

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

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Introduction

School-Based Health Centers (SBHCs) are a unique health care model for providing comprehensive physical, mental and preventive health services to youth in a school setting. SBHCs ensure youth receive the care they need to reach their full health potential and well-being.

The “Oregon School-Based Health Centers Standards for Certification, Version 5” (referred to as “Standards for Certification”) outline the requirements Oregon SBHCs must meet to be certified by the Oregon Health Authority (OHA) Public Health Division’s SBHC State Program Office (SPO). These Standards for Certification outline what state certified SBHCs must provide *at a minimum*; communities may decide to extend services beyond these base requirements.

State certification is also *voluntary*; a SBHC may choose not to participate in state certification and still operate independently. However, only state certified SBHCs are eligible for OHA SBHC Program grant funding per OAR 333-028-0260.

In Oregon, school-based health centers are **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. Oregon's SBHC model **excludes mobile health units/vans**.

Adapted from ORS 413.225

The Standards for Certification create a foundational model for SBHCs in Oregon, emphasizing culturally responsive, youth-centered services. SBHCs are trusted places where young people can get health care. They are in a good position to meet the ongoing health needs of youth, especially youth disproportionately impacted by health inequities.

Background

SBHCs have existed in Oregon since 1986. They succeed through partnerships between the OHA Public Health Division, school districts, county public health departments, public and private providers, parents/caregivers, youth, and community members.

The OHA SBHC SPO has authority to develop certification standards under Oregon Revised Statute 413.223. Since 2014, Oregon Administrative Rules 333-028-0200 through 333-028-0260 have defined the procedures and criteria the Oregon Health Authority uses to certify, suspend, decertify and fund SBHCs. Section A of the Standards for Certification outlines these rules.

The first SBHC Standards for Certification were created in 2000, with subsequent versions released in 2010, 2013, and 2016.

The Standards:

- Define the Oregon SBHC model of care,
- Reduce site-to-site variability,
- Center the needs of Oregon youth, and
- Increase the availability of quality health care for children and adolescents.

SBHC Program Values

The OHA SBHC SPO identified a set of eight SBHC Program values to guide the revision of the minimum program requirements (see sidebar). The SBHC SPO worked with youth, SBHC staff, partner agencies, and community members to update and improve the SBHC Standards for Certification, Version 5, using these shared values to guide the process.

Accessible

By definition,¹ Oregon SBHCs are located where youth are – on school grounds. SBHCs’ convenient location reduces barriers, such as transportation, that may prevent youth and their families from getting the care they need.

SBHC Program Values:

- Accessible
- Accountable
- Collaborative
- Comprehensive
- Integrated
- Quality
- Responsive
- Youth-centered

The Standards for Certification ensure accessibility by setting minimum requirements for SBHC facilities, hours of operation, information sharing, equitable access, and consent.

Accountable

All state-certified SBHCs must collect and regularly share specific data with the SBHC SPO. The SPO uses this information in many ways, including to make sure SBHCs are following the Standards for Certification. SBHCs also track data to stay accountable to partners, funders, and the youth and families they serve.

The Standards for Certification ensure accountability by requiring minimum data collection and reporting requirements. Additionally, SBHCs must gather feedback regularly from youth and families and use this feedback to improve the SBHC’s quality of care.

Collaborative

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

The Standards for Certification ensure collaboration by setting expectations for engaging youth, parents and caregivers, community members, and schools.

¹ ORS 413.225(b)(A)

² ORS 413.225(b)(B)

Comprehensive

SBHCs deliver a wide range of physical health and behavioral health services. They also offer oral health, prevention, and social support services. SBHCs are operated by high-quality teams of healthcare professionals with experience in child and adolescent health. SBHC staff receive regular training to ensure they are providing comprehensive, high-quality care.

The Standards for Certification set minimum expectations for SBHC staffing and training and allow staffing model flexibility that supports SBHCs to better meet the needs of their diverse communities.

Integrated

SBHCs work to integrate care both within the clinic and with outside providers. This makes care more consistent, avoids gaps, and prevents repeating the same services.

The Standards for Certification set minimum expectations for SBHC sponsoring agency collaboration by outlining requirements for care coordination, communication, co-location and referrals.

Quality

SBHCs provide high-quality pediatric health care services that promote health and positive development for youth. Services provided at Oregon SBHCs are like those provided at any pediatric practice.

The Standards for Certification minimum service requirements integrate recommendations from nationally recognized standards of comprehensive care, including the American Academy of Pediatrics, 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, and Adolescent Health Initiative, among others.

