

**DIVISION OF FAMILY AND COMMUNITY HEALTH
CAHC – SCHOOL WELLNESS PROGRAM SITE REVIEW TOOL**

DATE: _____ **SCHOOL LOCATION/PROGRAM NAME:** _____

ADDRESS: _____

SPONSORING AGENCY: _____

CEO OR HEALTH OFFICER: _____

REGISTERED NURSE: _____

MENTAL HEALTH PROVIDER: _____

MDCH REVIEWERS: _____

GENERAL INFORMATION	DOCUMENT REVIEW (PRE-REVIEW PREPARATION & ON-SITE DOCUMENT REVIEW)
<p><u>PURPOSE OF THE REVIEW:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To assure the agency is meeting or exceeding the Michigan Department of Community Health, Minimum Program Requirements for Child and Adolescent Health Centers – School Wellness Programs and to assure the quality of the services. <input type="checkbox"/> To assist in resolving any problems associated with administering the program. <input type="checkbox"/> To review and respond to agency concerns and questions. <p><u>PURPOSE OF THE PROGRAM:</u> The School Wellness Program (SWP) provides services designed to promote academic success by helping students achieve their best possible physical and mental/emotional health status. These services include: limited clinical (nursing) services, individual and group health education using evidence-based curricula and interventions, school staff training and professional development relevant to these areas; and mental health services. The SWP staff assists schools, parents and other health professionals in the assessment, identification, planning, implementation and evaluation of the health needs of the school community in order to appropriately direct services toward a healthy school environment.</p> <p><u>CODING KEY:</u> C = COMPLIANCE N = NON-COMPLIANCE TA= TECHNICAL ASSISTANCE NEEDED NR= NOT REVIEWED OR NOT APPLICABLE</p>	<p>The following items should be sent to MDCH one month prior to the review:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current organizational chart <input type="checkbox"/> Personnel roster <input type="checkbox"/> Job descriptions for each SWP staff <input type="checkbox"/> Advisory group membership that identifies community representation (e.g., consumer, sponsoring agency, etc) <input type="checkbox"/> Minutes from the last three advisory group meetings <input type="checkbox"/> Sample client chart complete with all forms <p>The following items should be available on-site at the review. Reviewers may request other documentation as needed to complete the review:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current work plan, budget, FSR and latest quarterly reports <input type="checkbox"/> Current interagency agreement <input type="checkbox"/> Current needs assessment tools and results <input type="checkbox"/> Policy & Procedures manual <input type="checkbox"/> Clinical protocols/ guidelines/standing orders and clinical references <input type="checkbox"/> Current referral agreements and list of referral sources <input type="checkbox"/> Continuous quality improvement documentation and meeting minutes <input type="checkbox"/> Medicaid Outreach documentation <input type="checkbox"/> SWP staff licenses <input type="checkbox"/> CLIA regulations and certificate (as applicable) <input type="checkbox"/> OSHA guidelines and exposure plan <input type="checkbox"/> Educational / personnel training logs (CEUs) <input type="checkbox"/> Appointments schedule <input type="checkbox"/> Daily, lab & referral logs <input type="checkbox"/> Client records

GENERAL INFORMATION	DOCUMENT REVIEW (PRE-REVIEW PREPARATION & ON-SITE DOCUMENT REVIEW)
<p>The site review will begin with an entrance interview with the assigned reviewers, School Wellness Program (SWP) staff and sponsoring agency administrative staff. The entrance interview is typically quite brief, allowing time for reviewers to provide an overview of the site review process and for the health center and sponsoring agency staff to ask any last questions.</p> <p>The reviewers work independently over the course of the review. The reviewers will need a small, private space to review documents and to intermittently discuss findings. Reviewers tour the SWP space to make environmental observations, observe client flow, and examine all areas of the SWP space.</p> <p>The reviewer will review a random selection of at least 20 client charts; and the mental health reviewer will review a random selection of at least 10 client charts. The reviewer will shadow the nurse during a minimum of two to three visits upon verbal consent of the client. This allows an opportunity to assess comprehensiveness and quality of service delivery and provide feedback to the provider. Both the chart review and client observation are allowable under HIPAA and MDCH regulations.</p> <p>The reviewers will meet independently to discuss findings to be presented at the exit interview. The exit interview will start by 2:00 p.m. and should include all staff present at the entrance interview and the Medical Director. The exit interviews typically last up to one hour. A written report of findings, required actions to bring the SWP into compliance and suggestions for improvement will be issued to the sponsoring agency after the review.</p>	

