

## SBHC Standards for Certification, Version 5

### Listening Session Frequently Asked Questions

#### General: Funding

- **Q:** Does the SBHC State Program Office (SPO) have additional funding available for new SBHCs?
- **A:** Funding is based on SPO's legislatively approved budget and is not guaranteed. SPO may have some base funding (\$60,000/year) available but does not currently have Mental Health Expansion Grant (MHEG) funding available for new or existing sites.

#### Section B: Partners

- **Q:** Our SBHC provides behavioral health services through multiple agencies. Who would be considered the "behavioral health sponsor" in this case?
- **A:** Any agency providing behavioral health services would be considered a "behavioral health sponsor." For example, if a medical agency staffs a Behavioral Health Consultant on the primary care side AND a behavioral health agency staffs a traditional therapist, both agencies would be considered "behavioral health sponsors."
- **Q:** Our SBHCs contracts with individual behavioral health providers (not an agency) to provide services at our SBHCs. Who would be considered the "behavioral health sponsor" in this case?
- **A:** SPO can evaluate each case individually, but in this particular case the SBHC medical sponsor agency would likely be the "behavioral health sponsor" because the medical sponsor pays for staffing, supports billing and owns the medical records.
- **Q:** Who is authorized to sign written agreements between SBHC sponsoring agencies?
- **A:** The Standards don't specify *who* needs to sign, although typically it is someone at the administrative level within the agency. The Standards only say that a written agreement must be in place to describe partner agency "roles and responsibilities in SBHC operations."
- **Q:** How will the SPO evaluate what "counts" for the new youth engagement requirements (B.4 Youth engagement)?
- **A:** The SPO will work over the next two years to develop new mechanisms for assessing compliance with the new Standards, v5. We will communicate compliance expectations before the new Standards go into effect in July 2026.

### Section C: Facility

- **Q:** Our SBHCs doesn't have space for therapy/counseling, so we use a separate space in the school. Would this be allowed under the new Standards?
- **A: Yes,** we understand SBHCs are operating under difficult space constraints. SPO would allow SBHCs to continue providing services in the ways they are currently. However, we may ask SBHCs that don't have dedicated therapy/counseling space to submit a "standing waiver" with SPO so we can track compliance over time.
- **Q:** Do the new Standards require SBHCs to post any information?
- **A: Yes.** The new Section C.2: Publicly available information outlines what information the SBHC is required to post publicly. This includes client rights and responsibilities; Notice of Privacy Practices; information about Oregon minor consent statute; and information about rights to language access and how to access interpreters. SBHCs also must post information about SBHC operations and how to access care when the SBHC is closed.

### Section D: Access to Care

- **Q:** Do the revised Standards change the requirements for minimum staffing hours?
- **A: Yes,** the proposed changes would:
  - Require 10 hours of behavioral health provider support over 2 days / week.
  - Reduce currently required "additional hours" from 10 to 5 hours / week.
    - Broaden what "counts" as additional hours to anything that supports "youth health and wellness." This could include, but is not limited to: primary care, behavioral, or oral health provider, Office/Health/Medical Assistant, Registered Nurse, YAC Coordinator, Traditional Health Worker, and/or peer educator, or other as approved by the SPO
- **Q:** Would QMHA hours "count" towards minimum staffing hours in the new Standards?
- **A: Yes,** for either minimum behavioral health or "additional youth health and wellness" hours.
- **Q:** Could RNs be used to meet the minimum "additional hours for youth health and wellness" requirements?
- **A: Yes.** 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, Registered Nurse, YAC Coordinator, Traditional Health Worker, and/or peer educator, or other as approved by the SPO.
- **Q:** We are having conversations with our CCO about the role of Community Health Workers compared with Personal Health Navigators. Any thoughts on the role of PHNs vs. CHWs in SBHCs?

