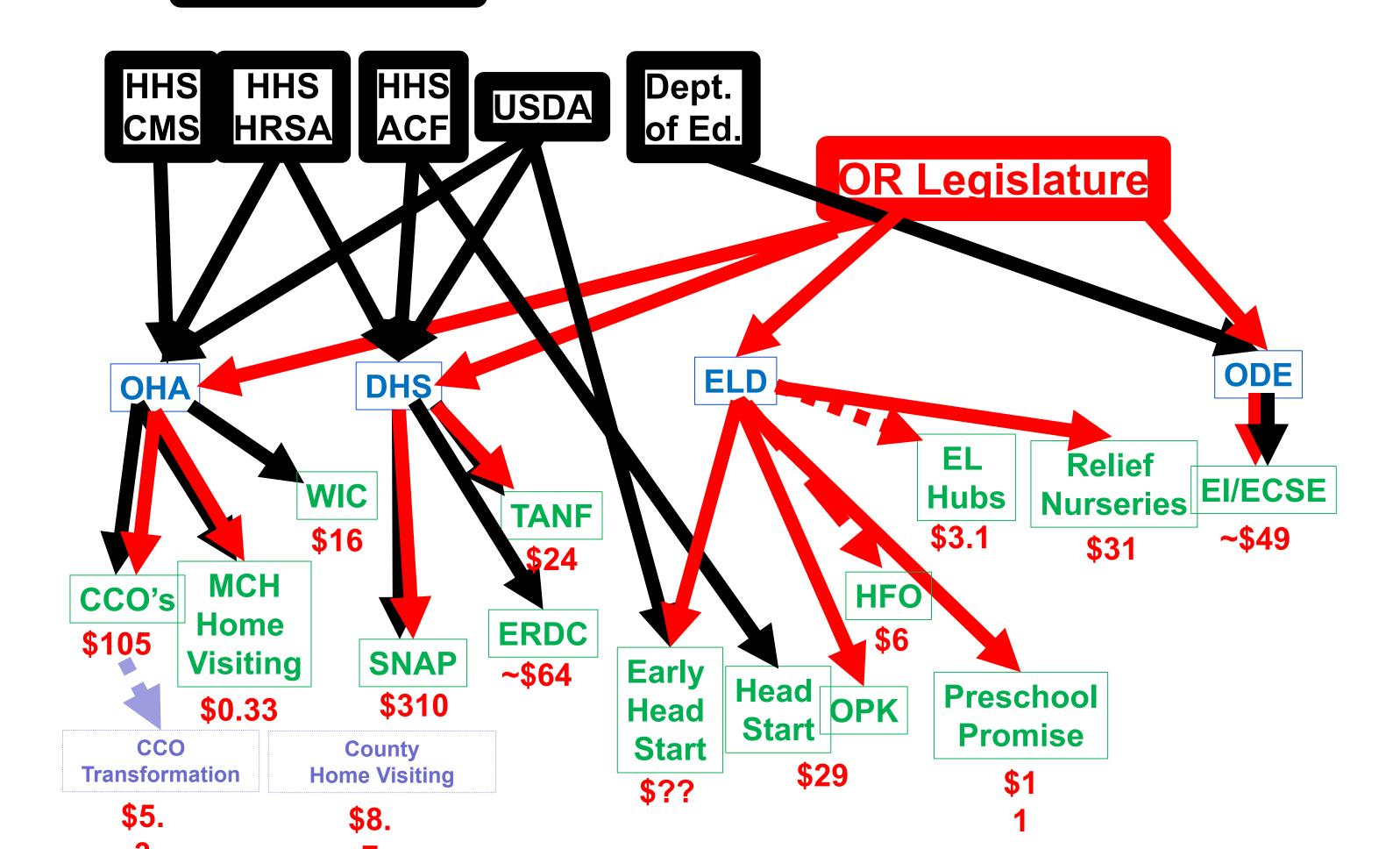
"Educational
attainment is the
social factor that is the
single greatest
predictor of a person's
health and well-being
across the lifespan."
APHA, 2018

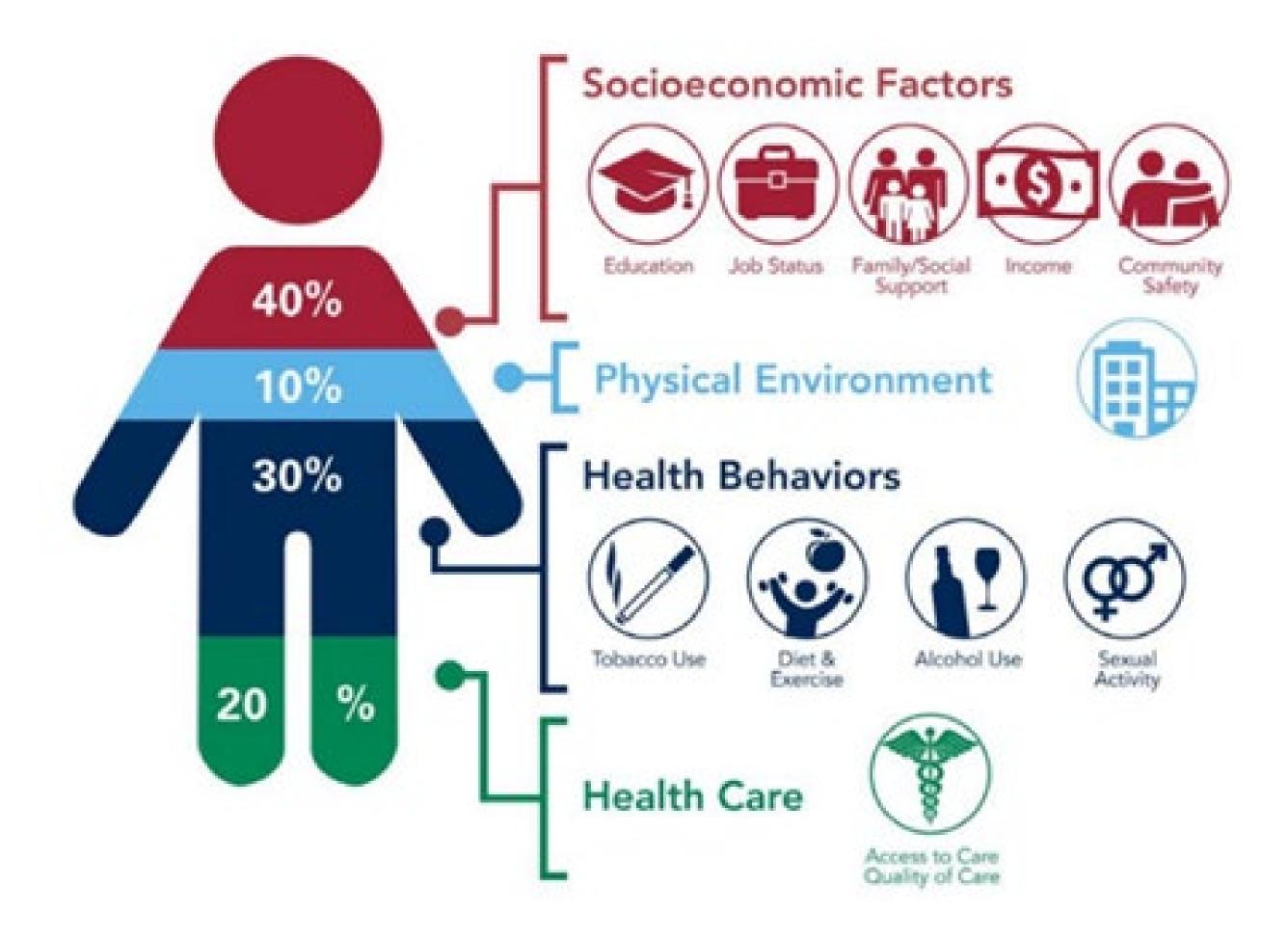


Relationship between Health & Education



US Congress







HEALTH

HEALTH CARE

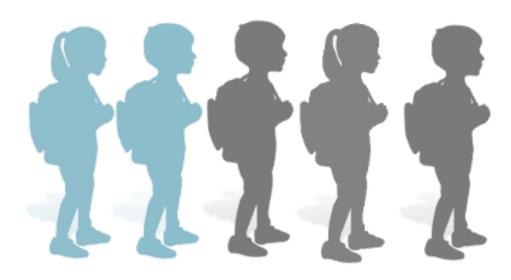


School-Age Health Status in US

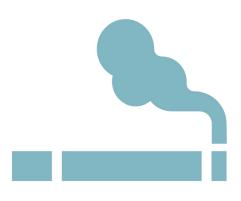
Less than half of children (6-11 y.o.) have dental sealants



Children from lowerincome households twice as likely to have untreated cavities



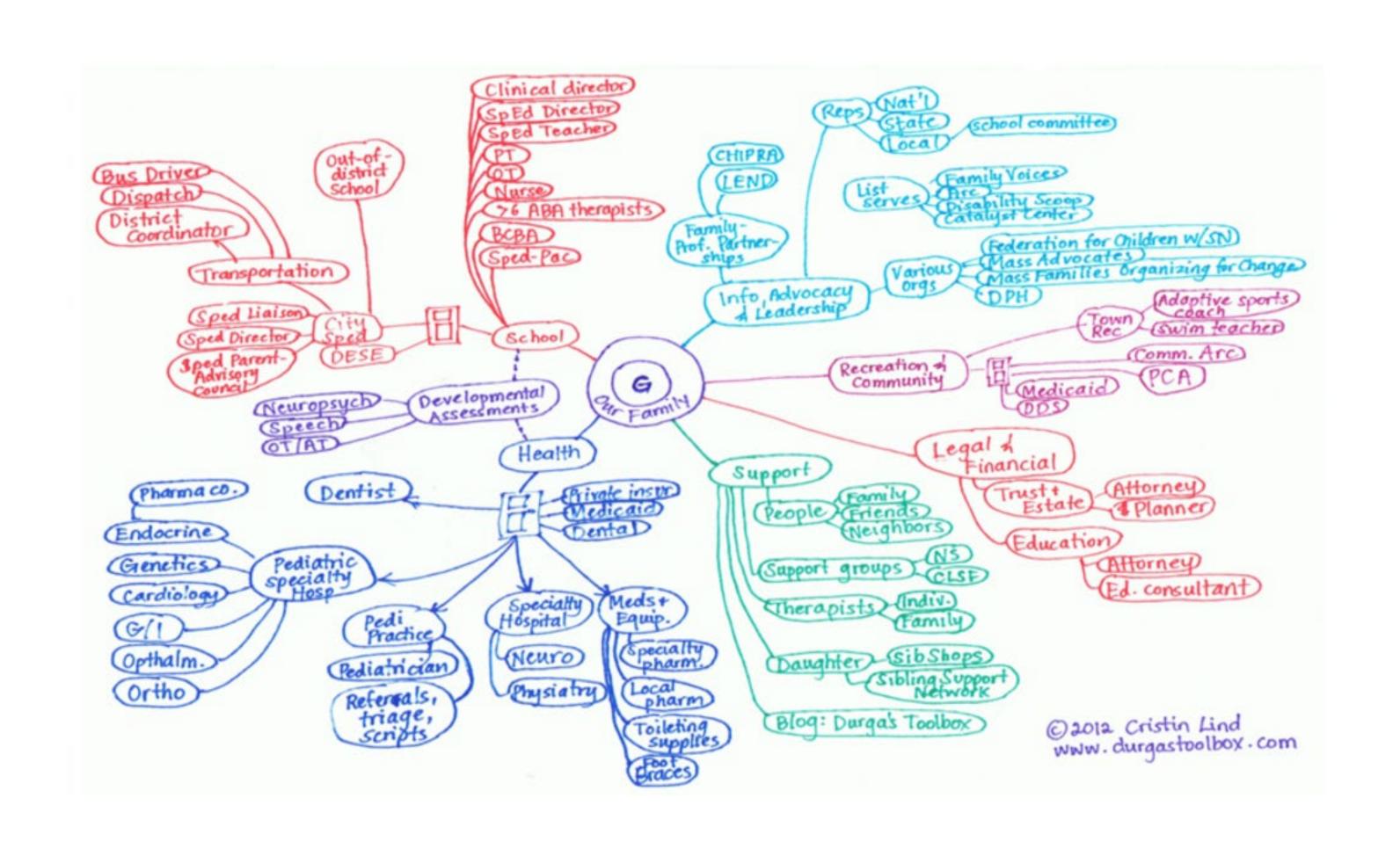
2 in 5 US students are living with a chronic condition



Nearly 24% of US high school students endorse using at least one tobacco product



Over 20% of adolescents have obesity



Patient/Student Centered Support Frameworks

Social Determinates of Health





Expected Outcomes

In Authentic School Health Partnerships



- Increased attendance
- Increased seat time
- Increased graduation rates
- Increased GPA
- Decreased discipline/suspensions



- Increased immunization compliance
- Increased access and identified medical home
- Improved Asthma outcomes
- Increased contraception use
- Decreased risk behaviors



Community

About COSH

Home / Community / AAP Councils / Council on School Health (COSH) / About COSH











The AAP Council on School Health (COSH) is composed of trainees, pediatricians (Fellows of the American Academy of Pediatrics), and affiliate members representing various professional disciplines including, nurses, counselors, and other allied health professionals. The Council is led by a 15 member Executive Committee, which consists of AAP fellows elected by members of the Council and liaisons from several national organizations.

What is School Health?

The Council on School Health (COSH) defines school health as an integration of wellness, safety, growth, learning, and development in the lives of school-aged children and adolescents within the context of their school, and with the coordinated alliance of the family and the medical home.



What does the Council on School Health Do?

From the American Academy of Pediatrics Policy Statement

The Link Between School Attendance and Good Health ⊗

Mandy A. Allison, MD; Elliott Attisha, DO; COUNCIL ON SCHOOL HEALTH; Marc Lerner, MD; Cheryl Duncan De Pinto, MD; Nathaniel Savio Beers, MD; Erica J. Gibson, MD; Peter Gorski, MD; Chris Kjolhede, MD; Sonja C. O'Leary, MD; Heidi Schumacher, MD; Adrienne Weiss-Harrison, MD

10.1542/peds.2018-3648

From the American Academy of Pediatrics Policy Statement

Medical Versus Nonmedical Immunization Exemptions for Child Care and School Attendance ⊗

COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE; COMMITTEE ON INFECTIOUS DISEASES; COMMITTEE ON STATE GOVERNMENT AFFAIRS; COUNCIL ON SCHOOL HEALTH; SECTION ON ADMINISTRATION AND PRACTICE MANAGEMENT

10.1542/peds.2016-2145

From the American Academy of Pediatrics Policy Statement

The Pediatrician's Role in Optimizing School Readiness ⊗

COUNCIL ON EARLY CHILDHOOD; COUNCIL ON SCHOOL HEALTH

10.1542/peds.2016-2293

From the American Academy of Pediatrics Policy Statement

Role of the School Nurse in Providing School Health Services ⊗

COUNCIL ON SCHOOL HEALTH; Breena Welch Holmes, MD; Anne Sheetz, RN; Mandy Allison, MD; Richard Ancona, MD; Elliott Attisha, DO; Nathaniel Beers, MD; Cheryl De Pinto, MD; Peter Gorski, MD; Chris Kjolhede, MD; Marc Lerner, MD; Adrienne Weiss-Harrison, MD; Thomas Young, MD

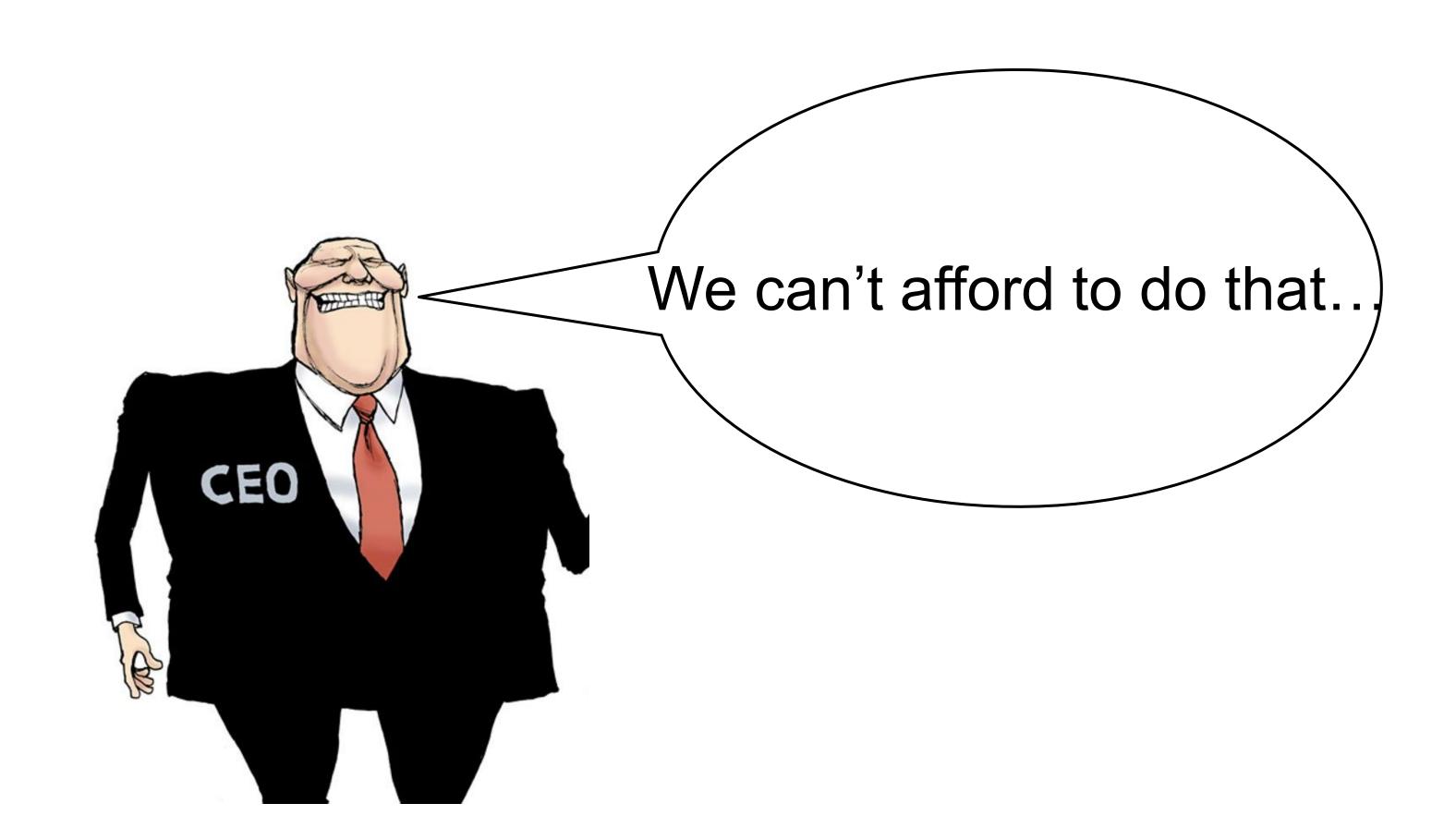
10.1542/peds.2016-0852

From the American Academy of Pediatrics Clinical Report

Rescue Medicine for Epilepsy in Education Settings ⊗

Adam L. Hartman, MD; Cynthia Di Laura Devore, MD; and the SECTION ON NEUROLOGY; COUNCIL ON SCHOOL HEALTH; Peter B. Kang, MD; Donald Gilbert, MD; Andrea Gropman, MD; Adam L. Hartman, MD; Sucheta Joshi, MD; Sonia Partap, MD; Jeffrey Okamoto, MD; Mandy Allison, MD; Richard Ancona, MD; Elliott Attisha, DO; Cheryl De Pinto, MD; Breena Holmes, MD; Christopher Kjolhede, MD; Marc Lerner, MD; Mark Minier, MD; Adrienne Weiss-Harrison, MD; Thomas Young, MD

10.1542/peds.2015-3876





individual North population

Medicare providers per used coverage coverage children Medicaid people patients

Care

Act

money meet Ran network



If We Do Our Jobs...

What is the relationship between K-12 student wellness and health?

K-12 wellness

- School-based health care
- Prevention education (e.g., drug and violence prevention programs)
- Social-emotional learning and positive behavior initiatives

Healthy and successful students

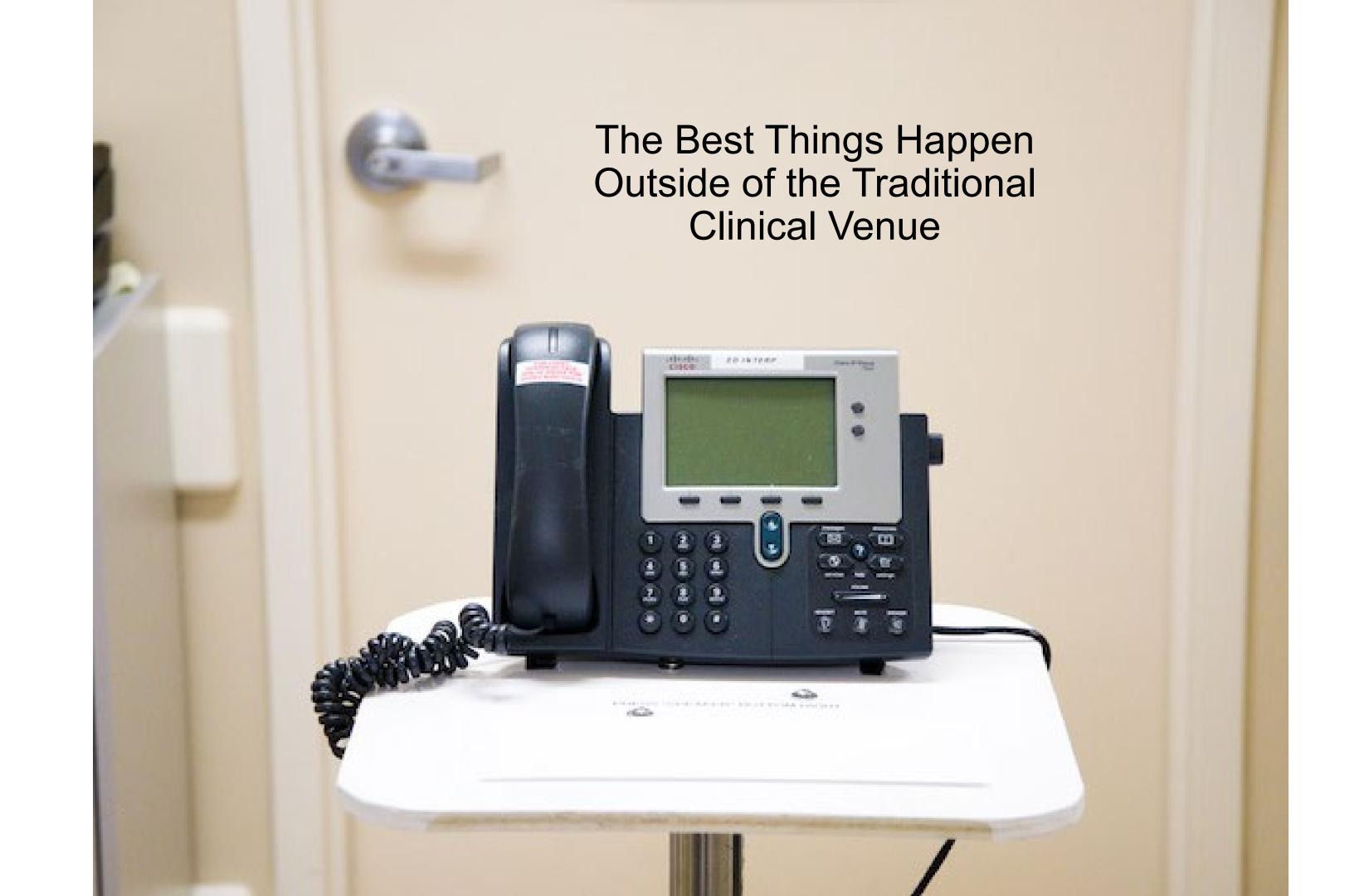
- Improved attendance and less missed class time
- Increased attentiveness
- Decreased drug use and violence
- Increased mental health
- Increased access to health care
- Increased academic success

Higher educational attainment

- Higher paying jobs that offer healthcare insurance and paid leave
- Increased income to pay for stable, quality housing and healthy food
- Stronger social supports
- Increased health literacy

All
Oregonians
live longer,
healthier
lives,
inequities and
disparities are
eliminated

Policies and programs are tailored and resources are allocated to meet the needs of students most at risk for experiencing poor outcomes







Setting the Stage Slide 46

2022 STUDENT HEALTH SURVEY SNAPSHOT

School Based Health Centers
Coordinators' Meeting
October 13, 2023

Alexis W. Phillips, MPH
Policy & Assessment Specialist



AGENDA

- Student Health Survey Overview
- Oregon Youth Data
 - Demographic & Socioeconomic Context
 - Mental Health & Wellbeing
 - School Climate & Connectedness
 - Substance Use
- Conclusion
 - Changes to SHS
 - Youth Voice & Engagement
 - Resources

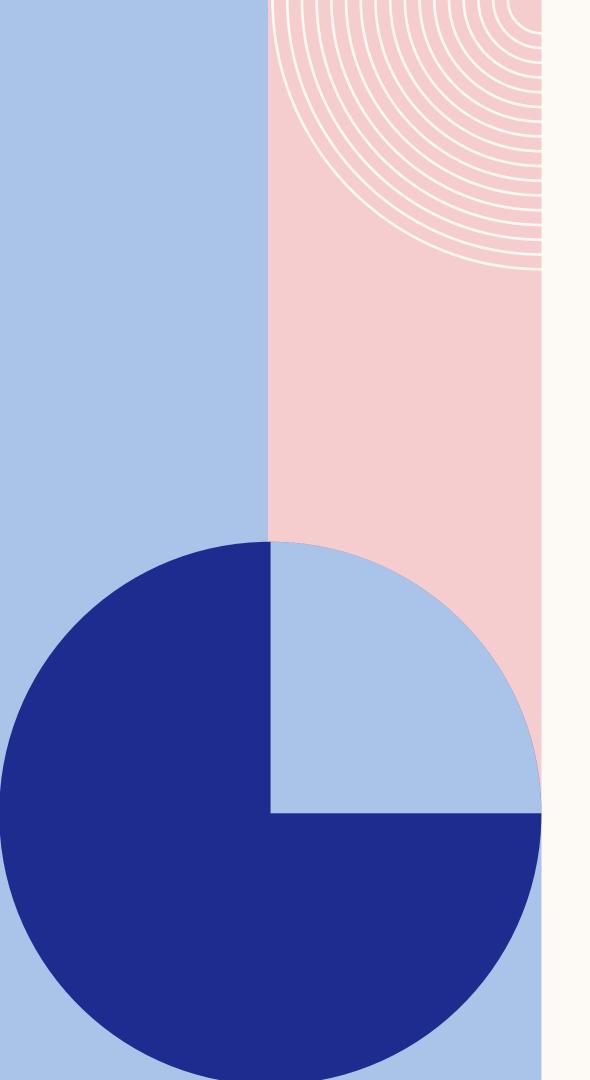
STUDENT HEALTH SURVEY OVERVIEW

WHAT IS THE SHS?

