

**New Mexico Standards and Benchmarks  
for  
School-Based Health Clinics  
June 2015**



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## **INTRODUCTION**

### **Definition of a New Mexico School-Based Health Clinic (SBHC)**

School-based health clinics provide quality, integrated, youth-friendly, and culturally responsive health care services to keep children and adolescents healthy, in school, and ready to learn.

### **Description of a New Mexico SBHC**

The fundamental concept of a SBHC is a health clinic located on or near school property that functions separately from and in cooperation with the school nurse's office. The SBHC includes a team of qualified multidisciplinary professionals (typically employed by a community-based health organization) that supports the health, well-being, and success of students. The center's health care providers and the physical characteristics of the center can vary based on student need and facility resources—among other influencing factors. The ideal SBHC model includes integrated physical and behavioral health care services. At a minimum, primary care, including urgent, acute, prevention and wellness care, is at the core. In addition to behavioral health, expanded services, including, substance abuse support, oral health, reproductive health, nutrition education, case management and health promotion may also be offered at the SBHC. SBHCs provide a youth-friendly environment designed to meet the unique health care needs of all youth, through supportive and collaborative relationships with youth, families, school administration, school health staff (school nurse, school counselor, health educator, etc.), school districts and boards.

### **Process for Developing and Intent of New Mexico Standards and Benchmarks for SBHC**

The *New Mexico Standards and Benchmarks for School Based Health Clinics* has been developed to provide guidance on Medicaid requirements for participation in billing, clinical best practices, pharmacy, Clinical Laboratory Improvement Amendments (CLIA) and Occupational Safety and Health Administration (OSHA) standards.

Adherence to the *Standards and Benchmarks* is a prerequisite for receiving funding from the New Mexico Department of Health, Office of School and Adolescent Health (OSAH). A clinic operating as an SBHC and determined to be in compliance with the *Standards and Benchmarks* by the Managed Care Organizations (MCOs), New Mexico Health Services Division (HSD) and OSAH, will be eligible to bill Medicaid.

To maintain agreement with clinical best practices and changes in State and Federal clinic standards, the *Standards and Benchmarks* are regularly updated.

*The New Mexico Standards and Benchmarks for School-Based Health Clinics provide a description of a SBHC that operates exactly as it should. In the best case condition, the description of your SBHC will be identical to the one in this document.*

## **SBHC SITE REVIEWS**

The purpose of the SBHC site visit is to learn about the SBHC and see the clinic operating. It provides an opportunity to discuss operational plan goals and performance, assess adherence to the *Standards and Benchmarks*, and provide technical assistance.

Site visits are on rotation and are conducted by the MCOs and OSAH/HSD. Each site is visited by a site reviewer at least once every three years. Newly OSAH-funded SBHCs receive site visits within the first year of the contract from both the MCOs and OSAH/HSD.

The *SBHC Site Review Self-Assessment* is a tool for recording how well the SBHC meets the *Standards and Benchmarks*. Prior to the site visit, the SBHC should complete the self-assessment and be prepared to discuss the status of the *Standards and Benchmarks*. Any of the *Standards and Benchmarks* not met will require immediate action to come into compliance.

## **ROLE OF SBHC SPONSORING AGENCY**

Every SBHC has a sponsoring agency that serves as the fiscal agent for the SBHC. The sponsoring agency has the overall responsibility for adherence to and communication of the Standards and Benchmarks to the SBHC. The sponsoring agency also has the following responsibilities:

1. Providing of one or more of the following:
  - a. funding
  - b. staffing
  - c. medical oversight
  - d. liability insurance
  - e. billing support.
2. Providing a staff person responsible for the overall coordination and operations of the SBHC.
3. Ensuring that clinic facility and providers are certified and credentialed to bill Medicaid.
4. Negotiating and maintaining agreements and relationships with the school.
5. Negotiating and maintaining agreements with other agencies or medical groups that provide services in the SBHC.
6. Developing mechanisms to coordinate SBHC services with schools and other agencies.
7. Ensuring collection and reporting of data.
8. Storing and maintaining any records not spelled out in agreements with other sub-contracting agencies.

## **SBHC POLICY REQUIREMENTS**

Each site has an onsite written Policy and Procedure Manual that includes details on the following topics:

### **I. Facility and Environmental Policies:**

- A. The following facility and environment requirements are in written policies and procedures
  - 1. Facility maintenance;
  - 2. Proper disposal for medical waste, including labeling, storage and disposal including use of Red Bags and Sharps containers;
  - 3. Sterilization of equipment, if applicable. (See Standard below.)
  - 4. Safety and protection of staff and students if dental radiographs are part of clinic's practice. (See Standards below.)

### **II. Administrative Policies**

- A. The following administrative requirements are in written policies and procedures:
  - 1. All students are eligible for services, regardless of ability to pay;
  - 2. Health insurance eligibility, including Medicaid is verified;
  - 3. Assistance for students to access health care through on-site/referral to Presumptive Eligibility Medicaid On-Site Application Assistance (PEMOSAA) determiner;
  - 4. Confidential student visits are not billed unless confidentiality of the billing process is assured, such as for Medicaid Centennial Care;
  - 5. Non-confidential visits for students not eligible for health care coverage or Medicaid can be billed on a sliding fee schedule based on the student and/or family income (the sliding fee may be reduced to \$0);
  - 6. School staff and community members may be seen in the SBHC when their presence does not compromise student access;
  - 7. Patient grievances.
  - 8. Maintaining student confidentiality, including:
    - a. Health Insurance Portability and Accountability Act (HIPAA) vs. Family Education Rights and Privacy Act (FERPA);
    - b. Identification of a privacy officer;
    - c. Documentation of staff trained in HIPAA and who have received a copy of the policy;
    - d. Students' rights and responsibilities.
  - 9. Policies regarding:

- a. Missed or cancelled appointments;
  - b. Confidential appointment reminders;
  - c. Confidentially pulling students from class;
  - d. Student registration and parental consent;
  - e. A process for patient or parent complaint, with all incidents documented in a log and available for review;
  - f. Transportation safety and liability policy that is congruent with local school district policy and provider agencies' policies.
- B. SBHC has policies for administering, storing and disposing of medication, including:
- 1. Process for administration of medication;
    - Standing orders for medication administration when medical provider not available, if applicable.
  - 2. Storage of medication;
  - 3. Maintenance of pharmacy license;
  - 4. Maintenance of relationship with consulting pharmacist;
  - 5. Procedure for using emergency medications and other means of handling emergency situations;
  - 6. Use of sample medications that is consistent with the Board of Pharmacy regulations and the sponsoring entity's policies;
  - 7. Process for checking and documenting expiration dates and subsequent disposal of medications.
- C. SBHC has a policy for lab services, including:
- 1. Process for maintaining CLIA Waiver;
  - 2. Product description of each test and procedure for performing it;
  - 3. Personnel proficiency testing completed annually and documented for everyone taking the test;
  - 4. A referral policy or agreement with a full-licensed CLIA lab for services not available on-site or restricted by the state license;
  - 5. A system that identifies and tracks all laboratory tests, including those sent to a reference laboratory;
  - 6. How confidentiality of results is assured;
  - 7. Process for practitioner follow-up on labs.
- D. SBHC has the following policies related to staffing:
- 1. Maintenance of licenses and certifications for all credentialed providers.
  - 2. Process for maintaining continuing education, including training on:
    - a. CPR

- b. Heimlich maneuver
- c. bloodborne pathogens
- d. first aid
- e. suicide and homicide risk.