PROGRAM STRENGTHS	SUGGESTIONS FOR IMPROVEMENT
AREAS REQUIRING CHANGE	CONSULTANT FOLLOW-UP NOTES

SECTION I: AVAILABILITY AND ACCESS TO SERVICES REVIEW		
REGULARLY SCHEDULED SERVICES AND STAFFING		
LOCATION	1.	2.
Date originally opened		
Total student enrollment MPR #15: The SWP nurse to student ration shall be no more than 1 FTE: 750 students.		
Total student participation in SWP individual services MPR #15: A minimum of 350 students must be served.		
Percent of students enrolled participating in SWP individual services		
Days individual health services are offered by SWP nurse (circle all that apply)	M T W T F	M T W T F
Days direct mental health services are offered by mental health provider (circle all that apply)	M T W T F	M T W T F
Number of hours individual health services are offered by SWP nurse per week MPR #1: The SWP shall be open and providing services a minimum of 30 hours per week.		
Number of hours direct mental health services are offered per week MPR #4: The SWP shall provide a minimum of 16 hours per week of direct mental health services.		

PROVIDER ROSTER	Name	FTE	Name	FTE
RN/Nurse				
Mental Health Provider				
Health Educator				
Physician: Medical Director				
Other:				

SERVICES	Code		Indicators	Comments
1. The SWP shall be open and providing services a minimum of 30 hours per week. (MPR #1)	C	N	<ul style="list-style-type: none"> ✓ Staff schedule ✓ Posted schedule of hours ✓ Appointment schedule 	
2. Individual health services fall within the current, recognized scope of practice of registered nurse practice in Michigan and meet the current recognized standards of care for children and/or adolescents. (MPR #1)	C	N	<ul style="list-style-type: none"> ✓ Chart review ✓ Clinical observation ✓ Clinical references 	
3. The SWP shall provide a minimum of 16 hours per week of direct mental health services. (MPR #4)	C	N	<ul style="list-style-type: none"> ✓ Staff schedule ✓ Posted schedule of hours ✓ Appointment schedule 	
4. The mental health services provided shall meet the recognized, current standards of practice for care and treatment of children and/or adolescents. (MPR #4)	C	N	<ul style="list-style-type: none"> ✓ Chart review ✓ Clinical references 	
5. A minimum of two evidence-based programs and/or clinical interventions, in each of two Focus Areas (with one area being Mental Health), are being implemented and evaluated per the MDCH-approved work plan. (MPR #1, MPR #2 and MDE RFP and MDCH-approved Work Plan)	C	N	<ul style="list-style-type: none"> ✓ Copy of current work plan ✓ Evidence of implementation of evidence-based activities ✓ Evaluation tools and results 	

SERVICES (continued)		Code		Indicators	Comments
6.	Evidence-based programs used to fulfill the work plan requirements are high quality, accessible and acceptable to youth. (MPR #1, MPR #2 and MDE RFP and MDCH-approved Work Plan)	C TA	N NR	<ul style="list-style-type: none"> ✓ Evaluation tools and results ✓ Client satisfaction surveys ✓ Comment cards ✓ Focus group reports ✓ Other evaluation methods 	
7.	School staff/teacher training and professional development relevant to the identified Focus Areas is provided according to plans developed in conjunction with appropriate school administration and school personnel. (MPR #1 and MPR #3)	C TA	N NR	<ul style="list-style-type: none"> ✓ Copy of current work plan ✓ Copy of training plan ✓ Evidence of implementation ✓ Evaluation tools and results 	
8.	Case management and/or referral to other primary care and specialty medical services are provided as needed. (MPR #1)	C TA	N NR	<ul style="list-style-type: none"> ✓ Chart review ✓ Referral log ✓ Policy & Procedure Manual ✓ Clinical protocols, guidelines a/o standing orders 	
9.	Specific services shall be determined through a local needs assessment process. (MPR #1, MPR #4, MPR #16 and MPR #19)	C TA	N NR	<ul style="list-style-type: none"> ✓ Copy of survey/assessment conducted within last three years that documents health needs (tool and tabulated results) ✓ Adequate number surveyed based on population size ✓ Comprehensive indicators of need are assessed ✓ Services based on needs 	

