

Gresham-Barlow



School District

## BOARD OF EDUCATION

Board Work Session

### **AGENDA**

April 5, 2018

**BOARD OF EDUCATION**

April 5, 2018

Regular Board Meeting / Work Session – 6 p.m.

**Large Conference Room  
Public Safety and Schools Building  
1331 NW Eastman Parkway, Gresham, OR**

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**I. CALL TO ORDER****II. ROLL CALL**

_____ Kris Howatt, Chair	_____ Kathy Ruthruff, Director
_____ Sharon Garner, Vice-Chair	_____ Blake Petersen, Director
_____ Carla Piluso, Director	
_____ John Hartsock, Director	
_____ Matt O'Connell, Director	_____ A. Katrise Perera, Superintendent

**III. APPROVE MEETING AGENDA****IV. ACTION ITEMS**First Reading

1. Patent for Clear Creek Middle School Samsung STEM Project..... Garner

**V. INFORMATION ITEMS**

2. School-Based Health Center Business Plan Update..... Olson

3. Bond: Safety Update..... Schofield

**VI. DISCUSSION ITEMS**

4. Board Agenda Review..... Board

**VII. ANNOUNCEMENTS**

Apr. 5, 2018: Regular Board Meeting - 7 p.m.  
Council Chambers  
Public Safety and Schools Building

**VIII. ADJOURN**

**GRESHAM-BARLOW SCHOOL DISTRICT**  
**1331 NW Eastman Parkway**  
**Gresham, OR 97030-3825**

TO: Board of Directors

FROM: A. Katrise Perera  
Sharon Garner

DATE: April 5, 2018

RE: No. 1 – Patent for Clear Creek Middle School Samsung STEM Project

EXPLANATION: Mr. Tom Erickson, STEAM teacher at Clear Creek Middle School, submitted a plan for a project to Samsung Solve for Tomorrow. His project outlines how families trapped in their homes as a result of flooding or other natural disasters can safely seek help. In December, Mr. Erickson's project was named a state winner.

At the mid-year board planning retreat, March 22, 2018, the question was raised around the possibility of obtaining a patent for this project. Director Garner volunteered to get more information regarding filing a patent for the project. She reached out to Dee Volin, an engineer who specializes in filing patents, and Lori Lagerstedt who performs patent searches. They offered to assist the district with developing a patent, at cost.

The United States Patent and Trademark Office (USPTO) charges a \$140 filing fee. If additional drawings of the project work are needed, there will be an added cost for a patent drawer. Almost all patent filings are done by filing a non-provisional first, giving the project patent pending status for one year. Before that year is up, the district would need to file for a provisional patent that costs around \$975. If a patent is granted, usually two years after the second filing, the USPTO charges an additional \$500 issue fee. There is also a \$500 maintenance fee five years after a patent is granted.

This information is being shared to determine if the board would like to move forward with the filing of a patent on this project. Although some costs have been listed in the above summary, the total amount will not be discoverable until the engineer has an opportunity to review the project, its notes and its drawings.

PRESENTER: Sharon Garner

SUPPLEMENTARY  
MATERIALS: None

Board of Directors

Re: No. 1 – Patent for Clear Creek Middle School Samsung STEM Project

April 5, 2018

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RECOMMENDATION: The administration recommends the board review the provided patent information and discusses the filing of a patent for the Clear Creek Middle School's Samsung Solve for Tomorrow STEM project.

REQUESTED ACTION: If the board decides not to move forward with the patent process for this project, no action is needed.

- Or -

Move to approve moving forward with the patent process for the Clear Creek Middle School Samsung Solve for Tomorrow STEM project.

:sa



**GRESHAM-BARLOW SCHOOL DISTRICT**  
**1331 NW Eastman Parkway**  
**Gresham, OR 97030-3825**

TO: Board of Directors

FROM: April Olson

DATE: April 5, 2018

RE: No. 2 – School-Based Health Center Business Plan Update

EXPLANATION: The Gresham-Barlow School District, along with consultant Oregon School-Based Health Alliance (OSBHA), has been conducting a School-Based Health Center (SBHC) planning process.

A Steering Committee has met twice to review data and determine services and supports that the SBHC should provide, and how we can use existing and new resources and partnership to realize this vision for our school community.

Student and parent focus groups and surveys were also conducted. The results of both were very positive.

Members of the Steering Committee met with representatives from Wallace Medical Concern regarding their interest and capacity in medical sponsorship of the SBHC.

A final draft of the Business Plan is due in June 2018. It must include a Board statement of support for the SBHC.

PRESENTER: April Olson, Director of Federal Programs  
Rosalyn Liu, Oregon Health Authority, SBHC Team Lead  
Michael Schaefer, Gresham High School Principal

SUPPLEMENTARY  
MATERIALS: None

RECOMMENDATION: This report is being provided as information only.

REQUESTED ACTION: No formal action is required.

AO:sa

Oregon School-Based Health Centers

# Standards for Certification

Version 4



Oregon  
**Health**  
Authority

PUBLIC HEALTH DIVISION  
School-Based Health  
Center Program

Oregon  
**SBHC**

School-Based Health Centers

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# Introduction

**School-Based Health Centers (SBHCs) are a unique health care model for comprehensive physical, mental and preventive health services provided to youth in a school setting. SBHCs ensure children and youth receive the health care they need, helping them thrive in the classroom and beyond.**

The “Oregon School-Based Health Centers Standards for Certification, Version 4” (referred to as “Standards for Certification” herein) outlines the minimum requirements Oregon SBHCs must meet for the Oregon Health Authority Public Health Division’s SBHC State Program Office (SPO) to certify them. SBHCs may provide services beyond these minimum standards. Certification is voluntary; an SBHC may choose not to participate in state certification and still operate independently. However, only certified SBHCs are eligible for Oregon Health Authority funding per OAR 333-028-0260.

The Standards for Certification create a foundational model for SBHCs in Oregon emphasizing best practice for youth-centered services and population-based, patient-centered preventive care. SBHCs take a holistic approach to examining the whole child and work to meet children’s and youths’ needs through on-site service provision and referral to school and community providers.

**The SPO therefore expects that partner agencies providing care at SBHCs will also strive to meet the Standards for Certification.**

## Background

SBHCs have existed in Oregon since 1986. They succeed through public-private partnerships between the Oregon Public Health Division, school districts, county public health departments, public and private practitioners, parents, youth, and community members. The SBHC State Program Office provides oversight of certified Oregon SBHCs.

The SPO, the Oregon School-Based Health Alliance, and the Conference of Local Health Officials initially developed the Standards for Certification in 2000. The standards:

- Establish a clearly defined SBHC model for Oregon
- Reduce site-to-site variability
- Improve SBHC sustainability and
- Increase the availability of quality health care for children and adolescents.

In 2014, Oregon Administrative Rules 333-028-0200 through 333-028-0250 were adopted to establish the procedures and criteria the Oregon Health Authority shall use to certify, suspend and decertify SBHCs. Section A of the Standards for Certification outlines these rules.

## Comprehensive best practice

The Standards for Certification are grounded in promoting comprehensive preventive care provision for Oregon's children and youth. This most recent version (Version 4) makes clear that SBHCs provide pediatric health care in line with nationally recognized standards, including recommendations from the American Academy of Pediatrics (AAP) Bright Futures.<sup>(1)</sup> The minimum level of services required of Oregon SBHCs in Section E directly tie to the Bright Futures guidelines.



## Youth-friendly services

The SPO is committed to meeting youth where they are. Youth clients have unique physical, behavioral and preventive health needs that must be met through partnerships with parents, schools and other health providers. SBHCs can best address these needs and facilitate youth access to health services by providing clinical care that meets the following criteria from the Society for Adolescent Health and Medicine (SAHM)<sup>(2)</sup>:

- Availability
- Confidentiality
- Visibility
- Coordination
- Quality
- Affordability
- Flexibility

SPO supports the definitions of “youth-friendly” clinic practices that SAHM,<sup>(3)</sup> the AAP<sup>(4)</sup> and Advocates for Youth<sup>(5)</sup> outline. These principles are central to Version 4 of the Standards for Certification. SPO encourages certified SBHCs to provide youth-friendly care that aligns with them.

## Population-based, patient-centered care

Finally, SBHCs are natural partners as Oregon transitions our health care system to a model that prioritizes ensuring a healthy population through quality care at a lower cost. Version 4 of the Standards for Certification incorporates some elements of the Oregon Patient-Centered Primary Care Home (PCPCH) Standards for Recognition and has aligned certain requirements, such as the Key Performance Measures (Section F), with Oregon coordinated care organization (CCO) incentive metrics. Although not required, SPO strongly encourages all certified SBHCs to become state-recognized patient-centered primary care homes.

For more information about SBHCs in Oregon or the SBHC State Program Office, please visit the SPO website, [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc), or contact the SPO directly at [sbhc.program@state.or.us](mailto:sbhc.program@state.or.us) or 971-673-0871.



# Section A: Certification process

The following section refers to OAR 333-028-0200 – OAR 333-028-0250.

## A.1 Application and certification process and renewal

- a. An individual with legal authority to act on behalf of the entity that administers an SBHC may apply for certification of an SBHC by submitting an SBHC Certification Application to the program via electronic mail to the program's electronic mail address posted on the program's website or by mail to the mailing address posted on the program's website, [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc).
  - (1) Instructions and criteria for submitting an SBHC Certification Application are posted on the program's website.
  - (2) An individual may submit an application for more than one SBHC provided that each SBHC will be administered by the same entity and each SBHC individually meets the certification requirements.
- b. Within 30 days of receiving an application, the program shall review the application to determine whether it is complete.
- c. If the program determines that the application is not complete, it will be returned to the applicant for completion and resubmission.
- d. If the program determines that the application is complete, it will be reviewed to determine if it meets certification requirements described in OAR 333-028-0220. If the program determines that on the face of the application and in reviewing any other applicable documents that the SBHC meets the certification requirements the program shall:
  - (1) Inform the applicant in writing that the application has been approved and that the SBHC is certified and
  - (2) Instruct the applicant to complete the program's online Operational Profile and a date by which the forms must be completed.
- e. Once the application has been approved, the program will schedule an on-site verification review in accordance with Section A.4 (OAR 333-028-0240).



- f. If an SBHC does not meet certification requirements in its certification application, the program may choose one of the following actions:
  - (1) The program may deny SBHC certification if the SBHC does not meet the requirements of these rules.
    - i. The program will provide the applicant with a clear description of reasons for denial based on the certification standards in the denial letter.
    - ii. An applicant may request that the program reconsider the denial of SBHC certification. A request for reconsideration must be submitted in writing to the program within 90 days of the date of the denial letter and must include a detailed explanation of why the applicant believes the program's decision is in error along with any supporting documentation.
    - iii. The program shall inform the applicant in writing whether it has reconsidered its decision.
  - or—
  - (2) The program may approve the applicant's SBHC certification based on an agreed upon timeline for a corrective action plan for the non-compliant requirements. The site must submit a waiver to the program that includes an explanation of the non-compliant requirements, a plan for corrective action and date for meeting compliance.
- g. A certified SBHC must renew its certification no later than October 1 each year by completing the program's online Operational Profile forms. An SBHC's certification expires if it is not renewed by Oct. 1 of each year and the SBHC must reapply for certification under Section A of this rule.
- h. The program will notify SBHCs of their certification renewal status by January 1 each year.
- i. Once an SBHC is certified, the certification status is effective for the following certification year.