Responsive

The Oregon SBHC model is flexible to meet community needs. SBHCs regularly seek feedback from youth, families, and partners to ensure their patients feel welcome and well cared-for.

The Standards for Certification ensure responsiveness by requiring meaningful and culturally responsive youth, caregiver and community involvement in SBHC services and operations. SBHCs must also ensure youth of all backgrounds can feel comfortable seeking and receiving the health services they need.

Youth-centered

Youth are at the center of the SBHC model. SBHCs often work closely with youth to develop policies, services and the physical space of the health center. SBHC youth engagement helps young people to actively participate in their own health care and develop skills to navigate health systems.



The Standards for Certification promote a youth-centered SBHC model by requiring youth engagement strategies and outlining specific requirements to ensure a youth-friendly clinical environment.

Section A: Certification process³

Oregon law, ORS 413.223, grants the Oregon Health Authority (OHA) the authority to establish school-based health center certification requirements, funding, and performance standards. Within OHA, the School-Based Health Center Program (Program) administers the certification process. The law requires OHA to adopt rules that outline the procedure and criteria for certification, suspension, decertification and closure of SBHCs. Those rules are outlined in OARs 333-028-0200 through 333-028-0260, which are referenced in Section A, below. To the extent this document is inconsistent with ORS 413.223 or OAR 333, Division 28, the statute and rules govern.

The SBHC State Program Office (SPO) is committed to helping partners navigate Program rules and requirements. SPO staff are available to provide training and support for existing SBHCs, as well as communities planning to open a new SBHC, as they move through application, certification, renewal, and compliance.

A.1 Application and certification process; renewal

Intent of A.1

This section outlines the required processes for SBHC application, certification and renewal. State certified SBHCs are required to follow these processes for SBHC certification and available state funding to continue without disruption.

Specifications for A.1

- a. An individual with legal authority to act on behalf of the entity that operates a SBHC may apply for certification of a SBHC by submitting a SBHC application to the Program.
 - (1) Instructions for submitting an application to become a certified SBHC are posted on www.healthoregon.org/SBHC.
 - (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. The Program shall review the application within 30 calendar days of receipt 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

³ (see OAR 333-028-0200 - OAR 333-028-0260)

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 specify a date by which it must be completed.
- e. Once the application has been approved the Program will schedule and on-site verification review in accordance with Section A.2 (OAR 333-028-0240);
- f. If a SBHC does not meet certification requirements in their 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 certification requirements in OAR 333-028-0220.
 - i. The Program will provide the applicant with an explanation of the reasons for denial based on the certification requirements 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 calendar 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 subject to entering into a corrective action plan that contains a timeline for meeting the non-compliant requirements. The SBHC must submit a waiver request to the Program in accordance with Section A.4 (OAR 333-028-0250).
- g. A certified SBHC must renew its certification no later than October 1 each year by completing the Program's online Operational Profile. A SBHC's certification expires if it is not renewed by October 1 of each year and the SBHC must reapply for certification under section A.1.a of this rule.
- h. The Program will notify SBHCs of their certification renewal status by January 1 each year.
- i. Once a SBHC is certified, the certification is effective for the following fiscal year (July 1 through June 30).

A.2 Verification

Intent of A.2

The SPO is charged with developing procedures and criteria to verify that state certified SBHCs meet SBHC Standards for Certification. This section outlines the processes the SPO uses to monitor compliance through onsite verification reviews.

Specifications for A.2

- a. The Program shall conduct one verification review of each approved SBHC within one year of application approval to determine compliance with SBHC certification requirements described in OAR 333-028-0220. A verification review may have on-site and off-site components.
- b. After the initial verification review, the Program shall conduct a verification review once per biennium for a representative sample of certified SBHCs in each SBHC system.
- c. A SBHC will be notified, in writing, no less than 30 calendar days before its scheduled verification review.
- d. A SBHC must permit Program staff access to the site's place of business during a verification review.
- e. Prior to a verification review, the Program may conduct pre-visit meeting(s) with SBHC representative(s).
- f. The verification review may include, but is not limited to:
 - (1) Review of documents, policies and procedures, and records;
 - (2) Review of patient health records, electronic medical or health record systems, and review of practice management systems;
 - (3) Review of data reports from electronic systems or other patient registry and tracking systems;
 - (4) Interview(s) and survey(s) with sponsoring agency, practice management, clinical, and administrative staff;
 - (5) Interview(s) and survey(s) with youth, parents/guardians, partner agencies, and school staff;
 - (6) On-site observation of practice staff with school-aged patients, with the consent of the patient, parent, or guardian; and
 - (7) On-site observation of patient environment and physical environment during business hours.
- g. 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.
- h. Within 30 calendar days of the verification review Program staff must prepare and provide the SBHC with a written report of the findings from the review.

