#### **Maine SBHC Standards: Assessment Tool**

For each item in the list below, check those standards that are met. Where indicated, include the date each applicable policy was last created, assessed, revised and/or updated.

name of person completing this assessment	date assessment completed
name of SBHC clinical director	signature of clinical director
Section A. SBHC Structure	
Standard 1. SBHC Governing Structure	
Clinical Director:	
The clinical director has a current licens	se to provide primary care independently.
The clinical director is involved in prog	
The clinical director is involved in deliv	very of services.
date clinical director hired/contracted	d with
Advisory Committee or Board:	
The advisory committee meets regularly	y (at least annually), and meeting are documented.
date of last meeting	
☐ The advisory committee includes paren	ts.
The advisory committee includes student	nts.
☐ The advisory committee includes school	ol staff and administration.
☐ The advisory committee includes school	ol nurses.
The advisory committee includes comm	nunity representatives.
The advisory committee is involved in	program and policy development.
Documentation of Governing Structure:	
☐ The governing structure of the SBHC is	s documented.
date created or last reviewed and/or	updated
Standard 2. SBHC Facilities	
Facilities:	
SBHC is in a location that is accessible	to all student and clients.
There is a secure (locked) place to store	e medical records (see Section G).
There is a secure (locked) place to store	e lab supplies and pharmaceuticals.
date supplies and drugs last inventor	ied and outdated items disposed of
Current fire and building certificates are	e available for review.
expiration date of fire certificate	

	Liability coverage exists.
	_ expiration date of liability coverage
	Waiting and reception areas allow for appropriate confidentiality.
	There is appropriate space for confidential counseling if behavioral health services are offered on
	site.
П	Policies and procedures comply with laws and regulations governing health facilities.
	_ date created or last reviewed and/or updated
	_ expiration date of CLIA certificate (put N/A is no certificate is required)
	There is at least one exam room that provides for privacy.
	The exam room(s) has/have a hand-washing sink(s).
	There is confidential phone and fax access.
	Exits are clearly marked.
	There are appropriate safety, emergency and first aid supplies.
	_ date supplies were last inventoried and replaced or replenished if necessary
	All areas are clean and hazard-free.
Stone	dard 3. Mission and Scope of Services
Miss	•
IVIISS.	A mission statement exists.
Ш	_ date created, or last reviewed and/or updated
	The mission includes assessment of the health status and health needs.
	The mission includes development of sound school health policies in coordination with school
	nurses and other school health personnel.
	The mission includes assurance of access to health services.
	The mission includes assurance of early prevention and health promotion.
Scop	e of Services
	Scope of services is clearly defined for all clients (See Section B).
	date scope of services last reviewed and/or revised
Stand	lard 4. Needs Assessment
Stand	_ date last needs assessment was completed
	Needs assessment process is clearly defined.
Ш	_ date created/last updated
	Needs assessment includes the participation of all stakeholders (students, families, school staff,
	community providers).

Stand	ard 5. Non discrimination
	There is a non-discrimination policy that is in accordance with Maine Law.
	_ date established or last reviewed and/or updated
	Non-discrimination policy is communicated to all stakeholders.
	_ date of last communication of policy
how i	t is communicated:
	SBHC policies, procedures and practices show sensitivity to sub-populations with unique needs.
Stand	ard 6. Accessibility of Practitioners and Services
	There are written policies and procedures for access to physical and behavioral health services (See Section B).
	_ date policies/procedures created or last reviewed and/or updated
	There are at least eight (8) hours per week of NP/PA/Physician services per week over at least two (2) days per week.
	There are policies and procedures for establishing medical homes.
	_ date policies/procedures created or last reviewed and/or updated.
	Policies and procedures define client's eligibility for services and enrollment procedures.
	_ date policies/procedures created or last reviewed and/or updated
	Policies and procedures define payment options.
	_ date policies/procedures created or last reviewed and/or updated
	Policies include accessible enrollment for uninsured and low-income students.
	_ date policies/procedures created or last reviewed and/or updated
	Policies and procedures provide for continuity of care during summers and vacations, including access to records.
	_ date policies/procedures created or last reviewed and/or updated
	Policies and procedures provide referrals to access 24/7 coverage for students while a medical home is being established.
	_ date policies/procedures created or last reviewed and/or updated
Stand	ard 7. Fiscal Accountability
	Accounting system in place for budgeting and tracking incomes and expenses.
	_ date budget, income and expenses last reviewed by advisory committee.
Stand	ard 8. Billing and Contracting with Health Plans and MaineCare
	MaineCare is billed.
	Private insurance is billed according to insurers' requirements.
	Insurance status of all clients is assessed
	Policies and procedures provide information and assistance for MaineCare enrollment to uninsured clients.
	_ date policies/procedures created or last reviewed and/or updated
	Policies address medical records release to insurers for payment purposes.