## A.2 Required training

- a. At least one representative from an SBHC must attend an SBHC orientation, provided by the program, within one year of the program's approval of the SBHC's certification application.

## A.3 Transfer of medical sponsorship

- a. A certified SBHC that wishes to transfer medical sponsorship to a new entity must submit a "Transfer of Medical Sponsor Application" to provide medical oversight.
- b. The program will review the "Transfer of Medical Sponsorship Application" in accordance with Section A.1 (OAR 333-028-0230).



## A.4 Verification

- a. The program shall conduct one on-site verification review of each approved SBHC within one year of application approval to determine compliance with SBHC certification requirements.
- b. After the initial on-site verification review, the program shall conduct an on-site verification review every two years for a representative sample of certified SBHCs in each SBHC system.
- c. An SBHC will be notified, in writing, no less than 30 days before its scheduled verification review.
- d. An SBHC must permit program staff access to the site's place of business during the review.
- e. The verification review must include, but is not limited to:
  - (1) Review of documents, policies and procedures, and records
  - (2) Review of electronic medical record systems, review of electronic health records systems, and review of practice management systems
  - (3) Review of data reports from electronic systems or other patient registry and tracking systems
  - (4) Interviews with practice management, clinical and administrative staff
  - (5) On-site observation of practice staff with at a minimum two school-aged patients, with the consent of the patient, parent or guardian and
  - (6) On-site observation of patient environment and physical environment during business hours.
- f. Following a review, program staff may conduct an exit interview with SBHC representative(s). During the exit interview the program staff shall:
  - (1) Inform the SBHC representative(s) of the preliminary findings of the review and
  - (2) Give the SBHC representatives(s) a reasonable opportunity to submit additional facts or other information to the program staff in response to the findings.
- g. Within 14 calendar days of the on-site visit, program staff must prepare and provide the SBHC with a written report of the findings from the on-site review.
- h. If no certification deficiencies are found during the review, the program shall issue written findings to the SBHC indicating no deficiencies were found.
- i. If certification deficiencies are found during the on-site review, the program may:
  - (1) Require action items to be completed within a specified timeline **or**
  - (2) Take action in accordance with Section A.5 (OAR 333-028-0250).

- j. The program may conduct a review of a certified SBHC without prior notice of any or all selected certification requirements for compliance and perform a verification on-site review of a certified SBHC if the program is made aware of issues of compliance from any source.
- k. At any time, an SBHC may request an administrative review of compliance, which includes one on-site visit. The review will be considered a “no penalty” review with the exception of gross violation or negligence that may require site closure or temporary suspension of services.

## A.5 Compliance

- a. SBHCs must notify the program within 20 calendar days of any change that brings the SBHC out of compliance with the certification requirements. SBHCs must submit a waiver to the program that includes an explanation of the non-compliant requirement, a plan for corrective action and date for meeting compliance.
- b. The program will review the waiver request and inform the SBHC of approval or denial of the waiver within two weeks of submission.
- c. If the waiver is approved, the SBHC must comply with certification requirements by the proposed date of compliance.
- d. If a waiver is denied, an SBHC does not come into compliance by the date of compliance stated on the waiver or the SBHC is out of compliance with certification requirements and has not submitted a waiver, the program may:
  - (1) Require the SBHC to complete an additional waiver with an updated plan for corrective action and updated date for meeting compliance
  - (2) Issue a written warning with a timeline for corrective action **or**
  - (3) Issue a letter of non-compliance with the notification of a suspension or decertification status.
- e. An SBHC with its certification status suspended may have its suspension lifted once the program determines that compliance with certification requirements has been achieved satisfactorily.
- f. An SBHC that had been decertified may reapply under Section A.1 (OAR 333-028-0230) at any time.
- g. If these rules are amended in a manner that requires an SBHC to make any operational changes, the program will allow the SBHC until the beginning of the next certification year or a minimum of 90 days to come into compliance.

# Section B: Sponsoring agency

## B.1 Sponsoring agency requirements

- a. A sponsoring agency is an entity that provides an SBHC or contracts with another entity to provide one or more of the following:
  - (1) Funding
  - (2) Staffing
  - (3) Medical oversight
  - (4) Liability insurance
  - (5) Billing support and
  - (6) Space
- b. Medical sponsorship requirements shall include:
  - (1) Medical liability coverage
  - (2) Ownership of medical records and
  - (3) Medical oversight
- c. SBHCs may have more than one sponsor, but at least one of the sponsors must meet the definition of a medical sponsor.
- d. All sponsoring agencies must have a signed written agreement describing their roles and responsibilities in SBHC operations.
- e. Each SBHC shall have a designated site coordinator who is employed by at least one of the SBHC sponsoring agencies. The site coordinator is the primary contact to the SPO and acts as a liaison between the SBHC, SPO, local public health authority (LPHA) and other SBHC community partners. They are responsible for attending SPO meetings, preparing for and attending verification site visits, and completing the Operational Profile.
- f. SBHCs shall have a designated SBHC administrator with administrative duties who is employed by at least one of the sponsoring agencies of the SBHC.
- g. SBHCs shall designate a quality assurance coordinator who is responsible for the SBHC's quality improvement processes.



- h. Each SBHC shall have a designated medical director, who is employed by the medical sponsoring agency. The medical director must be an MD, DO, ND or NP licensed to practice independently in Oregon with the population being served. The medical director must have prescriptive authority and be actively involved in development of clinical policies and procedures, review of medical records, and clinical oversight.
- i. The LPHA retains the right to approve use of public funds to provide public health services on the local level (Oregon Revised Statutes [ORS] 431.375 section 3) and thus has first right of refusal to become the SBHC medical sponsor when public funds are awarded for SBHCs. LPHAs shall designate a health department primary contact who is responsible for communication/liaison between the SBHC and LPHA.

## Section C: Facility

### C.1 Facility requirements

- a. SBHCs are defined as space located on the grounds of a school in a school district or on the grounds of a school operated by a federally recognized Indian tribe or tribal organization used exclusively for the purpose of providing primary health care, preventive health, behavioral health, oral health and health education services (ORS 413.225). Oregon's SBHC model excludes mobile health units/vans.
- b. A copy of patient rights and responsibilities and a "Notice of Privacy Practices" (NPP) must be posted in a clear and prominent location.
- c. Though there may be differences in SBHCs from site to site and multiple-use spaces are allowable, the following must be present within the SBHC:
  - (1) Waiting/reception area
  - (2) Exam room(s) with sink
  - (3) Bathroom facility
  - (4) Office area
  - (5) Secure records storage area as required by state and federal law
  - (6) Secure storage area for supplies (e.g., medications, lab supplies, vaccines)
  - (7) Designated lab space with sink and separate clean and dirty areas
  - (8) Confidential phone (placing confidential phone calls and receiving confidential messages) and
  - (9) Confidential fax (SBHC staff access only).

- d. The SBHC shall maintain staff and patient safety as required by state and federal law.
- e. The design of clinic space and staff practice should support client confidentiality. The clinic must have:
  - (1) One exam room for each provider on-site during operational hours and
  - (2) Provisions for necessary sound and sight security for private examination and conversations, both in person and on the telephone.
- f. A facility floor plan (to scale) must be submitted for approval to the SPO with the initial certification application.

## Section D: Operations/staffing

### D.1 Hours of operation and staffing minimum requirements

- a. SBHCs must be open and offering clinical services (medical, behavioral and/or oral health) a minimum of three days/week when school is in session.
- b. SBHCs must be open for services at least 15 hours/week, with availability for same-day and scheduled appointments during these hours.
  - (1) SBHC staff shall include on-site at a minimum (see Table 1):
    - i. Office/health/medical assistant — 15 hours/week
    - ii. Primary care provider (MD, DO, NP, ND, PA) — 10 hours/week, at least two days/week
    - iii. An additional 10 hours/week must be provided by a medical, behavioral or oral health professional and may include an MD, DO, NP, ND, PA, DMD, EFDA, RDH, RN, LPN and/or a QMHP\*
    - iv. At least one licensed medical professional (e.g., MD, DO, NP, ND, PA, DMD, EFDA, RDH, RN, and/or LPN,) and/or QMHP (as defined in OAR 309-019-0100 to 309-019-0220) must be available on-site each day the SBHC is open.
  - (2) A Qualified Mental Health Professional (QMHP) must be available either on-site or through referral.
  - (3) If the SBHC model includes planned staff time alone during hours of operation, the SBHC must have a written safety plan with agreement from school, clinic partners and LPHA to provide protection from property loss, HIPAA violations or personal injury.

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\* Minimum hours specified in D.1(b)(1)(ii) and D.1(b)(1)(iii) may overlap as long as the SBHC is open for services at least 15 hours/week (as specified in D.1(b)).



**Table 1: SBHC minimum staffing requirements**

SBHC staffing type	Minimum hours per week	Minimum days per week
Office/health/medical assistant	15 hours	Unspecified
Primary care provider	10 hours	2 days
Additional health professional (medical/behavioral/oral health)	10 hours	Unspecified

- c. SBHCs must have a strategy to ensure the clinic provides a youth-friendly environment.
- d. Information on how to access care outside of clinic hours or when the provider is not available shall be posted outside the main entrance of the SBHC and available by telephone answering or voice mail system that is accessible 24 hours a day on a direct phone line.
- e. Hours of operation must be clearly posted outside clinic entrance.
- f. Electronic and printed materials should be accurate regarding SBHC services and hours.
- g. SBHCs must demonstrate a mechanism to reassign administrative requests, prescription refills and clinical questions when a provider is not available.





## D.2 Eligibility for services minimum requirements

All students in the school are eligible for services.

- a. Students shall not be denied access to services based on insurance status or ability to pay.
- b. Students shall not be denied access to services based on race, color, national origin, religion, sex, gender identity and/or gender expression/presentation, immigration status, sexual orientation, disability or marital status, in accordance with applicable laws, including: Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statutes Chapter 659A.
- c. Minors 15 years of age or older may consent for medical and oral health services (ORS 109.640).
- d. Minors 14 years of age or older may consent for outpatient mental health, drug or alcohol treatment (excluding methadone) (ORS 109.675).
- e. Minors of any age may consent for birth control-related information and services, as well as testing and treatment for sexually transmitted infections (STIs) including human immunodeficiency virus (HIV) (ORS 109.640, ORS 109.610).
- f. If needed services are not available on-site, appropriate referral is required.