### **III. Practice Policies**

- A. Policies and protocols for providing services that are outside the typical SBHC scope, such as prenatal care or management of psychiatric conditions.
- B. Policy for outside referral to local providers and community agencies, with list of resources.
- C. Communication with student's primary care provider (PCP).
- D. Reporting suspected child abuse, neglect, harm to others or harm to self.
  - Forms and telephone numbers to report abuse and/or neglect to CYFD are always available.
- E. Emergency procedures:
  - 1. Policy for after hours and emergency services care, including notification of critical values for laboratory and/or radiological tests.
  - 2. Emergency instructions for after-hours care are established and included on voicemail message and door sign.

### **IV. Medical Records and Charting Policies**

- A. Medical records are available for review by the DOH Office of School and Adolescent Health, Medicaid Quality Bureau and MCOs.
- B. A written policy regarding the retention, maintenance, release and destruction of medical records maintained by the SBHC, including:
  - 1. Name and position of the person responsible for the release or transfer of records;
  - 2. How records are obtained or transferred;
  - 3. A process for specifying release of physical health, behavioral health and/or oral health progress notes, including student intake and history;
  - 4. How confidentiality of records is maintained during transfer;
  - 5. How confidentiality of services records is maintained;
  - 6. The signature of the student is on all release of information;
  - 7. Establishment of ownership of medical records if it is not the sponsoring agency;
    - An MOA stating the owners of records and their responsibilities are available for review
  - 8. A plan for how long records will be maintained before they are destroyed (Confidentiality is maintained in storage and destruction). Records are

destroyed by means of permanent destruction. This includes storing and destroying Electronic medical records and data agreements.

## **V. Billing and Claiming policies**

- A. Billing and claiming policy that includes procedure for billing practices, and processes for appropriately completing billing forms and tracking claims submission, reimbursements and denials. (See SBHC Guidelines for Billing Medicaid). Includes how staff is trained on billing and claims, and how problems with billing and claiming are addressed.
- B. Policy for preparation of Medicaid site certification including:
  - 1. Obtaining a National Provider Identifier Standard (NPI) number for the clinic;
  - 2. Credentialing providers;
  - 3. Annual Self-Assessment site review;
  - 4. Peer review charts based on criteria in Self-Assessment.

## **FACILITY AND ENVIRONMENT REQUIREMENTS**

### **I. Facility and Environmental Standards**

- A. SBHC will have appropriate facility and equipment.
  - Permanent space located on the school campus, used exclusively for providing primary health care, behavioral healthcare, oral health care, preventive health and health education to students.
- B. Facility meets local building codes, including ADA requirements (Refer to NMAC 7.11.2).
- C. Parking lot accessible for emergency vehicles.
- D. Minimum of one handicapped parking space.
- E. Main entrance ramp that is a minimum of 48 inches wide and, for more than one story, an elevator.
- F. Office hours and after hour availability posted where it is visible from outside the clinic and available by voicemail.
- G. “No Smoking” signs posted in the SBHC.
- H. “Cell phones must be turned off in SBHC” signs posted in SBHC waiting room.
- I. Passages, corridors, doorways and other means of exit are clear and unobstructed.
- J. Exits marked and evacuation plans posted in every room and hallway.
- K. Fire detection system and extinguishers present. (Sprinkler system optional.)
- L. Fire extinguisher is current and personnel are trained annually in proper use.
- M. Fire extinguisher operational instructions are kept on-site.



- N. Exam rooms available.
- O. Examination tables and dental chairs are disinfected between patients with a recognized antibacterial solution, or the table paper is replaced between patients. (2006 Medical Site Reviewers, 10280)
- P. Comfortable Behavioral Health room conducive to patient interaction and that ensures confidentiality for students accessing services is available.
- Q. Exam, therapy and treatment rooms are private and soundproof.
  - Privacy of sight and speech is facilitated (White noise or other means to block a conversation is acceptable).
- R. Sink/hand washing facility available [Refer to OSHA Standards at 1910.1030(d)(2)(iii)].
  1. Treatment rooms are equipped with a sink or, at the least, with hand sanitizer and a
  2. Sink in close proximity (2006 Medical Site Reviewers, 10270).
  3. No storage is allowed under sinks in the exam rooms. Supplies may be stored under sinks only in work areas and utility rooms (2006 Medical Site Reviewers, 1-300).
- S. Covered waste cans in all examination/treatment rooms and areas accessible to the public such as drawing stations, nursing stations and waiting area. (2006 Medical Site Reviewers, 10290).
- T. Red Bags and Sharps containers present in exam rooms and lab and appropriately labeled.
- U. Current OSHA Regulations and Standards precautions observed and signs posted regarding hand-washing, protective clothing, and use of gloves.
  - Hand washing signs posted in bathrooms and lab areas.
- V. Accessible bathroom that meets ADA standards.
  - Accessible, pass-through specimen laboratory to restroom window recommended.
- W. Drinking water available.
  - ADA water fountain, bottled water, tap water available, or staff available to assist.
- X. A material safety data sheet (MSDS) binder that lists all chemicals or cleaning agents stored in the SBHC maintained on-site. Storage of biohazard materials follows OSHA regulations. Biohazard agents labeled as such. Storage closets or cabinets labeled with Hazmat (hazardous materials) sticker.
- Y. If applicable, sterilization equipment tested according to manufacturer's specifications available and adequate.
  1. The manufacturer's instructions for the sterilizing equipment on-site and easily accessible.

2. A record book for monitoring every load placed in the sterilizer (temperature, pressure and cycle length) maintained on-site for a minimum of one year.
  3. Log of test strips for sterilization equipment provided and maintained for on-site for a minimum of one year.
- Z. If applicable, lead lined aprons and shields used and stored in accordance with manufacturer's recommendations: cleaned daily and deodorized by scrubbing with a soft bristle brush and rinsed thoroughly with water to remove residue.
1. Aprons hung, not folded.
  2. Aprons not cleaned with alcohol-based cleaners or products containing bleach.
  3. Aprons disposed of in accordance with federal and state laws.
- AA. Log documenting that radiation dosimeter monitoring badge is sent regularly scheduled basis to a specified monitoring laboratory to check for radiation exposure, if applicable.
- BB. Posted radiation warning sign for pregnant women, if applicable.
- CC. Posted Radiology license or regulation compliance letter.

