



Honoring a Legacy and Advancing a Future

Oregon's School-Based Health Centers
Building Access to Health Care for Children 1985-2010



Oregon School-Based
Health Care **Network**
Advancing Access to Quality Health Care for Youth

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We express a special thanks to all who contributed to the making of this story by sharing their personal experiences and insights.

Tigard High clinic seen
as the model of health



A Look Back

"If you ask the question, 'How do we provide better health care services to our children and teens?' you will always get the same answer: Bring the services to them," says Christopher Reif, M.D., one of the pioneers in school-based health care. School-based health centers (SBHCs) are a proven, time-tested solution to provide access to high-quality, comprehensive physical, mental and preventative health services to children who otherwise might not get the care they need to stay healthy, in school and ready to learn.



The SBHC movement began in the late 1960s and early 1970s with centers opening in Massachusetts and Texas. Soon, services expanded and became more comprehensive, initiating the development of the first state grants to support the development of SBHCs in New York in 1978. The Robert Wood Johnson Foundation took a specific interest in SBHC programs, providing the first major grant effort focusing on replicating SBHCs nationwide in the 1980s.



In 1985, Dr. Phil Porter, head of paternal and child health in Cambridge, MA, and head of pediatrics for Cambridge Hospital, spoke at a hearing at the Oregon legislature. Dr. Porter was impressed by what happened when he hired nurse practitioners and put them in schools. His idea of a school-based health system had germinated from the success of that program. Dr. Porter testified, "Health care needs to be where students can trip over it. Adolescents do not carry appointment books, and school is the only place where they are required to spend time."

1902-1903

New York City Schools hires first school nurse, reducing health-related absences by 90%

1914-1918

WWI impacts school health programs due to poor physical condition draftees

1930-1940s

Great Depression & WW II redirects funds for school-related health to other crucial needs, like unemployment

the **Courage** to Begin 1985-1990

Portland Public Schools Leads the Way

In 1985, Matthew Prophet, Superintendent of Schools in Portland, Oregon, made a courageous and monumental decision to site and open Oregon's first school-based health center at Roosevelt High School. Prophet was influenced by discussions with Multnomah County Health Department officials who had seen, and been convinced by, Dr. Porter's research. Howard Klink was Public Information Officer at Multnomah County at that time. He remembers that organized national opposition from a vocal minority, in cooperation with local groups opposed to SBHCs as a manifestation of school interference in family issues, protested Prophet's decision. Prophet consulted with county, state and school communities to support the needs of Portland's students. Later, he talked about his commitment to Portland's neediest students. "I say that the role of schools—whether we like it or not—is to deal with those issues and challenges of society that other institutions have failed to deal with responsibly."

Despite bomb threats and protests provoked by the inclusion of family planning counseling and referral in its array of services, Roosevelt SBHC opened and thrived. "We worried when we opened," Judy Fisher, Nurse Practitioner at Roosevelt SBHC from 1986 until retiring in 2006 remembers, "that students weren't going to come, but it was amazing—from day one they would be lined up at the door when we'd get there. It was like that from then on. Eventually, even students from families initially opposed to the health center came to rely on its services."

Fisher remembers, "There was a girl, who came in as a freshman, with the reputation that she'd hardly attended any of her 8th grade classes. She ended up at the clinic, and we talked a lot about that. Her father had died of alcoholism when she was in 7th or 8th grade. Her mother was a drinker also. She believed that if she didn't go to school, and stayed home, then she would have some control over this. Then her

mother died. She ended up in a shelter, attended an alternative high school, and started to have some stability in her life. How amazingly resilient children are—that she came to school at all was remarkable."



Jill Daniels, Coordinator of the Multnomah County SBHCs since 1985, believes fervently that keeping "kids healthy so they can be in school is a powerful goal. Teen health is bigger than reproductive health. It involves working with adolescents to make good choices and find pathways to graduation. High school completion is one of the great equalizers of health disparities. When you graduate from high school you begin to have choices about your own life. You're more likely to earn a living wage, which allows you to afford housing with safe water, safe streets, and access to healthy groceries. You end up with life-long health."

The State Initiates Funding SBHCs

Building on the model at Roosevelt, the State of Oregon awarded \$212,000 in grants to fund five additional SBHCs in Jackson, Lane, Lincoln and Union Counties. In Eugene, Debbie (Knox) Goodman, RN and Nancy Borges, PNP opened North Eugene SBHC in 1986. "I believe we are one of the oldest original teams in the state," says Goodman, "We were literally put in the clinics and told, 'Work with the teens around whatever issues come up!' We were flying by the seat of our pants and on a steep learning curve. The work has always been rewarding, fun, touching and challenging. We learned so much and the payback from the kids was worth all the struggles to keep up."

Jackie Rose worked with emotionally disturbed adolescent girls in the Christie School at Marylhurst. As a health assistant working under physicians and psychologists, she monitored medical and dental needs, seeking out free care for girls under her charge. She returned to school, earned a nursing degree, and found work as Clackamas County's Family Planning Coordinator. Rose visited high schools to talk with teens about birth control, and served on the County Teen Pregnancy Task Force, where she was an officer for 10 years.

1950s

General shift in consciousness: public starts to demand more substantial health interventions for adults and children

1967

First school-based health clinic (SBHC) opens in Cambridge, MA under Dr. Philip Porter

1969

SBHCs open in two elementary schools in TX using federal funding from the War on Poverty

In early 1988 the Oregon Health Division invited local health departments to submit letters of intent for establishing a state-funded SBHC, to be operational by fall of that year. Rose won approval to explore interest in the county's schools for an SBHC. She sent an announcement to every school superintendent in Clackamas County, urging them to partner with the health department to provide adolescent care in a school health center. When the Clackamas County Teen Pregnancy Task Force next met, and no response had been received, one member of the task force placed a call to Charles A. Clemans, Oregon City Superintendent of Schools, who embraced the idea of pursuing an SBHC.