## D.3 Policies and procedures minimum requirements

- a. SBHCs must have SBHC-specific written policies set forth and in place for:
  - (1) Consent for SBHC services (parent/guardian and/or client)
  - (2) Release of information and/or access to medical records to parents when requested by parents and/or guardians
  - (3) Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) statements for confidential patient visits
  - (4) Emergency procedures (disaster/fire/school violence)
  - (5) Reporting of child abuse and maltreatment
  - (6) Complaint and incident review
  - (7) Parent and/or guardian involvement
  - (8) Coordination of care between providers with shared clients (physical/behavioral/oral/specialty care)
  - (9) Continuity of care (when SBHC is closed or client transitioning out of care) and
  - (10) Information sharing between school nurse and SBHC staff.
- b. Each written policy and procedure shall be reviewed and approved every two years.
- c. SBHCs shall have a designated privacy official who is responsible for health information privacy, including compliance with HIPAA/FERPA and Oregon privacy laws.

# Section E: Comprehensive pediatric health care

## E.1 Comprehensive pediatric health care minimum requirements

- a. SBHCs provide pediatric health care in line with nationally recognized standards of care, including recommendations from the American Academy of Pediatrics Bright Futures guidelines. SBHC providers should refer to Bright Futures to determine age appropriate levels of service.



- b. Table 2 specifies the minimum level of comprehensive pediatric health care services that must be available either:
- (1) **On-site:** Services are available on-site at the SBHC.
  - (2) **▲ On-site:** Laboratory testing is available on-site as point-of-care testing.
  - (3) **● On-site:** Laboratory must have ability to collect specimen/sample. Sample may be sent offsite for diagnostic testing.
- or—
- (4) **Referral:** Services and laboratory testing available by referral (if not on-site) with system for tracking referrals and follow-up. Referral sources should be youth-friendly, confidential and available regardless of a client's ability to pay. A list of referral sources must be available to the SPO upon request.

**Table 2: Comprehensive pediatric health care minimum requirements**

Comprehensive pediatric health care	Minimum level of service required
<b>History</b>	
Comprehensive medical histories	On-site
<b>Measurements</b>	
Height and weight	On-site
Body mass index (BMI)	On-site
Blood pressure	On-site
<b>Sensory screening</b>	
Vision	On-site
Hearing	Referral
<b>Physical health services</b>	
Comprehensive physical exams	On-site
Evaluation and treatment of non-urgent, acute and chronic conditions	On-site
Medical specialty services	Referral
<b>Developmental/behavioral services*</b>	
Health assessment**	On-site
Assessment of educational, achievement and attendance issues	On-site
Developmental assessments	On-site
Psychosocial/behavioral assessment	On-site
Depression screening	On-site
Alcohol and other drug screening	On-site
Alcohol and other drug assessment***	Referral
Prescriptions for mental health conditions	Referral
Individual, group and family counseling and treatment	Referral
Social services assessment and referral	Referral

Comprehensive pediatric health care	Minimum level of service required
<b>Oral health services</b>	
Visual inspection of teeth and gums	On-site
Preventive oral health education and counseling	On-site
Fluoride supplement prescription	On-site
Comprehensive oral health evaluation and treatment	Referral
<b>Reproductive health services</b>	
Reproductive health exam	On-site
Prescriptions for contraceptives <sup>†</sup>	Referral
Condom availability <sup>†</sup>	Referral
STI prevention education and treatment	On-site
Pregnancy prevention education	On-site
Prenatal care	Referral
HIV counseling	On-site
HIV treatment	Referral
<b>Anticipatory guidance</b>	
Provision of age-appropriate anticipatory guidance	On-site
Targeted patient education	On-site
<b>Procedures</b>	
Immunizations	On-site
Urinalysis	▲ On-site
Hematocrit or hemoglobin	▲ On-site
Blood glucose	▲ On-site
Strep throat <sup>‡</sup>	▲ On-site
Pregnancy testing <sup>§</sup>	▲ On-site
STI screening and testing <sup>¶</sup>	● On-site
HIV screening and testing	● On-site
Tuberculosis testing	Referral
Lead screening and testing	Referral
Dyslipidemia screening	Referral

\* Behavioral health services include mental health and substance abuse.

\*\* Health assessments may be completed through a health assessment tool or through documented assessment of health risks and strengths (e.g., physical growth and development, emotional well-being, violence and injury prevention, etc.)

\*\*\* If not available on-site, a written agreement with the outside provider or agency must be in place to provide services and for sharing information necessary to provide coordinated care.

<sup>†</sup> SPO recommends on-site access to contraceptives and condoms. Providing access to contraceptives is a clinical best practice recognized by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and other national and international organizations. However, communities may choose to offer contraceptive services by referral.

<sup>‡</sup> Rapid

<sup>§</sup> Urine human chorionic gonadotropin (UHCG)

<sup>¶</sup> Chlamydia, gonorrhea, syphilis

## E.2 Immunizations

- a. SBHCs must be enrolled in the Vaccines for Children (VFC) program and meet the federal and state requirements of this program.
- b. SBHCs must designate an immunization coordinator who is fully trained to be responsible for all vaccine management activities within the practice. This includes responsibility for all requirements of the Oregon VFC program. The individual is the SBHC's liaison to the Oregon Immunization Program and LPHA immunization coordinator.

## E.3 Equipment

- a. Equipment must be maintained and calibrated per manufacturer and/or agency guidelines.
- b. SBHCs must have a process in place for quality assurance per manufacturer and/or agency guidelines.
- c. SBHCs must have appropriate emergency medical equipment per agency guidelines that is inspected regularly.

## E.4 Medications

- a. Any medications kept on-site must be kept in accordance with local, state and federal rules and regulations.

## E.5 Laboratory

- a. SBHCs must meet Code of Federal Regulations (CFR) requirements and hold a valid Clinical Laboratory Improvement Amendments (CLIA) certificate for the level of testing performed or participate in a multiple-site CLIA certificate.
- b. Lab equipment must be maintained and/or calibrated regularly to meet all CLIA manufacturer or SBHC policy requirements.
- c. SBHCs must have signed, SBHC-specific written procedures set forth and in place that ensure:
  - (1) Timely review of lab results by an authorized provider (ORS 438.430(1))
  - (2) Documentation and follow-up of abnormal labs, and
  - (3) Confidential handling of lab results.

# Section F: Data collection/reporting

## F.1 Data collection requirements

- a. SBHCs must maintain an electronic data collection system that is compatible with the SPO's data collection system and has the capacity to collect the required variables listed below. Compatibility means the system can export required variables in a useable format.
- b. Data collection and reporting requirements apply to all ongoing services (including physical, behavioral and oral health) provided on-site at the SBHC, regardless of the age of the client.

## F.2 Data variable requirements

- a. Certain data variables shall be collected at each encountered visit including:
  - (1) Unique patient identifier (not name)
  - (2) Medicaid ID #
  - (3) Date of birth
  - (4) Gender
  - (5) Race
  - (6) Ethnicity
  - (7) Preferred language
  - (8) Insurance status (to include at a minimum the following categories: Medicaid, other public, private, none, unknown, CCare)
  - (9) Payor name
  - (10) Total charges
  - (11) Total payments
  - (12) Date of visit
  - (13) Location of visit (site identification)
  - (14) Provider type (as defined by SPO)
  - (15) Provider name
  - (16) National Provider Identifier (NPI)
  - (17) Visit procedure code(s)
  - (18) Procedure code modifiers and
  - (19) Diagnostic code(s) (most recent ICD and DSM code(s)).





## F.3 Data reporting requirements

- a. SBHCs shall submit encounter data to the SPO twice annually.
- b. SBHCs shall complete an annual chart review based on SPO-required key performance measures, to be submitted to the SPO annually.
- c. SBHCs shall administer student satisfaction surveys according to SPO requirements and submit survey data to the SPO a minimum of twice annually.
- d. SBHCs shall keep an up-to-date Operational Profile with information about clinic operations.

# Section G: Billing

## G.1 Billing requirements

- a. All providers whose provider type is eligible to enroll with the Oregon Health Plan (OHP) must enroll with and bill OHP.
- b. Providers must be credentialed with and bill private insurance companies for reimbursement whenever possible.
- c. SBHCs must determine whether their coordinated care organization(s) (CCOs) have mechanisms for maintaining confidentiality when billing for services (e.g., ability to suppress EOBs for confidential visits). If a procedure does not exist, the SBHCs shall work with the CCO to determine the best method for the SBHC to bill for services while preventing inadvertent disclosure of personal health information.



# Section H: Terminology

## H.1 Definitions (OAR 333-028-0210)

Term	Definition
<b>Authority</b>	Refers to the Oregon Health Authority
<b>Certification year</b>	A one-year period beginning July 1 and ending June 30
<b>Electronic health record (EHR)</b>	An electronic record of an individual's health-related information that conforms to nationally recognized interoperability standards and can be created, managed and consulted by authorized clinicians and staff across more than one health care provider
<b>Electronic medical record (EMR)</b>	A digital version of a paper chart that contains all of the patient's medical history from one practice (an EMR is mostly used by providers for diagnosis and treatment)
<b>Program</b>	Refers to Oregon Health Authority, Public Health Division, School-Based Health Center Program
<b>School-Based Health Center (SBHC)</b>	The meaning given the term in ORS 413.225
<b>SBHC system</b>	One or more SBHCs that operate under the same sponsoring agency
<b>Sponsoring agency</b>	An entity that provides the following services for an SBHC or contracts with another entity to provide one or more of the following: <ul style="list-style-type: none"><li>• Funding</li><li>• Staffing</li><li>• Medical oversight</li><li>• Liability insurance and</li><li>• Billing support.</li></ul>

## H.2 Acronyms/abbreviations

<b>ADA</b>	Americans with Disabilities Act
<b>AOD</b>	Alcohol and other drugs
<b>BMI</b>	Body mass index
<b>CCare</b>	Oregon Contraceptive Care
<b>CCO</b>	Coordinated care organization
<b>CFR</b>	Code of Federal Regulations
<b>CLIA</b>	Clinical Laboratory Improvement Amendments
<b>CPT</b>	Current procedural terminology
<b>DMD</b>	Doctor of Dental Medicine
<b>DO</b>	Doctor of Osteopathy
<b>DSM V</b>	Diagnostic and Statistical Manual of Mental Disorders
<b>EFDA</b>	Expanded function dental assistant
<b>EHR/EMR</b>	Electronic health record/electronic medical record
<b>EOB</b>	Explanation of benefits
<b>FERPA</b>	Family Educational Rights and Privacy Act
<b>FTE</b>	Full-time equivalent
<b>GC</b>	Gonorrhea
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HIV</b>	Human immunodeficiency virus
<b>ICD</b>	International Classification of Disease
<b>IUD</b>	Intrauterine device (contraceptive)
<b>LPHA</b>	Local public health authority
<b>LPN</b>	Licensed Practical Nurse

