

Oregon School-Based Health Centers Standards for Certification, Version 5 Updated September 2024

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Section A: Certification Process¹

Note: Changes to this Section will be addressed during the 2024-2025 school year.

¹ (see OAR 333-028-0200 - OAR 333-028-0250)

Section B: Partners

SBHCs rely on the support of many partners to be successful. Oregon partially defines SBHCs as clinics “organized through collaboration among schools, youth, communities and health providers, including public health authorities.”²

B.1 Sponsoring agency

Intent of B.1

SBHCs are “administered by county, state, federal or private organization[s] that ensure that certification requirements are met and provide project funding through grants, contracts, billing or other sources of funds.”³ This section clarifies the formal roles and responsibilities that SBHC partner agencies hold in SBHC operations.

Relevant definitions

- **Sponsoring agency:** an entity that provides an SBHC or contracts with another entity to routinely provide one or more of the following:
 - (1) Funding;
 - (2) Staffing;
 - (3) Medical oversight;
 - (4) Liability insurance;
 - (5) Billing support; and
 - (6) Space
- **Medical sponsor:** an entity that provides, or subcontracts with a separate entity to provide, medical care at an SBHC, including:
 - (1) Staffing;
 - (2) Medical oversight;
 - (3) Liability insurance;
 - (4) Billing support; and
 - (5) Ownership of medical records.
- **Behavioral health⁴ sponsor:** an entity that provides, or subcontracts with a separate entity to provide, behavioral health care at an SBHC, including:
 - (1) Staffing;
 - (2) Clinical oversight;
 - (3) Liability insurance;
 - (4) Billing support; and
 - (5) Ownership of medical records

² ORS 413.225(1)(b)(B)

³ ORS 413.225(1)(b)(C)

⁴ Behavioral health is used to encompass mental health, integrated behavioral health, substance use treatment and other services designed to support mental or emotional wellness.

Required roles:

All SBHCs must have staff in designated in the following roles.⁵ SBHCs that receive funding through their Local Public Health Authority (LPHA) are also required to have a Health Department Primary Contact.

- **Site Coordinator:** A person employed by at least one of the SBHC sponsor agencies and who serves as the primary contact to the SBHC State Program Office (SPO). Site Coordinators act as a liaison between the SBHC, SPO, medical sponsor, behavioral health sponsor, 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.
- **SBHC Administrator:** A person employed by at least one of the SBHC sponsor agencies and who provides SBHC oversight and high-level administrative duties.
- **Medical Director:** A person employed by the SBHC medical sponsor and who provides medical oversight of the SBHC. The Medical Director must be a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Naturopathic Doctor (ND), Nurse Practitioner (NP) or Physician Associate (PA) 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.
- **Behavioral Health Sponsor Primary Contact:** A person employed by the SBHC behavioral health sponsor and who is responsible for overseeing SBHC behavioral health services and completing the Operational Profile.
- **Health Department Primary Contact:** A person employed by the Local Public Health Authority (LPHA) and who acts as a liaison between the SBHC and LPHA.

Specifications for B.1.

An SBHC meets measure B.1 if it is doing all the following:

- a. SBHCs may have more than one sponsor, but at least one of the sponsors must meet the definition of a medical sponsor and at least one of the sponsors must meet the definition of a behavioral health sponsor.
- b. Have signed written agreement(s) between all sponsoring agencies describing their roles and responsibilities in SBHC operations.
- c. 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.

⁵ Staff may hold more than one role.

B.2 Applicability

Intent of B.2

This section outlines parameters to identify which agencies meet the definition of SBHC partner agency (Section B.1) and must therefore meet the SBHC Standards for Certification requirements.

Specifications for B.2

- a. SBHC Standards for Certification requirements apply to all ongoing services (including physical, behavioral, and oral health) provided onsite at the SBHC, regardless of the age of the client if:
 - (1) A partner/provider/agency is receiving funding from the SPO; **and/or**
 - (2) The SBHC is using hours from that partner/provider/agency to meet minimum required staff/operating hours for SBHC certification; **and/or**
 - (3) The provider is directly contracted with the medical sponsor and/or behavioral health sponsor to deliver services to SBHC clients; **and/or**
 - (4) The partner/provider meets the definition of an SBHC medical sponsor, behavioral health sponsor and/or sponsoring agency (Section B.1).
- b. SBHC Standards for Certification requirements do not apply if:
 - (1) A partner/provider/agency does not meet the parameters outlined in B.2.a, **and**
 - (2) A partner/provider/agency is operating under contract with the host school, district, or ESD and has been directed to use space in the SBHC to provide their services; **or**
 - (3) A partner/provider/agency is using space in the SBHC while the SBHC is closed to clients.