## **ADMINISTRATIVE REQUIREMENTS**

### **I. Personnel File Standards**

- A. Personnel files for all staff working at an SBHC are available for review. Each must include:
1. Job description(s).
  2. Copies of current licenses without restrictions for clinical providers. (Licenses shall also be posted in the SBHC.)
  3. CNS/CNP/PA/MD/DDS prescribing/dispensing: copy of provider's NM Controlled Substance Registration Certificate and DEA number.
  4. Copies of continuing education licensure requirements. OSAH recommends that continuing education address the developmental needs of children and adolescents, including knowledge of community and school health and oral health promotion, prevention strategies for children and adolescents, child abuse and neglect, adolescent substance abuse, nutrition and related chronic disease, and culture responsiveness and trauma.
  5. MOA with designated supervising MD or Behavioral Health practitioner for non-independently licensed practitioners.
  6. Current Basic Life Support (BLS) certificate for all staff.
  7. Evidence of training in:
    - a. reporting child abuse and neglect;
    - b. bloodborne pathogens procedures;

- c. First aid including Heimlich.
- 8. Evidence of annual suicide or homicide risk training.

## II. Administrative Standards

- A. SBHC provides primary, behavioral, and, where available, oral health services to all students regardless of ability to pay. A notice of this policy, in all languages commonly spoken in the community, is posted in the waiting area.
- B. Dedicated and private phone line, FAX, and e-mail account provided.
- C. After hours message including instructions for after hour care and emergency services.
- D. Efforts to verify eligibility for health insurance, including Medicaid, are made. Efforts and results are documented in the chart.
- E. At least one SBHC staff member trained and certified to do the Medicaid Onsite Application Assistance (MOSAA).
- F. MOSAA training documented.
- G. Documentation of names of students and families that have been assisted in signing up for Medicaid on-site and available for review.
- H. Documentation of referrals to Children's Medical Services provided in the student medical record.
  - I. Student third party health insurance billed according to health insurance benefits (where available).
  - J. Grant funding used to support services for uninsured students, if needed.
  - K. Written process for handling grievances, with log of complaints and resolution.
  - L. For students receiving services from the Title X program, income verification is based on the student's income (and that of the student's family, if applicable.)
  - M. Student-only time is designated and posted.
  - N. Patient materials are offered in local languages other than English where 10 percent or more of patients are not English speaking.
  - O. Upon approval, the SBHC may bill Medicaid.

## III. Pharmacy Standards

- A. SBHC is in full compliance with the regulations of the New Mexico Board of Pharmacy.
- B. Appropriate pharmacy license is current, posted, and available for review.
- C. SBHC holds a Pharmacy License appropriate for its scope of service.
- D. SBHC adheres to Policies and Procedures for:
  - 1. Class B pharmacy license (has dispensing privileges). The medication dispensing log is maintained separately from student medical records and

- includes the following; name and date of birth of patient, name of drug, and the initials of the person dispensing and the date.
2. Class C pharmacy license (has medication administration privileges). The medication log is maintained same as above. Refer to the following websites:  
<http://www.nmcpr.state.nm.us/hmac/parts/title16/16.019.0010.htm> and  
<http://www.rld.state.nm.us/uploads/files/LIMITED%20DRUG%20PERMIT%20CLINIC%20APPLICATION.pdf>
  3. The policy for sample medications (if used) is consistent with the Board of Pharmacy regulations and the sponsoring entity policies.
  4. Log with expiration dates of medication, including medications in the emergency kit, and process for checking.
- E. Emergency medications available.
  - F. Procedure to handle emergencies is in place.
  - G. Outdated/damaged drugs are separated from the current drug supply and kept in a locked cabinet until destroyed by a consultant pharmacist.
  - H. Medication is stored separately from cleaning supplies.
  - I. When vaccines or medications are stored, refrigerator temperature is recorded twice per day, (am and pm).
  - J. If the SBHC provides Vaccine for Children's (VFC), the temperature logs are sent to the State Immunization Department monthly.
  - K. Appropriate refrigerator/freezers (not dorm or bar styles) are used for any vaccines per CDC guidance  
<http://www.cdc.gov/vaccines/recs/storage/default.htm>
  - L. Arrangements are made for safety and security of medications and vaccines when the SBHC is closed for a lengthy period of time, such as holiday school closures.
  - M. Pharmaceuticals are double locked at all times and key is kept by a licensed mid-level provider, physician, dental hygienist, or licensed nurse.
  - N. Title X medications and supplies are stored separately from other stock medications.
  - O. SBHC has capacity to write prescriptions for non-urgent, acute and chronic problems.
  - P. Prescription pads are tamperproof, not pre-signed, and are stored in a locked secure area.
  - Q. Standing orders and protocols in place for RNs and RDHs to administer medications are available for review, if applicable.
  - R. Written agreement (MOA) with consultant pharmacist, per pharmacy licensure, available for review.

#### IV. CLIA and Laboratory Standards

- A. SBHC will comply with Clinical Laboratory Improvement Amendments (CLIA) for all laboratory testing. Refer to <http://www.cms.hhs.gov/clia>
- B. SBHC holds a valid CLIA-waiver certificate for the level of testing performed: certificate is posted and available for review.
  - 1. Level of laboratory licensure identified, for example; *Waived; Provider Performed Microscopy; Moderate Complexity.*
- C. List of approved CLIA-waived tests that will be performed at the SBHC is reported to OSAH annually on the SBHC Operational Plan.
- D. SBHC has defined lab space with sink.
- E. Separate clean and dirty lab areas are designated or labeled.
- F. SBHC has the necessary equipment and supplies to provide all labs and screening test as required.
  - 1. The equipment is maintained and calibrated in compliance with state laboratory licensing and CLIA requirements.
  - 2. Quality control is performed on all testing supplies, as required.
- G. Laboratory tests are logged individually with student's name, date of birth, specific test, date, test results, and initials of the person performing the test.
- H. Laboratory specimens to be picked up by or taken to outside laboratory have appropriate storage.
  - I. Arrangements are made for safety and security of lab supplies and specimens when the SBHC is closed for school closures and holidays.
- J. The diagnostic report has an independent section in the medical record.
- K. Results are reviewed with the student by the practitioner who ordered the test.
- L. Documentation of action taken for abnormal lab results.

#### V. Data Collection Standards

- A. SBHC must meet all electronic data collection system requirements:
  - 1. The SBHC has the capacity to submit the required data.
  - 2. SBHCs that collect and export via approved excel spreadsheet.
  - 3. SBHCs may enter data directly into Welligent.
- B. The data is submitted to OSAH by the **fifth** of the month as required by contract.
- C. SBHC staff trained by Apex Education, as needed.
- D. SBHC has Internet access for using Welligent (web-based tool).
- E. The SBHC electronic data collection system includes:
  - 1. Data is derived from student/client services provided by all SBHC providers, which includes primary care, behavioral health, and dental personnel.