- Oregon's version of the Youth Risk Behavior Surveillance System Survey (YRBSS)
 - Comprehensive assessment of physical health, mental health, school climate, substance use, etc.
- Replaced Oregon Health Teens and Student Wellness Surveys
- All public school districts invited to participant
- Administered 2020 school year and fall 2022
- Active notification/passive consent of parent(s)/guardian(s)
- Weighted data at state and county levels

SHS COLLABORATORS

- OHA
 - Health Systems Division (Child/Family BH)
 - Public Health (Adolescent/School Health, Chronic Disease, Substance Use)
- Dept of Education
- Local school administrators/representatives
- Coalition of Communities of Color
- Youth Data Council (YDC)
- Oregon Tribes



STRENGTHS & LIMITATIONS OF SHS

STRENGTHS

- One of the most comprehensive youth health surveys in the U.S.
- State & county data publicly available (frequencies & crosstabs)
- Supports many state and federal grants and reporting requirements
- Allows room for change and responsiveness to community needs

LIMITATIONS

- Under/unrepresented populations
 - Students w/disabilities
 - Students attending home/private schooling
 - Students chronically absent
- 2020-2022 data not easily trendable
- Not all districts/schools participate
 - E.g. 2022 missing PPS, Salem-Keizer

DEMOGRAPHIC & SOCIOECONOMIC CONTEXT

WHO ARE OREGON ADOLESCENTS?

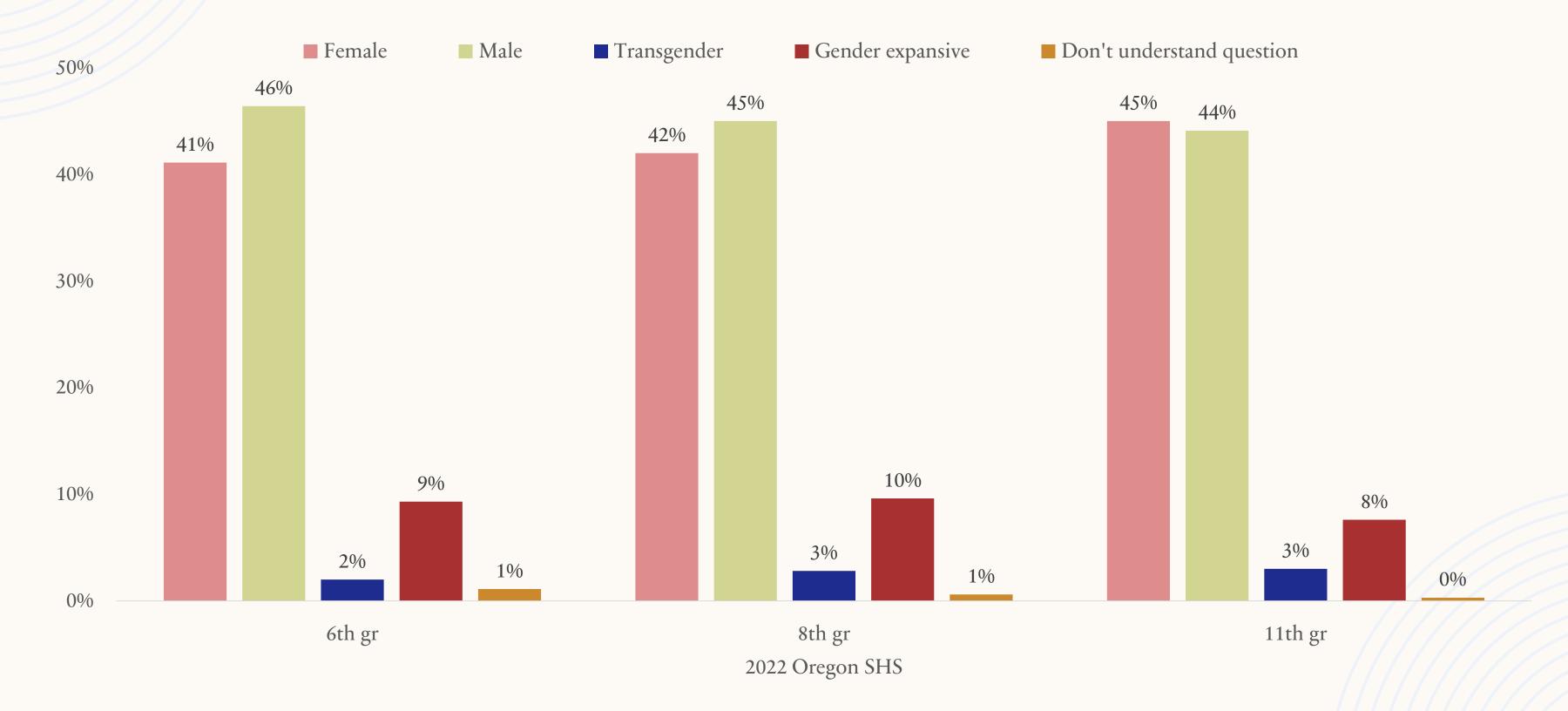
- Oregon has about 771,000 adolescents (age 10-24)
- Youth make up about 18% of Oregon's population
- About 18% of adolescents live below the poverty line
 - Compared to 11% of all Oregonians
- Medicaid covers about 1 in 2 youth
- Youth are more racially/ethnically diverse than adults and seniors

SHS STUDENT PARTICIPATION



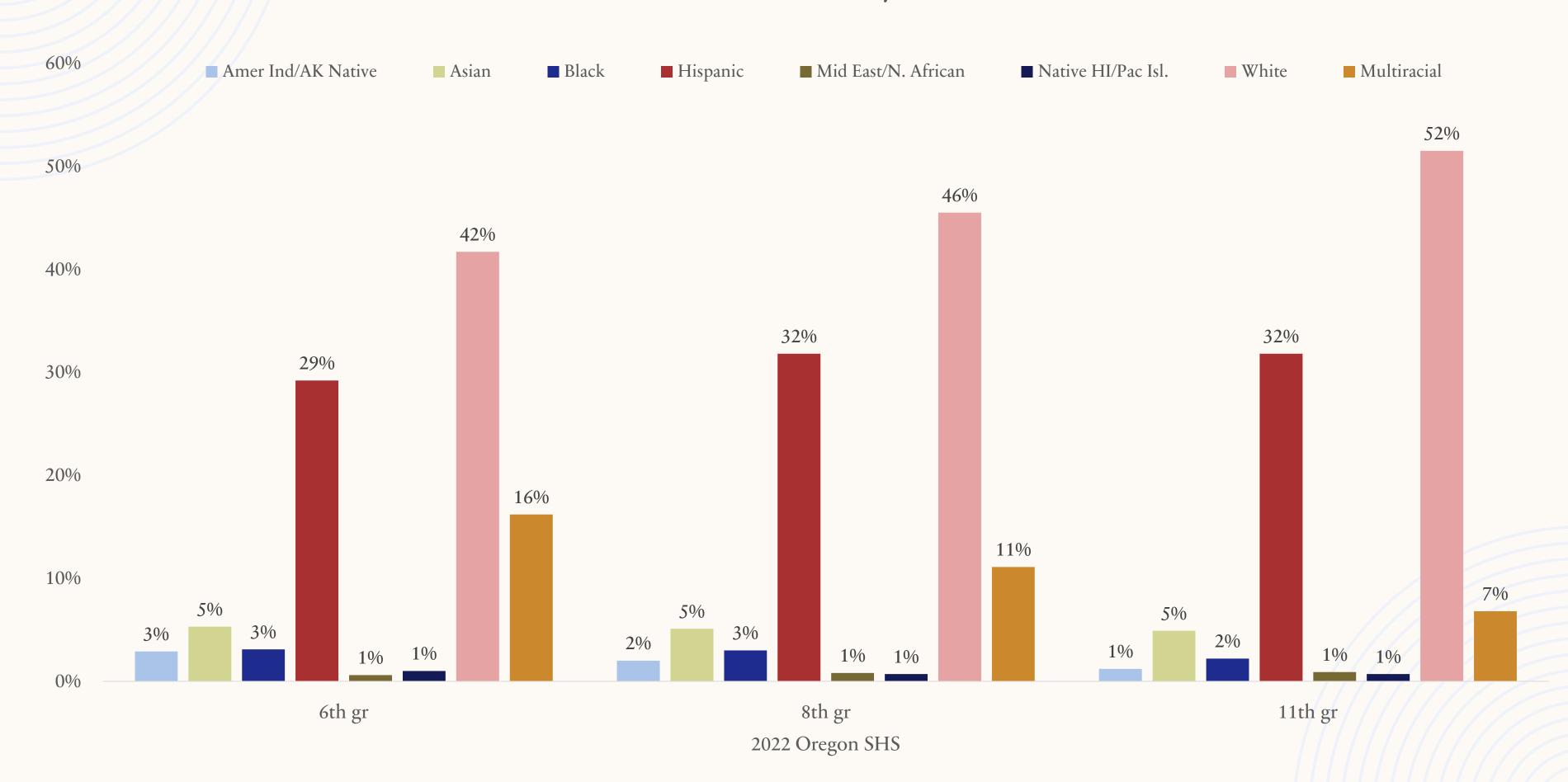
2022
28 counties
94 districts
321 schools
46 schools w/SBHCs

Gender Identity





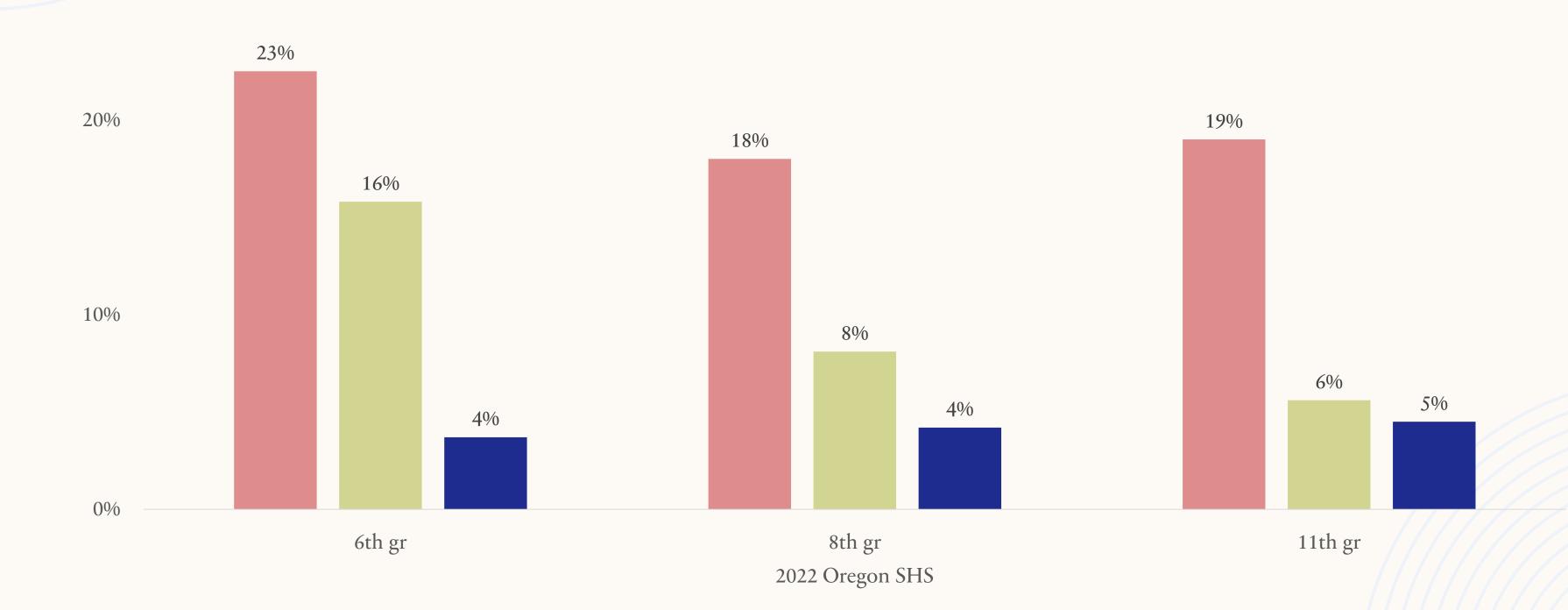




Social Determinants of Health



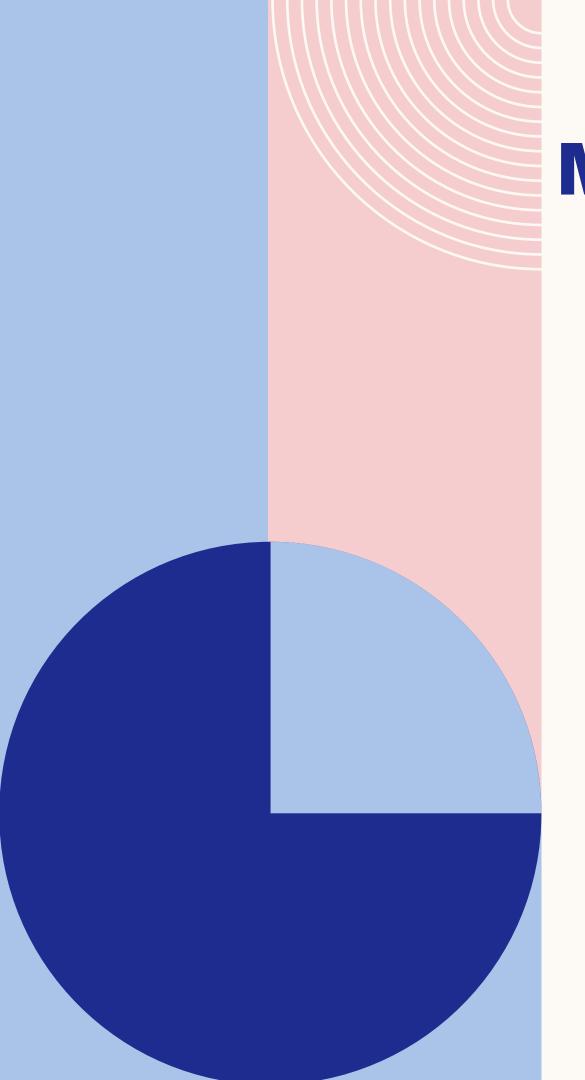
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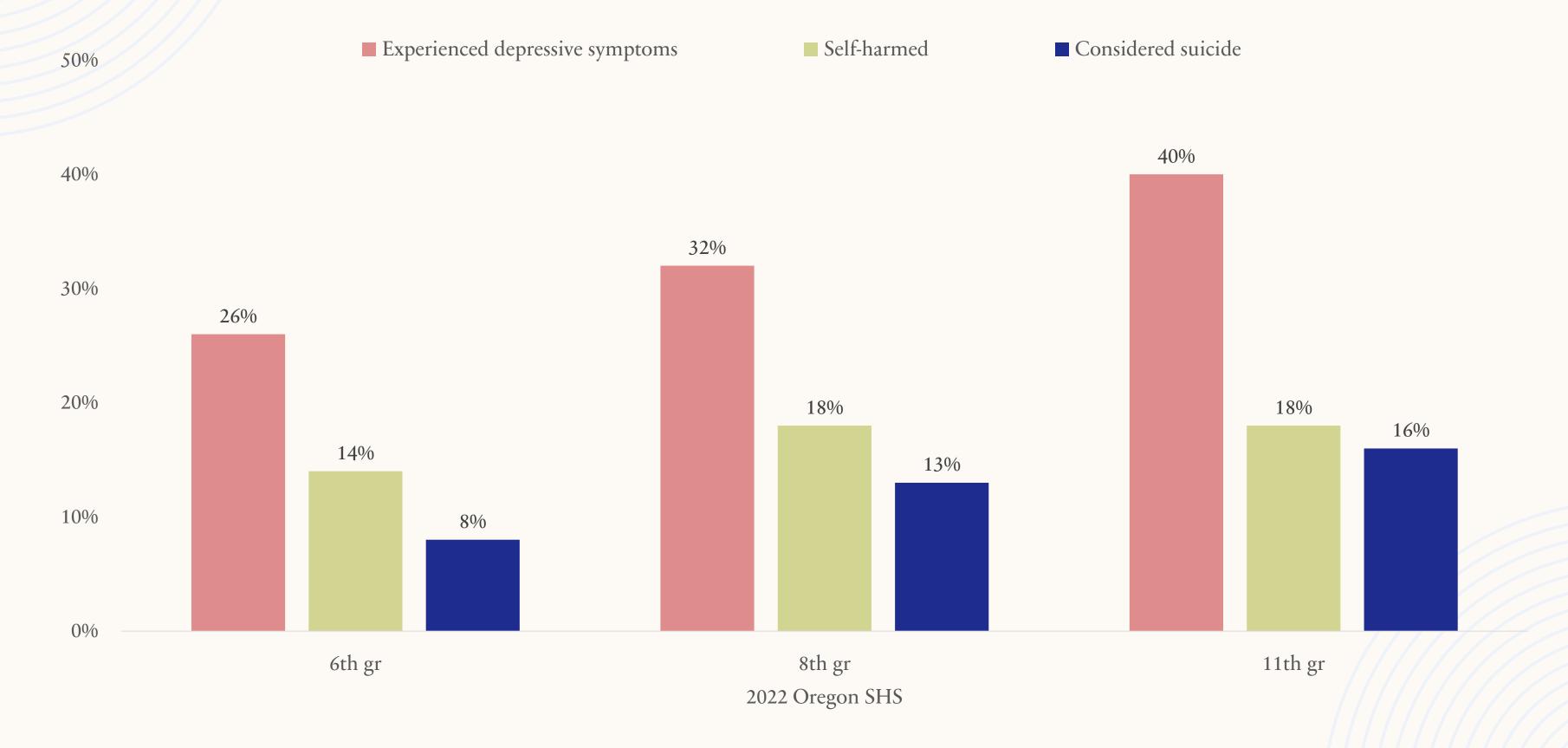
MENTAL HEALTH & WELLBEING

MENTAL HEALTH & WELLBEING KEY TAKEAWAYS

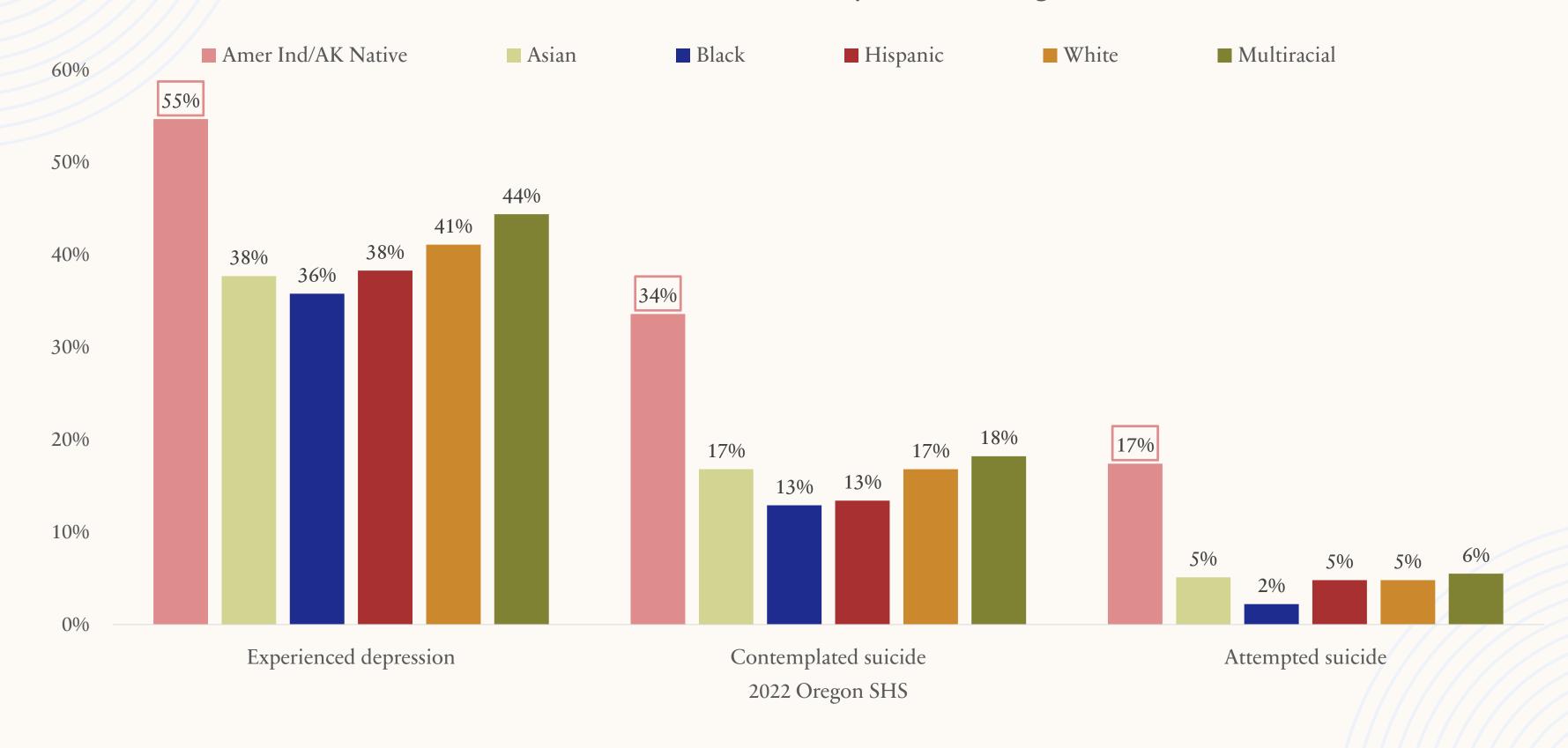
- Oregon youth face substantial mental health and wellness challenges
- Queer, transgender, and female-identifying youth experience significantly more distress and less adult support than males
- Among 11th graders, American Indian/Alaska Native youth report higher rates of mental health challenges
- Majority of youth have a safe place/person to go for help outside of school



