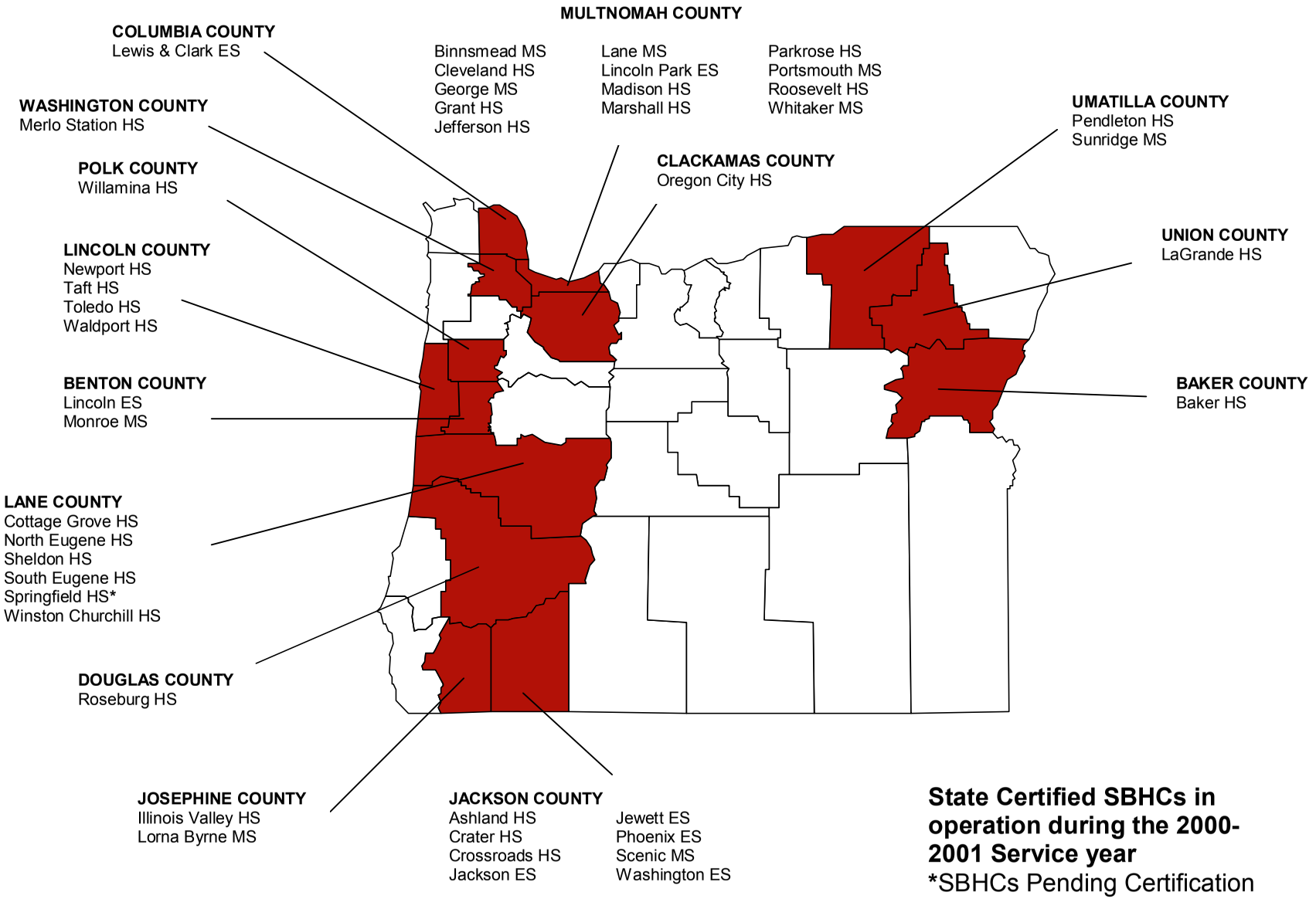
# Face to Face: Caring for Youth

## School-Based Health Centers in Oregon

### 2002 Report

# OREGON SCHOOL-BASED HEALTH CENTERS – 2001




**State Certified SBHCs in operation during the 2000-2001 Service year**

*SBHCs Pending Certification

# Why School-Based Health Centers?

- ✓ **Healthy students learn better.** Studies illustrate that students whose health needs are addressed have better attendance records and perform better in the classroom.

- ✓ **School-Based Health Centers (SBHCs) see children who otherwise would not get care.** Research shows that two-thirds of clients would not get care if there were no SBHC in the school. SBHCs see a large percentage of students who have no health insurance.

- ✓ **SBHCs put medical expertise in the schools.** Other school personnel are relieved of the need to address medical issues for which they are not trained, and schools avoid the liability of unlicensed personnel handling clinical issues.

- ✓ **SBHCs get students back into the classroom faster.** Studies estimate that students visiting a SBHC return to the classroom three times faster than if they had they gone elsewhere for care (and parents don't have to miss work!).

- ✓ **SBHCs are extremely cost-effective.** The value of services provided far exceeds the number of state dollars spent in support of SBHCs.

# SBHC Fast Facts

- ✓ In SY 2000-2001, Oregon SBHCs served 25,193 clients in 89,627 visits.
- ✓ Two-thirds of students reported their health had improved because of an SBHC.
- ✓ One-third of SBHC clients in Oregon reported having no health insurance.
- ✓ In SY 2000-2001, the State of Oregon contributed $1,250,000 to SBHCs, which supported the delivery of over $2,300,000 in health care services, including nearly $1,000,000 in health care services to uninsured students.
- ✓ 97% of clients rated the quality of their SBHC good or excellent.
- ✓ 98% of clients found it easy to talk to SBHC staff members.
- ✓ 94% of clients were likely to follow the advice of SBHC staff.

# Today, while you're reading this, in Oregon SBHCs:

- ✓ 498 students are receiving physical or mental health care:
  - 334 students are receiving care they would not otherwise get.
- ✓ 159 students with no health insurance are receiving care.

- ✓ 359 students are receiving a preventive health message including:
  - 144 students are receiving preventive health messages about the dangers of tobacco, alcohol and/or drugs;
  - 179 students are receiving a preventive health message about the importance of nutrition and/or physical activity.
- ✓ 113 students are receiving a reproductive health-related diagnosis or service:
  - 6 cases of a sexually-transmitted disease (STD) are being diagnosed;
  - 63 students are being counseled about sexual activity, which includes counseling about abstinence.
- ✓ 101 immunizations are being administered.

