**MASSACHUSETTS SCHOOL-BASED HEALTH CENTER QUALITY STANDARDS**

**Yellow highlighted changes indicate new content added after the RFR was posted.**

# ACCESS

**School-Based health center (SBHC) services are designed to eliminate barriers to care and increase access to care for students and their families.**

## Availability of services

* 1. The SBHC must operate each day during the hours that school is in session and must:
		1. allow for walk-ins and same-day appointments for urgent care
		2. have a clear protocol for maximizing access to services, including mechanisms for referrals by school faculty and staff on how to initiate contact with the SBHC (e.g., walking the student to the SBHC, assisting with scheduling an appointment, permission passes)
		3. have an appointment scheduling system that minimizes missed time in learning for core academic subjects
		4. conduct ongoing outreach activities aimed at increasing SBHC utilization and targeted to priority populations including youth of color, immigrant/refugee youth, low-income youth, youth in rural communities, and LGBTQ+ youth and their families/caregivers.
		5. accommodate communication with parents/guardians who participate in the care of their children to the maximum extent possible
	2. In compliance with National Standards on Culturally and Linguistically Appropriate Services (CLAS)[[1]](#footnote-2),[[2]](#footnote-3), the SBHC must offer services that are mindful of the cultural and language diversity of the student body and their families by:
1. conducting annual cultural/language needs assessments and offering services in response to the cultural and language needs of the student body
2. ensuring that SBHC staff are educated in cultural diversity and racial equity
3. providing health education materials in multiple languages
4. offering translation services, appropriate to the major school population(s), provided by staff or interpreters in a confidential manner
	1. SBHC registration must be offered to every student enrolled in the host school and must provide for effective collection and documentation of information, including third party insurance data and the identification of a primary care provider/medical home.
	2. The SBHC must provide services to all SBHC-registered students regardless of their ability to pay. The SBHC must provide services to students in a manner which ensures the student's and their family's right to privacy by posting “patient rights and responsibilities statement” in a visible area within the SBHC and educating students and families on this topic.

## Signage and information

* 1. The SBHC must display signage and visible cues that indicate that the SBHC is a safe space[[3]](#footnote-4) and include:
1. directions to the SBHC, including room number and hours of operation, in multiple languages posted throughout the school building
2. visual cues to indicate that youth of color and youth of various ethnic backgrounds are welcomed
3. visual cues to indicate that LGBTQ+ youth are welcomed and location of accessible all-gender bathroom
4. the official SBHC name and sponsoring agency name and logo and website, SBHC phone number, including any alternate cell/zoom phone numbers for texting/messaging
5. SBHC staff listed by name, role, pronouns, languages spoken, and with identifying photographs
6. information for accessing the virtual SBHC office, including instructions for making appointments via virtual office website
7. list of SBHC services offered, including information about free confidential services specifying screening/treatment of depression, suicidality, and anxiety;[[4]](#footnote-5) substance use, sexual/reproductive health
8. instructions including telephone message re: obtaining care after-school and during weekends, including suicide prevention hotlines, crisis line numbers, and urgent care centers

## Emergency response

The SBHC must have:

1. protocols for responding to emergency/crisis situations within the school building, including the names of SBHC/school staff responsible for performing triage of mental health emergencies, implementing de-escalation techniques, and initiating contact with Behavioral Health Emergency Services Program/Mobile Crisis Intervention (ESP/MCI) services for stabilization and evaluation[[5]](#footnote-6)
2. written emergency care plan for disasters[[6]](#footnote-7) that is adopted from and/or in accordance with the school's plans and coordinated with the community emergency response system and document staff training in implementing the plan

## Physical facility

* 1. Prior to commencing service delivery, the SBHC must be licensed by the Massachusetts Division of Health Care Facility Licensure and Certification[[7]](#footnote-8) and comply with relevant regulations[[8]](#footnote-9) as a hospital satellite or community health center satellite.