The school district, school board, superintendent, and high school principal fully supported Rose's application for the state grant. "Our success at garnering the one available grant for state SBHC funding" Rose recalls, "was due largely to the inclusion of key individuals from the beginning, and diligent efforts to educate people who needed to be convinced of the benefits of an SBHC before the grant application was submitted."



When the Oregon City SBHC opened, an assessment identified the needs of the student body, and services students would value. It revealed the students' hunger for help in treating "the blues." The school, county health department, and the Oregon Health Science University Department of Psychiatry cooperated to win a National Institute of Mental Health 3-year grant for assessing teen depression and developing resources for immediate support and treatment. This effort addressed multiple problems that students faced and cemented the relationship between the SBHC staff and the high school counseling team. "The SBHC has done wonders for our community," wrote Gordon Borse, an Oregon City School Board Member, "It has

improved school attendance. It has helped in early detection and treatment of potentially serious diseases. It has been a tremendous resource."

Tom Sincic, a former Michigan high school math teacher, drew connections between health and achievement as he watched students struggle in class. "Kids had barriers to education. There were things distracting them from their learning. Kids weren't focused—they were drugged, sleepy, and angry." Believing the solution to problems he encountered in the classroom could be addressed only by the integration of health care and education, Sincic became a nurse practitioner.

Determined to enter the Oregon SBHC program, he relocated to Portland in 1987. Sincic initiated a jail-based health care component in the Juvenile Justice system. In 1990 he transferred the Multnomah County Health Department, to expand Portland's SBHC program to three additional high schools—Parkrose, Madison, and Grant. He stayed at Grant High School health center for four years, moved to Roosevelt High School for four years, and returned to Grant until his retirement in 2010.

A student who visited for a specific physical complaint was often found to have additional barriers to health improvement—mental health issues, poor nutrition, drug use, unprotected sex, or domestic abuse. Individual impacts, says Sincic, were obvious from the start. "Kids would come back and tell you how things were different or better. They were thankful and appreciative of what you'd done. We had full-time counseling services then. Access to someone to listen became immediately important. The other immediate impact was that urgent needs got taken care of."

With teacher Carey Cameron, Sincic developed the Bridge Program at Grant. Cameron was primary educator for the hundred 9th-grade students considered at highest risk for dropping out of school between 9th and 10th grade. With parental consent, each student was scheduled for an SBHC appointment, with follow-up for the full school year. The SBHC engaged in 'asset building'—engaging students in school activities, providing a supportive adult in the clinic, and addressing risk factors such as drug and alcohol abuse. The following year, Bridge students returned to 10th grade at Grant High School at the same rate as the general school population, a stunning success.

1973

MN starts an SBHC serving pregnant and parenting teens; success legitimizes SBHC as a new approach to adolescent pregnancy prevention

1978

Early success of these SBHCs inspires NY legislature to approve first state grants to SBHCs

Robert Wood Johnson (RWJ) Foundation funds first SBHC projects in Chicago, Kansas City, Flint and Houston

Reproductive Health Care: Early Challenges

The SBHC model was not universally accepted. Teen pregnancy was a statewide problem at this time. In Tillamook County, officials unsuccessfully proposed the establishment of SBHCs in the county high schools to address this issue. According to the report: "Achieving Better Health Outcomes: The Oregon Benchmark Experience", Jeffrey Tryens and Howard Leichter noted, "For many Oregonians, 'school-based health clinics' [was] code language for counseling about birth control and distributing contraceptives." The proposal ignited a storm of controversy in Tillamook; the school board, in a 4-1 vote, soundly defeated the proposal. Despite its failure, the initiative sparked a community debate over the seriousness of the county's problem. The Tillamook plan to address teen pregnancy through traditional community organizations found short-term success, but failed to find a sustainable solution to the problem, as focus, energy, and enthusiasm waned over time.

While some cited teen pregnancy as a reason to start a center in these years, many centers lacked a full spectrum of care addressing all the complex issues of reproductive health care, including teen pregnancy prevention. Many centers were barred from dispensing contraception (per community decisions), yet were held accountable for the teen pregnancy rate. Over time, SBHCs have learned that teen pregnancy is more than contraception, and that addressing complex health, mental health, social and academic challenges, in addition to complete reproductive health care services available on site, is the most effective way to help decrease teen pregnancies.



Growing pains

1991-1995

In 1991, growth of SBHCs expanded services to children in 18 schools across nine counties. SBHC Coordinators began meeting quarterly in an effort to unify their efforts, share best practices, and build relationships among themselves. They understood the challenge to establish and retain revenue streams. With a goal of enlarging and protecting access to health care through safety-net providers, coordinators defended health centers and students with determination. Communication amongst coordinators built unity; they were on call to move into action for letter writing and policy advocacy. Coordinators established and maintained contacts at local and state levels. They nurtured relationships with school administrators, encouraging their pursuit of new centers.

Confronting Financial Health

The passage of Measure 5 in 1991 limited property taxes and reduced all state budgets. As a result, Oregon's SBHCs were threatened by loss of funds and reduced operations. Spurred to action by SBHC coordinators, a small corps of dedicated volunteers galvanized students, parents, teachers, administrators, caregivers, advisory board members, and community leaders to save SBHC funding.

Students demonstrated outside the state capital. Coordinators and parents wrote letters, pursued conversations with legislators, and testified against loss of service. John Lashley, Director of Administrative Support for Portland schools, spoke about the benefits of SBHCs for students, asserting, "Many of them have this as their only medical care." State funding for SBHCs shrunk by almost 50 percent despite the advocacy efforts. SBHCs remained open, but many were forced to reduce hours of operation and services.

SBHCs are financed with a dynamic blend of resources, some of which are fragile, like state general funds, others which are more dependable, like insurance reimbursements. In their infant stage, few SBHCs billed for their services. Many encountered

1983

Dr. Porter presents concept of SBHCs to a statewide coalition of advocates in Oregon

1984

First national conference of SBHCs meets in Texas

1985

Oregon legislature commits to address health care needs of underserved youth by funding SBHCs

difficulties establishing contracts with managed care organizations. Some, which operated as Federally Qualified Health Centers, more easily established systems and infrastructure to collect revenue. Smaller SBHC systems generally faced more difficulty than larger ones.