SERVICES (continued)		Code		Indicators	Comments
10.	Services provided do not supplant existing services. (MPR #1 and MPR #4)	C TA	N NR	<ul style="list-style-type: none"> ✓ Budget ✓ FSR ✓ Chart review ✓ Policy & Procedure Manual ✓ Brochure ✓ Other documentation 	
11.	The SWP shall not, as part of the services offered, provide abortion counseling, service or make referrals for abortion services. (MPR #5)	C TA	N NR	<ul style="list-style-type: none"> ✓ Policy and procedures exist prohibiting abortion counseling, services and referral ✓ Client charts reflect compliance with policy 	
12.	The SWP shall not prescribe, dispense or otherwise distribute family planning drugs and/or devices on school property. (MPR #6)	C TA	N NR	<ul style="list-style-type: none"> ✓ Policy and procedures exist prohibiting prescription, dispensation or distribution of family planning drugs or devices on school property ✓ Client charts reflect compliance with policy 	
13.	Medicaid outreach services provided to youth and families adhere to CAHCP outreach activities 1 and 2: Public Awareness and Facilitating Medicaid Eligibility Determination & Enrollment. (MPR #7 and MSA Bulletin 04-13)	C TA	N NR	<ul style="list-style-type: none"> ✓ Documentation of public awareness campaigns, media releases, etc. ✓ Records showing number assisted in eligibility determination 	
14.	Services provided shall not breach the confidentiality of the client. (MPR #8 and MPR #21)	C TA	N NR	<ul style="list-style-type: none"> ✓ Observation ✓ Policy & Procedure Manual ✓ Secure storage 	

SERVICES (continued)	Code		Indicators	Comments
15. A follow-up mechanism is in place for missed appointments. (Best Practice)	C	N	✓ Policy & Procedure Manual	
	TA	NR		
16. There are adequate procedures for the follow-up of off-site referrals. (Best Practice)	C	N	✓ Policy & Procedure Manual ✓ Referral log	
	TA	NR		

SECTION II: STAFFING/CLINICAL CARE and PHYSICAL ENVIRONMENT REVIEW				
A. Clinical Organization	Code		Indicators	Comments
1. The SWP shall have a licensed physician as a Medical Director who, through a letter of agreement, supervises the general individual nursing services provided to individuals. (MPR #9 and MPR #1)	C TA	N NR	<ul style="list-style-type: none"> ✓ License: MD/DO ✓ DEA Registration Number for physician ✓ Evidence of case consultation, chart audit 	
2. The SWP shall be staffed by a Registered Nurse working under the general supervision of a physician during all hours of operation. The RN shall preferably be certified or eligible for certification as a professional school nurse. (MPR #10)	C TA	N NR	<ul style="list-style-type: none"> ✓ License ✓ Staff schedule ✓ Job description ✓ Staff resume/CV ✓ Certification documents 	
3. Current licenses for all professional staff shall be publicly displayed so as to be visible to clients. A record containing the physician's license number shall be maintained on-site. (Public Health Code: Act 368 of 1978 as amended)	C TA	N NR	<ul style="list-style-type: none"> ✓ Licenses displayed in public work area ✓ Permanent record with license numbers of physician 	
4. Written standing orders and protocols approved by the Medical Director shall be available for use as needed; and reviewed, renewed and signed by the Medical Director and RN at least annually. (MPR #11)	C TA	N NR	<ul style="list-style-type: none"> ✓ Written standing orders and/or protocols ✓ Clinical procedures manual ✓ Evidence of review e.g. signatures and date 	
5. The RN adheres to medical orders and/or treatment plans written by the prescribing physician and/or standing orders and/or medical protocols written by other health care providers for individuals requiring health supervision while in school. (MPR #11)	C TA	N NR	<ul style="list-style-type: none"> ✓ Written standing orders and/or protocols ✓ Clinical procedures manual ✓ Chart review 	