2. The CPT Visit Code and the Diagnostic Code (ICD-10 or its successor) for each client encounter, completed by providers. [SBHC may submit up to four (4) ICD-10 codes (or its successor) for each visit].
  3. OSAH approved encounter/billing form (filled in).
  4. Student data exported only in aggregate form, in a flat, delimited file with unique student identifier other than the student name.
  5. Data variables are determined by the OSAH program. They include the unique student identifier, date of birth, gender, race, ethnicity, insurance status, location of visit, provider, CPT visit code, and ICD-10 (or its successor) Diagnostic code. Dental providers use acceptable dental codes.
  6. SBHC program reports that include:
    - a. prevention activities;
    - b. youth development;
    - c. community involvement;
    - d. health promotion provided.
  7. The ability to run reports from web-based tool for validation, progress monitoring, needs assessment and resource allocation, and advocacy with school and community stakeholders.
  8. Accuracy and validation of all data entry occurs on a monthly basis.
- F. Data collections for prevention and screening are included in monthly reporting activities. Data includes:
1. Documentation of evidenced-based prevention strategies and preventive health care promotion activities in both the school system and the community, including School Health Advisory Council (SHAC) notes, success stories and, youth engagement activities.
  2. The number of youth participating in and/or impacted by health prevention/promotion activities is documented.

## **VI. Quality Improvement Standards**

- A. Each SBHC participates in Quality Improvement work as outlined in the contract and in the Operational Plan.
- B. One person at each SBHC is designated as the quality improvement coordinator.
- C. A mechanism for monitoring and evaluating quality improvement goals is established.
- D. Two clinical or practice management and sustainability measures based on clinic need and supported by data, are determined.
  1. A written plan for improvement is documented in the annual Operational Plan.
  2. A written record of progress and supporting data is reported twice a year.
- E. Student satisfaction surveys are administered annually, as per contract.

## **PRACTICE REQUIREMENTS**

### **I. Student Consent and Confidentiality Standards**

- A. Appropriate patient registration and informed consent is signed by parent or guardian as needed and documented annually in accordance with federal and state laws. Signed consent is repeated if guardianship or consent restrictions have changed or if the student was unenrolled from the school for any period of time.
- B. All student Consent for Confidential Services forms are signed, in chart, and updated annually.
- C. SBHC provides or refers students for confidential services in accordance with NM State Law.
- D. SBHC Primary Care and Behavioral Health Professionals adhere to student consent and confidentiality guidelines as determined by federal and state laws and professional licensing boards.
  - 1. Consent is defined as an individual's ability to give informed permission for services. Minors in New Mexico are presumed to have capacity to consent, unless otherwise indicated, to the following confidential services:
    - a. Per 24-1-9 NMSA 1978: Examination and treatment for sexually transmitted infections;
    - b. Per 24-1-13.1 NMSA 1978: Prenatal care;
    - c. Per 24-8-5 NMSA 1978: Family planning services;
    - d. Per 32A-6A-14 NMSA 1978: Initial behavioral health assessment limited to verbal therapy for a period of two calendar weeks or less for all students regardless of age;
    - e. Per 32A-6A-15 1978: For students age fourteen and older, behavioral health treatment consisting of verbal therapy.
- E. Confidentiality refers to the student's right to privacy. To protect student confidentiality, SBHCs ensures that:
  - 1. Student records are maintained in accordance with contractual requirements, guidance set forth in an MOA with providers, and guidelines as determined by federal and state laws;
  - 2. All student medical records are stored behind two (2) physical locks;
  - 3. Appropriate informed consent is obtained and documented in accordance with contractual requirements and guidelines as determined by federal and state laws;
    - a. SBHC seeks parental consent for treatment at school registration;



- b. Consent for treatment may be obtained from parents/guardian by telephone verified by two (2) clinical staff signatures. Forms are placed in student's chart;
- c. Student may sign for confidential services;
- 4. Documentation of confidential services is included in the integrated student medical record.
  - a. This documentation is labeled as confidential and removed if a request for a copy of the medical record is received.
- 5. Documentation of justification for any breach of student confidentiality, such as self-harm, abuse or neglect reporting, is included in the integrated student medical record.
- 6. The SBHC provide services to students in a manner which ensures the student's and his/her family's right to privacy by:
  - a. Posting "patient rights and responsibilities statement" in a visible area within the SBHC;
  - b. Educating students and families about "patient rights and responsibilities."
  - c. Pulling students from class for SBHC appointments in a confidential manner.
  - d. Client data generated by the SBHC is used only without identifiers and only in aggregate form.
  - e. Acknowledging that a student 18 years of age or older does not require parental consent.
- F. NM statutes relevant to Confidential Services are posted in a conspicuous location.

## **II. Primary Care Standards**

- A. SBHC provides primary care by qualified and licensed practitioners who are in good standing with their respective professional boards. Practitioners may be certified nurse practitioners (CNP), physician assistants (PA), clinical nurse specialists (CNS) or physicians (MD/DO).
- B. Primary care practitioners are eligible for credentialing by the Managed Care Organizations (MCO) if the SBHC is an approved member of the SBHC-Medicaid Program.
- C. Primary care practitioners are identified by name, licensure, and title on a nametag that is worn at all times while providing care in the SBHC.
- D. A system for triage is in place based on student acuity.
  - 1. No student is turned away based on a pre-existing condition, including pregnancy. At a minimum, the provider will assess and refer.



- E. Medical Provider practices universal health risk screening by administering the Student Health Questionnaire (SHQ) with all students accessing services.
  - 1. The SHQ is **administered at the time of the initial visit** and does not replace comprehensive assessment. If the SHQ is not administered because the student is acutely ill or in crisis, the SHQ is administered at a scheduled visit within 30 days. Groups administration of the SHQ is not advised.
  - 2. A licensed provider reviews and scores the SHQ with the student **at the time it is administered**.
  - 3. Provider signs and dates at the time it is reviewed.
  - 4. Provider rates level of risk in each domain and indicate on SHQ methods for addressing identified moderate or high areas of risk.
  - 5. If student reports risk on SHQ or during assessment, additional evaluation occurs. Providers administer and document results from additional adolescent-specific screens for substance abuse, mood disorders, and risk for violence exposure, homicide or suicide.
  - 6. Providers trained in the SBIRT model for prevention and treatment of adolescent substance abuse (**S**creening for substance abuse [i.e, the CRAFFT in the SHQ], **B**rief Intervention, **R**eferral to **T**reatment) and Motivational Interviewing will implement these models at SBHCs. (<http://pediatrics.aappublications.org/content/128/5/e1330.full>)
  - 7. Provider must address emergent risks by developing and documenting a crisis or safety plan with student.
- F. Completed OSAH-approved SHQ is in every student's medical record and is updated annually. (For hard copy charts, color-code annually is recommended).
- G. A new progress note is used for each encounter.
- H. Vital signs, including temperature, heart rate, respiratory rate, and blood pressure percentile on all comprehensive annual physical exams and otherwise as indicated.
- I. Height, weight and body mass index (BMI) percentile at least annually.
- J. Last menstrual period (LMP) for female students is recorded at all clinic visits.
- K. The primary care practitioners assess the evaluation form and make diagnoses based on:
  - 1. Patient History:
    - a. Chief complaint (CC) with history of present illness (HPI);
    - b. Comprehensive past medical history including major illnesses, surgeries, hospitalizations, drug and food allergies, current medication list and immunization status;
    - c. Family history including chronic illnesses and any predisposing conditions;
    - d. Psychosocial history (per SHQ) including substance use, sexual activity, school experience, home situation, nutrition and exercise habits;