- ✓ 75 students are receiving a mental health-related diagnosis:
  - 13 students are being diagnosed with depression;
  - 3 cases of child abuse are being reported;
  - 5 students are being diagnosed with drug and/or alcohol use problems.

**And Today,** the state of Oregon is investing $6,944 dollars into SBHCs, which is contributing to the delivery of $12,778 worth of health care to Oregon's students.

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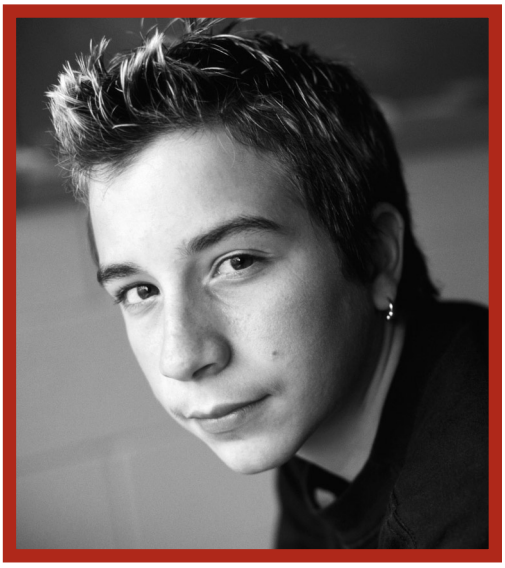


# Access To Health Care


"I have tried to help my friends, but I am not a doctor and I hope they will find one..."

"The school-based health center (here) is very good...I used it often last year."

Students vote with their feet . . .

25,193 students visited Oregon School-Based Health Centers in 2001

## What's happening out there

Adolescents have the lowest health care service use of any age group, and they are the least likely to seek care through traditional office-based settings. Inadequate insurance coverage and the lack of a consistent relationship between health care provider and adolescent patient may contribute to infrequent use. Adolescents are also more likely than other age groups to be uninsured and often undergo changes in diagnosis, provider, and presenting problems as they mature. Those adolescents who forgo health care that is needed are at greater risk of physical and mental health problems.

SBHCs have traditionally provided services to adolescents with greater health risks. Oregon's 1999 Youth Risk Behavior Survey results show that students whose school has a SBHC, and who use the health center are more likely to report health risk, including contemplation of suicide, smoking, alcohol and marijuana use, and sexual activity.

- One in six of the 1999 Oregon YRBS* survey respondents reported not seeing a doctor in the previous year. One in three students did not see either a doctor or a dentist in the previous year.
- Thirty-two percent of visits to SBHCs in Oregon in SY 2000-2001 were made by students with no health insurance.
- According to the 2001 SBHC Student Satisfaction Survey, 67% of SBHC clients would not have received health care without a SBHC.

* All Youth Risk Behavior Survey data is from 1999, the last year the YRBS was conducted in Oregon. Data from the newly implemented 2001 Oregon Healthy Teens Survey will be published in the SBHC Annual Report in winter, 2003.

# Access To Health Care

## What SBHCs are doing to help

School-based health centers benefit adolescents in large part by improving health care access for students. Access to health care is easier and more convenient, relationships with providers are more consistent, services are provided regardless of a student's ability to pay, and SBHC providers are intimately familiar with adolescent health issues.

According to the results of the 2001 SBHC Student Satisfaction Survey:

- 98% of students rate the health care as good or excellent.
- 99% are comfortable receiving health care at the SBHC.
- 98% find it easy to talk to SBHC staff.
- 94% say they are likely to follow the advice given to them at the SBHC.
- 67% say that their health has improved because of the SBHC.
- 72% report receiving at least one prevention message during their visit.
- Those who could and would have sought health care elsewhere report that it would have taken three times more school time to have their health care need(s) addressed elsewhere.

## Stories:

A student came to the Health Center ll times to talk to the nurses about headaches. At the last session, he was finally able to talk about his concern that he had bloody diarrhea for several months. He had recently moved to live with his noncustodial parent. The custodial parent had an insurance with a high copay and the child did not want his parents to know about his physical problems. He was concerned about financial implications, and felt embarrased to talk about his problems.

The nurses convinced the student that the parent should know about the problem, and were instrumental in getting the father and son to talk to each other. The student was diagnosed with ulcerative colitis, and has now regained the weight he had lost, has a good relationship with his father, and is a student assistant in the health center.

A 6-year-old came to the health center because he had bumped into some kids at his school, had cried for a long time, and the teachers were concerned that he might have a concussion. On examination, the nurse noted that his ear had swelling, and he said that he had been suffering with ear pain for several days. He had a high fever, and because the entire ear was reddened, the nurse practitioner referred the child to the center's medical director. He looked at the child, referred him to a specialist and that evening the child was placed at the hospital with an acute ear infection. The child had surgery, received IV antibiotics, and is now home on IV therapy for the next two weeks. The nurses were able to initiate the application process for the Oregon Health Plan.

# Mental Health

"My unhealthy behavior is consistently trying to kill myself and not wanting to stop."

"I am one of the kids who everyone thinks is fine, but every day I get further and further into depression."

"Sometimes I wonder if anyone would care if I committed suicide..."

## What's happening out there

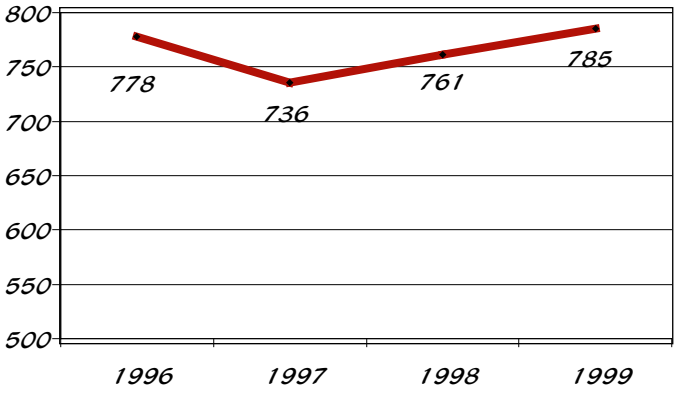
Although Oregon's adolescent suicide rate is falling, adolescent suicide attempts are on the rise (see chart). In 1999 suicide was still the second leading cause of death among Oregonians aged 15-19.

