

OSAH STANDARDS AND BENCHMARKS

The following form presents requirements for DOH-funded SBHCs.
Other health centers in schools are encouraged to meet similar standards.

OSAH STANDARDS AND BENCHMARKS – FOR FACILITY AND ENVIRONMENT	
COMPLIANT Y/N	STANDARDS <i>DEFINED (DEMONSTRATED) BY:</i>
1.	<p>1.1. SBHC will have appropriate facility and equipment. 1.1.1. <i>Permanent space located within or on the school campus and used exclusively for providing primary health care, behavioral healthcare, preventive health and health education to students.</i></p> <p>1.2. Facility meets local building codes, including ADA requirements.</p> <p>1.3. Exam room(s) available.</p> <p>1.4. Exam rooms private and soundproof. 1.4.1. <i>Privacy of sight and speech in student/client care rooms is observed. (White noise or other means to block conversations is acceptable.)</i></p> <p>1.5. Sink/hand washing facility available.</p> <p>1.6. Behavioral Health consultation room available.</p> <p>1.7. Dedicated and private phone line, FAX, and e-mail account provided. T-1 line is also recommended.</p> <p>1.8. Office hours and after hour availability posted and available by telephone message. 1.8.1. <i>After hours message includes instructions for after hour care and emergency services.</i></p> <p>1.9. Passages, corridors, doorways and other means of exit are clear and unobstructed.</p> <p>1.10. Covered waste cans available.</p> <p>1.11. Medical waste clearly marked and disposed of in an approved manner. 1.11.1. <i>Use of Red Bags, Sharps containers present and labeled appropriately with arrangements for proper disposal.</i></p> <p>1.12. Exits marked with evacuation plans posted. (Sprinkler system optional)</p> <p>1.13. Fire extinguishers present 1.13.1. <i>Fire extinguisher current and personnel trained in proper use.</i></p> <p>1.14. ADA bathroom present or accessible. 1.14.1. <i>Accessible, pass-through specimen window from laboratory to restroom recommended.</i></p> <p>1.15. Parking lot accessible for emergency vehicles with minimum of one handicapped parking space.</p> <p>1.16. Main entrance ramp minimum of 48” wide and elevator if more than one story</p> <p>1.17. Drinking water available. 1.17.1. <i>ADA water fountain, bottled, tap water available, or staff available to assist.</i></p> <p>1.18. “No Tobacco Use” signs posted on school property and/or in the SBHC</p> <p>1.19. OSHA Regulations and Standard precautions observed and signs posted regarding hand-washing, protective clothing and use of gloves. 1.19.1. <i>Any biohazard agents labeled as such. A MSDS logbook must be maintained listing any chemicals or cleaning agents. Storage of biohazard materials follows OSHA regulations. Closet or cabinet labeled with Hazmat (biohazard materials) sticker.</i> 1.19.2. <i>OSHA policies and procedures current.</i></p> <p>1.20. Sterilization equipment available, adequate, and tested according to manufacturers specifications, if applicable. 1.20.1. <i>Log of test strips for sterilization equipment provided.</i></p>
2.	<p>2.1. SBHC will provide primary and behavioral health services to all students/clients regardless of their ability to pay for the visit. A posted notice of the policy must be displayed in a conspicuous location, i.e., waiting area. The notice must be in all languages commonly spoken in the community.</p>

	<p><i>Written policy and procedure includes:</i></p> <ul style="list-style-type: none"> 2.1.1. <i>No student/client will be denied service based on ability to pay.</i> 2.1.2. <i>All efforts to verify eligibility for health insurance, including Medicaid, will be made.</i> 2.1.3. <i>Student/client 3rd party health insurance should be billed according to health insurance benefits.</i> 2.1.4. <i>No confidential student/client visits will be billed unless confidentiality of the billing process is assured, i.e., Medicaid Salud! and Behavioral Health Services.</i> 2.1.5. <i>A sliding fee schedule for students/clients who are not eligible for health care coverage or Medicaid may be utilized for non-confidential visits. Income status is based on the student and/or family income. The sliding fee scale may be reduced to \$0.</i> 2.1.6. <i>Funding through grants may be utilized to support services for uninsured students/clients.</i> 2.1.7. <i>For students/clients who receive services from the Title X program, income verification is based on student's/client's income.</i>
3.	<p>3.1. SBHC is required to assist clients to access health care through referral to Medicaid, Healthier Kids Fund, and Children's Medical Services.</p> <ul style="list-style-type: none"> 3.1.1. <i>At least one SBHC staff member trained and certified to do the Medicaid Onsite Application Assistance (MOSAA)</i> 3.1.2. <i>Documentation of MOSAA training provided.</i> 3.1.3. <i>List or a log available of client names and families that have been assisted.</i> 3.1.4. <i>Documentation provided in the client medical record of referrals to Children's Medical Services.</i>

Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS – FOR PHARMACY

COMPLIANT Y/N	STANDARDS DEFINED (DEMONSTRATED) BY:
4.	<p>4.1. SBHC will comply with the regulations of the New Mexico Board of Pharmacy.</p> <ul style="list-style-type: none"> 4.1.1. <i>SBHC holds the appropriate Pharmacy License for its scope of service.</i> 4.1.2. <i>SBHC has capacity to write prescriptions for non-urgent, acute and chronic problems.</i> 4.1.3. <i>SBHC administers OTC and prescription medication per its Pharmacy Licensure. Refer to www.state.nm.us/pharmacy</i> 4.1.4. <i>SBHC adheres to Policies and Procedures for Class B or C pharmacy license and the OSAH policy regarding OTC medications. Refer to OSAH Policies and Procedures for Class B and C Pharmacy License. Refer to www.nmasssembly.org</i> 4.1.5. <i>Prescription pads are not pre-signed and are inaccessible to the public.</i> 4.1.6. <i>Standing orders and protocols are in place for RNs to administer medications.</i> 4.1.7. <i>Outdated/damaged drugs quarantined and destroyed by consultant pharmacist.</i> 4.1.8. <i>Drug cabinet or room is locked at all times and key is kept by a licensed mid-level provider, physician, or licensed nurse.</i> 4.1.9. <i>Medication is stored separately from cleaning supplies.</i> 4.1.10. <i>A drug dispensing record is maintained separately from the student/client medical record and kept for a minimum of 3 years. The record includes name of student/client, name of drug, date of expiration, and the initials and date of person dispensing.</i> 4.1.11. <i>The appropriate pharmacy license is posted.</i> 4.1.12. <i>RN dispensing: county or PHD pharmacy license is current.</i> 4.1.13. <i>NP/PA/MD dispensing: copy of providers current license with DEA dispensing privileges should be on file at the local site and accessible for inspection.</i> 4.1.14. <i>Emergency medications are available or process is in place to handle emergencies.</i> 4.1.15. <i>Written agreement with consultant pharmacist, per pharmacy licensure.</i>

Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS – FOR CLIA

COMPLIANT Y/N	STANDARDS DEFINED (DEMONSTRATED) BY:
5.	<p>5.1. SBHC will comply with Clinical Laboratory Improvement Amendments (CLIA) for all laboratory testing. Refer to www.cms.hhs.gov/clia.</p> <p>5.1.1. <i>SBHC holds a valid CLIA-waiver certificate for the level of testing performed.</i></p> <p>5.1.2. <i>Level of laboratory licensure identified.</i></p> <p>5.1.2.1. <i>___waived</i></p> <p>5.1.2.2. <i>___PPM</i></p> <p>5.1.2.3. <i>___Moderate complexity</i></p> <p>5.1.3. <i>SBHC has defined lab space with sink.</i></p> <p>5.1.4. <i>Separate clean and dirty areas are designated or labeled.</i></p> <p>5.1.5. <i>Laboratory tests are logged individually with student/ client name, identifier, the specific test, the date, the test results, and the initials of the person performing the test.</i></p> <p>5.1.6. <i>The diagnostic report has an independent section in the medical record.</i></p> <p>5.1.7. <i>A written Policy and Procedure for each test performed is available, if applicable.</i></p> <p>5.1.8. <i>List of each test performed with product description is available..</i></p> <p>5.1.9. <i>Annual personnel competency testing is completed and documented for all individuals performing the test, as applicable.</i></p> <p>5.1.10. <i>A list of critical values for all tests performed is available, which specifies what action is to be taken in the event of a critical value (a positive result).</i></p> <p>5.2. List of CLIA-waived tests: (check each test that is performed in SBHC)</p> <p>___ Urinalysis (dip)</p> <p>___ Pregnancy, urine HCG</p> <p>___ Blood glucose</p> <p>___ Hgb &/or Hct</p> <p>___ Strep throat (rapid or culture)</p> <p>___ Chlamydia, GC (urine)</p> <p>___ PAP smear</p> <p>___ Wet mount (KOH, saline)</p> <p>___ Mono-spot</p> <p>___ Cholesterol</p> <p>___ Lipids</p> <p>___ H.pylori</p> <p>___ Guiac</p> <p>___ Other, _____</p>
6.	<p>6.1. SBHCs must have an agreement or referral policy with a full-licensed CLIA lab for services not available on-site or restricted by the state license.</p> <p>6.1.1. <i>Copy of lab agreement provided as appropriate.</i></p> <p>6.1.2. <i>Referral process is in place.</i></p> <p>6.1.3. <i>A system is in place to identify and track all laboratory tests, including PAP tests and those sent to a reference laboratory.</i></p> <p>6.1.4. <i>Confidentiality of results is assured. Test results are reviewed only by the practitioner who ordered the test. Provider must initial and date review of the lab test result.</i></p>

OSAH STANDARDS AND BENCHMARKS – FOR CLIA

COMPLIANT Y/N	STANDARDS <i>DEFINED (DEMONSTRATED) BY:</i>		
7.	<p>7.1. SBHC must have the necessary equipment to provide all labs and screening test as required. (Check all laboratory equipment and tests available in SBHC.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>___syringes</p> <p>___microscope</p> <p>___pregnancy tests (urine)</p> <p>___incubator</p> <p>___urinalysis strips</p> <p>___refrigerator with thermometer</p> <p>___hemoglobinometer and supplies (Hemocue)</p> </td> <td style="width: 50%; border: none;"> <p>___Pap smear kits</p> <p>___STD/STI tests</p> <p>___Glucometer</p> <p>___strep kits</p> <p>___lancets or autolets</p> </td> </tr> </table> <p>7.1.1. <i>The equipment is maintained and calibrated in compliance with state lab licensing and CLIA requirements.</i></p> <p>7.1.2. <i>Refrigerator temperature is recorded twice (am and pm) per day, when the SBHC is open.</i></p> <p>7.1.3. <i>Arrangements are made for safety and security of lab specimens or vaccines when the SBHC is closed for a lengthy period of time, i.e., school closures, holidays.</i></p> <p>7.1.4. <i>If the SBHC is a Vaccine for Children’s (VFC) provider, the temperature logs are sent to the State Immunization Department monthly.</i></p>	<p>___syringes</p> <p>___microscope</p> <p>___pregnancy tests (urine)</p> <p>___incubator</p> <p>___urinalysis strips</p> <p>___refrigerator with thermometer</p> <p>___hemoglobinometer and supplies (Hemocue)</p>	<p>___Pap smear kits</p> <p>___STD/STI tests</p> <p>___Glucometer</p> <p>___strep kits</p> <p>___lancets or autolets</p>
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Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS – FOR PRIMARY CARE PROVIDERS

