

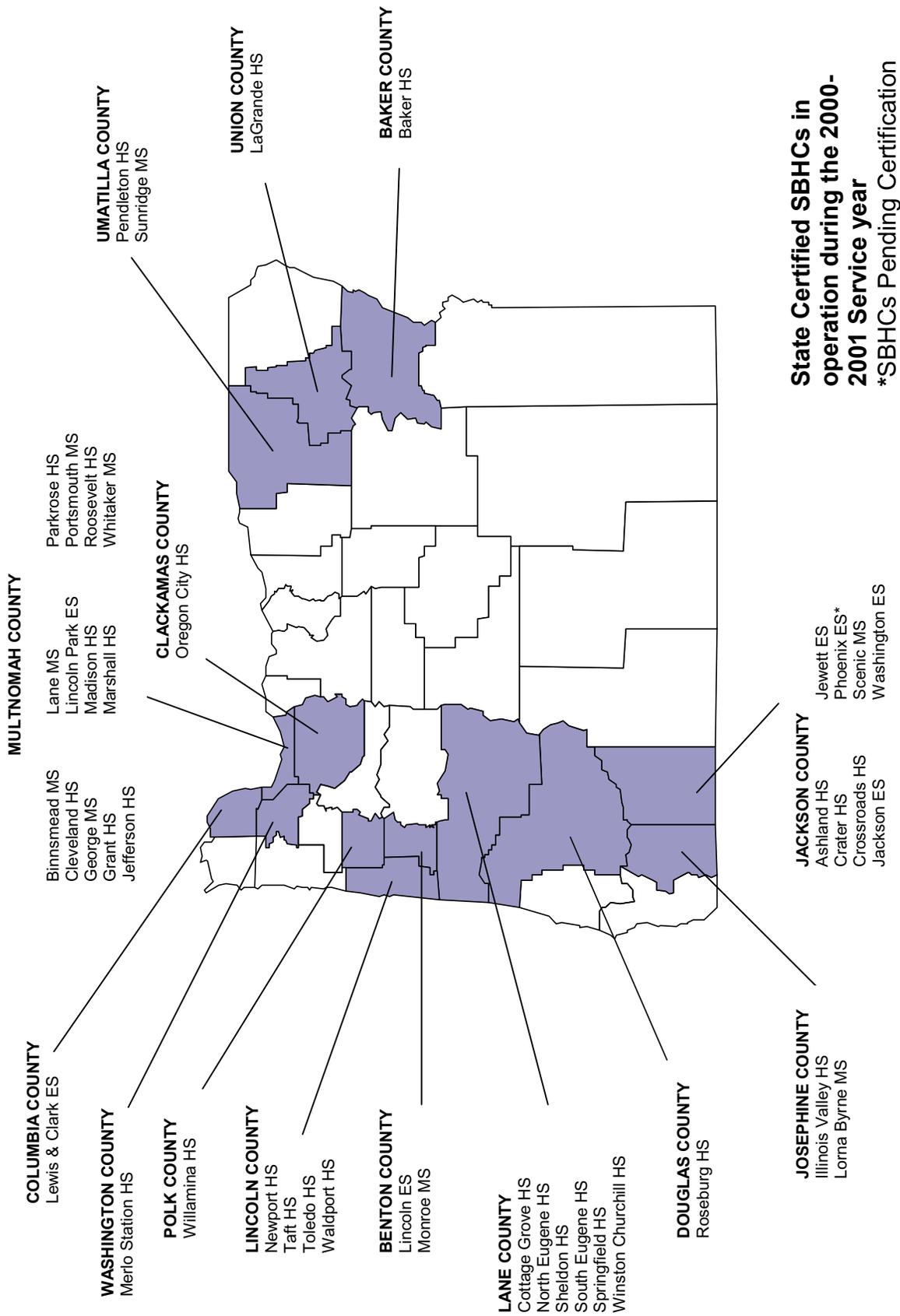
School-Based Health Centers



A Safety Net for Oregon's Youth

2003 Report

OREGON SCHOOL-BASED HEALTH CENTERS – 2002



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 four 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 2001-2002, Oregon SBHCs served 24,274 clients in 86,939 visits.
- ✓ Two-thirds of students reported their health is better because of an SBHC.
- ✓ One-third of SBHC clients in Oregon reported having no health insurance.
- ✓ In SY 2001-2002, 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.
- ✓ 98% of clients rated the quality of their SBHC good or excellent.
- ✓ 98% of clients found it easy to talk to SBHC staff members.
- ✓ 95% of clients were likely to follow the advice of SBHC staff.