- e. Document developmental history as appropriate.
- 2. Review of systems (ROS):
  - a. Complete review of systems for physical exam.
  - b. Focused review for episodic visit.
- 3. Perform comprehensive physical exam per guidelines or problem focused exam based on chief complaint.
  - a. Comprehensive Well Exams follow guidelines:
    - (a) NM HSD  
([http://www.hsd.state.nm.us/uploads/files/Providers/Resources/Manual%20Revision%20Memos/MR%2010\\_8\\_2013%20Early,%20Periodic%20Screening,%20Diagnoses%20and%20Treatment%20Services%20\(EPSDT\).pdf](http://www.hsd.state.nm.us/uploads/files/Providers/Resources/Manual%20Revision%20Memos/MR%2010_8_2013%20Early,%20Periodic%20Screening,%20Diagnoses%20and%20Treatment%20Services%20(EPSDT).pdf) )
    - (b) AAP Bright Futures ([https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule\\_FINAL.pdf](https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf) )
- L. Reproductive health exam completed per AAP guidelines  
(<http://pediatrics.aappublications.org/content/126/3/583.full>) (inclusive of testicular exam)
- M. Pregnancy testing as indicated and screening for STIs are performed on sexually active teens (<http://www.cdc.gov/std/tg2015/default.htm> )
- N. HIV testing and treatment, if necessary, may be referred.
- O. OSAH recommends following the New Mexico Athletics Association (NMAA) physical form for sports physicals ([http://www.nmact.org/file/Physical\\_Form.pdf](http://www.nmact.org/file/Physical_Form.pdf) ).
- P. Plan of care is appropriate for visit type, diagnosis and includes:
  - 1. Documentation of treatment appropriate for visit type per best practice.
  - 2. Objective and measurable goals within specified time frames, as indicated.
  - 3. Documentation of age appropriate anticipatory guidance and incorporates risk assessment information from the SHQ, as indicated.
  - 4. Documentation of immunization updates, as indicated.
  - 5. Documentation of referrals, consultations, and follow-up appointments.
  - 6. Documentation of parental notification, as indicated.
  - 7. Documentation of notification of the students PCP of pertinent medical information including diagnosis and treatment, as indicated.
  - 8. Prescriptions for contraceptives, condoms, and treatment for STIs on-site or by referral according to SBHC policy.
- Q. Comprehensive protocols are available for review when providing prenatal care or other services not within the typical scope of SBHC practices.
- R. Collaborative Care:
  - 1. Medical case management includes coordination with Primary Care Provider (PCP), Behavioral Health Provider, and specialty consultation, as indicated.
  - 2. Active participation in multidisciplinary team meetings (Wrap-up). Wrap-ups are collaborative care meetings which may include SBHC staff, school staff

and other providers as appropriate. Wrap-ups address trends in student care needs and individual care coordination. Wrap-ups must:

- a. Occur at least monthly, but more often, as indicated;
- b. Be documented and secured on-site and available for review;
- c. Include a signed confidentiality statement from each participant.

### **III. Behavioral Health Standards**

- A. SBHC provides behavioral health services by qualified Behavioral Health Providers, who are Licensed Mental Health Counselors (LMHC), Licensed clinical Social Workers (LCSW), Licensed Master Social Workers (LMSW), Licensed Marriage and Family Therapists (LMFT), Licensed Independent Social Workers (LISW), Licensed Professional Clinical Counsellors (LPCC), Licensed Professional Art Therapist (LPAT), clinical psychologists, Certified Nurse Specialists (CNS) in psychiatry, Medical Doctors (MD) and Doctor of Osteopathic Medicine (DO). All providers practice in accordance with their scope of licensure.
  1. LADAC and LSAA providers may practice in SBHCs if they are practicing within the scope of substance abuse and demonstrate adolescent-specific substance abuse prevention and treatment experience with prior approval from OSAH.
    - a. LADACs with other clinical licensure may have an expanded scope, if applicable.
  2. It is the responsibility of the non-independently licensed Behavioral Health Provider to seek clinical supervision. Non-independently licensed clinicians' treatment records are reviewed by a clinician with independent licensure who is also employed through the SBHC, sponsoring agency, or through an established MOA for clinical supervision. For Medicaid billing, both the non-independent licensed clinician and supervisor are employed by the same entity.
- B. Behavioral Health Providers:
  1. Demonstrate knowledge of prevention strategies and developmentally appropriate, evidence-based or promising practices for child and adolescent counseling or therapy interventions.
  2. Have a current license and be in good standing with their respective professional boards.
  3. Identify themselves by name, licensure, and title on a nametag that is worn at all times while providing care in the SBHC.
  4. Behavioral Health Providers with independent licensure are eligible for credentialing by the Statewide Entity if the SBHC is a member of the SBHC-Medicaid Program.

5. Behavioral Health Providers will act in accordance with New Mexico Statutory Authority (NMSA) 32A-6A-14 through 32A-6A-16 to ensure appropriate consent for treatment is obtained, where:
  - a. A child under fourteen years of age may initiate and consent to an initial assessment with a clinician and for medically necessary early intervention service limited to verbal therapy for a period of two calendar weeks or less.
  - b. The informed consent of a child's legal custodian shall be required before treatment, including psychotherapy or psychotropic medications, is administered to a child less than fourteen years of age.
  - c. A child fourteen years of age or older is presumed to have capacity to consent to treatment without consent of the child's legal custodian, including consent for individual psychotherapy, group psychotherapy, guidance counseling, case management, behavioral therapy, family therapy, counseling, substance abuse treatment or other forms of verbal treatment that do not include aversive interventions.
  - d. A child fourteen years of age or older has been determined according to the provisions of this section to lack capacity. In this case the child's legal custodian may make a mental health or habilitation decision for the child unless the child objects to either the decision or the legal custodian's assumption of authority to make mental health or developmental disability treatment decisions or determination of lack of capacity.
6. Behavioral Health Provider practices universal health risk screening by administering the Student Health Questionnaire (SHQ) with all students accessing services.
  - a. The SHQ is **administered at the time of the initial visit** and does not replace comprehensive assessment. If the SHQ is not administered because the student is acutely ill or in crisis, the SHQ is administered at a scheduled visit within 30 days. Group administration of the SHQ is not advised.
  - b. A licensed provider reviews and scores the SHQ with the student **at the time it is administered**.
  - c. Provider signs and dates at the time it is reviewed.
  - d. Provider rates level of risk in each domain and indicate on SHQ methods for addressing identified moderate or high areas of risk.
  - e. If student reports risk on SHQ or during assessment, additional evaluation occurs. Providers administer and document results from additional adolescent-specific screens for substance abuse, mood disorders, and risk for violence exposure, homicide or suicide.
  - f. Providers trained in the SBIRT model for prevention and treatment of adolescent substance abuse (**S**creening for substance abuse [i.e, the CRAFFT in the SHQ], **B**rief Intervention, **R**eferral to **T**reatment) and