During 1999, gunshot deaths accounted for one in five deaths of 15- to 19-year-olds in Oregon. Gunshot deaths were second only to motor vehicle crashes as the leading external cause of death.

One in four respondents to the 1999 Oregon Youth Risk Behavior Survey (YRBS) reported feeling so sad or hopeless in the past year that they stopped doing usual activities.

One in six 1999 Oregon YRBS respondents reported seriously considering suicide.

### Suicide Attempts for Oregon, 1996-1999:




Data source: Oregon Center for Health Statistics

Nearly one in seven respondents to the 1999 Oregon YRBS reported carrying a weapon (such as a gun, knife, or club) in the previous 30 days.

# Mental Health

## What SBHCs are doing to help

For every dollar invested in effective early mental health intervention, it is estimated that $4 is saved. Savings are from reduced child welfare costs, taxes on future income, and reductions in criminal justice costs.

Studies have shown that positive behavioral inverventions and support (such as early mental health treatment) can dramatically decrease the amount of time students spend in school suspension, resulting in hundreds of additional available instructional hours to promote academic growth.

Twelve percent of all visits to Oregon SBHCs in SY 2000-2001 were made to mental health or alcohol and drug counselors (Mental Health Providers), and 15% of all visits to SBHCs resulted in a mental health-related diagnosis. Fourteen percent of all clients who visited the health center received a mental health diagnosis. In 39% of visits that included a mental health diagnosis, a non-mental health provider made the diagnosis.

Visits to mental health providers accounted for 28% of all time spent with clients in SBHCs. Mental health visits lasted an average of 44 minutes, longer than any other type of visit. Visits to non-mental health providers that included a mental health-related diagnosis lasted an average of nine minutes longer than those without a mental health-related diagnosis.

## Status of mental health providers in SBHCs

- A total of 44 centers.
- Out of seven elementary SBHCs, four have some mental health services.
- Out of nine middle school SBHCs, eight have some mental health services.
- Out of 28 high school SBHCs, 19 have some mental health services.
- SBHCs without mental health services refer students to community services.

## Story

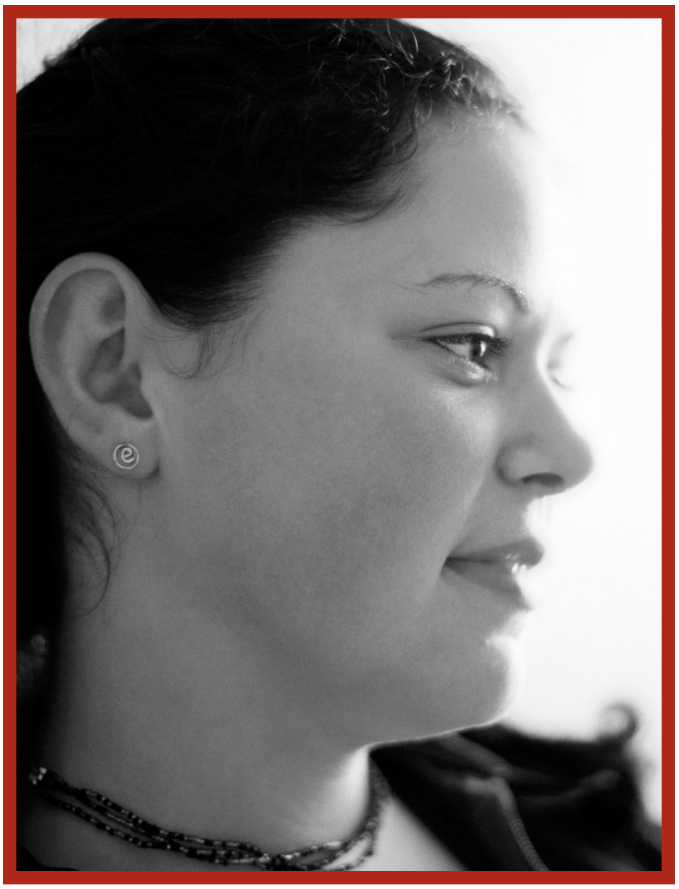
A student was brought into an SBHC by a concerned friend. Through assessment and discussion, it was revealed that the student was very depressed and felt suicidal. Multiple family, personal, and medical issues were identified as contributing to her feelings. The student began to see the SBHC mental health counselor regularly. Ongoing counseling was arranged for the summer months. An update of a three-year-old eyeglass prescription allowed her to see the blackboard in class. With continued support from the SBHC, the student became less depressed, and earned grades that enabled her to make the honor roll. She stated that without the help provided by the SBHC, depression would have caused her to drop out of school.

# Reproductive Health

"I am constantly sexually active..."

"In the sex part I (said 'yes') because I have been sexually abused by my dad."

"I'm pregnant!"
- Oregon Middle School Student



## What's happening out there

In Oregon in 2000, 17% of all newly reported AIDS cases occurred in the 20-to 29-year-old age group. Nationally, approximately 50% of all new HIV infections occur in persons aged 25 or younger. Because of the long period of time from HIV infection to AIDS diagnosis, it can be assumed that many of these AIDS patients contracted the HIV virus while teenagers.

In 2000, Oregonians aged 15-19 were responsible for 38% of all chlamydia infections, 28% of all gonococcal infections and 25% of all reports of pelvic inflammatory disease.

Eleven percent of all births in Oregon in 2000 were to teenage mothers. One in sixteen females aged 15-19 became pregnant in 2000.

Sexual behaviors, including disease transmission and unintended pregnancies, are listed by the national Centers for Disease Control and Prevention as one of the six major threats to the health of youth.

# Reproductive Health

## What SBHCs are doing to help

Reproductive health visits are defined as any visit that contained a reproductive health diagnosis, regardless of whether or not the primary reason for the visit was reproductive health-related. Not all health centers provide reproductive health services in the same way or at the same level. In particular, with regard to prescribing and/or distributing contraceptive devices to students, each health center or health center system works with the school district and local communities to form its policy. The Oregon SBHC Standards for Certification require health centers to make referrals for family planning, but do not require a health center to prescribe or dispense contraceptives.

A total of 20,235 visits – 22.6% of all visits – contained a reproductive health component. Seventy-four percent of reproductive health-related visits were made by high school females and 13% by high school males.

Of the students who participated in the 2001 Oregon SBHC Student Satisfaction Survey, 44% received counseling about making safe choices about sex (including abstinence counseling).

Reproductive health visits were broken down into eight categories: 1) breast condition, 2) menstrual condition, 3) sexually transmitted disease (STD), 4) contraception, 5) pregnancy, 6) reproductive health maintenance, 7) other gynecological condition, and 8) other male reproductive condition.

### Visits to Health Center - Gender

| | Female | % | Male | % | Total | % |
|---|---|---|---|---|---|---|
| Breast Condition | 74 | <1% | 17 | <1% | 91 | <1% |
| Menstrual Condition | 1,886 | 8% | | | 1,886 | 7% |
| Sexually Transmitted Disease | 870 | 4% | 233 | 6% | 1,103 | 4% |
| Other Gynecological Condition | 542 | 2% | | | 542 | 2% |
| Contraception | 10,408 | 47% | 905 | 23% | 11,313 | 43% |
| Pregnancy | 1,731 | 8% | | | 1,731 | 7% |
| Reproductive Health Maintenance | 6,753 | 30% | 2,707 | 70% | 9,460 | 36% |
| Male Reproductive Condition | 28 | 1% | 28 | <1% | | |
| Totals: | 22,264 | | 3,890 | | 26154* | |

*Totals exceed number of reproductive health-related visits due to multiple diagnoses.

## Story:

A SBHC that works mainly with high-risk adolescents has had great success reducing teen pregnancies due to quick and convenient access to health care on school grounds. The SBHC provider has worked closely with teen mothers to prevent second pregnancies. Teen mothers often bring in friends who are sexually active to receive counseling. Recently, a sexually active young man came in to receive counseling and then brought his girlfriend so she could be counseled. The location of the clinic on school grounds and the openness of the provider to address any issue that surfaces enables teens to feel comfortable receiving this vital counseling.

# Nutrition and Physical Activity

"I barely eat...my parents don't know."

"There have been a lot of problems with some girls around me, and sometimes me, obsessing about weight. Hard to know what to say...to friends with eating disorders."

"...help me to like myself (even though) I'm not skinny."

## What's happening out there

According to the 1999 Oregon YRBS:

- 3% of participants reported being very overweight. However, Body Mass Index (BMI) measurements indicated that 13% of participants were very overweight.
- Only 8% of students reported getting an adequate amount of fruits and vegetables in the seven days prior to taking the survey.
- One in 13 students reported taking unprescribed pills or laxatives or inducing vomiting in order to lose weight. Eighty-three percent of this group were female.
- 40% went without breakfast at least four of the seven days prior to the survey.
- 40% ate three or fewer meals with family members in the seven days prior to the survey.
- 80% reported having inadequate milk intake. Milk is the easiest and best form of available calcium, a critical mineral for normal adolescent growth.
- One in four reported getting inadequate vigorous physical exercise (for at least 20 minutes three times a week).

# Nutrition and Physical Activity

## What SBHCs are doing to help

Eleven percent of all visits (9,929) contained a health promotion element. Nutritional and physical activity messages are a routine part of such preventive medicine visits. Additionally, according to a recent survey, 36% of SBHC clients had received a nutritional prevention message. SBHC staff provide care for the sprains, breaks, cuts, and other injuries that sometimes accompany physical activity. They also provide routine care for common nutrition-related ailments such as nausea.

In addition, SBHCs provided guidance specific to nutrition and physical activity. In SY 2000-2001, there were:

- 10,251 health promotion visits made to SBHCs in Oregon that included a nutrition and/or physical activity component.
- 1,900 lab screens relating to nutrition.
- 1,022 sports physicals conducted.

Nutrition/Physical activity diagnoses included:

- 5,708 Health/diet maintenance or counseling
- 223 Obesity
- 162 Eating disorder
- 60 Abnormal weight gain or loss
- 39 Nutritional disorder

Staff at one Oregon SBHC wrote and received a grant for money to purchase activity toys such as Frisbees, hackey sacks, baseballs, basketballs, etc. for distribution to students. The staff devised a program that would reward fifth, sixth, and seventh graders who started or registered their immunization series at the clinic with an activity toy of their choice. In this way, the SBHC was able to ensure the protection of students through full immunization and promotion of physical and social activity (i.e., playing together) at the same time.

## Story:

A student with a torn ACL ligament and a history of poor care for the ligament came to the health center with the knee still hurting after a long period of time. The injury had also been aggravated by excercise. The health center was able to recruit a physical therapist who donated his time to plan an exercise program to strengthen the knee, and has followed the student every two weeks. The nurse practitioner checked on the student weekly to reinforce compliance with the exercise regimen, and the student is now doing well. This program, and monitoring by the nurse, alleviated the knee problems. The student avoided having surgery, something that the student's family could not afford.

# Alcohol, Tobacco, and Other Drugs

"I use marijuana and there is nothing you can do about it."

"Using drugs is my downfall."

"I have many friends who are screwing up their lives because they get wasted."

## What's happening out there

Nationally, cigarette smoking by adolescents is considered an epidemic.

### Of those high school students who took the 1999 Oregon YRBS:

- Nearly one in four smoked cigarettes in the 30 days prior to the survey.
- Nearly one in two (44%) had at least one drink of alcohol in the 30 days prior to the survey.
- Nearly one in three drank five or more alcoholic drinks in a row in the 30 days prior to the survey.
- More than one in five smoked marijuana in the 30 days prior to the survey.
- Nearly one in 75 students used a needle to inject illegal drugs in the 30 days prior to the survey.

# Alcohol, Tobacco, and Other Drugs

## What SBHCs are doing to help

According to a recent survey, over one in four SBHC clients (29%) received a prevention message about the dangers of tobacco, alcohol, and/or drugs.

Eleven percent of all visits (9,929) contained a health promotion element. Such preventive medicine visits routinely contain messages about the dangers of tobacco, alcohol, and/or drugs.

The treatment of alcohol, tobacco, or other drug (ATOD) use in SBHCs is closely linked to mental health services. Although alcohol and drug counselors are the main providers in only a small percentage of visits to SBHCs (2%), diagnosis and treatment of ATOD use is common. A diagnosis of ATOD use was made in 5,807, or 7% of all visits, and 7% of all SBHC clients (1,795) in SY 2000-2001 were diagnosed with ATOD use. Over half (55%) of all clients receiving a mental health diagnosis received an ATOD diagnosis, and 42% of all visits that included a mental health diagnosis contained an ATOD diagnosis.

Treatment of ATOD use closely mirrors general mental health treatment. In SY 2000-2001, the average number of visits and length of the average visit for an ATOD-diagnosed client was the same as for clients with other mental health diagnoses.

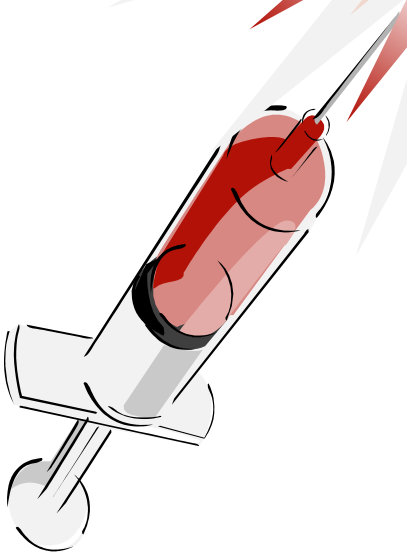
## Stories:

A child in a small town was tested at a SBHC for a sexually transmitted infection. During the exam, the student revealed that he was constantly high, either on marijuana or psychedelics. He was not eating because all lunch money went to buy more drugs. The provider connected the student with a mental health provider. Because the SBHC is located in the school, the provider is able to call the student into the clinic regularly to check on him and monitor his health.

A boy had been taking GHB (liquid ecstasy) for four days. This causes an initial high, then renders the user less and less responsive. The boy was breathing but did not initially respond to shaking. One of the students rushed to get the SBHC provider. With the help of students, the SBHC provider made him drink water and walked him. When paramedics arrived, the boy would respond to his name, but he was not oriented to time and place. He was taken to the hospital, had a full recovery from the episode, and was placed in a residential treatment center to deal with his drug addiction.

# Immunizations

18,110 Immunizations Administered in 2001



## What's happening out there

Efforts to protect Oregon youth from preventable disease continue by ensuring they are fully immunized. Current requirements to enter Oregon schools include a number of immunization standards.

By the year 2006, all children from kindergarten thru 12th grade will be required to have the following immunizations: varicella, diptheria/tetanus, polio, measles/mumps/rubella, hepatitis B.

In SY 2000-2001, 6,878 students were excluded from school for one of three reasons: 1) incomplete immunizations (they were missing a dose), 2) insufficient information (doses out of sequence, doses missing in a series, etc.), 3) no record on file with the school.

# Immunizations

## What SBHCs are doing to help

Immunizations were administered during 10,030 visits (11%) of visits, during which a total of 18,110 immunizations were administered. In addition, many health centers conduct immunization clinics that are not recorded here because the clinics do not include them as a visit to a health center.

| Types of Immunization by Grade Level | High School | % | Middle School | % | Elementary School | % |
|---|---|---|---|---|---|---|
| Varicella | 18 | <1 | 165 | 4 | 77 | 7 |
| Diptheria/Tetanus | 646 | 14 | 330 | 8 | 82 | 7 |
| Measles/Mumps/Rubella | 613 | 14 | 827 | 20 | 234 | 21 |
| Polio | 196 | 4 | 65 | 2 | 43 | 4 |
| Hepatitis B | 2,581 | 58 | 2,687 | 64 | 586 | 53 |
| Flu Shot | 63 | 1 | 17 | <1 | 0 | |
| Other/not specified | 67 | 2 | 56 | 1 | 58 | 5 |
| PPD | 289 | 7 | 42 | 1 | 3 | 3 |
| Total | 6,225 | 100 | 3,808 | 100 | 752 | 100 |

SBHCs assist schools by tracking the immunization records of students, completing immunizations when necessary, and by collecting and providing schools with student immunization records. Oregon's SBHCs help kids stay in school by providing these essential immunization-related services.

Increasingly, Oregon SBHCs are participating in the Oregon Immunization ALERT program. ALERT is Oregon's statewide immunization registry. It collects information from immunization providers on immunizations given to children throughout the state. The registry keeps the information in a database that can be accessed by medical providers, schools, children's facilities, and parents. Data gathered from School-Based Health Centers is necessary to insure that the registry data is as comprehensive and accurate as possible.

## Stories:

A parent came into the health center for immunizations for her kindergarten child. The nurse asked about the younger child, who was four years old, and found out that the child had never been immunized. The nurse started the immunization series for the child, and she is now fully immunized.

A middle school student reluctantly came in for a hepatitis B shot. His physician had given up on trying to immunize him as the child violently resisted. The nurses each spent time talking to the student, and the student finally allowed the nurse to give the immunization. The student came back for the next immunization and was cooperative. The time the nurses took to calm the child eased his anxiety, and the end result is that the child is fully immunized and can stay in school.

# Oregon
# School-Based Health Centers

| School | County | Enrollment 2001-2002 | # Students Served | # Visits | Core Funding |
|---|---|---|---|---|---|
| Baker City HS/MS | Baker | 627 | 472 | 1,515 | DHS |
| Lincoln ES | Benton | 251 | 378 | 968 | O |
| Monroe MS | Benton | 181 | 284 | 884 | C |
| Oregon City HS | Clackamas | 1,735 | 425 | 687 | DHS |
| Lewis & Clark ES | Columbia | 563 | 298 | 420 | O |
| Roseburg HS | Douglas | 1,341 | 641 | 4,419 | DHS |
| Ashland HS | Jackson | 1,119 | 664 | 1,251 | DHS |
| Crater HS | Jackson | 1,459 | 1,044 | 1,050 | DHS |
| Crossroads HS | Jackson | 200 | 143 | 565 | E |
| Jackson ES | Jackson | 366 | 261 | 1,291 | O |
| Jewett ES | Jackson | 474 | 451 | 736 | DHS |
| Scenic MS | Jackson | 800 | 763 | 894 | DHS |
| Washington ES | Jackson | 474 | 235 | 1,042 | O |
| Lorna Byrnes MS | Josephine | 366 | 680 | 3,828 | O |
| Illinois Valley HS | Josephine | 410 | 311 | 1,179 | DHS |
| Cottage Grove | Lane | 748 | 1,275 | 6,247 | O |
| North Eugene HS | Lane | 996 | 1,073 | 2,933 | DHS |
| South Eugene HS | Lane | 1,640 | 1,060 | 2,751 | DHS |
| Springfield HS | Lane | 1,284 | 918 | 1,365 | O |
| W. Churchill HS | Lane | 1,206 | 1,128 | 3,252 | E |
| Shelden HS | Lane | 1,478 | 958 | 3,579 | E |
| Newport HS | Lincoln | 631 | 339 | 2,310 | O |

HS = High School  MS = Middle School  ES = Elementary School

Funding Source
DHS: Department of Human Services
C: County
O: Other
E: Education

# Oregon
# School-Based Health Centers

| School | County | Enrollment 2001-2002 | # Students Served | # Visits | Core Funding |
|---|---|---|---|---|---|
| Taft HS | Lincoln | 510 | 201 | 1,105 | DHS |
| Toledo HS | Lincoln | 420 | 217 | 1,277 | DHS |
| Waldport ES/MS/HS | Lincoln | 840 | 462 | 2,668 | O |
| Binnsmead | Multnomah | 664 | 221 | 1,015 | C |
| Cleveland HS | Multnomah | 1,224 | 851 | 3,905 | C |
| George MS | Multnomah | 543 | 315 | 1,789 | C |
| Grant HS | Multnomah | 1,697 | 876 | 3,652 | C, DHS |
| Jefferson HS | Multnomah | 763 | 550 | 3,252 | C, DHS |
| Lane MS | Multnomah | 620 | 339 | 1,953 | C, DHS |
| Lincoln Park ES | Multnomah | 643 | 394 | 1,591 | O |
| Madison HS | Multnomah | 1,141 | 632 | 3,531 | C |
| Marshall HS | Multnomah | 1,075 | 733 | 3,980 | C |
| Parkrose HS | Multnomah | 996 | 699 | 2,149 | C |
| Portsmouth MS | Multnomah | 416 | 253 | 1,680 | C |
| Roosevelt HS | Multnomah | 924 | 786 | 4,392 | C |
| Whitaker MS | Multnomah | 661 | 312 | 1,468 | C, DHS |
| Willamina HS/MS | Polk | 267/253 | 185 | 576 | DHS |
| Pendleton HS | Umatilla | 1,008 | 635 | 1,568 | DHS |
| Sunridge MS | Umatilla | 855 | 565 | 1,525 | DHS |
| LaGrande MS | Union | 748 | 451 | 1,329 | DHS |
| Merlo Station HS | Washington | 432 | 313 | 1,152 | E |

HS = High School  MS = Middle School  ES = Elementary School

Funding Source
DHS: Department of Human Services
C: County
O: Other
E: Education

# Funding

In 2000-2001, 20 of Oregon's 44 School-Based Health Centers (SBHCs) received state general funds from the Oregon Department of Human Services, Health Services (formerly the Oregon Health Division), Office of Family Health :

| County | SBHC | Funding |
|---|---|---|
| Baker | Baker HS | $ 53,915 |
| Clackamas | Oregon City HS | $ 53,915 |
| Douglas | Roseburg HS | $ 53,915 |
| Jackson (4) | Ashland & Crater HS | |
| | Jewett ES & Scenic MS | $215,660 |
| Josephine | Illinois Valley HS | $ 53,915 |
| Lane (2) | North & South Eugene HS $107,830 | |
| Lincoln (2) | Taft & Toledo HS | $107,830 |
| Multnomah (4) | Grant & Jefferson HS | |
| | Lane & Whitaker MS | $215,660 |
| Umatilla (2) | Sunridge MS & Pendleton HS | $107,830 |
| Union | LaGrande HS | $ 53,915 |
| Yamhill | Willamina HS | $ 53,915 |
| Total centers with state support = 20 | | $1,078,300 |

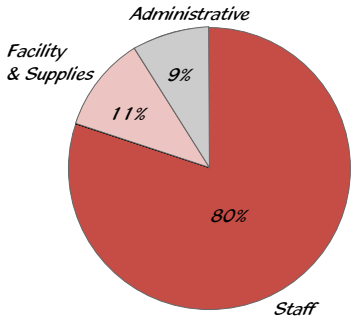
The majority of general funds for these 20 SBHCS are distributed directly to communities through their local health department authority. SBHC communities often match these dollars (50-100%) with other local, public, and private resources. State general funds may be supplemented with county government or school district funds. In addition, in-kind donations, special grants, fund-raising events, medical providers, hospitals, universities, and other community partners also help cover expenses. This applies to all centers, whether or not they receive state base funding. The average Medicaid and third party insurance reimbursement rate accounts for only 16% of operational costs due to a variety of systemic barriers (such as a lack of billing infrastructure, policy, and resources).

The state SBHC program office provides technical assistance and support to all 44 operating SBHCs as well as any community interested in developing a SBHC, regardless of their primary funding source.

Stable sources of ongoing revenue and operational funds remain a significant concern for most SBHCs. The Oregon Making the Grade project (1994-2000) examined long-term financing issues and strategies to help stabilize school-based health center funding within the public and private health care delivery systems. Surveys or case analyses of selected centers have provided important information on operations and the financial status of SBHCs.

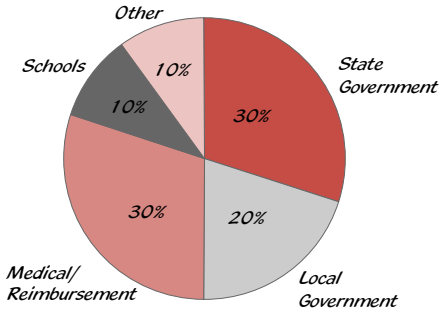
Priorities for future SBHC funding will require frequent review and careful management. Current funding needs include; maintaining base dollars for certified core centers, identifying supplemental dollars for certified expanded centers, base funding of additional certified center, supplemental funding to expand mental health provider capcity, and development funds for those communities seeking to establish a new SBHC.

# SBHC Model Operations Budget




Note: A typical SBHC operation that offers core services has on staff an nurse practitioner, registered nurse, mental health provider, and health assistant; costs approximately $160,000 per year to operate and is open during the school year on most days when students are present in school. Actual budgets of individual centers vary widely depending on staffing patterns, hours of operation, services provided, and degree of local support.

# SBHC Model Funding




Note: Funding sources for SBHCs are variable and differ widely according to availability of local resources, medical sponsorship, and number and strength of partnerships. This model is an idealized representation showing a state, local, medical, school, and community shared responsibility for SBHC funding. In reality, some centers currently receive no state general funds and others are funded nearly exclusively by county government or grants.

In this model:

- State government = base funding from general fund dollars
- Local government = local general funds or leveraged county services
- Medical / reimbursement = billable services, fees, other state or local mainstream medical dollars
- Schools = local school district funds and leveraged services
- Other = local business, grants, fundraising

The Oregon SBHC health care model was strengthened in July 2000 with the implementation of a new certification process that encourages the standardization of service delivery, accountability, and quality of care. Certification also helps to ensure the future viability of SBHCs as unique providers of preventive, primary, and mental health care that successfully meet the developmental needs and access issues of youth. Center financial stability will grow as a consequence of ongoing community and increased governmental commitment, maturing operational budgets under certification, and as new dollars become available.

# Oregon's School-Based Health Center Network

The National Assembly for School-Based Health Care (NASBHC) was formed in 1995 in response to the rapidly increasing interest in, demand for, and development of School-Based Health Care services and information networks nationwide. As SBHCs spread across the country, state chapters began to form in order to serve varied needs on a local level.

Early recognition of the value of sharing information prompted SBHC Coordinator meetings in 1991, and the addition of two-day annual meetings in 1994. Oregon formally became a state chapter of NASBHC in 1996. Membership grew to include practitioners and other staff from all Oregon SBHCs as well as external partners. The OSBHCN operates with the philosophy that "healthy schools begin with healthy kids."

## Today's Oregon Network for School-Based Health Care:

- Advocates for funding and legislative support.
- Disseminates information statewide.
- Carries forth the goals and efforts of the national organization.
- Addresses policy change.
- Works toward coalition building.
- Promotes the SBHC model.
- Researches, develops, and implements marketing strategies.
- Seeks out potential funding sources.

Officers are representative of the entire state and are elected by the membership at an annual meeting each August. Current officers of the OSBHCN are:

| | | |
|---|---|---|
| Tom Sincic, FNP, Grant High School SBHC, Portland | - | President |
| Judy Blickenstaff, FNP, Ashland High School SBHC, Ashland | - | Vice President |
| Sister Barbara Haase, PeaceHealth, Eugene | - | Treasurer |
| Maxine Proskurowski, LCSD 4J SBHC Coordinator, Eugene | - | Secretary |
| Jackie Rose, ANP, Oregon City High School SBHC | - | Immediate Past President |

Three standing committees work alongside the officers to focus efforts on specific areas of the work detailed above.

We anticipate continued expansion of SBHCs in Oregon as this highly cost-effective health care model is embraced by local and statewide policymakers, communities, and school districts. The Oregon School-Based Health Center Network can then be further institutionalized to include a physical office with paid staff to direct the advocacy and other efforts of the SBHC program, allowing the SBHC practitioners to focus on what they do so willingly and well; attending the health care needs of Oregon's kids.

# The SBHC Clinic Staff

School-based health centers are routinely staffed with a health assistant and a nurse or nurse practitioner (NP). Other health professionals such as mental health or alcohol and other drug counselors may also have on-site office hours for patient assessment, education, primary care, or prevention services. In addition, each SBHC has a medical director.

**Primary Health Care:** Nurse Practitioner (or Physician Assistant)

- Physical exams
- Diagnosing
- Prescribing
- Prevention services
- Treating
- Referral

**SBHC Nurse**

- Primary care services
- Works with parents
- Prevention services

**School Registered Nurse**

The integration of school nursing into the SBHC treatment team is invaluable in offering coordinated health and preventive care to students. In conjunction with the SBHC, the school nurse provides:

- Basic health care services
- Preventive health care services
- Serves as liaison between the health center, school and local health department

**Health Assistant**

- Appointment scheduling
- Reception
- Clerical support
- Triage encounters
- Compiling clinical data
- Medical assisting when qualified

**Mental Health and/or Alcohol and Other Drug Counselors** often work in the SBHCs as part of the direct services team, providing:

- Assessments
- Appropriate prevention service delivery
- Support group facilitation
- Individual and family counseling

Regardless of the staffing pattern within a given SBHC, the entire staff works hand-in-hand to provide comprehensive care to the ”whole student.“

# Integration of Care and Education

SBHCs are an integral part of the broader health care and education delivery systems in Oregon. Here's how...

## Oregon's Safety Net

**WHAT IT IS:** A system developed to enable access to preventive and primary health care by the many uninsured and underserved children not enrolled in the public insurance system.

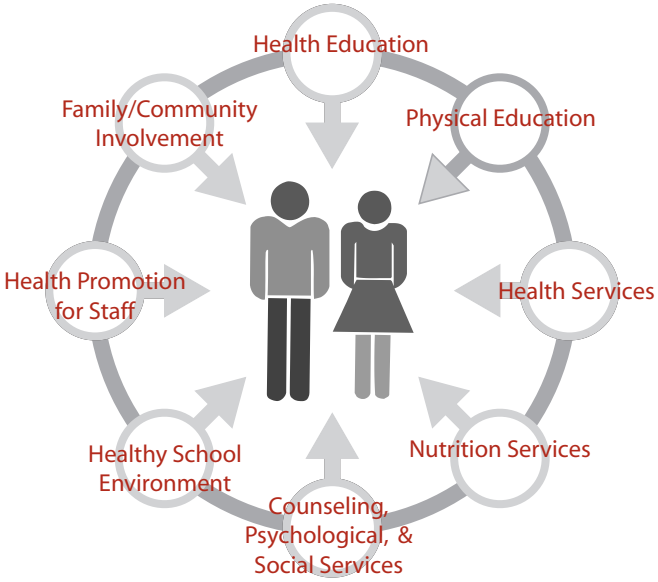
**HOW IT HELPS:** Vulnerable people throughout Oregon receive needed health care and assistive services regardless of their ability to pay, resulting in saving lives, livelihoods, and health care dollars each year.