B. Health Services; 1 of 2	Code	Indicators	Comments
<p>1. If immunizations are provided, education, screening and provision of immunizations is consistent with CDC guidelines and is administered with the Michigan Care Improvement Registry (MCIR). (MPR #1)</p> <p><input type="checkbox"/> If SWP has VFC provider status, center follows VFC guidelines (VFC provider status – Best Practice)</p>	<p>C N TA NR</p>	<p>✓ Immunization record present and/or request documented in chart</p> <p>✓ Reminder/recall notices</p> <p>✓ Emergency treatment orders for adverse reaction</p> <p>✓ MCIR utilization reports (upon request)</p>	
<p>2. Education, counseling and referral for STI's including HIV is consistent with CDC guidelines. (MPR #1)</p> <p><input type="checkbox"/> MDCH CAHC - HAPIS Certified Site</p>	<p>C N TA NR</p>	<p>✓ Chart review/progress note</p> <p>✓ Referral logs</p> <p>✓ Certification obtained or in progress as CAHC designated C&T site or as HAPIS designate C&T site</p> <p>✓ Eligible continuing education documented</p>	
<p>3. Education and pregnancy testing is consistent with ACOG guidelines. Referral to high risk services is provided. (MPR #1)</p>	<p>C N TA NR</p>	<p>✓ Chart review/progress note</p> <p>✓ Referral logs</p>	
<p>4. Health promotion and risk reduction services are consistent with recognized preventive services guidelines. (MPR #1)</p> <p><i>Assessment used:</i></p> <p><input type="checkbox"/> GAPS <input type="checkbox"/> AHR <input type="checkbox"/> RAAPS <input type="checkbox"/> Other: <input type="checkbox"/> Bright Futures</p>	<p>C N TA NR</p>	<p>✓ Chart review/progress note</p> <p>✓ GAPS, RAPPS, Bright Futures or other forms</p>	

B. Health Services; 2 of 2	Code	Indicators	Comments
5. Staff administering risk assessments to clients has received risk assessment training. (MPR #1)	C N TA NR	✓ DATE: _____	
6. Education, assessment and/or referral is consistent with preventive services guidelines. (Best Practice)	C N TA NR	✓ Chart review/progress note ✓ Referral logs	
C. Process for a Clinical Visit	Code	Indicators	Comments
1. Referrals for diagnostic testing are consistent with clinical guidelines approved by the Medical Director and are recorded in client chart. (MPR #1, MPR #9 and MPR #11)	C N TA NR	✓ Observation ✓ Chart review/progress note ✓ Clinical guidelines / references	
2. Case coordination of treatment is consistent with clinical guidelines approved by the Medical Director and are recorded in client chart. (MPR #1, MPR #9 and MPR #11)	C N TA NR	✓ Observation ✓ Chart review/progress note ✓ Clinical guidelines / references	
3. Findings are shared with the client in an age-appropriate manner and questions and concerns are encouraged. (Best Practice)	C N TA NR	✓ Observation	
4. Findings are reviewed with parents unless prohibited by client, consistent with Michigan minor consent laws. (Best Practice)	C N TA NR	✓ Observation ✓ Chart review/progress note ✓ Policy & Procedure Manual	
5. Provider approach to clients is friendly. (Best Practice)	C N TA NR	✓ Observation	

