
**OREGON
SCHOOL-BASED HEALTH CENTER
PROGRAM**

**VALUE OF SERVICES REPORT
2000-2001**

Prepared by the Oregon Department of Human Services, Health Services



Oregon School-Based Health Centers Value of Services 2001-2002

In the nation's health care arena, adolescents are historically the most under served of any age group, and are least likely to seek health services through traditional, office-based settings. Many of them are inadequately insured or have no insurance at all. Even those with insurance are less likely to seek care for a variety of reasons, such as a lack of provider-patient relationship, confidentiality, or transportation difficulties. As those who forgo needed health care services are at greater risk for physical and mental health problems, it is imperative to provide easy access and incentive to help these young people succeed.¹

In response to these facts, the School-Based Health Center model was developed. Oregon's School-Based Health Center (SBHC) program, which provides comprehensive services in the school setting, is designed specifically to improve access to primary health care, preventive services and mental health services to school-aged youth. The first center opened in 1986 at North Portland's Roosevelt High School. The program has grown steadily over the years, providing primary and preventive health care to an increasing number of Oregon youth, regardless of their ability to pay. Today, 44 state certified SBHCs operate in 14 Oregon counties, serving in excess of 25,000 clients annually. Still more health centers are in various stages of the planning and development stages. A primary reason for the steady growth and community support for this unique health care delivery model is the cost-effectiveness of providing access to health care services in the school setting.

¹Brindis, C.D., Irwin, C.E., Jr., Ozer, E.M., Handley, M., Knopf, D.K., Millstein, S.G. (1997). Improving Adolescent Health: An Analysis and Synthesis of Health Policy Recommendations, San Francisco, CA: University of California, San Francisco. National Adolescent Health Information Center, and Ozer, E.M., Brindis, C.D., Millstein, S.G., Knopf, D.K., Itwin C.E. Jr. (1998). America's Adolescents: Are They Healthy? San Francisco, CA: University of California, San Francisco, National Adolescent Health Information Center.

The Governor's recommended budget for 1999-2001 included a policy package supporting SBHCs in the amount of 2.5 million general fund dollars. General fund monies were again allocated to the program at the close of the session for 2001-2003. These dollars provide base funding for 20 SBHCs. In addition, they fund the program office which provides technical assistance and other services, benefitting all 44 centers as well as aiding communities seeking to develop a new SBHC. The total funding mix differs widely from center to center, as Oregon's SBHCs receive their funding from a variety of sources: state and/or county dollars; school district monies; hospitals; in-kind contributions; grants and, to a small degree, billing and fee revenue.²

Ensuring a cost-effective expenditure of public funds is always an important concern. The following table (*shown here and in appendix on page 6*), details a conservative estimate of the dollar value of services provided in this delivery system. It includes breakdowns of services provided in all 44 of Oregon SBHCS as well as a separate analysis of the 20 receiving state funding. To estimate value of services (VOS), clinical procedures used in Oregon SBHCs that would be reimbursed under OHP were summed (OHP is the lowest reimbursement rate currently in the market). Based upon those rates, SBHCs in Oregon delivered the following value of services (please refer to Notes on Methodology, pg. 4)

VALUE OF SERVICES			
VOS ALL OREGON SBHCS		VOS STATE-FUNDED SBHCS	
SCHOOL YEAR 2000-2001 (n = 45)		SCHOOL YEAR 2000-2001 (n = 20)	
Total Visits	89,627	Total Visits	34,858
Total Clients	25,193	Total Clients	11,312
Total VOS	\$2,300,000	Total VOS	\$900,000
Subcategories of Services		Subcategories of Services	
OHP Clients	\$ 372,000	OHP Clients	\$ 86,893
Uninsured Clients	\$ 935,000	Uninsured Clients	\$317,669
Mental Health	\$ 462,000	Mental Health	\$288,112

The above figures demonstrate how cost effective the Oregon State SBHC program is, assisting in the delivery of twice its value in direct services to clients. An investment of 1.25 million general fund dollars leveraged 2.3 million dollars of client services for the 2000-2001 school year.

²Oregon Department of Human Services, Oregon School-Based Health Center 2001 Annual Report, pg. 43, Salem, Oregon, State Printing Office.