<b>MD</b>	Doctor of Medicine
<b>ND</b>	Naturopathic Doctor
<b>NP</b>	Nurse Practitioner
<b>NPI</b>	National Provider Identifier
<b>NPP</b>	Notice of Privacy Practices
<b>OAR</b>	Oregon Administrative Rules
<b>OHP</b>	Oregon Health Plan
<b>ORS</b>	Oregon Revised Statutes
<b>OSHA</b>	Occupational Safety and Health Association
<b>OSPHL</b>	Oregon State Public Health Laboratory
<b>OTC</b>	Over-the-counter
<b>PA</b>	Physician Assistant
<b>PPD</b>	Intradermal tuberculosis screening test
<b>QA</b>	Quality assurance
<b>QMHP</b>	Qualified Mental Health Professional
<b>RDH</b>	Registered Dental Hygienist
<b>RN</b>	Registered Nurse
<b>RX</b>	Prescription medication
<b>SBHC</b>	School-Based Health Center
<b>SPO</b>	State Program Office
<b>STI</b>	Sexually transmitted infection
<b>UHCG</b>	Urine human chorionic gonadotropin (qualitative pregnancy test)
<b>VFC</b>	Vaccines for Children

## H.3 SBHC role descriptions

Role	Definition
<b>Sponsoring agency</b>	Entity or entities that provide the following services for an SBHC or contracts with another entity to provide one or more of the following: funding, staffing, medical oversight, liability insurance, billing support and space. SBHCs may have more than one sponsor, but at least one of the sponsors must meet the definition of a medical sponsor. All sponsoring agencies must have a written agreement with the SBHC describing their role in SBHC operations. (Standards B.1 (a) (c) (d)).
<b>Medical sponsor</b>	Entity that provides the following: medical liability coverage, ownership of medical records and designation of an SBHC medical director (Standards B.1(h)).
The following role descriptions are in alphabetical order. This matches the alphabetical order of staff roles listed on the STAFF DETAIL page in the Operational Profile. Individual staff may fulfill multiple roles, depending on local capacity and organizational structure.	
<b>Health department administrator</b>	The individual, an employee of the Local Public Health Authority (LPHA), responsible for supervising the activities of the LPHA in accordance with law. This person is appointed per ORS 431.418. This individual's responsibilities and qualifications are described in the Minimum Standards for Local Health Departments in Oregon.
<b>Health department primary SBHC contact</b>	The individual, an employee of the LPHA, responsible for communication/liaison between SBHC and the LPHA (Standards B.1 (i)).
<b>Immunization coordinator</b>	The individual who is designated and fully trained to be responsible for all vaccine management activities within the practice. This includes responsibility for all requirements of the Oregon Vaccines for Children (VFC) program. This individual is the SBHC's liaison to the Oregon Immunization Program and LPHA immunization coordinator (Standards E.2 (b)).
<b>Laboratory coordinator</b>	The individual who is designated and fully trained to liaise with the laboratory coordinator for laboratory activities within the SBHC. Note: The laboratory coordinator is the individual named on the SBHC's CLIA license that is responsible for the overall operation and administration of the laboratory (Standards E).
<b>Medical director</b>	The individual employed by the medical sponsoring agency who must be an MD, DO, ND or NP licensed to practice independently in Oregon with the population being served. The medical director must have prescriptive authority and be actively involved in developing clinical policies and procedures, and reviewing medical records and clinical oversight. (Standards B.1 (h)).
<b>Nurse</b>	RN, LPN with assigned staff hours at the SBHC. The individual provides direct patient care (Standards D.1 (b)).
<b>Office/Health/Medical Assistant</b>	Support staff with assigned staff hours at the SBHC (Standards D.1 (b)).
<b>Oral health provider</b>	DMD, EFDA, RDH with assigned staff hours at the SBHC. The individual provides direct patient care (Standards D.1 (b)).



Role	Definition
<b>Primary care provider</b>	MD, DO, ND, NP, PA with assigned staff hours at the SBHC. The individual provides direct patient care (Standards D.1 (b)).
<b>Privacy official</b>	The individual responsible for health information privacy, including HIPAA/FERPA and Oregon privacy laws. The privacy official is responsible for the SBHC's privacy policies and procedures and for ensuring all staff has completed privacy training (Standards D.3 (c)).
<b>Qualified Mental Health Professional</b>	QMHP with assigned staff hours at the SBHC. The individual provides direct patient care. The individual must be trained at master's degree level in a mental health field; be eligible for reimbursement for services; be able to or have an agreement with a licensed professional to prescribe medications for mental health conditions as clinically indicated; and provide AOD assessment through the sponsoring agency or through referral to an outside provider (Standards D.1 (b)).
<b>Quality assurance coordinator</b>	The individual responsible for the SBHC's quality improvement processes. These processes include monitoring, coordinating, reporting and evaluating the following: visit/encounter data, student satisfaction surveys and key performance measures (Standards B.1 (g)).
<b>SBHC administrator</b>	An individual with administrative duties employed by at least one of the sponsoring agencies of the SBHC. That person may share duties with the SBHC site coordinator. (Standards B.1 (f)).
<b>SBHC site coordinator</b>	An individual employed by at least one of the sponsoring agencies of the SBHC. They are the primary contact with the State Program Office (SPO) and the liaison between the SBHC, SPO, LPHA and other SBHC community partners. The person is responsible for attending SPO meetings, preparing for and attending verification site visits, and completing the Operational Profile (Standards B.1 (e)).



# Endnotes

1. Bright Futures. Available from: <https://brightfutures.aap.org>. Accessed 2017 Feb 7.
2. Klein JD, Slap GB, Elster B, Schonberg SK. Access to health care for adolescents. *J Adolescent Health*. 1992; 12(2): 162-170.
3. Morreale MC, Kappahn, CJ, Elster, AB, Juszczak, L, Klein JD. Access to health care for adolescents and young adults. *J Adolescent Health*. 2004; 35(4): 342-344.
4. Committee on Adolescents. Achieving quality health services for adolescents. *Pediatrics*. 2008; 121(6): 1263.
5. Advocates for Youth. Available from: <http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services>. Accessed 2017 Feb 7.

# Contact information

## SBHC State Program Office

For questions, please send an email to [sbhc.program@state.or.us](mailto:sbhc.program@state.or.us) or call 971-673-0871 or fax 971-673-0250.

## Additional information

### Oregon Health Authority

School-Based Health Center Program  
[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)

## Acknowledgments

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You can get this document in other languages, large print, braille or a format you prefer. Contact the School-Based Health Center Program at 971-673-0871 or email [sbhc.program@state.or.us](mailto:sbhc.program@state.or.us). We accept all relay calls or you can dial 711.



# Oregon School-Based Health Centers

## Status Update 2018

Oregon  
**Health**  
Authority

PUBLIC HEALTH DIVISION  
School-Based Health Center Program

Oregon  
**SBHC**  
School-Based Health Centers





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# Introduction

As state and local-level health and public health systems evolve, School-Based Health Centers (SBHCs) and their partners work hard every year to ensure Oregon youths' needs are being met. The "2018 SBHC Status Update" highlights some of the major projects and investments that Oregon SBHCs and the SBHC State Program Office (SPO) have focused on this past year.

Oregon's SBHCs offer a patient-centered health care model where youth and adolescents receive comprehensive physical, mental and preventive health services, regardless of their ability to pay. SBHCs are located on school grounds and are open and operating during school hours.

The SBHC SPO deeply appreciates the great work and dedication of the local SBHC staff and partners that help ensure Oregon is the best place for youth to learn, grow and thrive.

For more information please visit [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc).



**OREGON**

# School-Based Health Centers

Serving students since 1986

*SBHCs value parents' involvement in their children's care.*

## Comprehensive services

### Accessible

- Located on school campus
- Youth-centered
- Convenient and affordable

Health care a few steps away...

### High quality and effective

- Well-child exams
- Sick visits
- Minor injury treatment
- Vision, dental and other health screenings
- Immunizations
- Alcohol and drug counseling
- Mental health counseling
- Reproductive health services
- Classroom presentations

- Age-appropriate care
- Primary and preventive care
- Good use of state funds to attract local dollars

Healthy and ready to learn!

## Developed and sustained through partnerships among

- Schools, parents and students
- Community members
- County health departments
- Medical, mental and dental professionals
- State government

# Executive summary

The Oregon Public Health Division, School-Based Health Center (SBHC) State Program Office (SPO) is happy to share our SBHC 2018 Status Update. This document provides an update to some of the findings and projects from the SBHC 2017 Status Report. You can find the report here: <http://www.healthoregon.org/sbhc>.

## SBHCs are a convenient health care access point for youth.

*As of July 1, 2017 Oregon has:*

**78** certified SBHCs in **25** counties.

**77%** are Federally Qualified Health Centers (FQHCs).

**47%** are Oregon Patient-Centered Primary Care Homes (PCPCHs).

*During the 2016–17 service year:*

Oregon SBHCs provided **114,380 visits** for **35,252 clients**.

**For clients 5–21 years old:**

**61%** of visits were for primary care;

**37%** for behavioral health; and

**2%** for dental health.

**22** SBHCs served mostly students of color.

**43** SBHCs served mainly Medicaid youth.

**49%** of all SBHC clients had Medicaid.



## SBHCs receive funds to provide youth-friendly care.

During the 2016–17 service year, 37 SBHCs received additional state grants to support youth-friendly clinic projects to help better serve their youth. Projects included marketing and outreach campaigns, clinic space improvements, youth advisory council development and staff training.

## SBHCs support student academic success.

During the 2016–17 service year, **1,873 students** completed the SBHC Student Satisfaction Survey.