D. Clinical Environment; 1 of 2	Code	Indicators	Comments
1. The physical facility must have equipment adequate for private visits, private counseling, secured storage for supplies and equipment and secured paper and electronic client records. The physical facility must be barrier-free, clean and safe. (MPR #21)	C N TA NR	<ul style="list-style-type: none"> ✓ Observation ✓ Handicapped parking ✓ Wheelchair ramps ✓ Handicapped accessible halls, toilets, sinks 	
2. Supplies, equipment and client records are stored in secure spaces to maintain client confidentiality. (MPR #21)	C N TA NR	<ul style="list-style-type: none"> ✓ Observation 	
3. All medications are checked in compliance with safety use guidelines. (MPR #2)	C N TA NR	<ul style="list-style-type: none"> ✓ Observation ✓ Policy & Procedure Manual 	
4. The handling of medical waste is consistent with MI-OSHA guidelines. (MPR #22)	C N TA NR	<ul style="list-style-type: none"> ✓ Medical waste disposal license ✓ Medical waste disposal plan specific to center 	
5. A written plan for control of hazardous environmental exposures is consistent with Michigan OSHA standards. (MPR #22)	C N TA NR	<ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Medical waste disposal license ✓ Written exposure & waste disposal plans specific to the center ✓ MSDS location posted 	

E. Provider Education	Code		Indicators	Comments
1. The most current clinical guidelines (references) approved by the Medical Director and other medical references are available to professional staff. (MPR #2, MPR #9 and MPR #11)	C	N	✓ Observation ✓ Clinical guidelines / references	
	TA	NR		
2. The Registered Nurse and physician have proper liability insurance coverage. (MPR #13)	C	N	✓ Documentation of current liability coverage	
	TA	NR		
3. Clinic staff participates in required MDCH trainings and meetings. (MDCH Requirement)	C	N	✓ Observation / Interview ✓ Training log / file ✓ Copy of attendance certificates	
	TA	NR		
4. Continuing education for licensed staff is documented. (Best Practice)	C	N	✓ Log / file of attendance ✓ Copy of attendance certificates	
	TA	NR		
5. Evaluation of staff occurs at least annually with clear performance measures. (Best Practice)	C	N	✓ Interview	
	TA	NR		
6. CPR training is documented every two years for licensed staff. (Best Practice)	C	N	✓ Observation ✓ Training log / file ✓ Copy of certificate	
	TA	NR		
7. Child abuse education and reporting requirements are updated every two years for licensed staff. (Best Practice)	C	N	✓ Observation ✓ Training log / file ✓ Copy of certificate	
	TA	NR		

SECTION II-B: MENTAL HEALTH SERVICES REVIEW			
A. Clinical Organization	Code	Indicators	Comments
1. The mental health clinician shall hold a minimum master's level degree in an appropriate discipline and currently be licensed to practice in Michigan. (MPR #12 and Public Health Code: Act 368 of 1978 as amended)	C N TA NR	<ul style="list-style-type: none"> ✓ License ✓ Certification 	
2. The mental health clinician shall receive regular, consistent supervision as appropriate for years of clinical experience. (MPR #12 and Public Health Code: Act 368 of 1978 as amended; NASW Standards for Clinical Social Work)	C N TA NR	<ul style="list-style-type: none"> ✓ Licenses ✓ Staff schedule ✓ Job descriptions ✓ Staff resumes/vitas ✓ MOU/LOA for supervision 	<i>e.g., Minimum 1 hr supervision for @ 15 hrs face-to-face client contact during first 2 yrs of professional experience; Minimum 1 hr supervision for @ 30 hrs of face-to-face client contact for those with 2-5 yrs experience</i>
3. The mental health clinician must be supervised by a licensed provider. The supervisor must: be available at all times via direct in-person or telecommunication; must monitor and regularly review the practice of the clinician; evaluate the clinician's performance and conform to other supervisory requirements of the Public Health Code. (MPR #12 and Public Health Code: Act 368 of 1978 as amended)	C N TA NR	<ul style="list-style-type: none"> ✓ Licenses ✓ MOU/LOA for supervision ✓ Current plan of supervision ✓ Evidence of supervision and quality assurance e.g., meeting notes, case consultation, chart review, etc. 	
4. Current licenses for all professional staff shall be publicly displayed in the health center so as to be visible to clients. A permanent record containing respective license number(s) of the mental health clinician(s) shall be maintained on-site. (Public Health Code: Act 368 of 1978 as amended)	C N TA NR	<ul style="list-style-type: none"> ✓ Licenses displayed in public work area ✓ Permanent record with license number(s) of mental health clinician(s) 	