To facilitate creation of funding streams for health centers, the state enacted legislation in 1991 requiring that prepaid Medicaid health providers contract and pay public health providers (including SBHCs) for immunizations, diagnosis and treatment of sexually transmitted diseases, and testing and treatment of communicable diseases. The law allowed SBHCs to bill Medicaid directly for these specific services.

The difficulty for the SBHCs was that pathways to sustainable financial support are difficult to navigate, particularly without the infrastructure to collect revenue. This problem remained unresolved as other, more easily addressed issues, moved ahead.



Coordinators prepared for the next legislative session, meeting that challenge with a will to win. They organized Advocacy Day at the Capitol. Again, coordinators brought together staff, youth and parents, met with legislators and built their case. The funding that was cut in the 1991 legislative session was restored in 1993.

By now, Multnomah County was supporting its SBHCs with \$1.3 million, mostly from county general fund dollars. Eleven additional centers statewide served both rural and urban students, with a combination of state and local support. Parents and officials statewide recognized the potential to address urgent issues confronting schools and families.

With the SBHC budget restored, the state hired Tammy Alexander in 1993 as the State Adolescent Health Coordinator. She led SBHC Coordinators in advocacy efforts and in further development of the SBHC model of care. Keeping attuned to opportunities, Alexander worked with Maureen Whitman and Sheri Boyd to write a successful application for the Robert Wood Johnson Foundation's *Making the Grade* grant. This grant provided \$2.3 million to the Oregon Health Division for SBHCs from 1994 through 2000, funding a

mix of six urban and rural SBHCs in Multnomah, Jackson, and Umatilla counties.

Bob Nystrom oversaw the grant project and documented its success. He credits the grant with providing an opportunity for SBHCs to integrate data on how many students were served, patient satisfaction, and outcomes, and a financial strategy for the SBHC model was designed. Messaging was developed on the role centers play in enriching the lives of students. *Making the Grade* enabled the creation of statewide policy for and refinement of the SBHC model, development of Certification Standards, data collection and reporting systems, refinement of the state model for funding, and development of messaging.

Ten years after the Roosevelt High health center opened, there were 39 SBHCs providing services in Oregon. Nineteen received State support; thirteen received state general funds from the Child and Adolescent Health Section of the Oregon Health Division. One center received Federal Preventive Health Block Grant funds, and six centers received support from the *Making the Grade* grant.

State grants supplied base funding for some SBHCs, ranging from about \$50,000 to \$100,000 per year, yet many centers lacked access to any state revenues. Most SBHCs included in one of these funding streams had to raise operation support from other sources. The diversity of revenue streams include county general funds, private foundations, partnerships, penny drives and dinners sponsored by schools or service clubs, Medicaid and sometimes private insurance reimbursement.



1986

RWJ Foundation funds first major grant effort focused on replicating SBHCs nationwide

Opposition mounts - conservatives attack SBHCs as LA Catholic Archbishop criticizes SBHCs at three high schools, worrying that they are "sex clinics"

First SBHC opens in Oregon at Portland's Roosevelt High School

Oregon legislature provides \$212,000 to fund SBHCs on a competitive grant basis

Robert Wood Johnson (RWJ) Foundation funds first SBHC projects in Chicago, Kansas City, Flint and Houston

Some SBHCs operated without any traditional funding streams. In 1994, Merlo Station, an alternative high school in Washington County, opened its SBHC as a joint venture with Oregon Health Sciences University School of Nursing. The center offered routine physical exams; diagnosis and treatment of colds, sprains, infections and other minor illnesses or injury; as well as preventive care including immunizations and AIDS and smoking prevention education. For OHSU, the school-based health care facility provided nursing students with training and practice in a real-world environment.

Consolidating our Voices to Build Stability 1996-2002

Expanding Relationships and the Model

With the stability of some funding streams in the late nineties, SBHCs enjoyed some peace. Staff became comfortable with their resources and routines. Relationships had been established with the schools, and community support had grown. Practitioners and supporters no longer battled opposition; their efforts focused on community outreach. SBHC staff concentrated on care and outreach, becoming more and more integrated in the character and culture of their 'home' schools. Judy Fisher recalls, "We (Roosevelt SBHC staff) decided we needed to write a set of standards for ourselves about what we were trying to accomplish, and what was our main mission and goals. We refined things—who do you give appointments to, what do you emphasize, what do you prioritize?"

Partnerships between SBHCs and their hosts matured. In an era of pressure for academic success, Jill Daniels observed, the relationship between the school and the health center was mutually beneficial. "SBHCs minimize the time that students are out of their seats. In return, school staff recognizes that a student, who has a health care need, whether physical or emotional,

cannot meet academic goals." Even the work of the traditional school nurses changed, as they become the eyes and ears of the SBHC, identifying students and families that need services and coordinating their care. "When we started, SBHCs were available only to students in the building where the center was located. Now all students can attend whatever center is convenient for them," says Daniels.

Efforts to provide mental health care at Roosevelt High, remembers Judy Fisher, were also realized. "We knew from the beginning that mental health was part of what we wanted to do. The (staff) were saying, 'Half the job we're doing is a mental health person's job...We need mental health full-time.' When we finally did get it full-time at the high school, then we added it to middle schools. That was when we were at the height—the perfect model—when you had a kid with mental health needs, you had somebody right there they could bond with, form a relationship with."