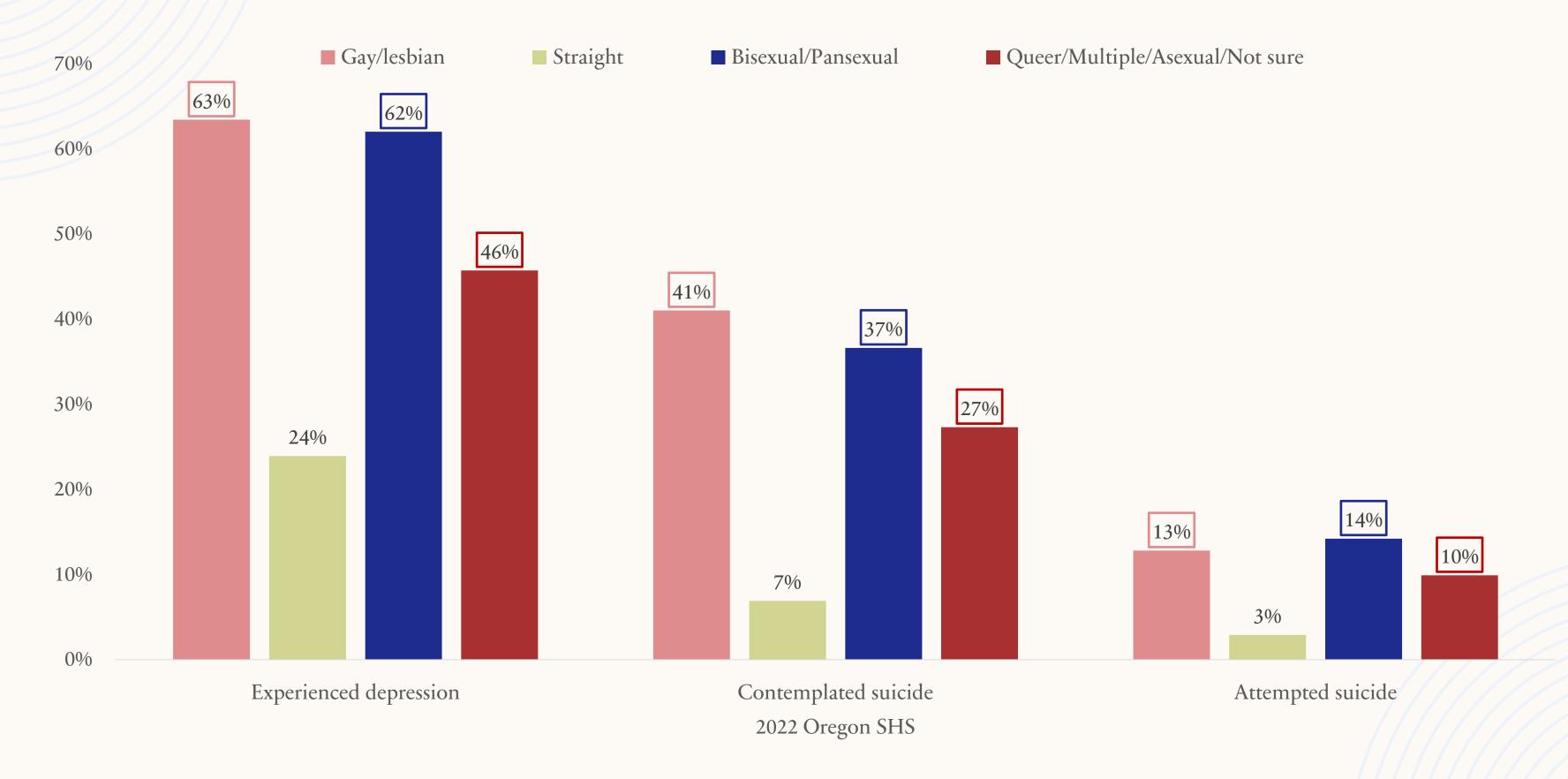
Youth Mental Health in Past Year



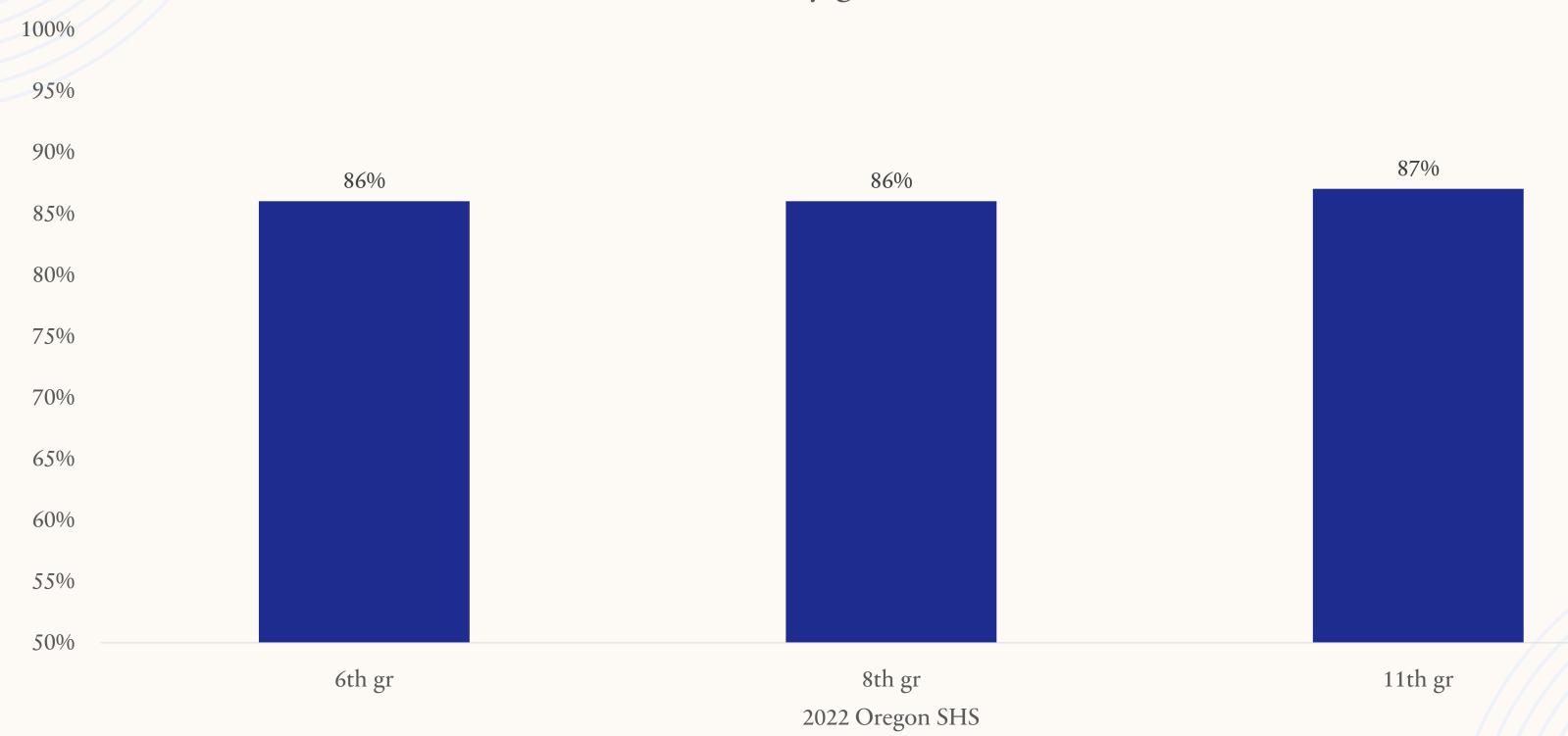
Mental Health Indicators by Race (11th grade)



Mental Health Indicators by Sexual Orientation (8th grade)



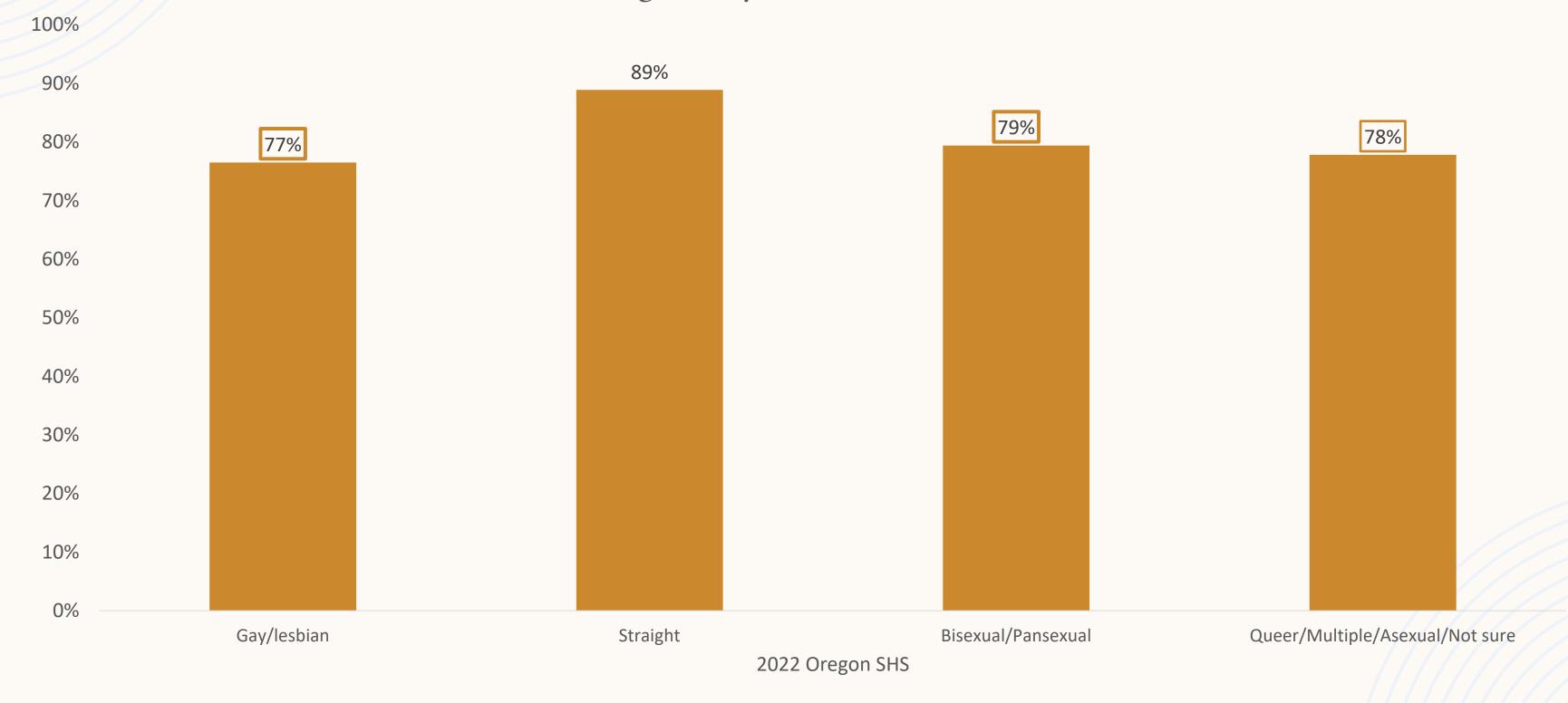
Has Safe Place/Person Outside of School for Help (by grade)



Has Safe Place/Person Outside of School for Help (8th grade by gender identity)



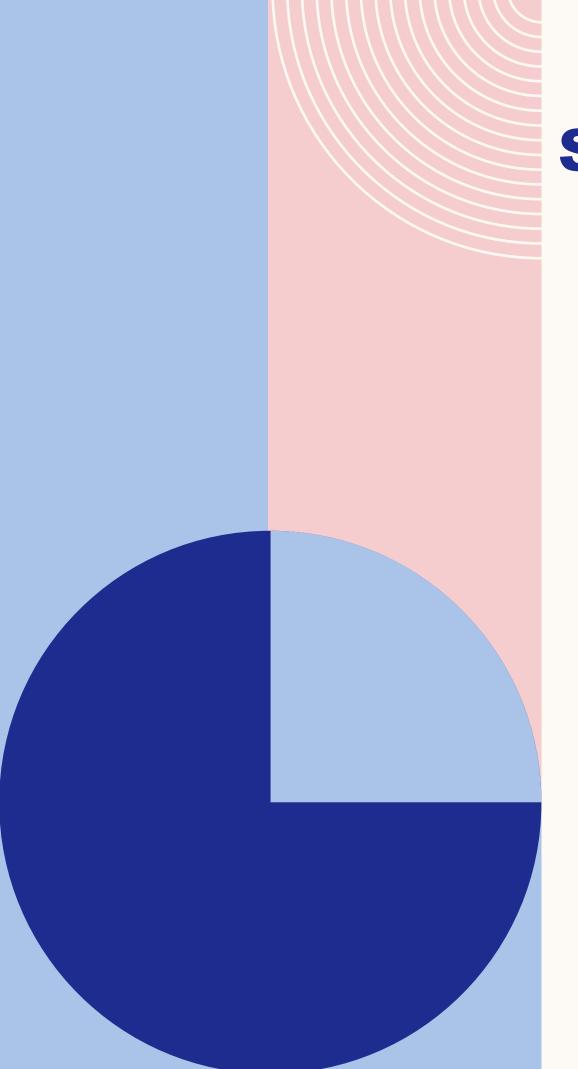
Has Safe Place/Person Outside of School for Help (8th grade by sexual orientation)



SCHOOL CLIMATE & CONNECTEDNESS

SCHOOL CLIMATE & CONNECTEDNESS KEY TAKEAWAYS

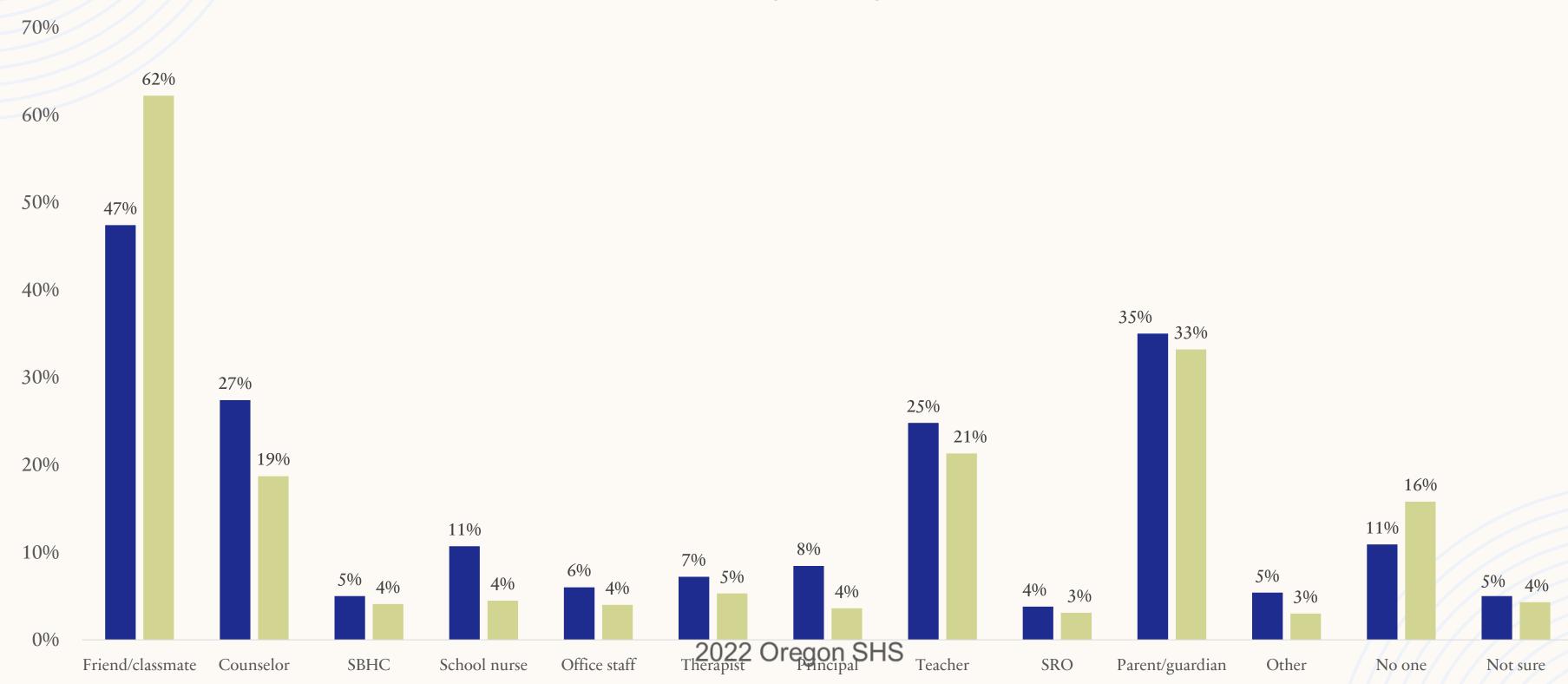
- At school, most youth have someone to go to for help
- Youth identifying as Asian, Hispanic, Black, Middle Eastern/North African are less likely to feel an adult at school really cares about them
- About 2 in 10 youth experience school-related bullying
- Youth identifying as transgender and gender expansive experience 3-4 times higher rates of bullying compared to youth identifying as male

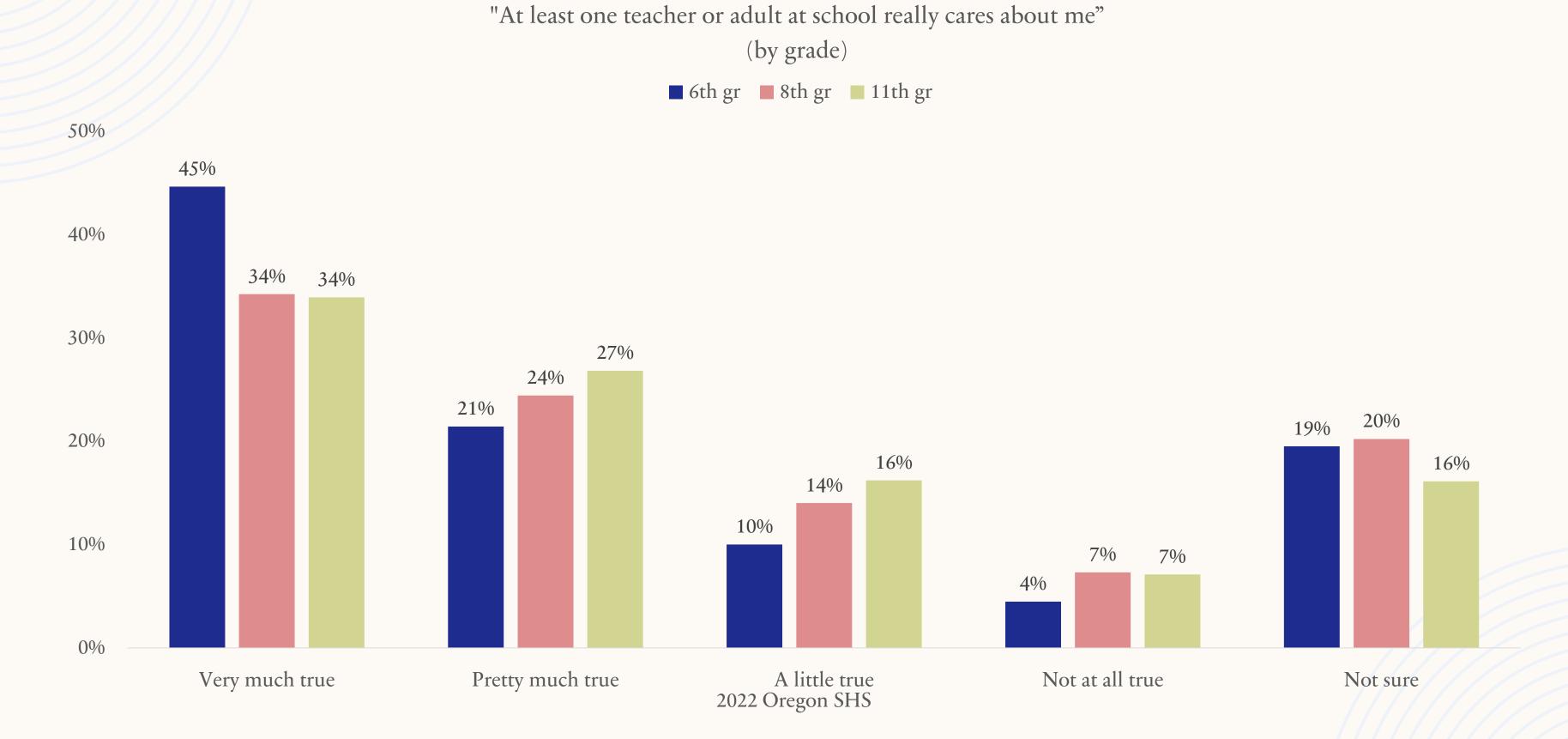


Who would you go to for help if you had a health problem or felt stressed during the school day?

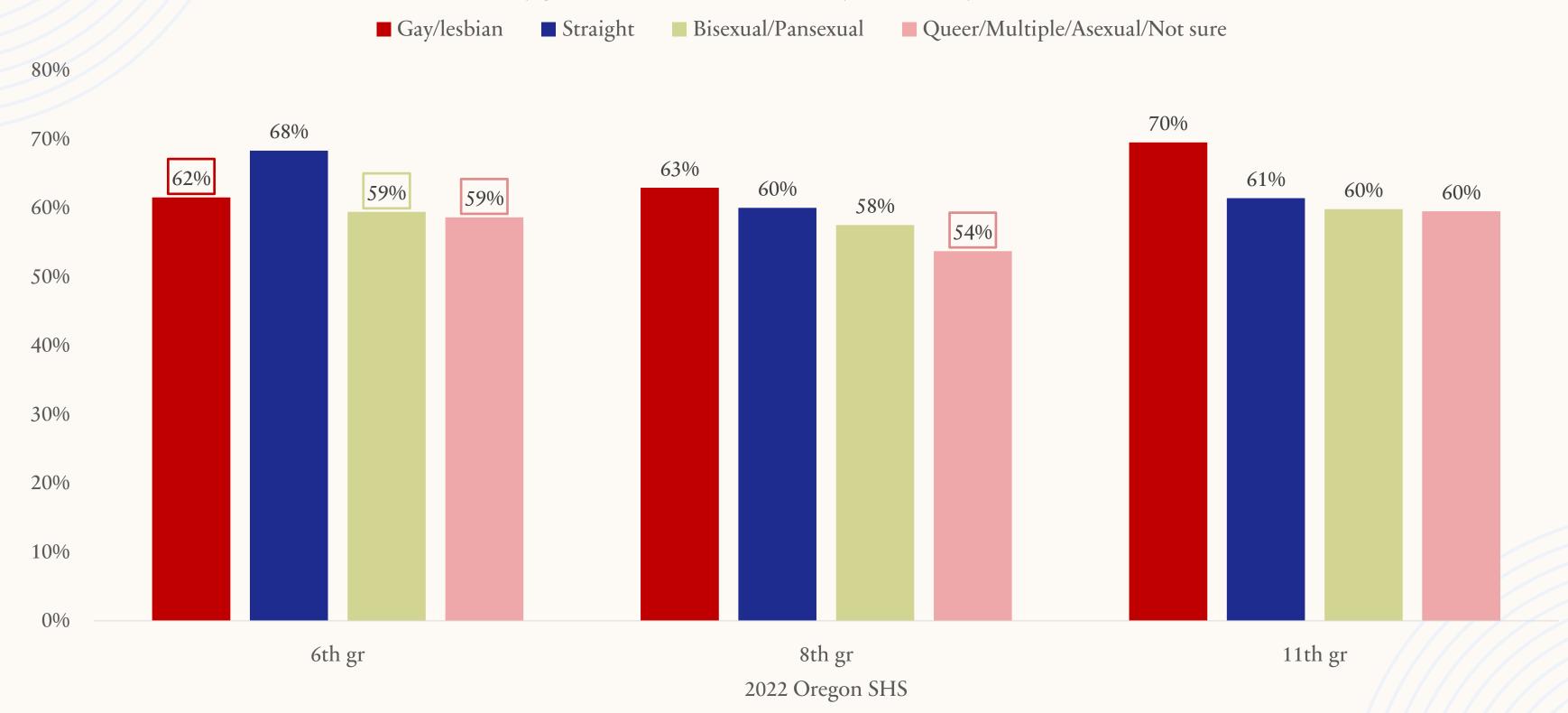
(by grade)