B.3 SBHC Sponsoring Agency Collaboration

Intent of B.3

SBHC sponsoring agency collaboration is essential for high quality, youth-centered care. SBHCs must work within and between agencies to ensure coordinated care for shared clients.

Specifications for B.3

An SBHC meets measure B.3 if it is doing all the following:

- a. Ensures services are co-located in the SBHC whenever possible.
- b. Facilitates warm handoffs, referrals, and follow-up between SBHC providers.
- c. Has coordinated and mutually agreed upon practices across SBHC partner agencies and provider types for client screening, crisis intervention, support, and follow-up. These practices should be shared and coordinated with the SBHC host school.
- d. Has a strategy to ensure regular communication and engagement among sponsoring agencies, including SBHC host school staff.

- e. Clearly communicates policies for students to understand the relationship between the SBHC sponsoring agencies, including information sharing related to care coordination.
- f. Ensures all SBHC sponsoring agencies understand minimum SBHC Standards for Certification requirements.
- g. Coordinates internally and among SBHC sponsoring agencies to reduce administrative burden for clients such as duplication of intake paperwork.
- h. Have a mechanism in place to identify and communicate regularly about shared clients and coordinate care across teams as needed.

B.4 Youth engagement⁶

Intent of B.4

SBHCs improve their quality of care by centering the values and opinions of youth. Meaningful youth engagement ensures SBHC policy and practice is responsive to youth and community need. It is particularly important to ensure the perspectives of youth who are disproportionately impacted by health inequities are at the forefront of this engagement.

SBHC youth engagement empowers young people to actively participate in their own health care and develop skills to navigate health systems. SBHCs must have a strategy to ensure meaningful, culturally responsive youth involvement in SBHC services and operations.

Relevant definitions:

- **Student Health Advisory Council / Youth Action Council (SHAC / YAC):** A youth-driven group focused on activities related to health education and SBHC promotion, improvement, and operations.

Required roles:

All SBHCs must have staff designated in the following role:⁷

- **Youth Engagement Coordinator:** A person employed by any SBHC sponsoring agency and who supports SBHC youth engagement efforts.

Specifications for B.4

An SBHC meets measure B.4 if it is doing at least one of the following:

- a. Maintains an active and engaged SHAC / YAC.
- b. Employs youth interns to support clinic and/or health-related activities.
- c. Provides opportunities for youth to participate in peer health education trainings / programming.
- d. Collaborates with youth, including youth from culturally specific organizations, to develop youth-centered marketing and communications.

⁶ SBHCs located on elementary school campuses are exempt from the requirements in Section B.4.

⁷ Staff may hold more than one role.

- e. Meaningfully engages youth when considering or implementing new SBHC policies or practices.
- f. Includes youth as representatives on an SBHC Advisory Council.
- g. Other, as determined in partnership with youth from SBHC host school and approved by the SPO.

B.5 School integration

SBHCs are most effective and sustainable when they are integrated within the school community. The school community includes the student body, school staff, school administration, and school district.

Together, schools and SBHCs can align efforts and focus on shared outcomes such as equitable opportunity for learning and health for all youth. SBHCs are required to have a strategy to integrate the clinic into the school community.

Required roles:

All SBHCs must have staff designated in the following role:⁸

- **School Primary Contact:** A person employed by the school and/or district who acts as a liaison between the SBHC and school.

Specifications for B.5:

An SBHC meets measure B.5 if it is doing at least one of the following:

- a. Actively participates in school events to inform students and staff about SBHC services.
- b. Promotes student health and wellbeing through classroom health education and/or engagement in ongoing schoolwide prevention programs.
- c. Participates in multidisciplinary, school-based teams that identify, assess and coordinate efforts to address student health and wellness needs.
- d. Supports school / district staff wellness.
- e. Collaborates with school / district on universal screening initiatives.
- f. Includes school staff as representatives on an SBHC Advisory Council.
- g. Other, as approved by the SPO.

B.6 Parent/caregiver involvement

A strong relationship with parents, caregivers and other trusted adults is an important part of positive youth development. SBHCs are required to have a strategy to involve parents and caregivers in their child's care, when appropriate. This engagement must be culturally responsive to the child and family's background and identities.

⁸ Staff may hold more than one role.

Specifications for B.6:

An SBHC meets measure B.6 if it is doing at least one of the following:

- a. Provides education and support to parents and caregivers around child / adolescent health and wellbeing.
- b. Helps parents and caregivers meet health-related social needs such as insurance enrollment, food, transportation, and housing assistance.
- c. Assesses parent and caregiver satisfaction with their child's care.
- d. Includes parents/caregivers as representatives on an SBHC Advisory Council.
- e. Other, as approved by the SPO.

B.7 Community engagement

SBHCs are an important resource for the entire community. Community engagement involves a collaborative effort that brings together community members, organizations, and groups working towards a common goal. Collaboration fosters community trust, relationships, and shared commitment to achieving positive outcomes and can help create more relevant and effective SBHCs. SBHCs are required to have a strategy to engage community members and community partners.

