

Report to the Public Health and Education
Committees on School Based Health Centers

Pursuant to Section 19a-6i of the General Statutes

School-Based Health Center Advisory
Committee 2023

School Based Health Center Advisory Committee Bi-Annual Report and Recommendations

Executive Summary

School Based Health Centers (SBHC) provide access to comprehensive, coordinated, high quality health care, including medical, mental health and dental services to students in schools. SBHC's support schools by keeping students healthy, in the classroom, and ready to learn. American Academy of Pediatrics "School Based Health Centers and Pediatric Practices" October 2021 Volume 148, Issue 4 notes the following.

- SBHCs reduce health disparities by providing services to students from diverse racial and socioeconomic backgrounds, particularly the underinsured and uninsured child.
- SBHC mental health interventions offer an opportunity to reach the greatest number of youths who may not receive behavioral health care in any other setting.
- SBHCs are critical to supporting schools in addressing bullying, violence, and suicide.
- SBHCs help to identify and support social or emotional sources of stress that interfere with students' academic achievement. This decreases absenteeism, tardiness, and school discipline referrals.

Report recommendations

- The School Based Health Centers Advisory Committee continues to strongly support the adoption of minimum quality standards for both SBHC and Expanded School Health Sites (ESHS). The quality standards are contractually required and adhered to as a condition of current outpatient clinic licensure. The standards clarify the requirements for operations to safeguard the quality, sustainability, accountability, and consistency of services.
- The committee strongly recommends an increase in funding for mental health services and medical care at our school-based health centers to meet student demand.
- The School Based Health Centers Advisory Committee supports the CT Association of School Based Health Centers legislative priorities which include, maintain funding for all SBHC in the state budget, advocate for an increase in Medicaid reimbursement rates and expand service coverage and expansion of Medicaid eligibility to include under-insured and uninsured.

Legislative Mandate:

Connecticut General Statutes (CGS) Section 19a-6i established a School Based Health Center(SBHC) Advisory Committee for the purpose of advising the Commissioner of Public Health (DPH) on matters relating to:

1. Statutory and regulatory changes to improve health care through access to SBHC and Expanded School Health Sites (ESHS);
2. Minimum standards for providing services in SBHC and ESHS to ensure the provision of high-quality health care services are provided in SBHC and ESHS, as such terms are defined in CGS Section 19a-6r; and
3. Other topics of relevance to the SBHC and ESHS, as requested by the Commissioner.

In 2022, SBHC Advisory Committee meeting dates included; January 18th, April 19th, July 19th, October 18th.

Introduction

The intent of this report is to provide the Commissioner and chairs of the Public Health Committee with an update on the activities of the School Based Health Centers and the successes and challenges in meeting the needs of Connecticut's children. This information will be important as the 2023 legislative session continues, and budgetary and regulatory considerations are made and will support informed decision making on issues that affect the healthcare access for Connecticut's children and families.

History & Overview of Connecticut's Traditional School Based Health Center Model

Since 1982, Connecticut's School Based Health Centers (SBHCs) have been delivering comprehensive, coordinated, high quality health care, including medical and behavioral health and oral health care services to students in schools, earning the recognition as an essential component of the state's safety net for over 36,550 enrolled students (Pre-K-Grade 12) residing in twenty-seven communities. During FY 2021-2022, the 90 state-funded SBHC's served almost 22,000 students with a total of 128,365 visits.

SBHCs are a partnership between the school and community. SBHCs support schools by

keeping students healthy and in the classroom so that they can maximize their opportunities for learning. Throughout Connecticut, school administrators and faculty have come to recognize the unique role of SBHCs in ensuring that students come to school ready to learn. Often overburdened by many demands, educators welcome the presence of a team of health professionals, dedicated to effective prevention and treatment of student's physical and emotional concerns.

A SBHC is a fully licensed primary care facility, staffed by teams of professionals specializing in child and adolescent health; including licensed nurse practitioners, physician's assistants, clinical social workers, medical assistants, and licensed oral health professionals who operate under the guidance of a medical, behavioral health and dental directors. Like health care provided in a private physician's office or hospital clinic, all services provided by SBHC follow HIPPA (Federal Standards for Privacy of Individually Identifiable Health Information) and all state laws regarding health confidentiality. Health information is shared with the Primary Care Provider. Parents must sign a Parent Permission Form for students to receive services. Certain health services are protected and accessible under state guidelines. It is the mission of SBHCs to work in partnership with parents while respecting the age, cultural values, and family situation of every student.

Benefits of School Based Health Centers

SBHCs are intentionally located in schools where students are predominantly members of disadvantaged, minority, or ethnic populations, who have historically experienced health care access disparities and are often publicly insured, underinsured, or uninsured. Children from low-income or racial and ethnic minority populations are more likely to develop chronic health problems, are less likely to have a consistent source of medical care and are at greater risk of school failure than their more affluent peers. SBHCs can help to reduce both health and educational disparities by increasing access to care and school attendance and by improving both health and educational outcomes of students.

Mounting research has provided evidence of many proven health, educational and financial benefits that SBHCs have afforded students, families, school staff and the community. Some are obvious to most, while others are not. Some of the more commonly expressed benefits of SBHCs include increased parental work time, convenience for both parents and students,

preventing missed school and absenteeism, eliminating transportation issues, and decreased healthcare costs to families.

A study published in 2019 in the journal, *Global Pediatric Health*, titled *The Evidence on School-Based Health Center's: A Review* concluded that SBHCs provide the following:

- Financial savings to families by preventing secondary losses of time and productivity for parents who would have to leave work to attend medical, dental, or mental health appointments.
- A reduction in unnecessary emergency room visits.
- Medicaid expenditure reduction from the cost savings associated with SBHCs, with estimated savings ranging from \$30 to over \$900 per visit and between \$46 and over \$1,000 per Medicaid enrolled students with SBHCs.
- SBHC utilization has been associated with improved academic outcomes, such as improved GPAs, attendance, grade promotion, college preparation, and reduced rates of suspensions.
- Improved academic performance indirectly by increasing school connectedness, particularly in lower income youth populations.