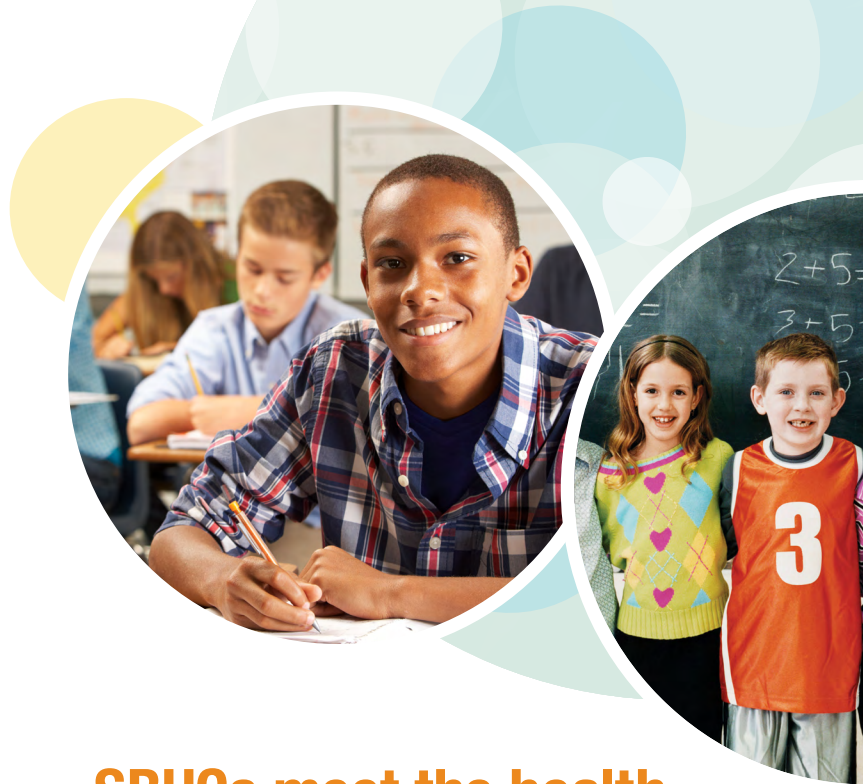
*Some 2016–17 SBHC Student Satisfaction Survey results are as follows:*

**83%** of respondents state they are usually able to get an appointment for care right away.

**58%** of students reported missing less than one class while accessing care at their SBHC and **only 3%** missed a full day.



**One in five kids** estimate they would miss a full day of school if they had to get care outside of the SBHC.



## SBHCs meet the health care needs of youth through strong community collaborations.

- SBHC partners come together to **reduce barriers** that prevent children and youth from seeking the health services they need.
- The planning for an SBHC **enhances community collaborations**. This planning creates partnerships among educational, public health and other health-related entities. These partnerships may not have existed before the SBHC.
- These innovative collaborations need **thoughtful planning, strong collaboration and open communication** with each other and the community.

# SBHCs in Oregon

School-Based Health Centers (SBHCs) are medical clinics that offer a full range of physical, mental and preventive health services to all students, regardless of ability to pay. SBHCs locations are either within a school or on school grounds. By providing easy access to health care, SBHCs reduce barriers. These barriers include cost, transportation and concerns about confidentiality that keep parents and students from seeking the health services students need.

SBHCs have existed in Oregon since 1986. SBHCs succeed through public-private partnerships between the following:

- Oregon Public Health Division;
- School districts;
- Local public health authorities;
- Health care providers;
- Parents;
- Students; and
- Community members.

Unless otherwise noted, all statistics are from Oregon SBHC encounter data for the 2016–17 service year. See Data Report: Service Year 2016–17, <http://www.healthoregon.org/sbhc>

## SBHC services:

- Well-child exams
- Sick visits
- Minor injury treatment
- Immunizations
- Vision, dental and other health screenings
- Alcohol and drug counseling
- Mental health counseling
- Reproductive health services
- Prevention and wellness messaging
- Classroom presentations

*As of July 1, 2017 Oregon has:*

**78** certified SBHCs in **25** counties.

**43** high schools

**7** middle schools

**12** elementary schools

**16** combined-grade campuses



## The 2016–17 service year:

- SBHCs provided **114,380 visits** for **35,252 clients**.
- On average, clients accessed the SBHC about **three times per year**.
- **64,305 school age children** (5–21 years old) had access to an SBHC in Oregon.(1)

- **Physical health:**

**30%** of clients received an immunization.

**42%** of clients (5–21 years old) received a well child visit.

- **Mental health:**

**100%** of SBHCs had a mental health provider onsite.(2)

**4,890** SBHC clients received care from a mental health professional over the course of 35,328 visits.

**31%** of all SBHC visits were to see a mental health professional.

- **Oral health:**

**15** SBHCs had a dental provider onsite.(2)

**1,364** SBHC clients received services for a dental concern over the course of 2,332 visits.

For every \$1 in state public health revenue, SBHC medical sponsors brought in an estimated \$2.55 from other revenue sources.(2)

## SBHC demographics

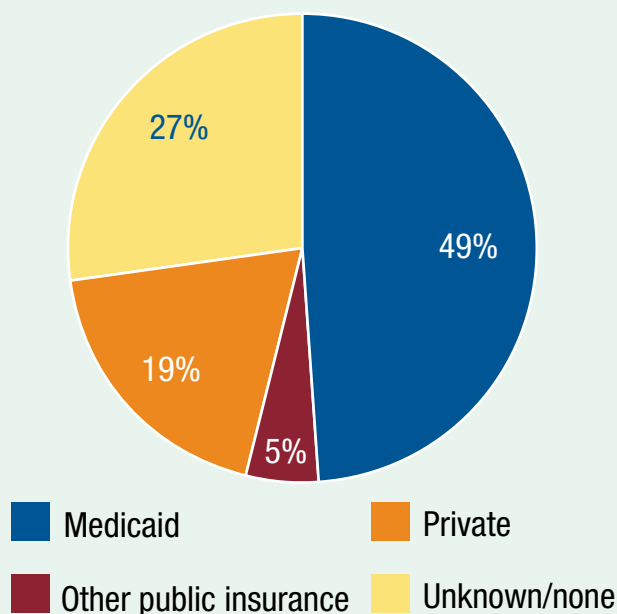
**3 out of 4** clients were 5–21 years old.

**22** SBHCs served mostly students of color.

**43** SBHCs served mostly students enrolled in Medicaid.

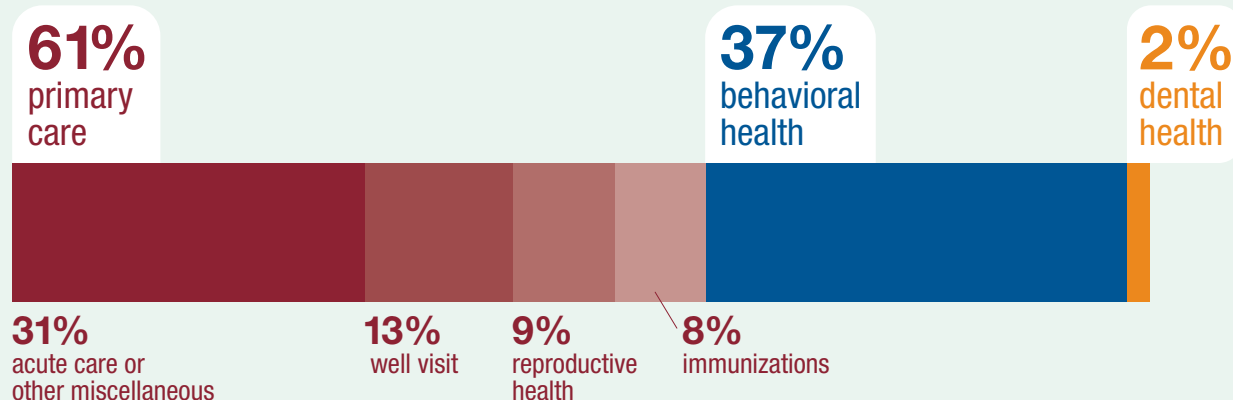
**49%** of clients had Medicaid (Figure 1).

**Figure 1.**  
Insurance status of SBHC clients:  
2016–17 service year



## *SBHCs serve the whole child. Reasons for SBHC visit, 5–21 years old:*

**Figure 2.**



## *The current 2017–2018 service year:*

**100%** of SBHCs currently use electronic health records (EHR) for medical services.(2)

**47%** of SBHCs are state PCPCHs.(2)

**64%** of SBHCs are in primary care health professional shortage areas (HPSAs).(3)

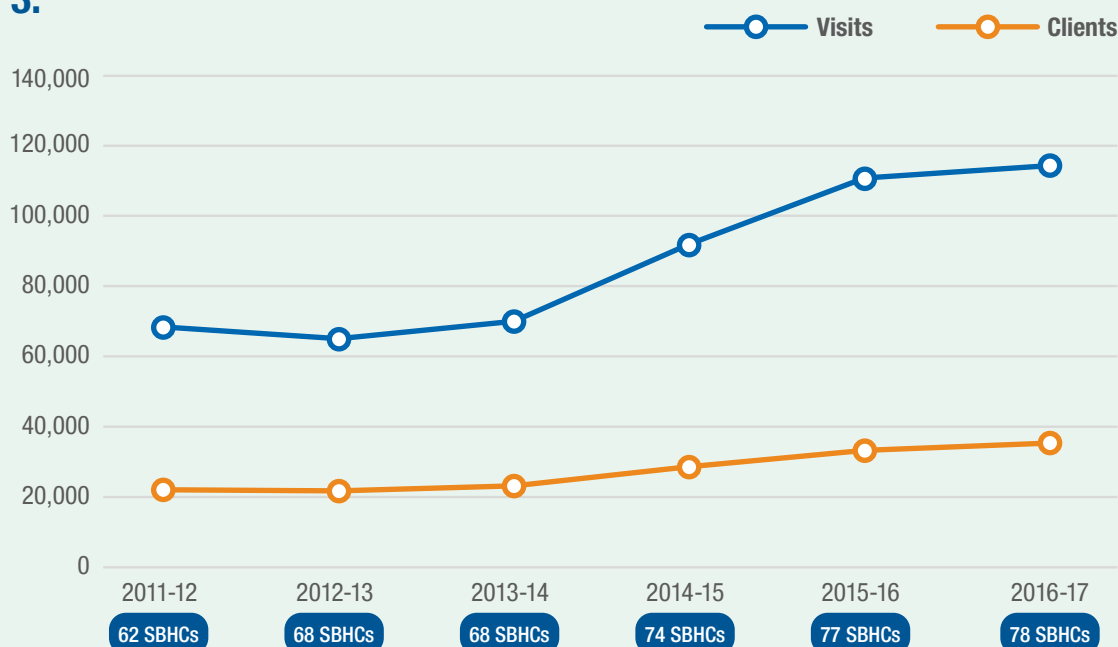
**77%** of SBHCs are FQHCs.(2)



## Number of SBHC visits by number of clients, 2011–2017

SBHC utilization **rose** from 92,615 visits in 2014–15 to **114,380 visits in 2016–17**, a **growth of 24%**. Reasons for this include increased mental and dental health services availability, as well as opening of eight new SBHCs between fall 2014 and spring 2017 (Figure 3).

**Figure 3.**



# Supporting youth through SBHCs

## Youth-friendly clinics

The SPO provided 37 SBHCs with grants during the 2016-2017 school year to support “youth-friendly” clinic projects and help SBHCs better serve their youth clients. Funding was to support one or more of the following projects:

### SBHC marketing and outreach campaigns

Grant dollars helped SBHCs work with youth to help reach students and the broader school community. Examples are as follows:

- Revamping SBHC fliers and brochures to make them more engaging for youth clients.
- Upgrading clinic signage in front of SBHCs and around the school.
- Holding SBHC open houses for youth, parents and school staff.
- Setting up a text message system for appointment reminders.

## Clinic improvements

Many grantees used grant funds to work with youth and improve the clinic itself. Examples are as follows:

- Remodeling the waiting and exam rooms to increase patient confidentiality.
- Repainting clinic spaces with colors chosen by youth.
- Replacing clinic decorations with student artwork.
- Buying new, more comfortable clinic furniture chosen by youth.
- Developing trauma-informed clinical practices.

“Kids are loving the new furniture — I just had a little girl tell me that the yellow and turquoise chairs in the exam room ‘look like the sun and the ocean,’ which of course prompted a discussion of how wonderful and healing both of those things are!”

*(SBHC staff, elementary school SBHC)*

## Youth Advisory Council (YAC) development

Grant funding was critical to supporting in-depth youth engagement work. This included development of Youth Advisory Councils (YACs). Funding also supported youth-led activities. Examples are as follows:

- Assessing SBHC space for “youth-friendliness” and suggesting ways to improve.
- Conducting schoolwide assessments to learn what clinical services are important to youth.
- Developing schoolwide campaigns related to youth-selected health topics, such as depression, anxiety and bullying.

## Staff training to support specific clinical skills

Grant dollars made the following SBHC staff trainings possible:

- Motivational interviewing
- Trauma-informed care
- Serving adolescent clients

“The work I’ve done with the grant has taught me so much about the resources in our community and about how much others care. Being involved has made me want to continue doing service and helping others.”

*(YAC participant)*



## Youth voice

Oregon SBHCs must conduct annual satisfaction surveys. Surveys consist of a convenience sample of their patients 12–19 years old. During the 2016–17 school year, 1,873 students completed the Student Satisfaction Survey. Those responding represented 76 SBHCs (about 10% of all those 12–19 years old visiting SBHCs). Survey data were weighted at the SBHC level to reflect the actual percentage of those 12–19 years old served in each SBHC. Survey participation is anonymous, voluntary and confidential. SBHC staff offer the survey to youth when the visit is complete (not randomly sampled). Therefore, results are not necessarily typical of all youth who visit SBHCs. However, the survey is a useful source of information about the experiences and opinions of participating youth. See complete results at <http://www.healthoregon.org/sbhc>, Data Report: Service Year 2016–17.

*Nearly all surveyed youth had a positive SBHC experience.*

**89%** of youth report being **very satisfied** with the SBHC.

**97%** said the SBHC staff person treated them with courtesy and respect at their visit.



*SBHCs can be an important health home for youth.*

## Almost 1 in 5 youth

identified the SBHC as their usual source of care for both physical and mental health. (Figure 4)

» **Gender nonconforming youth** were especially likely to identify the SBHC as their usual source of care, **notably for mental health needs.**

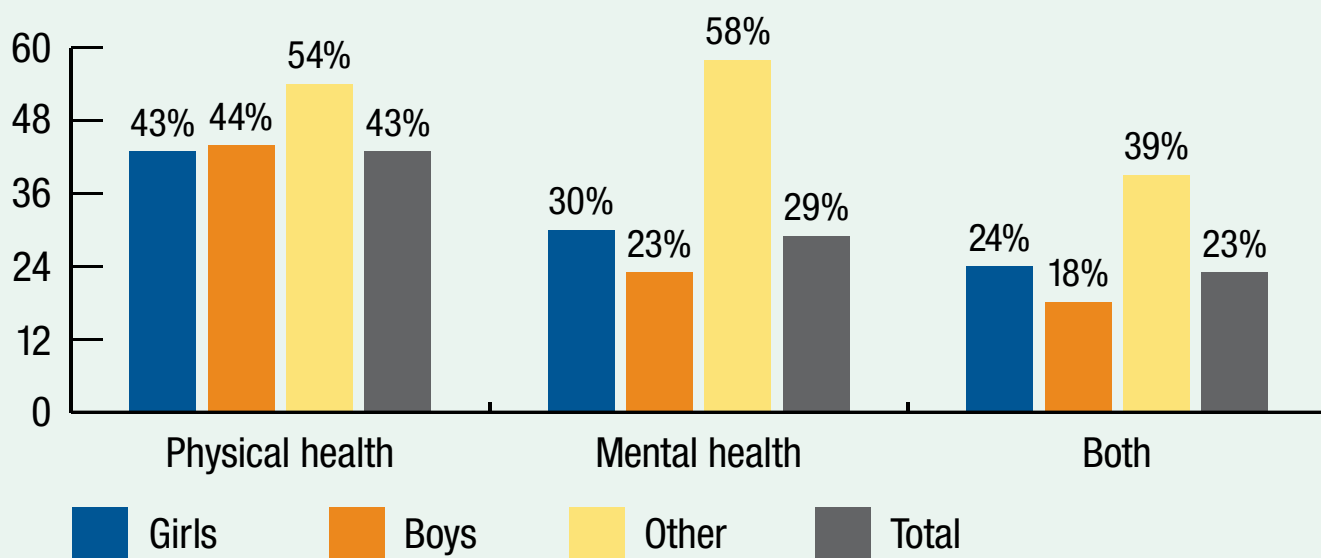
## Only 19% of youth

said they had another source of care that they would use if the SBHC were not available that day.



**Figure 4.**

Percentage of youth who identify SBHC as their usual source of care for physical health, mental health or both, by gender



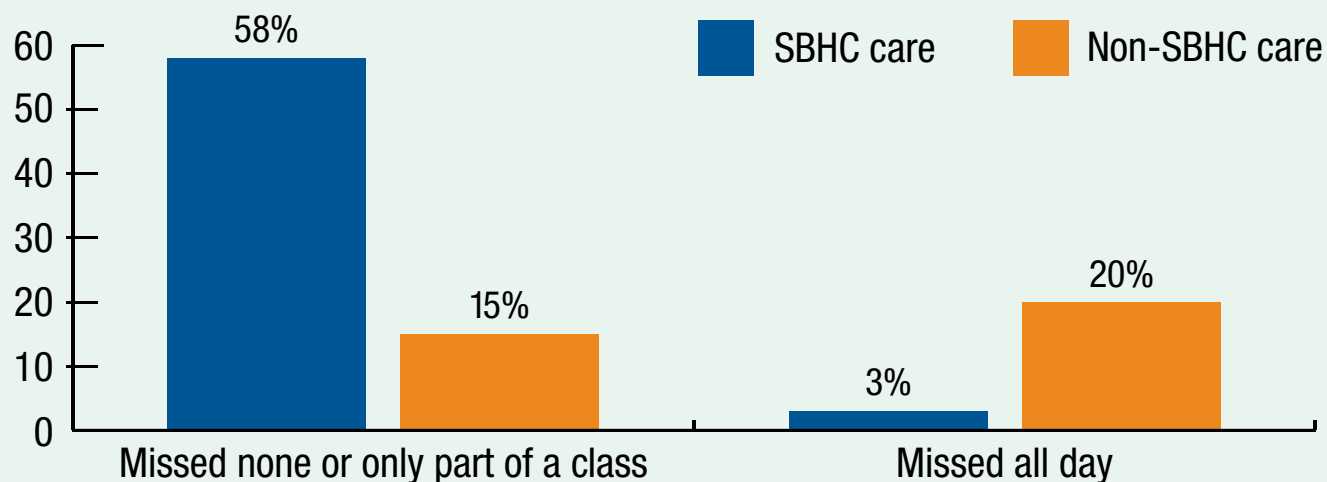
## Student success

SBHCs are open when students are in school. As a result, students are back in class faster than if they had sought health care in a non-SBHC setting. Figure 5 shows class time missed by students for health care appointments. Additionally, parents can take part in visits with their child at school and do not need to take more time off from work to take them to and from the doctor.

According to the 2016–17 SBHC student satisfaction survey, 83% of the 12–19 years old respondents reported they were usually able to get an appointment for care right away.

**Figure 5.**

Estimated class time missed by students for health care appointments, Oregon 2016–17(4)



"They care about you and will try to do anything to help you feel better so you can get time in school and you don't have to be at home. They want you to stay in school to get good grades so they will see you so you don't have to go into town and miss school. They are great doctors here and take care of you just like you're one of their own."

*(Student, age 17)*



# Supporting public health modernization through SBHCs

Public health modernization ensures basic public protections critical to the health of all Oregonians and future generations.<sup>(5)</sup> As Oregon's public health system continues modernization, SBHCs are an important part in supporting one of the foundational programs of modernization – equitable access to clinical preventive services. Creating new and sustainable access points through SBHCs starts at the planning phase. Planning for an SBHC promotes community collaborations through partnerships among educational, public health and other health-related entities. These partnerships that may not have existed prior to the SBHC. These innovative collaborations require thoughtful planning, strong collaboration and open communication. This section of our Status Update highlights the successful SBHC partnership work of three different communities and connects to the core of public health modernization.

## Ione Community School SBHC, established 2015

**2016–17 School Enrollment: 199**

Kris Jones, Morrow County Health District Primary Care Services manager, shared that **“the school is a huge part of the Ione community**

**and the whole community is wrapped up in the school.”** Therefore, the proposal to open an SBHC at the Ione Community Charter School had a wide variety of reactions from excitement to resistance. In addition, there were many questions: What is an SBHC? What services would be available? Who could use the center? This was to be the first SBHC in Morrow County. To ensure success, it was crucial the Health District took time to answer questions and educate all community members about the SBHC's innovative partnership model.

To establish trust with the community during the planning process, the Morrow County Health District was **transparent and visible** with school staff, the principal, parents and students. There was the need for weekly meetings with partners, parent mailings, back to school events, health fairs and open houses. The involvement of the principal at

**When asked to describe the Ione community, Kris Jones explained,** “They are all about family. They support each other. There are lots of farmers and families who have been there for a long time. They rally around each other and that school.”

every step played a crucial role in building a strong and positive foundation.

Bringing easily accessible care to the students and the Ione community was a priority for the Health District. They ran several existing primary care clinics, but none of them had integrated services like the SBHC. The Ione SBHC integrated services model includes on-site providers from the following:

- Morrow County Health District (primary care and medical services);
- Morrow Public Health (prevention and health promotion activities with families, clients and the school);
- Advantage Dental (dental services); and
- Community Counseling Solutions (behavioral health services).

**This successful partnership is not only about co-location of services, but also true integration of those services, built on shared responsibility and communication among the stakeholders.** Partners met monthly to discuss the SBHC. The meetings were a way for partners to ensure uniform operations. It also helped to create smooth referrals. They discussed changes and challenges. They also talked about funding opportunities. They strategized ways to increase services where utilization was low. Partners worked to ensure all SBHC services have representation at health-related events. They strategized ways to increase services where utilization was low and worked to ensure all SBHC services have representation at the health-related events. Constant engagement with the school staff, principal and clinic staff were also very critical. According to Kris, “Everyone needed to be involved in some way.”

In addition, there were challenges the partners had to address creatively. Ione SBHC providers had to adapt to share a small space and ensure

protection of client health information. Marketing and promotion of an SBHC is a constant need. It requires engaging students and families and making the clinic more user friendly. The partners rose to this challenge as an integrated team, even though marketing and promotion are not specific to any position or funding source. Nevertheless, the Ione SBHC continues to grow each year, increasing in primary care services and strengthening its infrastructure. This will allow the Ione SBHC to apply with confidence for state Patient-Centered Primary Care Home recognition.\*

## Madras High School SBHC, established 2017

### 2016–17 School Enrollment: 664

There was a longstanding interest in SBHCs from Jefferson County Health Department. In addition, Mosaic Medical has experience operating SBHCs in two other counties. As a local provider, Mosaic Medical recognized that Madras had a shortage in health care providers, mainly pediatricians.

**Mosaic Medical believes in bringing necessary services to communities and embedding services in the locations of patients.** A funding opportunity for a state SBHC planning grant allowed partners to pursue the opening of an SBHC in Jefferson County at Madras High School. Providing medical sponsorship for an SBHC in Jefferson County fit Mosaic’s mission.

Mosaic Medical’s Board approved a business plan and assessment for a SBHC at Madras High School. This led to a school and community stakeholder engagement process. Mosaic and the Madras High School principal each had

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\* Information provided by Kris Jones, Morrow County Health District, primary care services manager

**When asked to describe the Madras community, Mosaic Medical staff member Tamarra Harris said** they are “passionate, passionate about youth. Involved and concerned.”

prior SBHC experience and therefore the school administration easily partnered with Mosaic and the Public Health Department. They convened school staff, community providers, the Warm Spring Tribe, and the Diversity Coalition to discuss their visions for a SBHC at Madras High School.

Provider competition is a common concern when opening a new SBHC. Community providers in Madras were no different. Mosaic recognized that a successful SBHC at Madras High School meant engaging all community members. This meant including the school administration, school nurse, coaches, parents, students and other community providers. Mosaic’s job was to ensure everyone had a voice and seat at the table. The planning period allowed time **to set up a model that worked towards the common good, to ensure the filling of gaps in access** and that young people can access services that meet their needs. Through evolving and open discussions and reaching a shared understanding of the potential for their SBHC model, concerns were addressed and solutions created. Honest, regular and forthright communication contributed to the successful and speedy opening of an SBHC in Madras High School within one year.

Madras SBHC currently offers on-site medical and mental health services. Their strong ability to build partnerships inspires their plans to include dental and other supportive projects such as Healthy Beginnings and Women, Infants and Children (WIC).<sup>†</sup>

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<sup>†</sup> Information provided by Tamarra Harris, Mosaic Medical, pediatric clinics manager

## Central High School SBHC, established 2015

**2016–17 School Enrollment: 997**

**Data were critical in development of the SBHC planning in Polk County.** A Polk County community needs assessment revealed a lack of access to mental and dental health services in Monmouth and Independence. With the possibility of a state SBHC planning grant, Polk County decided to survey high school students, teachers and parents to verify what they were hearing. They learned that students were missing full school days to get to dental appointments. In addition, there was very limited access to health care services for Oregon Health Plan (Medicaid) clients in particular.

With the help of an already established Service Integration Team, Polk County expanded the SBHC planning committee to include other community providers and representatives from the Latino community. Polk County became the convener, ensured a collaborative effort and made informed decisions based on input from the entire group.

**Preexisting community relationships and data showing the need for expanded access to medical services were driving forces that built community support for an SBHC.** With a supportive superintendent and a new principal (who came from a school with a successful SBHC), the school staff were open to the idea of an SBHC. The support of staff, administration, survey data and the positive effects on school attendance were all critical in gaining support from the school board.

**Ensuring the right services were part of their model required collaboration with existing partners and development of new relationships.** SBHCs were new to Polk County



and the community providers at the table. The county had a long and positive history with Salem Health West Valley Hospital. Although the hospital had never operated an SBHC, they were very interested and willing to provide medical sponsorship. Recognizing the high need for on-site dental services, Capital Dental quickly stepped up as an on-site SBHC provider. Polk County provided the behavioral health services in the SBHC. In addition, the SBHC formed a partnership to have a certified teen parent program in the same facility.

The planning and creation of the Central High School SBHC fostered a level of integrated services not existing before, between these partners. Not only did partners have to build relationships with one another and gain the trust of the school board, they also had to learn to create a working business model together. This required the school, hospital, providers and county lawyers to work together to address liability and other contingencies.

The Central High School SBHC involved youth as active partners in the SBHC planning process. **Recognizing the value of true youth engagement, the county ensured that youth were involved and vocal** in the design of the clinic. Youth helped choose the artwork, develop marketing materials and guide the design of the clinic space. The SBHC quickly became a warm and welcoming place for youth, by youth.<sup>‡</sup>



**Brent shared that Monmouth and Independence communities** are “invested in the health of their community and optimistic.”

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<sup>‡</sup> Information provided by Brent DeMoe, Polk County, family & community outreach department director

# Appendices

## Appendix A: SBHC medical sponsor list, 2017–18

County name	SBHC school name	Medical sponsor
Baker	<a href="#">Baker High School</a>	<a href="#">Baker County Health Department</a>
Benton	<a href="#">Lincoln Elementary School</a> †	<a href="#">Community Health Centers of Benton &amp; Linn Counties</a> *
	<a href="#">Monroe Grade School</a> †	<a href="#">Community Health Centers of Benton &amp; Linn Counties</a> *
Clackamas	<a href="#">Estacada High School</a>	<a href="#">Orchid Health</a>
	<a href="#">Milwaukie High School</a> †	<a href="#">Outside In</a> *
	<a href="#">Oregon City High School</a>	<a href="#">Clackamas County Health Clinics</a> *
	<a href="#">Sandy High School</a>	<a href="#">Clackamas County Health Clinics</a> *
Columbia	<a href="#">Clatskanie Middle/High School</a>	<a href="#">Yakima Valley Farm Workers Clinic</a> *
	<a href="#">Rainier Jr/Sr High School</a> †	<a href="#">The Public Health Foundation of Columbia County</a>
	<a href="#">Lewis and Clark Elementary School</a> †	<a href="#">The Public Health Foundation of Columbia County</a>
	<a href="#">Vernonia K–12</a>	<a href="#">The Public Health Foundation of Columbia County</a>
Coos	<a href="#">Marshfield High School</a> †	<a href="#">Waterfall Community Health Center</a> *
	<a href="#">Powers High School</a> †	<a href="#">Waterfall Community Health Center</a> *
Crook	<a href="#">Crooked River Elementary School</a> †	<a href="#">Mosaic Medical</a> *
Curry	<a href="#">Brookings-Harbor High School</a>	<a href="#">Curry Community Health</a>
Deschutes	<a href="#">Bend Senior High School</a>	<a href="#">Mosaic Medical</a> *
	<a href="#">Ensworth Elementary School</a>	<a href="#">Mosaic Medical</a> *
	<a href="#">La Pine K–12 School</a> †	<a href="#">La Pine Community Health Center</a> *
	<a href="#">M.A. Lynch Elementary School</a>	<a href="#">Mosaic Medical</a> *
	<a href="#">Redmond High School</a>	<a href="#">Mosaic Medical</a> *
	<a href="#">Sisters High School</a>	<a href="#">St. Charles Health Systems</a>

\*Indicates School-Based Health Center is a federally qualified health center site.

†Recognized by the state as a Patient-Centered Primary Care Home.

County name	SBHC school name	Medical sponsor
Douglas	<a href="#">Roseburg High School</a>	<a href="#">Umpqua Community Health Center*</a>
Grant	<a href="#">Grant Union High School</a>	<a href="#">Grant County Health Department</a>
Hood River	<a href="#">Hood River Valley High School</a>	<a href="#">One Community Health*</a>
Jackson	<a href="#">Ashland High School</a> †	<a href="#">Rogue Community Health*</a>
	<a href="#">Butte Falls Charter School</a> †	<a href="#">Rogue Community Health*</a>
	<a href="#">Crater High School</a> †	<a href="#">La Clinica*</a>
	<a href="#">Eagle Point High School</a> †	<a href="#">Rogue Community Health*</a>
	<a href="#">Jackson Elementary School</a> †	<a href="#">La Clinica*</a>
	<a href="#">Jewett Elementary School</a> †	<a href="#">La Clinica*</a>
	<a href="#">Oak Grove Elementary School</a> †	<a href="#">La Clinica*</a>
	<a href="#">Phoenix Elementary School</a> †	<a href="#">La Clinica*</a>
	<a href="#">Prospect Charter School</a>	<a href="#">Rogue Community Health*</a>
	<a href="#">Scenic Middle School</a> †	<a href="#">La Clinica*</a>
	<a href="#">Table Rock Elementary School</a>	<a href="#">Rogue Community Health*</a>
	<a href="#">Washington Elementary School</a> †	<a href="#">La Clinica*</a>
	<a href="#">White Mountain Middle School</a>	<a href="#">Rogue Community Health*</a>
Jefferson	<a href="#">Madras High School</a>	<a href="#">Mosaic Medical*</a>
Josephine	<a href="#">Evergreen Elementary School</a> †	<a href="#">Siskiyou Community Health Center*</a>
	<a href="#">Illinois Valley High School</a> †	<a href="#">Siskiyou Community Health Center*</a>
	<a href="#">Lorna Byrne Middle School</a> †	<a href="#">Siskiyou Community Health Center*</a>
Klamath	<a href="#">Gilchrist School</a> †	<a href="#">La Pine Community Health Center*</a>
Lane	<a href="#">Cascade Middle School</a>	<a href="#">Bethel Health Center/PeaceHealth Medical Group</a>
	<a href="#">Churchill High School</a>	<a href="#">PeaceHealth Medical Group</a>
	<a href="#">North Eugene High School</a>	<a href="#">PeaceHealth Medical Group</a>
	<a href="#">Springfield High School</a> †	<a href="#">Community Health Centers of Lane County*</a>
Lincoln	<a href="#">Newport High School</a>	<a href="#">Lincoln County Health &amp; Human Services*</a>
	<a href="#">Taft High 7–12</a>	<a href="#">Lincoln County Health &amp; Human Services*</a>
	<a href="#">Toledo Jr/Sr High School</a>	<a href="#">Lincoln County Health &amp; Human Services*</a>
	<a href="#">Waldport High School</a>	<a href="#">Lincoln County Health &amp; Human Services*</a>

\*Indicates School-Based Health Center is a federally qualified health center site.

