

Priority: Education
Program Offer Type: Existing Operating
Related Programs: 40038B

Lead Agency: Health Department
Program Contact: WHITTLESEY Valerie L

Program Characteristics:

Executive Summary

School Based Health Centers (SBHC) ensure adolescents' health needs are met through delivery of age-appropriate, culturally competent healthcare in a safe, supportive environment. Provides early interventions to support lifelong health and educational success, and to reduce risk behaviors contributing to teen pregnancy. SBHCs support school attendance and readiness to learn, and promotes healthy lifestyle choices.

Program Description

THIS PROGRAM OFFER RESPRESENT THE CURRENT SERVICE LEVEL AND NUMBER OF HIGH SCHOOL SITES, including seven fully-equipped medical clinics located in high schools. Five sites have extended hours beyond regular school hours, and three sites are open during summer and school breaks to ensure continuity of care. In FY05, the high school clinics saw 4,684 clients for a total of 16,000 visits. Clients included at-risk youth from 87 additional locations (other schools, alternative schools and programs); 64% of clients had no health insurance; 49% were racial/ethnic minorities. Services include age-appropriate reproductive health; chronic and acute health care; well-child exams, and risk assessments. Comprehensive approach enables early identification and intervention, thereby reducing risk behaviors. Parent/guardian involvement is fostered to ensure successful clinical outcomes and to support educational success.

Program Justification

The program strives to ensure that basic physical and behavioral health needs of youth are met to help them attend, participate and remain in school. Health care for adolescents, a basic need, is provided in the most readily accessible locations. Services provided are culturally and developmentally appropriate to address needs and risk behaviors that often result in learning and socialization difficulties. Health care services in school allow children to miss less school and their parents/guardians to miss less work. School Based Health Centers foster academic success and readiness to learn by preventing teen pregnancy, alcohol and drug use, and other health-related barriers that may occur. The services are delivered in adherence with all the over-arching values described by the Education Outcome team.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Number of clients seen	4,684	4,700	4,700	4,700
Outcome	Percentage of risk assessments completed on clients with three or more visits	75%	75%	75%	75%
Output	Number of clients receiving age-appropriate reproductive health services	2,684	2,700	2,700	2,700
Outcome	Percentage of female family planning clients age 15-17 that do not get pregnant	98%	97%	97%	97%

Performance Measure - Description

The SBHC Program goal of risk assessments completed on clients with three or more visits is 75%. A risk assessment is an interview with a client comprising questions specifically looking for age-related risk behaviors. For health risk behaviors identified, risk reduction and/or elimination interventions are planned.

The SBHC Program goal for the percentage of female family planning clients age 15 to 17 who do not get pregnant is greater than or equal to 97%.

Legal/Contractual Obligation

State SBHC revenue is allocated to programs by numbers of clinics. Programs that operate 10 or more clinics receive \$200,000 in state dollars. Programs that offer 6-9 clinics receive \$150,000. If the Multnomah County Health Department's program dropped below 10 clinics, there would be a loss of \$50,000 in state revenue.

In addition, complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning Agency grant, ELIA (lab accreditation) requirements and Care Oregon contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Personnel	\$1,216,373	\$1,296,727	\$1,278,188	\$1,416,344
Contracts	\$13,849	\$21,565	\$45,113	\$97,477
Materials & Supplies	\$59,408	\$92,368	\$81,104	\$149,747
Internal Services	\$211,271	\$345,103	\$175,859	\$365,226
Subtotal: Direct Exps:	\$1,500,901	\$1,755,763	\$1,580,264	\$2,028,794
Administration	\$0	\$0	\$57,651	\$0
Program Support	\$0	\$0	\$792,615	\$398,092
Subtotal: Other Exps:	\$0	\$0	\$850,266	\$398,092
Total GF/non-GF:	\$1,500,901	\$1,755,763	\$2,430,530	\$2,426,886
Program Total:	\$3,256,664		\$4,857,416	
Program FTE	0.00	0.00	12.88	16.44
Program Revenues				
Indirect for dep't Admin	\$95,616	\$0	\$76,484	\$0
Fees, Permits & Charges	\$0	\$19,773	\$0	\$311,647
Intergovernmental	\$0	\$1,736,005	\$0	\$1,717,134
Program Revenue for Admin	\$0	\$0	\$149,364	\$398,092
Total Revenue:	\$95,616	\$1,755,778	\$225,848	\$2,426,873

Explanation of Revenues

1. Assumption of 1,095 billable lost visits due to electronic medical record implementation (50% of normal 2 weeks after EMR go-live; 75% of normal for weeks 3 through 4; 90% of normal from week 5 for following 2 months).
2. The SBHC Program may show Family Planning Expansion Program (FPEP) revenue reductions in FY06-07. At this time it is unclear about the specifics regarding possible FPEP revenue reduction and we will be seeking guidance from the state in the near future.

Significant Program Changes

Last year this program was:

Last year, the SBHC Program wrote one program offer. Since the program's budget will be so close to the \$3,000,000 CGF limit per program offer, one offer has been written for high school clinics and one for middle school/elementary school clinics.