



Adventures in Bureaucracy:

Updating Oregon's SBHC Standards for Certification

National School-Based Health Alliance Conference

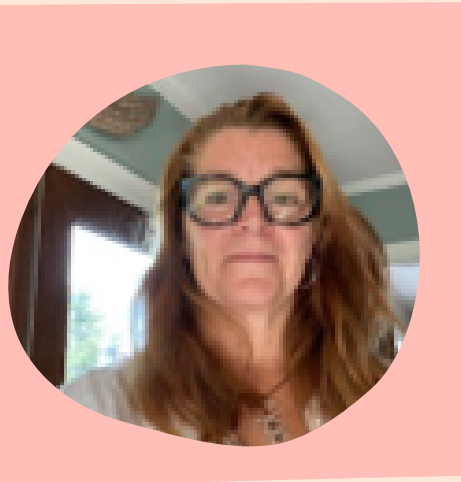
July 1, 2024

Speakers



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Oregon Health Authority – SBHC Program



Goals for today

1

Describe Oregon's process for revising state-level SBHC operational requirements;

2

Identify successes and challenges with Oregon's youth and partner agency engagement approach; and

3

Engage with colleagues from other states with different approaches and requirements.





Who is in the room?

- 1 State Programs
- 2 State Affiliates
- 3 SBHC Staff
- 4 Sponsoring agencies
- 5 Schools





Who is in the room?

1

Does your state have an SBHC Program?

2

Does your state have SBHC standards?



Background





Oregon SBHC State Program Office

- Sits in Oregon Health Authority – Public Health Division
- Established in 1990s with support of RWJF grant
- Consistent support / investment from state legislature
- Current staffing:
 - Team Lead
 - Public Health Nurse (x2)
 - School Mental Health Specialist
 - Data / Research Analyst (x2)
 - Systems Development Specialist
 - Program Manager
 - Epidemiologist






what we do

SBHC program written into
Oregon state statute:
ORS 413.223 and 413.225

Oregon Administrative Rules:
OARs 333-028-0200
through 333-028-0250

Establish SBHC
Standards and
adopt rules for
certification

Collect & analyze
SBHC data to
support ongoing
assessment



Provide funding,
training & technical
assistance, and
convene workgroups

Support SBHC
planning and
development



Oregon SBHC Definition

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.**

(ORS 413.225)

SBHCs in Oregon

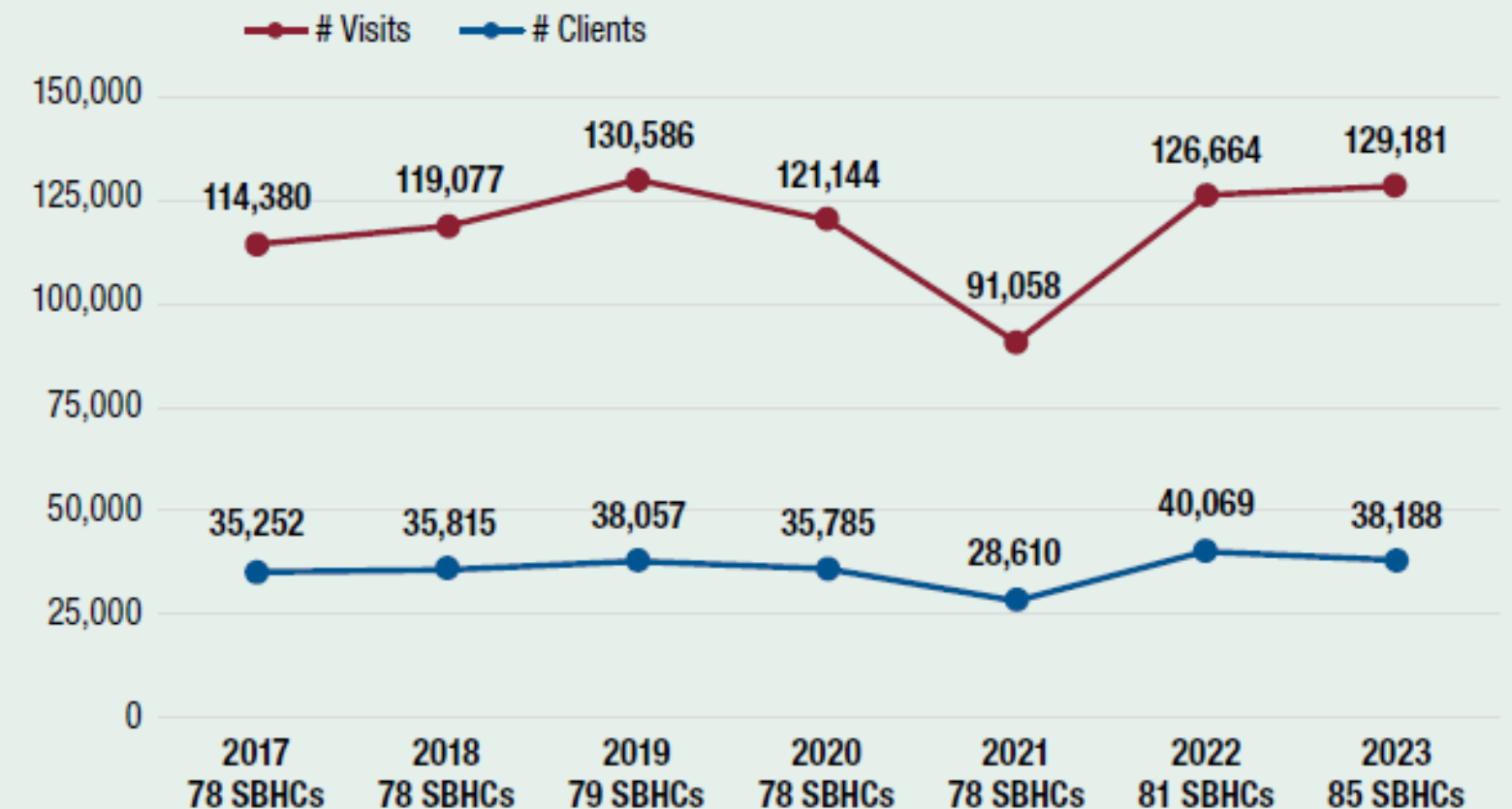
As of July 1, 2023:

- 85 SBHCs in 28 counties
 - 39 urban
 - 42 rural
 - 4 frontier
- 74% sponsored by FQHCs
- 4% sponsored by RHCs
- 42% State recognized Patient-Centered Primary Care Homes (PCPCH)

During the 2022-2023 school year:

- Provided 129,181 visits for 38,188 clients
- 73,832 school-aged youth had access to an SBHC at their school

Number of SBHC visits and clients, school years ending 2017–2023



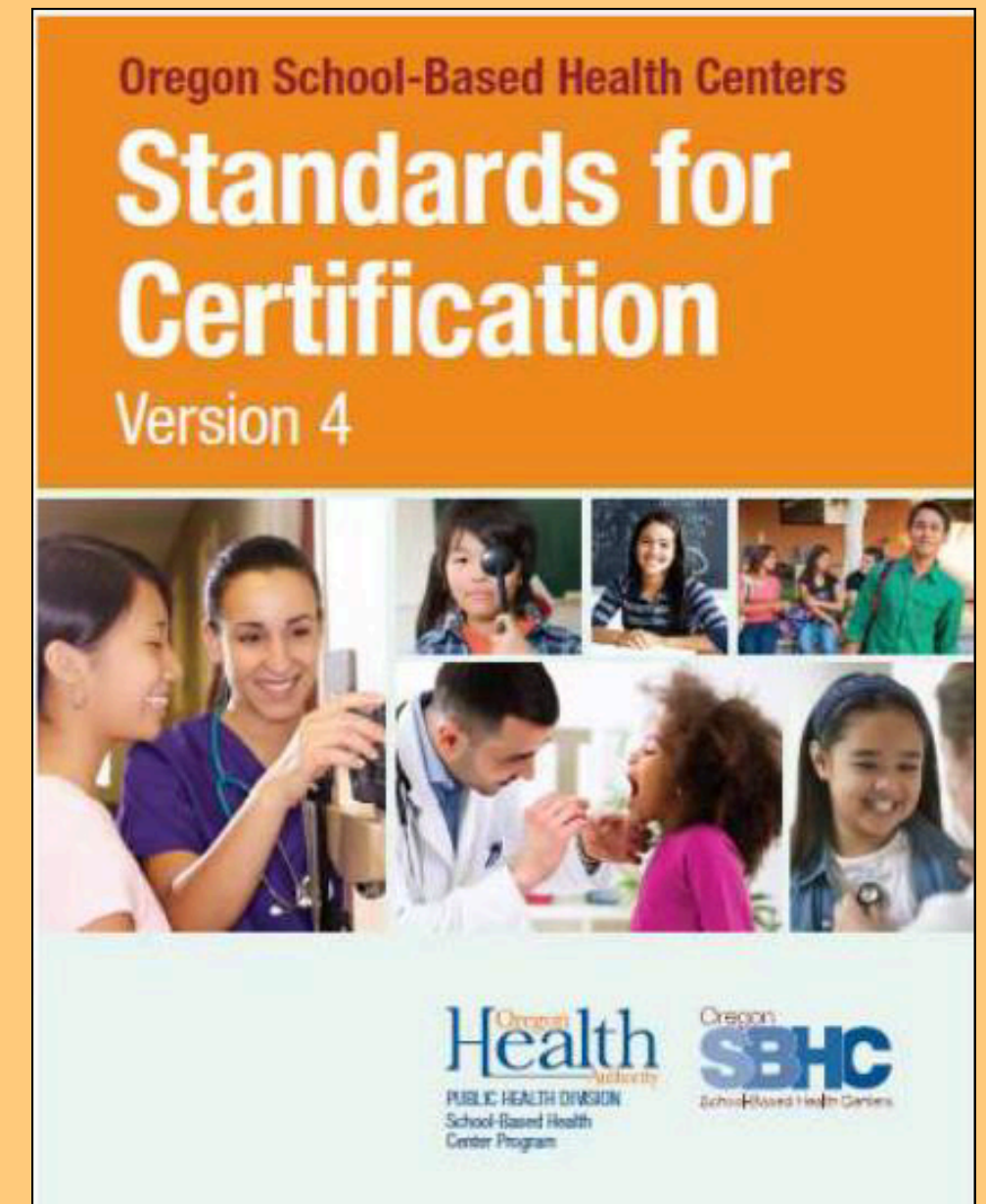
Source: Oregon SBHC encounter data

SBHC Standards for Certification

- First developed in 2000, most recently revised 2015–2016
- Certification is **optional**, but only state certified SBHCs are eligible for state funding
- Outline minimum requirements for State SBHC certification

Historic intent to:

- Create a standardized SBHC model
- Increase evidence-based practice
- Provide “big tent” to allow local flexibility to meet requirements



SBHC Standards for Certification

Role of the Oregon
SBHC State Program
Office (SPO)