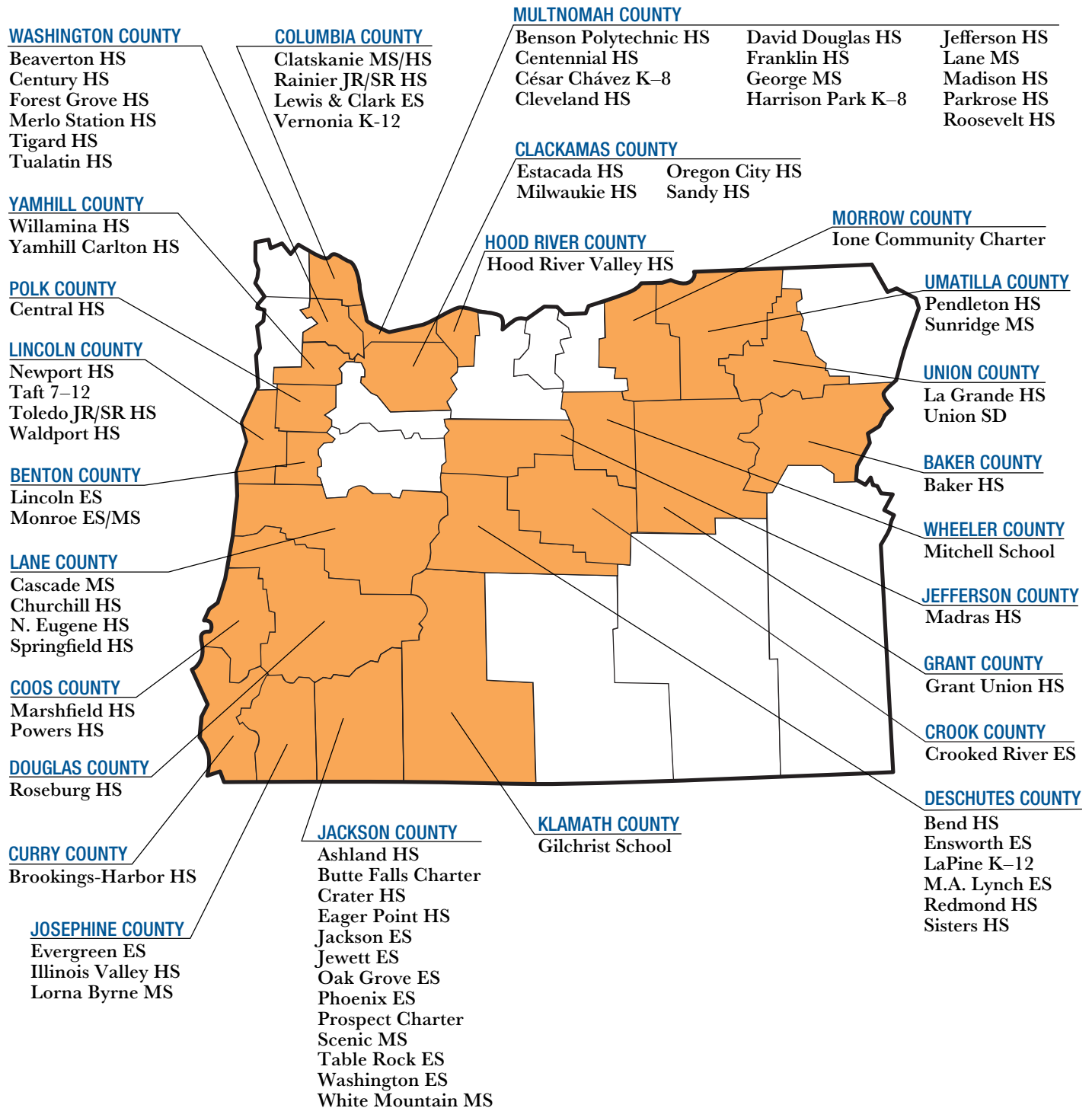
†Recognized by the state as a Patient-Centered Primary Care Home.

County name	SBHC school name	Medical sponsor
<b>Morrow</b>	<a href="#">Ione Community Charter School</a>	<a href="#">Morrow County Health District</a>
<b>Multnomah</b>	<a href="#">Benson High School</a>	<a href="#">OHSU Family Medicine Richmond*</a>
	<a href="#">Centennial High School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">Cesar Chavez School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">Cleveland High School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">David Douglas High School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">Franklin High School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">George Middle School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">Harrison Park School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">Jefferson High School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">Lane Middle School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">Madison High School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">Parkrose High School</a> †	<a href="#">Multnomah County Health Department*</a>
	<a href="#">Roosevelt High School</a> †	<a href="#">Multnomah County Health Department*</a>
<b>Polk</b>	<a href="#">Central High School</a> †	<a href="#">Salem Health</a>
<b>Umatilla</b>	<a href="#">Pendleton High School</a>	<a href="#">Umatilla County Health Department</a>
	<a href="#">Sunridge Middle School</a>	<a href="#">Umatilla County Health Department</a>
<b>Union</b>	<a href="#">La Grande High School</a>	<a href="#">Union County Center for Human Development, Inc.</a>
	<a href="#">Union School District</a>	<a href="#">Union County Center for Human Development, Inc.</a>
<b>Washington</b>	<a href="#">Beaverton High School</a>	<a href="#">Virginia Garcia Memorial Health Center*</a>
	<a href="#">Century High School</a>	<a href="#">Virginia Garcia Memorial Health Center*</a>
	<a href="#">Forest Grove High School</a>	<a href="#">Virginia Garcia Memorial Health Center*</a>
	<a href="#">Merlo Station High School</a>	<a href="#">Neighborhood Health Center*</a>
	<a href="#">Tigard High School</a>	<a href="#">Virginia Garcia Memorial Health Center*</a>
	<a href="#">Tualatin High School</a>	<a href="#">Virginia Garcia Memorial Health Center*</a>
<b>Wheeler</b>	<a href="#">Mitchell School</a>	<a href="#">Asher Community Health Center*</a>
<b>Yamhill</b>	<a href="#">Willamina High School</a>	<a href="#">Virginia Garcia Memorial Health Center*</a>
	<a href="#">Yamhill Carlton High School</a>	<a href="#">Yamhill Carlton School Based Health Center</a>

\*Indicates School-Based Health Center is a federally qualified health center site.

†Recognized by the state as a Patient-Centered Primary Care Home.

# Appendix B: Oregon School-Based Health Center map



As of January 2018

**Certified SBHCs = 78**

- Counties with certified SBHCs
- Counties without certified SBHCs



# References

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You can get this document in other languages, large print, braille or a format you prefer. Contact the School-Based Health Center Program at 971-673-0871. We accept all relay calls or you can dial 711.

This school year in the Counseling Department we have observed a marked increase in the prevalence of mental health issues among our students. I work alongside the equivalent of 4.5 Counselors. They are supposed to address academic planning and class issues, however they are spending a large percentage of their time providing mental health interventions for their students. While I don't have specific data from them, they report that their abilities to perform their academic counseling tasks are impacted by the time it takes to provide mental health services to their students.

Looking over my data from a recent 2-3 week period of time, 100% of my student contacts dealt with social or emotional needs, often in conjunction with other basic needs, such as healthcare, housing, access to food and transportation. Out of 75 student contacts, 51 of them concerned mental health issues including kids experiencing significant symptoms of anxiety and depression. Two of them required transport to an Emergency Department due to imminent safety concerns. In four situations, I assisted students in navigating various healthcare systems trying to make doctor's appointments for themselves. On one occasion I transported a student to a health clinic. In that 2-3 weeks period of time I assisted six students in trying to enroll in or renew their lapsed Oregon Health Plan so that they could be eligible to seek mental health or medical services, a process that ultimately takes several weeks to three months from application to approval. Eight of my contacts involved me screening students for McKinney Vento, the federal program that assists and protects students experiencing homelessness. Finally, three contacts required phone calls to child protective services. This is a microcosm of the experiences shared by our larger school community on a daily basis. To put a personal face on these statistics, here are a couple of actual scenarios that are typical of the situations I see.

Scenario 1: A is a freshman who lost her health insurance and lives with a parent who is chronically ill. She got a sore throat, thought it was strep, and didn't know how or where to get medical care and ended up missing a week of school. I ended up driving her to a health clinic to get a strep test, which was negative, so she was able to return to school that day. The student likely would have been able to return to school days earlier if she had had access to care at a school health center.

Scenario 2: T has symptoms of depression that are interfering with his ability to focus on school. He moved out of his home due to an unhealthy situation, a reality that unfortunately is not uncommon among the students I see at school. He has aspirations to go to college and is supposed to graduate this year but is in jeopardy of not graduating if he cannot complete his work. He is interested in seeing a doctor and a therapist to address what appears to be mental health issues but does not have health



insurance, so he is unable to access any health care. He would be able to address his concerns in a timely and convenient way if he had access to a school health center. And with a release in place, his health providers could collaborate easily with his teachers to ensure appropriate supports are put in place for him at school.

One of the biggest obstacles our students encounter is not having health insurance and/or not knowing where to seek medical or mental health care. Even though there are clinics in East County, they generally require health insurance to be seen or are difficult to access. Another significant barrier for many families is the absence of culturally-specific health and mental health care services, often compounded by the difficulty of trying to navigate these systems when English is not one's primary language.

The students I see with "social and emotional needs" represent a wide range of personal experiences. Regardless of the specific nature of the issues, these factors often contribute to absenteeism. So many of these kids could receive the medical and mental health services they need from a school-based health clinic so that they ultimately would be in school more.

These children are the innocent casualties of a broken health care system. Their inability to access adequate physical and mental health care is impacting their lives in a variety of ways, and it is making it significantly difficult for them to participate in the educational experience our district is trying to provide for them. Creating this health clinic is something that our district can support that will actually lead to students being more successful in school, improving the likelihood that they will stay in school, graduate, and become contributing members of our society.



**GRESHAM-BARLOW SCHOOL DISTRICT**  
**1331 NW Eastman Parkway**  
**Gresham, OR 97030-3825**

TO: Board of Directors

FROM: A. Katrise Perera  
Mike Schofield

DATE: April 5, 2018

RE: No. 3 – Bond: Informational Update

EXPLANATION: Time has been reserved on this evening's work session agenda to provide an update on the progress of current and future bond projects.

PRESENTER Mike Schofield

SUPPLEMENTARY  
MATERIALS: None

RECOMMENDATION: This report is being provided as information only

REQUESTED ACTION: No action is required at this time.

MS:mh:sa

**GRESHAM-BARLOW SCHOOL DISTRICT**  
**1331 NW Eastman Parkway**  
**Gresham, OR 97030-3825**

TO: Board of Directors

FROM: A. Katrise Perera  
Kris Howatt

DATE: April 5, 2018

RE: No. 4 – Board Agenda Review

EXPLANATION: Time has been set-aside on this evening's agenda for the board to discuss upcoming agenda topics, board operations, and meeting needs.

PRESENTER: Kris Howatt

SUPPLEMENTARY  
MATERIALS: None

RECOMMENDATION: This report is being provided as information only.

REQUESTED ACTION: No action is required.

:sa