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

- ✓ 483 students are receiving physical or mental health care:
 - 324 students are receiving care they would not otherwise get.
- ✓ 152 students with no health insurance are receiving care.
- ✓ 357 students are receiving a preventive health message including:
 - 151 students are receiving preventive health messages about the dangers of tobacco, alcohol and/or drugs;
 - 232 students are receiving a preventive health message about the importance of nutrition and/or physical activity.
- ✓ 120 students are receiving a reproductive health-related diagnosis or service:
 - 9 cases of a sexually-transmitted disease (STD) are being diagnosed;
 - 115 students are being counseled about sexual activity, which includes counseling about abstinence.
- ✓ 77 immunizations are being administered.
- ✓ 77 students are receiving a mental health-related diagnosis:
 - 12 students are being diagnosed with depression;
 - 3 cases of child abuse are being reported;
 - 9 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.*

* Based on SY 2000-2001 figures.

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Access To Health Care



"My son has been able to attend school more often because of being able to get medical care and receive treatment."

-Middle School Parent

"A lot of teens are scared to go to the regular doctor, so they need somewhere personal and safe to go. I know the centers have helped me."

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. Research has shown that students whose school has an 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.

SBHCs are also uniquely positioned to help individual students manage chronic conditions, such as diabetes and asthma. Education the SBHC staff provides students, teachers, coaches and parents helps dispel concerns surrounding limits of physical activity and the social stigma often associated with chronic illness.

- One in six of the 2001 Oregon Healthy Teens 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 2001-2002 were made by students with no health insurance.
- According to the 2002 SBHC Student Satisfaction Survey, 65% of SBHC clients would not have received health care without a SBHC.

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 2001-2002 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.
- 96% say they are likely to follow the advice given to them at the SBHC.
- 68% say that their health has improved because of the SBHC.
- 74% 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 four times more school time to have their health care need(s) addressed elsewhere.



Students vote with their feet . . .
24,274 students visited Oregon
School-Based Health Centers
in 2001-2002

Stories:

A 7 year old boy with no insurance came into the SBHC for a school entry physical. The nurse practitioner found an unusual skin condition that had not been diagnosed even after trips to the emergency room. The SBHC NP referred him to one of the consulting dermatologists who have agreements with the SBHC to provide free evaluations. The boy was diagnosed with a potentially disabling skin disorder that without treatment could lead to deformities, physical therapy and crippling conditions in his legs. The family was referred to OHP and got insurance after the initial diagnosis.

Mental Health



"My mother cannot afford health care/insurance and yet does not qualify for the OHP plan. I would be out of luck for any health problems I have. I also use my SBHC for mental health issues/for seeing a counselor...without them and the SBHC I don't know where I would be or what condition I would be in."

"My friend told me that the clinic helped him out a lot. He said that he needed a little counseling and he scheduled an appointment and he let out most of his anger."

What's happening out there

Although Oregon's adolescent suicide rate is currently falling, adolescent suicide attempts are on the rise (see chart). Oregon's youth suicide rates have consistently been higher than rates for the US overall. Suicide remains the second leading cause of injury-related death among Oregonians aged 10-17.