Across the state, SBHC providers became partners with schools and advocates for student success. Joya Feltzin, nurse practitioner at Illinois Valley High School in Cave Junction, recounted a single day which included treating a paraplegic/asthmatic senior student with whom she worked on plans for his future; a runaway girl with multiple issues including sexual abuse, depression, and suicide risk; education for a student who had obesity and smoking issues coupled with a family history of cardiovascular disease; a young woman whose recurring headaches were possibly related to vision problems, and who might be eligible for free professional vision screening and eyeglasses; and a sports physical for a young man with a cardiac murmur, who she referred for further evaluation. "That was a good day," she mused.

1987

Oregon leads the nation with 8 SBHCs, 5 partially state-funded

1988

Dr. Porter publically recognizes collaborative efforts of Oregon to address health needs of youth through SBHCs

1989

150 SBHCs in the US

Community Support Counts

Community involvement in planning and developing centers helps assure success. When the Crater High School SBHC opened in 1986, the community allowed the SBHC to prescribe, but not dispense, contraception on site. The closest dispensary was 25 miles away in Medford. In 1994, the community recognized a rising pregnancy rate among local teens. The SBHC, with community support, received a grant to house a contraceptive dispensary close to the school, and the pregnancy rate fell. Upon completion of the grant, arrangements were made to dispense one day a week from the public library, five blocks from the school campus.

The Willamina High School Health Center originally opened in 1989, serving students from Yamhill and Polk Counties. The center provided reproductive education but did not offer contraceptive care. When threatened with closure due to a state funding cut, one county pulled their funding. The school superintendent and SBHC Advisory Board fought to keep the center open. Recognizing the importance of this service in the community, the other county stepped in, underwriting the budget deficit. (In May 2009, 14 girls from the school's student population of 300 were parenting or pregnant. Discussions involving the school board, parents, students, and the community resulted in the inclusion of contraceptive care in SBHC services. In the following year, only one pregnancy was reported in the school population.) One girl wrote, "I can always turn to my SBHC because they will always give me constructive criticism and also keep in mind that I am young and my life is full of mistakes and accomplishments."



Statewide Organizing

For stakeholders, the lesson of the Coordinators' successful campaign to save SBHC funding was an awareness that the state health division could support health centers only on an administrative and technical assistant level. An independent organization was necessary to develop and pursue political action, advocacy, and initiate strategic communication. This entity could build cooperation by encouraging local advisory groups, and spearhead acquisition of

additional ongoing funding and development by successfully seeking grants for capacity building and operations.

Sister Barbara Haase of PeaceHealth and Barb Arnold from the SBHC in Eugene were instrumental in assembling the building blocks to establish the early foundation of the Oregon School-Based Health Care Network. While the formal organization emerged much later, Haase and Arnold shared a passion for creating the Network to sustain advocacy work. Sister Barbara was a long-standing member of the board over the years and a vigilant monitor of donations that helped support the organization's growth.

Their combined efforts in 1996 helped move activists to elect a board of directors and formalize their new organization's advocacy activities. Its mission included support of SBHCs for prevention, treatment, and health promotion addressing the unique needs of students; promotion of integrated and comprehensive care appropriate for Oregon's youth; and maintenance of an active commitment to the advancement of SBHCs.

In 1997, the Oregon Department of Human Resources recognized Tammy Alexander's commitment to adolescent healthcare with a "Power of One" Quality Award, citing her work to reduce the statewide problem of teen suicide. "Alexander," the nomination stated, "saw a serious problem and knew how to convince people to respond. Oregon is a better place due to the commitment and creativity shown by Tammy."

Alexander was awarded \$2,500 to use in her work. "I knew right where it was going...to support the volunteer efforts of the Network. In 1993, school-based health care became my real passion. I saw that the Network needed to formally organize and this money could seed that effort." Her donation, along with 19 individual memberships and 26 organization memberships, established a treasury and action fund for the young Network.

Advocates in Oregon worked to expand SBHC on a national level, as well as locally. In October 2000, Julia Graham Lear, PhD, of RWJ Foundation's *Making the Grade*, noted, "Now (Oregon has) 45 centers, with two in the pipeline. When you opened, there were 40 to 60 centers nationally. Now there are over 1,300." She

1990

17 SBHCs in 9 counties in Oregon, 12 partially state-funded

1991

SBHCs are "appropriate vehicles for reaching youth" (Healthy People 2000)
Oregon budget: Measure 5 slashes SBHC funding
SBHC Coordinators begin meeting quarterly

1993

18 SBHCs in Oregon, 13 partially state-funded
SBHC advocates get state funding restored to pre-1991 level
First SBHC Coordinators Conference convened by the Adolescent Health Program

celebrated growth in numbers and that the centers and leaders nationwide had built a national organization—National Assembly on School-Based Health Care (NASBHC) which began in 1995; several Oregonians played a crucial role in its development: Denise Chuckovich was the third national president; Tammy Alexander participated in launching the organization, as well as serving on the board. Bob Nystrom provided leadership as co-chair of the research and evaluation panel; Jill Daniels served on this panel, too.

Turning Tides

With the Robert Wood Johnson grant ending in 2000, the Governor's 1999-2001 recommended budget contained a policy package to increase SBHC support by \$1,000,000 to backfill funds for sites. However, in November 2000, Governor Kitzhaber's budget proposal eliminated all funding for SBHCs for the coming biennium (2001-2003). The State SBHC Program Office was unable to mail out its annual data report, which is critical to helping legislators understand the state's investment in the program and in the children it served.

Coordinators sent emails to legislators, and began a Save Our Schools (SOS) online movement to save the centers. Jackie Rose personally mailed a cover letter and the annual reports to legislators, using the Network's coordinated effort to reintroduce SBHC funds into the budget through the legislature, and again SBHC programs were rescued.

Threats and Promises 2003 - 2008

The Constant Challenge

Keeping SBHC budgets viable is a perpetual challenge. In early 2003, unanticipated revenue shortfalls resulted in sudden and deep cuts to many state-funded programs, including the State SBHC Program Office (SPO), which oversaw the regulatory side of SBHCs. The SPO closed, with an annual report detailing data and positive impacts of SBHCs again undistributed. State grant funds were suddenly unavailable; some centers that relied completely on state funding closed within days.