	Policies address maintaining minor client confidentiality as appropriate when billing.
Ш	Providers are credentialed and credentialing requirements are maintained.
Secti	on B. Health Services
	dard 9. Scope of Services
	Services that are provided directly and services that are referred out are defined.
	All physical and behavioral health needs are addressed in the defined scope of services.
Stand	dard 10. Preventive Care
	There are policies and procedures for promoting preventive health services.
	_ date policies/procedures created or last reviewed and/or updated
	Preventive care is provided for all students who received a routine physical exam at the SBHC.
	Preventive care is provided for all students who visit the center at least three (3) times.
	Preventive care follows Bright Futures (BF) guidelines.
	Preventive care includes assessment of risk and protective factors.
Stand	dard 11. Acute Care
	There are policies and procedures for providing care for acute medical conditions.
	_ date policies/procedures created or last reviewed and/or updated
	SBHC provides assessment and treatment of acute medical conditions, intervention, and referrals.
	The SBHC's role in urgent medical care in the school is defined.
-	_ date policies/procedures created or last reviewed and/or updated
Stand	dard 12. Behavioral and Mental Health Crises
	There are policies and procedures for enabling access to mental health services.
	_ date policies/procedures created or last reviewed and/or updated
	SBHC provides assessment and treatment of referrals for behavioral and mental health crises.
	The SBHC's role in behavioral and mental health crises in the school is defined.
	_ date policies/procedures created or last reviewed and/or updated
Stand	dard 13. <u>Chronic Health Conditions</u>
	There are policies and procedures for managing chronic health conditions.
	date policies/procedures created or last reviewed and/or updated
	The SBHC identifies clients with chronic conditions.
	The SBHC assists with management plans as appropriate in coordination with PCPs and other providers.
	The SBHC follows up with PCPs for clients with newly diagnosed conditions.
Stand	dard 14. Oral Health
	The SBHC provides referrals or treatment for primary oral health services

## **Section C. Professional Competency** Standard 15. Licensing & background checks Professionals are licensed and practice according to their licenses. Licenses and credentialing are reviewed annually. \_ date licenses and credentials last reviewed New employees' licenses are reviewed. School nurse(s) in SBHC have DOE certification. SBHC staff have background checks. Standard 16. Continuing Education Staff obtains continuing education appropriate to their practice in the SBHC. Staff obtains training in SBHCs policies and procedures, medical recording keeping, and billing procedures appropriate to their practice in the SBHC. \_\_ date of last training SBHC staff network with other SBHCs in State. date of last meeting attended by at least one staff person Standard 17. Supervision All staff have appropriate supervision. A medical consultant is available as needed during service hours. Standard 18. Annual Performance Appraisals All staff have an annual performance appraisal. date(s) of last performance appraisal Performance appraisals include data from client satisfaction and client complaints. Performance appraisals include data from quality improvement information. Performance appraisals include data from medical records review. Standard 19. <u>Disciplinary Procedures</u> Disciplinary procedures and policies are in place. date policies/procedures created or last reviewed and/or updated Disciplinary procedures and policies include a work plan to improve practitioners' performance. Disciplinary procedures and policies include grounds for immediate suspension or termination. Disciplinary procedures and policies include an appeals process. Practitioners are informed of disciplinary process. Standard 20. Personnel Files Job descriptions are on file. Résumés are on file. Personnel files include performance appraisals and disciplinary actions Personnel files include documentation of licenses, credentialing, and certifications. Policies and procedures and policies include what, when and how personnel information will be shared.