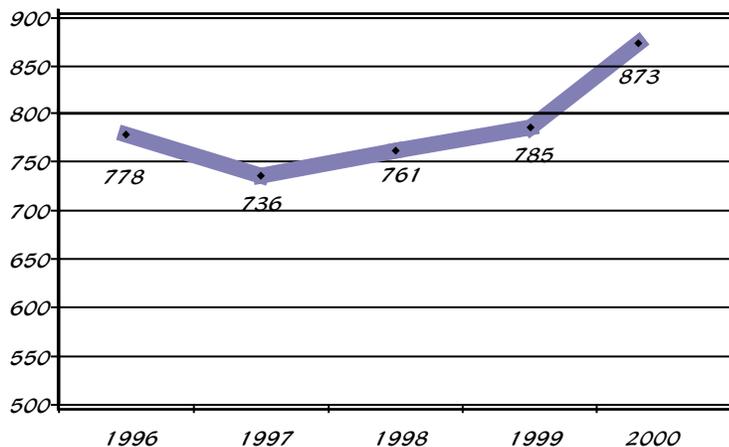
During 2001, gunshot deaths accounted for one in eight deaths of 15- to 19-year-olds in Oregon. Gunshot deaths were second only to motor vehicle crashes as the leading external cause of death.

One in five respondents to the 2001 Oregon Healthy Teens Survey reported feeling so sad or hopeless in the past year that they stopped doing usual activities.

One in seven 2001 Oregon Healthy Teens Survey respondents reported seriously considering suicide.

Nearly one in six respondents to the 2001 Oregon Healthy Teens Survey reported carrying a weapon (such as a gun, knife, or club) in the previous 30 days.

Suicide Attempts for Oregon,
*1996-2000:



Data source: Oregon Center for Health Statistics
*Results of a recent evaluation of the Adolescent Suicide Attempt Data System indicate that hospitals have been under-reporting adolescent suicide attempts, and that an estimated 692 additional cases should have been reported during 2000, bringing the attempts to 1,565.

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 interventions 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.

Fourteen percent of all visits to Oregon SBHCs in SY 2001-2002 were made to mental health or alcohol and drug counselors (Mental Health Providers), and 16% 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 26% 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 43 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 ten 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.

Stories:

One SBHC practitioner did a chart review and found that 1/3 of her clinic patients (elementary school kids) had behavioral or mental health problems.



SBHC had an 8 year old student they were following for encopresis for 2 years. He had a troubled family with drug and alcohol problems, and we could hardly ever get his mother involved in a treatment plan. The teachers and staff were sick and tired of him soiling his pants and began to shun him. Everyone was frustrated. The SBHC persisted and finally got him involved with the local counseling center. The therapist, also frustrated by family noncompliance, persisted and finally got this boy into a residential treatment center. Within a few days of his beginning residential treatment, he stopped soiling and now he is placed with his grandparents in another town and is doing great in his new home/school.



Reproductive Health



"A couple of other boys and I were in a boys group in the clinic and we learned about our body parts in the program."

"If there weren't [a] SBHC... and its very unique way of showing that they care for teenagers... [and if they didn't] talk to us about sex, diseases [and] relationships, who knows how many girls would've been pregnant, have diseases...."

"In the sex part I [said yes] because I have been sexually abused by my Dad."

"The teen clinic is a convenient and fear-free resource for kids who want to do the smart thing [about reproductive health]..."

What's happening out there

In Oregon in 2001, 12% of all newly reported AIDS cases occurred in the 20-to 29-year-old age group. Nationally, a large percent 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 2001, Oregonians aged 15-19 were responsible for 37% of all chlamydia infections, 24% of all gonococcal infections and 35% of all reports of pelvic inflammatory disease.

Eleven percent of all births in Oregon in 2001 were to teenage mothers. One in seventeen females aged 15-19 became pregnant in 2001.

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 21,647 visits – 25% of all visits – contained a reproductive health component. Eighty-three 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

	HS	%	MS	%	ES	%	Total	%
Breast Condition	76	>1%	20	1%	1	>1%	97	>1%
Menstrual Condition	1,425	8%	205	7%	1	0%	1,631	8%
Sexually Transmitted Disease	1,039	6%	165	6%	55	25%	1,259	6%
Other Gynecological Condition	405	2%	66	2%	19	8%	490	2%
Contraception	7,583	44%	895	31%	1	>1%	8,479	42%
Pregnancy	1,143	7%	68	2%			1,211	6%
Reproductive Health Maintenance	5,595	32%	1,471	51%	147	66%	7,213	35%
Male Reproductive Condition	12	>1%	2	>1%			14	>1%
Totals:	17,278		2,892		224		20,394	

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

Note: Not all SBHCs provide contraception.