Specifications for B.7:

An SBHC meets measure B.7 if it is doing at least one of the following:

- a. Participates in community events and initiatives to support child / adolescent health and wellbeing.
- b. Collaborates with community-based and/or culturally specific organizations on youth-focused initiatives and SBHC client care.
- c. Participates in local and/or regional councils and coalitions.
- d. Includes community members as representatives on an SBHC Advisory Council.
- e. Other, as approved by the SPO.

Section C: Facility

SBHCs provide easy access to high quality health care services for youth by being conveniently located in schools or on school grounds. SBHCs help reduce barriers such as transportation, parent/caregiver time away from work, and costs that keep families and youth from seeking needed health services. The design, environment, and accessibility of an SBHC facility are essential elements to providing a safe, welcoming, and culturally responsive space for all youth to access health services.

C.1 SBHC Facility

Intent of C.1

SBHC facilities must include some essential elements to provide high quality care to youth. This section outlines the minimum physical space requirements for Oregon SBHCs.

Relevant definitions

- **School-based health centers:** permanent spaces 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.⁹ Oregon's SBHC model excludes mobile health units/vans.

Specifications for C.1

An SBHC meets measure C.1 if it is doing all the following:

- a. 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) Therapy/counseling space(s);
 - (4) Bathroom facility;
 - (5) Office area;
 - (6) Secure records storage area as required by State and Federal law;
 - (7) Secure storage area for supplies (e.g. medications, lab supplies, vaccines);
 - (8) Designated lab space with sink and separate clean and dirty areas; and
 - (9) Confidential phone (placing confidential phone calls and receiving confidential messages)
- b. Maintains staff and client safety as required by State and Federal law.
- c. Adheres to infection prevention and control as required in all health care settings.
- d. Supports client confidentiality in the clinic space design and staff practice. The clinic must have:
 - (1) One room for each provider onsite during operational hours; and

⁹ ORS 413.225

- (2) Provisions for necessary sound and sight security for private examination and conversations, both in person and on the telephone.
- e. If the SBHC is located outside the school building, the SBHC must have a plan in partnership with the SBHC host school to facilitate student access to the SBHC.

C.2 Publicly available information

Intent of C.2

SBHCs promote easy access to critical health services within a school environment. SBHCs must have accurate, up-to-date information about SBHC operations readily available for students, parents/caregivers, and school staff, among others, to ensure services are accessible to youth.

Specifications for C.2

An SBHC meets measure C.2 if it is doing all the following:

- a. Posts in clear and prominent location:
 - (1) A copy of client rights and responsibilities,
 - (2) Notice of Privacy Practices (NPP),
 - (3) Information about Oregon minor consent statute, and
 - (4) Information about rights to language access and how to access interpreters.
- b. Ensure accurate, up-to-date SBHC operations information is available:
 - (1) Outside clinic entrance
 - (2) On telephone answering and voicemail systems
 - (3) On electronic and printed materials
 - (4) On school/district website(s)
 - (5) On medical sponsor website
- c. Ensure accurate, up-to-date information on how to access care outside of clinic hours is available 24 hours a day:
 - (1) Outside clinic entrance
 - (2) On telephone answering and voicemail systems
- d. Ensures print and electronic materials and signage are easily understandable and in languages commonly used by the populations in the school community.
- e. Shares information about SBHC providers and staff in the clinic and/or electronically.
- f. Routinely shares information about SBHC operations, policies, and data with youth, parents/caregivers, school/district staff and/or community partners.

C.3 Youth-centered clinical environment

Intent of C.3

SBHC must ensure the clinic provides a youth-centered environment. SBHCs should work directly with youth and their families to develop and implement these strategies and related activities. This engagement must be culturally responsive to the youth and family's background.

Relevant definitions

- **Youth-centered clinical environment** (also known as “youth friendly” services): encompass the policies, practices, services, and physical space of health centers. They are inclusive of, informed by, and responsive to the needs and values of youth. Youth-centered environments effectively provide comprehensive services for young people, ensuring that they feel well cared for.¹⁰

Specifications for C.3

An SBHC meets measure C.3 if it is doing all the following:

- a. Creates a comfortable and inclusive environment, including waiting room, exam room(s), and therapy/counseling room(s), that indicates that youth of all identities are welcomed and valued.
- b. Provides access to an all-gender restroom.¹¹
- c. Provides high quality, youth-oriented educational materials that are easily understandable and in languages commonly used by the populations in the school community.
- d. Uses a variety of methods to support communication between SBHC patients and SBHC staff that takes into consideration the individual needs and preferences of youth (e.g., text message reminders, appointment slips, etc.)
- e. Routinely gathers feedback from youth and families and uses this feedback to implement changes in the SBHC such as such as improving SBHC access, quality of care, breadth of services and/or comfort, design, and appearance of the SBHC.

¹⁰ Adapted from Adolescent Health Initiative “ACE-AP Tool – School-Based Health Center”

¹¹ Aligns with Oregon Department of Education (ODE) LGBTQ2SIA+ Student Success Plan, Recommendation Domain 2, Objective 1: Safer Affirming Spaces. <https://www.oregon.gov/ode/students-and-family/equity/lgbtq2siasstudenteducation/pages/lgbtq2sia--student-success-plan.aspx#key%20terms>

Section D: Access to Care

SBHCs are critical health care access points for Oregon youth. SBHCs serve all students in the school and are staffed with a collaborative team of healthcare professionals. SBHCs demonstrate their commitment to high quality, youth-centered, comprehensive healthcare through written protocols and ongoing staff training.

D.1 Hours of operation and staffing

Intent of D.1

SBHCs are operated by a high-quality team of healthcare professionals who help youth get the care they need when they need it. This section outlines the minimum operation requirements for Oregon SBHCs.

Required roles:

All SBHCs must have staff designated in the following roles:¹²

- **Office/Health/Medical Assistant:** Support staff with assigned staff hours at the SBHC.
- **Primary care provider:** A licensed provider with assigned staff hours at the SBHC and who can provide direct primary care to youth ages 5-21. Approved providers include:
 - Doctor of Medicine (MD),
 - Doctor of Osteopathic Medicine (DO),
 - Naturopathic Doctor (ND),
 - Nurse Practitioner (NP), or
 - Physician Associate (PA).
- **Behavioral health provider¹³:** A licensed, credentialed, or certified¹⁴ provider with assigned staff hours at the SBHC and who can provide direct mental health care, integrated behavioral health care, substance use treatment and/or other services designed to support emotional wellbeing to youth ages 5-21. Roles of behavioral health providers may vary by SBHC based on local needs and resources and may include providers in roles such as:
 - Case Manager;
 - Community Health Worker;
 - Drug and Alcohol/Substance Use Counselor;
 - Health/Patient/Resource Navigator;
 - Integrated Behavioral Health Provider/Behavioral Health Consultant;
 - Mental Health Counselor/Therapist;

¹² Staff may hold more than one role.

¹³ Behavioral health is used to encompass mental health, integrated behavioral health, substance use treatment and other services designed to support mental or emotional wellness.

¹⁴ This could include those credentialed, certified, or licensed through State Approved Licensing Boards, OHA's Traditional Health Worker (THW) Program (309-019-0125 - Specific Staff Qualifications and Competencies), The Mental Health and Addictions Certification Board of Oregon (MHACBO), Tribal based practices providers covered under Medicaid, or others as approved by the SPO.

- Skills Trainer;
- Social Worker; and/or
- Others as approved by SPO.
- **Youth Health and Wellness:** Weekly hours required onsite at the SBHC, as specified in D.1.e.(4) that supports youth accessing the care they need. Staff hours that could be used meet this requirement include, but are not limited to: primary care, behavioral, or oral health provider, Office/Health/Medical Assistant, Nurse, YAC Coordinator, Traditional Health Worker, and/or peer educator, or other as approved by the SPO.

Specifications for D.1

An SBHC meets measure D.1 if it is doing all the following:

- a. Is open and providing services a minimum 15 hours/week over 3 days/week when school is in session.
- b. Offers same day and scheduled appointments during open hours.
- c. Has plan to triage urgent behavior health needs if same-day behavioral health appointments are not available.
- d. Attempts to accommodate student scheduling preferences by offering flexible hours for youth, including before/after school and lunch time hours when possible.
- e. SBHC staff hours must include each of the following roles onsite at a minimum (see Table 1):¹⁵
 - (1) Office/Health/Medical Assistant — 15 hours/week;
 - (2) Primary care provider — 10 hours/week, at least two days/week;
 - (3) Behavioral health provider – 10 hours/week, at least two days/week; and
 - (4) Youth Health and Wellness – 5 hours/week to directly support youth access the care they need
- f. If the SBHC model includes planned staff time alone during hours of operation, the SBHC must have a written safety plan with agreement from sponsoring agencies to provide protection from property loss, Health Insurance Portability and Accountability Act (HIPAA) violations and personal injury.
- g. Has a process for reassigning administrative requests, prescription refills, and clinical questions when a provider is not available.

Table 1: Total SBHC Minimum Staffing Requirements		
Total hours open and operating: 15 hours/week, 3 days/week ¹⁶		
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
Behavioral Health Provider	10 hours	2 days
Youth Health & Wellness	5 hours	Unspecified

¹⁵ Minimum hours may overlap as long as the SBHC is open for services at least 15 hours/week.

¹⁶ Minimum hours may overlap as long as the SBHC is open for services at least 15 hours/week.

D.2 Eligibility and consent for SBHC services

Intent of D.2

SBHCs must follow state statute and other relevant laws to serve youth who attend the school where the SBHC is located, regardless of their insurance status or ability to pay. This section outlines the minimum service eligibility requirements for Oregon SBHCs.

Specifications for D.2

An SBHC meets measure D.2 if it is doing all the following:

- a. Ensures all students in the school are eligible for services.
- b. Ensures youth are not denied access to services based on insurance status or ability to pay.
- c. Accepts the consent of a minor who may lawfully consent under Oregon law, including:
 - (1) Minors 15 years of age or older may consent for medical and oral health services (ORS 109.640).
 - (2) Minors 14 years of age or older may consent for outpatient mental health, drug or alcohol treatment (excluding methadone) (ORS 109.675).
 - (3) Minors of any age may consent for reproductive health care (ORS 109.640).
- d. SBHCs shall not deny services to a minor who has lawfully consented under Oregon statute because a parent or guardian has failed to consent or denied consent for the minor.

D.3 Confidentiality

Intent of D.3

Confidentiality is an essential component of high-quality health care for adolescents and young adults and can have an impact on youth health care experiences and health outcomes.¹⁷ SBHCs must ensure client confidentiality as outlined in state and federal laws. This section describes minimum confidentiality requirements for SBHCs.

Required roles:

All SBHCs must have staff designated in the following role:¹⁸

- **Privacy Official:** A person who is employed by a sponsoring agency and is responsible for health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and Oregon privacy laws.

¹⁷ Chung RJ, Lee JB, Hackell JM, et al; Committee on Adolescence, Committee on Practice & Ambulatory Medicine. Confidentiality in the Care of Adolescents: Policy Statement. *Pediatrics*. 2024;153(5):e2024066326

¹⁸ Staff may hold more than one role.

Specifications for D.3

An SBHC meets measure D.3 if it is doing all the following:

- a. Ensures all aspects of service provisions are compliant with HIPAA, FERPA, and Health Information Technology for Economic and Clinical Health (HITECH) Act.
 - (1) Ensures safeguards are in place to ensure confidentiality, and to protect clients' privacy and dignity throughout the clinic space, during clinic interactions, and in record keeping.
 - (2) Ensures client information is not disclosed without written consent, except as required by law or as may be necessary to provide services to the individual.
 - (3) Ensures appropriate processes are in place for release of information and/or access to medical records to parents and/or guardians when requested, if applicable.
- b. Provides information about circumstances under which SBHC may share otherwise confidential information (for example, mandatory reporting).
- c. Provides information on confidential advocates¹⁹, including an overview of services and how to access.
- d. For services provided via telehealth, ensures compliance with HIPAA and security protections for the client in connection with telemedicine technology, communication, and related records.

D.4 Policies and procedures

Intent of D.4

SBHC collaborate with partners to develop and maintain written policies that ensure youth have access to high quality, youth-centered, comprehensive healthcare services. This section outlines the minimum policies that must be in place for Oregon SBHCs.

Specifications for D.4

An SBHC meets measure D.4 if it is doing all the following:

- a. Reviews and approves each written policy and procedure at least every three years.
- b. Coordinates among all sponsoring agencies to ensure SBHC policies and procedures are aligned.
- c. Ensures SBHC policies and procedures support quality care for the population(s) served.
- d. SBHCs must have written policies for:²⁰
 - (1) Consent for SBHC services (parent/guardian and/or client);
 - (2) Release of information and/or access to medical records to parents/caregivers when requested by parents and/or caregivers;

¹⁹ See ORS 147.600 and ORS 40.264

²⁰ Policies are not required to be unique to the SBHC, as long as they reflect the population(s) served by the SBHC.

- (3) Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) statements for confidential client visits;
- (4) Emergency procedures (disaster/fire/school violence);
- (5) Suicide response (intervention/postvention);
- (6) Reporting of child abuse and neglect;
- (7) Complaint and incident review;
- (8) Parent and/or caregiver involvement;
- (9) Coordination of care between providers with shared clients (physical/behavioral/oral/specialty care);
- (10) Continuity of care (when SBHC is closed or client transitioning out of care); and
- (11) Information sharing between SBHC staff and school, school nurse, and/or designated school health staff.

D.5 Staff training

Intent of D.5

SBHCs must invest in the ongoing education of their staff to provide high quality care for youth. This section outlines minimum training requirements for SBHC staff.

Specifications for D.5

An SBHC meets measure D.5 if it is doing all the following:

- a. Ensures at least one representative from the SBHC medical sponsor and behavioral health agency attends an SBHC orientation upon initial SBHC certification.
- b. Ensures appropriate staff receive SBHC orientation upon new hire or assignment of SBHC Coordinator and/or Behavioral Health Sponsor Primary Contact.
- c. Provides SBHC staff with access to training on the following topics:
 - (1) Equity, including topics related to racism, health equity, cultural responsiveness, language access, gender affirming care, and/or trauma-informed care;
 - (2) HIPAA;
 - (3) Trauma-informed response to violence and abuse, including suspected child abuse and neglect, such as mandatory reporting, confidential advocates, and other systems;
 - (4) Youth suicide prevention; and
 - (5) Youth-centered clinical care.

Section E: Health Equity

The Oregon Health Authority is working to establish a health system in which all people can reach their full potential and wellbeing without being disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other social determined circumstances. SBHCs help advance health equity by reducing barriers to access and being responsive to the diverse needs of their clients.

E.1 Equitable access

Intent of E.1

SBHCs must follow state and federal regulations that support access to health services. This section outlines SBHC requirements to preserve access for protected classes and to reduce barriers to youth access to care. This list is not exhaustive and may not encompass all statutory requirements.

Specifications for E.1

An SBHC meets measure E.1 if it is doing all the following:

- a. Ensures clients are not denied access to services based on race, color, national origin, religion, sex, gender identity and/or gender expression/presentation, religion, 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, and Section 1557 of the Affordable Care Act.
- b. Prioritizes school-aged youth for SBHC services and operations.
- c. Ensures services are provided in a way that makes it easy and comfortable for youth to seek and receive the health services they need.
- d. Ensures clients are provided developmentally appropriate care that is oriented toward understanding and appreciating their individual gender experience. Youth must have access to comprehensive, gender-affirming, and developmentally appropriate health care that is provided in a safe and inclusive clinical space.
- e. Treats clients in a trauma-informed manner that is responsive to their identities, beliefs, communication styles, attitudes, languages, and behaviors.
- f. Has a process to receive, review and respond to client complaints and incidents.

E.2 Language access

Intent of E.2

SBHCs must ensure all clients can meaningfully utilize the SBHCs using their primary language of communication. This section outlines minimum language access requirements for SBHCs.

Specifications for E.2

An SBHC meets measure E.2 if it is doing all the following:

- a. Communicates with clients in their primary language.
- b. Provides access to interpreter services that are free, timely and protect the privacy and independence of the client.
- c. Ensures interpreters are certified or qualified health care interpreters, specifically:
 - (1) An interpreter on OHA's current Health Care Interpreter (HCI) registry, or
 - (2) Any other interpreter that meets the qualifications required by state and federal law.
- d. Family and friends may not be used to provide interpretation services, unless requested by the client.
- e. Ensures all providers and subcontractors act in compliance with Americans with Disability Act (ADA) requirements when providing health care services.

E.3 Health related social needs

Intent of E.3

Health-related social needs (HRSNs) are social and economic needs that impact an individual's ability to maintain health and well-being. This includes things like safe housing, nutritious food, and economic stability. SBHCs are well-positioned to help young people and their families find pathways to meet these needs.

Specifications for E.3

An SBHC meets measure E.3 if it is doing all the following:

- a. Supports access to social support services (e.g., housing, transportation, food).
- b. Ensures access to Oregon Health Plan and health insurance enrollment assistance.

Section F: Comprehensive Pediatric Health Care

SBHCs provide high quality, youth-centered, comprehensive pediatric health care services to youth. SBHCs must provide comprehensive, affirming and developmentally appropriate health care to promote the health and positive development of youth. SBHC sponsoring agencies should work together to ensure required services are integrated, youth-centered, and meet the needs of the population(s) the SBHC serves.

F.1 Comprehensive pediatric health care

Intent of F.1

The minimum service requirements for SBHCs in Table 2 follow, American Academy of Pediatrics (AAP) Bright Futures **Recommendations for Preventive Pediatric Health Care** specifically for ages 5-21. SBHC providers should refer to Bright Futures to determine age-appropriate levels of service. Table 2 also integrates recommendations from nationally recognized standards of comprehensive care, including AAP, Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, National Council for Mental Wellbeing, Substance Abuse and Mental Health Services Administration (SAMHSA), and Adolescent Health Initiative, among others.

Specifications for F.1

An SBHC meets measure F.1 if it is providing all the following:

Table 2: Comprehensive Pediatric Health Care Minimum Requirements:
History
Comprehensive medical history
Measurements
Height and weight
Blood pressure
Sensory Screening
Vision
Hearing
Developmental/Social/Behavioral/Mental Health
Developmental surveillance
Behavioral/social/emotional screening
Tobacco, alcohol or drug use screening
Depression screening
Suicide risk screening
Suicide safety planning
Social needs screening
Mental / behavioral health assessment
Mental health service plan development
Individual counseling and treatment
Physical Health
Comprehensive physical exam

Table 2: Comprehensive Pediatric Health Care Minimum Requirements:
Evaluation and treatment of non-urgent, acute, and chronic conditions
Health assessment ²¹
Reproductive health exam
Condom availability ^{22,23}
Contraceptive dispensing ^{22,23}
Age-appropriate comprehensive pregnancy options counseling ²⁴
HIV counseling
STI prevention education and treatment ^{22,23}
Procedures
Immunization
Anemia screening & testing
Lead screening
Tuberculosis screening
Dyslipidemia screening & testing
STI screening & testing ²⁵
HIV screening & testing
Hepatitis B screening
Hepatitis C screening
Sudden cardiac arrest/death risk screening
Urinalysis
Blood glucose testing
Pregnancy testing
Strep throat testing
Oral Health
Fluoride varnish
Fluoride supplement prescription
Anticipatory Guidance
Provision of age-appropriate anticipatory guidance ²⁶
Targeted client education

²¹ 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.).

²² SBHCs located on elementary school and middle campuses may provide these services via referral.

²³ Providing access to comprehensive contraception 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.

²⁴ Pregnant people must be offered information and counseling regarding each of the options in a neutral, factual, and non-directive manner: parenting, abortion, and adoption. All pregnancy options information must be written in a factual and non-directive manner and include contact information for agencies that give medically accurate, unbiased information about the option(s) for which they are being listed.

²⁵ Chlamydia, gonorrhea, syphilis

²⁶ Anticipatory guidance is preventive counseling to address significant physical, emotional, psychological, and developmental changes that occur throughout childhood. Anticipatory guidance complements the risk assessment and covers topics such as injury prevention, diet and nutrition, and sexual health, among others.

F.2 Service referral

Intent of F.2

SBHCs are located across Oregon; each clinic works to meet the diverse needs of its community. All SBHCs must have a mechanism for referral to ensure access if needed services are not available onsite at the clinic.

Specifications for F.2

An SBHC meets measure F.2 if it is doing all the following:

- a. Has a system for tracking referrals and follow-up.
- b. Prioritizes referral sources that are youth-friendly, confidential, and available regardless of a client's ability to pay.
- c. If not available onsite at the SBHC, ensures referrals for the following services:
 - (1) Substance use treatment;
 - (2) Comprehensive oral health evaluation and treatment;
 - (3) Prenatal care;
 - (4) Gender affirming treatment;²⁷
 - (5) Other medical or behavioral health specialty services.

F.3 Immunizations

Intent of F.3

SBHCs must enroll in the Oregon Vaccines for Children (VFC) Program and provide age-appropriate vaccines. Following VFC Program requirements ensures youth have access to the immunizations they need to stay healthy.

Required roles:

All SBHCs must have staff designated in the following role:²⁸

- **Immunization Coordinator:** A person 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.

Specifications for F.3

An SBHC meets measure F.3 if it is doing all the following:

- a. Is enrolled in the Vaccines for Children (VFC) program and meets the federal and state requirements of this program.

²⁷ Gender affirming treatment means a procedure, service, drug, device or product that a physical or behavioral health care provider prescribes to treat an individual for incongruence between the individual's gender identity and the individual's sex assignment at birth, as defined in Oregon Laws 2023, chapter 228, section 20.

²⁸ Staff may hold more than one role.

- b. Utilizes clinical encounters to screen and, when indicated, immunize youth.

F.4 Equipment

Intent of F.4

SBHCs must ensure their medical equipment is in excellent working condition and that the clinic is prepared to respond to medical emergencies.

Specifications for F.4

An SBHC meets measure F.4 if it is doing all the following:

- a. Maintains and calibrates equipment per manufacturer and/or agency guidelines.
- b. Has a process in place for Quality Assurance per manufacturer and/or agency guidelines.
- c. Has appropriate emergency medical equipment per agency guidelines that is inspected regularly.

F.5 Medications

Intent of F.5

SBHCs follow local, state and federal regulations for medication storage.

Specifications for F.5

An SBHC meets measure F.5 if it is doing all the following:

- a. Keeps any onsite medications in accordance with local, state and federal rules and regulations.
- b. Provide access to medications that support the health care needs of youth clients.

F.6 Laboratory

Intent of F.6

SBHC labs must meet quality requirements to ensure optimal operations, safety, and accuracy.

Required roles:

All SBHCs must have staff designated in the following role:²⁹

- **Lab Coordinator:** A person who is named on the SBHC's Clinical Laboratory Improvement Amendments (CLIA) license and is responsible for the overall operation and administration of the laboratory.

²⁹ Staff may hold more than one role.