# STAFFING AND PROFESSIONAL QUALIFICATIONS

**Staff who provide SBHC clinical, counseling, outreach, case management and education, administration, registration services must demonstrate professionalism, empathy, respect, commitment to serving children and families in culturally diverse, historically underserved communities.**

* 1. The SBHC must have a staffing plan specifying the roles and responsibilities of all staff.
	2. The sponsoring agency must have personnel policies that include standardized hiring processes for hiring staff who are:
1. representative of the local communities served by the sponsoring agency
2. expected to provide services in languages other than English
	1. The SBHC must be administered by a qualified Program Manager who is designated to oversee the operation of the program. This person must have sponsoring agency authority to implement, manage and monitor SBHC activities and must serve as a liaison between SBHC clinicians, the sponsoring agency, and the host school/school department.
	2. Staff providing clinical care, case management, counseling and other support services must use the following approaches when caring for students and their families:
3. strength-based, trauma-sensitive, resilience-building communication strategies in all interactions
4. exercise cultural humility and respect when assessing students and families for health-related social needs/social determinants of health
5. create a safe, welcoming, and respectful environment for all students, especially those in priority populations, including youth of color, immigrant/refugee youth, low-income youth, youth in rural communities, and LGBTQ+[[9]](#footnote-10) youth and their families/caregivers
6. recognize and validate the traumatic impact of racism and discrimination on children and youth[[10]](#footnote-11)
7. use effective strategies for communicating with students and families with low health literacy and limited English proficiency
8. provide assurance of confidentiality and clear explanation of limits of confidentiality prior to delivering care[[11]](#footnote-12)

## Expanded care team

* 1. Each SBHC must have an expanded care team[[12]](#footnote-13) that includes at minimum one full-time staff person in each of the following roles:
1. **Medical provider** – Pediatric/Family Nurse Practitioner (PNP/FNP), Physician’s Assistant (PA), or Physician (MD/DO) with the following qualifications:
* experience working with children, youth, and families in pediatric settings in culturally diverse, historically underserved communities
* experience providing sexual and reproductive health services to youth and young adults in priority populations
* demonstrated commitment to addressing social determinants of health, including racism[[13]](#footnote-14) in clinical practice
* prioritizes trauma-informed and therapeutic relationships with children, youth, and families, and formulates plans to buffer/mitigate the effects of toxic stress[[14]](#footnote-15) and poverty in collaboration with other child/youth serving organizations
* experience in managing pediatric behavioral health problems, including trauma/post-traumatic stress disorder (PTSD), anxiety, depression, attention deficit hyperactivity disorder (ADHD), substance use disorder (SUD), and co-occurring disorders
* experience in prescribing medications, including controlled substances[[15]](#footnote-16)
* ability to identify early warning signs and symptoms of risk factors associated with poverty, including Adverse Childhood Experiences (ACEs), exposure to violence/traumatic events, physical abuse/neglect and toxic stress
* understanding of the school as a host environment, including familiarity with data monitoring of youth risk behaviors (YRBS), truancy, and dropout rates.
1. **Behavioral health clinician** – Licensed clinical social worker (LICSW), Licensed mental health counselor (LMHC), Psychologist, or Psychiatrist with the following preferred qualifications:
* experience working with children, youth, and families in culturally diverse, historically underserved communities
* experience providing individual psychotherapy for clinical management of depression, anxiety, post-traumatic stress, grief, and loss for children and youth in priority populations
* experience identifying and supporting the unique needs of LGBTQ+ youth
* demonstrated ability to provide trauma-sensitive response to behavioral health crises, including de-escalation skills and experience working with Emergency Services Program/Mobile Crisis Intervention[[16]](#footnote-17)
* Ability to assess functional impairment in children/youth and formulate treatment plans, including a DSM-5 diagnosis
* functional knowledge of the psychological impact on children and adolescents of Adverse Childhood Experiences (ACE),[[17]](#footnote-18) social determinants of health (SDoH), including food insecurity, housing insecurity, racism, toxic stress, physical abuse/neglect, parental substance use disorder
* demonstrated experience working with other child-serving agencies, including at minimum Children’s Behavioral Health Initiative (CBHI),[[18]](#footnote-19) Massachusetts Department of Children and Families,[[19]](#footnote-20) Department of Youth Services.[[20]](#footnote-21)
1. **Community Health Worker (CHW)** – must possess skills to meet the core competencies outlined in their functional role[[21]](#footnote-22) and should have experience working with children and families in diverse, historically underserved communities. CHWs roles and responsibilities should be consistent with the *Policy Statement on Community Health Workers* (CHW) found as an attachment to the SBHC RFR. Additional preferred qualifications in the CHW include:
* experience in assessing low-income families for health-related social needs
* knowledge of and experience in working with health-protective social infrastructure programs that provide income or material support, such as SNAP, WIC, TANF and EITC/CTC to help families have the tools and resources to adequately care for their children
* linguistic and cultural fluency pertinent to priority populations
	1. In addition to these full-time roles, SBHCs are also expected to have additional administrative staff support responsible for client registration, insurance verification, appointment scheduling and clerical support for the SBHC.