■ 6th gr ■ 11th gr

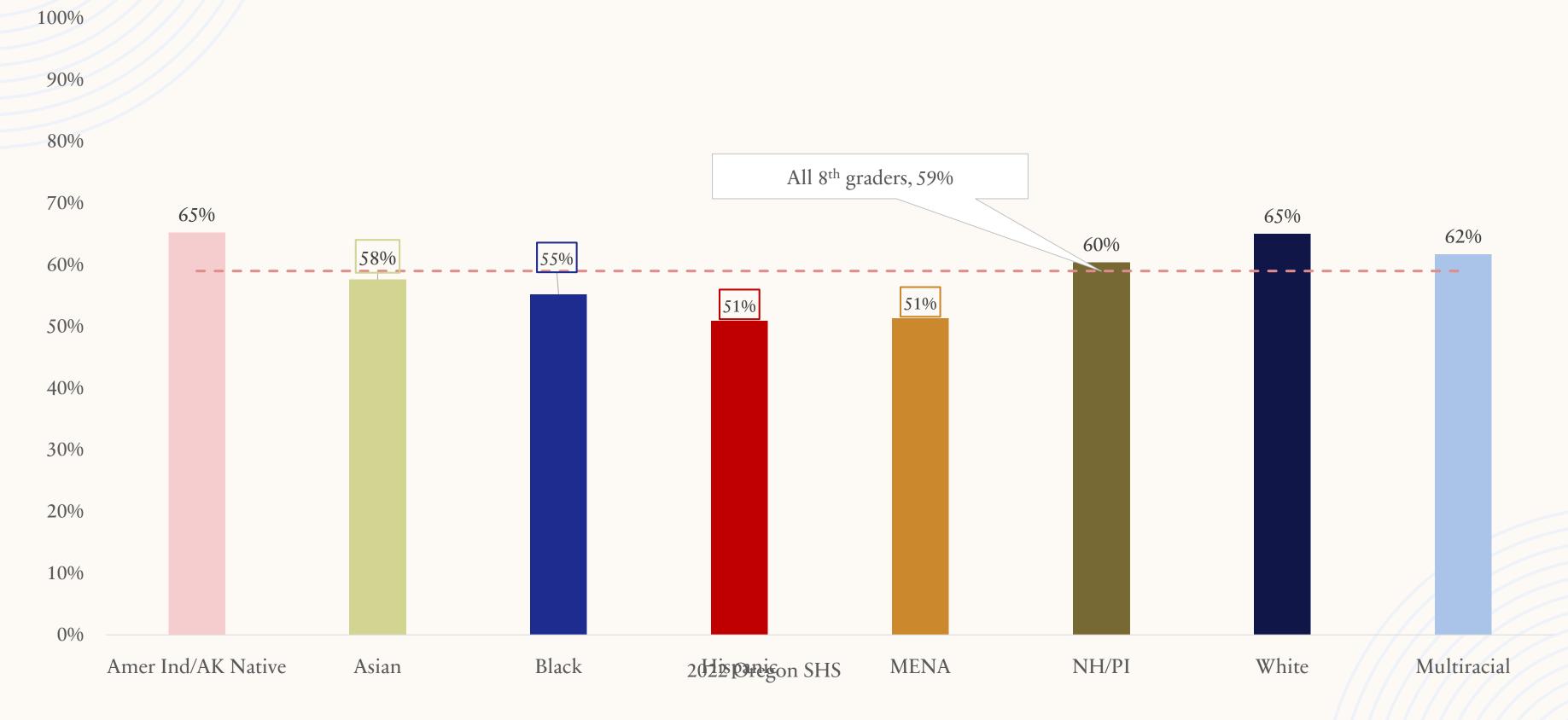


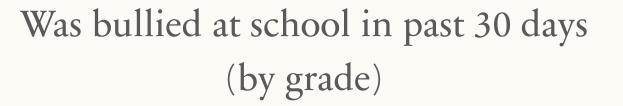


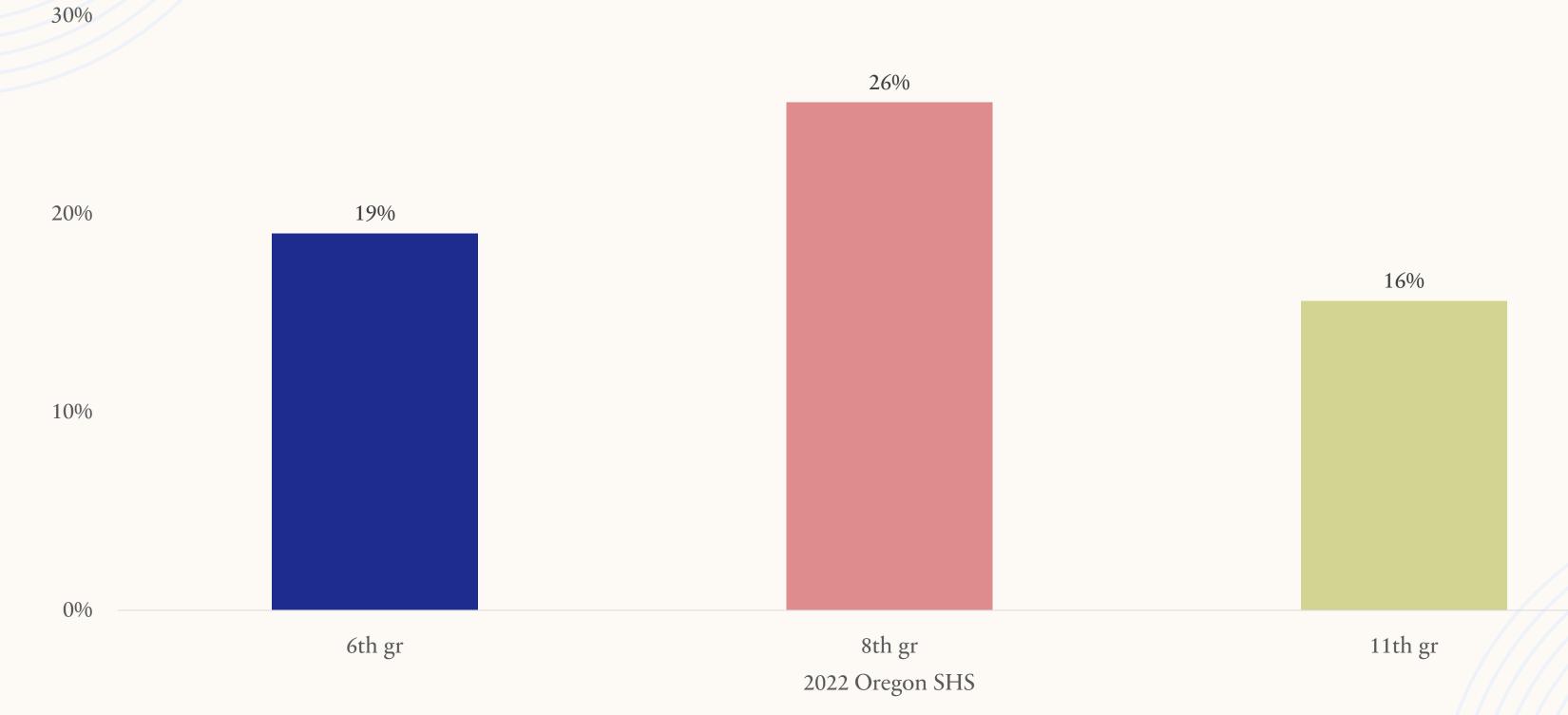
Teacher/other adult at school really cares about me (by grade, sexual orientation: % Very much/pretty much true)



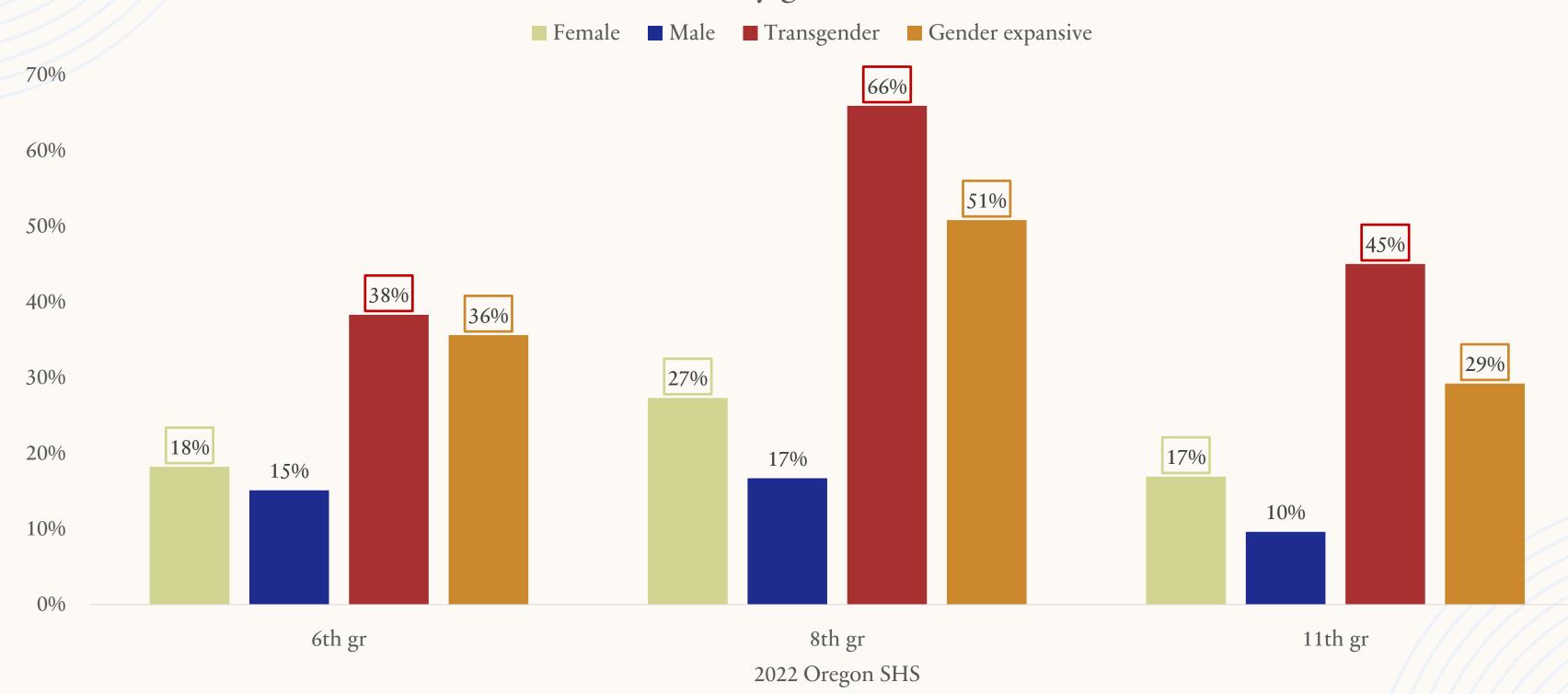








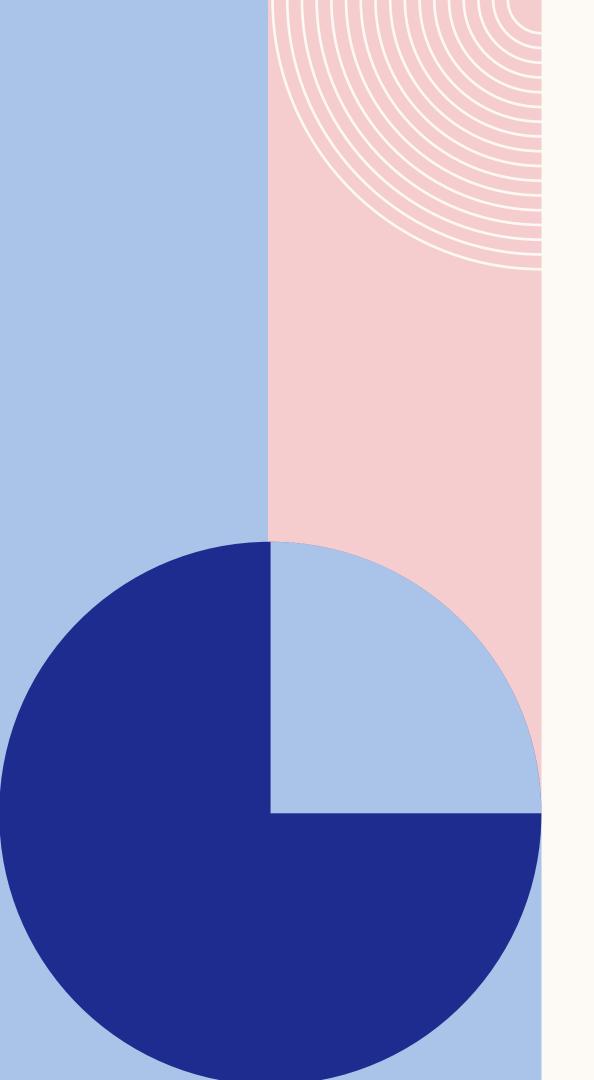
Was bullied at school in past 30 days (by gender)



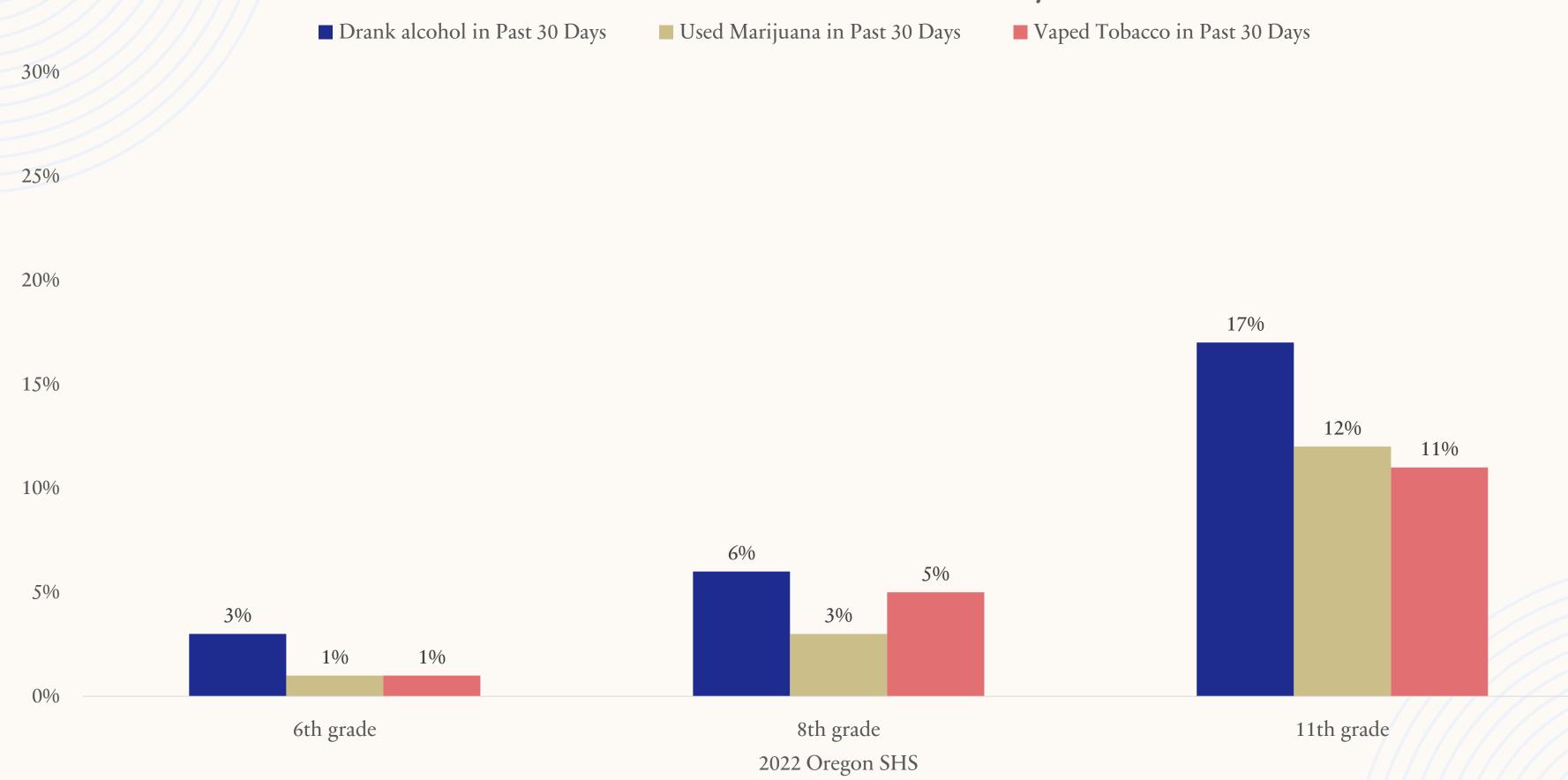
SUBSTANCE USE

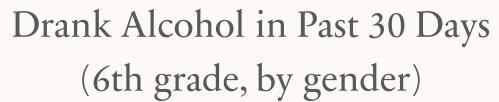


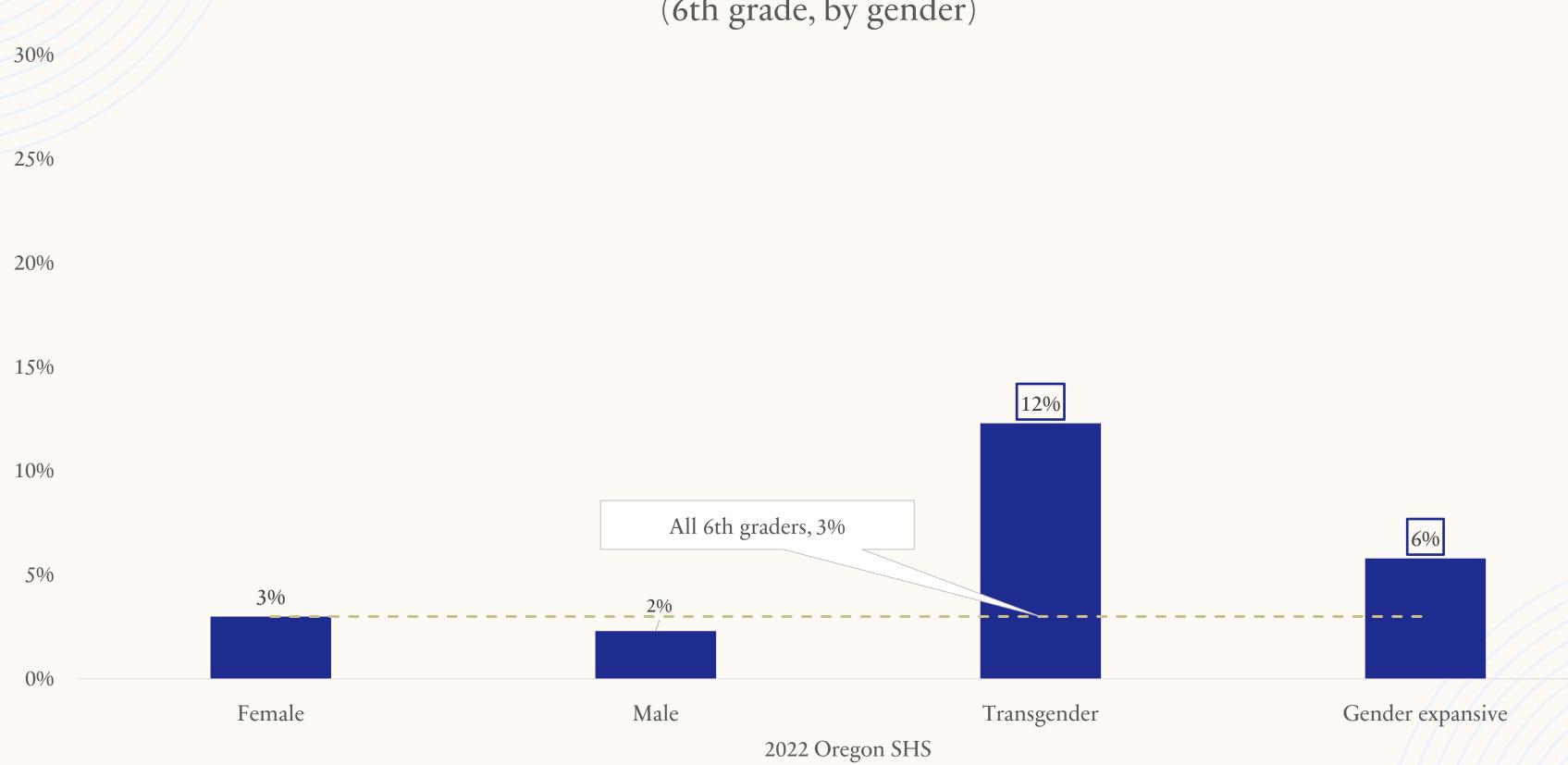
- Most youth reported having not used substances in the past 30 days
- Youth identifying as LGBTQ2SIA+, transgender, and gender expansive reported higher rates of substance use
- Youth identifying as American Indian/Alaska Native and Native Hawaiian/Pacific Islander report higher rates of substance use

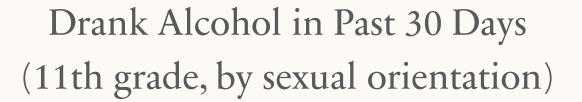


Youth Substance Use in Past 30 Days

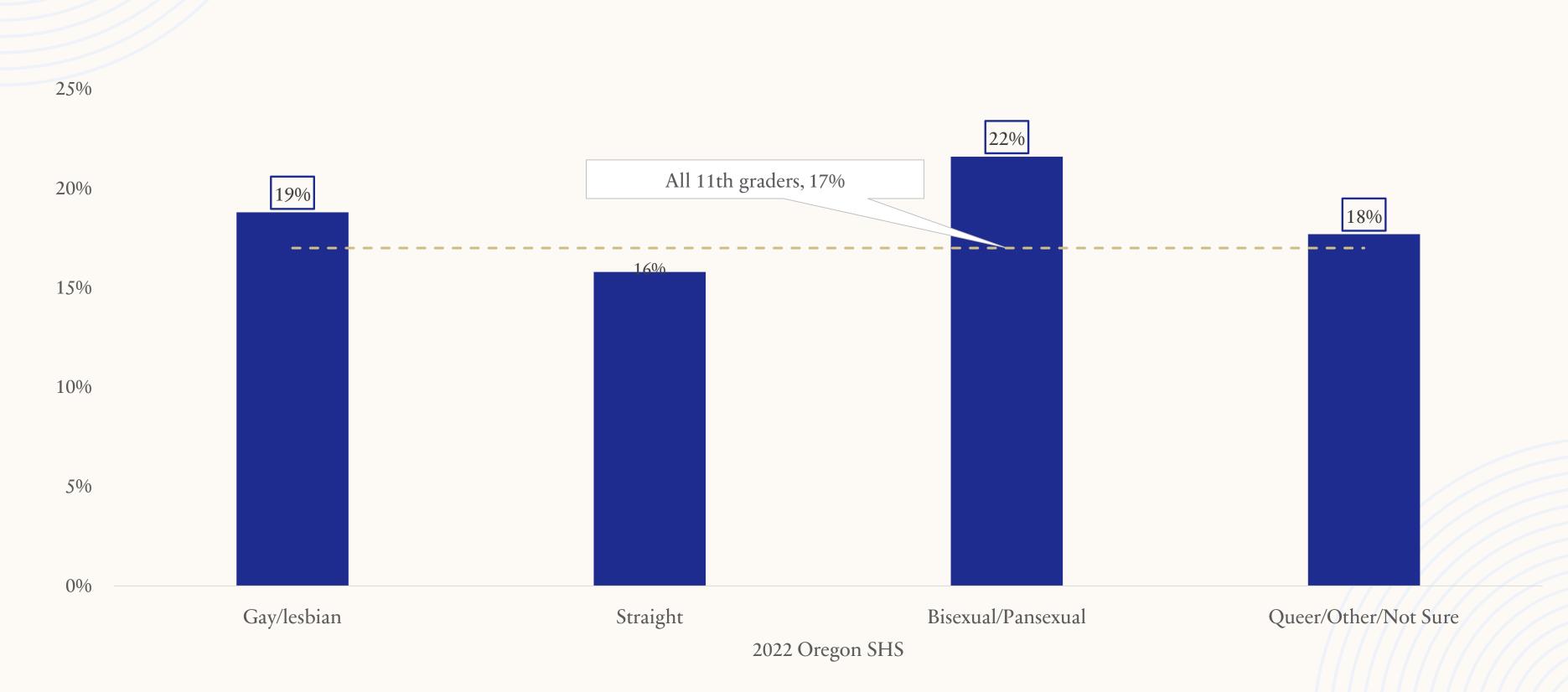




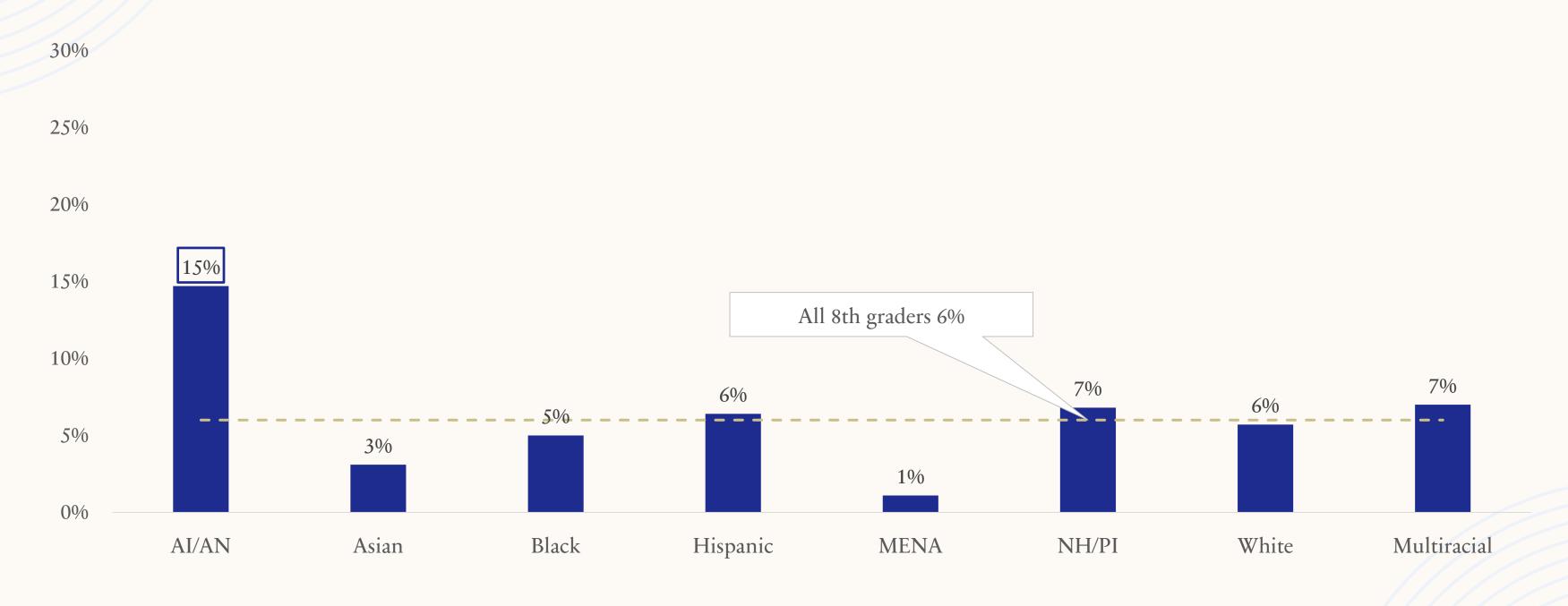




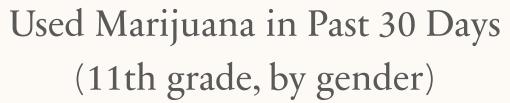
30%



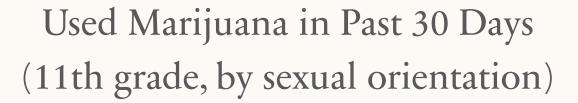
Drank Alcohol in Past 30 Days (8th grade, by race/ethnicity)



