A Defining Year:

Expansion, Partnerships and Evolution of SBHCs in Oregon

Oregon School-Based Health Centers

Status Report 2015

Oregon Health Authority
PUBLIC HEALTH DIVISION
School-Based Health Center Program

Oregon SBHC
School-Based Health Centers

Contents

A quick note from the SBHC team:

This year, we are focusing on the tremendous growth of the Oregon SBHC program and alignment with Oregon's transformation efforts in both health and education. This report highlights the increased legislative investment in SBHCs did more than expand partnerships. As SBHCs expand and mature in communities across the state, they continue to be important venues to explore critical adolescent health-related policies. Long-time readers will recognize the Fact Sheet and Map – still available as quick pull-outs.

Introduction

In Oregon, both health and education systems have set high goals for a better future. The Oregon Health Authority is transforming to improve health, increase the quality of care and lower health care costs. The Oregon Education Investment Board is investing in students and teachers now and for the long term to achieve a 100% high school graduation rate by 2025.

At the intersection of health and education, School-Based Health Centers (SBHCs) offer services that protect and promote health and lead to reduced absenteeism.(1) SBHCs offer patient-centered care designed to meet the needs of students. At Oregon SBHCs, students can get immunizations, have an annual exam, get assistance to manage chronic conditions, have their eyes checked and in many SBHCs, get their teeth cleaned or speak to a mental health counselor in a safe, nurturing place — without the barriers that families too often face when seeking care. More than 10% of Oregon 11th graders reported missing at least 10 days of school last year due to physical or emotional health reasons.(2) For this reason and others, Oregon SBHCs are an important collaboration between the school and the health provider to promote health and educational success of children.

A characteristic of all Oregon SBHCs is involving students in their own health care decisions and encouraging family communication about health. SBHCs assist school-aged youth to adopt lifelong healthy behaviors leading to reduced risk of chronic disease in adulthood. Each SBHC provides services based on community needs and resources.

The School-Based Health Center State Program Office looks forward to our continued work through partnership to improve health and education outcomes for Oregon youth.

> "The school district here has always been very eager for us to become involved in helping them get an SBHC in at least one of their facilities. I have to say, before I got involved in it, I was not aware of how much support the schools really had for this kind of enterprise, how important they thought it was to the health of their students, their attendance, and their graduation rates."
>
> *LPHA representative*

Jessica E.A. Duke, M.P.H.
Adolescent and School Health Manager

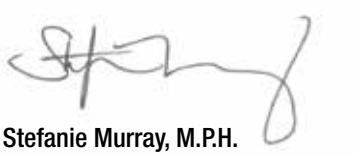
Rosalyn Liu, M.P.H.
Systems Developmental Specialist
Team Lead

Sarah K. Ramowski, M.S.W.
School Health Epidemiologist/Economist

Loretta L.G. Jenkins, B.A.
Research Analyst

Karen Vian, R.N., B.S.N.
Public Health Nurse

Kate O'Donnell, M.P.H.
Systems Development Specialist



Stefanie Murray, M.P.H.
School Mental Health Specialist

Melanie Potter, B.A.
Administrative Specialist

Lisa Stember, R.N., B.S.N.
Public Health Nurse

School-Based Health Centers

A brief description

What is an SBHC?

School-Based Health Centers (SBHCs) are medical clinics that offer primary care services either within or on the grounds of a school. With easy access to health care in a school setting, SBHCs reduce barriers such as cost, transportation and concerns about confidentiality that have kept children and youth from seeking the health services they need. SBHCs provide a full range of physical, mental and preventive health services to all students, regardless of their ability to pay.

Each SBHC is staffed by a primary care provider (e.g., doctor, nurse practitioner or physician's assistant), other medical, mental, and/or dental health professionals, and office support staff.

SBHCs have existed in Oregon since 1986 and succeed through unique public-private partnerships between the Oregon Public Health Division, school districts, county public health departments, public and private practitioners, parents, students and community members.

38 high schools

6 middle schools

11 elementary schools

13 combined-grade campuses

68 certified SBHCs in **20 counties**

9 planning sites in 8 counties

What do SBHCs do?

SBHCs provide patient-centered care services for all students whether or not they have health insurance coverage.

For the 2013–14 service year

23,797 Total clients served

70,666 Total visits

52,466 Total number of Oregon school age children (5–21) who had access to an SBHC

* Based on 2013-14 Oregon SBHC utilization data

SBHCs can:

- Perform routine physicals, well-child exams and sports exams
- Diagnose and treat acute and chronic illnesses
- Treat minor injuries/illnesses
- Provide vision, dental and blood pressure screenings
- Administer vaccinations
- Prevent and treat alcohol and drug problems
- Deliver preventive health and wellness messaging
- Provide and/or connect students with mental health counseling
- Provide reproductive health services
- Give classroom presentations on health and wellness
- Prescribe medication
- Help students find social supports

SBHC legislation

After 27 years of operation, 2013 was a defining year for Oregon SBHCs.

The 2013 Oregon Legislature passed House Bill 2445, creating a statutory definition of SBHCs (ORS 413.225) and provided about $3.9 million in additional funding to expand and enhance the SBHC system.

Statutory growth

House Bill 2445 formalized the SBHC system by including statutory language to better define SBHCs.

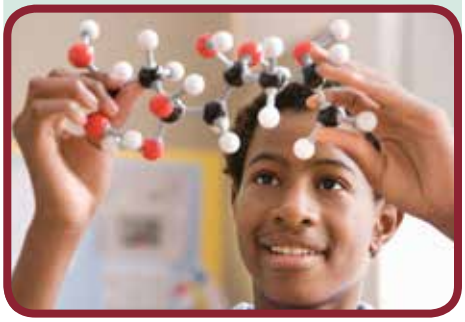
The new rules (OAR 333-028-0220 to OAR 33-028-0280) define:

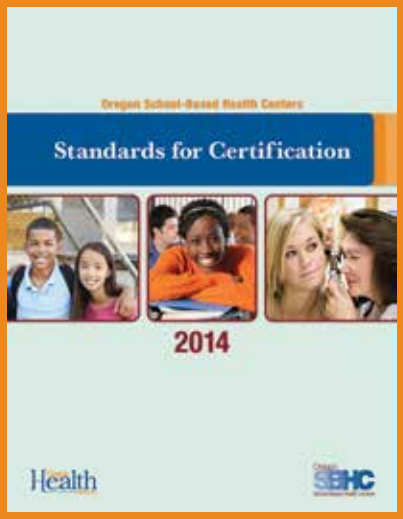
- Certification requirements
- Application and certification process
- Verification
- Compliance
- Funding criteria for:
  - Certified SBHCs
  - Planning communities
  - Incentive funds

Health and well-being of Oregon youth

According to the 2013 Oregon Healthy Teens survey, in the past 12 months:

- 21% of 11th grade girls and 14% of 11th grade boys reported having an unmet physical health care need.
- 20% of 11th grade girls reported an unmet mental health need.





Also in 2013, an SBHC stakeholder's workgroup convened to update the SBHC Standards for Certification to reflect current best practices that SBHCs would be required to meet. Workgroup members represented urban and rural SBHCs, the SBHC State Program Office and the Oregon School-Based Health Alliance. The workgroup reviewed each section of the 2010 Standards for Certification and provided recommendations to the certification requirements. The workgroup also suggested the State Program Office develop a complementary document that would include SBHC best practice recommendations. Work on this document is underway.

The new 2014 Standards for Certification can be found at:

www.healthoregon.org/sbhc

SBHC expansion and enhancement

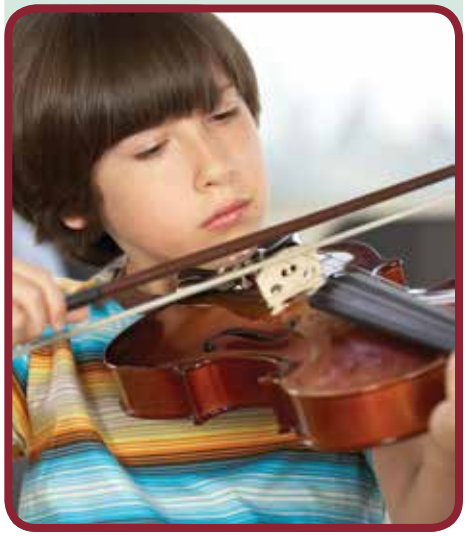
The increased investment in the Oregon SBHC system allowed for expansion, partnership development and increased technical assistance and training.

Additional legislative funding allowed for:

- An **increase to the state funding formula** base to counties with more than one SBHC.
    - Since 2005, the SBHC State Program Office (SPO) has provided funding for Oregon SBHCs based upon the number of state-certified SBHCs in each county and the availability of legislatively-approved dollars. Prior to 2013, counties with more than one SBHC received $41,000 per year for each center. The new funding formula (at right) provides stability for Oregon's SBHCs and aligns them with the public health delivery system by supporting equitable distribution of SBHC funds statewide. SBHCs reported that these additional dollars had significant impact on their sustainability and operations.
- Awards to **14 planning communities** to focus on community readiness and development of local partnerships and the SBHC model. (See page 12 for more detail.)

The current funding formula for the 2013 –2015 biennium is:

- Counties with only one certified SBHC receive $60,000 per year.
- Counties with more than one certified SBHC receive $53,000 per year for each center.



- Funding to provide **technical assistance** to support coordinated care organization (CCO) partnerships and create sustainable business practices in SBHCs.
  - The Oregon School-Based Health Alliance (OSBHA) is contracted to assist SBHCs in expanding their relationship with CCOs. OSBHA interviewed SBHCs and CCOs to better understand their relationships and areas of challenge. OSBHA is using this information to help create a plan to improve communication between the SBHCs and CCOs and provide targeted technical assistance.
  - OSBHA conducted interviews with SBHCs in need of additional support in creating sustainable business practices. Some of the common challenges were data collection and billing support. OSBHA created site-specific technical assistance plans and is working with each site to implement the plans.
- Funding to **incentivize SBHC innovation.**
  - Based on recommendations from an SBHC/CCO workgroup, the Public Health Division released a grant opportunity for SBHC medical sponsors and CCOs to explore innovative approaches to school-based care that would: 1) increase the number of SBHCs certified as patient centered primary care homes (PCPCH), 2) improve patient care coordination between CCOs and SBHCs, and/or 3) improve the effectiveness of the delivery of health care services through SBHCs to children who qualify for medical assistance. (See Table 1 for more detail.)