According to an article published in October 2021 in the *American Academy of Pediatrics*, Volume 148, Issue 4, *School Based Health Centers, and Pediatric Practices*, SBHC's.

- Reduce health disparities by providing services to students from diverse racial and socioeconomic backgrounds, particularly the underinsured and uninsured child.
- SBHC mental health interventions offer an opportunity to reach the greatest number of youths who may not receive behavioral health care in any other setting.
- SBHCs are critical to supporting schools in addressing bullying, violence, and suicide.
- They help to identify and support any social or emotional sources of stress that interfere with students' academic achievement, decreasing absenteeism, tardiness, and school discipline referrals.

It is well documented that health outcomes and educational achievement are interrelated. Health problems (e.g., vision and oral health problems, asthma, teen pregnancy, malnutrition, obesity, chronic stress, trauma, and risk-taking behaviors) are associated with high student absenteeism, dropout rates and low scholastic performance. By addressing physical and mental health issues

and providing consistent support to students in school, SBHCs help all students to be mentally and physically healthy, to stay in school and able to reach their full potential in school and in life.

Challenges

Access to students and new technology were challenges faced by SBHCs around the state during the 2020-2021 school year and while SBHCs were back on track and students were in-person learning full-time for the 2021-2022 school year, SBHCs faced a different set of challenges. With limited access to primary care providers in the community and pediatric practices still being inundated with Covid related sick visits, many families turned to SBHCs for school physical and immunization catch up and same day sick visits.

Over 5,800 physicals were conducted across the SBHC medical sites. Of the 57,485 medical visits conducted, 6,288 students were determined to be overweight or obese with over 5,000 of those identified receiving physical activity and nutrition counseling. Due to the lack of resources, over 1,000 students were not able to receive the necessary nutrition and physical activity counseling to help address healthy living styles.

A significant challenge related to the sustainability of SBHCs is the percentage of uninsured students receiving care in the 90 SBHCs. Thirty-one percent of students who received medical, mental health or dental treatment are uninsured, meaning that the SBHCs receive no reimbursement for any of the services provided at the SBHC. Therefore, 39,793 visits went unpaid to the SBHC due to lack of insurance.

Of the 128,365 visits provided at the SBHCs, 63,556 visits were mental health visits, provided to 4,091 students. Unfortunately, the biggest challenge faced by SBHC mental health clinicians is that the need outweighs the availability of staff. Many sites need multiple clinicians to address the mental health needs of students enrolled, but workforce shortages as well as financial shortages faced by these centers have forced students onto waiting lists. Funding in the amount of twelve million dollars was allocated to SBHCs to support the needs of students during Covid. In addition, the state legislature allocated \$10 million dollars in American Rescue Plan Act funds to address expansion of SBHCs including mental health services with priority given to schools within districts based on community need as identified in the Public Act 21-35 Section 16 Report on the Expansion of School Based Health Centers. A Request for Proposal

was posted, a fiduciary selected and the funding will be distributed to the SBHC sites through an evaluation tool that prioritizes the delivery of health care services for school-based health center clients who attend schools listed in the PA 21-35 Section 16 Report on the Expansion of School Based Health Centers. Funding will be awarded based on the highest scores to several criteria including statement of need, proposed scope of SBHC services, marketing and outreach, work plans with measurable objectives, financial profile and sustainability plan.

Innovations

As the COVID-19 pandemic continued into the 2020-2021 school year many schools throughout Connecticut, SBHC strategically modified their service delivery process to ensure that they were available to meet the myriad physical and mental health needs of Connecticut's children. Access to mental health services continued to provide challenges to families. SBHCs continued to utilize telehealth to increase service time availability. Mental health providers at one location could now easily provide services at other SBHCs before and after school, during professional development days, on half day closures or when student access was limited due to testing, field trips or other unavoidable situations. Telehealth services also continue to support family and community provider engagement in treatment. It has allowed psychiatric services to manage higher caseloads by eliminating travel times between SBHCs and has increased parent engagement by allowing families to be involved from any location.

Partnerships and New Connections

Throughout the COVID-19 pandemic, SBHCs have recognized the need to further develop partnerships to share information and leverage resources. SBHCs stressed the importance of strengthening existing community partnerships and building new ones during the pandemic. Existing relationships with school administrators and other school staff strengthened as they continued to work together to develop ways to meet student's healthcare needs as students continue to face significant mental health needs.

SBHCs worked with local non-profits to provide needed medical and mental health services to homeless youth, partnering with sponsoring hospitals to continue to provide COVID-19 testing site resources. Working with the school support staff, including school nurses and school social workers, to identify students needing a higher level of support.

Connecticut Association of School Based Health Centers (CASBHC) has continued to work directly with State level agencies including the CT Department of Public Health and the State Department of Education to provide insight and information about how SBHC could be utilized to support statewide strategies. CASBHC provided consultation regarding the expansion of SBHCs through the state mandated SBHC Expansion Workgroup. CASBHC worked with policy analysts to support the SBHC language in Senate Bill 1 An Act Concerning Childhood Mental and Physical Health Services in Schools in the 2022 legislative year. CASBHC and its Board of Directors worked with legislators to support a monetary determination for Senate Bill 1 in the 2022 legislative year and testified on behalf of it.

Recommendations:

1. The committee continues to strongly support the adoption of minimum quality standards for both SBHC and ESHS, as defined in Appendices A and B.

Each item in the recommended SBHC and ESHS standards that are attached to this report are contractually required and adhered to as a condition of current outpatient clinic licensure. The standards do not require any new provisions, but simply reflect and codify the operational, facility, and core element requirements for outpatient clinic licensure. The standards clarify the requirements for operations of these facility types to safeguard the quality, standardization, sustainability, accountability, and consistency of those service sites falling under the definition of a SBHC or ESHC and hold contractors accountable for ensuring the integrity of services delivered through these unique models of care. This report, and the development of quality standards for SBHC and ESHS, was the result of the continued commitment and dedication on the part of committee members to ensure that Connecticut's SBHCs are of the highest quality. The committee strongly recommends the adoption of the minimum quality standards for SBHC and ESHS in state statute or regulations as a priority area of its work. The committee strongly recommends an increase in funding for mental health services and medical care at our school-based health centers to meet student demand.