## Supervisory staff

* 1. SBHC clinical services must be provided under the clinical supervision of a designated physician who has knowledge of community and school health for pediatric populations. This physician must possess Massachusetts licensure and certification in general pediatrics, family medicine or adolescent medicine. Responsibilities include at minimum:
1. oversight of NPs or PAs who are providing direct clinical care in the SBHC
2. availability for clinical consultation during hours of SBHC operation
3. Formal relationship within the MCPAP[[22]](#footnote-23) referral network to facilitate access to psychiatry consultation
4. participation on clinical advisory team for internal review of SBHC Quality Improvement (QI) activities.
	1. SBHC behavioral health services must be provided under the supervision of a behavioral health clinical supervisor who has knowledge of the Multi-Tiered System of Supports (MTSS) model and substantial clinical experience in managing mental health emergencies. The behavioral health supervisor must possess Massachusetts licensure and certification in either Psychiatry, Psychology or Social Work. Responsibilities include at minimum:
5. oversight of behavioral health clinicians who are providing direct clinical care in the SBHC
6. availability for clinical consultation during hours of SBHC operations
7. capacity to co-manage potentially complex clinical situations, including behavioral health emergencies for all hours that school is in session
8. knowledge of access pathways to obtain urgent psychiatry referrals, including for psychopharmacology assessment
9. participation on behavioral health services integration planning/implementation committees
10. participation on behavioral health clinical advisory team for internal review of SBHC quality improvement activities pertaining to behavioral health care.
	1. Each community health worker shall receive a minimum of two hours of supervision during every two-week period from a CHW supervisor (based on 1 FTE, or prorated for any FTE less than 1.0, with a minimum of one hour of supervision for every two-week period). For the purposes of documenting CHW supervision, the standards below are required:
11. CHW supervision includes face-to-face individual and/or group sessions, which may be clinical (case-based and reflective supervision) or programmatic in nature.
12. CHW supervision does not include written performance reviews or staff meetings.
13. The agency must maintain a list of CHWs and who provides their supervision, as well as the length and dates of supervisory sessions, and must be prepared to produce this evidence upon request.

All CHW supervisors should attend CHW Supervisor Training at an approved CHW Training Program based on availability.

# MANAGEMENT, TRAINING, AND SUPERVISION

## Management and structure

* 1. The sponsoring agency program manager must be responsible for the overall management of the SBHC and manage or delegate the following aspects of the SBHC program: serving as a liaison with SBHC clinicians, SBHC sponsoring agency, and host school/school department; communicating with MDPH; communicating MDPH policy to SBHC staff; ensuring orientation and training of all staff; ensuring that interpretation services are available in the SBHC; submitting required data; coordinating accurate and timely billing to third party insurers, including MassHealth; and tracking reimbursements.
	2. The SBHC organizational structure must include support and clerical staff to carry out required administrative functions, including the collection of third-party insurance and other billing information.
	3. Organizational charts that show clear lines of authority and supervision must be accessible to all SBHC staff.
1. The sponsoring agency must have an organizational chart that shows where the SBHC sits within its structure.
2. The SBHC site must have an organizational chart that shows where the SBHC staff sits within the program.
	1. The sponsoring agency must ensure that the SBHC adopts anti-racist practices and policies aimed at advancing health equity.[[23]](#footnote-24)
	2. The sponsoring agency must ensure that SBHC care is designed to address:
3. specific gaps in services with a focus on addressing risks related to SDoH and health inequities
4. unique health care needs of youth,[[24]](#footnote-25) including youth in priority populations
	1. The sponsoring agency must ensure that SBHC services are delivered to maximize convenience, effectiveness, and family-centeredness.[[25]](#footnote-26)