COMPLIANT Y/N	STANDARDS <i>DEFINED (DEMONSTRATED) BY:</i>		
8.	<p>8.1. SBHC must provide primary care by qualified and licensed practitioners, who may be certified nurse practitioners, physician assistants, or physicians.</p> <p>8.1.1. <i>Medical practitioners have current license and are in good standing with their respective professional boards.</i></p> <p>8.1.2. <i>Medical practitioners are eligible for credentialing by the Managed Care Organizations (MCO and Statewide Entity), if the SBHC is a member of the SBHC-Medicaid Program.</i></p> <p>8.1.3. <i>Practitioners are identified by name, licensure, and title on a nametag.</i></p> <p>8.1.4. <i>The practitioners provide the following:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>8.1.4.1. <i>Comprehensive medical and psycho-social histories</i></p> <p>8.1.4.2. <i>Comprehensive physical exams per EPSDT guidelines. Preventive health guidelines are up-to-date and posted in exam rooms.</i></p> <p>8.1.4.3. <i>Age-appropriate anticipatory guidance.</i></p> <p>8.1.4.4. <i>Risk factor assessment.</i></p> <p>8.1.4.5. <i>Immunizations, if the SBHC has a Vaccine for Children’s contract. Varicella may be provided by referral.</i></p> <p>8.1.4.6. <i>Developmental assessments and referrals to CMS and other health care plan organizations, as indicated.</i></p> <p>8.1.4.7. <i>Pre-assessment of educational, achievement and attendance problems.</i></p> <p>8.1.4.8. <i>Evaluation and treatment of non-urgent, acute, and chronic problems.</i></p> <p>8.1.4.9. <i>Triage of emergencies and selection system for critical student/client.</i></p> <p>8.1.4.10. <i>Medical case management</i></p> <p>8.1.4.11. <i>Medical specialty services by referral</i></p> <p>8.1.4.12. <i>Services according to best practice guidelines as specified by OSAH and the HSD Medical Assistance Division, School Health Office as posted on website, www.state.nm.us/hsd/mad/schoolhealth, to include care coordination and collaboration with primary care provider and the SBHC BH provider.</i></p> </td> <td style="width: 50%; border: none;"></td> </tr> </table>	<p>8.1.4.1. <i>Comprehensive medical and psycho-social histories</i></p> <p>8.1.4.2. <i>Comprehensive physical exams per EPSDT guidelines. Preventive health guidelines are up-to-date and posted in exam rooms.</i></p> <p>8.1.4.3. <i>Age-appropriate anticipatory guidance.</i></p> <p>8.1.4.4. <i>Risk factor assessment.</i></p> <p>8.1.4.5. <i>Immunizations, if the SBHC has a Vaccine for Children’s contract. Varicella may be provided by referral.</i></p> <p>8.1.4.6. <i>Developmental assessments and referrals to CMS and other health care plan organizations, as indicated.</i></p> <p>8.1.4.7. <i>Pre-assessment of educational, achievement and attendance problems.</i></p> <p>8.1.4.8. <i>Evaluation and treatment of non-urgent, acute, and chronic problems.</i></p> <p>8.1.4.9. <i>Triage of emergencies and selection system for critical student/client.</i></p> <p>8.1.4.10. <i>Medical case management</i></p> <p>8.1.4.11. <i>Medical specialty services by referral</i></p> <p>8.1.4.12. <i>Services according to best practice guidelines as specified by OSAH and the HSD Medical Assistance Division, School Health Office as posted on website, www.state.nm.us/hsd/mad/schoolhealth, to include care coordination and collaboration with primary care provider and the SBHC BH provider.</i></p>	
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	<p>8.1.4.13. Health screenings, which include height, weight, body mass index, blood pressure, vision, hearing, scoliosis, and dental inspection.</p> <p>8.1.4.14. Reproductive health exam (inclusive of pelvic and testicular exam).</p> <p>8.1.4.15. Prescriptions for contraceptives, condoms, and treatment for STIs on-site or by referral according to School District Policy.</p> <p>8.1.4.16. Pregnancy testing and screening tests for STIs. HIV testing and treatment may be referred.</p> <p>8.1.4.17. BLS certified provider present during SBHC hours.</p> <p>8.1.4.18. Proof of training in reporting child abuse, neglect; suicide/homicide ideation; infection control and emergency care.</p> <p>8.1.4.19. Treatment plan must be consistent with the diagnosis that has objective and measurable goals and timeframes for goal attainment or problem resolution.</p> <p>8.1.4.20. Documentation of referrals, consultations, and follow-up appointments.</p> <p>8.1.4.21. Treatment plan with evidence of parental notification, if necessary.</p> <p>8.1.4.22. Treatment plan with documentation of criteria for termination of care and estimated length of treatment.</p> <p>8.1.4.23. Evidence of cooperative arrangement with community health care agencies and primary care providers to provide health services to student/client during hours when the SBHC is closed.</p> <p>8.1.4.24. Documentation of notification of the client's Primary Care Provider of pertinent medical information, including diagnosis and treatment.</p>
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OSAH STANDARDS AND BENCHMARKS – Provision of Pharmacological and Psychotropic Medications