- i. If no certification deficiencies are found during the review, the Program shall issue written findings to the SBHC indicating no deficiencies were found.
- j. If certification deficiencies are found during the verification review, the Program may:
 - (1) Require action items to be completed within specified timeline; or
 - (2) Take action in accordance with Section A.4 (OAR 333-028-0250).
- k. Without prior notice to the SBHC, the Program may conduct a verification review, an on-site review, or both, if the Program becomes aware of an SBHC's alleged noncompliance with certification requirements or these rules.
- l. At any time, a 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.
- m. Failure to cooperate with a verification review may result in suspension of a SBHC's certification or decertification.
- n. The Program must discontinue funding of a SBHC that has their certification suspended or decertified.

A.3 Requesting changes to certified SBHCs

Intent of A.3

This section outlines the required processes for requesting changes to existing certified SBHCs, including the permanent transfer of SBHC certification due to sponsor agency or location change. State certified SBHCs are required to follow these processes for SBHC certification and available state funding to continue without disruption.

For SBHCs seeking a temporary location change (for example, due to construction), SBHCs should follow the waiver process outlined in Section A.4.

Relevant definitions

- **Medical sponsor transfer:** the permanent transfer of the SBHC medical sponsor role and responsibilities from one medical sponsor to another.
- **Behavioral health sponsor transfer:** the permanent transfer of the SBHC behavioral health sponsor role and responsibilities from one behavioral health sponsor to another.
- **Permanent SBHC location change:** permanently moving the physical location of a SBHC to a different location within the existing grounds of the school.
- **Permanent SBHC location transfer:** permanently moving the certification of a SBHC to the grounds of a new school.

Specifications for A.3

- a. An individual with legal authority to act on behalf of the entity that operates a certified SBHC must notify the Program of the intent to make any of the following changes, no less than 30 calendar days before the change occurs:
 - (1) Medical sponsor transfer.
 - (2) Behavioral health sponsor transfer.
 - (3) Permanent SBHC location change.
 - (4) Permanent SBHC location transfer.
- b. An individual with legal authority to act on behalf of a certified SBHC may request to make any of the changes listed in Section A.3.a (OAR 333-028-0245(1)(a-d)) by submitting the request to the Program.
- c. Instructions for submitting a request to make any of the changes listed in Section A.3.a (OAR 333-028-0245(1)(a-d)) are available by request to the Program email found at www.healthoregon.org/SBHC.
- d. The Program shall review the request within 30 calendar days receipt to determine whether it is complete.
- e. If the Program determines that the request is not complete, it will be returned to the SBHC for completion and resubmission.
- f. If the Program determines that the request is complete, it will be reviewed to determine if, with the change, the SBHC continues to meet certification requirements described in OAR 333-028-0220. If the Program determines in reviewing the request and applicable documents that the SBHC meets the certification requirements the Program shall:
 - (1) Inform the SBHC in writing that the request has been approved; and
 - (2) Instruct the SBHC to update the Program's online Operational Profile and specify a date by which it must be completed.
- g. Once the request has been approved the Program may schedule an on-site verification review in accordance with Section A.2 (OAR 333-028-0240).
- h. If the request is not approved:
 - (1) The Program may deny the request if the requested change means the SBHC does not meet the certification requirements in OAR 333-028-0220.
 - i. The Program will provide the applicant with a clear description of reasons for denial based on the certification requirements in the denial letter.
 - ii. An applicant may request that the Program reconsider the denial of the request. A request for reconsideration must be submitted in writing to the Program within 90 calendar 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 documents.
 - iii. The Program shall inform the applicant in writing whether it has reconsidered its decisions; or
 - (2) The Program may approve the applicant's request subject to entering into a corrective action plan that contains a timeline for meeting the non-compliance

requirements. The SBHC must submit a waiver to the Program in accordance with Section A.4 (OAR 333-028-0250).

A.4 Compliance

Intent of A.4

This section outlines the processes the SPO uses to track compliance changes and ensure state certified SBHCs can provide quality, youth-centered care, as outlined in the SBHC Standards for Certification. If a SBHC is unable to come into compliance, the SPO may suspend or decertify the SBHC.