## Practice management and electronic health records

* 1. The SBHC is required to implement a practice management and electronic health record system that interface and are configured to improve quality, safety, efficiency and reduce health inequities.
	2. The SBHC must use a practice management system that supports general administrative functions, including registration/demographics, checking insurance eligibility, and storing insurance information, documentation of consents acquired/needed, scheduling (including the ability to manage scheduled and walk-in visits), internal clinic communication and patient flow tracking.
	3. The SBHC must be securely linked and able to use the Electronic Health Record (EHR) that is used by the sponsoring agency. The EHR should be certified for Meaningful Use,[[26]](#footnote-27) interface with Massachusetts Immunization Information System (MIIS) and should permit documentation of in-person and telehealth visits, telephone consultations, follow-up calls, text communications and emails and the ability to e-prescribe.
	4. The SBHC must have an EHR that designates all or part of an adolescent chart for clients ages 12 and up as confidential and restrict staff/parental access securely.
	5. The SBHC must have an EHR that supports the coordination of care, referrals, and follow-up with the PCP and specialty care.
	6. The SBHC must comply with HIPAA regulations for confidentiality of health information.
	7. The SBHC and sponsoring agency must maintain proper ownership of medical records, including the proper storage and security of electronic service data.

## Staff training

* 1. The sponsoring agency is responsible for training all SBHC staff, including onboarding new staff, updating staff knowledge and skills, and monitoring staff for competency. Technical assistance may be provided by the MDPH SBHC Program or other MDPH programs (such as the Sexual and Reproductive Health Program or the School Health Services Program) and/or MDPH may recommend additional training opportunities.
	2. At minimum, all staff who interact with students and families must receive specialized training in SBHC competencies including: the traumatic impact of racism and discrimination on young people and how to talk about it,[[27]](#footnote-28) racial equity,[[28]](#footnote-29) strengths-based approaches to screening families for health-related social needs,[[29]](#footnote-30) addressing low health literacy and limited English proficiency,[[30]](#footnote-31) supporting and affirming LGBTQ+ youth,[[31]](#footnote-32) Mental Health First Aid,[[32]](#footnote-33) and mandated 51A reporting within the first year. These core competency trainings must be offered regularly to ensure ongoing knowledge and skill maintenance.
	3. At minimum, primary care staff including NPs/PAs/pediatricians must develop competencies in managing depression in primary care[[33]](#footnote-34) and suicide assessment and treatment in pediatric primary care settings.[[34]](#footnote-35)
	4. At minimum, Behavioral Health clinicians must be trained in addressing the mental health needs of youth in priority populations.[[35]](#footnote-36)
	5. At minimum, CHWs must be trained on assessing for SDoH medical-legal partnering,[[36]](#footnote-37) and strategies for engaging and empowering youth to partner in SBHC care.[[37]](#footnote-38)

## Supervision

* 1. All staff must receive regular supervision that is designed to assess their competence and need for additional training in SBHC primary care/behavioral health care/CHW competencies.
	2. Daily and overall supervision must be provided by the sponsoring agency program manager and appointed supervising clinician for all staff who interact with students and families in the SBHC setting.
	3. The sponsoring agency must ensure that the SBHC has formalized protocols for working within their school district specifying the following:
1. job descriptions that define the qualifications and responsibilities for all staff types
2. supervisory structure for all SBHC personnel
3. collaboration with school administration, teachers, and support staff regarding access to students during school hours
4. collaboration with school administration, teachers, support staff to address student issues with attendance,[[38]](#footnote-39) behavior, and academic performance[[39]](#footnote-40)
5. participation with school personnel in the development of policies that support student health and academic achievement, including alternatives to school discipline[[40]](#footnote-41)
6. participation in the Individuals with Disabilities Education Act team,[[41]](#footnote-42) including Student Support Team (SST) and Individualized Education Plan (IEP) and 504 meetings
7. participation in school initiatives, including health fairs, classroom presentations, and special events designed to promote students’ academic success through health promotion
8. documented plan to address clinical coverage in the event of staff absences, staff vacations, and staff vacancies (including temporary clinical coverage) for all hours that school is in session

# CLINICAL SERVICES

**The SBHC offers high-quality clinical services for students in accordance with current, national, evidence-based guidelines for clinical care of children and adolescents.**