1994

The GAO finds that "SBHCs do improve children's access to health care"

\$2.3 million RWJ grant awarded to Oregon to model development for six new SBHCs

1995

National Assembly on School-Based Health Care (NASBHC) forms

1996

947 SBHCs in the US

Oregon School-Based Health Care Network (OSBHCN) forms as a charter state chapter of NASBHC

Barb Arnold is first OSBHCN board president



Knowing that the SPO report contained information which unequivocally supported the survival of SBHCs, the Network's small treasury was used to distribute it to every legislator. The Network's rapid-response communication network galvanized action and encouraged its constituents to initiate calls. Students, alerted to the threat of SBHC closures, traveled to Salem, highlighting the importance of SBHCs, meeting again with



legislators to reveal the personal stories of how health services impact lives. Funds were cut in this session, and as a result, many SBHCs closed their doors.

A newly constructed SBHC at Oregon City never opened. Jackie Rose had designed the facility and expected to move into it during the summer. Instead, she packed up all of the furnishings, records, and materials and sent them to the county health department. Still passionate about her belief in SBHC care, Jackie used her experience and commitment acting as a consultant to newly forming SBHCs.

Maxine Proskurowski, SBHC coordinator in Eugene since 2000, sought out new sources of funding in response to the budget cuts. She solicited foundation support to buttress the embattled SBHCs and maintain momentum for their programs. The PacificSource Foundation, recognizing the importance of SBHCs, responded by providing \$250,000 in 'bridge funding' to enable SBHC operation during the final months of the spring 2002-03 school year. Funds in \$25,000

increments were distributed to struggling centers during the spring term. Proskurowski, Sincic, and Rose worked determinedly during this time to help centers remain open, garner legislative support for restoration of funds, and keep school-based health workers informed.

Changing Landscape

In a landmark proclamation, in November 2003, Governor Ted Kulongoski's "Children's Charter for Oregon" acknowledged the contributions of SBHCs, and promised continuing support for the centers.

"We not only take care of our own children, and our neighbors' children. We take care of children we don't know. We take care of children who are poor. We take care of children being raised by one parent. We take care of children whose bodies are broken—or whose bodies are healthy but whose spirits are broken. They are all our children. And they are all our responsibility."

The Children's Charter enumerated certain assumptions, including, "Every child in Oregon is safe, healthy and has adequate food and shelter." Kulongoski



SBHC support was restored at the end of the legislative session, and money flowed back to the counties in the fall of 2003. The State Program Office was restored. Bob Nystrom, now the manager of Adolescent Health, who had lost his staff when the office closed, contracted with Jackie Rose to get health centers open and operating again statewide. Rose was also contracted to reopen the Oregon City SBHC in February 2004, refurbishing, stocking, and hiring new staff to run it.



1997

39 SBHCs in Oregon

\$2,500 "Power of One" award seeds OSBHCN, donated by Tammy Alexander

1999

41 SBHCs in Oregon, 20 partially state-funded

OSBHCN sets its mission and organizational structure

RWJ grant ends with all stated goals met

Oregon legislature increases support by \$1,000,000 to backfill grant

explained, "In the 2001-2002 school year, 32-percent of students treated at school-based centers had no insurance, and 67-percent said that if they couldn't receive care at their school— they wouldn't have received care at all.

"But we need to do more...So I promise you: As the federal government makes more money available for community care, we will make sure Oregon gets every dollar it's entitled to. We will also think creatively about how the state can directly support school-based health centers—including expanding private partnerships, securing additional grant funding, and getting certified as federally qualified health clinics."

Moving the Network Forward

In late December 2003, there was a buzz about a WK Kellogg Foundation grant designed to advance capacity and strengthen state SBHC associations. The grant would assist development of Network capacities to advocate at local, state, and national levels. Using a small portion of the PacificSource grant, the Network hired Tammy Alexander and Jackie Rose to write a grant proposal. Working with Maxine Proskurowski, they applied for the Kellogg Foundation grant "to promote health of children, adolescents, and their families by developing their capacity to mobilize and engage communities and exploring models that financially secure the future of school-based health centers."

The work was intense, with only a month to write and submit the application. Emails, phone calls, and technical assistance conference calls consumed the month of January. In a highly competitive process, the written application was the first step. In February 2004, Terri Wright, a representative from the WK Kellogg Foundation made a site visit at the newly reopened Oregon City Health Center. The event drew VIPs such as State Senator Kurt Schrader and representation from the offices of Representative Darlene Hooley and Senator Gordon Smith.



The \$1.5 million multiple-year WK Kellogg Foundation grant was awarded to the Network in 2004. With this infusion of capital, the Network hired staff, created working plans to build political support for SBHC at the local, state and national level, and began its efforts to build capacity and credibility. The Network received its IRS nonprofit status in 2006. Work began in earnest to build an organization that could build support and prosperity for SBHCs, and end the era of reaction to adversity.

Building on the Voice of Youth

Armed with the Kellogg Grant, the Network went to work developing SBHC Community Partners in five communities across the state, and providing nearly \$400,000 in direct funding to them between 2004 and 2008. Community Partners increased local outcomes in services and policy advocacy. Aiding SBHCs as they sought additional funding, the Network expanded and developed training and technical assistance for the centers' staff and advocates, emphasizing the development of the youth voice for advancing the movement.



Students have played an important role in developing new centers and improving services at existing sites. Their involvement includes everything from testifying about critical services to school boards to helping choose the colors on the

waiting room walls. In Multnomah County, members of the Multnomah Youth Commission conducted focus groups and sent "secret shoppers" to sites so that they could make recommendations to improve services to youth. In Eugene, students have raised thousands of dollars to support their SBHCs. In Forest Grove, students were involved in all phases of the development of the new center. The Network brings students together at its annual conference and SBHC Awareness events so they can learn from each other's experiences. Ultimately, it is the voice of student advocates telling their stories that secured nearly \$6,000,000 for SBHC services between 2004 and 2009.

The Network has historically brought youth and other advocates to the capitol to ensure that policy makers hear their stories and understand why support for the model is so important. Hundreds of adolescents have received advocacy and leadership training. Network policy director Liz Smith Currie says that teen involvement has been crucial to the growth in SBHCs during the last 6 years, "Any lobbyist can meet with legislators and show them data, but when a youth comes to the capitol and says, 'without this service, I would not be in school' that really makes the program stand out for legislators."

2000

Governor Kitzhaber removes SBHC funding from biennial budget; it is reinstated by legislators

State Certification Standards implemented

2001

44 SBHCs in Oregon, 20 partially state-funded

Enhancing the Model and Advocacy Efforts

SBCH staff especially appreciates Network assistance and seminars, which assist growth of expertise. Trainings as diverse as suicide prevention, clinical and dermatological care, and “kitchen cupboard” care—the use of common sense and readily available supplies to treat ailments, says Jackie Rose, help the SBHCs “to be the best they can be, operating at maximum capacity and with outstanding results.”

The Network, as a concentrated source of education, enablement, and advocacy, increases SBHCs’ ability to serve children and youth. Jackie Rose credits the capacity-building focus of the Kellogg grant with propelling the Network to its current organizational standing and ability to support policy-making for the SBHC model in Oregon “We’ve had the resources for (relaying our message) to be at the policy-making table...we’re a voice that’s heard. As we have moved to make SBHCs an integral part of the health system structure, the challenge is to move the Network to a sustainable level that will continue to support that work. The Network has done a tremendous job.”

For Jim Carlson, of the Mitchell School-Based Health Center in Wheeler County, the remoteness of his SBHC is partially mitigated by the Network. “Being isolated as

we are, we are not able to participate much in statewide advocacy. I am the sole administrator: CEO; CFO; HR Director; grant writer and administrator and really can’t afford many days away from here.”

The Oregon Network is one of more than 20 state associations engaged in the SBHC movement. These associations are important nationwide as vehicles for sharing information, ensuring professional development, and for doing the political business that is essential if centers are going to be publicly supported at the local, state, or federal level. Terri Wright, Project Director at WK Kellogg says that the Oregon Network “has done an outstanding job of keeping a state policy focus on funding and expanding school-based health care for children and adolescents. There has been a tremendous return on this Kellogg Foundation investment in policy advocacy.”

Local advocacy is a crucial component of the SBHC movement’s success. Peg Bowden, a community health nurse and outreach RN with the Crater High School SBHC in Central Point, joined forces with stage writer and director Carolyn Myers. They developed a teen theatre production called the Crater Cabaret as part of the clinic’s outreach. Students wrote, improvised and acted out timely vignettes addressing the issues of pregnancy, HIV, bullying, independence, family chaos, and relationships, as well as adolescent sexuality. The act developed into an award-winning road show, dramatically portraying controversial themes drawn from teens’ experiences. The theater project was funded in its early years by the EC Brown Foundation.



Deborah Johnson, at Sheldon High School-Based Health Center in Eugene, remarks that, “I have received and benefited from training in the areas of youth involvement, running focus groups, and understanding biases. Key to our success has

been the Network’s advocacy training. The Health Center staff has grown to be pretty savvy as advocates for health care and for SBHCs in particular. We have used our training to train teen advocates of school-based health care.” Members of the Teen Advocacy Council (TAC) in Eugene raise money, build community and legislative support, and raise awareness about the centers among peers, educators, and local businesses. Jacquie Kenyon, a student who participated in the Eugene TAC, understands that, “Everyone deserves a healthy and high quality life, and I want to strive to help people get there.”



2003

State funding is withdrawn due to revenue shortfalls; some SBHCs close

PacificSource Foundation provides \$250,000 in bridge funding for SBHCs and OSBHCN

Oregon legislature proclaims February as SBHC Awareness Month
Governor Kulongoski introduces his Charter for Children

In late 2006, the Network and the EC Brown Foundation partnered to expand funding for improving healthy relationships among youth. In addition to the funding for Community Partners under the Kellogg grant, the Network has coordinated more than \$236,000 in mini-grant funding to SBHCs since 2007, expanding development of services for children and youth. Highlights include working with staff in developing school and SBHC partnerships, increasing culturally competent outreach to minorities about mental health services, and building assets for motivational interviewing to support effective communication with teens. Focus on youth has played a major role winning financial support to centers where grantees are addressing and preventing abuse in relationships, developing peer-led education materials regarding healthy relationships, and implementing a youth council model at the local level.

SBHC Staff, Youth and Families

The Mitchell School-Based Health Center, which opened in 2006, is the only health facility in Wheeler County. For the first time, students in Mitchell, Oregon have access to local care. The SBHC provides primary care and dental services to the entire population in an extended area. Jim Carlson explains its importance: "We now have people from Condon, 65 miles from here, coming to Mitchell for their dental care." The federally-subsidized dental facility is so popular that its funding is exhausted after 11 days of operation each month.

Deborah Johnson of Eugene describes the reliance of students on the centers for general support. "The health and mental health care is obvious, but students regularly come in when they are looking for everyday things, unrelated to health care. I stock safety pins, sewing kits, deodorant, toothbrushes and paste, contact lens solution and lens holders, hair bands, underwear, socks, extra clothes, basic school supplies, etc. etc. Many of these items are donated. Students never take advantage. Having these items available helps keep the kids in school but also gives them the message that we care about every part of their lives and all of their needs. As a result, we have lots of foot traffic, which is good, because high school students like to check us out—to see if it feels safe and welcoming—before sharing greater needs. It works out well for all of us: students, parents and staff. Plus it just feels good."



