

**Priority:** Education  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** Susan Kirchoff

**Program Characteristics:**

**Executive Summary**

Since 1986, MC School Based Health Centers (SBHC) have provided significant access to comprehensive healthcare to uninsured youth, as well as youth with insurance who cannot or do not access providers. The services are confidential, culturally sensitive and age-appropriate.

**Program Description**

Offer covers 4 fully-equipped clinics in middle schools; one in elementary operating four days/week. Each staffed by Nurse Practitioner, Registered Nurse, office assistant. Services: chronic, acute, and preventive healthcare; age-appropriate reproductive health (including abstinence, growth and development, puberty); exams, risk assessments, prescriptions, immunizations, nutrition education/counseling (BMI calculations, fitness activities, education on implications of obesity and healthy food choices), referrals. In FY06, the middle/elementary school clinics saw 1,511 clients in 5,485 visits. 50% had no health insurance at their last visit; 59% were racial/ethnic minorities. 14% of clients were community children from outside site schools.

**Program Justification**

The need for SBHCs is urgent: in 2005, fully 71% of SBHC clients statewide reported they were unlikely to receive care outside of the SBHC. According to the 2005 Oregon Youth Risk Behavior Survey, 46% of 8th graders had at least one unmet health care need. In MC, child poverty has risen sharply to nearly 1/4 of all county children in 2003-04, higher than both Oregon's child poverty rate (17.9%) and MC's overall poverty rate (16.7%). Poverty exacerbates child healthcare needs. 50% of MC's SBHC clients are uninsured for various reasons; low-income parents struggling to survive prioritize food and shelter over healthcare and have limited transportation. SBHCs foster academic success by early identification and management of chronic diseases such as asthma and obesity, by preventing teen pregnancy, alcohol/drug use, and other health-related barriers to education. SBHC staffs' proximity to children creates continuous, trusting relationships that can empower high-risk youth to seek help and make better life choices, including staying in school. Such positive interventions can be crucial to later independence and success in life. Parent/guardian involvement is fostered to ensure successful clinical outcomes and to support educational success. In FY07 the Program integrated a Child and Adolescent Psychiatric Nurse Practitioner into the medical practice to address the highest-risk children experiencing mental health issues.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY05-06)	Current Year Purchased (FY06-07)	Current Year Estimate (FY06-07)	Next Year Offer (FY07-08)
Output	# of youth who receive preventive and primary healthcare	1,511	0	1,500	1,600
Outcome	Screening for obesity: % of youth have annual BMI (Body Mass Index)	95.0%	95.0%	95.0%	95.0%
Quality	% of clients with asthma who are symptom-free at their last asthma visit	77.0%	77.0%	78.0%	80.0%
Outcome	% of clients receiving healthcare who are from non-SBHC sites	14.0%	0.0%	15.0%	15.0%

**Performance Measure - Description**

 **Measure Changed**

Output: Represents total number of middle and elementary school clients served  
 Outcome: Represents initial identification and need for intervention for youth at risk for obesity  
 Quality: Measures # of youth with asthma that are symptom free-indicates successful treatment  
 Outcome: % of total clients served who are from non SBHC locations. Indicates successful outreach to at risk youth  
 Two measures changed from last year: Well-child exams and Asthma action plans. Mid-year measure of # of well-child exams completed was 144. Asthma action plan measure at mid-year was 86%. We anticipate exceeding these targets by year end. New measures added based on expansion and focus of outreach staff to bring in clients from non SBHC sites. The SBHC Program will continue to conduct yearly audits and interventions on previous measures.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2007	2007	2008	2008
Personnel	\$401,752	\$380,645	\$451,518	\$358,982
Contracts	\$4,011	\$55,880	\$10,998	\$70,204
Materials & Supplies	\$44,192	\$40,064	\$38,543	\$33,325
Internal Services	\$74,997	\$115,799	\$76,056	\$104,059
Subtotal: Direct Exps:	<b>\$524,952</b>	<b>\$592,388</b>	<b>\$577,115</b>	<b>\$566,570</b>
Administration	\$17,914	\$0	\$19,252	\$0
Program Support	\$203,549	\$138,765	\$229,714	\$146,605
Subtotal: Other Exps:	<b>\$221,463</b>	<b>\$138,765</b>	<b>\$248,966</b>	<b>\$146,605</b>
Total GF/non-GF:	<b>\$746,415</b>	<b>\$731,153</b>	<b>\$826,081</b>	<b>\$713,175</b>
Program Total:	<b>\$1,477,568</b>		<b>\$1,539,256</b>	
Program FTE	4.31	4.22	4.54	3.99
<b>Program Revenues</b>				
Indirect for dep't Admin	\$26,035	\$0	\$33,075	\$0
Fees, Permits & Charges	\$0	\$8,464	\$0	\$8,274
Intergovernmental	\$0	\$583,894	\$0	\$558,296
Program Revenue for Admin	\$18,460	\$138,765	\$0	\$146,605
<b>Total Revenue:</b>	<b>\$44,495</b>	<b>\$731,123</b>	<b>\$33,075</b>	<b>\$713,175</b>

## Explanation of Revenues

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.

## Significant Program Changes

Last year this program was: #40038B, School Based Health Centers - Middle Schools