COMPLIANT Y/N	STANDARDS DEFINED (DEMONSTRATED) BY:
9.	<p>9.1. SBHC will prescribe, or refer to provider who can prescribe, when a pharmacological intervention is needed.</p> <p><i>The following systems must be in place before prescribing any psychotropic medication or any medication being used for psychotropic purposes:</i></p> <p>9.1.1. <i>Written informed consent, preferably in person, from both the student and parent/legal guardian, if the client is under age 14 or informed consent from the client age 14-17, with notification of the parent/legal guardian, preferably in person. This would apply to emancipated minors depending on circumstance of the emancipation and declarations within the court order. Informed consent from both the client 14-17 and legal guardian, while not legally required, is recommended.</i></p> <p>9.1.2. <i>Mental health counseling/treatment concurrent with medication.</i></p> <p>9.1.3. <i>Coordination and communication between the prescribing provider, the client's primary care provider, and the treating mental health provider.</i></p> <p>9.1.4. <i>Psychiatric consultation for evaluation, medication questions, and other information.</i></p> <p>9.1.5. <i>Baseline and monitoring medical tests, either administered on site or referred out.</i></p> <p>9.1.6. <i>Case management interventions to assist with medication management, if needed.</i></p> <p>9.1.7. <i>Signed consent in client's medical file.</i></p> <p>9.1.8. <i>Documentation in progress notes.</i></p> <p>9.1.9. <i>Record of Primary Care Provider (PCP notification form or notation in client's medical chart).</i></p> <p>9.1.10. <i>Consulting psychiatrist MOA on file.</i></p>

Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS FOR BEHAVIORAL HEALTH PROVIDERS

COMPLIANT Y/N	STANDARDS <i>DEFINED (DEMONSTRATED) BY:</i>
10.	<p>10.1. SBHC must provide behavioral health services by qualified Behavioral Health Providers, who may be a LMHC, LPC, LPCC, LSAA, LADAC, LPAT, LMFT, LMSW, LISW, clinical psychologist, CNS psychiatry, MD.</p> <p>10.2. It is the responsibility of the licensee to seek appropriate supervision. Licensee must acquire appropriate skills and responsibility in the delivery of counseling or therapy services.</p> <p style="margin-left: 40px;"><i>10.2.1. Behavioral health providers have a current license and are in good standing with their respective professional boards.</i></p> <p style="margin-left: 40px;"><i>10.2.2. A copy of the current license is posted and on file at the SBHC.</i></p> <p style="margin-left: 40px;"><i>10.2.3. Behavioral Health providers are eligible for credentialing by the Statewide Entity (Value Options), if the SBHC is a member of the SBHC-Medicaid Program</i></p> <p style="margin-left: 40px;"><i>10.2.4. Behavioral health providers are trained in reporting child abuse and neglect, suicide/homicide ideation, infection control and emergency care.</i></p> <p style="margin-left: 40px;"><i>10.2.5. Behavioral health providers are identified by name, licensure, and title on nametag.</i></p>
11.	<p>11.1. SBHC Behavioral Health provider will provide assessment as an integrated series of procedures conducted with an individual to provide the basis for the development of an effective, comprehensive, and individualized treatment plan.</p> <p style="margin-left: 40px;">11.1.1. The assessment will be conducted as an intensive clinical and psychosocial evaluation of a client's individual's mental health and/or co-occurring (mental health/substance abuse) conditions.</p> <p style="margin-left: 80px;">11.1.1.1. Assessment completed and in every behavioral health client's medical record by the third visit.</p> <p style="margin-left: 40px;">11.1.2. This service will include a face-to-face interview with the client, and may include the client's family, collateral contacts and other agencies to determine problems and strengths, and to identify natural supports.</p> <p style="margin-left: 40px;">Documentation of the assessment contains the following elements:</p> <p style="margin-left: 80px;">11.1.2.1. A description of presenting problems, including the source of distress, precipitating events, associated problems or symptoms,</p> <p style="margin-left: 80px;">11.1.2.2. Client strengths,</p> <p style="margin-left: 80px;">11.1.2.3. A chronological mental health and substance abuse history,</p> <p style="margin-left: 80px;">11.1.2.4. Identified biological, psychological, familial, social/employment, educational, legal, developmental and environmental dimensions and identified strengths and weaknesses,</p> <p style="margin-left: 80px;">11.1.2.5. History of abuse,</p> <p style="margin-left: 80px;">11.1.2.6. Treatment history,</p> <p style="margin-left: 80px;">11.1.2.7. Identification of non-traditional or natural supports,</p> <p style="margin-left: 80px;">11.1.2.8. Relevant physical health history and current status including medication,</p> <p style="margin-left: 80px;">11.1.2.9. Mental status,</p> <p style="margin-left: 80px;">11.1.2.10. Cultural background, spiritual/religious beliefs, other relevant issues,</p> <p style="margin-left: 80px;">11.1.2.11. A crisis/safety plan, if applicable.</p> <p style="margin-left: 40px;">11.1.3. Assessment results are used as a basis for evidence-based decisions about interventions and recommendations.</p>