Specifications for A.4

- a. A SBHC must notify the Program within 30 calendar days of any change that brings the SBHC out of compliance with the certification requirements described in OAR 333-028-0220. A SBHC must submit a waiver request 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 14 calendar days of receipt.
- 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, a SBHC does not come into compliance by the date of compliance stated in the waiver, or a SBHC is out of compliance with certification requirements and has not submitted a waiver, the Program may, in its discretion:
 - (1) Require the SBHC to complete an additional waiver request in accordance with this rule with an updated plan for corrective action and updated date for meeting compliance; or
 - (2) Issue a written warning with a timeline for corrective action; or
 - (3) Issue a letter of non-compliance with the notification of a certification suspension or decertification.
- e. A SBHC with its certification suspended may have its suspension lifted once the Program determines that compliance with certification requirements has been achieved satisfactorily.
- f. A 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 a 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 calendar days to come into compliance.
- h. Failure to comply with these rules may result in suspension or decertification of a SBHC's certification.

A.5 Closure or surrender of certification

Intent of A.5

ASBHC may choose to cease operations at any point. This section outlines the required processes for voluntary SBHC closure and decertification. The goal of these processes is to ensure continuity of care and minimal disruption for SBHC clients and the broader community.

Specifications for A.5

- a. An individual with legal authority to act on behalf of a certified SBHC shall notify the Program of the intent to permanently surrender its certification no less than 30 calendar days before the surrender takes effect.
- b. If the SBHC is closing, the SBHC shall notify currently enrolled clients, community members, and partners of the following information:
 - (1) The SBHC's closure date;
 - (2) The SBHC's record transfer and retention policy; and
 - (3) Alternative sources of care for physical, behavioral, and oral health services.
- c. A SBHC shall submit all required documentation to the Program no less than 30 calendar days after the SBHC's decertification, including, but not limited to:
 - (1) Data reports from electronic systems or other client registry and tracking systems; and
 - (2) SBHC operational and quality improvement information as required by the Program.
- d. If a SBHC intends to close or surrender its certification, the Program and the SBHC will establish the date decertification will take effect.
- e. A SBHC that had been decertified or surrenders its certification may reapply under Section A.1 (OAR 333-028-0230) at any time.

Section B: Partners

SBHCs rely on the support of many partners to be successful. Oregon defines SBHCs, in part, as clinics “organized through collaboration among schools, youth, communities and health providers, including public health authorities.”⁴

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.”⁵ This section clarifies the responsibilities that SBHC partner agencies hold in SBHC operations.

⁴ ORS 413.225(1)(b)(B)

⁵ ORS 413.225(1)(b)(C)

Relevant definitions

- **Sponsoring agency:** an entity that provides, or contracts with another entity to provide, services for a SBHC on an ongoing basis.
- **Medical sponsor:** an entity that provides, or subcontracts with a separate entity to provide, medical care at a SBHC.
- **Behavioral health⁶ sponsor:** an entity that provides, or subcontracts with a separate entity to provide, behavioral health care at a SBHC.

Specifications for B.1.

A SBHC meets measure B.1 if the SBHC has the following:

- a. At least one sponsoring agency that meets the definition of a sponsoring agency and provides one or more of the following services on an ongoing basis:
 - (1) Funding;
 - (2) Staffing;
 - (3) Billing support; and
 - (4) Space.
- b. At least one of the sponsoring agencies that meets the definition of a medical sponsor and provides the following services at a SBHC:
 - (1) Staffing;
 - (2) Medical oversight;
 - (3) Liability insurance;
 - (4) Billing support; and
 - (5) Ownership of medical records.
- c. At least one of the sponsoring agencies that meets the definition of a behavioral health sponsor and provides the following services at the SBHC:
 - (1) Staffing;
 - (2) Clinical oversight;
 - (3) Liability insurance;
 - (4) Billing support; and
 - (5) Ownership of medical records.
- d. The SBHC must have signed written agreement(s) between all sponsoring agencies describing their roles and responsibilities in SBHC operations.
- e. 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.

⁶ Behavioral health includes mental health, integrated behavioral health, substance use treatment and other services designed to support mental or emotional wellness.

f. SBHC sponsoring agencies must work with the entity that holds the contract for SBHC Program grant funding to ensure compliance with SBHC Program rules (OARs 333-028-0200 through 333-028-0260).

B.2 SBHC roles

Intent of B.2

This section outlines required roles for all state certified SBHCs.

Relevant definitions

- **Behavioral Health Provider**⁷: A licensed, credentialed, or certified⁸ 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 well-being 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:
 - a. Case Manager,
 - b. Community Health Worker,
 - c. Drug and Alcohol/Substance Use Counselor,
 - d. Health/Patient/Resource Navigator,
 - e. Integrated Behavioral Health Provider/Behavioral Health Consultant,
 - f. Mental Health Counselor/Therapist,
 - g. Peer Support Specialist,
 - h. Peer Wellness Specialist,
 - i. Psychiatrist;
 - j. Psychologist;
 - k. Skills Trainer, and/or
 - l. Social Worker.
- **Behavioral Health Sponsor Primary Contact**: A person employed by the SBHC behavioral health sponsor and who is responsible for overseeing SBHC behavioral health services. They are responsible for attending SPO meetings, preparing for attending verification site visits, 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.
- **Immunization Coordinator**: A person who is fully trained to be responsible for all vaccine management activities within the practice. This includes responsibility for all

⁷ Behavioral health is used to encompass mental health, integrated behavioral health, substance use treatment and other services designed to support mental or emotional wellness.

