

MDHHS CHILD AND ADOLESCENT HEALTH CENTER PROGRAM NETWORK BEHAVIORAL HEALTH SERVICES MODEL (BHS) MINIMUM PROGRAM REQUIREMENTS

Services

1. The BHS shall be open and provide a full-time mental health provider (40 hours) in one school building during the school year. Services shall: a) fall within the current, recognized scope of mental health practice in Michigan and b) meet the current, recognized standards of care for children and/or adolescents.
2. In addition to maintaining a client caseload, the service delivery plan must be reflective of the needs of the school and must include treatment groups and/or classroom education using evidence-based curricula and interventions.
3. These services shall not supplant existing school services. This program is not meant to replace current special education related social work activities provided by school districts. Programs funded under this program shall not take on responsibilities outside of the scope of these Minimum Program Requirements (Individualized Educational Plans, etc.).
4. The BHS shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs (CAHCPs) outreach activities 1 and 2 as outlined in MSA 04-13.
5. Services provided shall not breach the confidentiality of the client.
6. The BHS center shall not provide abortion counseling, services, or make referrals for abortion services.
7. The BHS center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

Staffing/Clinical Care

8. The mental health provider shall hold a minimum master's level degree in an appropriate discipline and shall be licensed to practice in Michigan. Supervision must be available for all licensed providers. Limited license providers working towards full licensure in contract with a licensed supervisor would also be appropriate.
9. The BHS shall have a Michigan-licensed mental health professional who, through a signed letter of agreement, supervises the general mental health services provided to individuals, families or groups.
10. All BHS program staff and contractors shall have proper liability insurance coverage.
11. The BHS services shall be available during hours accessible to its target population. The BHS shall be open during hours accessible to its target population, and provisions must be in place for the same services to be delivered during times when school is not in session. Not in

session refers to times of the year when schools are closed for extended periods such as holidays, spring breaks, and summer vacation. These provisions shall be posted and explained to clients. The BHS center shall have a written plan for after-hours and weekend care, which shall be posted in the center including external doors and explained to clients. An after-hours answering service and/or answering machine with instructions on accessing after-hours mental health care is required.

12. A minimum caseload of 50 clients must be maintained annually.

Administrative

13. Written approval by the school administration exists for the following:

- a. location of the BHS within the school building;
- b. parental and/or minor consent policy; and
- c. services rendered through the BHS.

14. If the mental health provider is not hired by the school district, a current signed interagency agreement must be established between the local school district and mental health organization that defines the roles and responsibilities of the BHS provider and of any other mental health staff working within the school. This agreement must also include a plan for transferring clients and/or caseloads if the agreement is discontinued or expires.

15. The mental health provider or contracting agency must bill third party payors for services rendered. Any revenue generated must be used to sustain the BHS and its services. The BHS site shall establish and implement a sliding fee scale, which is not a barrier to health care for adolescents. Adolescents must not be denied services because of inability to pay. CAHC state funding must be used to offset any outstanding balances (including copays) to avoid collection notices and/or referrals to collection agencies for payment.

16. 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 e.g., HIPAA, FERPA and Michigan statutes governing minors' rights to access care.

17. The BHS shall implement a quality assurance plan. Components of the plan shall include, at a minimum:

- a. ongoing record reviews by peers (semi-annually) to determine that conformity exists with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted;
- b. conducting a client satisfaction survey/assessment at least once annually.

18. The BHS must have the following policies:

- a. parental and/or minor consent;
- b. custody of individual records, requests for records, and release of information that include the role of the non-custodial parent and parents with joint custody;
- c. confidential services; and
- d. disclosure by clients or evidence of child physical or sexual abuse, and/or neglect.

19. The BHS shall have representation on the Clinical Hub community advisory council in a manner consistent with all mandated legislative language. The BHS site has youth input in to the Clinical Hub advisory committee which is maintained through either membership on the established local advisory committee; a youth advisory committee; or through other formalized mechanisms of youth involvement and input.

Physical Environment

20. The BHS shall have space and equipment adequate for private counseling, secured storage for supplies and equipment, and secure paper and electronic client records. The physical facility must be youth-friendly, barrier-free, clean and safe.

REV 3/2019