Connecticut students are continuing to suffer from increasing feelings of anxiety and depression, peer relationship issues, school avoidance, identity concerns, as well as social determinants of health. The uncertainty of the new variants puts

additional stress on our children. Our school-based health centers require increased levels of funding to provide adequate mental health counseling and medical care. The demand for services exceeds hours and staffing. Without mental health support in place, student outcomes will continue to suffer dramatically. Current research continues to show increased mental health concerns and needs in the pediatric population, especially ages 12-18 which have had a marked increase in Emergency Room visits for mental health. There is additional concern for this age groups' access to mental health services and concern for adolescents' access in lower socioeconomic groups, certain races, and ethnic groups. These needs and access concerns encompass physical health needs which have been affected by the pandemic and in turn affect mental health status. SBHCs play a critical role in reaching these populations.

2. The committee strongly recommends an increase in funding for mental health services and medical care at our school-based health centers to meet student demand.

Additional funding for SBHC expansion would allow for new initiatives to serve a greater number of Connecticut children, including increased telehealth and mobile services, initiatives to assist students in loss and grief services, aggressive outreach to re-engage students who have not been attending school, and programs to enhance already existing SBHC services.

3. The School Based Center Advisory Committee supports the CT Association of School Based Health Centers legislative priorities for 2023 include:

Maintain funding for all School Based Health Centers in the state budget.

- Support expansion of comprehensive SBHCs
- Support expansion of SBHC service into rural areas

Advocate for an increase in Medicaid reimbursement rates and expand service coverage to include coverage for:

- Educational services are considered to be psychoeducational.
- Weight reduction programs and preventative counseling for physical activity and nutrition.

- Assessments of social determinants of health including but not limited to suicide, depression, anxiety, nutrition needs, brief substance intervention.
- Dental screenings by medical providers.

Advocate for the expansion of Medicaid eligibility to include Under-insured and Uninsured to include:

- The undocumented populations.
- Those facing Medicaid redetermination.
- Underinsured.

SBHC Advisory Committee Membership (Updated 1/2023)

Appointing Authority	Member Role	Member Name
House speaker – Matthew Ritter	One family advocate or parent whose child uses SBHC services	John Flanders
Senate president pro tempore – Martin Looney	One school nurse	Christin Kondash
House majority leader - Jason Rojas	One representative of a SBHC sponsored by a community health center	Tricia Orozco
Senate majority leader – Bob Duff	One representative of a SBHC sponsored by a nonprofit healthcare agency	Sherry Linton-Massiah
House minority leader - Vincent Candelora	One representative of a SBHC sponsored by a school or school system	Lynn Weeks
Senate minority leader - Kevin Kelly	One representative of a SBHC that does not receive state funds	Judy Kanz
Governor – Ned Lamont	One representative each of (a) the American Academy of Pediatrics' Connecticut Chapter and (b) a hospital sponsored SBHC	(a) Robert Dudley (b) Vacant
DPH Commissioner – Manisha Juthani	One representative of a SBHC sponsored by a local health department	Ali Mulvihill
DPH Commissioner – Manisha Juthani	One representative of a SBHC from a municipality that has a population of at least 50,000 but less than 100,000 and operates a SBHC	Sharon Bremner
DPH Commissioner – Manisha Juthani	One representative of a SBHC from a municipality that has a population of at least 100,000 and operates a SBHC	Debbie Chameides
State agency representatives -	The Commission on Women, Children and Seniors executive director, or designee	Steven Hernández
State agency representatives – Manisha Juthani	DPH	Alice Martinez
State agency representatives – Charlene Russell-Tucker	SDE	Amanda Pickett
State agency representatives – Nancy Navarretta	DMHAS	Andrea Duarte
State agency representatives – Andrea Barton Reeves	DSS	Catherine Holt (Alternate Dana Robinson-Rush)
State agency representatives - Vannessa Dorantes	DCF	Yvette Cortez
CASBHC Executive Director / BOD member	Executive Director	Melanie Wilde-Lane
CASBHC Executive Director / BOD member	CASBHC Board of Director Member	Jill Holmes Brown
CASBHC Executive Director / D member	CASBHC Board of Director Member	Melanie Bonjour

Checklist for Quality Standards for Connecticut School Based Health Centers (SBHCs)