Parents, as well as adolescents, turn to the SBHCs for help. In Tigard, Margaret Stochosky treats a full spectrum of health issues. "A mother brought her son into the health center for enlarged lymph glands of several weeks duration. She had no health insurance, and had been off work for two weeks taking care of her mother who died during that time of breast cancer. This mother worried that her son might have something serious, but had no money to seek urgent care. She was so relieved to find that her son could have lab tests done here at the SBHC, with treatment as well. She was both tearful and grateful, hugging all the staff and thanking us for relieving her worst fears regarding her son's health concerns."

Sometimes, the SBHC can help build bridges between students and parents, paving the way for further parental engagement with the student and school. Maxine Proskurowski describes a program that a Eugene SBHC practitioner facilitates for teenage boys "who aren't popular, lack social and/or academic success, and are suffering in school. The boys are required to get to class every day, and do their homework. At the end of the term they'll go on a backpacking, canoeing, or rafting trip. The parents get involved and excited as well. They are generally parents who haven't been involved in a school before, and now they're really part of the school. They come to parent meetings and help prepare for the trips. You get the kids back into school and the parents, who have never felt comfortable in the school, come to school to see how their kids are doing."

Parental involvement helps practitioners develop support systems for children who come within the scope of their care, and has played an important role in building the movement at the national level. Among the parents who valued the SBHCs and actively supported their work, are former US Senator Gordon Smith and his wife, Sharon. Their son, Garrett,

2004

WK Kellogg Foundation initiates the second national initiative for SBHC

OSBHCN is one of 9 states associations awarded \$1.3 million for policy advocacy

2005

Governor includes SBHCs in his budget, asks for and wins expansion of SBHCs to 20 counties

All of Oregon's congressional delegates voice support for SBHCs

committed suicide in 2004, while attending college. Cindy Shaw, SBHC coordinator in Pendleton says, "The Smiths were always supportive of our SBHC. They had registered their kids for services at the center, and after Garrett's death, Sharon spent time with me discussing the signs that they were aware of prior to his suicide. They have been active in helping us in any way we want them or need them. Sharon would call to see what they could do and they were advocates in keeping the SBHC open."

Promise and Challenge *2009 and beyond*

In 2009, six years after Governor Kulongoski introduced his Children's Charter, Oregon passed the Healthy Kids Plan he had championed. Though the state was reeling from fiscal distress from the Great Recession, Kulongoski's commitment to health insurance for all of Oregon's children was enacted as Oregon law. "This isn't the time to retrench," he said, "You have to continue to invest in your state, even in the most difficult times." Hospitals, which will pay a tax to help cover the cost, supported its passage. "It's actually cheaper for them," Kulongoski argued, "to have insured patients coming to the emergency room, than to provide care to the uninsured."

Bob Nystrom believes that the SBHC program provides a model profile for development of universal health care. SBHCs operate as health maintenance facilities, providing preventive, rather than reactive, care. They offer immunization, nutrition, and health education services, as well as confidentiality and reliability for patients. They build relationships with their clients, and help them learn to advocate for themselves. "How hard it is for adolescents to navigate the world," Nystrom observes. "SBHCs address the tension around meeting kids' actual needs verses what the medical model provides."

Nancy Borges, Nurse Practitioner at North Eugene Health Center since 1986, undoubtedly agrees. Maxine Proskurowski notes that, "Nancy is now seeing a third generation of children visiting her center. She has a huge following in her community. Many people can vouch that they grew to be healthy adults and parents because of her compassionate care. They know that they can come to her and talk about their problems." SBHCs have proven to have a population-wide impact on successive generations in this community, who will strive to help their kids make healthy choices.



Health Care Reform

The "triple aim" of Oregon's health care reform efforts are: a healthy population, extraordinary patient care for everyone, and reasonable costs shared equitably. Liz Smith Currie believes that SBHCs can be a model for how to provide quality health care. "We are patient-focused and deliver prevention services that save money down the road," says Smith Currie. "Because SBHCs are located where kids spend their day, SBHCs are there when kids need them. A child may come in with a stomach ache, and in a traditional care system, that is what is treated. But SBHC practitioners develop relationships with kids, and are able to sit and take the time to really find out what's happening—and often that stomachache is really a sign of depression, or anxiety and they can talk about what is going on in that

2005 cont.

Senator Gordon Smith hosts congressional briefing on SBHCs and Medicaid

A new funding formula for state grants is established

2006

1700 SBHCs in the US

National SBHC conference held in Portland, hosted by OSBHCN

Governor proposes \$2 million SBHC expansion as part of the Healthy Kids Plan with funded by tobacco tax

child's life. Many centers have mental health counselors on staff, so issues can be addressed right there in the office. Focusing on prevention, integrating health care and mental health services, putting the patient first—that is where health care can and should be going, and SBHCs are already there. In many ways, SBHCs beat the basic goals of health care reform."

The Oregon Healthy Kids initiative, providing access to health insurance for all children for the first time, extends to as many as 80,000 uninsured children. They will gain access to expanded health coverage, including vision and dental care. SBHCs help students

and their families to enroll in the program and work to set up contracts with insurance plan providers to be paid for services. Because SBHCs continue to vary in their capacity to be reimbursed for services from health insurance, the Network's role is critical in helping sites develop business plans to improve reimbursements and achieve greater sustainability.

Today SBHCs operate in 55 Oregon schools, with ten additional centers slated to open by spring of 2011. SBHCs transform the lives of students and parents. They provide care without charge, access to care at school, and continuing care where indicated as principle tenets of operation.

Health education and a supportive environment for delivery enhance the SBHC profile and increase adolescents' opportunities for learning and personal growth. Many SBHCs serve a larger client base than their resident student population—entire communities may benefit from the presence of a center.

"I believe nurses, nurse practitioners, mental health therapists, and health assistants can help resolve the issues of poverty by assuring that low-income children can access health care."

~ Maxine Proskurowski

Governor Kulongoski has consistently proposed budgets expanding the role of SBHCs, and advocates and regulators have revised state funding formulas to equalize funding of centers statewide. But Oregon's recurring revenue shortfalls dictate planning for major cutbacks in all areas. The SBHC program remained untouched through the 2009-11 legislative session, but cuts that are planned may affect quality of service.