Common themes from SBHC and CCO interviews include:

- Reimbursement for primary care, mental health and preventive services;
- Roles of primary care providers in SBHCs and the community;
- Care coordination; and
- Role of SBHCs to help CCO meet incentive measures.

Table 1: 2014–2015 SBHC Innovation Grants

Recipient	County	Partners	Focus areas
Intercommunity Health Network CCO	Benton	Benton County Health Services, Lincoln SBHC, Lincoln Elementary School, Corvallis School District	• Improve coordination of care and referral systems • Strengthen school-community-SBHC linkages • Increase well-child checks • Increase Medicaid and medical home enrollment
Public Health Foundation of Columbia County	Columbia	Rainier SBHC, Columbia Pacific CCO	• Increase clinical capacity and achieve patient-centered primary care home recognition at Rainier SBHC
La Pine Community Health Center	Deschutes, Klamath	La Pine SBHC, Gilchrist SBHC	• Increase clinical capacity and achieve patient-centered primary care home recognition at La Pine and Gilchrist SBHCs • Improve electronic health record infrastructure
Jackson Care Connect CCO	Jackson	Community Health Center, La Clinica, Jackson County Mental Health, Crater SBHC, Eagle Point SBHC, Ashland SBHC, Scenic SBHC, Butte Falls SBHC, Prospect SBHC	• Increase clinical capacity and achieve patient-centered primary care home recognition at Prospect and Scenic SBHCs • Strategize ways to increase well-child checks and SBIRT screening • Improve care coordination between CCOs and SBHCs, and primary care providers
Multnomah County Health Department	Multnomah	Oregon School-Based Health Alliance, CareOregon, FamilyCare, Washington County Health and Human Services, Clackamas County Public Health, Health Share	• Convene collaborative workgroup comprised of coordinated care organizations and Tri-County SBHC representatives to address the unique needs of SBHC care coordination and effectiveness of the delivery of health services • Explore alternative payment methodologies for SBHCs
Virginia Garcia Memorial Foundation and Health Center	Washington	Forest Grove SBHC, Century SBHC, Tigard SBHC, Health Share, FamilyCare	• Develop and implement new workflows and referral networks to increase access to and utilization of SBHCs • Increase well-child checks and adolescent well-visits

Building partnerships

SBHCs are increasingly being recognized as valuable partners in providing quality health care to Oregon's youth. SBHCs were formally recognized as part of the safety net system of care for Oregon in 2007 (ORS 413.225) and have been embraced by public health departments and other safety net clinics such as federally qualified health centers for years. As the SBHC model matured and Oregon adopted health reform efforts, other organizations and disciplines began to see the value of supporting SBHCs to help meet shared goals of providing quality health care at a low cost to ensure healthy populations.

11th grade girls with an unmet mental health need were 67% more likely to report having visited an emergency room/urgent care clinic in the past year than those with no unmet need.

2013 Oregon Healthy Teens Survey

Some partnerships that expanded in the last year were:

Coordinated care organizations

Many CCOs now contract with SBHCs to help meet the needs of the Medicaid population in their communities. In addition, CCOs recognize the role of SBHCs to achieve some of the state incentive measures such as the adolescent well-visit.

Kaiser Permanente NW

Kaiser Permanente has been a long-time supporter of SBHCs. For the first time in Oregon history, Kaiser Permanente Northwest released a grant opportunity specific to SBHCs and the expansion of SBHC services. (See page 14 for more detail.)

Oregon Addictions and Mental Health Division and local mental health agencies

SBHCs are an effective access point for mental health concerns. The Oregon Addictions and Mental Health Division invested $4.6 million in the SBHC mental health system of care in the past year. This included funding for mental health providers, mental health-related projects and a state SBHC Mental Health Specialist position. (See page 16 for more detail.)

Oregon Pediatric Society

The Public Health and Addictions and Mental Health Divisions are partnering with the Oregon Pediatric Society's Screening Tools and Referral Training (OPS-START) Program on the Adolescent Health Project to increase Screening, Brief Intervention and Referral to Treatment (SBIRT) for alcohol and substance use and depression screening as part of an adolescent well-visit. SBHCs are participating in the project's first cohort. (See page 18 for more detail.)

Oregon Pediatric Improvement Partnership (OPIP)

OPIP is a partner in the Adolescent Health Project focusing on SBIRT and depression screening. OPIP provides consultation on project implementation, training on quality improvement strategies and "real world" implementation and development of evaluation tools to capture changes in provider knowledge, attitudes and behavior. OPIP offers guidance on practice-level policies and procedures, including briefs on key policy implications. OPIP is a strong partner in working toward practice and policy solutions to ensure young people feel engaged and empowered to receive health services. (See page 18 for more detail.)

"The health center has been a huge help especially because my health insurance is limited and it can be hard for me to get all the care I need right away."

16-year-old SBHC client

"If it wasn't for my SBHC, many things would have gone untreated. My mother can't always afford to take time off work so the health center is a great option. I know that the staff here are really listening and that they care."

17-year-old SBHC client

Expanding SBHCs across the state

2013–2015 SBHC planning grants

HB 2445 allocated $3.9 million to support SBHC expansion statewide. In July 2013, the SPO awarded 12 grants to support the planning of new SBHCs in nine counties. Of the 12 awards, nine were Phase I (2-year planning timeline) and three were Advanced Phase grants (1-year planning timeline).

The nine Phase I planning sites conducted outreach during the 2013–2014 school year and explored how the SBHC model could fit within each community. Grantees held school and community forums, met with local leaders and considered potential medical sponsors.

Phase I grants were awarded to the following counties:

- Columbia County – Clatskanie Middle/High School
- Deschutes County – Bend High School
- Jackson County – Medford School District
- Grant County* – Grant Union High School
- Klamath County – Klamath Union High School
- Polk County* – Central High School
- Washington County – Beaverton High School
- Washington County – Tualatin High School
- Yamhill County – Dayton High School

"It will be really great to have [the new SBHC] onsite … We're keeping our students healthier. We're keeping them in school, reducing absenteeism, and therefore helping kids learn and graduate on time."

SBHC Phase I grantee

"This clinic is so helpful! I'm very grateful to have this clinic in my school. It saves me so much time. It is very, very convenient."

16-year-old SBHC client

The three 2013–2014 Advanced Phase grantees all opened new state-certified SBHCs in the spring of 2014. These SBHCs provide access to critical health services for 2,700 children and youth.(3)

Advanced Phase grants were awarded to:

- Jackson County – Prospect Charter School – opened January 2014
- Jackson County – Scenic Middle School – opened March 2014
- Multnomah County – Centennial High School – opened May 2014

In July 2014, available program funding was used to support two additional planning sites for the 2014-2015 school year. The following grantees received Advanced Phase funding and are expected to open new state-certified SBHCs by June 30, 2015:

- Hood River County* – Hood River Valley High School
- Morrow County* – Ione Community School

In total, 14 communities in 11 counties received funding through the SPO to support the planning of new SBHCs during the 2013–2015 biennium.

*indicates county without any currently certified SBHCs

"The SBHC Project Coordinator said a health center would further local access to health care and would help the Community Advisory Council, which is developing a community health improvement plan."

"The SBHC ties into our priority issues identified by the council, including children's health, obesity and overweight, and oral health ..."

Student health center planned for Grant Union, Blue Mountain Eagle, 4/22/14 (4)

Kaiser Permanente Northwest SBHC capacity building grants

Kaiser Permanente Northwest announced the award of grants to support planning and development of new SBHCs in four Oregon communities in the spring of 2014. Grantees collaborate with local schools, public health departments, medical and community-based organization to explore how the SBHC model could fit within the local community.

Grants were for $40,000 per site over an 18-month period. Grants were awarded to the following Oregon communities:

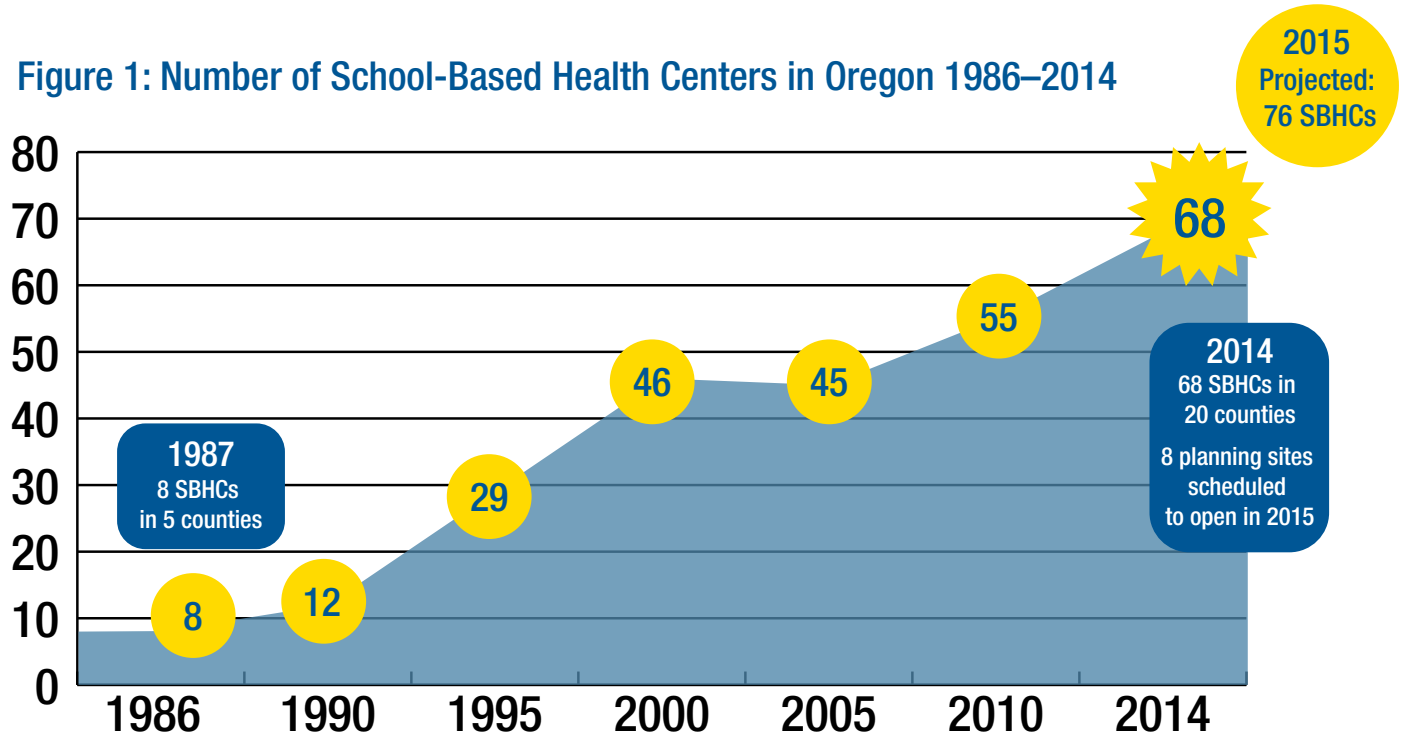
- Outside In: North Clackamas School District (Clackamas County)
- Polk County: Central School District (Polk County)
- Portland Public Schools: Benson High School (Multnomah County)
- Public Health Foundation of Columbia County: Scappoose (Columbia County)

Following this initial community engagement process, these communities will be well-positioned to open certified SBHCs in the future.