Core Requirements	
1. Administrative	
<input type="checkbox"/> yes <input type="checkbox"/> no	Organizational chart with clear lines of authority and supervision
<input type="checkbox"/> yes <input type="checkbox"/> no	An administrator responsible for overall program management, quality of care, coordination with school and collaborating partner agency personnel; an identified coordinator for each SBHC site
<input type="checkbox"/> yes <input type="checkbox"/> no	Written job descriptions for all staff providing care or involved in SBHC operations
<input type="checkbox"/> yes <input type="checkbox"/> no	a signed school nurse/SBHC communications' agreement
<input type="checkbox"/> yes <input type="checkbox"/> no	Written policy addressing compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA)
<input type="checkbox"/> yes <input type="checkbox"/> no	Periodic performance evaluation of staff per sponsoring organization requirements
<input type="checkbox"/> yes <input type="checkbox"/> no	Appropriate credentialing/licensure and re-credentialing of all clinical providers
<input type="checkbox"/> yes <input type="checkbox"/> no	Each student shall have a completed, signed enrollment form on file which includes: demographic information; parent/guardian contact information; third-party billing and primary care providers' information; consent to treat; and a medical history.
<input type="checkbox"/> yes <input type="checkbox"/> no	Written policy regarding SBHC responsibilities in case of a school emergency or disaster
2. Staffing	
Staff includes:	
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site support staff
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site licensed medical clinician
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site behavioral health clinician (licensed or license-eligible)
<input type="checkbox"/> yes <input type="checkbox"/> no	Designated health care provider available to clinic staff to discuss clinical issues as needed
3. Facility	
a. Location	
<input type="checkbox"/> yes <input type="checkbox"/> no	Health Center is established and operated within a school building or on school grounds
<input type="checkbox"/> yes <input type="checkbox"/> no	SBHCs occupy a dedicated space for the purpose of providing SBHC services
b. Regulations	
<input type="checkbox"/> yes <input type="checkbox"/> no	In schools renovated after 1990, the facility meets Americans with Disabilities Act requirements for accommodation of individuals with disabilities
<input type="checkbox"/> yes <input type="checkbox"/> no	Facility meets local, state, and federal building codes (including lights, exit signs, ventilation, etc.); Occupational Safety and Health Administration requirements and any other local, state or federal requirements for occupancy and use of the space allocated for the SBHC
c. Physical space	
Although some rooms/areas may serve more than one purpose in delivering SBHC services, the center includes at least the following functional elements:	
<input type="checkbox"/> yes <input type="checkbox"/> no	A designated waiting/reception area
<input type="checkbox"/> yes <input type="checkbox"/> no	At least one exam room
<input type="checkbox"/> yes <input type="checkbox"/> no	One accessible sink with hot and cold water
<input type="checkbox"/> yes <input type="checkbox"/> no	A counseling room/private area
<input type="checkbox"/> yes <input type="checkbox"/> no	Access to a handicapped accessible toilet facility with a sink with hot and cold water
<input type="checkbox"/> yes <input type="checkbox"/> no	Office/clerical area

<input type="checkbox"/> yes <input type="checkbox"/> no	A secure, locked storage area for supplies (e.g. medications, lab supplies)
<input type="checkbox"/> yes <input type="checkbox"/> no	A designated lab space with clean and dirty areas
<input type="checkbox"/> yes <input type="checkbox"/> no	Secure and confidential records storage
<input type="checkbox"/> yes <input type="checkbox"/> no	A phone line exclusively dedicated to the center
<input type="checkbox"/> yes <input type="checkbox"/> no	A minimum of one secure data connection
<input type="checkbox"/> yes <input type="checkbox"/> no	Walls extend from floor to ceiling, with doors in appropriate locations to facilitate privacy and confidentiality
<input type="checkbox"/> yes <input type="checkbox"/> no	Each room/area includes adequate lighting
<input type="checkbox"/> yes <input type="checkbox"/> no	The school's central office intercom system connects to the SBHC
d. Equipment and Supplies	
The SBHC includes:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Equipment and supplies necessary to provide all services
<input type="checkbox"/> yes <input type="checkbox"/> no	SBHC equipment checked regularly to ensure good working order, and maintained and calibrated as recommended by manufacturer
<input type="checkbox"/> yes <input type="checkbox"/> no	Processes for inspecting emergency medical equipment monthly for items that need to be replaced or replenished
<input type="checkbox"/> yes <input type="checkbox"/> no	The SBHC is compliant with the current vaccine storage standards.
<input type="checkbox"/> yes <input type="checkbox"/> no	Procedures for checking medications and supplies monthly for outdated materials, and for processing them accordingly
Sponsorship Requirements	
1. Lead Sponsoring Agency	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. SBHC has one lead sponsoring agency
b. Type of lead sponsor is: (check only one)	
<input type="checkbox"/>	School or school district
<input type="checkbox"/>	Public health department
<input type="checkbox"/>	Community health center
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Private nonprofit health or human services organization
<input type="checkbox"/>	Tribal Government/Indian Health Service
c. Requirements and responsibilities of the sponsoring agency:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Assures provision of one or more of the following: funding, staffing, medical oversight and/or medical and general liability coverage
<input type="checkbox"/> yes <input type="checkbox"/> no	Negotiates and maintains a valid access agreement between the sponsoring agency and the school district
<input type="checkbox"/> yes <input type="checkbox"/> no	Maintains current agreements with any other organizations that provide services in the SBHC
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures that interagency agreements specify priorities, responsibilities and a process for resolving differences
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures confidential electronic collection and storage of service data
d. Community Advisory Board (CAB)	
In collaboration with the local school district, the sponsoring agency:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures a role for the CAB that includes reviewing and advising on student needs; program planning; implementation and evaluation; and provides input about governance, management, services and funding. The sponsoring agency solicits participation from other key community stakeholders including parents/guardians, school administration, school health providers, youth, community health providers and public health organizations, as well as appropriate specialty care providers and insurers