2022 Oregon SHS



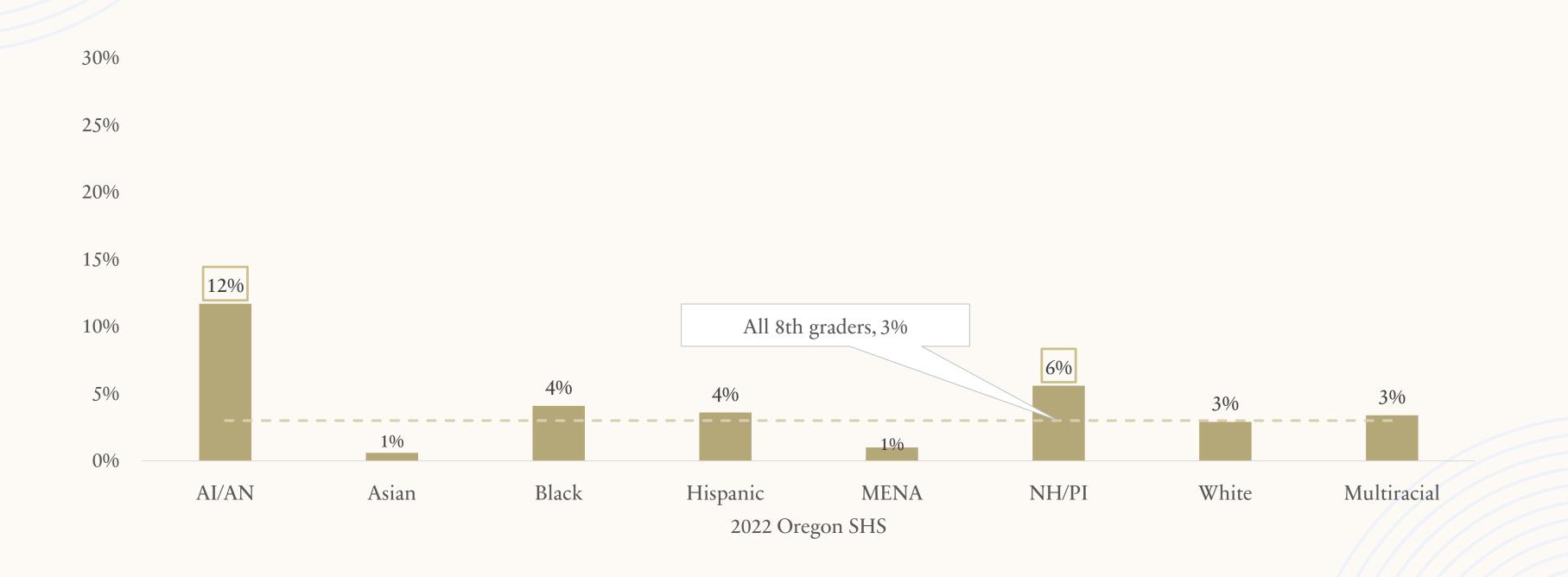


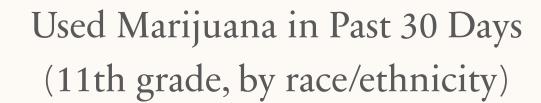


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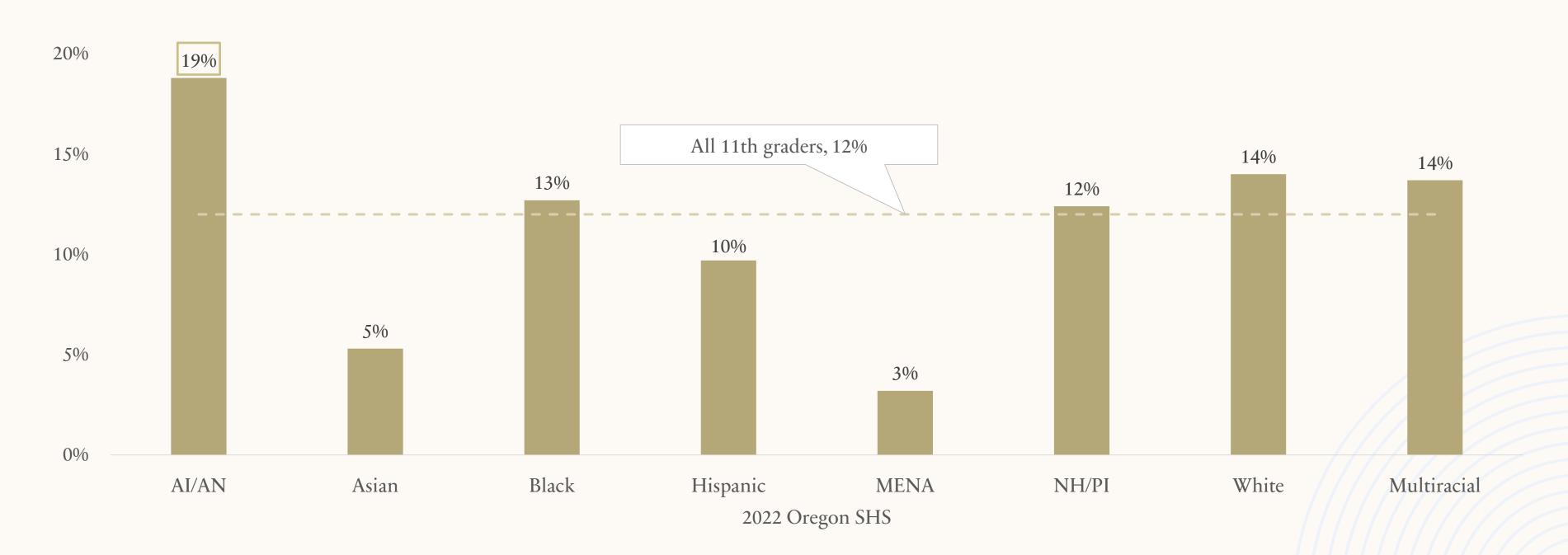
Used Marijuana in Past 30 Days (8th grade, by race/ethnicity)



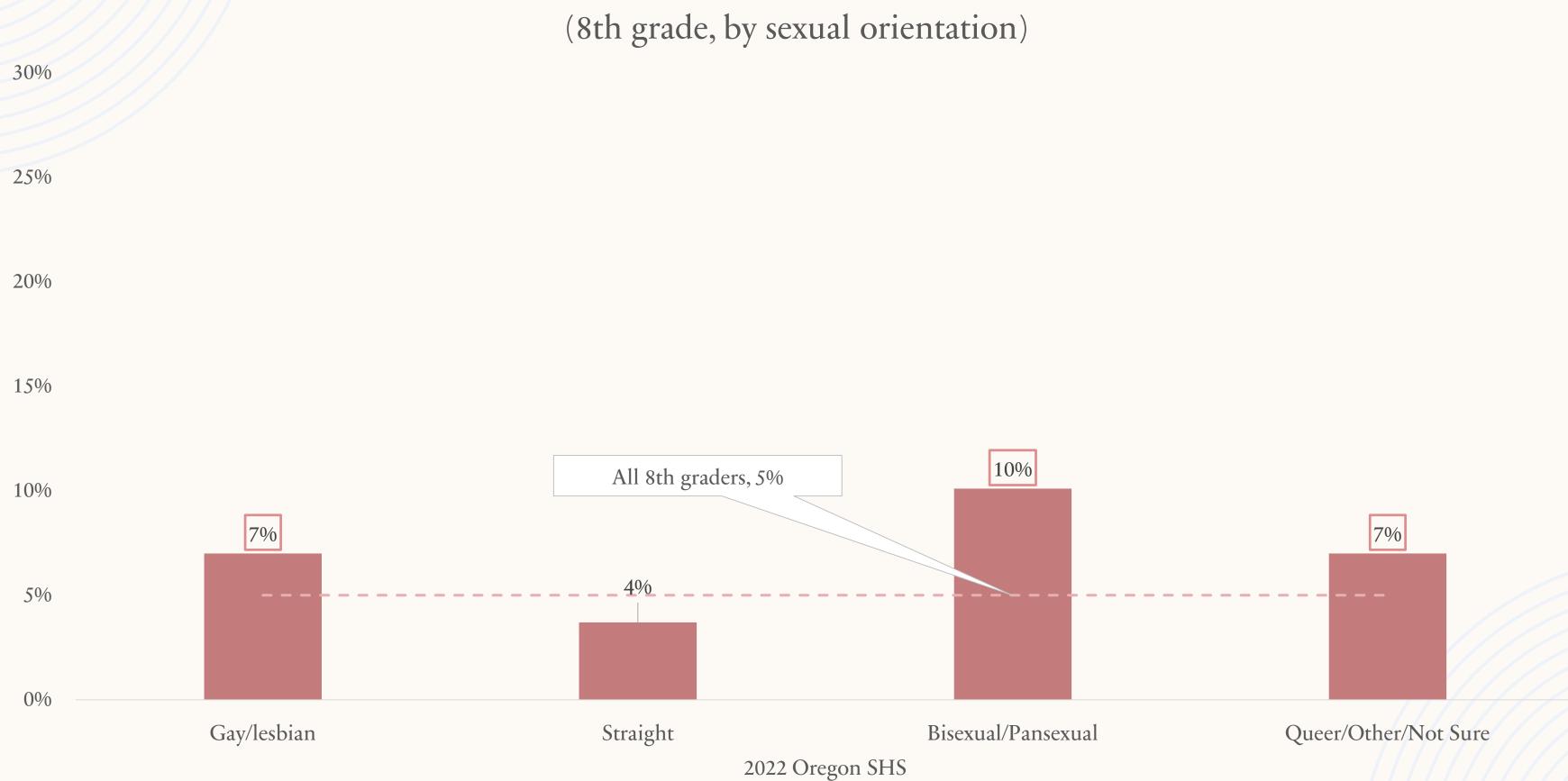




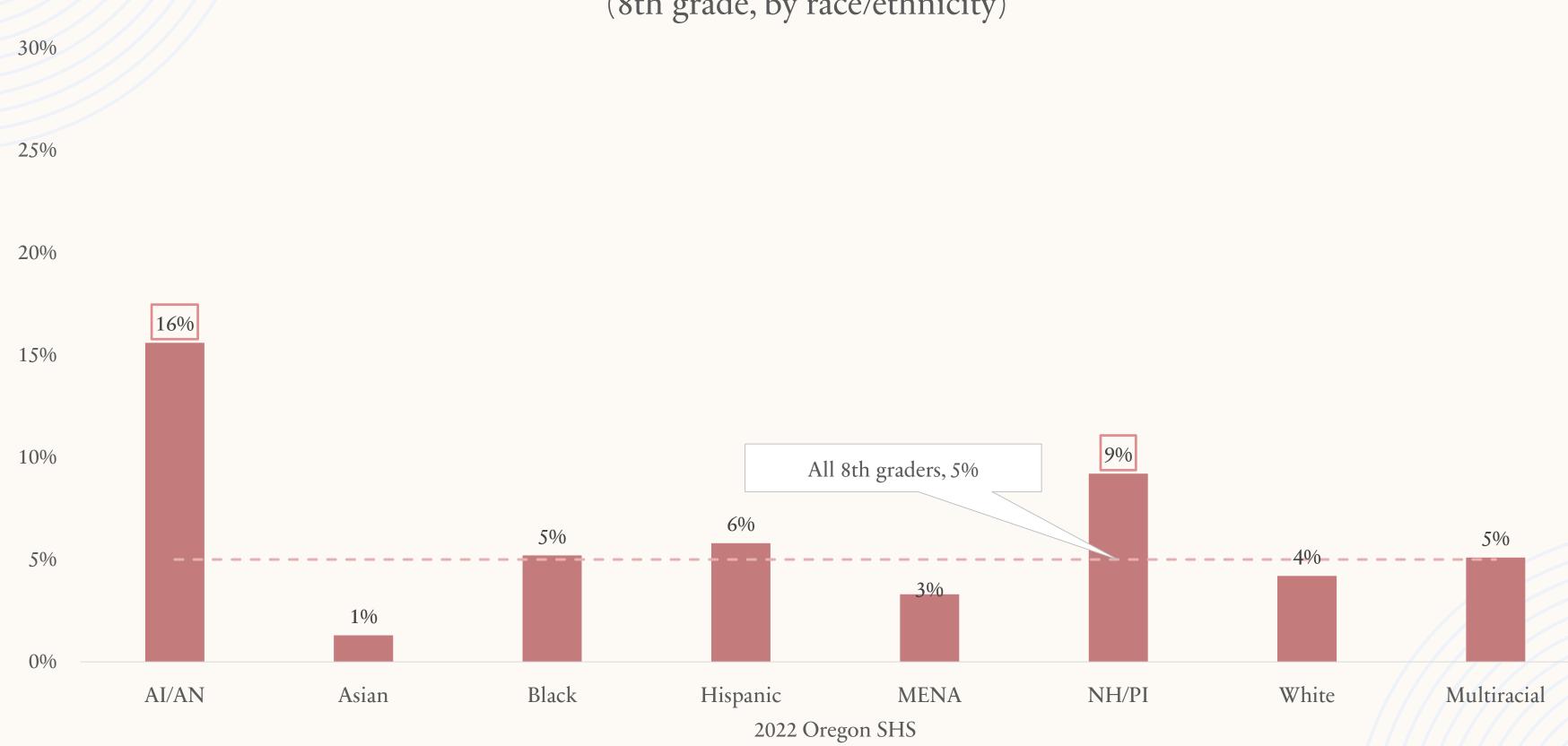
25%



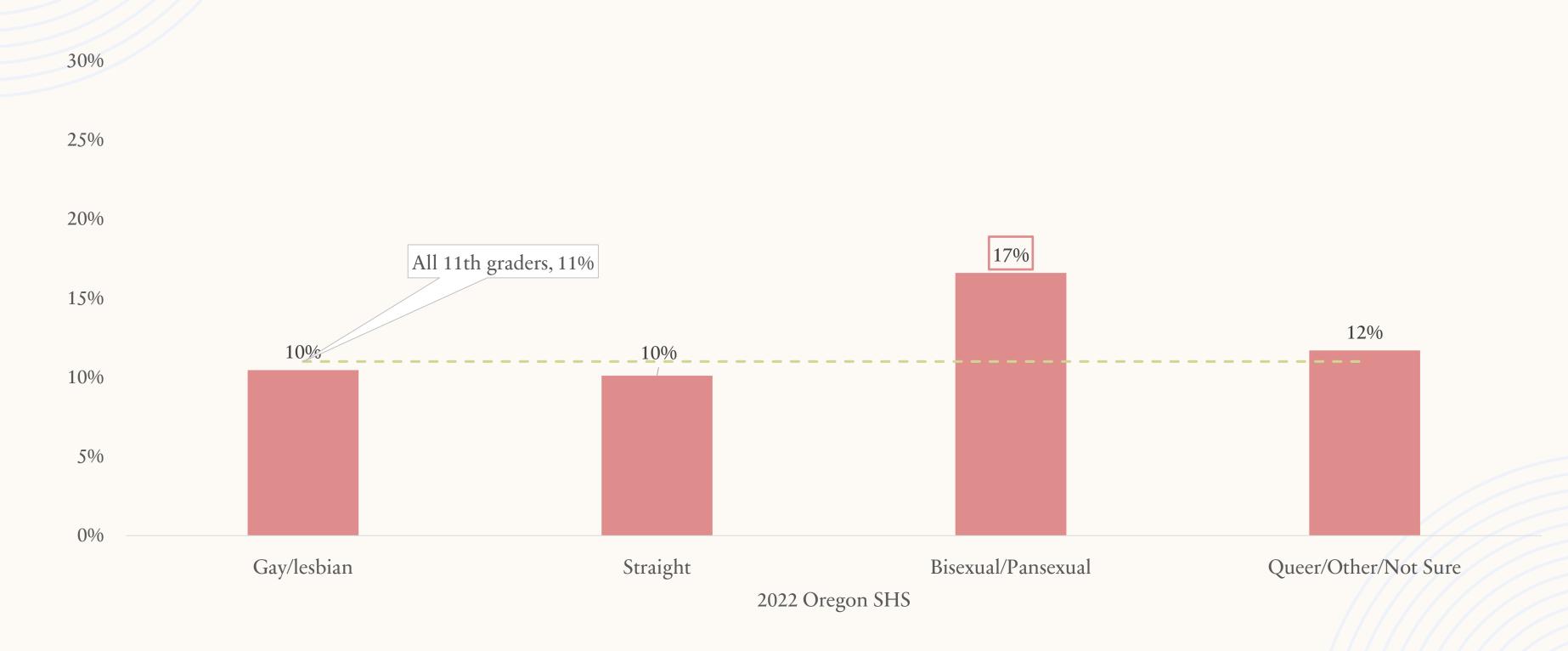








Vaped Tobacco in Past 30 Days (11th grade, by sexual orientation)



CONCLUSION

CHANGES TO SHS

2023 Oregon legislature passed HB 2656

REQUIRES ALL DISTRICTS TO OFFER TWO ANNUAL SURVEYS

- Survey administered by [ODE], designed to gather info about education experiences (learning, school culture and climate) of OR's students
- Survey administered by [OHA], designed to improve health and wellbeing of all OR's students

PARENT/GUARDIAN/CAREGIVER NOTIFICATION

- Parents/Guardians/Caregivers must be given at least 5 days notice prior to administering SHS
- Parents/Guardians/Caregivers must be permitted to opt their students out (verbally/writing) of SHS

WHAT DOES THIS MEAN?

- SHS will be administered annually beginning Fall 2024
- All districts will have to offer the SHS to their students
- Opting out is an option for parents/guardians/caregivers
 & their students
- New ASH OPA3 position to support data use in schools/districts & promote youth engagement
- 2024 content development begins Fall 2023

HIGHLIGHTING YOUTH VOICE

SHS YOUTH DATA COUNCIL (YDC)

- Paid opportunity for youth ages 15-20 with experience in Oregon's public K-12 education system
 - Provide insight and guidance to improve the SHS
 - Address health equity and advance racial justice by amplifying the voices of *all* youth

SHS QUALITATIVE DATA

- Increased open-ended questions in 2022
 - Based on youth & community feedback
 - "What keeps you happy, healthy, and/or safe?"
 - Context for unmet health/MH needs and absenteeism
 - Strengths-based approach to analysis

THANK YOU

Resources:

- Student Health Survey: www.healthoregon.org/shs
- Student Health Survey Portal: www.bach-harrison.com/OSHSDashboard/Default.aspx
 - Note: SBHC's must reach out to their principal for school-specific data
- Adolescent & School Health Unit: www.healthoregon.org/ah

Contact Info:

- Sarah Knipper, MSW [ASH Research & Data Lead] sarah.knipper@oha.oregon.gov
- Alexis W. Phillips, MPH [ASH Policy & Assessment Specialist] alexis.w.phillips@oha.oregon.gov



Questions?



BREAK / SBHC Connect / Networking Time

Slide 95

SBHC Connect

- Goal is to connect with your peers!
- Gather signatures from folks who match the prompts to make a row of 5 (vertical, horizontal, diagonal).
- First four people to 'get a bingo' and find me win a prize!

S B H C!

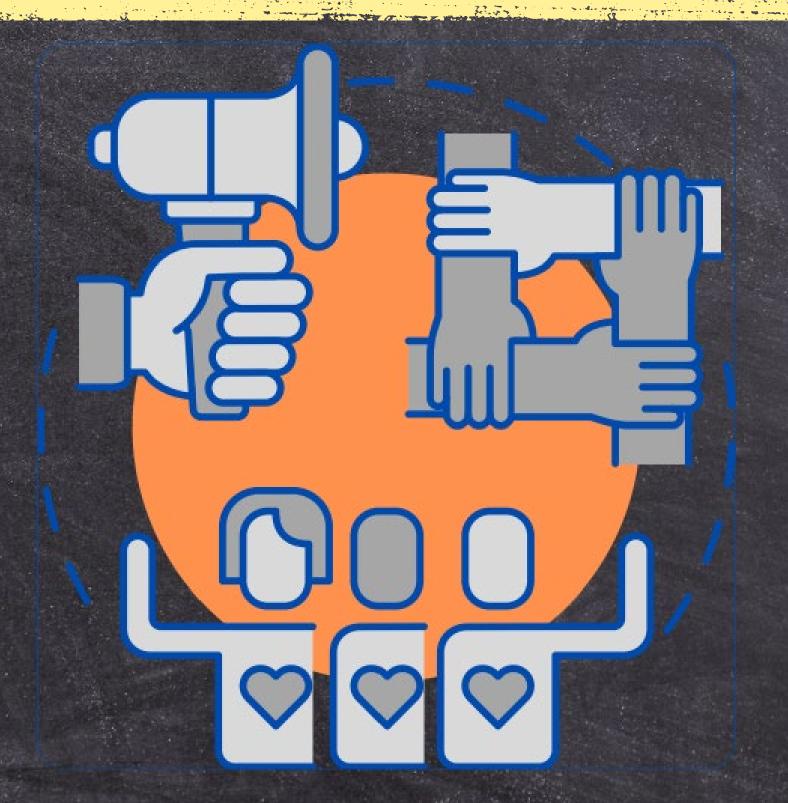
Works at an SBHC that has a Youth Advisory Council.	Drove more than 100 miles to get here.	Same number of siblings as you.	Works at an SBHC that offers dental
			services.
Has the same favorite food/drink as you.	Has been working at their SBHC for less than a year.	Participated in the same school activity as <u>you.*</u>	Has had (or currently has) a garden.
Has seen the same musical artist in concert as you.	FREE SPACE	Works at SBHC that dispenses birth control.	Has won some sort of cooking/BBQ contest.
Works at the only SBHC in their county.	Has the same number of pets as you.	Works at an SBHC that collaborates with a local tribal nation.	Shares a hobby with you.
Has traveled outside of North America.	Has swag from their SBHC physically with them.	Speaks the same non- English language as you.	Same number of SBHCs in their system but isn't your co-worker.
	favorite food/drink as you. Has seen the same musical artist in concert as you. Works at the only SBHC in their county. Has traveled outside of North	Has the same favorite food/drink as you. Has seen the same musical artist in concert as you. Works at the only SBHC in their county. Has traveled outside of North America. Has the same number of pets as you. Has swag from their SBHC physically with them.	Has the same favorite food/drink as you. Has seen the same musical artist in concert as you. Works at the only SBHC in their county. Works at the only SBHC in their county. Has traveled outside of North America. Has the same number of pets as you. Works at an SBHC that collaborates with a local tribal nation. Has swag from their SBHC physically with them. Works at an SBHC that collaborates with a local tribal nation.

^{*}Besides going to class/school





Youth Panel







More Housekeeping

- This panel will not be recorded or posted online
- Focus on youth engagement not SBHC experiences
- Acronyms for days!
 - SHAC Student Health Advisory / Action Council
 - YAC Youth Advisory / Action Council
 - YACHT Youth Action Council Health Team
 - GSA / QSA Gay Straight Alliance / Queer Student Alliance
 - SHC Student Health Center
 - OSBHA Oregon School Based Health Alliance



Facilitators!

Ivette

- Statewide YAC
- Liberty High School

Nathan

- Statewide YAC
- David Douglas High School

"As the OHA Youth Advisory Council, we make youth-informed decisions that value human life: diversity, safety, stability, quality of life, and the rights of every human being. We aim to improve the COVID-19 recovery of communities across the entirety of Oregon by creating and accounting for meaningful outcomes from our \$1 million budget proposal."



Introductions

Please share your name, pronouns, School / SBHC or Organization and a fun fact!





Breaking the Ice

What is your favorite check in question or ice breaker activity?





Brag about how cool you are!

Can you share with us a little bit about how you've been involved in your community and give us some highlights of what's been happening over the past year?



Aricely

Jefferson High School Portland

Youth Action Council Member



Self Defense Workshop







Stress/Anxiety Management Workshop



On the May 24th at 1:30-4:30 in the Blazer room, we will have a session on how to manage any kind of stress involving school, home, or you can go for someone who you think needs it. Food will be provided.