Motivational Interviewing will implement these models at SBHCs.  
(<http://pediatrics.aappublications.org/content/128/5/e1330.full>)

- g. Provider must address emergent risks by developing and documenting a crisis or safety plan with student.
  - h. Completed OSAH-approved SHQ is in every student's medical record and updated annually (For hard copy charts, color-code annually recommended).
- C. Assessment: Behavioral Health Provider will complete a comprehensive psychosocial assessment as the basis for the development of treatment planning and intervention strategies. Assessments:
1. Are completed and filed in student's medical history by the third visit.
  2. Are done during a face-to-face interview with the student, and may include the student's family, collateral contacts and other agencies to determine presenting issues, strengths, barriers to treatment and natural supports.
  3. Contain the following elements:
    - a. A description of presenting issues, including the source of distress, precipitating events, associated problems or symptoms;
    - b. Mental status examination;
    - c. A chronological mental health and substance abuse history;
    - d. Psychological, familial, social, employment, educational, legal (including Juvenile Justice or Protective Services involvement), developmental and environmental dimensions and identified strengths and weaknesses;
    - e. Relevant physical health history and current status including medication;
    - f. History of violence exposure, including child abuse, parental domestic violence, dating violence, school and community violence;
    - g. Treatment history;
    - h. Identification of traditional or natural supports;
    - i. Student strengths and resiliency strategies, cultural background, spiritual/religious beliefs, other relevant issues;
    - j. A DSM-V or initial treatment diagnosis is documented and supported by the assessment as appropriate.
- D. Treatment Plan: Behavioral Health Provider will develop a comprehensive, individualized treatment plan in collaboration with student and, if indicated, student's family. The treatment plan must:
1. Contain specific, objective, and measurable treatment plan goals and evidence-based services directed toward addressing the students' presenting issues and symptoms with criteria for termination of care and establish length of treatment;
  2. Promote optimal physical, emotional, social, intellectual, and spiritual health;
  3. Be completed by the student's third visit with **all** required signatures;
  4. Be signed by patient and parent/guardian when indicated;

5. Recommended frequency, timeframe, and objective and measurable goals of treatment included;
  6. Indicate evidence-based, developmentally-appropriate interventions offered through individual, group or family therapy;
  7. Be written in developmentally appropriate language the student can understand;
  8. Follow best practice guidelines to include care coordination and collaboration with primary care providers and the SBHC medical provider.
- E. Progress Note: Behavioral Health Provider documents in a student's medical record the following components:
1. Full participation of the student and his/her parents or legal guardian to the maximum extent possible and reflect an understanding of the student and/or family's culture and values;
  2. Student's strengths and barriers in progressing on treatment goals and objectives;
  3. Student-identified issue, areas of need and outcomes;
  4. Signs and ongoing symptoms of diagnosis, response to interventions and reassessment when necessary;
  5. Evidence of parental engagement as appropriate;
  6. Evidence of coordination of care as appropriate;
  7. Utilize new progress note for each encounter.

#### **IV. Oral Health Standards**

- A. SBHC provides oral health care by qualified and licensed practitioners, who are registered dental hygienists (RDH) with a minimum of a bachelor's degree, or dentists with a doctor of dental surgery (DDS) degree or doctor of medical dentistry degree (DMD). All providers practice in accordance within the scope of their licensure.
- B. Licensed dental hygienists have on record the collaborative practice agreement/MOA with the Dentist of record on file at the SBHC.
- C. Oral health practitioners are identified by name, licensure, and title on a nametag worn at all times while providing care in the SBHC.
- D. Dental personnel using dental radiographs as part of their practice follow all state and federal regulations as well as manufacturer's recommendations and safety precautions.
  1. Radiation dosimeter monitoring badges are worn every day throughout the work day and worn on a designated location on the dental personnel's clothing.



2. Documentation that the radiation dosimeter monitoring badge is sent to a specified monitoring laboratory to check for radiation exposure on a regularly scheduled basis per manufacturer's recommendations or when a suspected unusual exposure occurs.
  3. The oral health practitioner and student must wear a lead lined apron with a collar or thyroid shield when taking dental radiographs.
- E. The oral health practitioners will make diagnoses based on evaluation from:
1. History:
    - a. Chief complaint (CC) with history of present illness (HPI);
    - b. Comprehensive past medical history including major illnesses, surgeries, hospitalizations, drug and food allergies, and current medication list;
    - c. Comprehensive dental history (DH) including last visit to dentist and assessment using decayed, missing, filled teeth (DMFT) index;
    - d. Document developmental history as appropriate.
- F. Perform comprehensive clinical examination or evaluation guided by presenting problem, including:
1. Oral cancer screening/examination of extra oral anatomic structures of the head and neck and intraoral tissues of the oral cavity;
  2. Assessment of temporomandibular joint (TMJ);
  3. Assessment of hard tissues of the primary, permanent or mixed dentition;
  4. Soft tissue assessment including periodontal charting;
  5. Assessment for malocclusions.
- G. Treatment plan includes:
1. Objective and measurable goals within specified time frames;
  2. Referrals as indicated for specialty services;
  3. Documentation of referrals, consultations, and follow-up appointments;
  4. Documentation of parental notification as indicated.
- H. Collaborative Care: Dental case management includes coordination with SBHC Care Providers and specialty consultation as indicated.

