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|----------------------------|---|-------------------------|----------------------|
| Priority: | Education | Lead Agency: | Health Department |
| Program Offer Type: | Existing Operating | Program Contact: | WHITTLESEY Valerie L |
| Related Programs: | | | |
| Frameworks: | School Aged Policy Framework, Poverty Framework | | |

Executive Summary

Ensures that the basic physical and behavioral health needs of children and parents are met through the delivery of age-appropriate, culturally competent health care; early intervention that reduces risk behaviors contributing to teen pregnancy; and services that improve attendance/readiness to learn and promote healthy lifestyle choices.

Program Description

Program operates 13 fully-equipped medical clinics located in middle and high schools. Most sites only operate during school hours, while some sites have limited evening and summer hours. In 2004, 13 SBHC clinics served at-risk youth from 87 additional locations; 47% of clients lacked insurance; 49% were racial/ethnic minorities. Services include age-appropriate reproductive health (abstinence counseling, education, exams and referrals); chronic and acute care; well-child exams, and risk assessments. Comprehensive approach enables early identification and intervention, thereby reducing risk behaviors. Parents/guardians are involved whenever possible to ensure successful clinical outcomes.

Program Justification

The program ensures that basic physical and behavioral health needs of children and parents are met to help youth attend, participate and remain in school. Healthcare for children, a basic need, is provided in the most readily accessible locations. The services provided are culturally and developmentally appropriate. Poor family functioning, inadequate nutrition, and chronic health problems often result in learning and socialization difficulties. Providing healthcare services in the school benefits the children and their families. Children are able to stay in school and parents do not have to miss work to attend to their child's healthcare needs. In addition, SBHCs support readiness to learn, parents' goals for their children, and ability to participate in school by preventing teen-pregnancy, childhood alcohol and drug use, and other health related barriers that may occur. Outreach outside the clinics reached over 21,000 students and adults in FY 04.

Performance Measures

1. Target: 95% of SBHC clients have up-to-date well child exams; 2. Annual risk assessments for injury prevention, tobacco, alcohol, substance exposure/use, oral health, fitness, nutrition, mood/emotional health, school performance, school/home/social relationships, violence, safety, reproductive health; 3. Female family planning clients will not get pregnant; 4. Clients diagnosed with asthma will have an annual asthma treatment plan; and 5. Screening for risk of obesity

Summary of last year's program results and this year's expected results

Outcomes for 6,788 clients (25,756 visits) included (national standards are included when available): 1. 80% had up-to-date well-child exam (30% above national standards); 2. 79% had annual risk assessment (29% above national standards); 3. 97.9% of female family planning clients did not get pregnant; 4. 93% of asthma clients had an annual asthma treatment plan (2003 - audited biennially); 5. 77% of clients had a screening for obesity (new measurement). Other outcomes: 82% had documentation of parent/guardian involvement in their care. This year's expected results are to meet or to exceed the above documented performance outcomes.

Program Mandate: 3 Program Choice but No Funding/Service Level Choice

Intergovernmental agreements with three school districts: Portland Public School District, Parkrose School District and David Douglas School District. State revenues mandated services flexible budget. Federal revenues mandated services mandated budget.

Revenue/Expense Detail

| | Proposed General Fund | Proposed Other Funds | Proposed General Fund | Proposed Other Funds |
|-------------------------------|-----------------------|----------------------|-----------------------|----------------------|
| | 2005 | 2005 | 2006 | 2006 |
| Program Expenses | | | | |
| Personnel | \$1,361,088 | \$1,878,814 | \$1,582,398 | \$1,784,432 |
| Contracts | \$0 | \$50,364 | \$21,324 | \$77,420 |
| Materials & Supplies | \$152,844 | \$58,981 | \$80,072 | \$122,932 |
| Internal Services | \$158,433 | \$361,031 | \$295,693 | \$500,769 |
| Capital Outlay | \$0 | \$0 | \$0 | \$0 |
| Subtotal: Direct Exps: | \$1,672,365 | \$2,349,190 | \$1,979,487 | \$2,485,553 |
| Administration | \$0 | \$0 | \$73,651 | \$0 |
| Program Support | \$0 | \$0 | \$663,213 | \$633,596 |
| Subtotal: Other Exps: | \$0 | \$0 | \$736,864 | \$633,596 |
| Total GF/non-GF: | \$1,672,365 | \$2,349,190 | \$2,716,351 | \$3,119,149 |
| Program Total: | \$4,021,555 | | \$5,835,500 | |
| Program FTE | 0.00 | 0.00 | 16.70 | 20.96 |
| Program Revenues | | | | |
| Indirect for dep't Admin | \$187,308 | \$0 | \$134,490 | \$0 |
| Fees, Permits & Charges | \$0 | \$47,320 | \$0 | \$27,198 |
| Intergovernmental | \$0 | \$2,301,863 | \$0 | \$2,458,373 |
| Program Revenue for Admin | \$0 | \$0 | \$181,202 | \$625,725 |
| Total Revenue: | \$187,308 | \$2,349,183 | \$315,692 | \$3,111,296 |

Explanation of Revenues

Revenue is collected from commercial insurance carriers when possible, family planning revenue streams and Medicaid. Revenues are expected to remain at current projected levels. No significant changes in revenue are expected for FY06.

Significant Program Changes

Had the SBHC program not been restored by the Board of County Commissioners in FY05, they would have closed two sites, reduced hours at all remaining sites and cut all evening and summer hours. These changes would have saved \$1.4 million and impacted about 1/3 of the clients. Instead, the clinics reduced some provider staffing, but kept all sites and hours, resulting in about \$300k in savings.