Stories:

A young woman with abdominal pain had a positive home pregnancy test and also suspected that all was not well. The pregnancy test was confirmed in the SBHC, as was her suspicion that something was amiss, when the exam showed a fullness and tenderness in one ovary. The SBHC referred her to the local hospital where she had an ultrasound and underwent surgery for an ectopic pregnancy.



A gay student was involved in high risk behavior. The SBHC was able to provide education on safe sexual practices, including abstinence, as well as test him for HIV and immunize him for Hepatitis B.

Nutrition and Physical Activity



"I'm fat and I need help... I'd work out but... I'm afraid people would laugh at me."

"I am way too lazy and I need to get more exercise (don't we all)."

"My friend went to the clinic to manage his weight and they told him what kind of food to eat and some exercises. He feels a lot better about himself now."

What's happening out there

According to the 2001 Oregon Healthy Teens Survey:

- 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.
- 50% went without breakfast at least four of the seven days prior to the survey.
- 49% ate four 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

Twelve percent of all visits (10,417) 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, 48% 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 2001-2002, there were:

- 10,220 health promotion visits made to SBHCs in Oregon that included a nutrition and/or physical activity component.
- 1,678 lab screens relating to nutrition.
- 897 sports physicals conducted.

Nutrition/Physical activity diagnoses included:

- 3,856 Health/diet maintenance or counseling
- 323 Obesity
- 106 Eating disorder
- 71 Nutritional disorder

Stories:

Staff at one Oregon SBHC is doing a 6 week health curriculum for all 5th graders covering the following topics: social health, emotional health, self-esteem, physical activity, hygiene, safety and nutrition. The students will each write a report on a health topic of their choice and will have a final exam. They are also working with the P.E. teacher assisting students to set personal goals. He sets up the physical activity plan and SBHC staff provides nutritional counseling and monitors BMIs.



One Oregon SBHC has taken action to address the emergent obesity problem in its schools. After noticing that many of the children visiting the clinic appeared to be overweight, the nurse practitioner and an OHSU intern launched a study of SBHC patients. Finding that 28% of the students are overweight or obese, they worked with the school and the district to make some positive changes. The lunch period is now 10 minutes longer in order to provide more time for physical activity. Doughnuts and high sugar cereal at breakfast were replaced by yogurt and healthy, low sugar cereal, and entrees such as baked chicken and pasta were added to the lunch menu. This SBHC's efforts will be featured in a national magazine in February, 2003.



One SBHC is located in a high poverty area. Several children had been coming to the clinic complaining of headaches and nausea. The practitioner discovered they hadn't been eating. Whether there is no food at home or whether there is an eating disorder is not yet known. However, the NP now routinely stocks the clinic with nutrition bars to help these kids get back into the classroom feeling better and ready to learn.



Alcohol, Tobacco, and Other Drugs



"They helped me quit smoking. I went from a pack a day to quitting in less than a year."

"The Health Center was and is still the best thing for me these last four years. I've been seeing the Drug and Alcohol Counselor since I was a freshman, she took me out of depression and helped to keep me sober."

"They provide people to talk about problems that we can't talk to our parents about . . . information about drugs, alcohol and other things."

What's happening out there

Nationally, cigarette smoking by adolescents is considered an epidemic.

Of those high school students who took the 2001 Oregon Healthy Teens Survey:

- Over one in five smoked cigarettes in the 30 days prior to the survey.
- Nearly one in two (40%) had at least one drink of alcohol in the 30 days prior to the survey.
- One in five drank five or more alcoholic drinks in a row in the 30 days prior to the survey.
- One in five smoked marijuana in the 30 days prior to the survey.
- One in 50 students reported using a needle to inject illegal drugs in their lifetime.
- One in 18 used illicit drugs during the past 30 days (does not include inhalants or prescription drugs).

Alcohol, Tobacco, and Other Drugs

What SBHCs are doing to help

According to a recent survey, over one in four SBHC clients (28%) received a prevention message about the dangers of tobacco, alcohol, and/or drugs.

Twelve percent of all visits (10,417) 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 2,197, or 3% of all visits, and 4% of all SBHC clients (1,795) in SY 2001-2002 were diagnosed with ATOD use. Seventeen percent of all clients receiving a mental health diagnosis received an ATOD diagnosis, and 11% 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 2001-2002, 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:

One SBHC is still dealing far too often with alcohol poisoning, with students being hospitalized in intensive care until continued breathing is certain. The clinic is anxious to provide educational events to help prevent this but there is no time in their shortened school days to add in any teaching that is not required by state law.



A 16 year old boy wanted help with quitting tobacco. The SBHC staff provided him with information and ongoing support. He has now become a mentor for a male smoking cessation group and has been tobacco-free for 9 months.

Immunizations

13,949
Immunizations
Administered
in SY 2001-2002

"I was scared because I had never had shots done by the [SBHC] nurse. The nurse that gave me the shot was very friendly and careful."



"My friends, me, and my teacher have gotten shots at the health clinic."

"It's there to help kids who need it like for shots and to learn more about your body."



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, diphtheria/tetanus, polio, measles/mumps/rubella, hepatitis B.

In SY 2001-2002, 8,263 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%), during which a total of 13,949 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	20	1	121	3	63	8
Diphtheria/Tetanus	1	<1	7	<1	24	3
Measles/Mumps/Rubella	439	16	642	18	166	21
Polio	41	2	43	1	91	12
Hepatitis B	1752	64	2,557	73	322	42
Flu Shot	50	2	8	<1	0	0
Other/not specified	190	7	90	1	69	5
PPD	224	8	436	3	39	9
Total	2,717	100	3,504	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.

As of January 1, 2003, all Oregon SBHCs will be 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:

One school-based health center system serving 2 elementary schools received grant monies to continue an incentive program encouraging children to get their immunizations while also promoting physical activity. When the children go to the clinic to get their shots, the SBHC staff offers them a basketball, soccer ball, or jump rope. As a result they have kids coming into the clinic asking for shots!

This same system is also involved in a project offering each 5th and 6th grader a review of his or her immunization record, and providing consent forms in order to bring shots up to date, including those necessary to enter the 7th grade. As a result of collaborative efforts between the SBHC and the school, school exclusions have almost been eliminated. At one school in the prior term there wasn't a single exclusion.



Another SBHC recently received grant money that will allow them time to review immunization records and approach the families of students with incomplete records. Staff feels that families sometimes don't realize that bringing the children's shots up to date is as simple as a single visit to the health center. This project will allow staff to get the word out.

Oregon School-Based Health Centers

School	County	Enrollment 2001-2002	# Students Served	# Visits	Core Funding
Baker City HS/MS	Baker	728	441	1,331	DHS
Lincoln ES‡■	Benton	263	571	871	O
Monroe MS‡	Benton	176	376	866	C
Oregon City HS	Clackamas	2,445	225	432	DHS
Lewis & Clark ES	Columbia	538	411	897	O
Roseburg HS	Douglas	1,469	623	4,101	DHS
Ashland HS	Jackson	1,241	468	1,145	DHS
Crater HS	Jackson	1,574	**1010	1,015	DHS
Crossroads HS	Jackson	200	140	638	E
Jackson ES	Jackson	394	303	1,789	O
Jewett ES	Jackson	464	492	204	DHS
Scenic MS	Jackson	796	651	1,071	DHS
Washington ES	Jackson	504	418	1,473	O
Lorna Byrnes MS	Josephine	370	761	4,673	O
Illinois Valley HS	Josephine	458	287	933	DHS
Cottage Grove	Lane	775	746	4,537	O
New Roads Opportunity Center*	Lane	331	297	1,587	O
North Eugene HS	Lane	1,077	1,252	3,127	DHS
South Eugene HS	Lane	1,727	984	2,038	DHS
Springfield HS	Lane	1,473	1,858	1,958	O
W. Churchill HS	Lane	1,624	1,089	2,651	E
Shelden HS	Lane	1,584	882	4,421	E

‡ Information received after data analysis completed.