## V. Medical Records and Charting Standards

- A. Sponsoring agencies have ownership of the medical records unless they are otherwise documented through an MOA with another agency.
- B. SBHC records are kept separate from school nursing and school academic records per HIPAA regulations.
- C. All SBHC providers initiate and maintain one medical record for each patient containing pertinent primary care, behavioral health, and oral health information and history. Exceptions must be approved by OSAH;
- D. All SBHC medical records are kept current;

- E. All records follow standardized format; Allergy status is visibly noted in the chart, including description of adverse reactions;
- F. Provider signature and date of entry is recorded for each encounter.
- G. Each chart has OSAH-approved medical record forms or EMR including:
  - 1. Parent consent for treatment is signed and in medical record **annually or as needed**;
    - a. Telephone consent form is signed by two witnesses.
  - 2. Student confidential services consent for treatment is signed and updated annually;
  - 3. Each record has a student registration form that has the student address, emergency contact, telephone number, name of parent/guardian, and health insurance information;
  - 4. Receipt of SBHC Privacy Notice;
  - 5. Health Maintenance Record/problem list on which all providers contribute relevant and updated information;
  - 6. Appropriate Health Progress Notes (PC, BH, Oral Health, other);
  - 7. Age appropriate SHQ, updated annually;
  - 8. Growth chart;
  - 9. PCP communication and notification of visit documented;
  - 10. Appropriately documented referrals for services within the SBHC and outside referrals;
  - 11. Release/Request for information form.
- H. Medication history includes what has been effective and what has not, and why;
- I. Documentation of referrals between SBHC primary care, behavioral health and oral health providers;
- J. Documentation of referrals or consultations with outside providers and PCPs and appropriate follow-up;
- K. Missed, cancelled or rescheduled appointments are documented in the Medical Record;
- L. Diagnostic information is contained in a separate section with abnormal results initialed and follow-up documented.
- M. Primary Care notes include:
  - 1. Vital signs (temperature, heart rate, respiratory rate, blood pressure (BP), including BP percentile);
  - 2. Behavioral Health Provider have access to recorded vital signs;
  - 3. Height and weight, including BMI percentile are recorded at the student's first visit and at least yearly and as indicated;
  - 4. Progress notes and Treatment Plan describe student strengths and limitations in achieving treatment goals and objectives;



5. Primary care and behavioral health progress note include, as indicated, a mental status evaluation documenting the student's affect, speech, mood, thought content, judgment, insight, attention, concentration, memory, potential for harm and impulse control.
- N. If clinic is using paper charts:
1. All documentation is legible;
  2. Records are securely bound;
  3. Allergy status is included in RED on the front cover of the chart, on the Health Maintenance Record (HMR) and progress notes, including a description of adverse reactions;
  4. HMR contains integrated primary care, behavioral health, and oral health problem list to include diagnoses, medications, allergies, immunization status, risk assessment, family history (if seen more than twice), past medical history, PCP documented - name/none/unknown, provider signatures and credentials;
  5. All records have name, date of birth, identifying number, date of encounter on each page;
  6. Charting errors are corrected with a single line, dated and initialed.

## **VI. Provision of Pharmacologic and Psychotropic Medication Standards**

- A. Psychiatric medication classes include Antidepressants (SSRI, SNRI, MAOI, Tricyclics, others: Trazodone, Venlafaxine, Mirtazapine); Mood Stabilizers; Psychostimulants; Anxiolytics/Sedatives/Hypnotics; Antipsychotics (typical, atypical); Chemical Dependence Adjuncts (Acamprosate, Disulfiram, Naltrexone, Topiramate); Alpha-2 agonists.
- B. Students have access to an assessment by a certified provider with prescriptive authority as to whether or not psychopharmacological intervention would be beneficial.
- C. Prescribing providers practice in accordance with guidance set forth by the Food and Drug Administration (FDA), American Academy of Child and Adolescent Psychiatry (AACAP), and other best practice guidelines set forth by national boards/academies of licensed prescriptive authorities.
- D. Providers adhere to New Mexico Statutory Authority (NMSA) regarding informed consent for psychotropic medications, as follows:
  1. Custodial written consent is included in student's medical record. In accordance with NMSA 32A-6A-14, for students age 13 and younger, the informed consent of a student's legal custodian is required before providing treatment, including psychotropic medication.
  2. Student written consent and custodial notification is documented in the student's medical record. In accordance with NMSA 32A-6A-15, for students age 14 and older, psychotropic medications may be prescribed with the

- informed consent of the student. When psychotropic medications are prescribed, the provider notifies the child's legal custodian with a list of and information about medications the student is taking, including possible side effects or medication interactions.
- E. Providers provide the following and document it all in student's medical record:
    - 1. Baseline clinical assessment – including potential benefit from psychopharmacotherapy, diagnosis, and initial treatment plan including the use of psychotropic medication.
    - 2. Development of Comprehensive Treatment Plan including regular and on-going monitoring of medical condition, effectiveness of psychopharmacological intervention, and laboratory tests as indicated, provided either onsite or by referral.
    - 3. Monitoring for medication effects/side effects through direct observation or coordination with attending clinician.
    - 4. Referral for student to behavioral health services, provided at SBHC or in community.
    - 5. If student declines recommended counseling, provider documents the declination in student medical record.
    - 6. If student declines recommended counseling, provider is responsible for monitoring student medication reactions per guidance set forth by the AACAP and other best practice guidelines set forth by national boards/academies of licensed prescriptive authorities.
  - F. Ongoing coordination and communication between the prescribing provider, the student's PCP, and the treating Behavioral Health Provider occurs. Coordination is documented in student medical record.
  - G. Case management to assist with medication management, as needed.
  - H. Non-psychiatric providers consults with a child/adolescent psychiatrist, provided by OSAH or as arranged through an MOA for assistance with evaluation and medical management under the following circumstances:
    - 1. Student presents with complex behavioral health needs or the co-occurrence of medical and behavioral health conditions.
    - 2. Two or more psychotropic medications are prescribed.
    - 3. Two or more antipsychotic medications of the same class are prescribed.
    - 4. Prescribing psychotropic medication to children five years of age or younger. (Not generally recommended.)
    - 5. MOA executed with consulting psychiatrist, maintained at SBHC and submitted to OSAH.

## **VII. Crisis Intervention/Crisis Response Standards**

- A. Crisis intervention services are designed as a crisis-oriented approach to intervene with student(s) with limited coping strategies or prior failed resources, who exhibit acute distress in thoughts, behaviors, mood, and/or present an immediate danger to self or others.
- B. Behavioral Health and/or Primary Care Provider documents crisis intervention service in the student's medical record. Documentation and protocol includes the following elements:
  - 1. Triage procedure taken to determine level of emergency/lethality involved;
  - 2. Steps of a safety plan to protect the student and possibly others and steps taken to de-escalate the crisis;
  - 3. Steps taken to attend to the student's consent for treatment. In a life-threatening situation the implied consent for medical treatment and best practice prevails. Competency of student to give consent is determined;
  - 4. Individual safety plan developed in collaboration with student. The safety plan includes other resources if behavioral health or school staff is not available;
  - 5. Steps taken to follow the provisions of school's Student Crisis intervention plan and emergency transportation plan if necessary.
- C. SBHC Primary Care, Behavioral Health and Oral Health Providers support the local school district's protocol for crisis response and the local district's identified crisis team(s).
  - 1. Crises needing response may include, but are not limited to;
    - a. The death of a student or staff member,
    - b. A suicide or potential suicide of a student or staff member,
    - c. A homicide or potential homicide,
    - d. A catastrophic event such as a tornado, fire in the school building, or multiple injuries and/or deaths in an accident or assault.
  - 2. Protocol crisis response plan from the school district is available as a resource in a designated area in the SBHC.