COMPLIANCE

Support clinical
best practice

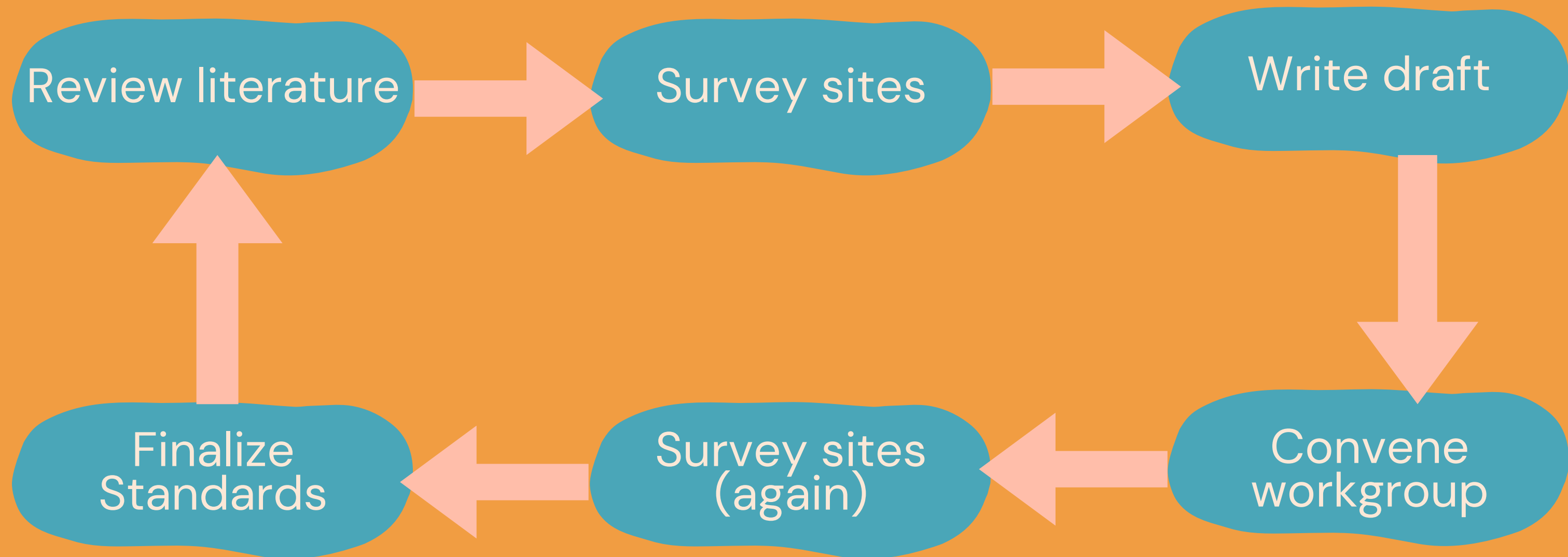
Provide training
and technical
assistance (TAT)

Track / manage
compliance
"waivers"

So... why revise?

- A LOT can happen in 8 years! (especially when there's a pandemic!)
- Clear need to center:
 - Voices / needs of young people
 - Health equity & cultural responsiveness
- Evolution of Oregon SBHCs:
 - Pandemic challenges
 - School / community integration
 - Changes in "comprehensive pediatric health care"
 - Youth engagement
- What is / can / should be the role of the Oregon SPO?

Previous revision cycles



Where is youth
perspective?

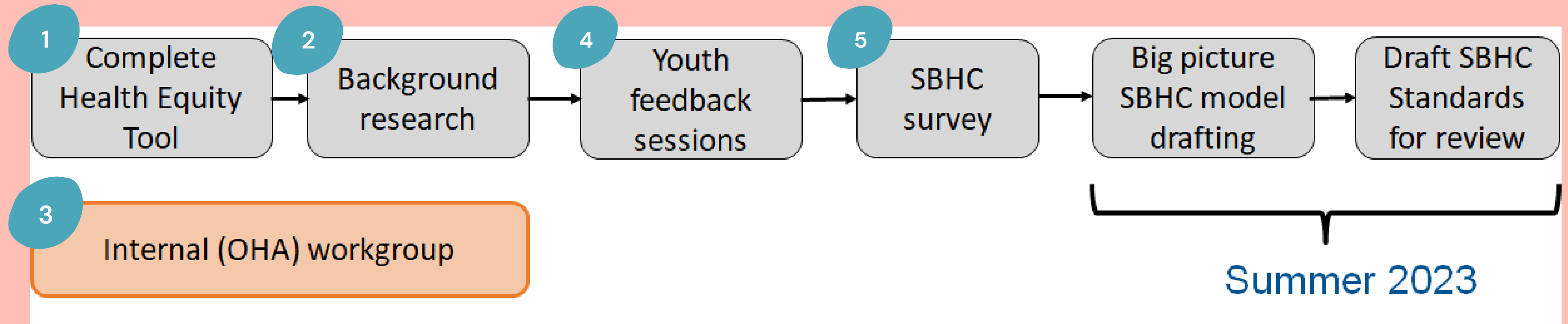




Revision Process, Year 1: Information Gathering

Information Gathering

2022-2023 School Year



Information Gathering

Step One: Complete Health Equity Tool

- Identify data sources
- Name equity impacts
- Identify who benefits / is burdened
 - How to include in decision making
- Determine decision making processes
- Establish accountability mechanisms
- Plan to evaluate the process / outcome



AGRH Equity Analysis Impact Tool¹ |

PURPOSE OF THIS TOOL

The Adolescent, Genetics, and Reproductive Health (AGRH) Section is committed to providing resources, data, and funding to amplify racial equity within our programs throughout the State and prioritizing developing meaningful partnerships with diverse community partners and stakeholders. This means systematizing and institutionalizing considerations of racial equity into our programmatic decision-making and to normalize conversations about race in our behaviors, policies, and programs. Part of this work involves the routine use of a health equity tool shaped using an intersectional approach that centers race to improve health equity in the work we do.

The purpose of this tool is to: ensure transparency of desired results and outcomes; use data to assess impact and create measurable outcomes; engage communities, including but not limited to Black, Indigenous, and People of Color, Tribal, Disability and low wealth communities, in decision-making processes; identify the benefits and burdens caused by our decisions; and, evaluate the implementation and impact of using this tool.

INSTRUCTIONS

Some examples of when the AGRH Equity Analysis Impact Tool can be used include:

- Big "P" policy decisions, examples:
 - Legislative concepts
 - POPs
 - OARs

Information Gathering

Step Two: Background Research

Clinical guidance /
recommendations

SBHC Standards
from other states

Policy briefs,
prioritizing
feedback from
rural, LGBTQIA2S+,
and youth of color

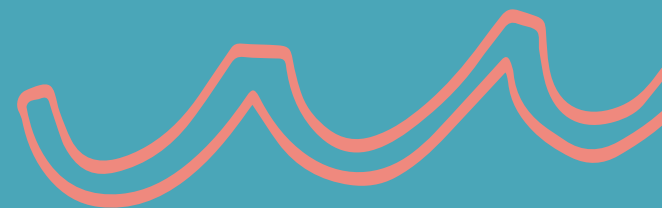
Youth-centered
clinical care
guidance

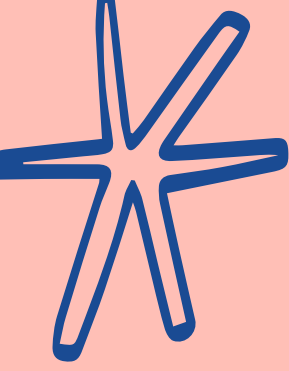


Background Research: (Very) High Level Summary

- **Specific services:**
 - Mental health
 - Social determinants of health
 - Confidentiality
 - Sexual and reproductive health
- **“Youth-centered” clinical environments (WHO, AHI):**
 - Welcoming spaces
 - Youth input / operational leadership
 - Communication and service navigation
- **Equitable access:**
 - Language accessibility
 - Culturally responsive care / CLAS
 - Provider training