OSAH STANDARDS AND BENCHMARKS FOR BEHAVIORAL HEALTH PROVIDERS

COMPLIANT Y/N	STANDARDS <i>DEFINED (DEMONSTRATED) BY:</i>
12.	<p>12.1. SBHC behavioral health providers will develop an individualized and comprehensive treatment plan for each client seen for behavioral health services. The treatment plan:</p> <p>12.1.1. Is based on assessment information and contains specific treatment goals and evidence-based services directed towards addressing the individual's needs and symptoms.</p> <p>12.1.2. Serves as a way to document and track interventions and outcomes.</p> <p>12.1.3. Will promote optimal physical, emotional, social, intellectual, and spiritual health.</p> <p><i>The behavioral health provider documents in a student/client's medical record the following elements:</i></p> <p style="padding-left: 40px;">12.1.3.1. <i>Will involve full participation of the client and his/her parents or legal guardian to the maximum extent possible and reflect an understanding of the client and/or family's culture, values, and desires.</i></p> <p style="padding-left: 40px;">12.1.3.2. <i>Will reflect student/client need areas and client stated goals as identified in the assessment.</i></p> <p style="padding-left: 40px;">12.1.3.3. <i>Will address recommended scope, amount, and duration of the treatment.</i></p> <p style="padding-left: 40px;">12.1.3.4. <i>Will ensure the individual's strengths are not compromised.</i></p> <p style="padding-left: 40px;">12.1.3.5. <i>Will be in a language the client can understand.</i></p> <p style="padding-left: 40px;">12.1.3.6. <i>Will include signs, symptoms, and diagnosis.</i></p> <p style="padding-left: 40px;">12.1.3.7. <i>Will include specific and objective behavioral goals.</i></p> <p style="padding-left: 40px;">12.1.3.8. <i>Will include recommendation of evidence-based interventions, could include, but not limited to individual/family/group therapy</i></p> <p style="padding-left: 40px;">12.1.3.9. <i>Will include all relevant signatures.</i></p> <p><i>Treatment plan:</i></p> <p style="padding-left: 40px;">12.1.3.10. <i>Shows evidence of parental notification, if necessary.</i></p> <p style="padding-left: 40px;">12.1.3.11. <i>Will be completed by the third client visit.</i></p> <p style="padding-left: 40px;">12.1.3.12. <i>Will follow best practice guidelines as written and posted on the HSD webpage (www.state.nm.us/hsd/mad/schoolhealth) to include care coordination and collaboration with primary care providers and the SBHC medical provider.</i></p> <p>12.2. Appropriate evidence-based interventions will help the client increase protective factors, reduce risk factors, and develop core skills.</p>
13.	<p>13.1. SBHC will prescribe, or refer to provider who can prescribe, when a pharmacological intervention is needed.</p> <p><i>The following systems must be in place before prescribing any psychotropic medication or any medication being used for psychotropic purposes:</i></p> <p style="padding-left: 40px;">13.1.1. <i>Written informed consent, preferably in person, from both the student and parent/legal guardian, if the client is under age 14 or informed consent from the client age 14-17, with notification of the parent/legal guardian, preferably in person. This would apply to emancipated minors depending on circumstance of the emancipation and declarations within the court order. Informed consent from both the client 14-17 and legal guardian, while not legally required, is recommended.</i></p> <p style="padding-left: 40px;">13.1.2. <i>Mental health counseling/treatment concurrent with medication.</i></p> <p style="padding-left: 40px;">13.1.3. <i>Coordination and communication between the prescribing provider, the client's primary care provider, and the treating mental health provider.</i></p> <p style="padding-left: 40px;">13.1.4. <i>Psychiatric consultation for evaluation, medication questions, and other information.</i></p> <p style="padding-left: 40px;">13.1.5. <i>Baseline and monitoring medical tests, either administered on site or referred out.</i></p> <p style="padding-left: 40px;">13.1.6. <i>Case management interventions to assist with medication management, if needed.</i></p> <p style="padding-left: 40px;">13.1.7. <i>Signed consent in client's medical file.</i></p>

- 13.1.8. *Documentation in progress notes.*
- 13.1.9. *Record of Primary Care Provider (PCP notification form in client's medical chart).*
- 13.1.10. *Consulting psychiatrist MOA on file.*

Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS – FOR DATA COLLECTION

COMPLIANT Y/N	STANDARDS DEFINED (DEMONSTRATED) BY:
14.	14.1. SBHC must meet all electronic data collection system requirements. The Center must have the capacity to collect and export the required data set and/or variables. 14.2. SBHC agrees to submit program and student/client services data as required to OSAH, in a timely manner as stated in the contract. 14.3. The SBHC electronic data collection system is the following: <hr/> 14.3.1. <i>The SBHC coordinator submits data derived from student/client services provided by SBHC providers, which include primary care, mental health, substance abuse, and dental personnel.</i> 14.3.2. <i>Each provider has the capacity to complete the CPT Visit Code (s) and the Diagnostic Code (s) for each client encounter.</i> 14.3.3. <i>The OSAH encounter/billing form is utilized.</i> 14.3.4. <i>Client data is to be exported in a flat, delimited file with unique student/client identifier (not the student/client name) and only in aggregate form.</i> 14.3.5. <i>The data variables are determined by the OSAH program. They include the unique student/client identifier, date of birth, gender, race, ethnicity, insurance status, location of visit, provider type, CPT visit code, and ICD-9 Diagnostic code.</i> 14.3.6. <i>Reports of the SBHC program, which include prevention activities, youth development, community involvement and health promotion is provided by the SBHC coordinator.</i>

Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS – PREVENTION AND SCREENING