⁸ This could include Board Registered Associates or providers who are licensed through State Approved Licensing Boards. This could also include those certified or credentialed through entities such as OHA's Traditional Health Worker (THW) Program, Mental Health and Addictions Certification Board of Oregon (MHACBO), OHA's Health Care Interpreter (HCI) Program, or Tribal based practices providers covered under Medicaid.

requirements of the Oregon VFC program. The individual is the SBHC's liaison to the Oregon Immunization Program and LPHA immunization coordinator.

- **Lab Coordinator:** A person who is named on the SBHC's Clinical Laboratory Improvement Amendments (CLIA) certificate and is responsible for the overall operation and administration of the laboratory.
- **Medical Director:** A person employed by the medical sponsoring agency 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.
- **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:
 - a. Doctor of Medicine (MD),
 - b. Doctor of Osteopathic Medicine (DO),
 - c. Naturopathic Doctor (ND),
 - d. Nurse Practitioner (NP), or
 - e. Physician Associate (PA).
- **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, as applicable.
- **Quality Assurance Coordinator:** A person employed by at least one of the SBHC sponsoring agencies and who is responsible for the SBHC's quality improvement processes, including visit/encounter data, client feedback and quality improvement initiatives.
- **SBHC Administrator:** A person employed by at least one of the SBHC sponsor agencies and who provides SBHC oversight and high-level administrative duties.
- **Site Coordinator:** A person employed by at least one of the SBHC sponsoring 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, school, 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.
- **School Primary Contact:** A person employed by the school and/or district who acts as a liaison between the SBHC and school.

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

Specifications for B.2

A SBHC meets measure B.2 if it is doing all of the following:

- Have staff who meet the requirements of the following roles⁹:
 - (1) Behavioral Health Provider;
 - (2) Behavioral Health Sponsor Primary Contact;
 - (3) Immunization Coordinator;
 - (4) Lab Coordinator;
 - (5) Medical Director;
 - (6) Office/Health/Medical Assistant;
 - (7) Primary Care Provider;
 - (8) Privacy Official;
 - (9) Quality Assurance Coordinator;
 - (10) SBHC Administrator;
 - (11) School Primary Contact;
 - (12) Site Coordinator; and
 - (13) Youth Engagement Coordinator¹⁰.
- Have staff in the Health Department Primary Contact role if the SBHC receives funding through their Local Public Health Authority (LPHA).

B.3 Applicability

Intent of B.3

This section outlines parameters to identify which individuals or entities must meet the SBHC Standards for Certification requirements.

Specifications for B.3

- 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) An individual or entity receives funding from the SPO; **and/or**
 - (2) The SBHC is using hours from an individual or entity to meet minimum required staff/operating hours for SBHC certification; **and/or**
 - (3) The individual or entity is directly contracted with the medical sponsor and/or behavioral health sponsor to deliver services to SBHC clients; **and/or**
 - (4) The individual or entity meets the definition of a SBHC medical sponsor, behavioral health sponsor and/or sponsoring agency (Section B.1).
- SBHC Standards for Certification requirements do not apply if:

⁹ Staff may hold more than one role.

¹⁰ SBHCs located at an elementary school are exempt from this role requirement.

- (1) A SBHC partner/provider/agency does not meet the parameters outlined in B.2.a, **and**
- (2) An individual or entity is operating under contract with the host school, district, or educational service district (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.4 SBHC sponsoring agency collaboration

Intent of B.4

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.4

A SBHC meets measure B.4 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.5 Youth engagement¹¹

Intent of B.5

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.

¹¹ SBHCs located at an elementary school are exempt from the requirements in Section B.5.

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.

Specifications for B.5

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

- Maintains an active and engaged SHAC / YAC.
- Employs youth interns to support clinic and/or health-related activities.
- Provides opportunities for youth to participate in peer health education trainings / programming.
- Collaborates with youth, including youth from culturally specific organizations, to develop youth-centered marketing and communications.
- Meaningfully engages youth when considering or implementing new SBHC policies or practices.
- Includes youth as representatives on a SBHC Advisory Council.
- Other, as determined in partnership with youth from the SBHC host school and approved by the SPO.

