SBHC Standards for Certification Review Workgroup
Meeting 3: December 10, 2015
Summary Notes

Attendees: Rosalyn Liu (SPO), Kate O'Donnell (SPO), Melanie Potter (SPO), Lisa Stember (SPO), Karen Vian (SPO), Jessica Duke (OHA), Steve Bardi (Multnomah), Jill Daniels (SBHC Consultant), Lynnanne Hayes (Deschutes), Alisha Southwick (Umatilla), Elise Travertini (La Clinica), Jamie Zentner (Clackamas)

Introductions

- This is the third meeting of the workgroup. There will be a total of six meetings.

Review of Section C Revisions
Supporting documents: Workgroup 2 Notes, Section B-E Standards Edits, SBHCs Populations Served

- C.1(b): SPO proposed changing wording to be "open for services at least 15 hours/ week." Slight change from workgroup's previous wording "open for at least 15 clinical hours/week." This would avoid confusion with minimum staffing hours in new C.1(b)(1), which may appear to be more than 15 hours. Workgroup accepts suggested changes.
- Section C.2 was deleted entirely. Staffing (former C.2(a)) was moved to C.1(b). QMHP (former C.2(b)) was moved into C.1(b) and will be referenced in Section E.1.
- Table X was added to clarify minimum hours/staffing requirements. Workgroup recommended placing this table near C.1(b) so it's clear they reference one another.
- Discussion that Standards don't currently include language requiring SBHCs to serve majority youth clients. SPO presented data on 2014-2015 utilization. Discussed that external factors (rural/urban, school size, etc.) not reflected in data. Talked about some potential policy options:
    - Set standard for min % of clients/visits that need to be school aged youth.
    - Require (minimum #?) clinical hours solely dedicated to youth clients.
    - Incorporate guidance into "best practices" document.
    - Action: Group decided not to codify youth requirements in Standards at this time but will work towards drafting something for the Standards introduction.
    - Action: SPO will look at data to see how SBHCs have changed population(s) served over time as model has changed.

Discussion – Standards Sections C-E
Supporting documents: SPO Standards comments summary doc; Section B-E Standards Edits

- Participants should keep in mind the following:
    1. What is working: How do current Standards help improve clinical practice? Can we advance requirements in current Standards?

2. What are challenges: What is missing or needs clarification? Any barriers related to meeting these Standards?

Section C.3

- C.3(a): Discussed condensing vs. breaking out minor consent law language. Workgroup consensus that creating a bullet for each service (physical/mental/reproductive health) is helpful for sites, but recommend language should be consistent with ORS.
    - Action: Update language to be consistent with ORS and bring to Meeting 4. Move to be new C.3(c).
- C.3(b): This language is specifically for outpatient mental health services, but this is not noted in current language.
    - Action: Update language to reflect ORS. Move to be new C.3(d).
- C.3(c): Discussed whether or not to create a separate chart to accompany Standards language about minor consent laws. Workgroup consensus was table would be repetitive.
    - Action: Update language to reflect ORS. Move to be new C.3(e).
- C.3(d): Workgroup accepted proposed revisions.
    - Action: Move to be new C.3(f).
- C.3(e): Discussion if "services" should be specified as physical, mental, dental, etc. Some mental/dental health providers refer clients with certain (non-OHP) insurance to other providers for services. Access to services is core to SBHC model. Broader language would allow for more flexibility. Discussion that current C.3(e) and C.3(f) should be moved to top of this section as apply to all students, regardless of age.
    - Action: Move up to be new C.3(a).
- C.3(f): Workgroup accepts suggested changes.
    - Action: Move up to be new C.3(b).

Section C.4

- C.4(a): Workgroup accepts change to "SBHC-specific" language. Discussed potentially requiring evidence of training in child abuse/mandatory reporting, but workgroup determined this should be in "best practices" document. "Best practices" should also provide recommendations for content of "emergency procedures" policies to include school violence, mental health crisis, etc.
    (1) Add "and/or guardian" after parent.
    (2) No changes recommended.
    (3) No changes recommended.
    (4) Add mental health crisis emergency policy to best practice document.
    (5) Add mandatory reporter training to best practices
    (6) No changes recommended.
    (7) No changes recommended.

(8) Definition is unclear. SPO will develop definition and bring back to workgroup for potential inclusion in Standards.
(9) Definition is unclear. SPO will develop definition and bring back to workgroup for potential inclusion in Standards.
(10) No changes recommended.

- C.4(b): SPO receives questions about appropriate signatory for SBHC policies and where signatures should be located (e.g., signature page vs. every policy). Many policies are electronic now and "signature" may not be best language.
    - Action: Replace "signatures" with "approval". Should read: "Each written policy and procedure shall be reviewed and approved every two years." Remove second sentence.
- C.4(c): Language about HIPAA/FERPA and nondiscrimination policy added by SPO as something that comes up often in certification reviews. Workgroup suggested that addition is duplicative of other part of Standards.
    - Action: Remove suggested HIPAA/FERPA, nondiscriminatory language addition.
- C.4(d): Discussion about where SBHC "role" definitions should be in document, similar to discussion about SBHC Coordinator in Meeting 1.
    - Action: Remove second sentence. Should start with: "SBHCs shall have a designated Privacy Official…"

<u>Section D.1</u>

- D.1(a): OSPHL recommended language changes to reflect federal regulations for lab testing. OSPHL does not make these regulations.
    - Action: "CFC" should be "CFR."

<u>Section D.2</u>

- D.2(a): SPO recommended breaking out lab procedures into bullets for clarity.
    - Action: Condense middle two bullets to read: "Documentation and follow-up of abnormal labs."
- D.2(b): Confidential handling of lab results moved into general procedures list under D.2. Workgroup accepted suggested changes.

<u>Section D.3</u>

- D.3(a): It doesn't make sense to have this in a separate section, as it relates to laboratory certification minimum requirements (D.1).
    - Action: Move to D.1(b).

<u>Section D.4</u>

- D.4(a): Discussion tabled until Meeting 4.

Section D.5

- D.5(a): Similar to D.3, it doesn't make sense to have this in a separate section.
    - Action: Move to D.1(c). Add 'Lab' to beginning of sentence for clarity.

Next Steps

- Workgroup suggested that advanced medical practitioners be present to discuss Section E (Comprehensive services). SPO will reach out to some NPs from around the State about joining us for Meeting 4.
- SPO will send out recommended changes and edits prior to the next meeting. We will pick up on Section D.4 at the next meeting.