Standard 21. First Aid and CPR    date(s) of last training/certification  Section D. Quality Management and Improvement  Standard 22. Quality Improvement Program Structure    The Medical Director or other licensed practitioner is responsible for quality improvement.    There is an annual work plan for quality improvement.   date work plan created or last reviewed and/or updated   Quality improvement responsibilities are assigned to staff members.   The Advisory Committee regularly reviews the quality improvement program activities and results.   date of last review     The SBHC is involved in State quality improvement activities as requested.   The SBHC is involved in insurers' quality improvement activities as requested.   The SBHC is involved in insurers' quality improvement activities as requested.   Standard 23. Satisfaction     Annual client satisfaction survey is conducted.   date of last survey     Satisfaction surveys include timely and low-barrier access to care, courteousness, respectfulness and helpfulness of staff, quality of provider communication, adequacy of time in appointments, and appropriateness of confidentiality.   Satisfaction survey of school population is conducted regularly     date of last survey     Satisfaction survey of school population is conducted regularly     date of last survey     Satisfaction survey of community providers is conducted regularly     date of last survey     Satisfaction survey of community providers is conducted regularly     date of last survey     Standard 24. Clinical Practice Guidelines     Clinical guidelines based on medical evidence and other established practice guidelines.     List sources:     There are policies and procedures for safe and effective drug prescription and dispensing.     date policies/procedures created or last reviewed and/or updated     Practitioners are involved in adoption and periodic review of guidelines.	date policies/procedures created or last reviewed and/or updated	
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date of last review		

	Practitioners are educated on guidelines.
	Client education and clinical care are consistent with guidelines.
Stan	ndard 25. Data Collection and Analysis
	Data on services is collected.
	Data is analyzed and shared with practitioners.
	date of last review by providers
	Data is analyzed and shared with advisory committee.
	date of last review by advisory committee
	Data is used in program development.
Stan	ndard 26. Clinical Quality Improvement Activities, Including Intervention and Follow-up
	SBHC evaluates students' receipt of preventive care.
	At least one clinical condition is selected for review every two years.
	date current clinical condition was selected
Con	dition(s) currently selected:
	Student utilization of health center is monitored.
	Continuity and coordination of care is monitored.
Sect	tion E. Communication and School Health Coordination
Stan	ndard 27. Communication
	Communication policies and procedures are established.
	date policies/procedures created or last reviewed and/or updated
	Written informed consent to care of client and/or parent as appropriate is obtained for all clients and renewed on an established schedule.
	Communication policies and procedures include confidentiality.
	Communication policies and procedures include continuity of care.
Stan	idard 28. <u>Disseminating of Information on Services and Policies</u>
	dual 28. Disseminating of information on Services and Foreies
Ш	Information on services at SBHC is regularly shared with all students and parents.
	Information on services at SBHC is regularly shared with all students and parents.
	Information on services at SBHC is regularly shared with all students and parents.  date information last disseminated
	Information on services at SBHC is regularly shared with all students and parents.  date information last disseminated  Information on enrollment process is regularly shared with all students and parents.
	Information on services at SBHC is regularly shared with all students and parents.
	Information on services at SBHC is regularly shared with all students and parents.
	Information on services at SBHC is regularly shared with all students and parents.  date information last disseminated  Information on enrollment process is regularly shared with all students and parents.  date information last disseminated  Policies on confidentiality and communication are shared with parents and students.  date information last disseminated
	Information on services at SBHC is regularly shared with all students and parents.