COMPLIANT Y/N	STANDARDS DEFINED (DEMONSTRATED) BY:
15.	15.1. SBHCs will incorporate prevention strategies that address a variety of health/mental health issues. 15.2. Community involvement is a necessary component of effective prevention. 15.3. Prevention approaches and messages will be tailored to different population groups. 15.4. Youth involvement is required in the planning and implementation process. 15.4.1. <i>Dates of mental health and preventive health care promotion and activities within the school system and community is documented.</i> 15.4.2. <i>The number of youth served is documented.</i> 15.4.3. <i>Culturally appropriate mental health, primary health, and oral health prevention materials are posted and available in the SBHC.</i> 15.4.4. <i>Number of youth involved is reported on data collection system.</i>

16.	<p>16.1. SBHC primary care and behavioral health providers will screen as a preliminary procedure limited in nature and intended to indicate whether there is a probability that a mental health problem and/or drug/alcohol abuse or dependence problem is present.</p> <p>16.2. The Student Health Questionnaire (SHQ) must be administered at the initial visit. If the student/client is acutely ill or in crisis, the SHQ may be delayed and be administered within the next two follow-up visits</p> <p>16.3. The SHQ screen must be reviewed with student/client, and signed and dated by the provider at the time it is administered.</p> <p><i>16.3.1. Completed OSAH-approved SHQ) is in every student/client's medical record and updated annually.</i></p>
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Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS – CONFIDENTIALITY AND ASSESSMENT

COMPLIANT Y/N	STANDARDS DEFINED (DEMONSTRATED) BY:
17.	<p>17.1. SBHC Primary Care and Mental Health Professionals will follow client confidentiality guidelines as stated by their perspective practice boards and New Mexico State Law.</p> <p>17.1.1. Confidentiality refers to the student/client's right to privacy. This allows the client to have a relationship with a Primary Care and/or Mental Health professional where information obtained within that relationship is not shared. The only time confidentiality may be broken without consent is when the client is a danger to self or others or there is suspicion or evidence of abuse and/or neglect.</p> <p><i>17.1.1.1. All student/client medical records are stored in a locking file cabinet in a locked room.</i></p> <p><i>17.1.1.2. All SBHC medical records are available for OSAH review.</i></p> <p><i>17.1.1.3. A Consent form, signed by client, for confidential services is in client's medical record and documented in progress notes.</i></p> <p><i>17.1.1.4. Documentation is in medical record that justifies confidentiality breach if indicated.</i></p> <p><i>17.1.1.5. A copy of NM statutes is posted in a conspicuous location.</i></p> <p>17.2. SBHCs are required to provide or refer students/clients for confidential services in accordance with NM State law. See attachment.</p>

Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS – MEDICAL RECORDS

COMPLIANT Y/N	STANDARDS <i>DEFINED (DEMONSTRATED) BY:</i>
18.	<p>18.1. All SBHC providers will initiate and maintain a written record for each student/client containing pertinent health/mental health information and history.</p> <ul style="list-style-type: none"> 18.1.1. Maintains measures to ensure confidentiality, privacy, security, and HIPAA compliance for personal health information 18.1.2. The provider completes progress notes at the time of each visit. 18.1.3. SBHC records are kept separate from school nursing and school academic records 18.1.4. All records follow standardized format and are securely bound. 18.1.5. All records must have name, date of birth and gender on each page. 18.1.6. Allergy status is prominently displayed and adverse reactions noted. 18.1.7. Student/client consent for treatment is signed, if confidential services are provided. 18.1.8. Parent consent for treatment is signed and in medical record. 18.1.9. Presenting problem/complaint is documented. 18.1.10. The Primary Care Provider is identified. 18.1.11. Each record has the student/client address, emergency contact, telephone number, name of parent/guardian, work address, and health insurance information. 18.1.12. Each page has student/client name and identifier. 18.1.13. Each chart has OSAH-approved medical record forms including progress notes, SBHC parent registration, parent consent, notice of HIPAA policy and receipt. 18.1.14. All records contain a problem list to include diagnoses, medications, immunization status, and anticipatory guidance. 18.1.15. Vital signs, including BMI percentile, are recorded at the student/client's first visit and as indicated thereafter. Vital signs also recorded in behavioral health records to further the collaboration and integration of primary and mental health services. 18.1.16. Record of referrals between primary health care provider and behavioral health provider. 18.1.17. Medication history includes what has been effective and what has not, and why. 18.1.18. Past medical history is documented for student/client seen two or more times. 18.1.19. Progress notes describe student/client strengths and limitations in achieving treatment goals and objectives. 18.1.20. All records are kept current. 18.1.21. Progress note includes as indicated a mental status evaluation documenting the client's affect, speech, mood, thought content, judgment, insight, attention, concentration, memory, potential for harm and impulse control. 18.1.22. Diagnostic information is contained in a separate section with abnormal results initialed and follow-up is documented. 18.1.23. Records contain reports of consultations and referrals. 18.1.24. Evidence of coordination of care with the PCP utilizing the PCP notification form approved by HSD/MAD is available. 18.1.25. Missed/cancelled or rescheduled appointments are documented in the medical record and dated. 18.1.26. Charting errors corrected with a single line, initialed and dated. <p>18.2. Physical health and behavioral health records will be combined into one chart per student/client to facilitate the integration of care. <u>Exceptions must be approved by OSAH contract monitor.</u></p> <p>18.3. A written policy regarding the release, the retention, maintenance and destruction of medical records shall be maintained by the SBHC. The policy needs to include the following:</p> <ul style="list-style-type: none"> 18.3.1. Name of person responsible for the release or transfer of records. 18.3.2. How records can be obtained or transferred. 18.3.3. How long records will be maintained before they are destroyed (destruction must be such that confidentiality is maintained). Records must be destroyed by shredding or other means of permanent destruction. 18.3.4. Establish process for specifying release of either behavioral health and/or physical health progress notes, including client intake and history. 18.3.5. Ensure confidential services records are maintained as such.

Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS – CRISIS INTERVENTION/CRISIS RESPONSE

COMPLIANT Y/N	STANDARDS <i>DEFINED (DEMONSTRATED) BY:</i>
19.	<p>19.1. SBHC will implement a protocol for individual crisis intervention services as a safe guard in minimizing an acute crisis episode in client(s).</p> <p>19.1.1. Crisis intervention services will be designed as a crisis-oriented approach to intervene with student/client(s) with limited coping strategies, prior failed resources, exhibit acute distress in thoughts, behaviors, mood, and/or present an immediate danger to self or others.</p> <p><i>Behavioral Health Provider and/or Primary Care Provider documents crisis intervention service in the client's medical record. Documentation and protocol includes the following elements:</i></p> <p>19.1.2. <i>Triage procedure taken to determine level of emergency/lethality involved,</i></p> <p>19.1.3. <i>Steps of a safety plan to protect the client and possibly others and steps taken to de-escalate the crisis,</i></p> <p>19.1.4. <i>Steps taken to attend to the student/client's consent for treatment. In a life threatening situation the implied consent for medical treatment and best practice prevails. If not, the competency of the person to give consent for treatment is determined,</i></p> <p>19.1.5. <i>Individual safety plan developed in collaboration with student/client. The safety plan will include other resources if MH or school staff is not available,</i></p> <p>19.1.6. <i>Steps taken to follow the provisions of school's emergency transportation plan if necessary.</i></p>
20.	<p>20.1. SBHC Behavioral Health Provider(s) and Primary Care Provider will support the local school district's protocol to crisis response and the local district's identified crisis team(s).</p> <p>20.1.1. Crisis response may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> ◆ The death of a student/client or staff member, ◆ A suicide or potential suicide of a student/client or staff member, ◆ A homicide or potential homicide, ◆ A catastrophic event such as a tornado, fire to school building, or multiple injuries and/or deaths in an accident or assault. <p>20.1.1.1. <i>Protocol crisis response plan is available as a resource in a designated area in the SBHC. The protocol will include the following but is not limited to:</i></p> <p>20.1.1.2.1. <i>The most current District Crisis Plan as required by the New Mexico State Public Education Department (PED),</i></p> <p>20.1.1.2.2. <i>A current listing of community primary care and mental health resources available for immediate and long-term support,</i></p> <p>20.1.1.2.3. <i>A telephone tree including, at a minimum, key district staff personnel and access to emergency responders,</i></p> <p>20.1.1.2.4. <i>A suicide/trauma response plan consistent with the professionally recognized standards of care and approved by the local school district and evidenced by a report to school and SBHC staff.</i></p>

Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS – POLICIES AND PROCEDURES

COMPLIANT Y/N	STANDARDS <i>DEFINED (DEMONSTRATED) BY:</i>
21.	<p>21.1. Each site must have a written Policy and Procedure Manual. Manual should include details on the following topics:</p> <p>21.1.1. Quality Assurance (QA) or Continuous Quality Improvement (CQI) that monitors and evaluates the appropriateness and effectiveness of services provided, including a procedure by which clients, families and or school concerns or complaints will be addressed through a patient, parent and school staff survey.</p> <p style="margin-left: 20px;">21.1.1.1. <i>Program Goals are outlined for the year with action items and timelines.</i></p> <p style="margin-left: 20px;">21.1.1.2. <i>Work plan is reviewed and documented annually.</i></p> <p style="margin-left: 20px;">21.1.1.3. <i>Student/client surveys are administered per contract.</i></p> <p style="margin-left: 20px;">21.1.1.4. <i>Procedure to include how school concerns and client complaints are documented to include incidences and resolutions.</i></p> <p>21.1.2. HIPAA and FERPA requirements.</p> <p style="margin-left: 20px;">21.1.2.1. <i>Privacy official is designated: _____(name)</i></p> <p style="margin-left: 20px;">21.1.2.2. <i>All staff received HIPAA training and have signed and dated the HIPAA policy.</i></p> <p>21.1.3. OSHA standards.</p> <p>21.1.4. Disposal of hazardous wastes.</p> <p>21.1.5. Complaint and incidence review.</p> <p>21.1.6. Electronic medical records and data agreements are in place (if applicable).</p> <p>21.1.7. Transportation of students/clients.</p> <p style="margin-left: 20px;">21.1.7.1. <i>Transportation policy is congruent with local school district policies as well as provider agencies in terms of safety and liability issues.</i></p> <p>21.1.8. Student/clients rights and responsibilities.</p> <p>21.1.9. Emergency procedures.</p> <p style="margin-left: 20px;">21.1.9.1. <i>Policy addresses after hours and emergency services care, including notification of critical values for laboratory and/or radiological tests.</i></p> <p style="margin-left: 20px;">21.1.9.2. <i>Staff training on CPR, Heimlich maneuver, Infection Control, emergency care.</i></p> <p style="margin-left: 20px;">21.1.9.3. <i>Emergency instructions are included on answering machine message and sign on door.</i></p> <p>21.1.10. Job descriptions for all staff.</p> <p style="margin-left: 20px;">21.1.10.1. <i>Training materials are signed and dated by staff.</i></p> <p>21.1.11. Reporting of suspected child abuse, neglect, harm to self, or harm to others.</p> <p style="margin-left: 20px;">21.1.11.1. <i>Required forms and telephone numbers to report abuse and/or neglect to CYFD are available.</i></p> <p>21.1.12. Policy regarding registration and obtaining parental consent.</p> <p>21.1.13. Policy regarding referrals to community providers and/or agencies.</p> <p style="margin-left: 20px;">21.1.13.1. <i>Referral log kept.</i></p> <p style="margin-left: 20px;">21.1.13.2. <i>Referrals are documented in medical chart.</i></p> <p style="margin-left: 20px;">21.1.13.3. <i>Policy regarding communication with student/client's PCP.</i></p> <p>21.1.14. Policy regarding services and referrals when SBHC is closed.</p> <p style="margin-left: 20px;">21.1.14.1. <i>List of local providers and community agencies is available.</i></p> <p style="margin-left: 20px;">21.1.14.2. <i>Referrals are documented in medical chart.</i></p> <p>21.1.15. Ownership of medical records.</p> <p style="margin-left: 20px;">21.1.15.1. <i>Medical records are available for review by DOH, Office of School and Adolescent Health by request.</i></p>