+ other potential
program “models”
(tiers, mobile, telehealth)





Information Gathering

Step Three: OHA (Internal) Alignment

- Convene internal workgroup
- Individual program interviews
- MANY areas of alignment

OHA Internal Program Outreach
Program Recommendation Summary

OHA Program	Certification Standards changes	Other recommendations/notes
Board of Pharmacy	<ul style="list-style-type: none"> - Add statement about medication security. Stored so that only authorized people have access to them. Stored according to manufacturer's storage requirements. Keep records about who they distribute medications to. Jen included links to rules. Key theme of top three things: security, storage, records. 855-043-0535 855-043-0730 855-043-0525 855-043-0720 - Register with BoP if dispensing under licensure requirements. 855-043-0510 - If dispensing, must provide information in dual language (labels), post sign about dual language labeling, interpretation, signage in 14 languages. 	<ul style="list-style-type: none"> - Lots of suggestions to add to Review Tool. - Also offered to come to spring Coordinators Meeting to share some of this information.
Community Partner Outreach Program	<ul style="list-style-type: none"> - Ensure SBHC providers are trained and staffed to provide culturally competent, youth-center services - Referral systems for SDoH/wraparound services. Closing loops/ensuring referrals completed. Reducing barriers. - OHP enrollment, either certified OHP assister onsite or strong referral pathway for enrollment. - Follow/adapt CHW models. 	<ul style="list-style-type: none"> - Consider community concerns, changes in state leadership (incl OHA) - Opportunity for partnership with CPOP Ambassador program, grants to encourage SBHC/assister/CHW partnerships.
HIV-STI Program	<ul style="list-style-type: none"> - Standards don't specify how often SBHCs should be screening. Should be screening annually. - Strengthen SBHC relationships with LPHAs 	<ul style="list-style-type: none"> - OHA screening recommendations graphic resource for SBHCs
HSD Child and Family Behavioral Health Unit	<ul style="list-style-type: none"> - Service element language, particularly language around cultural/linguistic responsiveness, care coordination, crisis 	



Information Gathering

Step Four: Youth Listening Sessions

4 sessions with ~20 youth.

Youth experience accessing health care (in general)

SBHC perceptions and experience

Barriers / ways to improve SBHC experience

Perceptions around specific health topics



Confidential

Access to follow-up

Having an
"askable adult"

Getting
needs met



summary



Accessible

Specific service
availability, such
as mental health

**What does a positive
health care
experience look like?**

"An equal in
your care"

"Providers that
look like me"

Privacy/kindness
reduces stigma /
embarrassment

Trauma-informed
practices

Confidentiality concerns

Lack of awareness / promotion

Stigma

No barriers

No provider available



summary



Barriers to SBHC access

Scheduling challenges

Insurance issues

Paperwork

Language access

Fear

Don't need it / Care elsewhere

Can't self-consent

Expanded hours /
availability

Increased
staffing

Better promotion

Better school -
SBHC integration



summary



Trauma-
informed space

Nothing -
needs met!

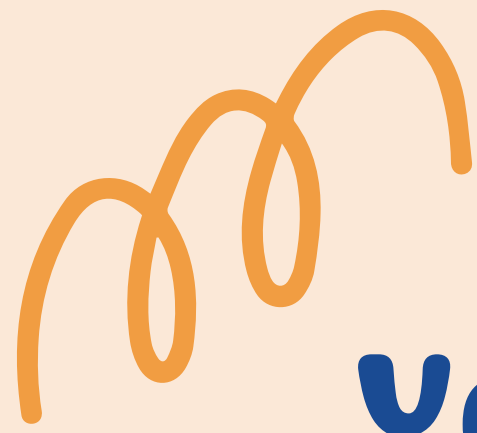
**What would make
your SBHC better?**

Physical space
improvements

Confidentiality

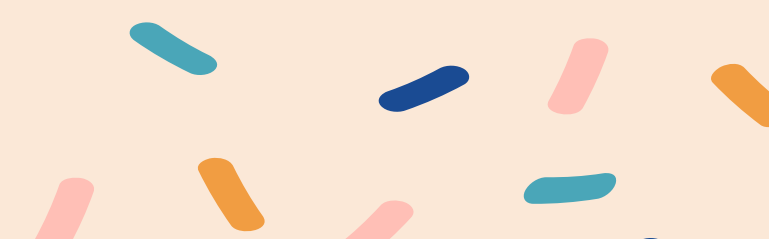
Inclusivity

Increased service
availability (mental health,
harm reduction)



Youth rated all services as "important"

- 1 Contraceptives
- 2 Mental health
- 3 Confidentiality
- 4 Gender affirming care
- 5 Culturally responsive care



Information Gathering

Step Five: Oregon SBHC Feedback

Received responses from all state certified SBHCs.

Challenges meeting current Standards

Ideas for changes to current Standards

Current work in key priority areas

Site visit feedback





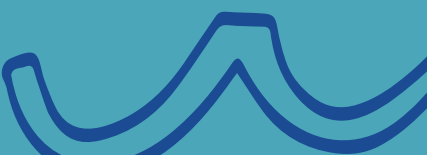
Lessons learned

Background research:

- Critical to have mix of sources to build clear picture of vision / direction for Standards
- Difficult to do while also doing “real job.”
 - Temp staffing was helpful here.