Oregon SBHCs beyond 2015

As shown in Figure 1, the number of SBHCs in Oregon rose from 65 to 68 in 2014. With the addition of the Phase II, Advanced Phase and the Kaiser planning grantees, the number may increase again in 2015. The addition of these new sites will increase access to critical mental and physical health services for as many as 10,000 additional youth throughout the state of Oregon.(4)

Figure 1: Number of School-Based Health Centers in Oregon 1986–2014



Growing interest in SBHCs

Although the SPO received a great deal of interest in planning new SBHCs during the 2013–2015 biennium, unmet need still remains. In mid-2014, the SPO conducted a needs assessment with representatives from local public health authorities (LPHAs) to determine potential interest in future planning grant opportunities should funding become available. Of the 26 counties interviewed, 11 indicated they would be "very interested" and nine indicated they would be "somewhat interested" in developing a new SBHC in their county in the upcoming biennium. These participants projected a total of 22–25 potential new sites.

Feedback from LPHA representatives included:

"We just think that [SBHCs] are the answer. I think they are one of the best innovations developed in terms of delivering quality health care to students who don't otherwise have access."

"I have been asked by many different sources independently, 'When can we get an SBHC?'"

"I think there is currently a need. We know we are medically underserved … And [the school and health district] have done a lot of ground work and they've been pretty serious about it, knowing it would take effort and dollars to get [an SBHC] into place. But really looking long term about how much it could positively impact that community."

Mental health integration

Mental health is as important as physical health for all children, and focusing on youth strengths and assets serves to bolster their mental and emotional well-being.(5) While all SBHCs provide primary care, some SBHCs have been able to provide mental health services as well.

In 2013, the Oregon State Legislature increased funding to the 2013–15 budget of the Addictions and Mental Health Division to support and enhance Oregon's community mental health system. A portion of this funding was specifically allocated for children's mental health at SBHCs, giving those sites an opportunity to increase their capacity to provide mental health services for their clients. SBHCs were well-positioned to receive this funding due to robust partnerships, a strong system of care and focus on prevention. SBHCs across the state were awarded $4.6 million. **As a result, more Oregon SBHCs are able to provide integrated care for physical and behavioral health in one location.**

Because of the increased funding, the State Program Office (SPO) was able to create a new position, the School Mental Health Specialist, responsible for coordinating the integration of mental health service provision into SBHCs and addressing mental health promotion and problem prevention in K-12 public schools in Oregon.

The SPO has forged a stronger partnership with the Addictions and Mental Health Division because of the new Mental Health Specialist position and the Mental Health Expansion Project.

A healthy child is one with a healthy body and mind.

"I really like the health center. They are very kind to us and really make us feel comfortable and not so tense and stressed."

14-year-old SBHC client

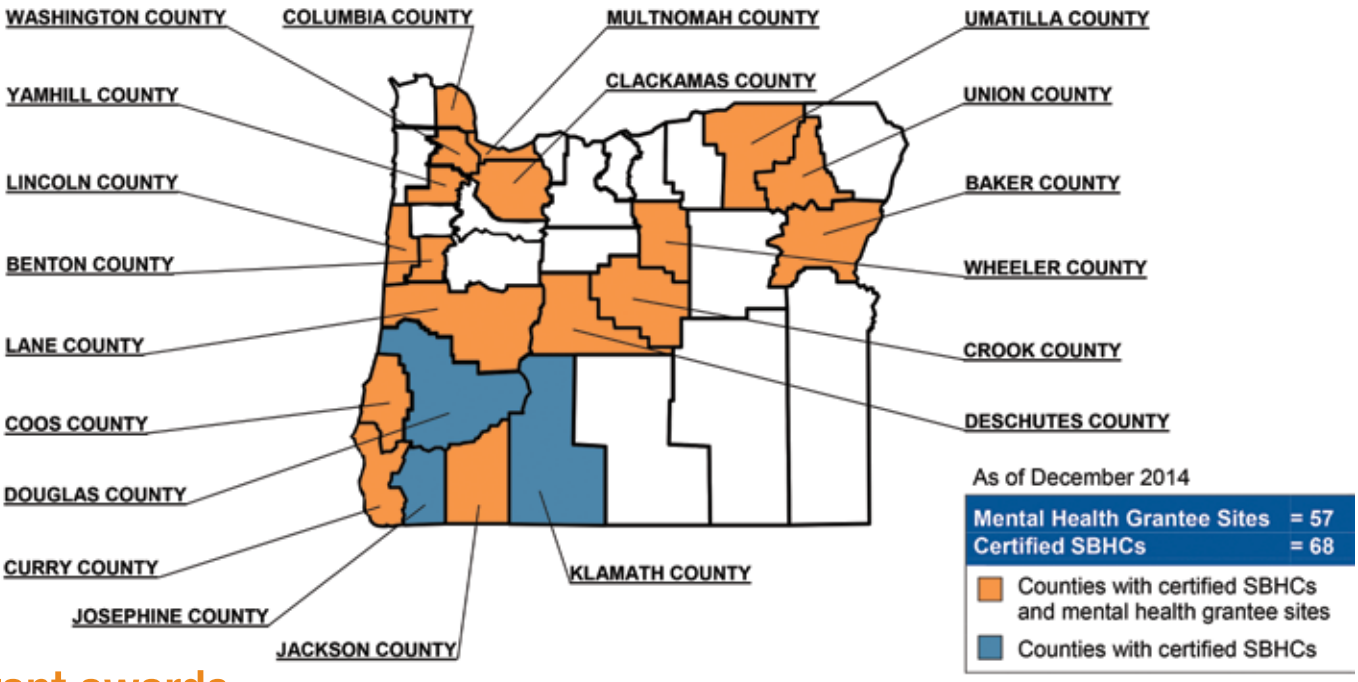
"I think it is very helpful!! Most kids don't have anyone to talk to, and this is a great place to help kids."

15-year-old SBHC client

Breaking barriers

Ashland High School SBHC (Jackson County) is modifying the counseling experience to make it more "male-friendly" by incorporating male-student feedback and knowledge of male brain development, emotions and behaviors. The counseling room décor was modified to increase male comfort level and males were offered treatment modalities, such as chess as a tool for counseling, or walking during a session. Ashland SBHC hopes this will increase utilization of the SBHC and male comfort with mental health services.

Figure 2: Oregon SBHC Mental Health Grantees 2014



Grant awards

SBHCs were awarded grants to add or expand mental health staffing capacity and to support mental health projects, including:

- Mental health screening tools;
- Telemental health projects;
- Youth Advisory Councils;
- Data capturing systems; and/or
- Projects that support equity and cultural competency.

20% of 11th grade girls and 10% of 11th grade boys reported having an unmet mental health need in the past year.

2013 Oregon Healthy Teens Survey

The funding period is from January 1, 2014 to June 30, 2015. Seventeen counties requested and were awarded funding. Forty-four SBHCs received funding for mental health staffing; 12 of those did not provide mental health services prior to the 2013–14 school year. (See Appendix C for more detail.)

Youth input

Deschutes County partnered with Redmond High School, La Pine High School and Sisters High School to develop and administer a survey about mental health and wellness. The survey was designed to elicit attitudes about mental health and perceived barriers to accessing mental health services among high school students. All students in Redmond and Sisters High Schools and 9th–11th grade students at La Pine High School were surveyed. The responses will be used to inform SBHCs and Youth Advisory Committees at those schools to improve access to services and the latter can conduct Youth Participatory Action Research Projects in school year 2014–2015.

Grant accomplishments

Due to this funding opportunity, **there are now 57 SBHCs with a mental health provider on-site.** In the 2013–2014 school year, 5,410 clients received mental health services over the course of 18,691 visits. The mental health expansion funds support an enhanced system of care that can better meet all the needs of the youth and communities SBHCs serve. Support projects are outlined below.

Mental health screening

SBHCs that received funding to work on mental health screening had the opportunity to join a performance improvement project already underway. The Adolescent Health Project is jointly funded by the Public Health and Addictions and Mental Health Divisions of the Oregon Health Authority. Partners include the Oregon Pediatric Society Screening Tools and Referral Training (OPS-START) Program and the Oregon Pediatric Improvement Partnership (OPIP). The Adolescent Health Project aims to increase the utilization of the Screening, Brief Intervention and Referral to Treatment (SBIRT) framework and evidence-based screening tools for alcohol and drug abuse (e.g., CRAFFT) and depression (e.g., PHQ-2 and PHQ-9) within the context of the adolescent well-visit. The project consists of one full-day training for providers and clinic staff as well as technical assistance through learning communities where sites can share challenges and successes. (See Bridging Policy and Practice on page 22 for more detail.)