B. Mental Health Services	Code		Indicators	Comments
1. If the mental health clinician is administering GAPS, staff has received GAPS training. (Best Practice)	C	N	✓ DATE: _____	
	TA	NR		
2. If providing education, assessment, screening, treatment and/or referral based on GAPS, it is consistent with GAPS or other appropriate guidelines. (Best Practice)	C	N	✓ Chart review/progress note	
	TA	NR	✓ Referral logs	
5. A current listing of community resources available for immediate and long-term support and referral exists. (Best Practice)	C	N	✓ Policy & Procedure Manual	
	TA	NR	✓ Listing of referral resources	
			✓ Referral agreements	
C. Process for a Mental Health Visit; 1 of 3	Code		Indicators	Comments
1. Client confidentiality is maintained. (MPR #4, Mental Health Code: Act 258 of 1974 and HIPAA)	C	N	✓ Observation	
	TA	NR	✓ Policy & Procedure Manual	
2. Confidentiality of the client is maintained by physical and verbal privacy in the counseling area. (MPR #4 and MPR #8)	C	N	✓ Observation	
	TA	NR	✓ White noise machines, sound proof walls/doors	
			✓ Forms/logs are secured	
3. Intake or assessment of clients is completed to indicate and/or identify mental health conditions and to assist in development of an individual treatment plan. (MPR #4 and Mental Health Code: Act 258 of 1974)	C	N	✓ Chart review/progress note	
	TA	NR	✓ Clinical guidelines / references	
4. Intake/assessment of clients is consistent with mental health standards approved by the sponsoring agency. (MPR #4)	C	N	✓ Chart review/progress note	
	TA	NR	✓ Clinical guidelines / references	

C. Process for a Mental Health Visit; 2 of 3	Code	Indicators	Comments
5. Mental health clinician develops an individualized and comprehensive treatment plan for each established client seen for mental health services. The treatment plan shall establish meaningful and measurable goals with the client and shall address client needs. (Mental Health Code: Act 258 of 1974)	C N TA NR	✓ Chart review/progress note ✓ Clinical guidelines / references	
6. Treatment plans are kept current and are modified when indicated. (Mental Health Code: Act 258 of 1974)	C N TA NR	✓ Chart review/progress note ✓ Clinical guidelines / references	
7. Findings, treatment plan and progress are reviewed at reasonable intervals with client and with parents unless prohibited by client, consistent with Michigan minor consent laws. (Mental Health Code: Act 258 of 1974)	C N TA NR	✓ Policy & Procedure Manual ✓ Chart review/progress note	
8. The client has the right to refuse or defer treatment unless suicidal or homicidal. Refusal or deferral of treatment is documented in the client record. (MPR #4 and Patient Bill of Rights)	C N TA NR	✓ Chart review/progress note ✓ Policy & Procedure Manual	
9. Case coordination of treatment or counseling is consistent with mental health standards approved for use by the health center and/or the sponsoring agency. (MPR #4)	C N TA NR	✓ Policy & Procedure Manual ✓ Chart review/progress note ✓ Clinical guidelines / references	
10. If the mental health clinician indicates a pharmacological intervention may be needed, the provider refers to a clinical provider who can prescribe appropriate medications, when needed. (Public Health Code: Act 368 of 1978, as amended)	C N TA NR	✓ Policy & Procedure Manual ✓ Chart review/progress note ✓ Clinical guidelines / references ✓ MOU/LOA with consulting clinical providers	