State level partnerships:

- Keep discussions concrete
- Choose appropriate forum for discussion
- Do your homework beforehand
- Provide opportunities for follow-up and accountability






Lessons learned

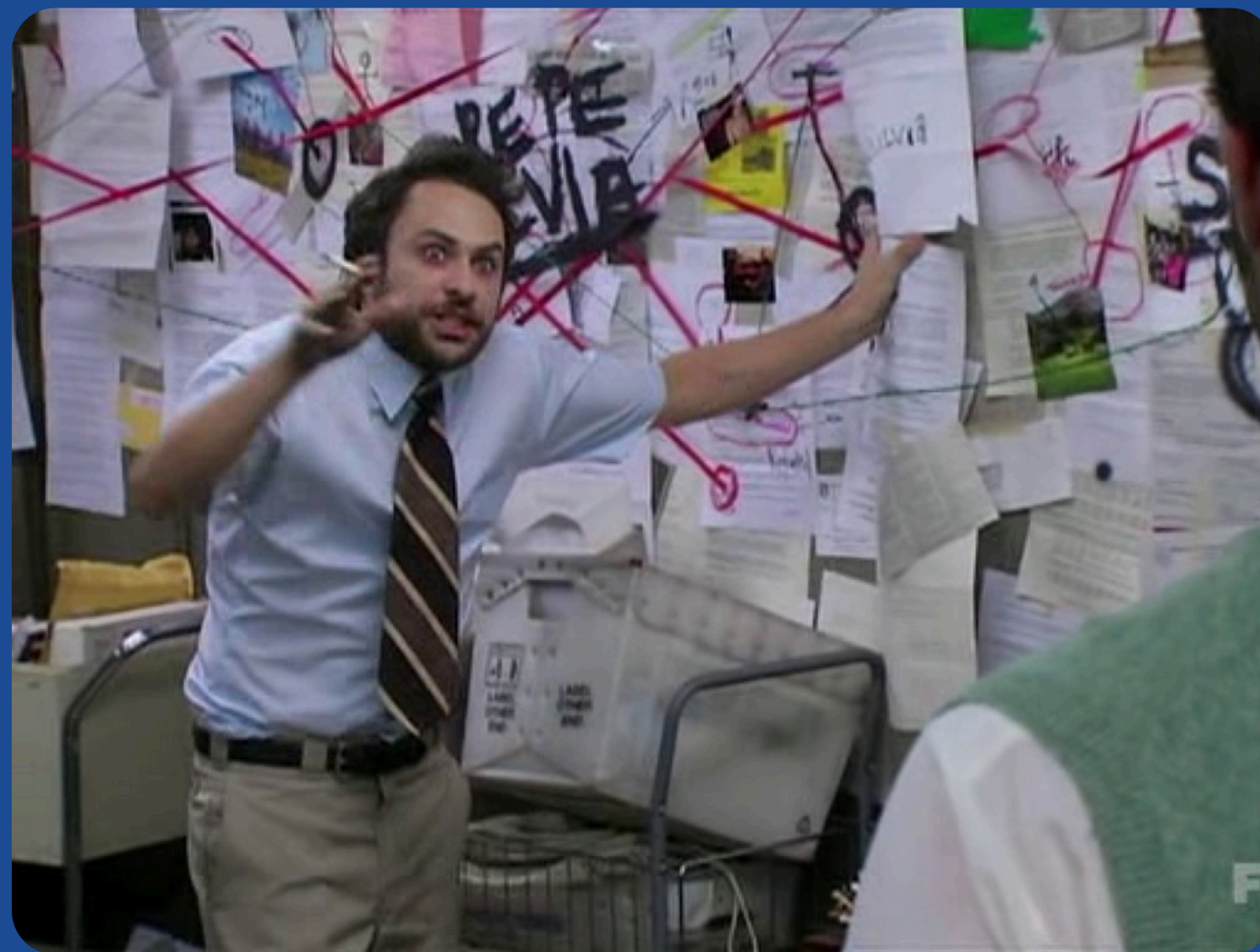
Youth listening sessions:

- +/- of remote recruitment and engagement
- Work with trusted adult allies & partners
- Provide opportunities for follow-up and accountability
- Find ways to let youth take the lead
- Youth are incredibly smart and capable!

Site feedback:

- Essential to hear from people doing the work in clinics every day.
 - Surprising amount of alignment in site feedback and themes in background research
 - Sites appreciate having multiple opportunities to participate, given varying capacity.
- 

Questions?