<input type="checkbox"/> yes <input type="checkbox"/> no	Holds a minimum of two CAB meetings per year
2. Licensed Entity	
a. More than one agency may offer health care services in the SBHC; each must be a licensed entity.	
<input type="checkbox"/> yes <input type="checkbox"/> no	SBHC has at least one licensed entity
b. The Licensed Entity	
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures available consultation and oversight for health care services provided in the SBHC through a designated health care provider
<input type="checkbox"/> yes <input type="checkbox"/> no	Provides evidence of ongoing involvement of the designated health care provider, as necessary, in clinical policy and procedures development, records review and clinical oversight
<input type="checkbox"/> yes <input type="checkbox"/> no	Medical, behavioral health, and dental services shall be provided by a licensed entity
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures provision of 24-hour, seven-days-per-week coverage for services needed by users of the SBHC
<input type="checkbox"/> yes <input type="checkbox"/> no	Provides evidence of required liability and malpractice coverage and worker's compensation
<input type="checkbox"/> yes <input type="checkbox"/> no	Maintains ownership of clinical records
<input type="checkbox"/> yes <input type="checkbox"/> no	The licensed medical entity maintains a Certificate of Waiver to provide waived laboratory tests, per the Clinical Laboratory Improvement Amendments (CLIA)
Program Operations	
1. Eligibility, Enrollment and Consent	
<input type="checkbox"/> yes <input type="checkbox"/> no	Develops and maintains a written policy on consent for treatment, within the scope of the law, including Minor Consent laws
<input type="checkbox"/> yes <input type="checkbox"/> no	At a minimum, extends eligibility for all services to all students attending the school that hosts the SBHC
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures students' access to services regardless of their race, national origin, religion, immigration status, sexual orientation, disability, gender, or insurance status
<input type="checkbox"/> yes <input type="checkbox"/> no	The SBHC provides written information about the center to parents/guardians and youth, which includes the scope of services offered, including how to access 24-hour, seven-days-per-week health services for SBHC users during non-school hours and vacation periods shall be included
2. Records and Confidentiality	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Optimally, a single, integrated electronic health record facilitates the provision of care and the services provided
b. At a minimum, the required health record includes the following:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Signed consent form
<input type="checkbox"/> yes <input type="checkbox"/> no	Personal information
<input type="checkbox"/> yes <input type="checkbox"/> no	Individual and family medical history
<input type="checkbox"/> yes <input type="checkbox"/> no	Problem list
<input type="checkbox"/> yes <input type="checkbox"/> no	Medication list
<input type="checkbox"/> yes <input type="checkbox"/> no	Immunization record
<input type="checkbox"/> yes <input type="checkbox"/> no	Screening and diagnostic tests, including laboratory findings
<input type="checkbox"/> yes <input type="checkbox"/> no	Health and behavioral health progress notes or encounter forms
<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment plan
<input type="checkbox"/> yes <input type="checkbox"/> no	Referral system
c. Requirements regarding records management:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Maintain and store records in a manner that restricts access to records to SBHC staff, in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
<input type="checkbox"/> yes <input type="checkbox"/> no	Keep records separate from any part of student's educational record

<input type="checkbox"/> yes <input type="checkbox"/> no	Release information only with a signed consent by the parent/guardian, a youth 18 years of age or older, or a youth receiving services under the minor consent law
d. Requirements regarding confidentiality and sharing of health information:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Signed parent/guardian consent (or student permission, as appropriate) to obtain school health services records or to share SBHC records (other than immunizations) with school health staff
<input type="checkbox"/> yes <input type="checkbox"/> no	Comply with HIPAA and FERPA regulations for sharing information
<input type="checkbox"/> yes <input type="checkbox"/> no	Utilize release of information forms for sharing information with community providers outside of the SBHC
3. Quality Improvement and Program Evaluation:	
a. Continuous quality improvement plan includes:	
<input type="checkbox"/> yes <input type="checkbox"/> no	A designated staff member to serve as the quality improvement coordinator
<input type="checkbox"/> yes <input type="checkbox"/> no	A mechanism for monitoring clinical services and evaluating program goals
<input type="checkbox"/> yes <input type="checkbox"/> no	At least two clinical or practice management measures per year to be monitored and evaluated for improvement.
<input type="checkbox"/> yes <input type="checkbox"/> no	A plan for improvement
<input type="checkbox"/> yes <input type="checkbox"/> no	A written record of progress toward improving selected measures
4. Data Collection and Reporting	
a. The SBHC maintains an electronic data collection system that includes the following minimum data variables:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Unique patient identifier
<input type="checkbox"/> yes <input type="checkbox"/> no	Date of birth
<input type="checkbox"/> yes <input type="checkbox"/> no	Gender
<input type="checkbox"/> yes <input type="checkbox"/> no	Race
<input type="checkbox"/> yes <input type="checkbox"/> no	Ethnicity
<input type="checkbox"/> yes <input type="checkbox"/> no	Grade
<input type="checkbox"/> yes <input type="checkbox"/> no	Insurance status
<input type="checkbox"/> yes <input type="checkbox"/> no	Date of visit
<input type="checkbox"/> yes <input type="checkbox"/> no	Location of visit
<input type="checkbox"/> yes <input type="checkbox"/> no	Provider type
<input type="checkbox"/> yes <input type="checkbox"/> no	Current Procedural Terminology (CPT) visit code(s)
<input type="checkbox"/> yes <input type="checkbox"/> no	Diagnosis code(s): most recent ICD or DSM
<input type="checkbox"/> yes <input type="checkbox"/> no	b. Capacity exists for the SBHC to report service data
5. Financing and Sustainability	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Prior to implementation, new SBHCs develop a sustainability plan
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>	b. SBHCs create and periodically update a strategic plan
n/a <input type="checkbox"/> yes <input type="checkbox"/> no	c. SBHCs develop an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support
<input type="checkbox"/> yes <input type="checkbox"/> no	d. SBHCs collect financial data and are capable of reporting revenues and expenses by commonly accepted line item types
e. Written billing policies for SBHCs provide:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Processes for recording, charging, billing and collecting for services rendered that facilitates care for users of the SBHC regardless of ability to pay
<input type="checkbox"/> yes <input type="checkbox"/> no	Assurances that services that are confidential by law are billed for in a manner to protect patient confidentiality
<input type="checkbox"/> yes <input type="checkbox"/> no	Outreach and application assistance to families with students eligible for public or