* Homeless, at risk and runaway youth through the Safe and Sound Youth Medical Clinic, sponsored by Lane County Human Services Commission.

**Client numbers include triage visits, which are not counted as actual visits.

■ Serves students from entire district

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
Newport HS	Lincoln	694	297	1,587	O
Taft HS	Lincoln	608	349	993	DHS
Toledo HS	Lincoln	461	217	1,267	DHS
Waldport ES/MS/HS	Lincoln	907	365	1,446	O
Binnsmead	Multnomah	699	368	2,049	C
Cleveland HS	Multnomah	1,322	763	3,607	C
George MS	Multnomah	549	332	1,706	C
Grant HS	Multnomah	1,794	604	3,343	C, DHS
Jefferson HS	Multnomah	892	538	3,552	C, DHS
Lane MS	Multnomah	678	280	1,885	C, DHS
Lincoln Park ES	Multnomah	684	424	1,972	O
Madison HS	Multnomah	1,241	637	3,590	C
Marshall HS	Multnomah	1,278	909	4,168	C
Parkrose HS	Multnomah	1,103	632	1,891	C
Portsmouth MS	Multnomah	434	285	1,948	C
Roosevelt HS	Multnomah	1,131	853	5,085	C
Whitaker MS	Multnomah	675	238	1,421	C, DHS
Willamina HS/MS	Polk	534	165	442	DHS
Pendleton HS	Umatilla	1,090	499	1,293	DHS
Sunridge MS	Umatilla	860	582	1,416	DHS
LaGrande HS	Union	1,226	484	1,390	DHS
Merlo Station HS	Washington	432	291	1,207	E

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

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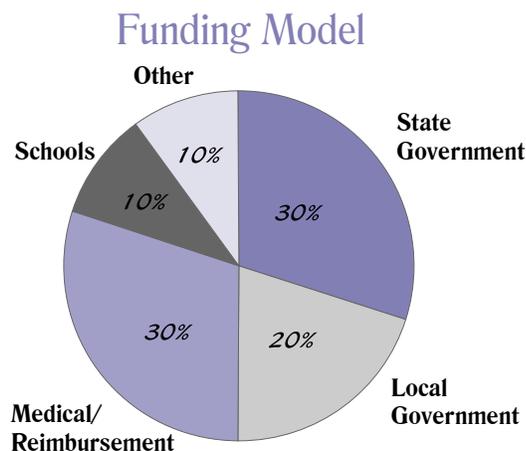
Annual Report 2001-2002

Funding

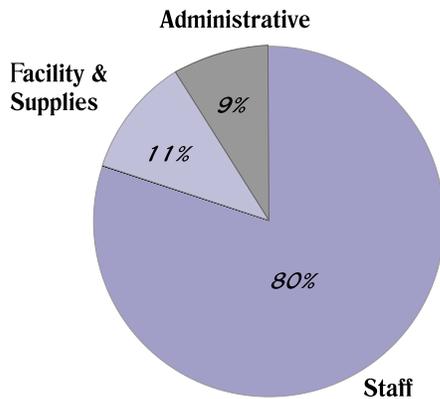
Historically... Oregon's School-Based Health Center program (SBHC) has enjoyed a long history of support from the Oregon Department of Human Services and the Oregon Legislature since the first SBHC doors opened in 1986. What began with an initial commitment of \$212,000 to partially fund four SBHCs has grown into a commitment of \$1,052,380 per year in the 2001-2003 biennium.

Today... SBHCs in Oregon and nationwide have learned that state participation in the funding mix is essential to the sustainability of School-Based Health Centers and the services they provide. In 2001-2002, 20 of Oregon's 44 Certified School-Based Health Centers (SBHCs) received \$52,619 each in state general funds from the Oregon Department of Human Services, Office of Family Health (see table, pages 18-19). The majority of state general funds have been distributed directly to communities through their local health department authority.