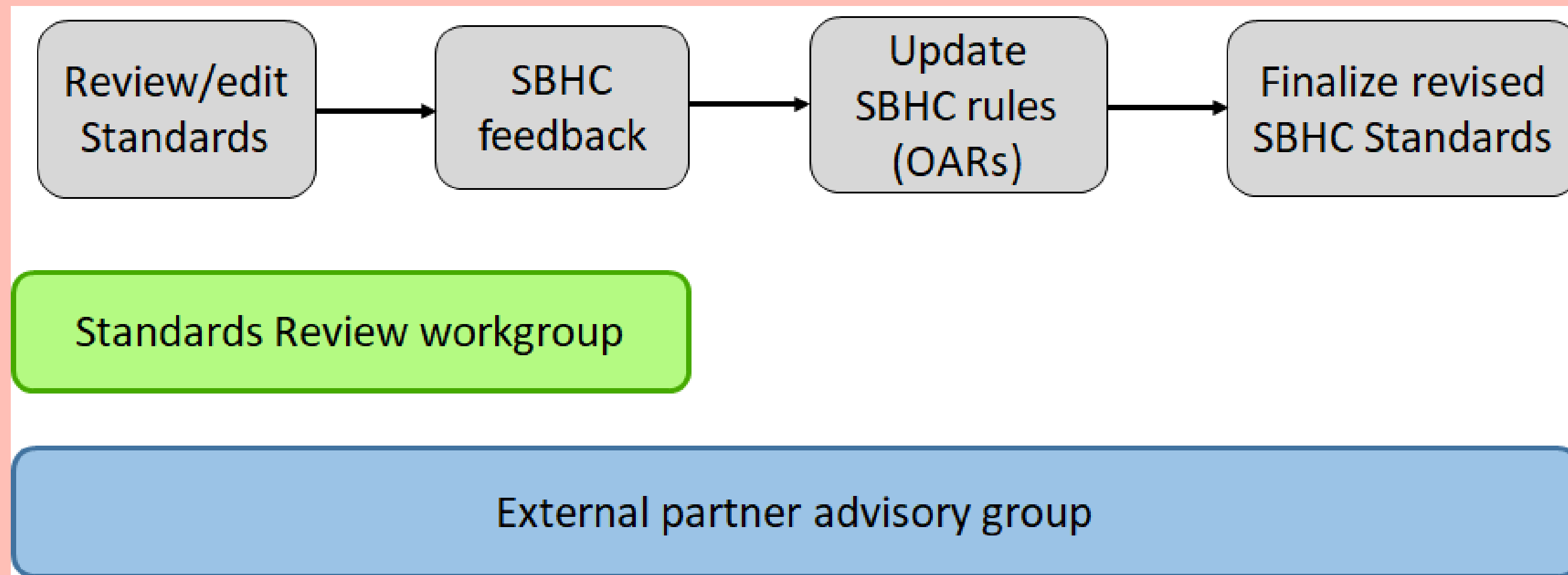




Revision Process, Year 2: Drafting New Standards

Drafting New Standards

2023-2024 School Year (and beyond!)





SBHC Model Drafting & Decisions

Considerations

1

Balancing best practice & SBHC capacity

2

How to meaningfully center youth voice and equity?

3

What are SBHCs already doing?

4

Support new communities interested in SBHC model

5

Not able to provide additional funding immediately

6

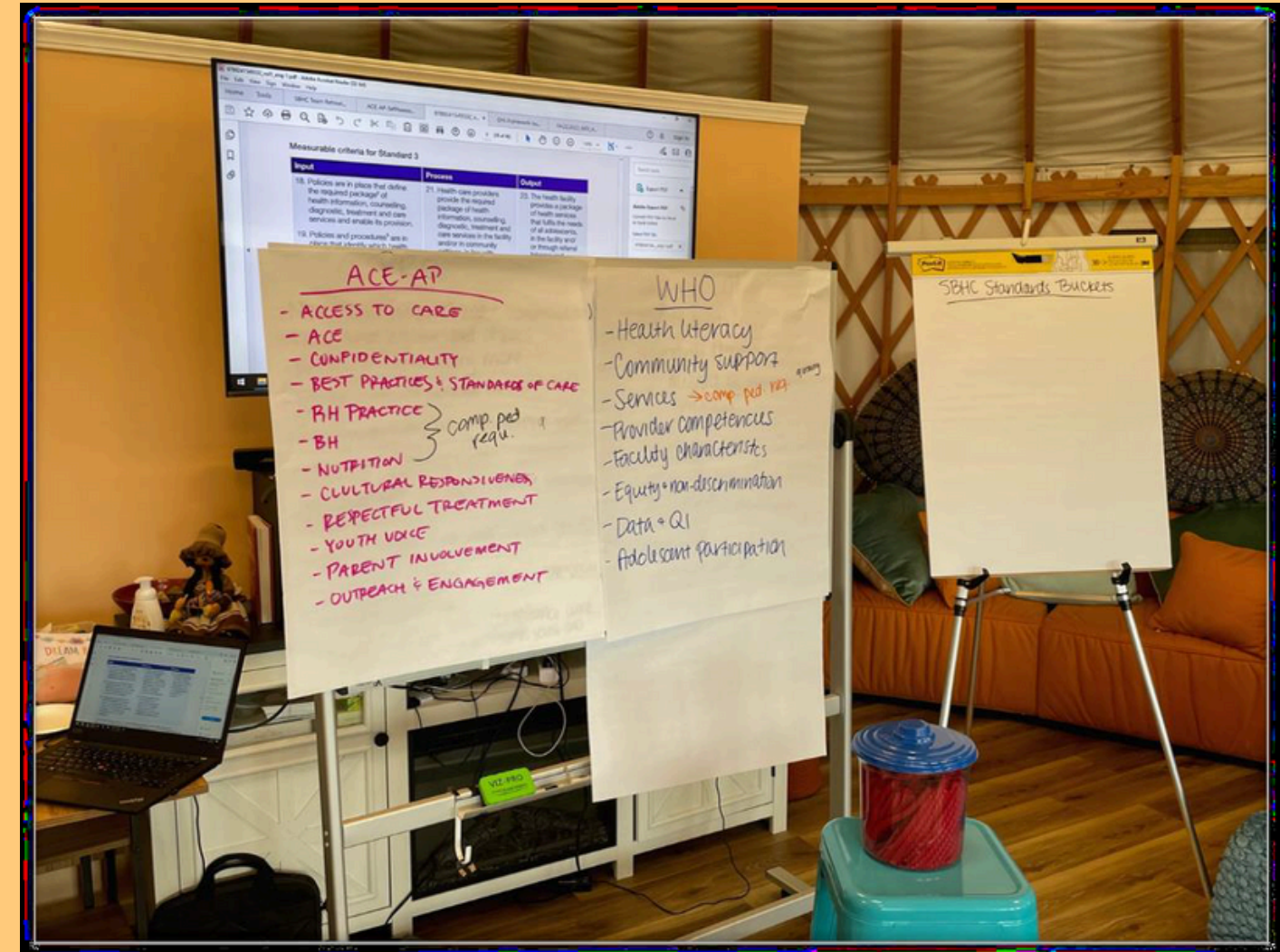
(Future) how will we implement and track new requirements?