C. Process for a Mental Health Visit; 3 of 3	Code		Indicators	Comments
12. Intake/assessment is completed by the third visit. (Best Practice)	C	N	✓ Policy & Procedure Manual ✓ Chart review/progress note	
	TA	NR		
13. A screening tool may be administered at the initial visit or during the assessment process. Follow-up appropriate to the findings is documented. (Best Practice)	C	N	✓ Policy & Procedure Manual ✓ Chart review/progress note	
	TA	NR		
14. A crisis response plan and communication plan exists where appropriate between the health center and the client's school. (Best Practice)	C	N	✓ Policy & Procedure Manual ✓ Letters of Agreement	
	TA	NR		
D. Process for Treatment and Intervention Groups, when provided	Code		Indicators	Comments
1. Each treatment group has an established number of structured sessions with at least one documented topic, with defined goals and outcomes for the treatment group. (Best Practice)	C	N	✓ Scheduled groups including topic	
	TA	NR	✓ Sign-in sheets/encounter forms/progress notes in charts of group participants ✓ Notes from group activities	
2. An encounter form is completed for each individual for each session. (Best Practice)	C	N	✓ Encounter form ✓ Chart review/progress note	
	TA	NR		
3. Each group participant has a mental health record that contains: a signed consent as necessary, a signed agreement/contract to participate and an understanding of confidentiality guidelines, diagnostic assessment, and individual treatment plan reflecting the group topic, current charting completed after each session. (Best Practice)	C	N	✓ Chart review/progress note	
	TA	NR		

E. Provider Education	Code		Indicators	Comments
1. The most current mental health guideline references are available to professional staff. (MPR #4)	C TA	N NR	✓ Observation ✓ Clinical guidelines / references	
2. Mental health provider has proper liability insurance coverage. (MPR #13)	C TA	N NR	✓ Documentation of current liability coverage	
3. Continuing education for licensed mental health clinician is current and documented, including child abuse education and reporting requirements. (Mental Health Code: Act 258 of 1974)	C TA	N NR	✓ Interview ✓ Training log / file ✓ Copy of attendance certificates	
4. Mental health clinical staff participates in MDCH trainings and meetings. (Best Practice)	C TA	N NR	✓ Log / file of attendance ✓ Copy of attendance certificates	
5. Evaluation of staff occurs at least annually with clear performance measures. (Best Practice)	C TA	N NR	✓ Interview	

SECTION III: ADMINISTRATIVE REVIEW				
A. Organization and Function	Code		Indicators	Comments
1. Written approval by the school administration AND the local school board exists for the following: ✓ Location of SWP within the school ✓ Administration of needs assessment process to students in the school ✓ Administration of or access to a needs assessment for teacher/staff ✓ Parental consent policy ✓ Services rendered in the SWP (MPR #16)	C	N	✓ Evidence of approval that is dated and signed by appropriate agent e.g., letter, minutes; interagency agreement includes necessary approvals ✓ Policy complies with minor consent laws; ✓ Services consistent with MPR's	
	TA	NR		
2. There is a current interagency agreement defining roles and responsibilities between the local school district and medical organizational and the school-based health center, if one exists in the same school district. (MPR #17)	C	N	✓ Agreement defines roles and responsibilities of each party ✓ Reviewed and updated on regular intervals ✓ Date signed: _____ ✓ Appropriate signatories	
	TA	NR		
3. Policies and procedures shall be implemented regarding proper notification of parents, school officials and/or other health care providers when additional care is needed or when further evaluation is recommended. Policies and procedures regarding notification and exchange of information shall comply with all applicable laws. (MPR #18)	C	N	✓ Policy & Procedure Manual ✓ Communication documentation ✓ Chart review ✓ Policy complies with minor consent laws; HIPAA nad FERPA	
	TA	NR		
4. Organizational chart reflects clear lines of authority and includes all staff. Chart is reviewed periodically and updated as needed. (Best Practice)	C	N	✓ Copy or organizational chart including placement of health center and date	
	TA	NR		

B. Continuous Quality Improvement	Code	Indicators	Comments
<p>1. The health center shall implement a quality assurance (continuous quality improvement) plan. The plan shall include ongoing records reviews by peers to determine that conformity with standards and current acceptable clinical practices that are conducted on an ongoing basis. A system shall also be in place to implement corrective actions when deficiencies are noted. The plan incorporates the completion or access to a needs assessment process every three years to determine health needs of the target population; and implementation of a client satisfaction survey at least annually. (MPR #19)</p>	<p>C N TA NR</p>	<ul style="list-style-type: none"> ✓ Evidence of a continuous quality improvement plan and results of recent quality improvement review ✓ Chart review criteria ✓ Thresholds are identified and evaluated ✓ Corrective actions taken as appropriate ✓ CQI plan includes plans to complete or access a health survey or assessment every three years ✓ CQI plan includes plans to implement a client satisfaction survey annually at a minimum 	
<p>2. There are written quality assurance (continuous quality improvement) policies and procedures which include at a minimum: peer review of charting, chart review criteria, complaint and incident review, corrective action and time frame. (Best Practice)</p>	<p>C N TA NR</p>	<ul style="list-style-type: none"> ✓ Chart review criteria ✓ Thresholds are identified and evaluated ✓ Complaint/incident review ✓ Corrective actions and time frame ✓ An individual is designated as CQI Coordinator ✓ CQI committee meeting minutes ✓ The CQI committee meets quarterly 	