B.6 School integration

Intent of B.6

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.

Specifications for B.6:

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

- Actively participates in school events to inform students and staff about SBHC services.
- Promotes student health and well-being through classroom health education and/or engagement in ongoing schoolwide prevention programs.
- 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 a SBHC Advisory Council.
- g. Other, as approved by the SPO.

B.7 Parent/caregiver involvement

Intent of B.7

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.

Specifications for B.7:

A SBHC meets measure B.7 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 (HRSNs) 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 a SBHC Advisory Council.
- e. Other, as approved by the SPO.

B.8 Community engagement

Intent of B.8

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.8:

A SBHC meets measure B.8 if it is doing at least one of the following:

- a. Participates in community events and initiatives to support child / adolescent health and well-being.
- 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 a 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 a 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 services¹². Oregon's SBHC model excludes mobile health units/vans.

Specifications for C.1

A 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 (for example: 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 patient safety as required by State and Federal law.
- c. Adheres to infection prevention and control as required by State and Federal law in all health care settings.
- d. Supports client confidentiality in the design of clinic space and staff practice. The clinic must have:

¹² ORS 413.225

- (1) One exam room for each provider onsite during operational hours; and
- (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

A 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. Ensures 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), and
 - (5) On medical sponsor website.
- c. Ensures accurate, up-to-date information on how to access care outside of clinic hours is available 24 hours a day by providing notification:
 - (1) Outside clinic entrance, and
 - (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 children and youth. Youth-centered environments effectively provide comprehensive services for young people, ensuring that they feel well cared for.¹³

Specifications for C.3

A 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 children and youth of all identities are welcomed and valued.
- b. Provides access to an all-gender restroom.¹⁴
- 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 (for example: 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.

¹³ Adapted from Adolescent Health Initiative “ACE-AP Tool – School-Based Health Center”

¹⁴ 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/lgbtq2siastudenteducation/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.

Specifications for D.1

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

- a. Is open and providing services a minimum of 15 hours/week over 3 days/week when school is in session.
- b. Offers same day and scheduled appointments during open hours.
- c. Has a 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 must include each of the following 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) Additional hours for youth health and wellness services — 5 hours/week to directly support youth to access the care they need. Staff hours that could be used to meet this requirement include, but are not limited to:
 - i. 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.
- 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.

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

Table 1: SBHC Minimum Staffing Requirements

Total hours open and operating: 15 hours/week, 3 days/week		
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

D.2 Eligibility and consent for SBHC services

Intent for D.2

SBHCs must follow state statute and other relevant laws in serving 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 of the following:

- Ensures all students in the school are eligible for services.
- Ensures youth are not denied access to services based on insurance status or ability to pay.
- Accepts the consent of a minor who may lawfully consent under Oregon law, including: ORS 109.640 and ORS 109.675.
- Does not deny services to a minor who has lawfully consented under Oregon statute listed in D.2.c because a parent or guardian has failed to consent or has 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.¹⁶ SBHCs must ensure client confidentiality as outlined in state and federal laws. This section describes minimum confidentiality requirements for SBHCs.

Specifications for D.3

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

- Ensures all aspects of service provisions are compliant with HIPAA, FERPA, and Health Information Technology for Economic and Clinical Health (HITECH) Act.

¹⁶ 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

- (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 or permitted by law.
- (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 to clients about circumstances under which SBHC may share otherwise confidential information (for example, mandatory reporting).
- c. Provides information to clients on confidential advocates¹⁷, 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

SBHCs 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

A 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. Has written policies for:¹⁸
 - (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;
 - (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) Suicide response (intervention/postvention);
 - (6) Reporting of child abuse and neglect;

¹⁷ See ORS 147.600 and ORS 40.264

¹⁸ Policies are not required to be unique to the SBHC, as long as they reflect the population(s) served by the SBHC.

- (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

A 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 a SBHC orientation upon initial SBHC certification.
- b. Ensures appropriate staff receive SBHC orientation upon new hire or assignment of Site 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 well-being 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

A 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, 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

A 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

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

- a. Supports access to social support services (for example: 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 the 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

A 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 other drug screening
	Depression screening
	Suicide risk screening
	Suicide safety planning
	Social needs screening
	Mental / behavioral health assessment

Table 2: Comprehensive Pediatric Health Care Minimum Requirements:	
Mental health service plan development	
Individual counseling and treatment	
Physical Health	
Comprehensive physical exam	
Evaluation and treatment of non-urgent, acute and chronic conditions	
Health assessment ¹⁹	
Reproductive health exam	
Condom availability ^{20,21}	
Contraceptive dispensing ^{20,21}	
Age-appropriate comprehensive pregnancy options counseling ²²	
HIV counseling	
STI prevention education and treatment	
Procedures	
Immunization	
Anemia screening & testing	
Lead screening	
Tuberculosis screening	
Dyslipidemia screening & testing	
STI screening & testing ²³	
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	

¹⁹ Health assessments may be completed through a health assessment tool or through documented assessment of health risks and strengths (for example: physical growth and development, emotional well-being, violence and injury prevention, etc.).