SBHC Model Drafting & Decisions

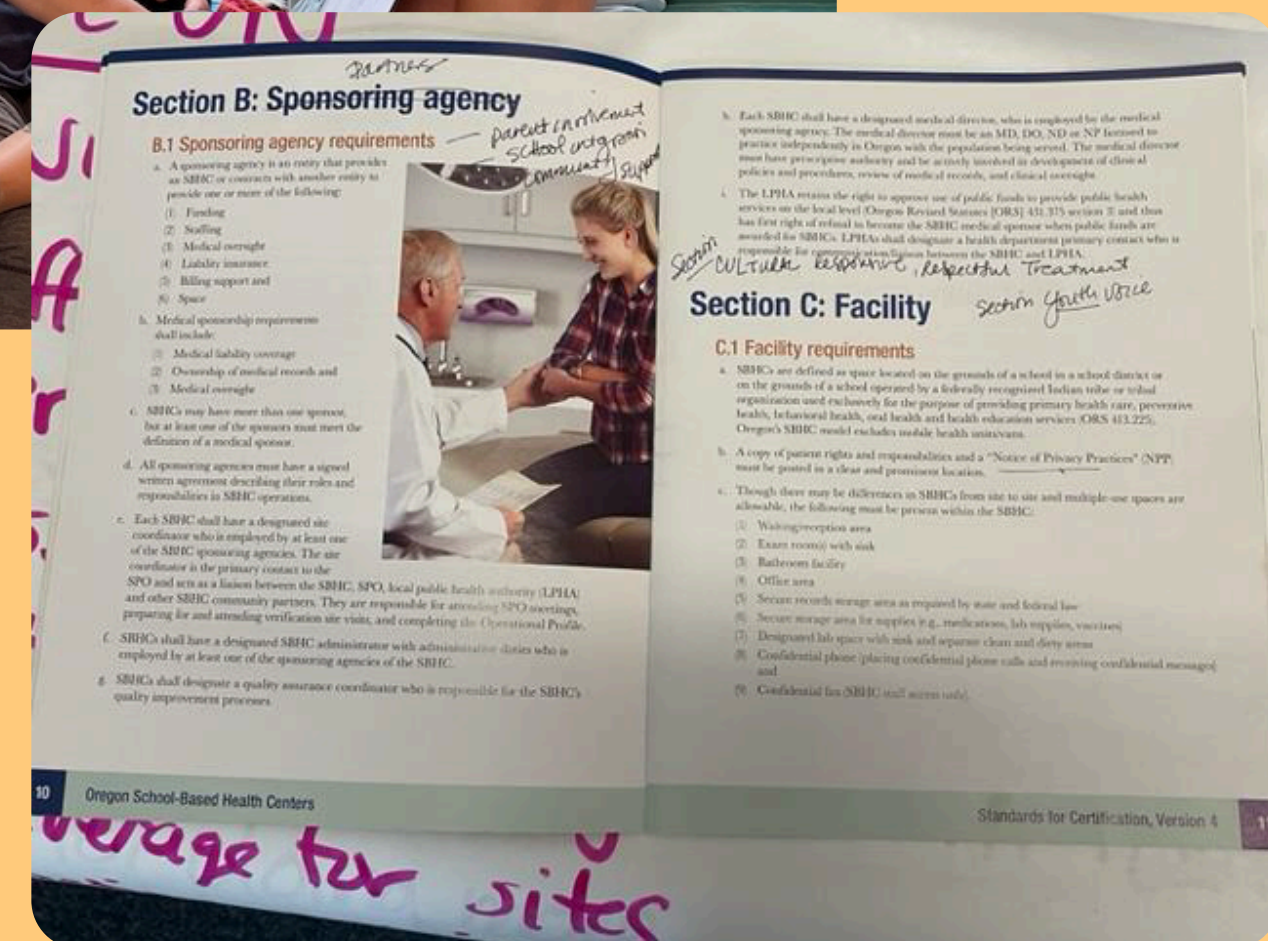
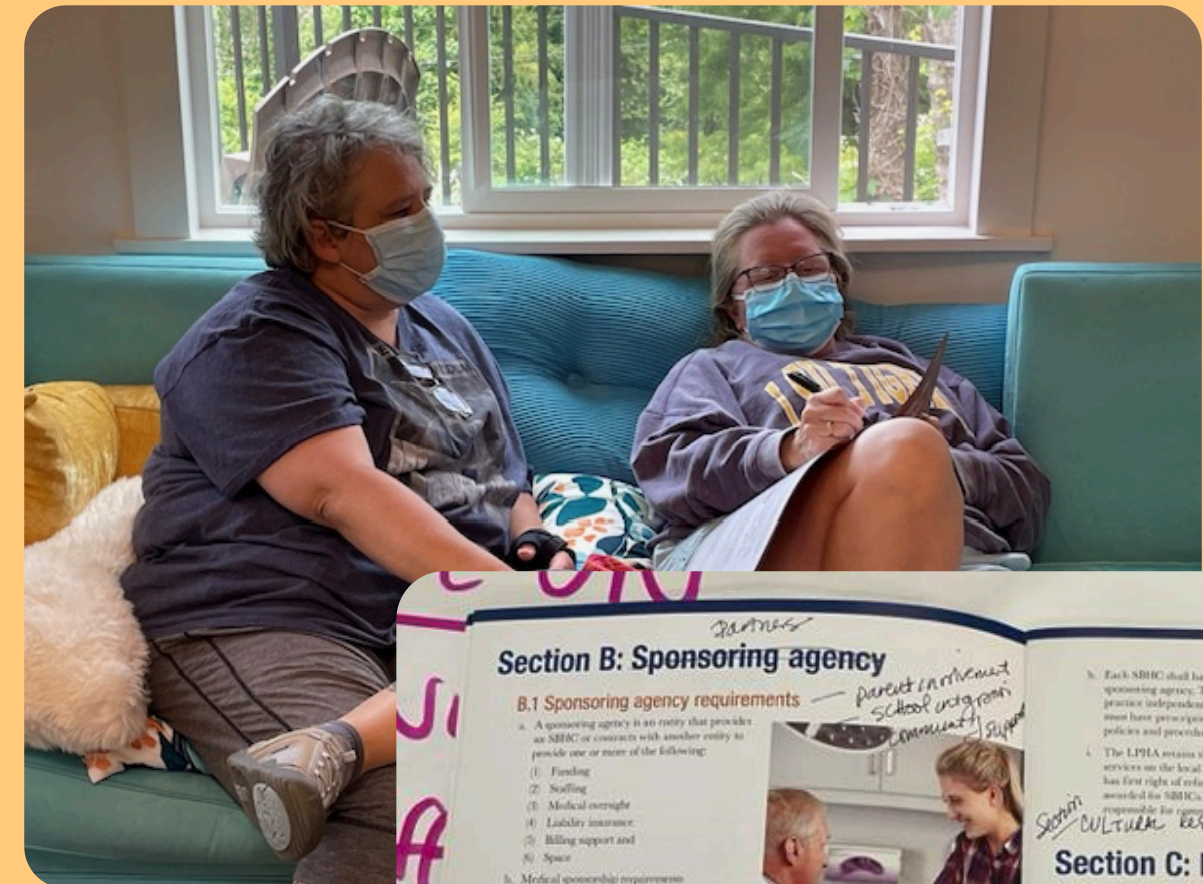
Oregon SBHC Program Values:

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



SBHC Model Drafting & Decisions

- Align new Standards with Program Values
- Decided against “tiered” SBHC models
- Continue to limit Standards’ focus to onsite services (no telehealth)
- Require onsite behavioral health services
- Integrate youth centered clinical care requirements
- Prioritize contraceptive care access



SBHC Model Drafting & Decisions

Section B: Partners

Why does this Section matter?

B.1 Sponsoring agency

Intent of B.1

What is this requirement trying to achieve?

Relevant definitions

- *List key terms that require clear definition for SPO/site understanding.*

Required roles:

- *List key roles required by SPO.*

Specifications for B.1

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

- a. These are the actual requirements!*



Drafting the New Standards Advisory Committees

External Partner Advisory Group:

- Align SBHC model with broader health & education systems

SBHC Standards for Certification Review Workgroup:

- Direct feedback on Standards revisions from people working in SBHCs


+ ad hoc (internal)
workgroup on Gender
Affirming Care





Drafting the New Standards

SBHC Standards Review Workgroup

- Eight, 2-hour meetings, October 2023 – April 2024
 - ~20 participants:
 - Medical sponsors (FQHC, non-FQHC)
 - Local Public Health Authority
 - Providers
 - Behavioral health
 - Urban / rural / frontier
 - Provided proposed edits in advance, then discussed together
 - Oregon SPO had final determination on program requirements in revised Standards
- 



THE BIG REVEAL!



Drafting the New Standards Proposed Changes Summary

Require specific services onsite:

- Behavioral health, including:
 - Suicide screening / intervention / postvention
 - Youth suicide prevention trainings for staff
- SDOH support access, including Medicaid enrollment assistance
- Contraceptive dispensing
- Referrals for gender affirming treatment

- Increase flexibility of what it means to deliver services “onsite” i.e., outside the SBHC building





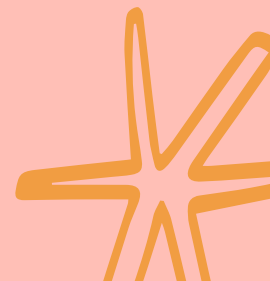
Drafting the New Standards Proposed Changes Summary

Youth-Centered Clinical Environment:

- “Meaningfully engage” youth in SBHC services and operations
- Provide a “youth centered clinical environment,” including:
 - Access to all gender restrooms
- Flexible hours for youth

Equitable access:

- Support language access
- Require staff trainings
- Provide trauma-informed, gender affirming care
- Ensure SBHC access follows Oregon minor consent statute

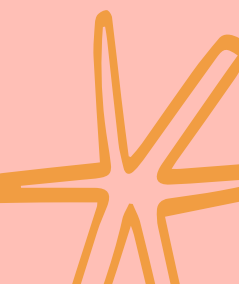




Drafting the New Standards Proposed Changes Summary

Other notable changes:

- At least one strategy to support:
 - School integration (+ require school “primary contact”)
 - Parent/caregiver involvement
 - Community engagement
- (Eventual) implementation of REAL-D and SOGI data collection





Drafting the New Standards SBHC Site Feedback

1

Listening Sessions

- Optional for SBHC staff
- Provide overview of process & summary of major changes
- Q&A
- Areas of support / concerns


2

Feedback Survey

- **Required of all state certified SBHC sponsoring agencies**
- Areas of support / concern
- Ability to implement
- Level of language / expectation clarity

Lessons learned



- Not always possible to get everyone to agree!
 - Helpful to have:
 - Group agreements
 - Values / background info to fall back on – what continues to be important for YOUTH?
 - Provide opportunities for one-on-one conversations to talk through difficult issues
 - Transparency is critical
 - People working in SBHCs know SO MUCH more than I do!
 - Also carrying untenable burdens
 - Change is difficult without extra \$\$\$
 - Need to evaluate and provide regular updates
- 



Revision Process, Year 3: Next Steps





Next Steps

Extended roll-out for some specific requirements (BH, contraceptives, etc.)

August
2024

Finalize Standards document

Fall
2024

SBHC site visit workgroup

2024-25
SY

Update internal (SPO) policies & procedures

Winter
2025

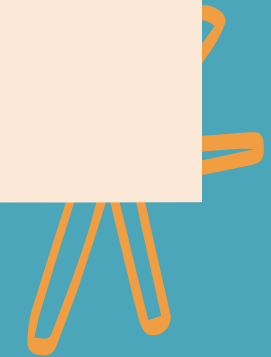
Formally revise SBHC OARs

2024-25
SY &
beyond

Standards training & technical assistance

July 1,
2025

New Standards go into effect (?)





Next Steps

Partner Engagement



- **State level:**
 - Continued input from Advisory Committee
 - State program partnerships to support implementation
 - Need for strong OHA support around “controversial” topics
- **Local level:**
 - Varied readiness to meet new requirements
 - Support for community conversations on specific issues
 - Lack of additional state \$\$\$
 - Explore avenues to secure more funding
 - Delay implementation until funding can be secured





Next steps

Youth Engagement



State level:


- Develop state level pathways for youth engagement
 - Hold Oregon SPO accountable
 - Ensure ongoing feedback mechanisms
- Center youth in Standards implementation:
 - Restructuring site visits to include youth participation
 - Broadening expectations for youth/client feedback mechanisms (surveys, focus groups, advisory boards)

Local level:

- Provide focused training and technical assistance around creating youth-centered clinical environments
- 
- 



Questions?



THANK YOU!!!

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