SBHC communities match these dollars with other local, public and private resources in order to meet their service level needs. State general funds are frequently supplemented with county government and/or school district funds. Increasingly, hospitals, medical providers and universities recognize the need for broad community collaboration, and provide funds, billing services and/or in-kind donations to support the long-term success of the SBHC. Many communities also seek special grants, hold fund-raising events and involve other community partners to help ensure the continued operation and provision of services. This broad mix funding approach applies to all Oregon SBHCs, whether or not they receive state base funding.



SBHC Model Operations Budget



Note: A typical SBHC operation that offers core services has on staff a nurse practitioner, registered nurse, mental health provider and health assistant; costs approximately \$169,000 per year to operate; and is open during the school year most days that students are present in school. Actual budgets of individual centers vary widely depending upon staffing patterns, hours of operation, services provided, and the degree of local support.

Billing and Reimbursement... Stable sources of ongoing revenue and operational funds remain a significant concern for most SBHCs. 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 lack of a billing infrastructure, state and local policies and resources). However, billing and reimbursement is viewed as an important factor in SBHC stability nationwide. Exploratory efforts to enable Oregon's SBHCs broader opportunity for reimbursement are currently under way.

Billing opportunities exist today for some Oregon High School SBHCs through the Family Planning Expansion Project (FPEP), which reimburses providers for reproductive health services. Oregon communities recognizing the need to improve access to these important preventive services have realized a considerable return, thus moving closer to sustainability while effectively addressing local health issues.

As we go to print.... The state of Oregon has recently been experiencing an economic downturn and considerable budgetary shortfalls. In light of this, continued funding for the School-Based Health Center Program is in question.

The state program office conducted telephone interviews with representatives of each Oregon SBHC to determine the impact on services if the state funding is eliminated. Preliminary numbers show a potential loss of physical and mental health care access to more than 17,500 students in as many as 32,250 visits. This would effectively weaken SBHC participation in Oregon's Safety Net system that provides access to health care for uninsured and vulnerable populations (see pg.24).

Looking ahead... Priorities for future SBHC funding will require frequent review and careful management, and may have to occur on the local level in the absence of a School-Based Health Center State Program Office. The top priority will be to seek and broaden effective billing and reimbursement opportunities. Additional funding needs include: maintaining or restoring base dollars for certified core centers, identifying supplemental dollars for certified expanded centers, base funding of additional certified centers, supplemental funding to expand mental health capacity, and development funds for those communities seeking to establish a new SBHC.

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. 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.

It is anticipated that SBHCs, a cost-effective health care model, will remain high on the child health and education agenda of local and statewide policymakers, communities and school districts, regardless of current budget uncertainty. Efforts to expand the program will continue as the economy stabilizes. In the current environment, the Oregon School-Based Health Center Network may take on even broader responsibilities, becoming more visible and involved in statewide program issues and SBHC Certification.* It is hoped that the Network can ultimately be further institutionalized to include a physical office with paid staff to direct the advocacy and other efforts of the SBHC program. This would allow the SBHC practitioners to focus on what they do so willingly and well-attending to the physical and mental health care needs of Oregon's kids.

*Certification Standards were implemented in July, 2000 in order to strengthen the SBHC model by encouraging standardization of service delivery, accountability and quality of care. Forty-three of the 44 SBHCs were Certified in 2001-02 as either CORE or EXPANDED centers. The remaining SBHC is preparing for certification.

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
- Assist with the Oregon Health Plan application.
- 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 Oregonians not enrolled in the public insurance system. The Safety Net includes Federally Qualified Health Centers, rural health clinics, Indian/tribal clinics, county health departments, school-based health centers, community health clinics, and others committed to serving the underserved.

How it helps: Vulnerable people throughout Oregon receive needed health care and assistive services regardless of their ability to pay, resulting in saved lives, livelihoods, and health care dollars each year.

Where SBHCs fit in: Because adolescents are an historically underserved population regardless of insurance status, the state has designated SBHCs "safety net" providers. The 44 existing SBHCs currently serve the needs of more than 24,000 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.