Standard 29. Roles and Responsibilities of SBHCs and Other Student Support Staff:
Roles and responsibilities relating to the integration and coordination of school health programs are defined.
Relationships with school nurses, school counselors, school social workers, teachers and administrators are clearly defined.
date role definitions created or last reviewed and/or updated
The SBHC's role in crisis management defined.
date role definitions were created or last reviewed and/or updated
A Memorandum of Agreement between the school and the medical organization is established.
date of most recent MOA
Standard 30. Coordination with School Nursing
Guidelines for school nursing and SBHC roles are developed cooperatively
There are clear definitions for school nursing and SBHC
date role definitions were created or last reviewed and/or updated
School nurse serves on Advisory Committee
If school nursing is integrated with the SBHC, the guidelines for the school nursing role satisfies DOE school nursing rules and regulations.
Standard 31. Role in Coordinated School Health Programs
SBHC role in CSHP is defined.
date role definitions were created or last reviewed and/or updated
The SBHC follows applicable guidelines for the School Counseling, Physical and Behavioral Health Component of a Coordinated School Health Program (See www.mainecshp.com).
date guidelines were last reviewed
Standard 32. Role in Maine Learning Results
SBHC reinforces health promotion and disease prevention concepts presented in health education classes.
SBHC reinforces information on how to acquire valid information on health issues, services and products presented in health education classes.
☐ SBHC reinforces information on risk reduction presented in health education classes.
SBHC reinforces information on influences on health and behavior, including media, culture, technology, peers, and family presented in health education classes.
SBHC reinforces communication skills taught in health education classes.
SBHC reinforces information on decision-making and goal setting presented in health education classes.
Standard 33. Non-disruption of Classroom Learning
☐ SBHC policies and procedures ensure minimal disruption of student learning.
date policies/procedures created or last reviewed and/or updated
Appointments are schedule during non-classroom time when possible.

There is communication with classroom teachers and other school staff about scheduling appointments.
Staff and students receive information on scheduling policies and procedures.
date information last disseminated
Section F. Clients' Rights and Responsibilities
Standard 34. Respect and Privacy:
Policies outline rights of students and families.
date policies/procedures created or last reviewed and/or updated
Policies outline client privacy as allowable by law.
date policies/procedures created or last reviewed and/or updated
☐ Policies outline client and parents of minor clients active involvement in health care
decisions as allowable by law.
date policies/procedures created or last reviewed and/or updated
Standard 35. <u>Grievances</u>
Grievance policy and procedures exist.
date policies/procedures created or last reviewed and/or updated
☐ Student and Parents are informed of the grievance policy and procedures.
date information last disseminated
Standard 36. Client Responsibilities:
Clients and parents are informed of their responsibility to provide needed information.
date information last disseminated
Client and parents are informed of client responsibility to follow practitioner's instructions for agreed upon care.
date information last disseminated
Client and parents informed of parental responsibility to assist, as appropriate, minor clients in following practitioner's instructions for agreed upon care.
date information last disseminated
Section G. Communication and Medical Records
Standard 37. Record keeping system
☐ Medical records policies and procedures apply to paper and electronic records.
date policies/procedures created or last reviewed and/or updated
Polices and procedures for the release of any medical records are established.
date policies/procedures created or last reviewed and/or updated
Release of any medical records abide by State and Federal law.
Record keeping system assures client confidentiality.
Records are current, complete, detailed, and organized.
☐ There is secure short-term storage.

	There is secure long-term storage.
	School nursing records that fall under FERPA regulations are kept separately.
Ctom	adamid 20 Critical Elements
Star	ndard 38. Critical Elements
	All client records include a record of illnesses and medical conditions on a problem list.
Ц	All client records include documentation of allergies and medications.
Ш	All client records include an appropriate medical history.
	All client records include documentation of diagnoses consistent with findings.
	All client records include treatment plans appropriate to diagnoses.
	Regular record reviews are part of the quality improvement plan.
Star	ndard 39. Other Elements
	Records include documentation of patient's name or ID number on every page.
	Records include documentation of patient's biographical information (address, parents or guardians, home and work telephone numbers).
	Records include author identification for medical record entries and can be handwritten, stamped or electronic.
	Records are legible by someone other than the author.
	Records include documentation that history and physical exam records contain subjective and objective information appropriate to the patient's presenting complaints.
	Records include documentation that the appropriate laboratory tests are ordered.
	Records include documentation on encounter forms indicating follow-up care, calls, or visits.
	Records include documentation that problems for previous visits are addressed at follow-up visits.
	Records include documentation of client requests for specialty care.
$\overline{\Box}$	Records include documentation of referrals and referral status.
$\overline{\Box}$	Consultations and abnormal lab results have notation in record for follow-up plans.
$\overline{\Box}$	Records include documentation that immunization records are up-to-date.
	Records include documentation regarding the use of cigarettes, alcohol and substances and the presence or absence of other risk behaviors.
	Records include indication that preventive screening and services are provided in compliance with SBHC and MCO practice guidelines.