Mental health expansion grant stats

- 26 new FTE supported
- 9 SBHCs integrating new mental health frameworks
- 2 SBHCs implementing telemental health
- 8 SBHCs starting or continuing a Youth Advisory Council and conducting a mental health research project
- 7 systems implementing data capturing systems
- 13 SBHCs participating in a project that supports equity and cultural competence
- 4 SBHCs using health service advocates to assist students and families in accessing mental health services

Telemental health

Telemental health (or telebehavioral health) is the use of telecommunications technology to provide behavioral health services. In Oregon, this service can be extremely helpful in rural areas, where there are limited professionals and distances are far. The bulk of awarded funding was used for the purchase of equipment.

Mental health screening

Sunridge Middle School and the SBHC (Umatilla County) are partnering to implement a mental health screening for incoming 6th graders. Stakeholders involved in the process include school administration, school psychologists and an advisory group specifically formed for the project. The screening will evaluate the student's strengths and assets. The middle school and SBHC hope to create a three-tiered intervention approach after screening, which includes a high risk group, groups with common identified problems and school/population level activities. Possible interventions include triage, individual counseling, referrals for services, support groups and school-wide activities. The ultimate goal is improved school academics, behavior and attendance as more students receive services and issues within the school are addressed at a population-based level.

"Already I can see that students, teachers and administration recognize the need for mental health services … students have said that being able to have a place to talk and share has helped them to feel less stress and more hopeful about their futures."

SBHC mental health provider

Youth Advisory Council

A portion of funding went toward the implementation and support of Youth Advisory Councils (YACs). YAC members will conduct and lead a Youth Participatory Action Research Project on a mental health issue during the 2014–2015 school year. Project topics may include suicide prevention and awareness or stigma related to mental illness.

Data capturing system

A few SBHCs were awarded grants to explore and/or implement electronic health record systems (EHRs). EHRs will help SBHCs track data over time, identify patients for preventive visits and screenings, monitor patients and improve quality of care. EHRs usually include a comprehensive patient history and will help coordination of care.

Cultural competence and equity

SBHCs grantees working on projects that support equity and enhance cultural competence receive training on topics such as mental first aid and trauma-focused cognitive behavioral therapy for youth, diversity and motivational interviewing. Trainings focus on cultural issues relevant to the populations the SBHC serves.

Group counseling and education

A number of sites held support or therapy groups as a result of the mental health grant. Pendleton High School SBHC (Umatilla County) held a Mood and Nutrition Educational Group facilitated by the qualified mental health professional and the nurse practitioner. The group focused on providing evidence-based education regarding healthy eating and how it relates to mood and depression. Students were encouraged to establish a short-term nutrition goal to try something new or different before the next meeting. Connections among students were established during the group, and they were encouraged to support one another to make healthier choices both during and outside of group meetings.

Other mental health projects

SBHCs had other opportunities to expand or strengthen mental health services beyond state funding. In communities with certified SBHCs, Kaiser Permanente Northwest granted funding for planning and behavioral health projects. The behavioral health projects aim to increase the centers' capacity to address mental health and substance abuse issues among school-age children and youth. Projects included prevention, treatment and coordination activities. These grants are limited to $150,000 over three years. Tigard-Tualatin School District, Virginia Garcia Memorial Foundation and Clackamas County Volunteers of America were awarded Kaiser grants for behavioral health.

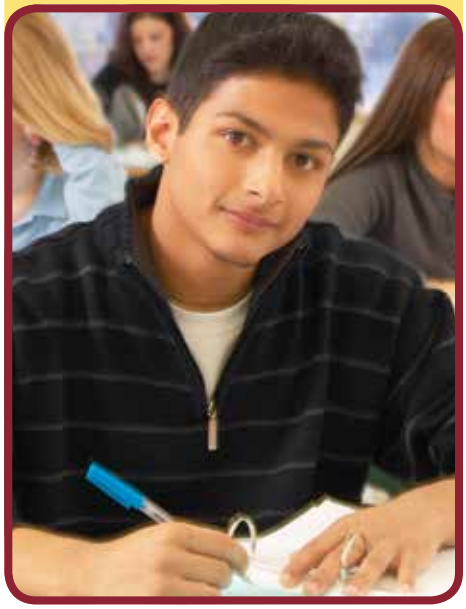
Challenges

As organizations attempt to work outside of traditional regulatory and financial frameworks to integrate behavioral health and primary care, there are inherent challenges in gathering and sharing data, billing and reimbursement, and in working together as a care team. Each SBHC medical sponsor has approached these challenges in different ways to create many varied models for integration and to provide behavioral health services to best meet the needs of their community.

In addition, SBHCs sometimes face logistical and operational challenges to effective integration of physical and behavioral health care. SBHCs that had previously not provided behavioral health services needed to create new clinic workflows, policies and procedures for setting appointments, getting appropriate consent and releases of information, billing for services, and determining how to share information between providers. Some SBHCs find

"The Health Center has been extremely helpful with helping me to focus on the source of my anxiety and I have received advice that has been very useful for dealing with such moments."

17-year-old SBHC client



Educating the school community

The mental health staff at the SBHC that serves Bethel School District (Lane County) was able to educate school staff, specifically school counselors, on various mental health issues including grief, self-injury/harm, depression, safety planning, medication and anxiety. Their therapist coordinated and led a training open to all school staff titled "Mental Health and Community Resources Refresher," which included a panel of local referral agencies for mental health issues. Through the therapist services at Bethel's alternative school, Kalapuya High School, approximately 10% of the student body has been connected to drug and alcohol treatment, mental health treatment and other support services.

they have inadequate space to absorb the new providers and increased clientele. Many rural sites found it difficult to recruit behavioral health practitioners in a timely manner. Electronic health record (EHR) systems vary in their utility for capturing and sharing behavioral health information and some SBHCs have difficulty modifying their EHR system. This can reduce efficiency and make billing a challenge.

Successes

Collaboration and communication among stakeholders (e.g., SBHCs, mental health agencies, schools and school staff, SPO, and between primary care and behavioral health staff) was a key to progress and success. SBHCs found that as a result of the SPO grant, they have stronger relationships with the school and community.

The SPO received many stories about the positive impact the grant had on patient health and health care. One SBHC coordinator said because the mental health provider was located on school campus, "there has been an exceptional opportunity for the students and their families to have better accessibility." Many SBHCs said there was a large need for mental health services in their community, and the grant is helping to meet the needs of the students. In response to a question about impact of the mental health expansion grant, one SBHC coordinator said, "SBHCs are more prepared to address the whole health, mind and body of students."

Bridging policy and practice

House Bill 2445 and policies related to health system transformation created opportunities and challenges for SBHCs. Specifically, CCO incentive measures focused on the adolescent population have provided a strong opportunity for SBHCs to establish their role in the system of care for youth. At the same time, the CCO incentive measures have illuminated the policy and system-level challenges that arise when delivering care to adolescents. Below we describe three topics bridging policy and practice particularly relevant to SBHCs that are current priorities for the Oregon Public Health Division.

"I am so lucky we have a health center. I hope my college has one as good as this. I will miss everyone. They are so nice and helpful."

18-year-old SBHC client

Adolescent well-visit

When adolescents receive a well-visit consistent with American Academy of Pediatrics' (AAP) Bright Futures recommendations,(6) screening, anticipatory guidance and health education are provided to support healthy adolescent development and identify early physical, mental and behavioral health factors with lifelong impacts.

Nationally, only about half (46%) of adolescents on Medicaid aged 12–21 years received a well-visit in the past year, the lowest utilization of primary care compared to any other age group.(7) The adolescent well-visit rate for the Oregon Health Plan is significantly lower, with 29.2% of enrollees aged 12–21 years having a well-care visit in the past 12 months.(8) Reasons often cited for poor utilization across many settings include:

- Fear by the adolescent that information disclosed during a visit will not be kept confidential;
- Poor engagement of adolescents and their families regarding preventive services;
- Perceived lack of time by providers; and
- Poor reimbursement levels for an adolescent well-visit considering the time and complexity it requires.

SBHCs provide easy access to physical, mental, dental and preventive health care that is affordable and high quality. The SPO has long recognized the role of SBHCs in delivering preventive care, and has included the adolescent well-visit as a key performance measure for SBHCs since 2008. During the 2013–14 school year, 32% of youth aged 12–21 years seen in an SBHC received a well-visit.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

The Substance Abuse and Mental Health Services Agency (SAMHSA) and the American Academy of Pediatrics recommend Screening, Brief Intervention and Referral to Treatment (SBIRT) within routine adolescent health care, using developmentally-appropriate tools and strategies.(9) SBIRT is defined by SAMHSA as a comprehensive public health approach to the screening and identification of individuals engaged in risky alcohol and drug use, and the delivery of early brief interventions to reduce risky use.(10)

SBHC providers are ideally situated to help prevent, identify and aid in treatment of substance use issues. AAP Bright Futures Guidelines recommend that substance use be discussed as a part of a comprehensive preventive visit.(6) According to the 2013–14 SBHC Satisfaction Survey, students aged 12–19 years who used an SBHC in the past year reported their provider talked to them about alcohol (38%) and drugs (41%) during a visit.

41% of 11th graders said they have not received a physical or well-visit in the past year.

2013 Oregon Healthy Teens Survey

Several key findings and policy implications have been identified during the first year of the Adolescent Health Project (see page 11):

- While most practices were aware of screening tools and had implemented them for some adolescent patients, very few had standardized, universal screening procedures. Consistent with research, the most often-cited reasons for not screening included: time limitations, lack of training or knowledge of community referral entities and concerns around confidentiality.

"This is a great health clinic and is always helpful to me. I honestly think they should become bigger so that they can help more people in the world because they are the most greatest clinic I know and I love it here!"

12-year-old SBHC client

- Confidentiality issues pose a major challenge.
- Consistent and timely communication between the primary care provider and referral entity is an area of need. A majority of participating providers did not have standardized processes for referral tracking and reported they rarely or never received a report back from the substance abuse provider after a referral is made.

