

Policies and procedures (P&Ps) included in this checklist are BEST PRACTICES for standards of care for child and adolescent health services. This list is not exhaustive and therefore your fiduciary may have, and is encouraged to have, more than listed below. Duplication may occur in sections. It is encouraged for fiduciaries to review P&Ps regularly.

Administrative Policies and Procedures (Best Practice)	
Non-Discrimination Policy: The program has a non-discrimination policy; services are offered without regard to sex, race, religion or sexual orientation.	Walk-In Services: Walk-in services are available.
Emergency Plan: Site-specific emergency plan includes staff, actions and/or responsibilities for emergency situations (fire, power outage, natural disaster, weapons on-site, violence, theft). The plan is accessible, reviewed and updated regularly.	Evaluation of Staff: Recommended at least annually with clear performance measures.
Clinical Policies and Procedures (Best Practice)	
Child Abuse and Neglect Reporting and Staff Education: P&P exists and describes how staff will respond to suspicion of abuse and neglect, as well as how often staff receive education on responsibilities as a mandated reporter. (Standard of Care)	Telehealth: If telehealth services are provided, the health center has P&P for both medical and mental health on how consent is obtained, what services are allowed, how services are provided, how confidentiality is maintained, documentation and billing. (Standard of Care)
Risk Screening: Risk screenings may include blood pressure with percentiles, BMI, alcohol tobacco and other drugs (ATOD), relational violence screening, harm reduction, trauma screening, social determinants of health, and suicidality. (Standard of Care)	Fiduciary Annual Competency Trainings: The health center may include a policy of recommended trainings (implicit bias, cultural sensitivity, Abuse and Neglect Reporting, etc.). (Standard of Care)
Mental Health Policies and Procedures (Best Practice)	
Intake/Assessment: Intake/assessment is completed by the third visit.	Missed Appointments: A follow-up mechanism in place for missed appointments.
Crisis Response Plan: A crisis response plan and communication plan exists where appropriate between the CAHC/sponsoring agency and the client's school.	Treatment Groups: Each treatment group has an established number of structured sessions with at least one documented topic, with defined goals/outcomes for the treatment group.
Group Participant Mental Health Record: 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 documentation completed after each session.	