C. Community Advisory Committee	Code	Indicators	Comments
1. A community advisory council shall be established and operated in a manner consistent with all mandated legislative language. (MPR #20)	C N TA NR	<ul style="list-style-type: none"> ✓ Roster of advisory council ✓ 1/3 parent membership ✓ Agenda and minutes of last three meetings ✓ Minimum 2 meetings / year 	
2.The health center shall have a policy and procedure approved by the advisory council for the following areas at a minimum: <ul style="list-style-type: none"> ✓ Parental consent in accordance with Michigan law ✓ Requests for records and release of information that include the role of the non-custodial parent and parents with joint custody ✓ Confidential services as allowed by state and/or federal law ✓ Reporting of child abuse and neglect (MPR #20)	C N TA NR	<ul style="list-style-type: none"> ✓ Evidence of policy and procedure approved by the advisory council ✓ Policies comply with Michigan minor consent and other corresponding laws 	
D. Fiscal Operations; 1 of 2	Code	Indicators	Comments
6. The most recent Financial Status Report (FSR) follows the approved budget and does not exceed the allowable cost deviation allowance. (MDE RFP and Contractual Requirement)	C N TA NR	<ul style="list-style-type: none"> ✓ Budget ✓ Financial Status Report 	
7. The approved budget and the most recent Financial Status Report (FSR) show at least 30% local match. (MDE RFP and Contractual Requirement)	C N TA NR	<ul style="list-style-type: none"> ✓ Budget ✓ Financial Status Report ✓ Evidence of match 	

E. Data Management	Code		Indicators	Comments
1. Quarterly reports are submitted to the State office within 30 days of the end of the reporting period. (MDE RFP and Contractual Requirement)	C TA	N NR	✓ Local agency files ✓ MDCH files	
2. A designated individual is responsible for preparation of quarterly data reports. (Best Practice)	C TA	N NR	✓ Reports are signed by designated person	
3. Data system matches the charts (medical and mental health records). (Best Practice)	C TA	N NR	✓ Appropriate charting information is reflected on the encounter form and in the data/billing system	

DEFINITION OF TERMS:

Standards of Practice: Standards are authoritative statements by which the nursing profession describes the responsibilities for which its members are accountable, and reflect the values and priorities of the profession. Standards provide direction for professional nursing practices and a framework for evaluation of practice. (MNA 2000. *Nurse Practitioner Resource Document*, page 6)

Clinical Guidelines are agreements on best practice or treatment for specific conditions and are available nationally. A university professional program or a professional organization may determine acceptable guidelines. Guidelines may also be written by a facility and define how a particular health problem will be handled in that place. Clinical protocols are not recommended because of medical liability issues.

Standing Orders: Nurse Practitioners and physicians may write orders that explain how someone else is to provide a health care service to a client. Nurse Practitioners are limited in what they can order based on the rules of the facility in which they practice. HCFA specifically states that Nurse Practitioners may order labs and x-rays but may not order home health care services. Michigan law also prohibits Nurse Practitioners from ordering physical therapy. "Standing" refers to an order that is the same for everyone needing the service, such as "Tylenol, two tablets for headache every four hours as needed." Licensed health professionals may accept the delegated responsibility of administering medications, or treatments from a standing order, as his/her scope of practice allows.

Mental Health Treatment Plan: A written plan that specifies the goal-oriented treatment services that are to be developed with and provided for a client.

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