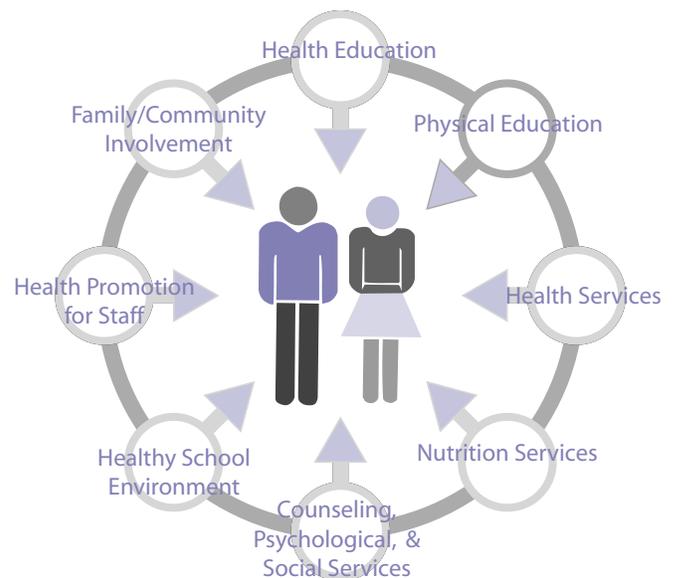
"Healthy Kids Learn Better" Partnership

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:

Program Coordinator

- Overall program leadership
- Building community infrastructure
- Certification
- Financial, legislative and policy development and promotion of model on statewide and national levels
- Evaluation of community needs
- Liaison with local county health departments

Clinical Coordinator (a licensed Nurse Practitioner)

- Supports primary care services for youth in SBHCs
- Training (professional development, clinical practice, lab and certification requirements)
- SBHC clinical leadership and guidance statewide
- Quality assurance leadership, guidance, and monitoring
- Develops and promotes clinical model on both state and national levels. Clinical liaison with local county health departments

Program Analyst

- Data collection and management
- Training (strategic planning, SBHC marketing, focus groups, data presentation)
- Software maintenance and trouble shooting
- Outcome evaluation on local, state, and national levels

The SBHC Safety Net at Work

One SBHC had a 9 year old girl whose family was in the process of moving to town. They had no job, no housing, no insurance and their belongings were in a U-Haul. The girl had been having symptoms of a bladder infection for several days while traveling. When she came to the SBHC she was feverish, had back pain, with potential kidney involvement. She was treated by the nurse practitioner, provided with medication and was healthy on her follow-up visit.

A single parent with 2 elementary school children recently moved to town with no health insurance and no funds to seek medical care. One child had been frequently absent, coughing for a month and the teacher asked the nurse to check on it. Screening showed possible ear infection and labored breathing. With parental permission, both students were seen at the local SBHC. One was diagnosed with pneumonia and ear infection, the second with an ear infection. The SBHC was able to assist with the cost of antibiotics. The infections cleared and school attendance improved.

“I would rather work by candlelight than leave these kids without the protection of the health clinic.”

~ Middle School teacher

In the last two months at one School Based health clinic there have been four females, three of them fourteen year olds, who have reported being raped. Each of these students has had varied responses. One has needed to come in for rest in the health center because of insomnia. She is receiving counseling and is on anti-depressants and sees a psychiatrist, has a history of suicide attempt and of cutting (self-mutilating). Some visits to health center are for talking where she discusses “wanting to cut” because she says she “is hurting so badly it is a way for her to get her parents’ attention about how bad she is hurting.”

A 15 year old boy with no insurance came into the SBHC for a sports physical for basketball. The nurse practitioner noted a previously undetected heart murmur. She assisted the family in obtaining a consulting physician to confirm and evaluate the heart murmur. An echocardiogram test showed a significant heart valve problem. The nurse practitioner consulted with the specialist and it was determined the student should not be playing basketball. He will need follow-up and eventual surgery. This student is not eligible for OHP.

Acknowledgements

The 2001-2002 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 Education/Training Coordinator. 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 in addition to detailed information regarding SBHCs, Certification Standards and the “Healthy Kids Learn Better” Partnership 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 Office of Family Health, Adolescent Health Section, (503) 731-4021.





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