## **PREVENTION AND CONTINUITY OF CARE REQUIREMENTS**

### **I. Prevention and Screening Standards**

- A. Primary Care and Behavioral Health Providers practice universal health risk screening by administering the Student Health Questionnaire (SHQ) with all students accessing services on their first visits. As noted, if the SHQ is not administered because the student is acutely ill or in crisis, the SHQ is

administered at a scheduled visit within 30 days. Group administration of the SHQ is not advised.

- B. Preventive physical health and behavioral health guidelines are followed as outlined in the American Academy of Pediatrics (AAP) website [http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule\\_FINAL.pdf](http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf)
- C. Culturally appropriate behavioral health, primary health, and oral health prevention materials are posted and available in the SBHC.
- D. Planning and implementation of all prevention strategies is done in active collaborate with school administration.
- E. Youth engagement is prioritized in planning, implementation and evaluation of all preventions strategies. Youth engagement is measured by the percentage increase in the number of youth participants on the School Health Advisory Committee (SHAC).
- F. The community is engaged in prevention planning and implementation. Community engagement is measured by the percentage increase in the number of community members actively participating in the SHAC and working in partnership to coordinate and deliver health prevention activities.
- G. A prevention plan using the Strategic Prevention Framework is developed. <http://www.samhsa.gov/spf> . The framework addresses primary care and behavioral health risks identified through community-specific risk data [www.youthrisk.org](http://www.youthrisk.org), SBHC-specific data, and input from the SHAC and student body. Sites are encouraged to aggregate data to develop this plan.
- H. Environmental prevention strategies, such as marketing campaigns, peer-to-peer education, and natural helpers programs are promoted and implemented.
- I. Prevention approaches and messages are culturally and developmentally appropriate.
- J. Student satisfaction surveys are administered in accordance with OSAH requirements.

## **II. Consultations, Collaboration, Youth and Community Involvement Standards**

- A. To address individual student care coordination, active participation in multidisciplinary team meetings (Wrap-up) are held regularly. Wrap-ups are collaborative care meetings which may include SBHC staff, school staff and other providers as appropriate. Wrap-ups address trends in student care needs and individual care coordination. Wrap-ups:
  - 1. Occur at least monthly, and more often if a need is indicated;
  - 2. Are documented;
  - 3. Include a signed confidentiality statement from each participant.

- B. To address school and community wide student health trends:
1. SBHC maintains or participates in a school or district level School Health Advisory Council (SHAC) that meets at least twice (or as per contract) during the academic year and requires the membership of a minimum of two youth (10-24 years). The SHAC meeting agenda specifically addresses and supports SBHC operations and activities in addition to other topics of interest to the school or school district. The SBHC maintains the minutes of the SHAC meetings on-site and available for review upon request.
    - a. SHAC membership includes community members, school staff, parents, and students that reflect the ethnic, cultural, and racial diversity of the school community.
    - b. SHAC may also include Community Wellness Council members or any other existing health council or collaborative members.
    - c. Sign-in sheet includes:
      - (a) Name;
      - (b) Identification as adult, youth, or parent members;
      - (c) Title;
      - (d) Organization;
      - (e) Contact information, i.e. phone number, email
    - d. Minutes include:
      - (a) Short description of agenda items discussed that are related to the SBHC;
      - (b) Action items for next meeting.
- C. SBHC Behavioral Health, Primary Care, and Oral Health Providers consult and collaborate with school personnel on intervention effectiveness and efficiency in treatment.
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.
  2. Providers document and demonstrate steps taken to show efforts to consult and collaborate with school personnel in the following aspects of treatment:
    - a. Collaborative interfacing with school's student assistance team (SAT). Providers are familiar with the responsibilities of schools and the rights of students and parents;
    - b. Referral to school and community resources (when necessary);
    - c. Participation in multidisciplinary case consultation/wrap-up meetings, when necessary, 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;

- d. Involvement of family/student in decision-making when necessary. In the case of confidential services, only if child consents regarding plan of care;
  - e. Development of a process to ensure that student confidentiality is maintained.
- D. Evidence of a cooperative arrangement with community health care agencies, primary care and dental providers to provide health services to student during hours when the SBHC is closed.
- E. SBHC provides health promotion, health education, and disease prevention activities/classroom presentations.
  - 1. A minimum number of activities are required per academic year (See contract for required # of activities).
  - 2. At least one of the activities is planned & facilitated by youth in collaboration with adults.
    - a. Description submitted includes:
      - (a) Name of presenter;
      - (b) Indication if presenter was youth or adult;
      - (c) Topic presented;
      - (d) Number of youth present and age range/grade level;
      - (e) Title of class/subject in which presentation was conducted (i.e. Biology, Health, PE, etc.);
      - (f) Summary of presentation.
- F. SBHC promotes positive youth development, which promotes youth participation and power sharing in public policy and programming.

## COMMONLY USED ACRONYMS

ADA	Americans with Disabilities Act
BH	Behavioral Health
BHP	Behavioral Health Provider
BLS	Basic Life Support
BMI	Body Mass Index
CC	Chief Complaint
CLIA	Clinical Laboratory Improvement Amendments
CMS	Children's Medical Services
CNS	Certified Nurse Specialist
CPT	Current Procedural Terminology
DDS	Doctor of Dental Surgery
DMD	Doctor of Medical Dentistry
DOH	Department of Health
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
FERPA	Family Educational Rights and Privacy Act
HIPAA	Health Insurance Portability and Accountability Act
HMR	Health Maintenance Record
HPN	Health Progress Note
HSD	Human Services Department
ICD-10	International Classification of Diseases, 9th Edition
LADAC	Licensed Alcohol and Drug Abuse Counselor
LISW	Licensed Independent Social Worker
LMFT	Licensed Marriage and Family Counselor
LMHC	Licensed Mental Health Counselor

LMP	Last Menstrual Period
LMSW	Licensed Master Level Social Worker
LPCC	Licensed Professional Clinical Counselor
LSAA	Licensed Substance Abuse Associate
MAD	Medical Assistance Division
MD	Medical Doctor
MSDS	Material Safety Data Sheets
NM	New Mexico
NMSA	New Mexico Statutory Authority
NP	Nurse Practitioner
OSAH	Office of School and Adolescent Health
OSHA	Occupational Safety and Health Administration
OSH	Medical Assistance Division Office of School Health
PA	Physicians Assistant
PCP	Primary Care Provider
PHI	Protected Health Information
RDH	Registered Dental Hygienist
RN	Registered Nurse
SHAC	School Health Advisory Committee
SHQ	Student Health Questionnaire
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
VFC	Vaccines for Children