Confidentiality

Ensuring confidentiality is essential to successful adolescent health care. Health system transformation efforts nationally and in Oregon have brought this issue to light. Challenges in protecting patient confidentiality are not new to SBHCs. Youth, just like adults, expect some level of confidentiality when seeking health services. This is especially true for sensitive services related to mental health, substance use and reproductive health. Fear that services will not be kept confidential is a major barrier to care. Because confidentiality cannot be guaranteed:

- Youth may not seek care for services for fear of social or family stigma, and in extreme cases, physical endangerment. Forgoing critical care may lead to unintended pregnancy; spread of infectious diseases; delayed onset of prenatal care; and other serious conditions that require more costly care down the road.(11)

"The Health Center is very helpful, and the staff is very easy to talk to about things that are private to me."

16-year-old SBHC client

- Providers are unable or unwilling to bill insurers appropriately for reimbursement of services, even when the service is being provided. The costs are either shifted to the patient or absorbed by the clinic, potentially jeopardizing its financial viability. Additionally, refusal to bill due to lack of confidentiality protections could impact the accuracy of some CCO incentive metrics and state performance measures.

While Oregon minor consent laws provide a strong statutory backbone for accessing care, guidance on the extent to which care must be kept confidential is less clear. There are many points where confidentiality can be breached. Limiting or suppressing billing communication (such as Explanation of Benefits or EOBs) and improving the functionality of electronic health records (EHRs) and health information exchange (HIE) are two key focal points. Several states have implemented legislative or regulatory strategies to protect breaches of confidentiality through EOBs, each with their own pros and cons.(12) Examples include:

- Not requiring health plans to send an EOB when no balance is due for services provided;
- Requiring plans to honor requests for confidential communications from all individuals seeking sensitive services; and
- Requiring plans to communicate directly with patients to get their consent before any communication is released to the policyholder.

Strategies related to EHRs and HIE are less developed. Possible standards to enhance confidentiality protections include:

- Privacy default settings for selected sensitive services and services to which minors can self-consent;
- Point-of-care privacy controls for physicians;
- Built-in tools that support privacy-related decisions;
- Robust, patient-adjustable proxy access for patient portals, and standardized practices that define at what age this access is appropriate; and
- After-visit summary, bill and post-visit survey suppression capabilities.(13)

Staff in the Adolescent and School Health Unit are working with internal and external partners to identify policy strategies that maintain the transparency and accountability of the health care delivery system, protect the privacy and confidentiality of adolescents and young adults and support parent involvement.

"Extremely grateful to be able to get the care I need when I need it with the option of total confidentiality. I always feel welcome and safe when I go to the health center and always leave with everything I need."

16-year-old SBHC client

SBHC impact on youth experience

Oregon SBHCs are required to conduct an annual patient satisfaction survey on a random sample of their patients aged 12 to 19 years. During the 2013–14 school year, the SBHC Patient Satisfaction Survey had 1,396 youth participants representing 55 SBHCs. Participation in the survey is anonymous and confidential; respondents are asked by SBHC staff to participate at the conclusion of their visit. Findings from this year's survey indicate youth are largely quite satisfied with the care they are getting and perceive SBHCs as having an impact on reducing their absenteeism. However, the data indicate some students may need more support in their health care. The complete results can be found in Appendix B.

The majority of youth said they are comfortable and satisfied with the SBHC.

- 77% of youth said they were "very comfortable" accessing the SBHC.
- Girls (80%) were more likely to say this than boys (72%).
- 65% reported their health was better because of the SBHC.

Regular SBHC care may help youth with unmet health care needs.

- Nearly one in three youth reported visiting an emergency room or urgent care clinic in the past year.
- More than a third of those (34%) also reported an unmet health care need in the past year, versus only 20% of those with no ER visits.
- However, youth who identified the SBHC as their usual source of care were far less likely to have had an ER or urgent care visit (25%), compared to those whose usual source of care was some other place (34%), as seen in Figure 3.

"Without the health center I don't think I would have had the time to go to my normal doctor to get checked up on. Thank you."

16-year-old SBHC client

SBHCs are a stable source of care for youth who are vulnerable to missing school.

- More than 1 in 10 respondents (11%) reported having more than 10 sick days from school in the past year; another 15% missed between 6–10 days, as seen in Figure 4.
- Youth who reported more sick days in the past year were also the heaviest users of the SBHC; this was particularly true for youth living in rural areas.
- Of those youth who missed more than 10 days of school in the past year, 19% reported using the SBHC more than 10 times, as seen in Figure 4.
- These data suggest SBHCs are an important resource for students who are most vulnerable to missing school due to illness and may prevent the loss of additional school days to illness.

Figure 3: Percent of youth who visited ER/urgent care in past year, by usual source of care

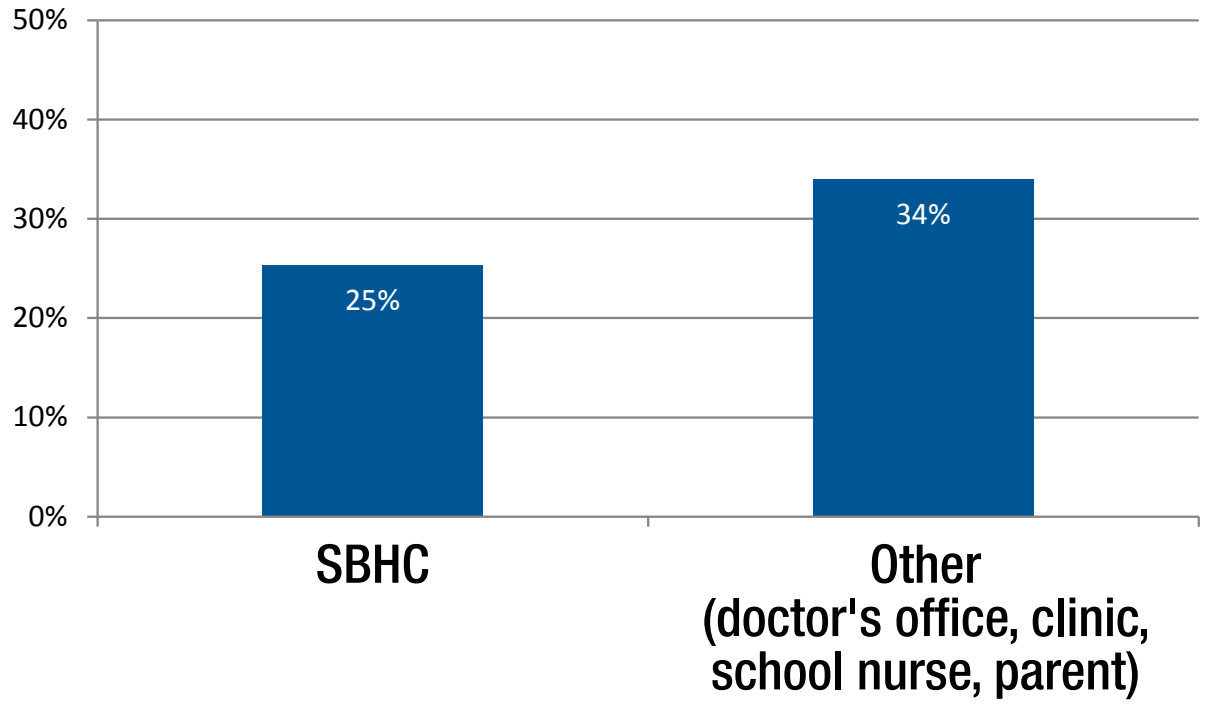
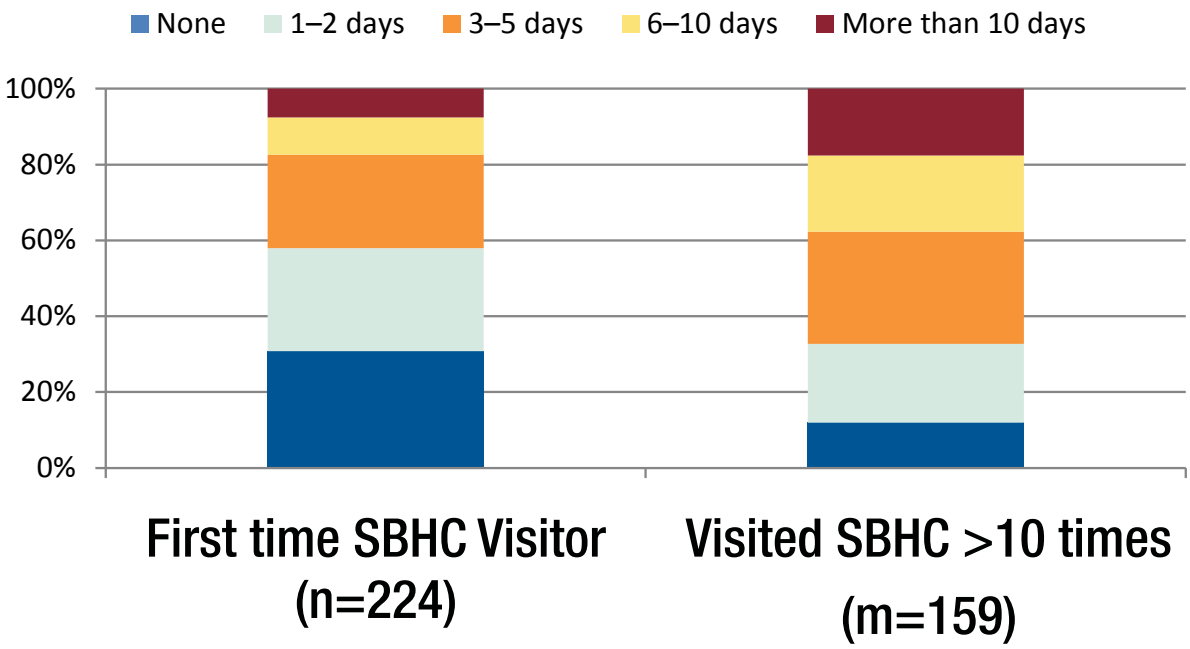


Figure 4: Number of sick days in past year: First time SBHC user vs. frequent user



Youth with unmet physical or mental health needs may need more support in the SBHC.

- While 80% of all respondents said SBHC instructions on how to take care of their health problems were "always" easy to understand, this was less true for of youth with an unmet health need (70%).
- Nearly half (47%) of youth with an unmet health need reported using an ER or urgent care clinic in the past year, compared to 34% overall.

SBHC staff engage youth in valuable conversations about prevention in a number of health topics. In general, youth report they are getting what they need. However, some gaps remain.

- Youth reported that staff were most likely to engage them in discussions on healthy eating (64%) and exercise (61%); they were less likely to hear about alcohol (38%), tobacco (40%) and drugs (41%).
- However, youth were most likely to report still having a need to discuss healthy body weight (10%), healthy eating (8%) and feelings (8%) with SBHC staff.

"You make life easier and less stressful. Knowing that I can get help when I need it and it's affordable for me is a lot of weight off my shoulders. Thank you for being there."

18-year-old SBHC client

Evolving data systems

SBHC data collection and reporting

Oregon SBHCs have been required to collect and submit their medical encounter data to the SPO since 1995. Current certification standards require data to be submitted at least twice per year. The list of mandatory data elements has remained relatively constant over the years and includes patient demographics, diagnoses, visit procedures and financial/billing information. For the two-thirds of SBHCs that use Epic® EHR through OCHIN, additional variables are transmitted that present a more clinical view of patient care.

Table 2: Oregon SBHC data elements

Required data element	Advanced EHR data element
Visit ID	BMI
Date of visit	Medical record number
Patient ID	Health assessment information
Sex	Lab tests and results
Date of birth	Prescribed medications
Language spoken	Referrals made
Ethnicity	Problem list
Race	
Provider type	
Insurance type	
Payer	
Total charges for visit	
Total payment for visit	
Visit procedure codes	
Visit diagnosis codes	

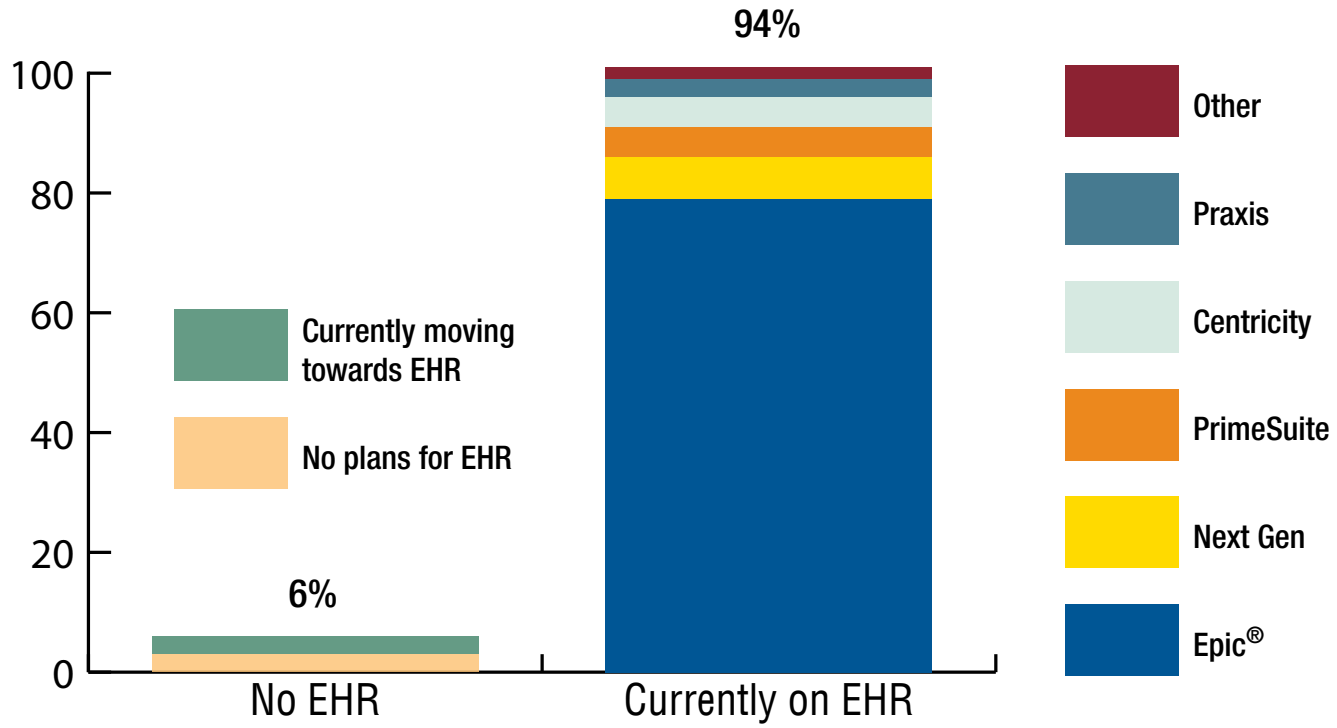
This encounter data is used for a variety of purposes. It allows the SBHC State Program Office to understand and report on the population being served and the array of services being provided. This information is often requested by state and local partners to accurately portray the nature of SBHCs in their communities. As health care reform has accelerated rapidly in Oregon and the importance of CCO alignment has increased, this has become particularly important for SBHC clients enrolled in the Oregon Health Plan. We know both from the data and from conversations with providers that youth may feel most comfortable visiting the SBHC for primary care regardless of who their assigned primary care provider is. Encounter data allow us to assess the degree to which this is happening and help support SBHCs in their conversations with CCOs and community providers around differentiation of roles. (See Appendix A for more detail.)

Supporting local decisions with local data

The SPO is committed to strengthening the ability of SBHCs to use their data for community engagement and decision-making.

Each year, the SPO produces fact sheets for each SBHC that contain a data snapshot of the SBHC population profile and activities related to health system transformation, services provided, staffing, billing and insurance revenue. The fact sheets are to be used for internal planning and to share with partners to bolster understanding of the role of the SBHC in their community.

Figure 5: Electronic health record (EHR) status of Oregon SBHCs as of July 2014



Transition to electronic health records

The administration and delivery of health care services has undergone enormous changes since SBHCs first opened in Oregon in 1986. This change has had the most impact in the collection and management of patient data. SBHCs, like many other health care clinics, managed their clients almost exclusively through paper charts for many years. However, with the advent of improved health care technology, and the increased reporting and tracking requirements placed on providers by payers and other entities, SBHCs are quickly moving toward full adoption of electronic health records (EHRs). SBHCs first began to adopt EHRs in 2005; as of July 1, 2014, 94% of certified SBHCs use some sort of EHR system, as seen in Figure 5. Another 3% are on track to adopt an EHR system during the 2014–15 school year.

Figure 5 shows the vast majority of SBHCs have found the resources and support to transition their clinical practice to EHRs. SBHCs with access to greater levels of infrastructure, administrative support and financial resources (often, those

Challenges to EHR adoption/integration

- Lack of medical sponsor support/infrastructure
- Cost
- Training
- Alignment with existing workflows
- Lack of EHR flexibility to adapt to SBHC model
- Protecting confidentiality
- Integrating physical and mental health systems

sponsored by FQHCs) are generally in the best position to adapt to and integrate EHR use into their clinic workflow. Smaller SBHCs and those without such support have historically not had the funding or capacity to use EHRs. Challenges facing collection and use of EHR data permeate SBHCs of all types and sizes. Many of these issues are not unique to the SBHC setting and are being tackled at the state and federal level.

EHRs and mental health care

With additional state and local resources, SBHCs have substantially increased their capacity to address the mental health needs of their clients. This new capacity has heightened the focus on the special concerns and sensitivities surrounding the collection of mental health data, particularly when it comes to children and youth.

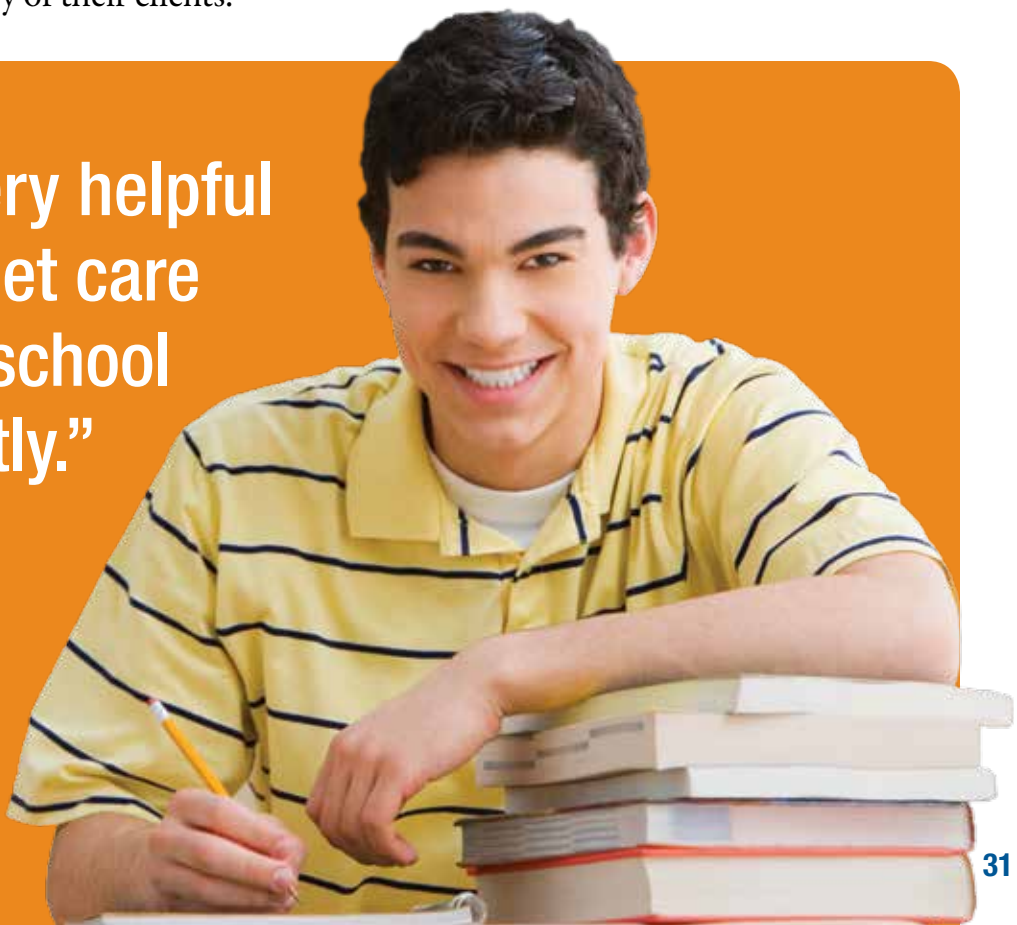
One particular challenge has been the segregation of primary care and mental health data through disparate EHR technologies. Reasons for this include:

- Mental health provider contracting agency uses a different EHR system.
- Primary care EHR does not offer appropriate mental health functionality, leading to:
  - Selection of a different EHR system; or
  - Return to paper charts for mental health visits.