- **A:** Either one could be used to meet minimum SBHC operating hours requirements. SBHCs can also offer services above and beyond what is required in the Standards. This seems like a good topic for a future Open Forum or Coordinators Meeting!
- **Q:** Can the 5 hours of additional “youth health and wellness support” be spread across multiple SBHCs?
- **A: No**, this would be per week at each SBHC. However, many SBHCs are already meeting the requirements of this change through the “additional hours” requirement in the current certification standards.
- **Q:** Will SPO require a dental provider to be onsite?
- **A: No**, the services outlined in the “Oral Health” section (G.1) can be provided by a primary care provider. SBHCs still *may* staff a dental provider, but it is not required.
- **Q:** Our SBHC has an eligibility (opt-out) policy in place. How long would we have to remove that policy?
- **A:** All SBHCs will be expected to come into compliance with the new Standards, v5 by July 1, 2026. However, SBHCs may submit a waiver, including a written plan to engage youth, school district partners, and parents / caregivers to move towards compliance with the new consent requirements. The SPO will not decertify or defund an existing certified SBHC based solely on not meeting these requirements. All new SBHCs that apply for state certification after July 1, 2026 will be required to meet the consent requirements outlined in the Standards, v5.
- **Q:** How would SBHCs be required to provide information about circumstances under which SBHC may share otherwise confidential information (for example, mandatory reporting)?
- **A:** SBHCs may share this information in different ways, including posted notice, brochures, infographics, information in registration paperwork or through an intake process.
- **Q:** Would SBHCs now be required to provide access to confidential advocates onsite at the SBHC?
- **A: No**, SBHCs would be required to provide information about confidential advocates. SPO will work with partners, including the Oregon Sexual Assault Task Force, to develop a resource and to share examples of how to provide this information.
- **Q:** Who is supposed to receive the SBHC Program Orientation?

- **A:** SPO would require all new Coordinators and new Behavioral Health Sponsor Primary Contacts to receive an SBHC Program Orientation. Other staff may be invited to the orientations as well but would not be required to attend.
- **Q:** Would SBHCs be required to provide the new required trainings to all staff?
- **A:** The requirement language is intentionally vague to allow for some local flexibility here. SPO will need to figure out how to implement this requirement, including how to track compliance. SPO will also need to make some of these trainings available to SBHC staff on the SBHC website.

#### Section F: Comprehensive Pediatric Health Care

- **Q:** Why did SPO remove “Onsite” and “Referral” categories from the Comprehensive Pediatric Health Care Minimum Requirements chart?
- **A:** The new Standards *only* list “onsite” requirements in the Minimum Requirements chart. There is now a separate section listing expectations for services to be provided via referral.
- **Q:** Will SPO require hearing screenings to be provided onsite at the SBHC?
- **A: Yes**, the new Standards, v5 require onsite hearing screening.
- **Q:** Would our SBHC need to provide birth control pills to meet the new contraceptive dispensing requirement?
- **A: No**, the current language requires SBHCs located **on high school campuses** to provide access to condoms AND at least one other method of contraceptives. This additional method *could* include birth control pills. 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.
- **Q:** We have concerns about the new requirements to dispense contraceptives at state certified SBHCs. What is the SPO’s plan for finalizing and rolling out these requirements?
- **A:** All SBHCs will be expected to come into compliance with the new Standards, v5 by July 1, 2026. However, SBHCs may submit a waiver, including a written plan to engage youth, school district partners, and parents / caregivers to move towards compliance with the new contraceptive dispensing requirements. The SPO will not decertify or defund an existing certified SBHC based solely on not meeting these requirements. All new SBHCs that apply for state certification after July 1, 2026 will be required to meet the contraceptive dispensing requirements outlined in the Standards, v5.
- **Q:** Will SPO require onsite tuberculosis testing?

- **A:** No, SPO will only require tuberculosis *risk screening*. SBHCs can refer outside of the SBHC for tuberculosis testing.
- **Q:** Our provider is resistant to providing fluoride varnish. Is this a requirement under the new Standards?
- **A: Yes**, the new Standards v5 require onsite fluoride varnish. SPO will work over the next two years to provide support for SBHCs that need to integrate this service into their clinic workflow. For example, Medical Assistance may be able to provide fluoride varnish if a provider is not able to.
- **Q:** Why is “sudden cardiac arrest/death screening” listed under “Procedures”? Would the SBHC be required to provide EKGs?
- **A:** This is aligned with the position on [Bright Futures / American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care periodicity table](#). The SBHC would not be required to provide EKGs but would need to ask screening questions during the well visit to identify potential risk for sudden cardiac arrest. Providers also screen and document as part of an annual sports physical.

#### Section H: Data and Quality Improvement

- **Q:** If SPO is no longer requiring SBHC Satisfaction Surveys, what support will be provided to gather feedback from youth?
- **A:** SPO will share available resources, such as example surveys from national organizations like the Adolescent Health Initiative. SPO will also ask for examples from SBHCs who are already doing this and would be willing to share with the broader SBHC network. SPO will also likely provide specific training and technical assistance around this topic (for example, webinars or Open Forums).

#### Section I: Sustainability

- **Q:** How would SBHCs know if the UB modifier is being applied to billed encounters?
- **A:** This is already happening for all currently state certified SBHCs. SBHCs that use Epic via OCHIN do it automatically on the back end. SPO will work with any new SBHCs to ensure this capacity is in place.