	private health insurance, directly or through referral
6. Compliance with Applicable Federal and State Regulations	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Compliant with the Americans with Disabilities Act of 1990
<input type="checkbox"/> yes <input type="checkbox"/> no	b. Compliant with Clinical Laboratory Improvement Amendments
<input type="checkbox"/> yes <input type="checkbox"/> no	c. Compliant with Family Education Rights and Privacy Act, published by the Department of Education
<input type="checkbox"/> yes <input type="checkbox"/> no	d. Compliant with the Health Insurance Portability and Accountability Act
<input type="checkbox"/> yes <input type="checkbox"/> no	e. Compliant with the Occupational Safety and Health Administration
<input type="checkbox"/> yes <input type="checkbox"/> no	f. Compliant with applicable CT public health code regulations
Program Core Elements	
a. Provide access to integrated and coordinated medical care, behavioral health care, and oral health care onsite through treatment or referral:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Scheduled and same-day appointments available to SBHC users for non-urgent, acute, and chronic health problems including referral if needed
<input type="checkbox"/> yes <input type="checkbox"/> no	24 hour, seven-days-per-week access to health services for SBHC users during non-school hours and vacation periods to ensure the continuity of care
<input type="checkbox"/> yes <input type="checkbox"/> no	Outreach activities to enroll students in the SBHC
<input type="checkbox"/> yes <input type="checkbox"/> no	Activities to promote awareness of SBHC services
<input type="checkbox"/> yes <input type="checkbox"/> no	Activities to promote utilization of SBHC services
<input type="checkbox"/> yes <input type="checkbox"/> no	Services are provided in accordance with Cultural and Linguistically Appropriate Standards (CLAS)
<input type="checkbox"/> yes <input type="checkbox"/> no	Care coordination among SBHC staff and through communication with the youth's community providers
<input type="checkbox"/> yes <input type="checkbox"/> no	A referral system for health services not available in the SBHC
b. Provide preventive and primary physical health care with an emphasis on prevention of health risks and chronic disease through the following:	
1) Annual preventive health exams:	
<input type="checkbox"/> yes <input type="checkbox"/> no	History, risk/developmental screening and physical assessment; EPSDT; anticipatory guidance
<input type="checkbox"/> yes <input type="checkbox"/> no	Screening, offering and/or administration of immunizations per CDC recommendations
<input type="checkbox"/> yes <input type="checkbox"/> no	Oral health assessment, identification of observable problems, date of the last oral health visit, appropriate oral health education and referral as needed
<input type="checkbox"/> yes <input type="checkbox"/> no	Identification and management of chronic disease in collaboration with the student's PCP and community providers
<input type="checkbox"/> yes <input type="checkbox"/> no	2) Diagnosis and treatment of acute illness and injury with referral as necessary
<input type="checkbox"/> yes <input type="checkbox"/> no	3) Provision for medications
<input type="checkbox"/> yes <input type="checkbox"/> no	4) Waived laboratory tests onsite, as included in the Clinical Laboratory Improvement Amendments (CLIA)
c. Provide behavioral health services, including:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Mental health screening, assessment, and treatment on site
<input type="checkbox"/> yes <input type="checkbox"/> no	Individual, group, and family therapy; crisis management
d. For sites that provide oral health services:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Oral health screening, assessment, and treatment and/or referral

Checklist for Quality Standards for Connecticut Expanded School Health Sites (ESHS)

Core Requirements	
1. Administrative	
<input type="checkbox"/> yes <input type="checkbox"/> no	Organizational chart with clear lines of authority and supervision
<input type="checkbox"/> yes <input type="checkbox"/> no	An administrator responsible for overall program management, quality of care, coordination with school and collaborating partner agency personnel; an identified program coordinator for the expanded school health site(s)
<input type="checkbox"/> yes <input type="checkbox"/> no	Written job descriptions for all staff providing care or involved in ESHS operations
<input type="checkbox"/> yes <input type="checkbox"/> no	a signed school nurse/SBHC communications' agreement
<input type="checkbox"/> yes <input type="checkbox"/> no	Written policy addressing compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA)
<input type="checkbox"/> yes <input type="checkbox"/> no	Periodic performance evaluation of staff per sponsoring organization requirements
<input type="checkbox"/> yes <input type="checkbox"/> no	Appropriate credentialing/licensure and re-credentialing of all clinical providers
<input type="checkbox"/> yes <input type="checkbox"/> no	Each student shall have a completed, signed enrollment form on file which includes: demographic information; parent/guardian contact information; third-party billing and primary care providers' information; consent to treat; and a medical history.
<input type="checkbox"/> yes <input type="checkbox"/> no	Written policy regarding ESHS responsibilities in case of a school emergency or disaster
2. Staffing	
Staff includes:	
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site licensed dental clinician
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site licensed medical clinician
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site licensed behavioral health clinician
<input type="checkbox"/> yes <input type="checkbox"/> no	Designated health care provider available to clinic staff to discuss clinical issues as needed
3. Facility	
a. Location	
<input type="checkbox"/> yes <input type="checkbox"/> no	Expanded School Health Sites are established and operated within a school building or on school grounds
<input type="checkbox"/> yes <input type="checkbox"/> no	Occupy a dedicated space for the purpose of providing ESHS
b. Regulations	
<input type="checkbox"/> yes <input type="checkbox"/> no	In schools renovated after 1990, the facility meets Americans with Disabilities Act requirements for accommodation of individuals with disabilities
<input type="checkbox"/> yes <input type="checkbox"/> no	Facility meets local, state, and federal building codes (including lights, exit signs, ventilation, etc.); Occupational Safety and Health Administration requirements and any other local, state or federal requirements for occupancy and use of the space allocated for the expanded school health site.
c. Physical space	
<p>Although some rooms/areas may serve more than one purpose in delivering ESHS, the center includes at least the following functional elements:</p> <p>Coding: (1) Medical Services (2) Behavioral Health (3) Dental Health</p>	
<input type="checkbox"/> yes <input type="checkbox"/> no	A designated waiting/reception area (1): optional for (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	At least one exam room (1)
<input type="checkbox"/> yes <input type="checkbox"/> no	One accessible sink with hot and cold water (1) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	Access to a handicapped accessible toilet facility with a sink with hot and cold water (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	Office/clerical area (optional)