²⁰ SBHCs located at an elementary or middle school (including K-8s) may provide these services via referral.

²¹ 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.

²² 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.

²³ Chlamydia, gonorrhea, syphilis

Table 2: Comprehensive Pediatric Health Care Minimum Requirements:
Provision of age-appropriate anticipatory guidance ²⁴
Targeted client education

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

A 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;²⁵
 - (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.

Specifications for F3

A 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.

²⁴ 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.

²⁵ 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.

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

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

A 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

A 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. Provides access to medications that support the health care needs of youth clients.

F.6 Laboratory

Intent of F.6

SBHCs must have laboratories that meet quality requirements to ensure optimal operations, safety, and accuracy.

Specifications for F.6

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

- a. Meets Code of Federal Regulations (CFR) requirements and holds a valid Clinical Laboratory Improvement Amendments (CLIA) certificate for the level of testing performed or participate 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

A 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 G.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 onsite at the SBHC, regardless of the age of the client, as defined in B.3.

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

A SBHC must collect the following data variables at each encountered visit including:

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

- b. Client demographic variables:
 - (4) Race;
 - (5) Ethnicity;
 - (6) Language;
 - (7) Sex assigned at birth; and
 - (8) School enrollment.²⁶
- c. Visit-level information:
 - (9) Location of visit (site identification);
 - (10) Visit or claim identification number;
 - (11) Type of visit (in-person or telehealth/phone/video);
 - (12) Date of visit;
 - (13) Insurance status (to include at a minimum the following categories: Medicaid, other public, private, none, unknown, RHAF (RHCare/CCare));
 - (14) Payor name;
 - (15) Total charges;
 - (16) Total payments;
 - (17) Provider type (as defined by SPO);
 - (18) Provider name
 - (19) National Provider Identifier (NPI)
 - (20) Visit procedure code(s);
 - (21) Procedure code modifiers; and
 - (22) 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

A 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.

²⁶ Reporting of school enrollment is dependent on EHR capability to collect and report on this variable, as defined by the SPO.

Section H: Financial 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 (CCOs) 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

A 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 CCO) include the modifier “UB” for every billed procedure code. This does not apply to dental encounters.

Section I: Terminology

I:1 Definitions (OAR 333-028-0210)

- **Behavioral health:** Includes mental health, integrated behavioral health, substance use treatment and other services designed to support mental or emotional wellness.
- **Behavioral health sponsor:** An entity that provides, or subcontracts with a separate entity to provide, behavioral health care and related services at a SBHC.
- **Behavioral health sponsor transfer:** The permanent transfer of the SBHC behavioral health sponsor role and responsibilities from one behavioral health sponsor to another.
- **Certification year:** A one-year period beginning on July 1 and ending on June 30.
- **Electronic health record (EHR):** An electronic record of an individual's health-related information that conforms to nationally recognized interoperability standards and that can be created, managed and consulted by authorized clinicians and staff across more than one health care provider.
- **Electronic medical record (EMR):** A digital version of a paper chart that contains all of the patient's medical history from one practice, used mostly by providers for diagnosis and treatment.
- **Medical sponsor:** An entity that provides, or subcontracts with a separate entity to provide, medical care and related services at a SBHC.
- **Medical sponsor transfer:** The permanent transfer of the SBHC medical sponsor role and responsibilities from one medical sponsor to another.
- **Permanent SBHC location change:** Permanently moving the physical location of a SBHC to a different location within the existing grounds of the school.
- **Permanent SBHC location transfer:** Permanently moving the certification of a SBHC to the grounds of a new school.
- **Program:** The Oregon Health Authority, Public Health Division, SBHC Program.
- **School-based health center (SBHC):** The meaning given the term in ORS 413.225.
- **SBHC system:** One or more SBHCs that operate under the same sponsoring agency.
- **Sponsoring agency:** An entity that provides, or subcontracts with another entity to provide, services for a SBHC on an ongoing basis.
- **These rules:** Refers to OAR 333-028-0200 to 333-028-0260.