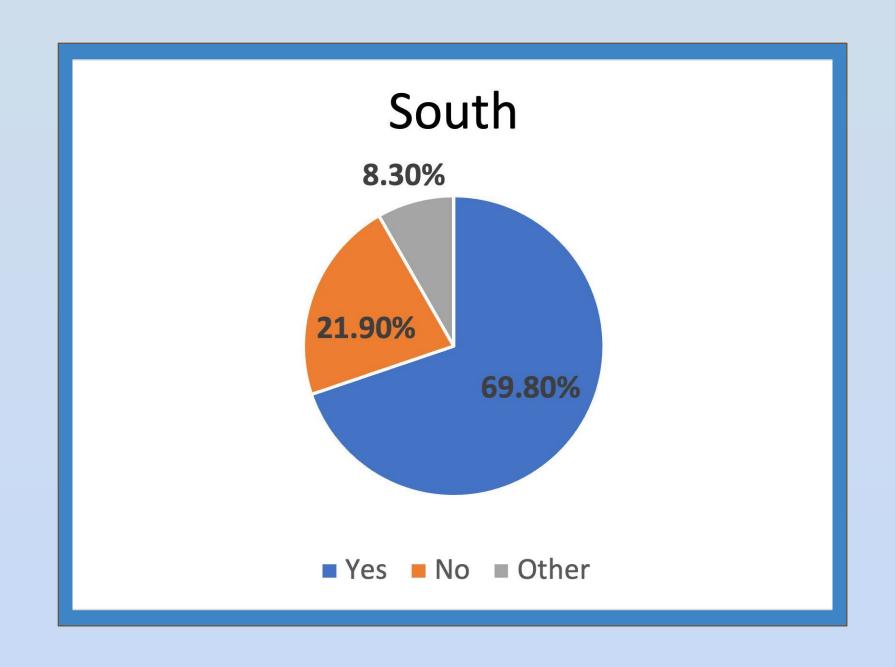
SBHC OHA coordinators meeting October 2023

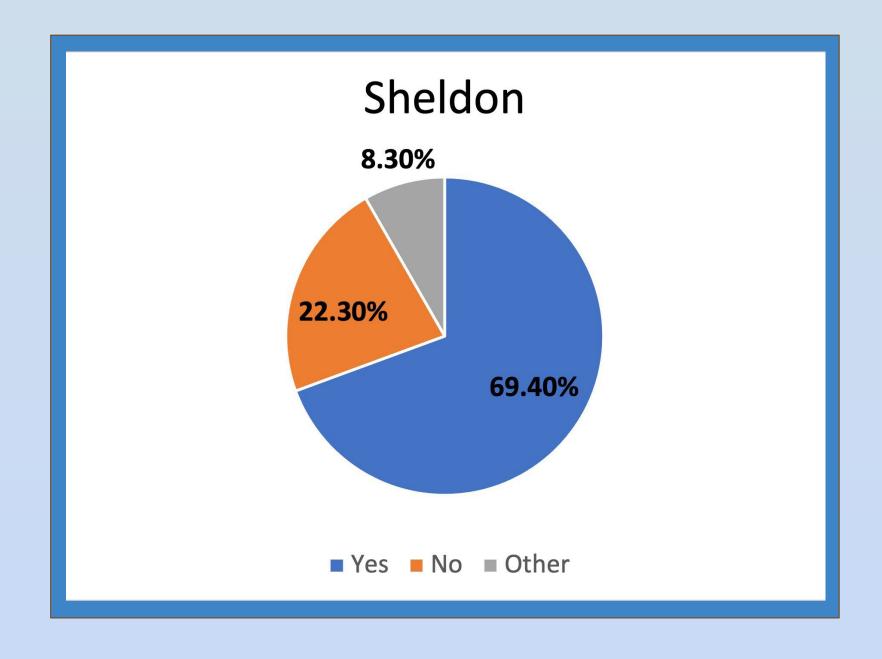
Jun Orion

Would you or someone you know utilize one of these clinic?

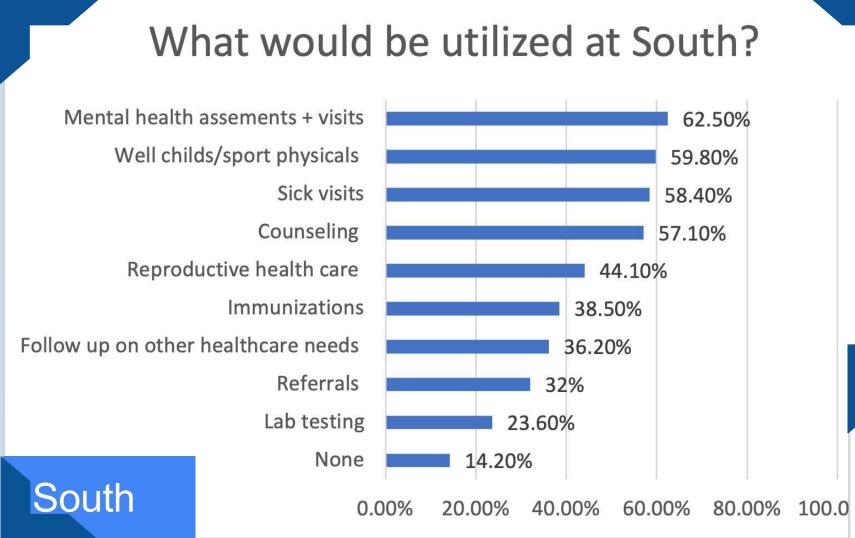
Key: Yes No Other

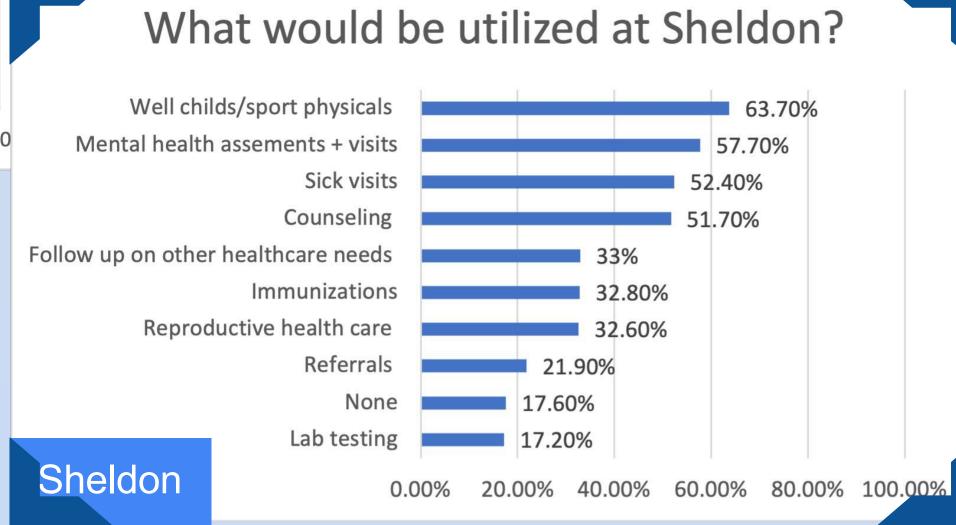
The majority of South and Sheldon students said that they or someone they know would utilize a clinic.





If yes what would be utilized? Check all that apply





A few comments left on the survey

"The original SBHC at Sheldon was an invaluable source of support for students. This clinic is needed now, more than ever. I am over the moon that the return of a SBHC to Sheldon is a real possibility". - **Teacher**

"Our school has serious mental health issues, before moving here my school only had 1 death. Now I think we're going on 6. It's an issue that should be addressed." - **Student**

"I am a South graduate, and I also work with high school aged people (many attend south) in a non academic setting. I see many youth struggling with mental health and being able to get help at school would be beneficial. In addition, I think students would benefit from being able to have easy access to vaccines and reproductive health care independent of parents/family. I think high school aged people have much need for metal/physical health support." - Alumni

Kammi

Youth Engagement Intern



Youth Corps



SCHOOL BASED HEALTH ALLIANCE Apply to be a Student Health Advocate!

As a Student Health Advocate, you will:

- · Build community with other like-minded youth
- · Develop leadership and public speaking skills
- · Learn more about health equity, policy, and how to implement change
- · Meet and influence healthcare professionals and legislators
- · Earn a stipend of \$250 · Participate in monthly meetings virtually with



Other important details:

group of youth ages 14-22 who work to advocate for School-Based Health Centers and equitable health services in Oregon. We highly encourage Black, Indigenous, and People of Color, LGBTQ+ people, persons with disabilities, and economically disenfranchised youth to apply. Find the application on our website, advocates, from Sept. 8 - Sept. 301

If you have questions, please email the Youth Engagement Coordinator, Asia Gates (she/her), at asia@osbha.org.

Mental Health

SOME RESOURCES AND WAYS TO HELP YOUSELF OR OTHERS



Condition

Call Blackline

Support Line

Resources

Piz

Asian Mental Health

Smyre

smyrcpdx



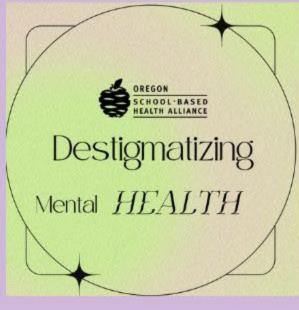










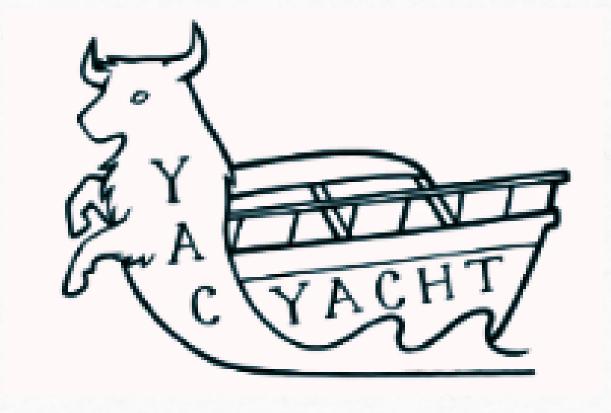


Maintain your connections

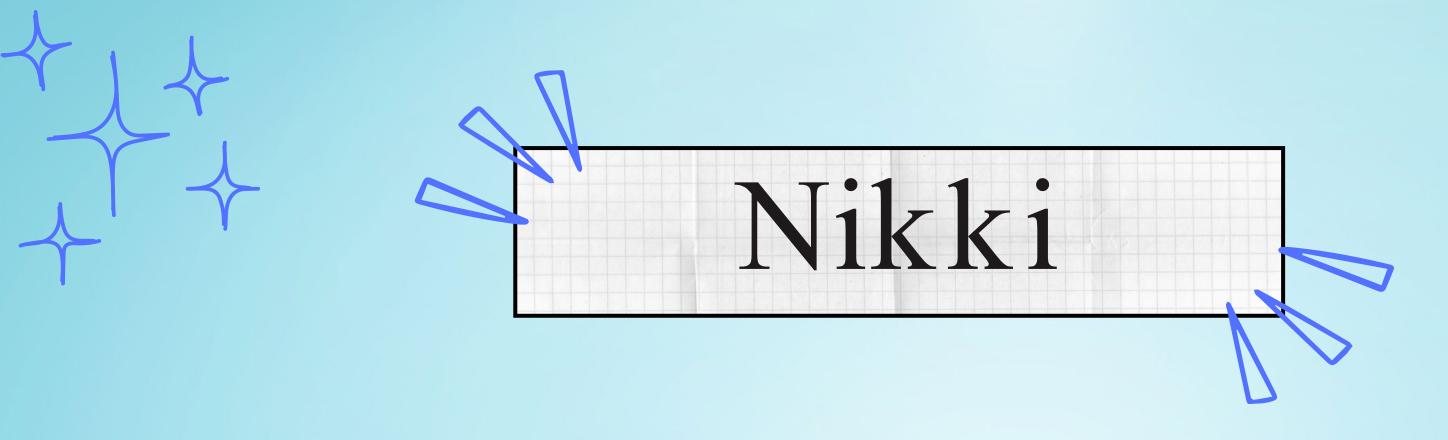
WHEN FEELING DOWN IT'S EASY FOR US TO ISOLATE OURSELVES. WHILE IT FEELS EASIER TO BE ALONE. BEING WITH OTHERS THAT'LL SUPPORT YOU IS IMPERATIVE.





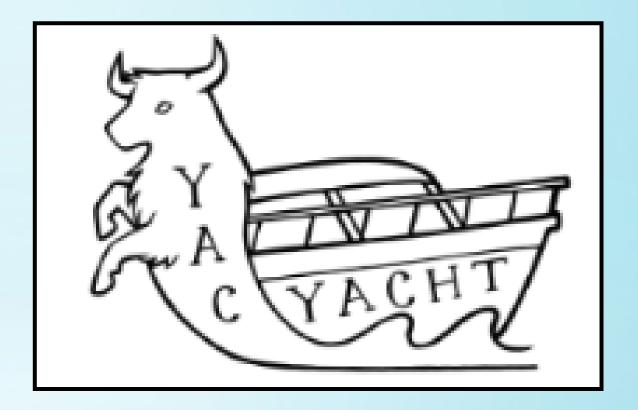


Youth Data Council



David Douglas High
School

Youth Action Council
Health Team







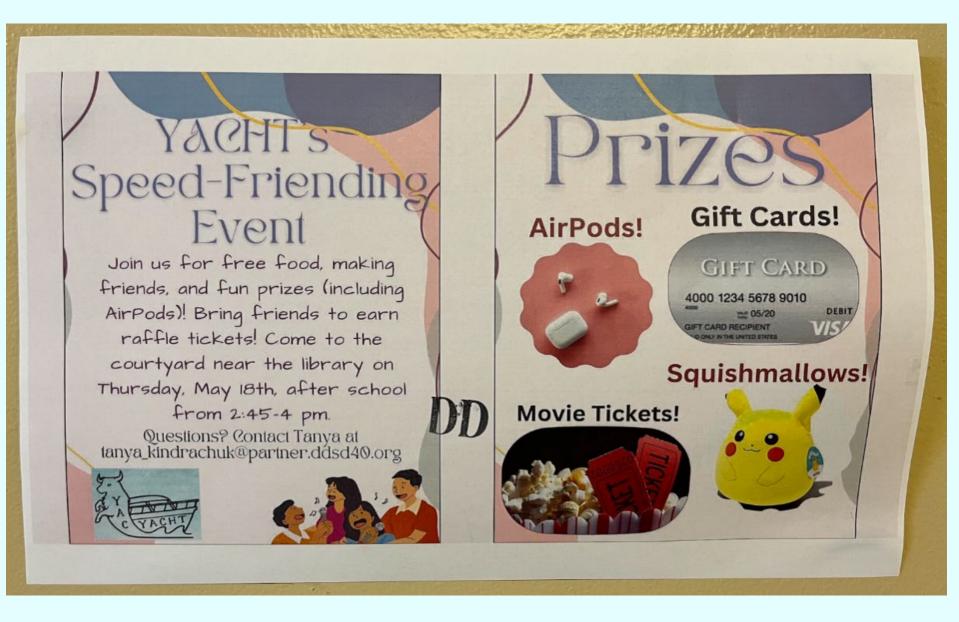
DDHS YACHT/SHAC

2023 Speed-Friending Event

YACHT Sign

SpeedFriending Event Flyer





2023 Speed - Friending Event



Assortment of Prizes

Spaghetti Tower Building





YACHT Dinosaur

Veronica

Pendleton High School

Mt. Hood
Community College



WHAT I HAVE DONE WITH MY SBHC AND GSA:

Background: My SBHC
Nurse Practitioner helped
with our GSA(Gay Straight
Alliance) Club last year and
she was a great help!!

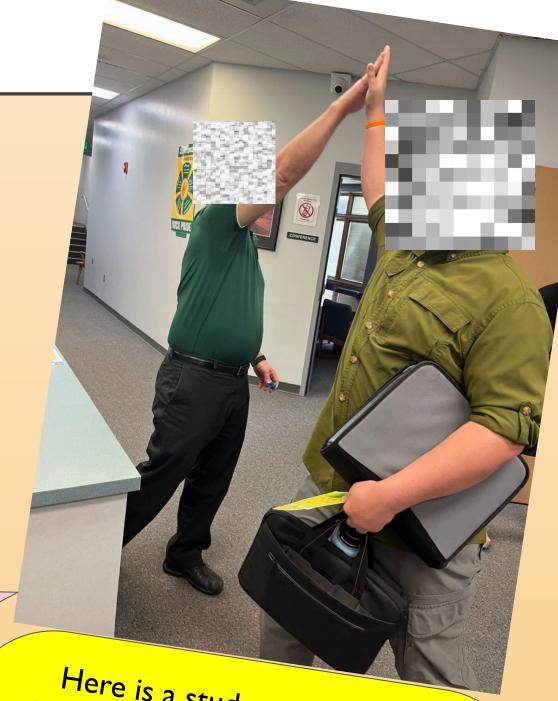


KINDNESS WEEK:

Vindness Week BINGO AE PRIZE WHEEL! We had Kindness Week to spread kindness around our school!

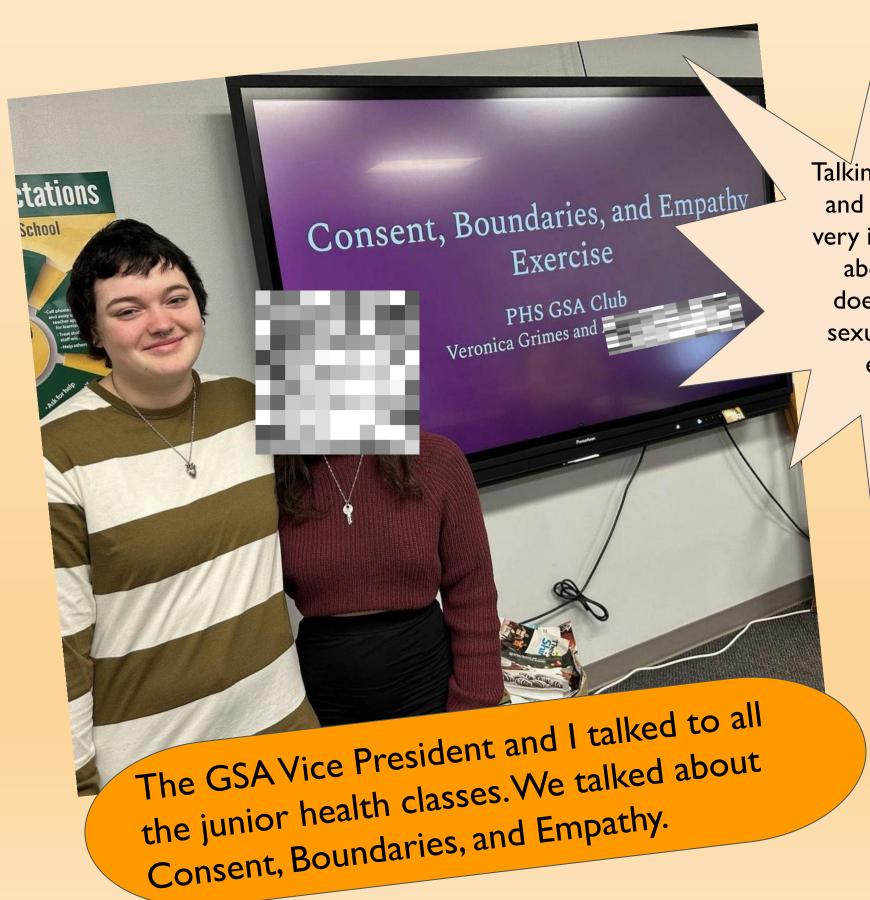
For each day of the week different clubs had days to educate/have a day to spread kindness.

Example: The
GSA had wear
blue and orange
for anti-bullying
day



Here is a student high-fiving a Administration with proof to get a black out on their bingo card.

TALKING TO THE JUNIORS IN THE HEALTH CLASSES:



Talking about Consent and boundaries was very important to talk about because it doesn't have to be sexual consent is in everyday life

We talked and also did different exercises. We switched the exercises around the second semester.

OTHER GSA ACTIVITIES:



I don't have any pictures but we also visited the middle school's GSA and held some meetings with them. We were the people they looked up to for their club.

We had a Rainbow Spirit day. We got Voodoo Doughnuts to give to everyone who wore rainbow. We faced some challenges but it was a successful spirit day.



Here is the club informing incoming freshman about what we have to offer as the GSA.

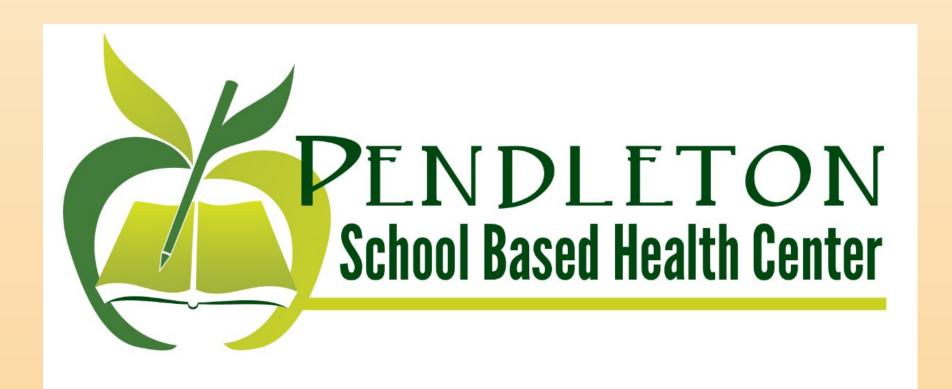
INFORMING STUDENTS ABOUT OUR SBHC:

PENDLETON HIGH SCHOOL

HEALTH CENTER







Here the publicist and I are hanging up flyers to inform students about the SBHC and where it is in the school.

Recruit ment

How did you get involved with your YAC/ SHAC or with OSBHA? And, of all the things you could have chosen — why was this your choice?



Retention

When thinking about yourself or your peers what incentives do you think matter the most?



Spreading the Word

If you've ever recruited a friend to also get involved with your YAC/ SBHC/ OSBHA what was your sales pitch to get them interested?



Partnerships and Connection

All of you have worked with adults on various projects. If you were to think about a time when you **felt truly valued as a partner** in that work, what it was about that experience that made you feel like your involvement mattered?



Inclusivity and Accessibility

Are there any examples you'd like to share about ways that organizations / people in organizations you've been part of have been intentional about making sure spaces feel inclusive for youth with marginalized identities?



How to know what matters

What health or health care related topics do think matter the most to you or youth in your community? And what role do you think SBHCs could play in addressing those topics?



Share your wisdom!

If you could give one piece of advice to all the adults in this room, what would it be?





Get Bossy!

If you could make one request of all the adults in this room, what would it be?





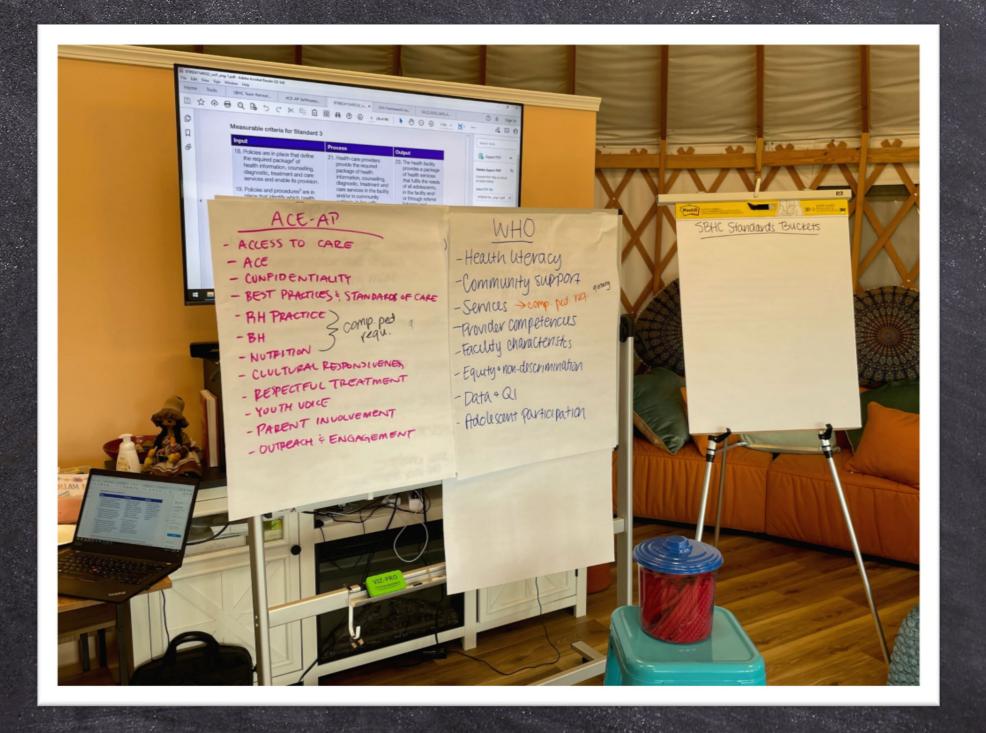
Questions?