<input type="checkbox"/> yes <input type="checkbox"/> no	A secure, locked storage area for supplies (e.g. medications, lab supplies) (1) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	A designated lab space with clean and dirty areas (1) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	A counseling room/private area (1) (2)
<input type="checkbox"/> yes <input type="checkbox"/> no	Secure and confidential records storage (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	A phone line exclusively dedicated to the center (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	A minimum of one secure data connection (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	Walls extend from floor to ceiling, with doors in appropriate locations to facilitate privacy and confidentiality (1) (2)
<input type="checkbox"/> yes <input type="checkbox"/> no	Each room/area includes adequate lighting (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	The school's central office intercom system connects to the ESHS
d. Equipment and Supplies	
The ESHS includes:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Equipment and supplies necessary to provide all services (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	Equipment checked regularly to ensure good working order, and maintained and calibrated as recommended by manufacturer
<input type="checkbox"/> yes <input type="checkbox"/> no	Processes for inspecting emergency medical equipment monthly for items that need to be replaced or replenished
<input type="checkbox"/> yes <input type="checkbox"/> no	The ESHS is compliant with the current vaccine storage standards (1)
<input type="checkbox"/> yes <input type="checkbox"/> no	Procedures for checking medications and supplies monthly for outdated materials, and for processing them accordingly (1) (3)
Sponsorship Requirements	
1. Lead Sponsoring Agency	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Expanded School Health Site has one lead sponsoring agency
b. Type of lead sponsor is: (check only one)	
<input type="checkbox"/>	School or school district
<input type="checkbox"/>	Public health department
<input type="checkbox"/>	Community health center
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Private nonprofit health or human services organization
<input type="checkbox"/>	Tribal Government/Indian Health Service
c. Requirements and responsibilities of the sponsoring agency:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Assures provision of one or more of the following: funding, staffing, clinical oversight and/or medical and general liability coverage
<input type="checkbox"/> yes <input type="checkbox"/> no	Negotiates and maintains a valid access agreement between the sponsoring agency and the school district
<input type="checkbox"/> yes <input type="checkbox"/> no	Maintains current agreements with any other organizations that provide services in the ESHS
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures that interagency agreements specify priorities, responsibilities and a process for resolving differences
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures confidential electronic collection and storage of service data
d. Community Advisory Board (CAB): In collaboration with the local school district, under the umbrella of the sponsoring agency	
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures a role for the CAB that includes reviewing and advising on student needs; program planning; implementation and evaluation; and provides input about governance, management, services and funding. The sponsoring agency solicits participation from other key community stakeholders including parents/guardians, school administration, school health providers, youth, community health providers and public health

	organizations, as well as appropriate specialty care providers and insurers
2. Licensed Entity	
a. More than one agency may offer ESHS; each must be a licensed entity.	
<input type="checkbox"/> yes <input type="checkbox"/> no	ESHS is licensed under its SBHC sponsoring organization
b. The Licensed Entity	
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures available consultation and oversight for health care services provided in the ESHS through a designated health care provider
<input type="checkbox"/> yes <input type="checkbox"/> no	Provides evidence of ongoing involvement of the designated health care provider, as necessary, in clinical policy and procedures development, records review and clinical oversight
<input type="checkbox"/> yes <input type="checkbox"/> no	Medical, behavioral health, and/ or dental services shall be provided by a licensed entity
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures provision of 24-hour, seven-days-per-week coverage for services needed by users of the ESHS
<input type="checkbox"/> yes <input type="checkbox"/> no	Provides evidence of required liability and malpractice coverage and worker's compensation
<input type="checkbox"/> yes <input type="checkbox"/> no	Maintains ownership of clinical records
<input type="checkbox"/> yes <input type="checkbox"/> no	The licensed medical entity maintains a Certificate of Waiver to provide waived laboratory tests, per the Clinical Laboratory Improvement Amendments (CLIA) (medical services only)
Program Operations	
1. Eligibility, Enrollment and Consent	
<input type="checkbox"/> yes <input type="checkbox"/> no	Develops and maintains a written policy on consent for treatment, within the scope of the law, including Minor Consent laws
<input type="checkbox"/> yes <input type="checkbox"/> no	At a minimum, extends eligibility for all services to all students attending the school that hosts the ESHS
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures students' access to services regardless of their race, national origin, religion, immigration status, sexual orientation, disability, gender, or insurance status
<input type="checkbox"/> yes <input type="checkbox"/> no	The ESHS provides written information about the center to parents/guardians and youth, which includes the scope of services offered, including how to access 24-hour, seven-days-per-week health services for ESHS users during non-school hours and vacation periods shall be included
2. Records and Confidentiality	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Optimally, a single, integrated electronic health record facilitates the provision of care and the services provided
b. At a minimum, the required health record includes the following:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Signed consent form
<input type="checkbox"/> yes <input type="checkbox"/> no	Personal information
<input type="checkbox"/> yes <input type="checkbox"/> no	Individual and family medical history
<input type="checkbox"/> yes <input type="checkbox"/> no	Problem list
<input type="checkbox"/> yes <input type="checkbox"/> no	Medication list
<input type="checkbox"/> yes <input type="checkbox"/> no	Immunization record
<input type="checkbox"/> yes <input type="checkbox"/> no	Screening and diagnostic tests, including laboratory findings
<input type="checkbox"/> yes <input type="checkbox"/> no	Health progress notes or encounter forms
<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment plan
<input type="checkbox"/> yes <input type="checkbox"/> no	Referral system
c. Requirements regarding records management:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Maintain and store records in a manner that restricts access to records to ESHS staff, in accordance with the Health Insurance Portability and Accountability Act (HIPAA)