* 1. The SBHC must demonstrate that each student's clinical care is delivered in accordance with written practice guidelines for clinicians. Such guidelines shall accurately describe SBHC services provided and be developed using nationally recognized tools, including:
1. Bright Futures[[42]](#footnote-43)
2. Guidelines for Adolescent Preventive Services (GAPS)[[43]](#footnote-44)
3. United States Preventive Health Services Task Force[[44]](#footnote-45) or
4. Early and Periodic Screening, Diagnosis and Treatment (EPSDT)[[45]](#footnote-46)
	1. Required services that must be provided by all SBHCs are detailed below. **Services that cannot be provided onsite in the SBHC must be provided through supported referrals.**
5. Comprehensive health assessments/well child adolescent exams per EPSDT[[46]](#footnote-47)
6. Physical exams, including review of systems, height, weight, body mass index (BMI), vision screening, age-appropriate anticipatory guidance and health education including reproductive health education per Bright Futures Guidelines[[47]](#footnote-48)
7. Comprehensive sports physicals examinations[[48]](#footnote-49)
8. Medical clearance for post sports-related head injury/concussion[[49]](#footnote-50)
9. Standardized, age-appropriate, trauma-informed screening to include; risk and resiliency, anxiety, depression, suicidality and substance use assessments as recommended by Bright Futures[[50]](#footnote-51) and the American Academy of Pediatrics (AAP), per MDPH screening/reporting requirements, in addition to exposure to traumatic events[[51]](#footnote-52) and SDoH, as appropriate
10. Adolescent sexual and reproductive health care in accordance with MDPH SRHP Principles on providing SRH services for adolescents, including STI testing, diagnosis, treatment; STI and HIV prevention counseling/education; pregnancy testing and non-directive pregnancy options counseling; dispensing condoms and prescribing and/or dispensing contraceptives, including emergency contraception as well as LARC[[52]](#footnote-53) insertions/removals when possible; HIV testing; HIV pre-exposure prophylaxis (PrEP);[[53]](#footnote-54) and diagnosis and treatment of common genitourinary tract infections
11. Physical and sexual abuse identification and reporting[[54]](#footnote-55) and assessment for reproductive coercion
12. Immunizations, including HPV vaccine
13. Oral health assessment, including visual inspection of teeth, gums, identification of observable problems, oral hygiene instruction and referral as indicated[[55]](#footnote-56)
14. Nutrition assessment, management and counseling for concerns, including overweight and obesity[[56]](#footnote-57) and disordered eating
15. Evaluation and treatment of non-urgent problems, including acute illness, minor injuries, and management of chronic health problems[[57]](#footnote-58)
16. Capacity to write prescriptions for non-urgent problems, acute illness and injury, management of chronic problems including asthma[[58]](#footnote-59)
17. Coordination of referrals to medical specialty services, laboratory testing, x-rays, and other services not available onsite at the SBHC, including follow-up on referrals
18. Clinical Laboratory Improvement Amendment (CLIA)[[59]](#footnote-60) waived laboratory testing including rapid Strep, Hgb/HCT, urine dipstick/reagent, glucose, pregnancy testing[[60]](#footnote-61) and including specimen transport to CLIA laboratory
19. Triage and initial management of medical emergencies
20. Response to public health emergencies
	1. The SBHC must provide comprehensive behavioral health services according to identified needs[[61]](#footnote-62) and in accordance with the collaborative school-wide structure for delivering integrated BH services.[[62]](#footnote-63) Required behavioral health services must support the implementation of MassHealth MCE Bulletin 65[[63]](#footnote-64) and must be integrated within the SBHC[[64]](#footnote-65) and include:
21. assessment, diagnosis and treatment of behavioral health problems[[65]](#footnote-66)
22. coordination with community-based providers including PCP/clinicians who are prescribing psychopharmacologic medications
23. suicide prevention, assessment and treatment of students at imminent risk of suicidal thinking and behavior (STB)[[66]](#footnote-67)
24. substance use prevention, assessment, counseling, referral to treatment services[[67]](#footnote-68)

individual psychotherapy for management of anxiety, depression,[[68]](#footnote-69) grief, loss, sequelae of toxic stress

1. developing individualized crisis plans for students with serious emotional disturbance

crisis intervention services; and including an explicit relationship with local Mobile Crisis Intervention[[69]](#footnote-70) for school-based assessment/triage

psychopharmacology consultation in person or through formal referral agreement

medication management including in collaboration with prescribing clinicians

management of attention disorders including ADHD[[70]](#footnote-71)

advocacy and support in Student Support Team (SST) and relevant to Individual Education Plan[[71]](#footnote-72) or 504 Plan[[72]](#footnote-73)

regular communication with parents/caregivers as developmentally and clinically appropriate