Sub-categories of Total Services

Oregon Health Plan Client Use of SBHCs

Analysis of SBHC use by OHP clients is important because it illustrates that the kids seen in SBHCs are those who have a difficult time accessing care due to the variety of barriers faced by low income and Medicaid children. Fourteen percent of SBHC clients seen in 2000-2001 were OHP clients who represented 18 percent of all visits. SBHCs also help address “under-insurance” or other barriers to access as evidenced by 67% of students (regardless of insurance status), reporting that they would not have received care had there not been a school-based health center available.

Uninsured Clients

Oregon’s SBHCs serve a high percentage of clients who have no health insurance. In SY 2001-2002, 32% of all visits were made by clients without insurance. Costs absorbed by the SBHCs for these clients would be shifted to potentially more expensive sources of care if this model were not available. SBHCs also help address under-insurance or other barriers to access as evidenced by 66% of students (regardless of insurance status), reporting they would not have otherwise received care.³

Mental Health

The mental health needs of Oregon students are receiving increased attention, due in part to the concern surrounding adolescent suicide and suicide attempt rates in this state. In 1999, suicide was the second leading cause of death among Oregon youths aged 15-19. In the 1999 Oregon Risk Behavior Survey, one in six respondents reported seriously considering suicide in the past year and one in four reported feeling so sad or hopeless that they stopped doing usual activities. One in three students reported forgone care (had a need that was not met) for a personal or mental health problem.⁴ The capacity to provide mental health services needs to

³Oregon Department of Human Services, Health Services, Office of Family Health, Face to Face: Caring for Youth, Oregon School-Based Health Centers 2002 Services Report, Salem, OR, State Printing Office.

⁴Oregon Department of Human Services, Health Services, Center for Health Statistics, Youth Risk Behavior Survey, and Vital Records.

be strengthened given that a full 27% of SBHCs have no on-site mental health provider. Still another 16% provide mental health services 16 or fewer hours per week. Only one SBHC outside of Multnomah County has an on-site mental health provider a full 40 hours per week.

Summary

Finally, in addition to the benefits which have been known for some time (healthier students, less time away from the classroom, easing responsibility from other school staff members, providing medical care that students would not otherwise receive, and the inextricable link between successful health and education outcomes⁵), we can now add that SBHCs are an extraordinarily cost-effective health care delivery system. The value of services to OHP clients and services to uninsured clients in Oregon during SY 2001-2002 combine to exceed the annual general fund allocation for Oregon SBHCs, illustrating that the SBHC model is cost-effective and focused on the areas of greatest need. To our knowledge, no other health care model can claim such efficiency.

Notes on Methodology:

- A. The figures shown above should be considered very conservative; the actual value of services is probably significantly higher for the following reasons:
1. The Total Visits and Total Visits at State-Funded Sites estimates were calculated using only the first procedure code for each visit because the files were so large that combing through each visit for the additional lab, immunization and other valid charges proved too time-consuming at the present time.
 2. The OHP reimbursement rate is the lowest rate there is and excludes many services for which other 3rd party payers reimburse. For example, OHP reimburses providers for almost no lab work.
 3. Coding in most Oregon SBHCs is not done with reimbursement in mind; many other services would likely have been billable were OHP-billable codes used.
 4. OHP - and most other insurance companies - does not reimburse for many prevention-related services regardless of the fact that research

⁵Oregon Department of Human Services, and Oregon Department of Education, Healthy Kids Learn Better: A Coordinated School Health Approach, Salem, OR, State Printing Office.

has shown the importance of these services in improving long-term health outcomes (and lower long-term health care costs). Thus, the value of a large percentage of work at SBHCs is not included.

- B. The above analysis raises the issue of SBHCs billing for services as a means of income. While site-level billing has been pursued by the state program office for years, it is important to remember the obstacles to implementation:
1. Statutory and insurance policy restrictions prevent billing to a large degree. For example, SBHCs are usually not the named primary care providers (PCPs) for their clients, even though their clients often visit the SBHCs more regularly than PCPs.
 2. While most sites do bill for some percentage of their services, the rate of recovery of those fees varies a great deal; many sites get very little from billing. Still more sites lack the infrastructure to bill effectively.
 3. Billing 3rd parties raises vital confidentiality and access issues.

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