<input type="checkbox"/> yes <input type="checkbox"/> no	Keep records separate from any part of student's educational record
<input type="checkbox"/> yes <input type="checkbox"/> no	Release information only with a signed consent by the parent/guardian, a youth 18 years of age or older, or a youth receiving services under the minor consent law
d. Requirements regarding confidentiality and sharing of health information:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Signed parent/guardian consent (or student permission, as appropriate) to obtain school health services records or to share ESHS records (other than immunizations) with school health staff
<input type="checkbox"/> yes <input type="checkbox"/> no	Comply with HIPAA and FERPA regulations for sharing information
<input type="checkbox"/> yes <input type="checkbox"/> no	Utilize release of information forms for sharing information with community providers outside of the ESHS
3. Quality Improvement and Program Evaluation:	
a. Continuous quality improvement plan includes:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Sponsoring organization provides the quality improvement coordination
<input type="checkbox"/> yes <input type="checkbox"/> no	A mechanism for monitoring clinical services and evaluating performance measures
<input type="checkbox"/> yes <input type="checkbox"/> no	At least two clinical or practice management measures per year to be monitored and evaluated for improvement.
<input type="checkbox"/> yes <input type="checkbox"/> no	A documented quality improvement plan
<input type="checkbox"/> yes <input type="checkbox"/> no	A written record of progress toward improving selected measures
4. Data Collection and Reporting	
a. The SBHC maintains an electronic data collection system that includes the following minimum data variables:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Unique patient identifier
<input type="checkbox"/> yes <input type="checkbox"/> no	Date of birth
<input type="checkbox"/> yes <input type="checkbox"/> no	Gender
<input type="checkbox"/> yes <input type="checkbox"/> no	Race
<input type="checkbox"/> yes <input type="checkbox"/> no	Ethnicity
<input type="checkbox"/> yes <input type="checkbox"/> no	Grade
<input type="checkbox"/> yes <input type="checkbox"/> no	Insurance status
<input type="checkbox"/> yes <input type="checkbox"/> no	Date of visit
<input type="checkbox"/> yes <input type="checkbox"/> no	Location of visit
<input type="checkbox"/> yes <input type="checkbox"/> no	Provider type
<input type="checkbox"/> yes <input type="checkbox"/> no	Current Procedural Terminology (CPT) visit code(s)
<input type="checkbox"/> yes <input type="checkbox"/> no	Diagnosis code(s): most recent ICD or DSM
<input type="checkbox"/> yes <input type="checkbox"/> no	b. Capacity exists for the ESHS to report service data
5. Financing and Sustainability: Sponsoring Organization will	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Prior to implementation, develop a sustainability plan for the ESHS
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	b. Create and periodically update a strategic plan
<input type="checkbox"/> yes <input type="checkbox"/> no	c. Develop an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support
<input type="checkbox"/> yes <input type="checkbox"/> no	d. Collect financial data and ensure reporting of revenues and expenses by commonly accepted line item types
e. Written billing policies for ESHS provide:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Processes for recording, charging, billing and collecting for services rendered that facilitates care for users of the ESHS regardless of ability to pay
<input type="checkbox"/> yes <input type="checkbox"/> no	Assurances that services that are confidential by law are billed for in a manner to protect patient confidentiality
<input type="checkbox"/> yes <input type="checkbox"/> no	Outreach and application assistance to families with students eligible for public or private

	health insurance, directly or through referral
6. Compliance with Applicable Federal and State Regulations	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Compliant with the Americans with Disabilities Act of 1990
<input type="checkbox"/> yes <input type="checkbox"/> no	b. Compliant with Clinical Laboratory Improvement Amendments (medical only)
<input type="checkbox"/> yes <input type="checkbox"/> no	c. Compliant with Family Education Rights and Privacy Act, published by the Department of Education
<input type="checkbox"/> yes <input type="checkbox"/> no	d. Compliant with the Health Insurance Portability and Accountability Act
<input type="checkbox"/> yes <input type="checkbox"/> no	e. Compliant with the Occupational Safety and Health Administration
<input type="checkbox"/> yes <input type="checkbox"/> no	f. Compliant with applicable CT public health code regulations
Program Core Elements	
<input type="checkbox"/> yes <input type="checkbox"/> no	Scheduled and same-day appointments available to ESHS users for non-urgent, acute, and chronic health problems including referral if needed
<input type="checkbox"/> yes <input type="checkbox"/> no	Provisions for 24 hour, seven-days-per-week access to health services for ESHS users during non-school hours and vacation periods to ensure the continuity of care
<input type="checkbox"/> yes <input type="checkbox"/> no	Outreach activities to enroll students in the ESHS
<input type="checkbox"/> yes <input type="checkbox"/> no	Activities to promote awareness of ESHS services
<input type="checkbox"/> yes <input type="checkbox"/> no	Activities to promote utilization of ESHS services
<input type="checkbox"/> yes <input type="checkbox"/> no	Services are provided in accordance with Cultural and Linguistically Appropriate Standards (CLAS)
<input type="checkbox"/> yes <input type="checkbox"/> no	Care coordination among ESHS staff and through communication with the youth's community providers
<input type="checkbox"/> yes <input type="checkbox"/> no	A referral system for health services not available in the ESHS
b. Provide preventive and primary physical health care with an emphasis on prevention of health risks and chronic disease through the following:	
1) Annual preventive health exams: Medical Services	
<input type="checkbox"/> yes <input type="checkbox"/> no	History, risk/developmental screening and physical assessment; EPSDT; anticipatory guidance
<input type="checkbox"/> yes <input type="checkbox"/> no	Screening, offering and/or administration of immunizations per CDC recommendations
<input type="checkbox"/> yes <input type="checkbox"/> no	Oral health assessment, identification of observable problems, date of the last oral health visit, appropriate oral health education and referral as needed
<input type="checkbox"/> yes <input type="checkbox"/> no	Identification and management of chronic disease in collaboration with the student's PCP and community providers
<input type="checkbox"/> yes <input type="checkbox"/> no	2) Diagnosis and treatment of acute illness and injury with referral as necessary
<input type="checkbox"/> yes <input type="checkbox"/> no	3) Provision for medications
<input type="checkbox"/> yes <input type="checkbox"/> no	4) Waived laboratory tests onsite, as included in the Clinical Laboratory Improvement Amendments (CLIA)
c. Provide behavioral health services, including:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Mental health screening, assessment, and treatment on site
<input type="checkbox"/> yes <input type="checkbox"/> no	Individual, group, and family therapy; crisis management
<input type="checkbox"/> yes <input type="checkbox"/> no	Referral for further assessment/treatment for services beyond the scope of the expanded school health site
d. For sites that provide oral health services:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Oral health screening, assessment, and treatment and/or referral