# NON-CLINICAL SERVICES

**The SBHC offers a wide variety of supportive services to increase access and effectiveness of health care services, identify needs related to health inequities and SDoH and leverage community resources to address them.**

* 1. SBHC must have a full-time Community Health Worker who co-creates strength-based, equitable partnerships with children and families to promote their resilience in the following ways:
1. Determining health insurance eligibility and helping with health insurance enrollment and linking to a medical home
2. Screening children, youth, and families for health-related social needs (SDoH), identifying unmet basic needs and connecting them to services/interventions[[73]](#footnote-74)
3. Being champions for the SBHC program to promote services and serve as points of contact for community partners and other service system providers
4. Working with adolescents and the local Youth Advisory Committee (YAC) and families to identify their priority needs and determining which local resources are most helpful, to compile a local community resource directory
5. Coordination of care that supports youth and families in a culturally, linguistically appropriate manner to:
* navigate complex medical and social service systems
* plan for medical/social service visits to enhance efficiency/effectiveness
* develop care plans aimed at more proactive management of health- related problems
* follow-up on specialty care
* address barriers that are culturally-specific, including mistrust
1. Facilitation of warm hand-offs from SBHC primary care clinician to subspecialty medical/social care providers
2. Connecting families with unmet basic needs to Medical-Legal partnerships (MLPs)[[74]](#footnote-75) to provide direct civil legal services when civil legal needs are affecting families’ health, including:
* substandard or unsafe housing
* inappropriate denial of public benefits
* inadequate educational accommodations
* issues of guardianship and immigration
1. Conducting home visits as needed in the case of emergencies[[75]](#footnote-76)
	1. The SBHC must prepare students to ultimately assume responsibility for their own health care, including the following:
2. teaching them to be effective advocates and consumers of their own health care
3. improving their health literacy including how to ask questions about treatment
4. teaching skills needed to schedule appointments and manage medications
5. involving them directly in transition planning to adult primary care services, including how to organize relevant documentation of medical record information.

## Referrals

* 1. The SBHC must provide care coordination through supported referrals to and from community-based health care providers and social service agencies. SBHC and their sponsoring agencies must maintain current and accurate referral relationships with providers who are accessible and provide evidence-based care. SBHC referral partnerships must include at minimum:
1. adolescent sexual and reproductive health care
2. youth-serving programs for LGBTQ+ care
3. primary care (pediatric/adult)
4. dental care
5. housing-related assistance programs
6. food assistance programs
7. Temporary Assistance for Needy Families (TANF)
8. behavioral health services including substance use treatment and psychiatric crisis services
9. violence prevention and response programs including rape crisis centers, domestic violence programs, adolescent relationship abuse/intimate partner violence programs
10. health and prevention services for human trafficking survivors
11. disability and special health care needs programs
	1. The SBHC shall refer a student enrolled in a managed care plan (PCC or HMO) who requires primary care, specialty medical and/or surgical services to their PCC or HMO to be seen and/or to obtain a referral.
12. The SBHC shall document in the student's record that the referral or authorization was requested and/or obtained/denied.
13. The SBHC shall monitor and note follow-up on the outcome of the referral or authorization request.
	1. To the degree possible, agreements regarding the ability for SBHCs to receive referrals for third party reimbursement should be negotiated and documented with local primary care providers who are associated with students enrolled at the SBHC.

## Communication and information sharing

* 1. The SBHC must coordinate care and the exchange of information within the Health Insurance Portability Accountability Act of 1996 (HIPAA).[[76]](#footnote-77)
	2. To assure comprehensive and integrated health care delivery in schools, the SBHC must work collaboratively with school staff and community care providers and exchange information related to the student's needs to the extent possible within the limits of FERPA (when the SBHC requests information from the school) and HIPAA (when the school or any other personnel requests information from the SBHC). School staff and community providers include, but are not limited to:
1. school nurse
2. school administrators
3. teachers
4. specialty school program staff (e.g., bilingual, deaf, special education)
5. student support coordinators, adjustment counselors, guidance counselors
6. student support teams
7. school-based mental health (MH) service and substance use (SU) prevention and treatment services providers
8. community-based health care providers (e.g., PCCs, HMOs, MH/SU providers, specialists)
	1. The SBHC must obtain consent for treatment and the sharing of medical information in accordance with federal/state regulations and the guidance of the SBHC sponsoring agency legal department. Written protocols must:
9. require the written permission of a parent/guardian, except where minors are authorized by law to provide consent
10. incorporate the rights of minors to consent to their own treatment as provided for by law

