

SBHC Standards for Certification Review Workgroup

Meeting 7: May 11, 2016

Summary Notes

Attendees: Rosalyn Liu (SPO), Kate O'Donnell (SPO), Melanie Potter (SPO), Lisa Stember (SPO), Karen Vian (SPO), Steve Bardi (Multnomah), Corina Gabriel (Jackson), Tamarra Harris (Deschutes), Lynnanne Hayes (Deschutes), Tricia Schroffner (Lane), Alisha Southwick (Umatilla), Jamie Zentner (Clackamas),

Introductions

- This is the seventh and last meeting of the workgroup.

Discussion – Standards Field Feedback Survey

Supporting documents: Field Feedback Survey Results; CertificationStandards_EDITS_ACCEPTED; CertificationStandards_EDITS_inTC

- Survey includes feedback from 18 participants from the field. Most respondents were SBHC Coordinators and overall everyone was supportive or somewhat supportive.
- Workgroup reviewed field comments by Standards Section.

Section D: Operations/staffing

- Several respondents had concerns about “youth-centered environment” and “working alone” language.
- D.1(b)(1)(v) “Working alone”: Field may have been confused by proposed wording, as it may not be clear that staff CAN be alone, but safety plan should be in place when this happens. “Should” makes it seem optional. Recommendations for safety plan content will be in “Recommended Practices” document.
 - Action: Change “should” to “must.” Remove first sentence that currently reads: “Staff should not be onsite alone during hours of operation.” Change to “If SBHC model includes planned staff alone during hours of operation...”
- D.1(c) “Youth-centered”: Workgroup had intentionally left language vague to accommodate different interpretations. SPO will provide guidance in “Recommended Practices” document. However, workgroup had concern that SBHCs could be cited during site visits for not meeting this standard. SBHC staff may feel it is “youth centered,” but SPO may not. SPO clarified intention of “youth centered” Standards language relates to SBHCs seeing community and moving away from youth-focused services. Site visits may be an opportunity for the SBHC to clarify to SPO its approach to serving youth. “Youth friendly” grants could be an opportunity to help bring sites into compliance during 2016-2017 SY.

Section E: Comprehensive Pediatric Health Care

- Several respondents had concerns about new reproductive health language. There was confusion about whether or not SPO was requiring contraceptives to be provided onsite.
- E.1 “comprehensive services” chart: Workgroup discussed proposed wording for “prescriptions for contraceptives” and “condom availability.” Some felt vague language would not be well-received by community. Others felt “onsite” with footnote could help move the needle on these conversations with local stakeholders. SPO asked if language change itself would be deciding factor on local policy change. Workgroup members had different opinions. SPO expressed some concern about “fine print” at bottom. Regardless of language change, SPO will provide technical assistance and support to field on this topic.
 - Action: Workgroup did not reach consensus, so SPO will meet internally and make decision based upon feedback from workgroup and SBHC field. Workgroup members should talk to their providers and partners about potential changes and send any feedback to Kate.
- E.1 “pregnancy tests”: One respondent indicated concerns about the cost of providing pregnancy tests onsite (> \$100). SPO will provide technical assistance to the 6 sites that would need to purchase pregnancy tests to meet the new Standards.
- E.1 “depression screening”: One respondent indicated concern about appropriate ages for required services.
 - Action: Add language to the beginning of E.1 to clarify that services should be provided for the proper ages as outlined by Bright Futures.

Section F: Data collection/reporting

- Several respondents indicated concern about collecting Medicaid IDs and additional variables. SPO clarified that public health is a “protected entity” under HIPAA and can receive this information. All protected health information is saved on a secure server with limited access.

Section G: Billing

- Several respondents indicated concern about private insurance billing and the new confidentiality law. Several workgroup members had staff who were unfamiliar with HB 2758 and/or were also not implementing it at their SBHCs.
 - Action: SPO will remove reference to OARs. SPO will rework language to accommodate different billing strategies to protect client confidentiality.

Discussion – Additional Edits

Supporting documents: SPO/Field Final Edit Suggestions;

CertificationStandards_EDITS_ACCEPTED; CertificationStandards_EDITS_inTC

- A.3: SPO proposed adding clarifying title as “Transfer of medical sponsorship.”
 - Action: Workgroup approved suggested change.
- A.3(a): SPO proposed adding “Certified...” at beginning of sentence to clarify that this only applies to currently certified SBHCs.
 - Action: Workgroup approved suggested change.
- A.3(b): Edit language for clarity, per field suggestion: “Transfer of sponsorship requires an application to be submitted and approved by the SPO.”
 - Action: Workgroup approved suggested change.
- D.1: 2014 Standards say sites must have a QMHP or alcohol and drug counselor available onsite or by referral. The new Standards do not say that, but QMHP services are required in Section E.1. Workgroup felt mental health services are priority for youth clients. Recommended requiring QMHP to be available either onsite or via referral.
 - Action: SPO will add language to new D.1(b)(2): A QMHP must be available either onsite or through referral.
- D.2(b): SPO spoke with the OHA Office of Equity and Inclusion about appropriate language to clarify protected classes. OEI provided suggested language.
 - Action: Workgroup approved suggested change.
- E.1 “comprehensive services” chart: SPO received feedback that wording of AOD requirement made it seem like all SBHCs were required to have a written agreement. SPO proposed adding “If not available onsite...” at beginning of footnote.
 - Action: Workgroup approved suggested change.
- E.1 : SPO received comments from Oregon School Nurses Association recommending that SPO "stipulate that students presenting to SBHCs for a WCV should have their immunization status reviewed and recommended immunizations are administered at that time." Workgroup clarified that this process is part of VFC requirements and Standards require all SBHCs to be VFC certified. Standards also do not specify other required components of a WCV, but instead refer providers to Bright Futures.
 - Action: Workgroup recommends not adding additional language about vaccines.
- E.5 & E.6: SPO suggested combining both sections under one E.5: Laboratory.
 - Action: Workgroup approved suggested change.

Discussion – Messaging/Supporting SBHC Field

- Workgroup discussed how to best support SBHC field in meeting new Standards.
- SPO provided update on “Recommended Practices” document. SPO is about 75% done with document and is currently being reviewed by internal team members. SPO plans to ask for field feedback on first draft.
- Workgroup suggested SPO hold a Q&A call for SBHC staff to call in and ask questions about new Standards. SPO can provide update at Coordinators Meeting as well. SPO can post FAQs for public comment period to explain reasoning behind changes.

Next Steps

- SPO is meeting next week to debrief workgroup discussion and make final changes. SPO will go to the May CLHO-HF meeting to get additional feedback.
- SPO will begin the rules change process in June. In August SPO will ask for volunteers to participate on the Rules Advisory Committee. There will also be a public comment period and public comment hearing before the new standards are rolled out.