The lack of EHR integration means primary care providers do not always have a full picture of the concerns facing the young people they are serving. Conversely, mental health providers may not be able to access the full health history of their clients.

"The staff was very helpful and helped me get care and get back to school fast and efficiently."

17-year-old SBHC client



Privacy and confidentiality concerns

The rapid adoption of EHR technologies has also intensified concerns around the privacy and confidentiality of SBHC services. This includes, but certainly is not limited to, mental health and reproductive health services. For SBHCs that are part of a larger FQHC or county health system, or who use an EHR system like Epic® that is broadly shared by other providers, there is sometimes concern that non-SBHC providers will see and reveal confidential services to SBHC client family members. SBHCs have developed a variety of strategies to handle this situation, including:

- Customizing their EHR to mark confidential visits;
- Adopting internal use codes generally unrecognized by non-SBHC providers; and
- Suppressing the visit information from the EHR completely.

Beyond an issue of continuity of care, this has implications for billing and sustainability of services. This concern over how confidential visits are being handled is one of national attention both within and outside of the SBHC community. Workable solutions that bridge both clinical and technological concerns are being considered.

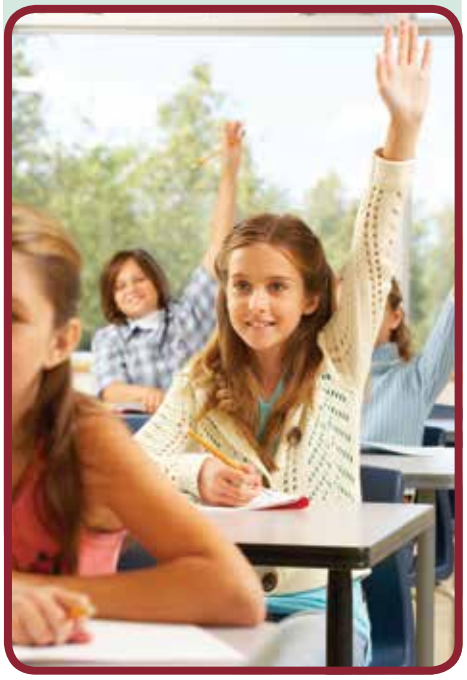
Payment and billing issues

An issue fairly unique to SBHCs with respect to EHRs is that, in most cases, the system only captures billable services. SBHCs provide a number of important "touches" that may not qualify as standalone billable services, but are extremely important to creating the kind of culture and practice that encourages youth to seek out and follow through on their own health care. The danger of relying too heavily on EHR data is that it reduces SBHCs to the sum total of what is billable, which may underplay the degree to which they are an important part of comprehensive health care for children and youth. Conversations are occurring across the state as to how to best capture the value and impact of the full range of services that SBHCs provide, and to develop Alternative Payment Methodologies that could incorporate these "touches."

EHRs, SBHCs and Alternative Payment Methodology

In 2014, Multnomah County SBHCs received an Innovation Grant from the SPO to assess Alternative Payment Methodology (APM) approaches specific to SBHCs. The county will work with Clackamas and Washington counties, the CCOs that serve them and other partners to identify mutually agreed-upon APMs for SBHCs that could be implemented in 2015.

How EHRs fit into the collection of data to support APMs will be a vital part of this work.



Appendix A: SBHC encounter and operational profile data

Data reported below covers the period of July 1, 2013–June 30, 2014. These data are from multiple sources: physical and mental health encounter visits and the State Program Office's operational profile database.

SBHC encounter and operational profile data		
Number of certified SBHCs in Oregon		68*
SBHC population served		23,797 clients in 70,666 visits
SBHC Mental Health population served		5,410 clients in 18,691 visits
Number of Oregon school-aged children (5–21 years) with access to an SBHC		52,466
% of SBHCs with PCPCH recognition		44%
% of SBHCs sponsored by FQHCs		72%
% of SBHCs sponsored by LPHAs		57% (38% have FQHC status)
Insurance status of SBHC clients at first visit	OHP/Medicaid	43%
	CCare/other public	4%
	Private	17%
	Unknown/none	36%
Average number of visits per client		3
Male: % clients, % visits		45% clients, 40% visits
Female: % clients, % visits		55% clients, 60% visits
Transgender		.01% clients, .01% visits
School-aged youth (5–21 years): % clients, % visits		83% clients, 85% visits
Hispanic/Latino(a): % of clients		25%
White: % of clients		88%
Black: % of clients		7%
Asian: % of clients		4%
American Indian: % of clients		4%
Native Hawaiian or other Pacific Islander: % of clients		1%
% of clients who had an adolescent well-visit (ages 12 to 21 years)		32%
% of visits related to a mental health or substance use concern		26%
% of visits where an immunization was administered		13%
% of visits with a reproductive health-related service		13%

*Includes data from 3 advanced planning sites

Appendix B: Student satisfaction survey data

Each year the SBHC State Program Office asks a random sample of students to share their opinions of the health care they receive at their SBHCs. During the 2013–14 school year, 1,396 students between the ages of 12 and 19 years from 55 SBHCs completed the survey in an anonymous and confidential manner. SBHCs participate by using either an iPad or paper/pencil with the majority choosing to use an iPad (72% of all completed surveys).

Student satisfaction survey data

	Questions	Categories	Percent
1.	Grade (n=1,387)	5	0.1%
		6	3.5%
		7	9.2%
		8	8.1%
		9	18.1%
		10	21.0%
		11	21.0%
		12	18.8%
2.	Age (n=1,370)	12	6.4%
		13	8.9%
		14	12.7%
		15	18.7%
		16	21.8%
		17	18.8%
		18	12.0%
		19 or older	0.6%
3.	Gender (n=1,389)	Male	34.8%
		Female	64.8%
		Other	0.4%
4.	Would you say that in general your physical health is: (n=1,391)	Excellent	13.4%
		Very good	33.8%
		Good	37.7%
		Fair	13.5%
		Poor	1.6%

Student satisfaction survey data (continued)

	Questions	Categories	Percent
5.	Would you say that in general your emotional and mental health is: (n=1,389)	Excellent	15.6%
		Very good	26.6%
		Good	33.6%
		Fair	18.6%
		Poor	5.5%
6.	How many times have you been to the Health Center in the last 12 months? (n=1,392)	First time	16.4%
		2 times	25.4%
		3–5 times	34.2%
		6–10 times	12.1%
		More than 10 times	11.9%
7.	How comfortable are you going to the Health Center? (n=1,391)	Very comfortable	76.9%
		Somewhat comfortable	22.0%
		Not very comfortable	0.9%
		Not at all comfortable	0.2%
8.	Would you say your health is better, the same, or worse because of the Health Center? (n=1,226)	Better	65.2%
		The same	34.3%
		Worse	0.4%
9.	How satisfied are you with the Health Center? (n=1,389)	Very satisfied	83.7%
		Somewhat satisfied	15.7%
		Not very satisfied	0.5%
		Not at all satisfied	0.1%
10.	How many classes did you miss today to come to the Health Center? (n=1,272)	None or only part of a class	62.7%
		1–2 classes	31.4%
		3–5 classes	1.4%
		All day	2.0%
		I don't know	2.4%
11.	If your school did not have a Health Center, would you have another place to go for care today (like a doctor's office, emergency room, or another clinic)? (n=1,382)	Yes	49.7%
		No	21.1%
		I don't know	29.2%
11a.	If yes, would you go to the other clinic or doctor for care today? (n=692)	Yes	40.8%
		No	34.0%
		I don't know	25.3%
11b.	How many classes would you have missed today if you went to the other clinic or doctor? (n=671)	None or only part of a class	10.6%
		1–2 classes	34.1%
		3–5 classes	25.5%
		All day	17.9%
		I don't know	11.9%

Student satisfaction survey data (continued)

	Questions	Categories	Percent
12.	In the past 12 months, about how many school days did you miss because you were sick? (n=1,354)	None	21.4%
		1–2 days	24.3%
		3–5 days	27.7%
		6–10 days	15.4%
		More than 10 days	11.2%
13.	In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? [Check all that apply] (n=1,387)	Yes – during school hours	15.8%
		Yes – during the summer	8.2%
		Yes – on the weekend	12.7%
		Yes – before or after school	12.8%
		No	59.0%
		Don't know	9.9%
14.	In the past 12 months, where did you usually go to get physical and/or mental health care? (n=1,342)	School-Based Health Center	40.0%
		Doctor's office	27.6%
		Emergency room or urgent care clinic	5.0%
		School nurse	2.5%
		Pharmacy	0.4%
		Parent/family member	2.2%
		Other health clinic (not at school)	9.5%
		Some other place	2.4%
		Don't know	10.4%
15.	During the past 12 months, have you had any physical health care needs that were not met? (Any time when you thought you should see a doctor or nurse). (n=1,381)	Yes	16.7%
		No	83.3%
16.	During the past 12 months, have you had any emotional or mental health care needs that were not met? (Any time when you thought you should see a mental health counselor). (n=1,380)	Yes	15.7%
		No	84.3%
17.	In the past 12 months, did the Health Center doctor or nurse refer you to another place to get health care services, like mental health, dental, or x-rays? (n=1,382)	Yes	25.3%
		No	71.1%
		I don't know	3.6%
17a.	If yes, did someone from the Health Center follow-up with you regarding your referral(s)? (n=334)	Always	46.7%
		Usually	27.2%
		Sometimes	7.5%
		Never	18.6%

Student satisfaction survey data (continued)