# COMMUNITY ENGAGEMENT

* 1. The SBHC works with the school’s Youth Advisory Committee (YAC)[[77]](#footnote-78) to ensure that students are meaningfully, actively engaged in determining the health needs, priorities, services, and best methods of service delivery by engaging in the following activities:
1. Community asset mapping and needs assessment
2. Evaluation of services
3. Youth-led outreach and promotion
4. Peer-to-peer health education
5. Advocacy mobilization[[78]](#footnote-79)

If the school does not have a YAC, the SBHC must work with the school to establish one.

* 1. The SBHC conducts and documents student/family satisfaction.
		1. All SBHC clients and students enrolled in the host school must be given meaningful opportunities to provide student satisfaction feedback about the SBHC. All students should have the option to not respond or participate in any feedback opportunities, allowing students the agency to opt in or out.
		2. Feedback opportunities must be provided in ways that are culturally, linguistically, and age appropriate for the student body. At a minimum, students should be asked if they feel accepted for who they are at the SBHC.
		3. Students who are not clients of the SBHC should have an opportunity to share why they do not engage in services.
		4. All SBHCs should ensure service delivery is adapted as appropriate in response to feedback.
	2. The sponsor agency and its SBHCs must be represented on the school health advisory committee to analyze and discuss emerging trends in health and community conditions that can potentially influence academic success.
	3. The SBHC should work collaboratively with the host school community, including parents, teachers and administrators, students, local primary care providers, and community agencies, to identify and address health-related trends and develop and deliver health promotion activities to the entire school community.
	4. The SBHC must promote its services among the school community. Promotional materials and activities should follow CLAS standards.
	5. The SBHC must develop a process for linkage with and participation in current community coalitions and initiatives addressing child and adolescent health.

# QUALITY MEASUREMENT

**The SBHC utilizes quality improvement strategies to monitor and evaluate the appropriateness and effectiveness of the services provided.**

* 1. The SBHC is expected to meet the current MDPH School-Based Health Center Program Performance Measures.
	2. The SBHC must comply with all Massachusetts Department of Public Health (MDPH) data reporting requirements.
	3. The SBHC must comply with all continuous quality improvement and reporting requirements of MDPH.
	4. The SBHC must conduct its own QI activities using the CLAS standards and racial equity principles as a framework.
	5. The SBHC and sponsoring agency complies with all requests for periodic site visits and clinical record review by MDPH in accordance with privacy guidelines.
1. http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53 [↑](#footnote-ref-2)
2. https://www.mass.gov/culturally-and-linguistically-appropriate-services-clas-initiative [↑](#footnote-ref-3)
3. https://umhs-adolescenthealth.org/improving-care/health-center-materials/ [↑](#footnote-ref-4)
4. https://www.sbh4all.org/what-we-do/school-based-health-care/health-and-learning/mental-health/ [↑](#footnote-ref-5)
5. https://www.masspartnership.com/provider/esp.aspx [↑](#footnote-ref-6)
6. https://www.doe.mass.edu/sfs/emergencyplan/ [↑](#footnote-ref-7)
7. https://www.mass.gov/orgs/division-of-health-care-facility-licensure-and-certification [↑](#footnote-ref-8)
8. https://www.mass.gov/doc/105-cmr-140-licensure-of-clinics/download [↑](#footnote-ref-9)
9. https://umhs-adolescenthealth.org/improving-care/lgbtq-care/ [↑](#footnote-ref-10)
10. https://publications.aap.org/pediatrics/article/144/2/e20191765/38466/The-Impact-of-Racism-on-Child-and-Adolescent?autologincheck=redirected [↑](#footnote-ref-11)
11. https://www.aafp.org/about/policies/all/adolescent-confidentiality.html [↑](#footnote-ref-12)
12. https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05472 [↑](#footnote-ref-13)
13. https://pubmed.ncbi.nlm.nih.gov/31358665/ [↑](#footnote-ref-14)
14. https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/ACEs-Adverse-Childhood-Experiences.aspx [↑](#footnote-ref-15)
15. https://malegislature.gov/laws/generallaws/parti/titlexv/chapter94c [↑](#footnote-ref-16)
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