Multnomah County
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Program # 40024A - School Based Health Centers-High Schools — Version 6/20/2007 s

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

Lead Agency: Health Department
Program Contact: Susan Kirchoff

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. THIS OFFER REPRESENTS 1/2 OF THE CURRENT SERVICE LEVEL FOR 7 SCHOOL BASED HEALTH CLINIC HIGH SCHOOL SITES. SERVICE IMPACTS HAVE YET TO BE DETERMINED AND OUTCOMES AND OUTPUT DATA BELOW IS FOR THE FULL SYSTEM PROGRAM OFFER A, C, AND D COMBINED.

Program Description

Offer covers 7 fully-equipped clinics in high schools open five days/week. Five have extended hours. No summer or school break hours. Each staffed by Nurse Practitioner, Registered Nurse, Mental Health Consultant, office assistant and outreach worker. Services: chronic, acute, and preventive healthcare; reproductive health (abstinence and safe sex counseling, birth control, STD and pregnancy tests); exams, risk assessments, mental health services, prescriptions, immunizations, fitness and nutrition education/counseling, referrals. In FY06, the high school clinics saw 4,785 clients in 15,174 visits. 66% had no health insurance at last visit; 51% were racial/ethnic minorities. This program serves community youth from outside site schools (drop-outs, homeless, detention, other schools). 13% were from non-site locations in FY06.

Program Justification

The need for SBHCs is urgent: in 2005, 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, 34% of 11th 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. 66% 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 preventing teen pregnancy, alcohol/drug use, STDs 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	4,785	4,700	4,700	4,750
Outcome	% of female family planning clients age 15 to 17 that do not get pregnant	97.0%	97.0%	97.0%	97.0%
Outcome	Screening for obesity: % of clients who have annual BMI (Body Mass Index)	0.0%	0.0%	0.0%	95.0%
Outcome	% of clients receiving healthcare who are from non-SBHC sites	13.0%	0.0%	13.0%	18.0%

Performance Measure - Description

✓ Measure Changed

Output: Total number of high school clients seen
Outcome: Represents successful family planning interventions for clients served
Outcome: Measures initial identification of need for intervention for youth at risk for obesity. Indicates successful outreach to at risk youth.
Outcome: Represents % of total clients that are from non-SBHC locations.
See second page for performance measure changes.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2007	2007	2008	2008
Personnel	$1,267,427	$1,416,344	$679,759	$429,142
Contracts	$45,113	$97,477	$18,389	$6,191
Materials & Supplies	$84,234	$149,747	$73,191	$50,529
Internal Services	$172,729	$365,226	$143,275	$120,783
Subtotal: Direct Exps:	**$1,569,503**	**$2,028,794**	**$914,614**	**$606,645**
Administration	$57,651	$0	$30,927	$0
Program Support	$792,615	$398,092	$328,820	$246,292
Subtotal: Other Exps:	**$850,266**	**$398,092**	**$359,747**	**$246,292**
Total GF/non-GF:	**$2,419,769**	**$2,426,886**	**$1,274,361**	**$852,937**
Program Total:	**$4,846,655**		**$2,127,298**	
Program FTE	12.88	16.44	5.93	4.73
Program Revenues				
Indirect for dep't Admin	$76,484	$0	$35,411	$0
Fees, Permits & Charges	$0	$311,647	$0	$8,403
Intergovernmental	$0	$1,717,134	$0	$598,242
Program Revenue for Admin	$149,364	$398,092	$0	$492,584
Total Revenue:	**$225,848**	**$2,426,873**	**$35,411**	**$1,099,229**

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.
Change in FPEP regulations resulting in decreased number of qualified visits which will have a subsequent impact on revenue of approximately $400,000.

Significant Program Changes

Last year this program was: #40038A, School Based Health Centers - High Schools
Number of visits expected to decrease 16% from FY07 to FY08 due to the change in FPEP regulations (400K; decrease in other funds for FY08.
Two measures changed from last year: Risk Assessments and # of clients receiving family planning services. Risk assessments are measured annually. # of clients receiving family planning services at mid-year was 1777. We anticipate achieving these targets by year end. New measures added based on expansion and focus of outreach staff to bring in clients from non SBHC sites. Obesity measure added due to Health Department wide initiatives in this area. The SBHC Program will continue to conduct yearly audits and interventions on previous measures.