**WHERE SBHCs FIT IN:** Because adolescents are an historically underserved population whether or not they have insurance, the state has designated SBHCs "safety net" providers. The 44 existing SBHCs currently serve the needs of more than 25,000 young people in Oregon. As resources become available, the SBHC model can expand into other communities, providing additional safety net opportunities to those who would otherwise go without vital care.

## "Healthy Kids Learn Better" Partnership

This initiative was made possible through a partnership with the Centers for Disease Control and Prevention, and led by specialists from the Department of Education and Department of Human Services, Health Services.

**WHAT IT IS:** A statewide initiative committed to removing physical, social and emotional barriers to learning through the eight components of the research-based coordinated school health model.




**HOW IT WILL HELP:** Healthy Kids Learn Better is working to improve educational experiences and the health of school-aged children by:

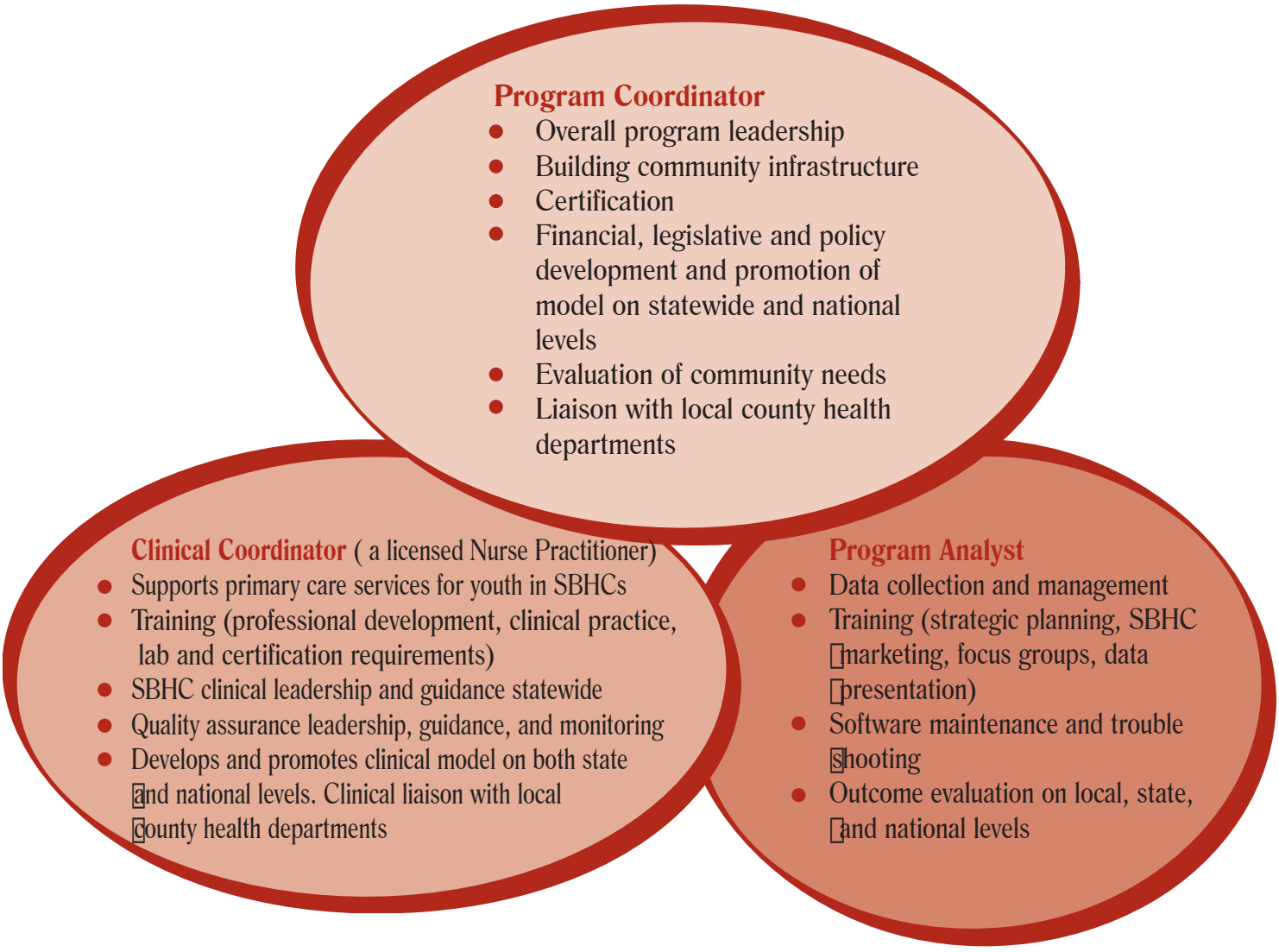
- Promoting the proven links between health and educational outcomes
- Building state-level infrastructure
- Providing training and technical assistance on the local level

**WHERE SBHCS FIT IN:** SBHCs figure prominently in the health services and counseling components, where they provide direct services on a daily basis. SBHCs also play a strong role in each of the other model components, as they are uniquely positioned to address the comprehensive health needs within the school community.

# SBHC Program Office

The SBHC program office provides leadership, guidance and technical assistance on a statewide basis for all SBHCs, regardless of funding sources or Certification.

The SBHC program staffing approach provides expertise to the field in three strategic areas.



# Acknowledgements

The 2000-2001 SBHC Services Report was prepared by the staff of the state SBHC program office within the Office of Family Health, Health Services, Oregon Department of Human Services. Staff include: Robert J. Nystrom, Adolescent Health Section Manager; Katie Zeal, SBHC Program Coordinator: Andy Osborn, SBHC Program Analyst; SBHC Clinical Coordinator (vacant at time of publication); and Anne Bradley, Office Specialist. This report was designed by Kim Kelly, Health Educator and Web/Publications specialist. The state program office extends its appreciation to all of the Oregon SBHCs and their professional staffs who provided information used in preparation of this report.

You may access an expanded version of this report on the Adolescent Health Section website at
www.oshd.org/ah

In compliance with the Americans with Disabilities Act (ADA), this information may be requested in alternate format by contacting Anne Bradley, Office of Family Health, Adolescent Health Section, (503) 731-4021.

HEALTHY KIDS LEARN BETTER

A Coordinated School Health Approach



Office of Family Health
Adolescent Health Section
(503) 731-4021

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