Return @ 12:45



SPO Updates

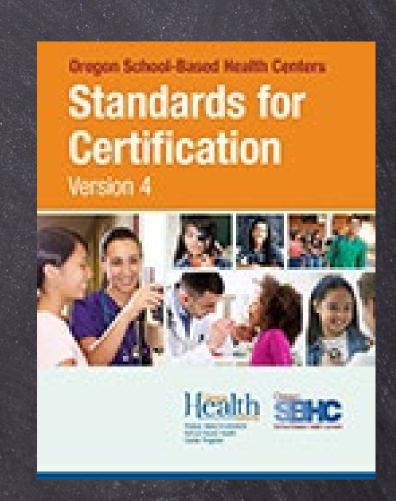






Certification Standards Review

- It's been awhile! Last updated 2015-2016.
- Goals:
 - Identify and address areas in need of clarification
 - Update to align with current best practice
 - Center health equity and youth engagement
- What are essential elements of SBHC model? What makes SBHCs special?



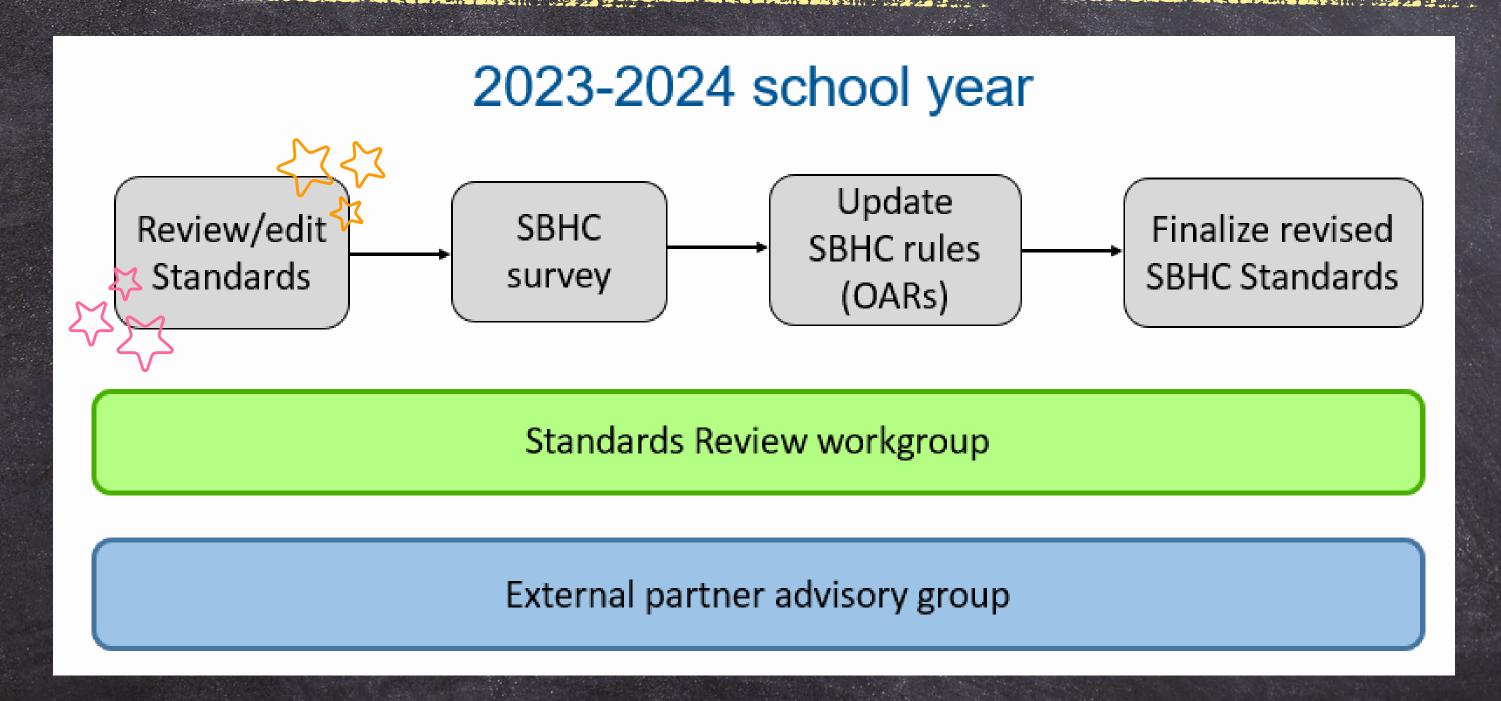


Where we've been...

2022-2023 school year Big picture Draft SBHC Complete Youth SBHC Background **Health Equity** SBHC model Standards feedback research survey drafting for review Tool sessions Internal (OHA) workgroup Summer 2023



Where we're going





Can't join the workgroup?

- Small, ad-hoc workgroups centered around specific issues
- Regular updates in SPO Newsletter on the Certification Standards workgroup progress
- Participation in an SBHC Partner Advisory Committee, to be convened later this year.
- A feedback survey for all currently certified SBHCs on a summary of the proposed changes, to be sent in late Spring 2024.



Questions?



Upcoming TA opportunities

We're working on providing opportunities for you to connect throughout the year. Check out the events calendar in your packet.

Existing opportunities

- Open Forums
- Certification Open Office Hours
- Coordinators Meetings
- KPM Audit Training

Opportunities in development

- -Cultural responsiveness training series (Winter 2024)
- Youth-led SBHC assessment learning collaborative (2024-25 SY)



Resource Tables / SBHC Connect

- Check out the great resources from:
 - SBHC State Program Office
 - Oregon Community Engagement Program
 - Oregon Youth Sexual Health Program
 - Oregon Oral Health Program
 - Oregon Reproductive Health Program
 - Oregon Department of Education
 - Oregon School-Based Health Alliance
 - Lines for Life Youth Line
 - They have mini-grants!!

S B H C!

Been to the same national park as you.	Works at an SBHC that has a Youth Advisory Council.	Drove more than 100 miles to get here.	Same number of siblings as you.	Works at an SBHC that offers dental services.
Works at an SBHC that's open 5 days a week.	Has the same favorite food/drink as you.	Has been working at their SBHC for less than a year.	Participated in the same school activity as <u>you.*</u>	Has had (or currently has) a garden.
Went through K-12 without moving out of town.	Has seen the same musical artist in concert as you.	FREE SPACE	Works at SBHC that dispenses birth control.	Has won some sort of cooking/BBQ contest.
Drank more coffee/tea than you today.	Works at the only SBHC in their county.	Has the same number of pets as you.	Works at an SBHC that collaborates with a local tribal nation.	Shares a hobby with you.
Works at an elementary school SBHC.	Has traveled outside of North America.	Has swag from their SBHC physically with them.	Speaks the same non- English language as you.	Same number of SBHCs in their system but isn't your co-worker.

^{*}Besides going to class/school.







OUR MISSION IS TO CENTER YOUTH THROUGH THE EXPANSION OF SCHOOL HEALTH SERVICES THAT SHATTER HEALTH AND EDUCATION DISPARITIES, HONOR YOUTH IDENTITIES AND VOICES, AND PRIORITIZE THEIR WELLNESS AND JOY.



LEGISLATIVE AGENDA







SBHC Funding Ask

Fund School Health Supports Statewide

- Provide <u>planning grant</u> opportunities for local communities to implement a school-based health center, school nurse model, or mental health model, according to their priority needs. (\$950,000)
- Inflationary increase of 10% to the school-based health center base rate, which has remained static for over a decade despite annual increases for CCOs and other health supports. (\$936,000)

Expand School-Based Mental Health Care

- Increase the school-based mental health fund to provide additional mental health supports in schools either directly or through SBHCs. (\$5.85 million)
 - Expand options for using the funding to accommodate workforce shortages and increase youth access to supportive adults from diverse backgrounds. (No cost)

Capital Construction for Ready Made SBHCs

Provide bonding for <u>school-based health center capital construction</u> including pre-built modular clinics, removing a huge barrier to implementation. (\$10 million)

Share your stories! Send anecdotes, data, photos, art – anything that will help us share your stories of challenges and successes to Maureen@osbha.org.

SAVE THE DATES!

School Health Advocacy Day

- February 15th Hybrid
- Choose between online or in-person at the Capitol in Salem
- More information coming soon!



OSBHA's Annual Conference is Back!!

- April 22-23
- Oregon State University, Corvallis, OR
- The two-day OSBHA Conference is a unique and inclusive event designed to bring together school-based health center providers and staff, educators, and community leaders who are passionate about the well-being of youth.
- This conference is not just for professionals; it's attended by and created in collaboration with young people, ensuring that their voices, perspectives, and experiences are at the forefront of discussions.
- Watch for the RFP for session proposals.

Sign up for our newsletter!





Customizable:

Fivers

Posters

Newsletters

Social Media Posts

Radio Scripts

Website Content

Graphics

Guidance

Find the Toolkit Here

SBHC Marketing Toolkit Available Now!



Get easy access to health care at school!



There's a health center for students right in our school. It's a safe and private space where you can get care for your body and mind. Visit [LINK] to learn more and to make an appointment!



Health care made easy.



[NAME SBHC] is located directly on the school campus and provides easy to access primary care services for students, such as routine physical exams, mental health support, prescriptions, treating minor illnesses and injuries, and more. All students who attend the school can get care at no cost to you. No student will be turned away, regardless of your ability to pay or citizenship status. You also might be able to get care for your whole family. Visit [LINK] to learn more about available services and to make an appointment.

Visit [Name of School]'s School-Based Health Center Today!



OUR HEALTH CENTER IS A SAFE AND PRIVATE SPACE WHERE YOU CAN GET WHAT YOU NEED TO



here or delete box

Getting vaccinated and boosted against COVID-19 keeps you safe, healthy, and lets you continue doing your favorite activities.



Routine physicals and sports exams

COVID-19 testing, vaccinations and booste

No insurance is required. No student will be turned away

If you are 15 or older, you can make a medical appointment or

your own. If you are 14 or older you can make your own mental

health appointment.2 Anything you discuss will be confidential

Mental health counseling

Treatment of minor injuries/il

Vision and dental

And much, much more!

COVID-19 vaccines are free, safe and they work. You can get your COVID-19 vaccine and boosters at [School NAME]. Visit [LINK] to learn more about available services and to make an appointment

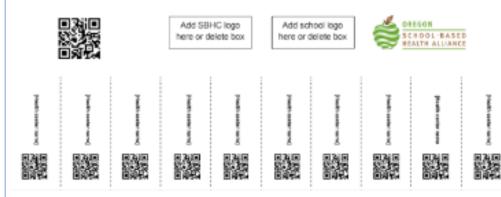
COVID-19 vaccines are safe and they work.



GETTING VACCINATED AND BOOSTED AGAINST COVID-19 KEEPS YOU SAFE, HEALTHY, AND LETS YOU CONTINUE DOING YOUR FAVORITE ACTIVITIES.

COVID-19 vaccines and boosters are available at your [NAME OF SCHOOL/local school-based health center] at no cost to you.

[Enter URL here] (Enter phone number here)



OSBHA's New Membership Structure: Package Details

• **Tier 1- \$1,000 per SBHC**: Supports OSBHA advocacy efforts, sites are eligible for OSBHA Grants

- Tier 2- \$1,250 per SBHC: Tier 1 benefits plus 20% discount to conferences and events (up to 2 staff), quarterly trainings, consulting and site specific TA (5 hours)
- Tier 3: \$1,500 per SBHC: Tier 1 benefits plus 20% discount to conferences and events (up to 4 staff) + SBHC member recognition, access to quarterly trainings and unlimited webinars, consulting and site specific TA (10 hours), Grant application consultation for external funding opportunities

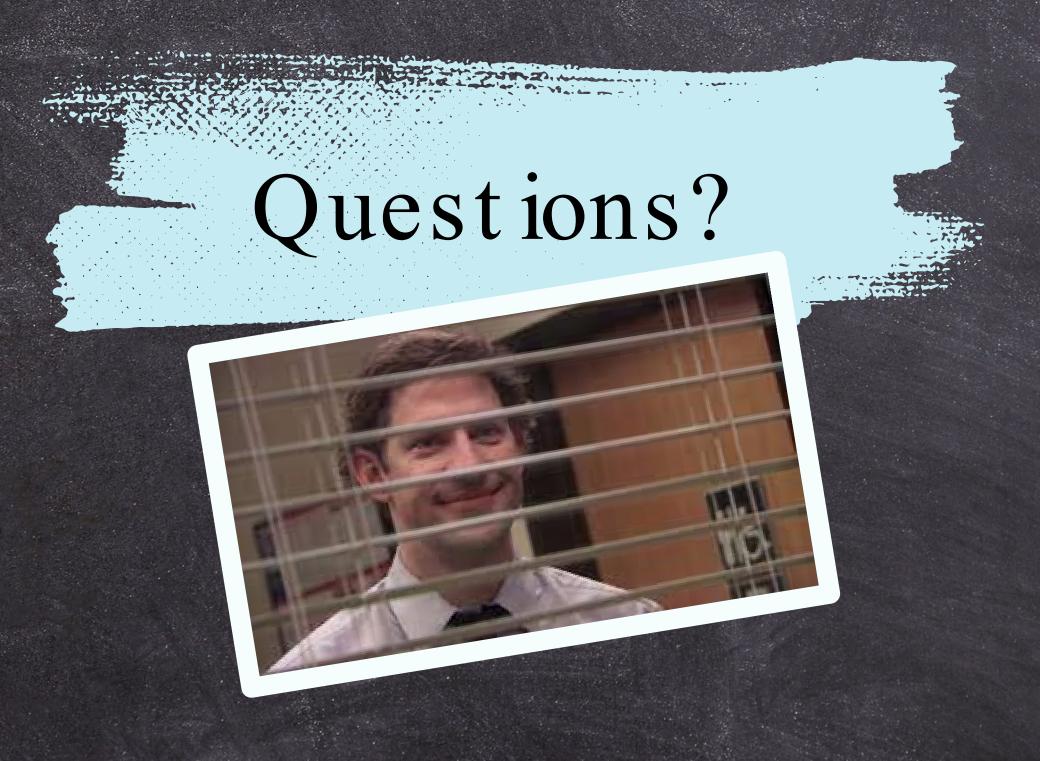


Package Details Continued

- Individual Membership \$125 for health or education professionals without a SBHC, working towards implementing additional school health services: access to quarterly trainings, 10% discount to conferences and events
- Gifted Membership Free for SBHC staff who identify as Black, Indigenous, People of Color (BIPOC) or LGBTQIA2S+:all Individual Membership benefits plus quarterly affinity groups

Reach out to Hannah Smith: <u>hannah@osbha.org</u> with questions





Raising the Bar: Innovative Approaches and Problem Solving

Oregon School Based Health Center Coordinators Meeting
October 13, 2023









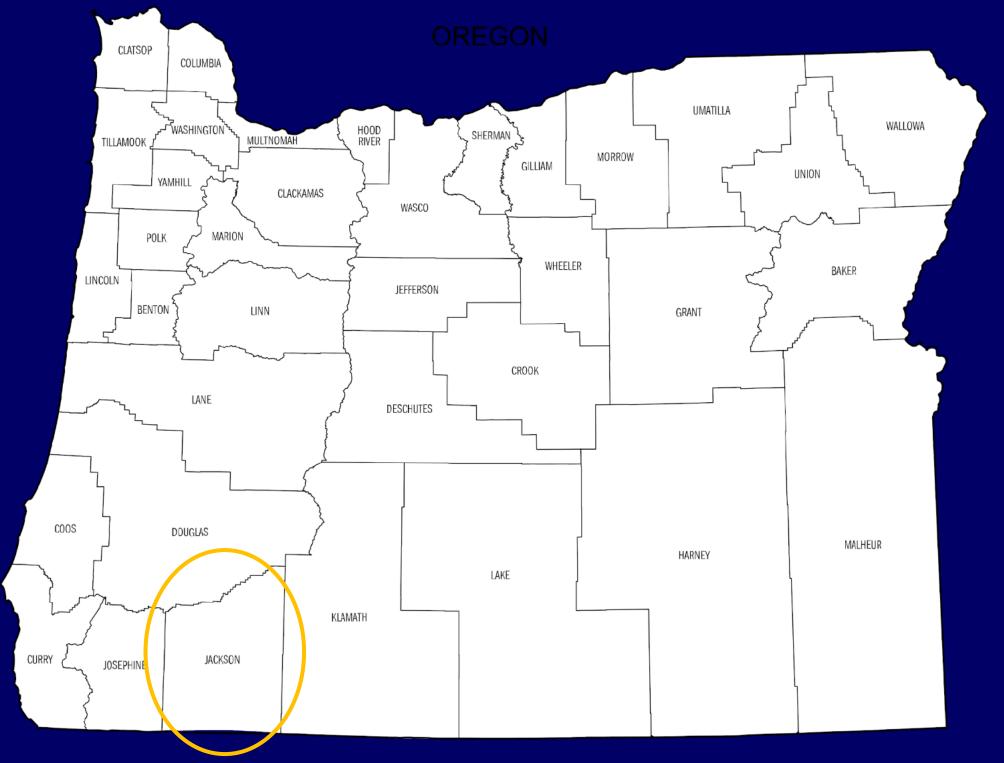






La Clinica

La Clinica is a Federally Qualified Health Center that serves Southern Oregon. Services include mobile and school-based services in 19 schools across four school districts (10 certified sites 9 uncertified sites).

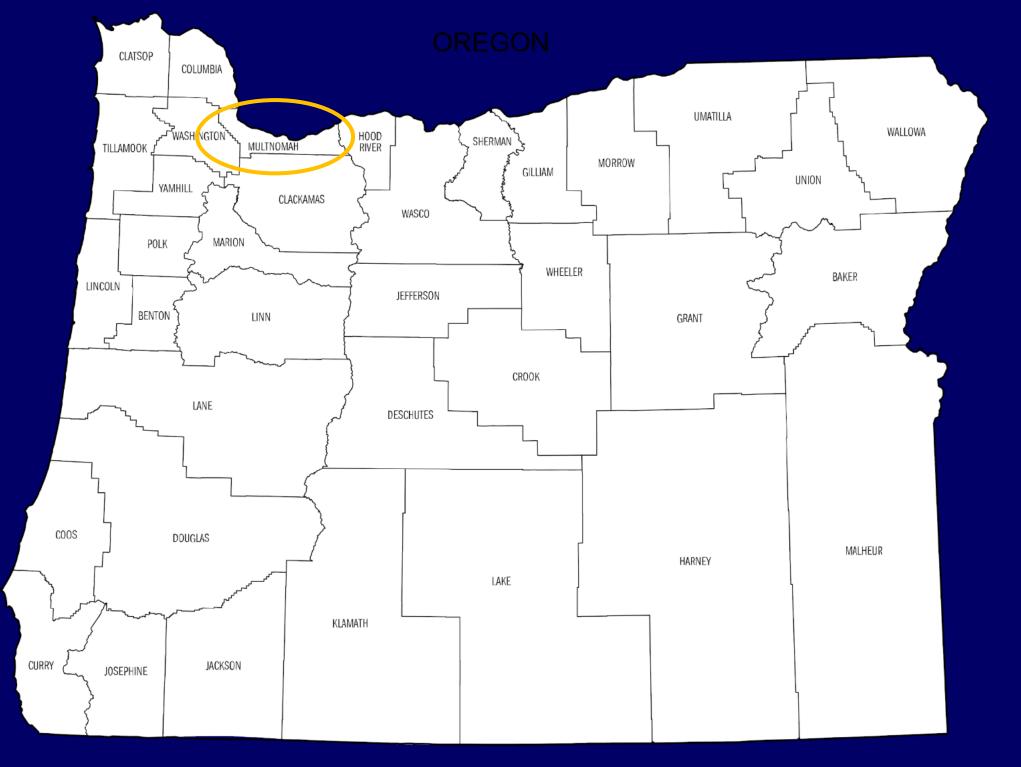






Multnomah County

Multnomah County Student Health Centers is an SBHC program run by the local public health authority. It has been operating for more than 35 years in the Portland area covering 5 school districts with 9 health centers.

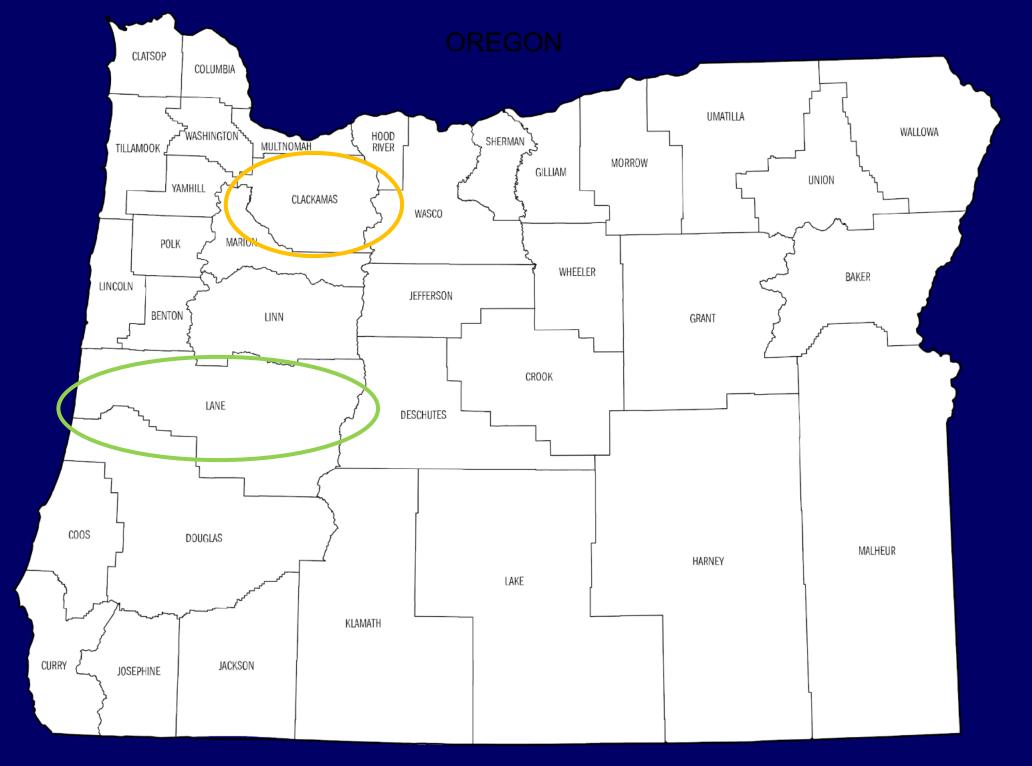






Orchid Health

Orchid Health operates five Rural Health Clinics in Clackamas and Lane counties. Orchid Health was founded with the belief that our state's rural communities deserve to have accessible high quality healthcare.

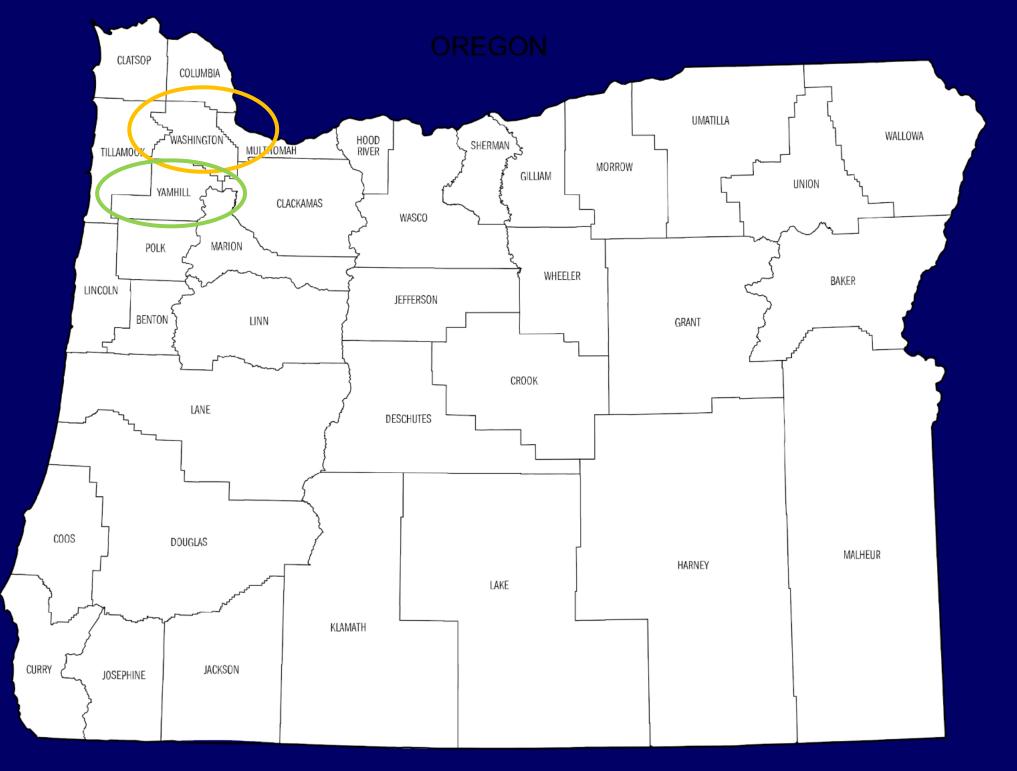






Virginia Garcia

Virginia Garcia is a Federally
Qualified Health Center with 18
locations, including five SBHCs in
Washington and Yamhill County.
Virginia Garcia has been providing
patient-centered care for more that
40 years.