For example, shortened school years impact the delivery of care. Liz Smith Currie cites the Pendleton Schools schedule, where 14 days were cut from the school year, and 10 from the SBHC schedule. "It has a huge impact," she claims. "When we talk about the connection between health and education, if you have shorter days, and a less supportive environment, you're going to have negative outcomes. With cuts looming to school programs—art, music, shop, and athletics—fewer and fewer kids find a foothold that helps them be successful in the school." And that, believes Judy Fisher, leads to higher risk behaviors and poor outcomes for adolescents as they try to make their way in the world.

For three of the SBHCs in Eugene, the school district serves as their employer, rather than the local health department. The recession has meant dwindling foundation and hospital funding, and the school district will need to make cuts. Understanding that health positions may be eliminated before teaching positions in an educational system, coordinator Maxine Proskurowski says that she feels "real anxiety" for the first time.



2007

45 Certified SBHCs in Oregon

Ways and Means co-chairs include and secure \$2 million SBHC expansion in General Funds

Tobacco tax is referred to voters, which fails

2008

2000 SBHCs in the US

OSBHCN call for an examination of the funding formula equalize state grant for SBHCs

2009

54 Certified SBHCs in 20 Oregon counties

With shortened hours, staff will lose income and the ability to maintain the standard of care the centers have attained. Vacant health department positions may remain unfilled. Students for whom SBHCs have been the sole source of medical care will be most severely impacted, some catastrophically.

At Last, Federal Support

After many years of advocacy, SBHCs have achieved federal recognition. Paula Hester, Network Executive Director believes the maxim, 'many hands make light work.' "It has truly taken many hands to move access to health care to a meaningful level. Senator Gordon Smith and Representative Darlene Hooley helped pave the way for Authorization of SBHC at the federal level when they were in office," says Hester, "They co-authored the original bills and helped bridge the gap across the aisle around this service." She appreciates that the Network staff "stands on the shoulders of early pioneers in SBHC advocacy, both in Oregon and across the nation." Joint efforts of policy makers and advocates are making a difference in healthy outcomes in communities across the country.

For the first time, the recently passed health care reform act authorizes a federal SBHC program. While funds to support it have yet to be allocated, Congress passed a bill that will grant \$50 million per year to SBHC programs for capital improvement and



equipment through 2013. These grants will allow centers to pursue expansion of facilities and improvements to equipment, including health information technology, all crucial to continuing efforts to meet high standards of care. SBHC supporters are still pursuing authorization of federal operating dollars to support staffing and service.

Linda Juszczak, NASBHC Executive Director, leads the field in securing federal program authorization and funding opportunities. She notes that preservation of gains for the SBHC movement will require our continued, combined efforts. "It's exciting to witness the development of leaders from Oregon in our national movement. You have brought many voices to the table—students, practitioners, advocates, and legislators. Your contributions are greatly appreciated." Federal funding, along with more children who have billable health insurance (through Healthy Kids), help move Oregon's SBHCs into the mainstream of health provision and may enable delivery of more comprehensive services—primary care, more mental health, and dental care services.

One clinic reported a visit from a boy with a broken arm. "It was his first time in a doctor's office. His parents could not afford health insurance. The nurse practitioner quickly realized that he had signs of a life-threatening bone cancer. Our clinic (was) able to collaborate with both state and local agencies in an effort to treat the child and cover the cost."



2009 cont.

Oregon expands SBHC funding by \$1.38 million to equalize funding formula and expand new sites

Oregon passes Healthy Kids Plan, extending health insurance to 80,000 children and tax-based funding for a portion of state SBHC grants

2010

55 Certified SBHCs in Oregon

45,203 students have direct access to SBHCs in Oregon schools

Federal Authorization of SBHC program

Special federal allocation \$200 million SBHC facilities and equipment

10 new SBHCs coming spring 2011

A Look Forward

From a visionary experiment in 1985, Oregon's school-based health centers have emerged as a vital part of the state's health care system. From a commitment of \$53,000 from Multnomah County for one SBHC at Roosevelt High School, funding is projected to be in the tens of millions of dollars for SBHCs from local, state, and federal sources. Since SBHCs began operating in Oregon, nearly 290,000 individuals have been seen in more than 1,000,000 visits to the centers. In 25 years, service has expanded from eight communities, to the soon-to-open 65th SBHC under state certification.

SBHCs continue to evolve and develop their model. Fully operational primary care centers, focusing on preventive health care, childhood and adolescent development, and health education for students, schools, parents and communities go far beyond the vision that moved Dr. Prophet in 1986. Jill Daniels recalls, "I think back to where we started, the assumptions we made, and what we thought were the priorities. Where we are today is very different... from what kind of services we provide, the cost of service, parent involvement, even assumptions about limiting whom we served"

As we look back on the last 25 years, there is much to be proud of. However, it is essential to recognize and embrace the work remaining to be done. Jackie Rose believes, "When everyone works together, and you have quality programs with good outcomes, you need to have advocates at the table with decision-makers to refine and improve the programs." The state collects data and oversees certification; the Network provides technical assistance and quality expertise in policy advocacy; local advisory and youth groups keep the services authentic.

The commitment of SBHC advocates and personnel is absolute. "I work locally and nationally with some of the most passionate people in the world," reflects Daniels. "We care about these kids that walk through our doors. Some of them have nothing. We're the one stable thing in their life. Every day my staff comes to work to help those kids. I can't think of anything more rewarding than that."



School-based health care is successful in Oregon because of the commitment of those whose stories are contained in this publication. It is successful because the hundreds of people who have provided their time and talents to move this work forward at the local, state and national level. It is successful because communities have embraced it.

We would like to specifically note those who have served in a direct capacity as OSBHCN board members since the mid-1990s:

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Tigard High clinic seen
as the model of health



Budget ax
hits health
measures

Learning begin



Governor tours Jefferson health clinic

Oregon City High's
health clinic reopens



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