Specifications for F.6

An SBHC meets measure F.6 if it is doing all the following:

- a. Meets Code of Federal Regulations (CFR) requirements and holds a valid CLIA certificate for the level of testing performed or participates in a multiple-site CLIA certificate.
- b. Maintains and/or calibrates lab equipment regularly to meet all CLIA, manufacturer or SBHC policy requirements.
- c. Ensures timely review of lab results by an authorized provider (ORS 438.430(1)).
- d. Ensures confidential handling of lab results.

Section G: Data and Quality Improvement

State certified SBHCs are required to collect and regularly submit specific data and operating information to the SBHC State Program Office. The SPO uses this information in many ways, including to monitor compliance with SBHC Standards for Certification. In-depth analysis of this data and information helps the SPO, SBHC partners and policymakers understand trends in SBHC services and utilization. This data also tells the story of the impact SBHCs have in their communities.

G.1 Data collection

Intent of G.1

This section outlines minimum data collection requirements for SBHCs.

Specifications for G.1

An SBHC meets measure G.1 if it is doing all the following:

- a. Maintains an electronic health records (EHR) system that is compatible with the SPO's data collection system and has the capacity to collect the required variables listed in H.2. Compatibility means the system can export required variables in a useable format.
- b. Has electronic health records, billing systems, client forms, and client-centered notification systems that protect client confidentiality, including but not limited to services received and client sexual orientation and gender identity.
- c. Notifies the SPO at least 4 months in advance of changing EHR system vendors to allow sufficient time to ensure compliance with SPO data collection requirements.
- d. Data collection and reporting requirements apply to all ongoing services (including physical, behavioral, and oral health) provided by a sponsoring agency onsite at the SBHC, regardless of the age of the client, as defined in B.2.

G.2 Data variables

Intent of G.2

SBHCs must collect specific data variables to document client information and encountered visits. This section outlines minimum data variables requirements for SBHCs.

Specifications for G.2

An SBHC must collect certain data variables at each encountered visit, including:

- a. Client-level variables:
 - (1) Unique client identifier (not name);
 - (2) Medicaid ID #; and
 - (3) Date of birth;
- b. Client demographic variables:

- (1) Race;
 - (2) Ethnicity;
 - (3) Language;
 - (4) Sex assigned at birth; and
 - (5) School enrollment.³⁰
- c. Visit-level information:
- (1) Location of visit (site identification);
 - (2) Visit or claim identification number;
 - (3) Type of visit (in-person or telehealth/phone/video);
 - (4) Date of visit;
 - (5) Insurance status at time of visit (to include at a minimum the following categories: Medicaid, other public, private, none, unknown, Title X (RHCare/CCare));
 - (6) Payor name;
 - (7) Total charges;
 - (8) Total payments;
 - (9) Provider type (as defined by SPO);
 - (10) Provider name
 - (11) National Provider Identifier (NPI)
 - (12) Visit procedure code(s);
 - (13) Procedure code modifiers; and
 - (14) Visit diagnostic code(s) (most recent ICD and DSM code(s)).

G.3 Data reporting

Intent of G.3

SBHCs must securely report required data and information to the SBHC State Program Office. This section outlines minimum data reporting requirements for SBHCs.

Specifications for G.3

An SBHC meets measure G.3 if it is doing all the following:

- a. Submits SBHC encounter data to the SPO at least twice annually.
- b. Submits SBHC financial revenue information for medical sponsor and behavioral health sponsor to the SPO at least once annually.
- c. Participates in site quality improvement activities, as defined by SPO.
- d. Keeps an up-to-date Operational Profile with information about clinic operations.
- e. Utilizes appropriate consent forms to share electronic health record data with SPO, if required by vendor.

³⁰ Reporting of school enrollment is dependent on EHR capability to collect and report on this variable, as defined by the SPO.

Section H: Sustainability

SBHCs are a vital resource for the youth they serve. SBHCs coordinate with private insurers, the Oregon Health Plan (OHP), and Coordinated Care Organizations for service reimbursement when possible. The financial sustainability of SBHCs ensures youth have continued access to high quality healthcare services.

H.1 Billing

Intent of H.1

SBHCs must ensure their providers are able to bill public and private health insurers. This section outlines minimum billing requirements for SBHCs.

Specifications for H.1

An SBHC meets measure H.1 if it is doing all the following with respect to physical health, behavioral health and/or oral health providers:

- a. Ensures providers, as applicable, are credentialed with and billing private insurance companies for reimbursement whenever possible.
- b. Ensures providers, as applicable, are enrolled with and billing the Oregon Health Plan (OHP).
- c. Ensures that all encounters billed to Oregon Medicaid (open card or Coordinated Care Organization (CCO)) include the modifier “UB” for every billed procedure code. This does not apply to dental encounters.

Section I: Terminology

Contact information

SBHC State Program Office

For questions, please send an email to sbhc.program@odhsoha.oregon.gov or call 971-673-0871 or fax 971-673-0250.

Additional Information

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