	Questions	Categories	Percent
18.	In the past 12 months, did the Health Center doctor or nurse order a blood test, x-ray or other test for you? (n=1,372)	Yes	28.8%
		No	68.5%
		I don't know	3.0%
18a.	Did someone from the Health Center follow-up with you regarding your test(s)? (n=371)	Always	69.5%
		Usually	16.4%
		Sometimes	4.9%
		Never	9.2%
19.	In the past 12 months, when you called this Health Center to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed? (n=1,369)	Always	50.6%
		Usually	25.1%
		Sometimes	8.9%
		Never	1.7%
		Does not apply to me	13.7%
20.	In the past 12 months, when you made an appointment for a check-up or routine care with this Health Center, how often did you get an appointment as soon as you thought you needed? (n=1,369)	Always	50.5%
		Usually	22.9%
		Sometimes	9.3%
		Never	1.3%
		Does not apply to me	15.9%
21.	In the past 12 months, how often did the Health Center doctor or nurse explain things in a way that was easy to understand? (n=1,377)	Always	77.6%
		Usually	17.8%
		Sometimes	3.7%
		Never	0.9%
22.	In the past 12 months, how often did the Health Center doctor or nurse give you easy to understand instructions about taking care of your health problems? (n=1,377)	Always	80.1%
		Usually	16.4%
		Sometimes	2.7%
		Never	0.8%
23.	In the past 12 months, how often was the Health Center staff as helpful as you thought they should be? (n=1,375)	Always	85.9%
		Usually	11.3%
		Sometimes	2.4%
		Never	0.4%
24.	In the past 12 months, how often did the Health Center staff treat you with courtesy and respect? (n=1,354)	Always	91.2%
		Usually	7.0%
		Sometimes	1.4%
		Never	0.4%

Student satisfaction survey data (continued)

25. In the past 12 months, did a doctor or other Health Center Staff talk to you about:

Prevention topic	YES, and I got what I needed	YES, but I did not get what I need	YES, but I didn't need it	NO, but I need to talk about that	NO, I do not need to talk about that
Tobacco (n=1,298)	19.1%	0.7%	20.4%	2.3%	57.5%
Healthy eating (n=1,343)	45.9%	3.6%	15.0%	4.2%	31.3%
Drugs (n=1,337)	19.7%	0.7%	20.3%	3.2%	55.9%
Brushing and flossing (n=1,324)	33.0%	2.2%	11.9%	3.5%	49.4%
Feelings (sad, angry, anxious) (n=1300)	44.0%	3.1%	10.9%	4.8%	37.2%
Alcohol (n=1,336)	17.4%	1.3%	19.0%	2.8%	59.5%
Sexual health (n=1,348)	42.1%	1.9%	14.0%	3.3%	38.6%
Safety and injury prevention (n=1,329)	36.0%	2.2%	14.7%	2.8%	44.4%
Healthy body weight (n=1,292)	38.9%	3.5%	12.9%	6.3%	38.4%
Exercise (n=1,344)	45.4%	2.3%	13.1%	4.5%	34.7%
Healthy relationships (n=1,344)	37.1%	1.9%	12.0%	4.0%	45.0%
School performance and grades (n=1,328)	35.2%	3.6%	13.3%	3.8%	44.1%

Questions	Categories	Percent
26. If the patient discussed at least one prevention topic (above), the number of prevention topics discussed: (n=1,229)	1	8.9%
	2	8.2%
	3	8.3%
	4	8.1%
	5	9.3%
	6	7.8%
	7	6.9%
	8	7.7%
	9	6.8%
	10	5.0%
	11	5.8%
	12	17.2%

Appendix C: Mental health grantees

Mental health grantees				
County	Organization implementing grant	SBHCs included in grant award	Capacity grant (staffing)	Support projects
Baker	Baker County Health Department	Baker HS	1.0 FTE	Mental health screening; Data
Benton	Community Health Centers of Benton and Linn Counties	Lincoln ES, Monroe GS	1.5 FTE	n/a
Clackamas	Clackamas County	Oregon City HS, Sandy HS	1.6 FTE	n/a
Clackamas	Outside In	Milwaukie HS	n/a	Data
Columbia	The Public Health Foundation of Columbia County	Rainier HS, Vernonia K-12, Sacagawea Health Center	1.4 FTE	n/a
Coos	Waterfall Community Health Center	Marshfield HS, Powers School District	1.4 FTE	n/a
Crook	Crook County Health Department and Lutheran Community Services NW (subcontractor)	Crooked River	0.75 FTE	n/a
Curry	Curry Community Health	Brookings Harbor HS	n/a	Telehealth
Deschutes	Deschutes County Health Services Department	Ensworth ES, La Pine K-12, Lynch ES, Redmond HS, Sisters HS	4.0 FTE	Mental health screening; YAC; Data
Jackson	Community Health Centers	Ashland HS, Butte Falls Charter School, Eagle Point HS	1.5 FTE	n/a
Jackson	La Clinica del Valle	Crater HS, Jackson ES, Jewett ES, Oak Grove ES, Phoenix ES, Washington ES	1.0 FTE	Mental health screening; YAC; Cultural competency
Lane	Bethel School District	Cascade MS	1.0 FTE	Data
Lane	Lane County Department of Health and Human Services	N. Eugene HS, Churchill HS	1.6 FTE	Cultural competency
Lincoln*	Lincoln County Health Department	Taft MS/HS, Toledo HS, Newport HS, Waldport HS	n/a	Health service advocates

Mental health grantees (continued)				
County	Organization implementing grant	SBHCs included in grant award	Capacity grant (staffing)	Support projects
Multnomah	Multnomah County Health Department	Cesar Chavez K-8, Cleveland HS, David Douglas HS, Franklin HS, George MS, Grant HS, Harrison Park K-8, Jefferson HS, Lane MS, Madison HS, Parkrose HS, Roosevelt HS	3.0 FTE	Data
Umatilla	Umatilla County Public Health Department	Pendleton HS, Sunridge MS	1.0 FTE	n/a
Union	The Center for Human Development (Union County)	Union School District, La Grande HS	2.0 FTE	Data
Washington	Washington County and Lifeworks NW (subcontractor)	Merlo Station HS, Tigard HS, Forest Grove HS, Century HS	0.8 FTE	Mental health screening; Data; YAC; Cultural competency
Wheeler	Asher Community Health Center	Mitchell K-12	0.475 FTE	Telehealth
Yamhill	Yamhill County Health and Human Services	Willamina HS, Yamhill-Carlton HS	2.0 FTE	n/a

*Lincoln County was awarded funding in September 2014.

Terminology

Acronyms/abbreviations	
AAP	American Academy of Pediatrics
AMH	Addictions and Mental Health
APM	Alternate Payment Methodology
AWV	Adolescent well-visit
BMI	Body Mass Index
CCare	Oregon Contraceptive Care
CCO	Coordinated care organization
CRAFFT	Screening tool for adolescent alcohol and drug abuse
EHR	Electronic health record
EOB	Explanation of Benefits
ER	Emergency room
ES	Elementary School
FQHC	Federally Qualified Health Center
FTE	Full-time equivalent
GS	Grade School
HIE	Health Information Exchange
HS	High School
K-12	Kindergarten through 12th grade
K-8	Kindergarten through 8th grade
LPHA	Local public health authority
MH	Mental health
MS	Middle School
OHP	Oregon Health Plan
OPIP	Oregon Pediatric Improvement Partnership
OPS	Oregon Pediatric Society
ORS	Oregon Revised Statutes
OSBHA	Oregon School-Based Health Alliance
PCPCH	Patient Centered Primary Care Home
PHQ-9	Screening tool for depression
PHQ-2	Screening tool for depression
SAMHSA	Substance Abuse and Mental Health Services Agency
SBHC	School-Based Health Center
SBIRT	Screening, Brief Intervention and Referral to Treatment
SPO	State Program Office
YAC	Youth Advisory Council
YPAR	Youth Participatory Action Research

References

1. Geierstanger SP, Amaral G, Mansour M, Walters SR. School Based Health Centers and Academic Performance: Research, Challenges, and Recommendations. Journal of School Health [Internet]. 2004;74:347–52. Available from: http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2004.tb06627.x/abstract%5Cn

2. Oregon Health Authority-Public Health Division. Oregon Healthy Teens Survey [Internet]. 2013. Available from: http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/Pages/Results2013.aspx

3. Oregon Department of Education. Student Enrollment Report 2103-2014 [Internet]. 2014. Available from: http://www.ode.state.or.us/search/page/?=3225

4. Carpenter A. Student health center planned for Grant Union. The Blue Mountain Eagle. 2014 Apr 22.

5. Barnett S. Integrating Child and Adolescent Mental Health in Primary Care: A Resource Guide for Physicians [Internet]. Austin; 2008. Available from: http://www.utmb.edu/pedi_ed/Online/IntegratingCAMentalHealth10_2008.pdf

6. Hagan JF, Shaw JS, Duncan PM, editors. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. Third Edit. Elk Grove, IL: American Academy of Pediatrics; 2008.

7. Department of Health and Human Services. Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits; 2014. Available from: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Paving-the-Road-to-Good-Health.pdf'

8. Oregon Health Authority. Oregon's Health System Transformation 2013 Performance Report [Internet]. Portland; 2014. Available from: http://www.oregon.gov/oha/Metrics/Documents/2013%20Performance%20Report.pdf

9. American Academy of Pediatrics-Committee on Substance Abuse. Policy statement: Alcohol use by youth and adolescents: A pediatric concern. Pediatrics. 2010;125(5):1078–87.

10. Substance Abuse and Mental Health Services Administration. Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare. 2011.

11. English A, Benson Gold R, Nash E, Levine J. Confidentiality for individuals insured as dependents: A review of state laws and policies. [Internet]. New York; 2012. Available from: http://www.guttmacher.org/pubs/confidentiality-review.pdf

12. Tebb KP, Sedlander E, Pica G, Diaz A. Protecting adolescent confidentiality under health care reform: The special case regarding explanation of benefits (EOBs). San Francisco; 2014.

13. Anoshiravani A, Gaskin GL, Groshek MR, Kuelbs C, Longhurst CA. Special requirements for electronic medical records in adolescent medicine. Journal of Adolescent Health. 2012. p. 409–14.

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PUBLIC HEALTH DIVISION
School-Based Health Center Program

800 NE Oregon St., Suite 805
Portland, OR 97232
971-673-0871
sbhc.program@state.or.us

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