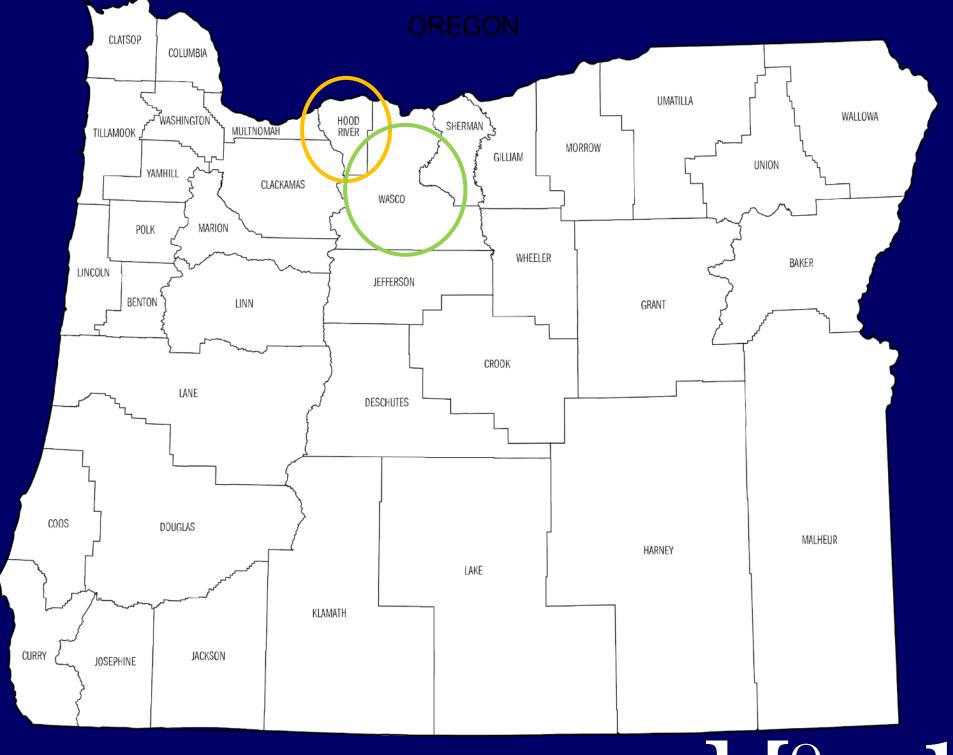






One Community Health

One Community Health is Federally Qualified Health Center with one SBHC in Hood River. They are participating in the mobile pilot serving Wasco County in both Dufur and in The Dalles; they are planning for brick and mortar SBHCs at those sites.





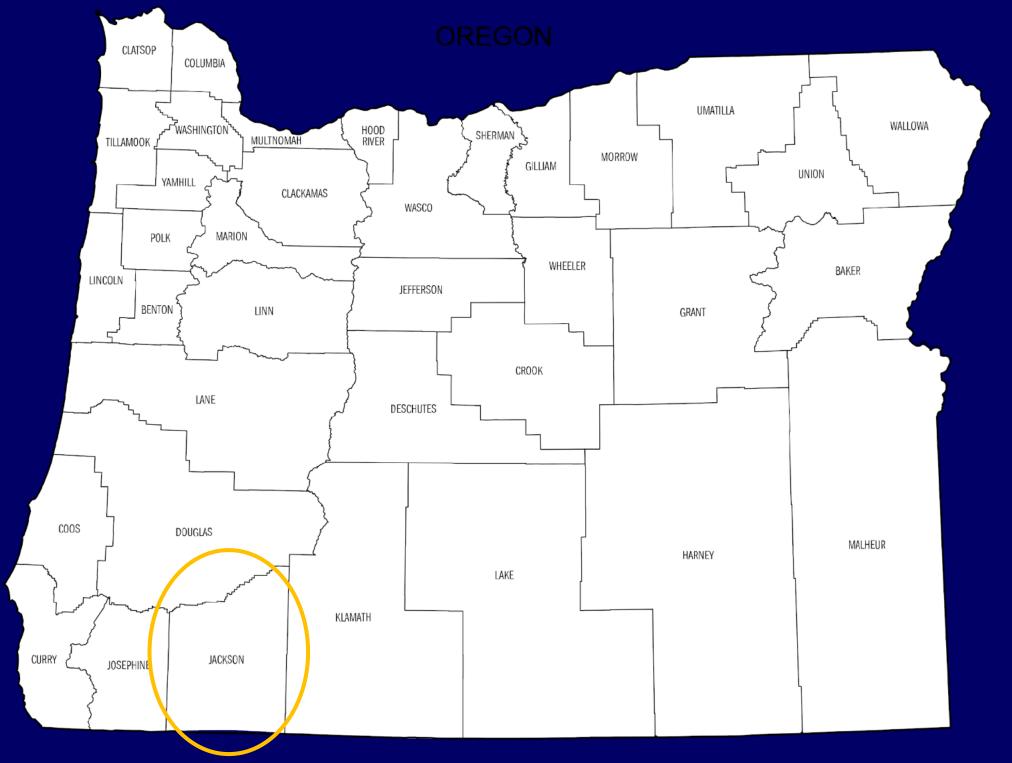
One Community Health





La Clinica

La Clinica is a Federally Qualified Health Center that serves Southern Oregon. Services include mobile and school-based services in 19 schools across four school districts (10 certified sites 9 uncertified sites).







Creating a Sustainable model in Partnership with your School District



Community Engagement through School District surveys and ensuring follow up after services are in place to see what else the community needs.

Create a Fact Sheet that gives more information about your organization and services you currently provide and what you could provide.

Financial Partnership- the school district could make an initial investment and after a few years move that investment to other projects while knowing that the health services can sustain on their own.

Creating common goal that aligns with both systems (for example Student Success Act goals of districts around health and mental health)

Maximize and highlight Healthcare Provider's ability to bill for the services to sustain services.

Understanding the needs of the school and community and being the bridge between education, health, and community resources.

Flexibility and Creativity: being able to pivot to meet the needs of the school.

Building Trust through Reliability and Honesty in order to continue to grow together.

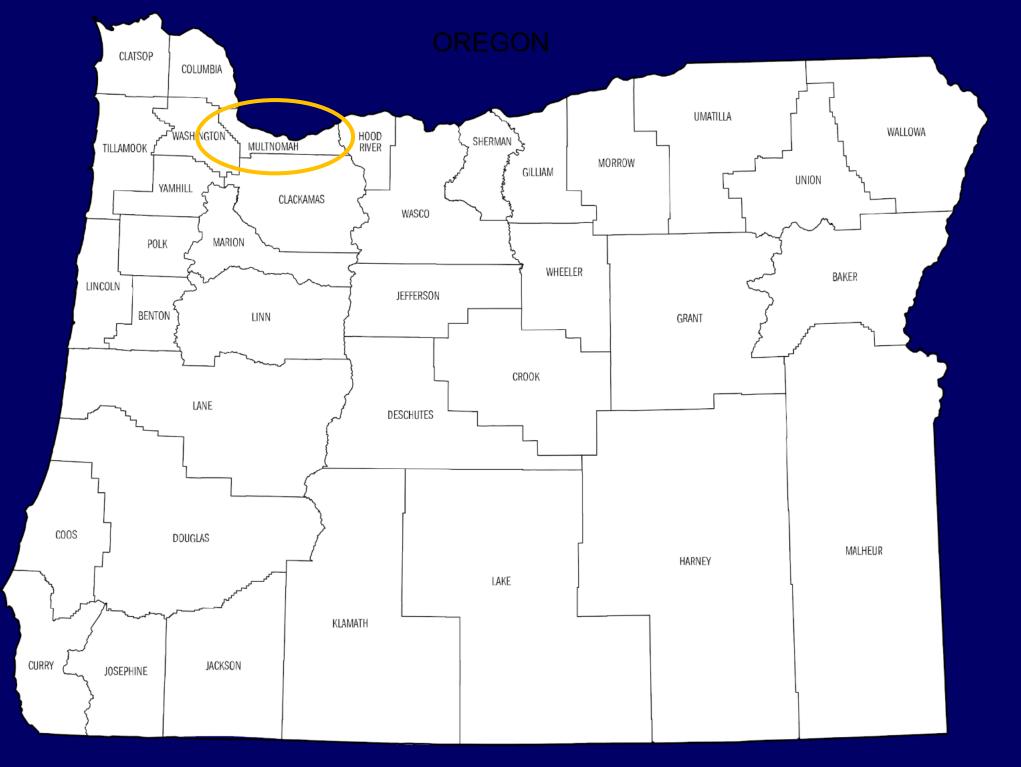
Exhibit A – Sample

EXPENSES	0.83 FTE-	0.19 FTE-	0.52 FTE-	0.33 FTE-	0.83 FTE-	0.30 FTE-	Total
	QMHP	FNP	RN	MA (medical	OS (office	Team Lead	
	(therapist)	medical	(nurse)	assistant)	specialist)		
		Provider					
Personnel							
Salaries/wages	\$59,760	\$29,625	\$37,668	\$18,354	\$30,205	\$15,600	\$191,212
Payroll taxes/benefits	\$13,695	\$7,999	\$10,170	\$4,956	\$8,155	\$4,212	\$49,187
Travel/training	\$2,000	\$500	\$500	\$500	\$500		\$4,000
Total personnel	\$75,455	\$38,124	\$48,338	\$23,810	\$38,860	\$19,812	\$244,399
Non-personnel expense							Total
Office supplies/ clinic	\$2,500	1,500	\$37,739 *	1,500	\$4,000	0	\$47,239
workstation	Ψ2,300		φστητου		ψ 1,000		ψ 17) 233
Recruit; license;	\$300		\$1,050	\$300	\$300	0	\$2,050
membership							
Total non-personnel	\$2,800	1,500	\$38,789	\$1800	\$4,300		\$49,289
Total program expense	\$78,255	\$39,624	\$87,127	\$25,610	\$43,160	\$19,812	\$293,688
Total program expense	776,233	333,024	307,127	\$23,010	343,100	719,012	3293,088
Administrative	\$14,085	\$7,132	\$15,682	\$4,609	\$7,768	\$3,566	\$52,842
overhead (Malpractice/							
HR/ accounting/							
credentialing/ coding							
etc.)	4.5.5.5.5	4	4	1	4	1	4
Total expense with	\$92,340	\$46,756	\$102,809	\$30,219	\$50,928	\$23,378	\$307,773
overhead							
Estimated billable							\$168,143
revenue in start-up,							Q 100,143
each year for first two							
years							
Start-up costs per year							\$ <mark>139,630</mark> **
for school district for							
first two years							

^{*} Includes medical equipment purchases, spread out over the two-year startup period. Does not include facility renovations, or other facility related costs currently incurred by the districts.

Multnomah County

Multnomah County Student Health Centers is an SBHC program run by the local public health authority. It has been operating for more than 35 years in the Portland area covering 5 school districts with 9 health centers.

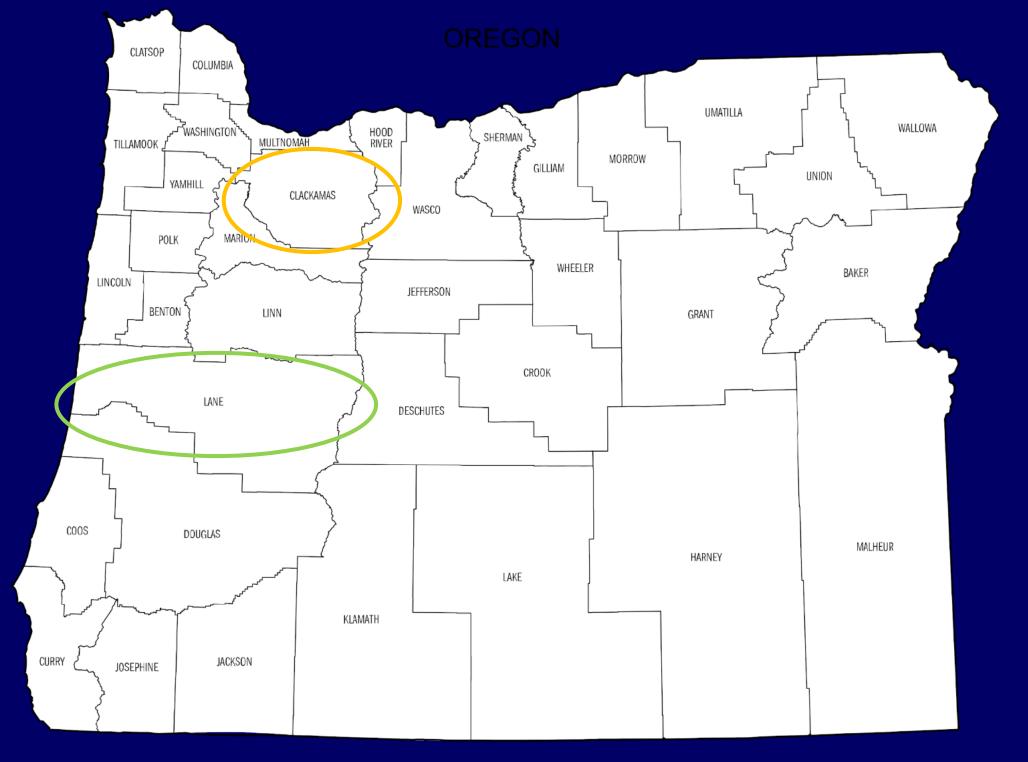






Orchid Health

Orchid Health operates five Rural Health Clinics in Clackamas and Lane counties. Orchid Health was founded with the belief that our state's rural communities deserve to have accessible high quality healthcare.

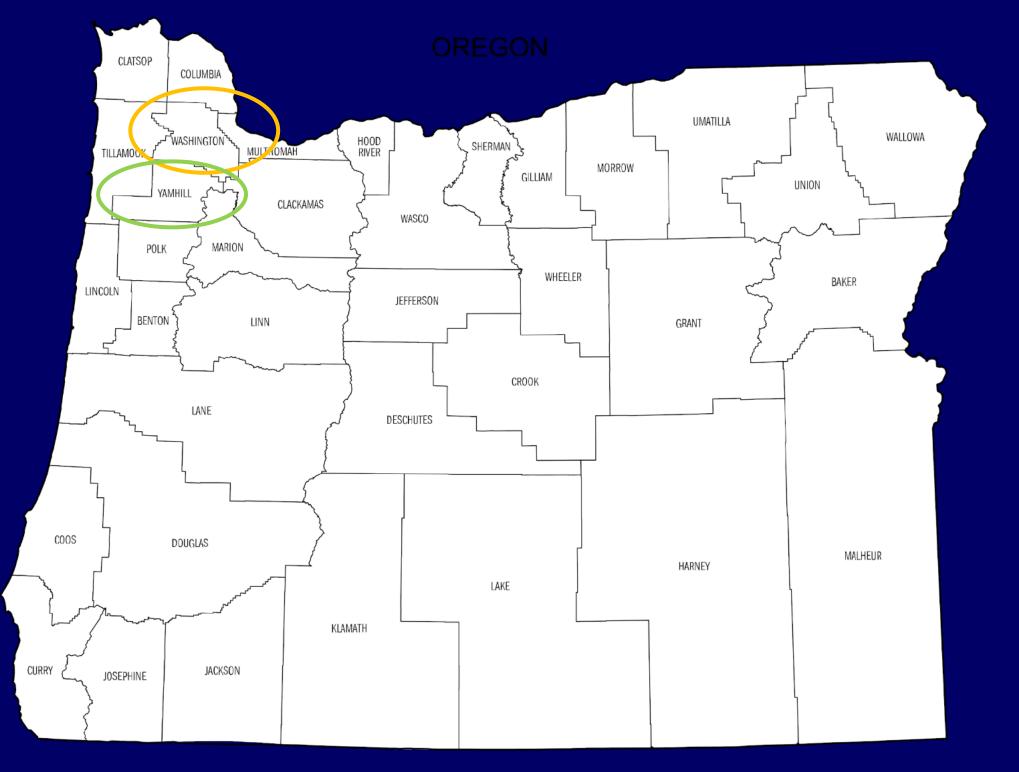






Virginia Garcia

Virginia Garcia is a Federally
Qualified Health Center with 18
locations, including five SBHCs in
Washington and Yamhill County.
Virginia Garcia has been providing
patient-centered care for more that
40 years.









Virginia Garcia School-Based

HEALTH GENTER

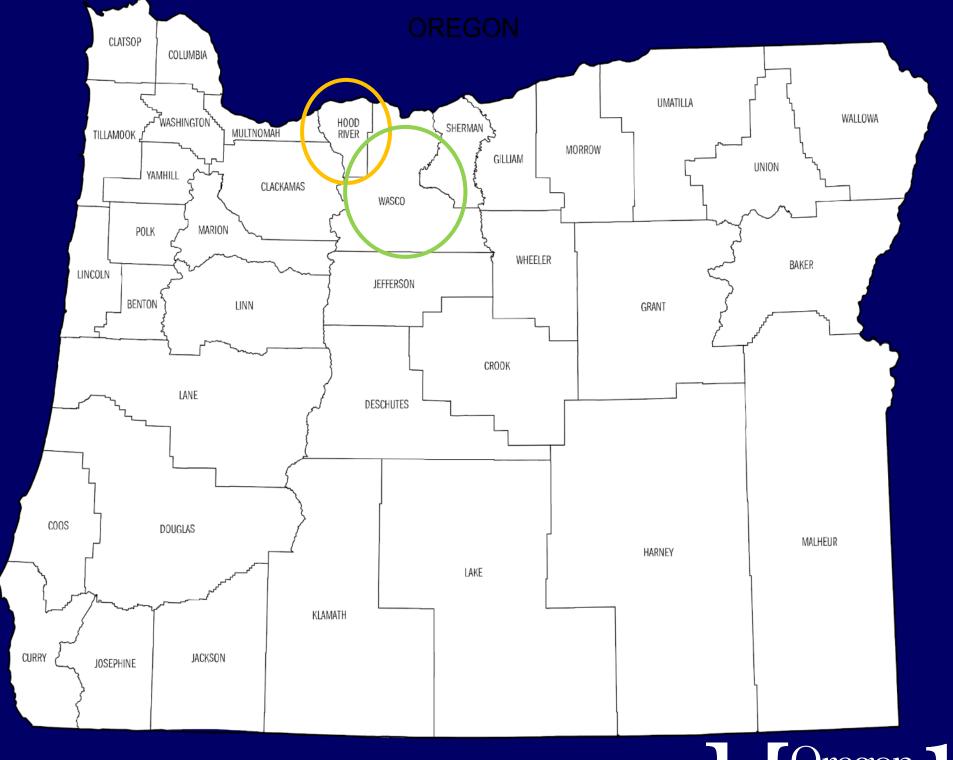


Tigard High School
Forest Grove High School
Willamina High School
Century High School (Hillsboro)

Beaverton High School

One Community Health

One Community Health is Federally Qualified Health Center with one SBHC in Hood River. They are participating in the mobile pilot serving Wasco County in both Dufur and in The Dalles; they are planning for brick and mortar SBHCs at those sites.





One Community Health





School-Based Health Services

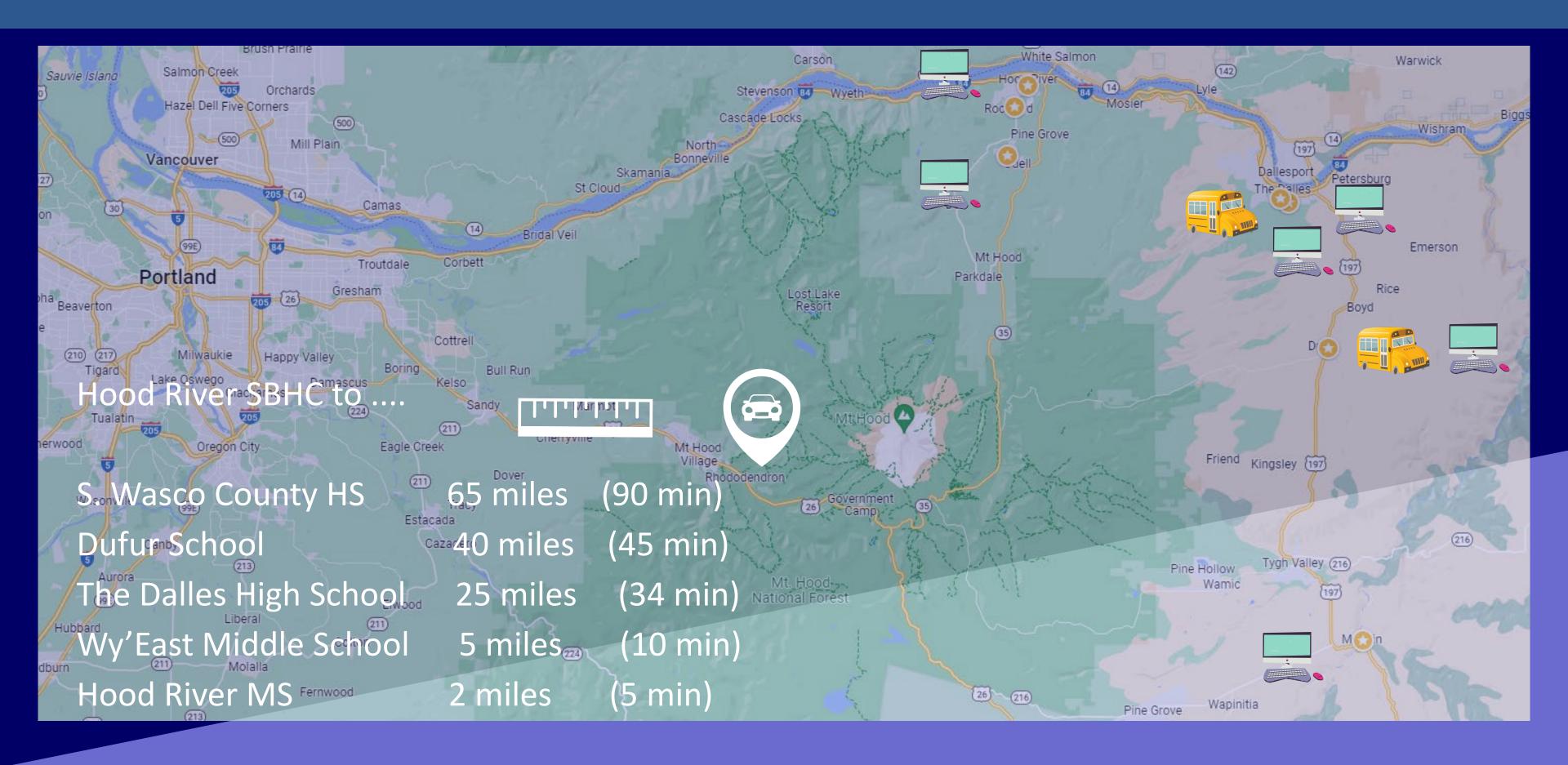
A Comprehensive Approach to Student Health

in the Columbia River Gorge









Planning for the Future

Dufur School

- Mobile services
- B&M certification Spring 2024
 - Secure add'l operational funding

The Dalles High School

- Mobile Services through 2025
- Continue support for Bond Measure 33-109
- Prepare for B&M upon bond measure passing
 - Estimated 2027
 - Secure add'l operational funding

Place Your Logo Here - Align Center



Questions?



BREAK / SBHC Connect / Networking Time Slide 166

World Café

- Small group focused discussions with:
 - Subject Matter Experts
 - SBHC peers
- Goals:
 - Share knowledge
 - Learn ideas and strategies
 - Develop supportive connections!





World Café instructions

- 3 rounds, 20 minutes each
- 5 minutes in between for switching tables & intros
- Conversations facilitated by SMEs
- OHA staff taking notes & will share these postmeeting
- If you see a table getting too full, please choose another table!



World Café Tables

- 1. Substance Use
- 2. Quality Improvement: Beyond Sat Surveys & KPMs
- 3. School Mental Health
- 4. Youth Engagement through Youth-Adult Partnerships
- 5. School Partnerships
- 6. Oregon HIV/STI Program
- 7. Oregon Reproductive Health Program
- 8. Oregon Immunization Program
- 9. Suicide Prevention



World Café Questions

What are some successful strategies SBHCs have used to support this work?

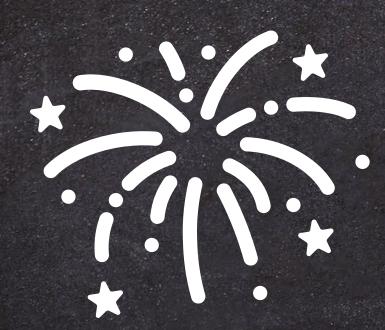
What support do SBHCs need to advance this work?





CLOSING

We hope you enjoyed meeting folks through the SBHC Connect game.



Congrats to the winners!!



We want to hear from you!

Please share your thoughts on our Fall SBHC Coordinators Meeting!

Scan the QR code ~*OR*

Visit:

https://forms.office.com/g/VxkfnZ6xZ w







THANK YOU!