I:2 Acronyms/abbreviations

- **ADA:** Americans with Disabilities Act
- **CCare:** Oregon Contraceptive Care Program
- **CCO:** Coordinated care organization
- **CFR:** Code of Federal Regulations
- **CLIA:** Clinical Laboratory Improvement Amendments
- **DO:** Doctor of Osteopathic Medicine
- **DSM:** Diagnostic and Statistical Manual of Mental Disorders
- **EHR/EMR:** Electronic health record/electronic medical record
- **EOB:** Explanation of benefits
- **ESD:** Educational service district
- **FERPA:** Family Educational Rights and Privacy Act
- **HCI:** Health Care Interpreter
- **HRSN:** Health related social need
- **HIPAA:** Health Insurance Portability and Accountability Act
- **HITECH:** Health Information Technology for Economic and Clinical Health
- **HIV:** Human immunodeficiency virus
- **ICD:** International Classification of Disease
- **LGBTQIA2S+:** Lesbian, gay, bisexual, transgender, queer, intersex, asexual, two-spirit, plus others
- **LPHA:** Local public health authority
- **MD:** Doctor of Medicine
- **MHACBO:** Mental Health and Addictions Certification Board of Oregon
- **ND:** Naturopathic Doctor
- **NP:** Nurse Practitioner
- **NPI:** National Provider Identifier
- **NPP:** Notice of Privacy Practices
- **OAR:** Oregon Administrative Rules
- **ODE:** Oregon Department of Education
- **OHA:** Oregon Health Authority
- **OHP:** Oregon Health Plan
- **ORS:** Oregon Revised Statutes
- **PA:** Physician Associate
- **QMHP:** Qualified Mental Health Professional
- **RHAF:** Reproductive Health Access Fund
- **RHCare:** Reproductive Health Care Program
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **SBHC:** School-Based Health Center
- **SHAC:** Student Health Advisory Council
- **SPO:** State Program Office

- **STI:** Sexually transmitted infection
- **THW:** Traditional Health Worker
- **VFC:** Vaccines for Children
- **YAC:** Youth Advisory Council

I:3 SBHC role descriptions

- **Behavioral Health Provider**²⁷: A licensed, credentialed, or certified²⁸ 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 well-being 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:
 - a. Case Manager,
 - b. Community Health Worker,
 - c. Drug and Alcohol/Substance Use Counselor,
 - d. Health/Patient/Resource Navigator,
 - e. Integrated Behavioral Health Provider/Behavioral Health Consultant,
 - f. Mental Health Counselor/Therapist,
 - g. Peer Support Specialist,
 - h. Peer Wellness Specialist,
 - i. Psychiatrist;
 - j. Psychologist;
 - k. Skills Trainer, and/or
 - l. Social Worker.
- **Behavioral Health Sponsor Primary Contact**: A person employed by the SBHC behavioral health sponsor and who is responsible for overseeing SBHC behavioral health services. They are responsible for attending SPO meetings, preparing for and attending verification site visits, 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.
- **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.
- **Lab Coordinator**: A person who is named on the SBHC's Clinical Laboratory Improvement Amendments (CLIA) certificate and is responsible for the overall operation and administration of the laboratory.
- **Medical Director**: A person employed by the medical sponsoring agency 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),

²⁷ Behavioral health is used to encompass mental health, integrated behavioral health, substance use treatment and other services designed to support mental or emotional wellness.

²⁸ This could include Board Registered Associates or providers who are licensed through State Approved Licensing Boards. This could also include those certified or credentialed through entities such as OHA's Traditional Health Worker (THW) Program, Mental Health and Addictions Certification Board of Oregon (MHACBO), OHA's Health Care Interpreter (HCI) Program, or Tribal based practices providers covered under Medicaid.

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.

- **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:
 - a. Doctor of Medicine (MD),
 - b. Doctor of Osteopathic Medicine (DO),
 - c. Naturopathic Doctor (ND),
 - d. Nurse Practitioner (NP), or
 - e. Physician Associate (PA).
- **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, as applicable.
- **Quality Assurance Coordinator:** A person employed by at least one of the SBHC sponsoring agencies and who is responsible for the SBHC's quality improvement processes, including visit/encounter data, client feedback and quality improvement initiatives.
- **SBHC Administrator:** A person employed by at least one of the SBHC sponsor agencies and who provides SBHC oversight and high-level administrative duties.
- **School Primary Contact:** A person employed by the school and/or district who acts as a liaison between the SBHC and school.
- **Site Coordinator:** A person employed by at least one of the SBHC sponsoring 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, school, 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.
- **Youth Engagement Coordinator:** A person employed by any SBHC sponsoring agency and who supports SBHC youth engagement efforts.

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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