Please list all comments and concerns:

OSAH STANDARDS AND BENCHMARKS – CONSULTATION, COLLABORATION, YOUTH AND COMMUNITY INVOLVEMENT

COMPLIANT Y/N	STANDARDS <i>DEFINED (DEMONSTRATED) BY:</i>
22.	<p>22.1. SBHC behavioral health and primary care providers will consult and collaborate with school personnel on intervention effectiveness and efficiency in treatment.</p> <p>22.1.1. Consultation and collaboration focus will be on enhancing direct delivery of services and programs, resource use, and development of a comprehensive continuum of integrated care.</p> <p>22.1.1.1. <i>Behavioral health and primary care provider documents and demonstrates steps taken to show efforts to consult and collaborate with school personnel in the following aspects of treatment:</i></p> <p>22.1.1.1.1. <i>Collaboration by interfacing with school's student assistance team referral process (SAT). Behavioral and primary care health providers will be familiar with the responsibilities of schools and the rights of clients and parents in the areas of a 504 Plan and Special Education.</i></p> <p>22.1.1.1.2. <i>Referral to school and community resources when appropriate and necessary.</i></p> <p>22.1.1.1.3. <i>Participation in multidisciplinary case consultation/wrap-around meetings, to assure quality services to youth and their families as well as to reduce duplication of efforts. As per HIPAA and SBHC signed parent consent form, school health care professionals may attend these meetings, after signing a confidentiality statement.</i></p> <p>22.1.1.1.4. <i>Involvement of family/child in decision-making when necessary, or in case of confidential services, if child consents regarding plan of care.</i></p> <p>22.1.1.1.5. <i>Development of a process to ensure that client confidentiality is maintained.</i></p>

OSAH STANDARDS AND BENCHMARKS – CONSULTATION, COLLABORATION, YOUTH AND COMMUNITY INVOLVEMENT

COMPLIANT Y/N	STANDARDS <i>DEFINED (DEMONSTRATED) BY:</i>
23.	<p>23.1. SBHC will maintain a School Health Advisory Council (SHAC) that meets at least three times during the academic year and requires a minimum of two to four youth (10-24 yrs).</p> <p>23.1.1. SHAC membership must include community members, school staff, parents, and students that reflect the ethnic, cultural, and racial diversity of the school community.</p> <p>23.1.2. SHAC may also include Community Health Improvement Council (CHIC) member and/or MCH and/or Community Wellness Council member.</p> <p>23.1.2.1. <i>Sign-in sheet includes:</i></p> <p>23.1.2.1.1. <i>Name</i></p> <p>23.1.2.1.2. <i>Identify adult, youth, or parent members.</i></p> <p>23.1.2.1.3. <i>Title</i></p> <p>23.1.2.1.4. <i>Organization</i></p> <p>23.1.2.1.5. <i>Number</i></p> <p>23.1.2.1.6. <i>Email</i></p> <p>23.1.2.2. <i>Minutes include:</i></p> <p>23.1.2.2.1. <i>Short description of topics discussed</i></p> <p>23.1.2.2.2. <i>Action items for next meeting</i></p>

24.	<p>24.1. SBHC will provide health promotion, health education, and disease prevention activities/classroom presentations.</p> <p>24.1.1. A minimum number of activities are required per academic year (See contract for required # of activities).</p> <p>24.1.2. At least one of the activities must be planned & facilitated by youth in collaboration with adults.</p> <p>24.1.2.1. <i>Description submitted includes:</i></p> <p>24.1.2.1.1. <i>Name of presenter</i></p> <p>24.1.2.1.2. <i>Indication if presenter was youth or adult</i></p> <p>24.1.2.1.3. <i>Topic presented</i></p> <p>24.1.2.1.4. <i># of youth presented to and age range/grade level</i></p> <p>24.1.2.1.5. <i>Title of class/subject in which presentation was conducted (i.e. Biology, Health, PE, etc.)</i></p> <p>24.1.2.1.6. <i>Summary of presentation</i></p>
25.	<p>25.1. SBHC will promote positive youth development, an approach that promotes youth participation and power sharing in public policy and programming.</p> <p>25.2. Youth development activities coordinated through SBHC will ensure youth friendly health services and peer led prevention activities.</p> <p>25.2.1. <i>Minimum of two youth are included on SHAC.</i></p> <p>25.2.2. <i>At least two peer led health promotion activities are facilitated by youth.</i></p> <p>25.2.3. <i>A focus group of students to gather youth feedback and input on how to create a youth friendly SBHC environment, a teen friendly health service and marketing strategies. Report of focus group results submitted.</i></p>

Please list all comments and concerns: