



WELCOME!

The School-Community Health Alliance of Michigan is excited for your interest in exploring the feasibility of a new school-based health center in your community. It is our hope that this guide helps provide some insight as to the services available, and the process to determine the model of care in your school.

School-Based Health Centers (SBHC's) and School-Linked Health Centers have been around nationally for a long time. In Michigan, the first recorded center that we know of was established in 1981 and our first school-linked health center in 1979, The Corner Health. Michigan is a leader in the country in terms of providing state funding and the number of school-based health centers.

This guide should help you begin to formulate a plan, and to begin conversations with key community stakeholders who will play a large role in your overall plan and effectiveness. Partnerships play a strong part in making your school-based health center a reality. State-funding is not intended to provide all funds needed. It will provide the bulk of your funds but will not fully fund a full-time school-based center. The state program is built on the pillars of school, community, and health. Indeed, it will take all three to build a great health center for the children and youth in your school/school district.

The School-Community Health Alliance of Michigan (SCHA-MI) is available to help provide advice and guidance where we can. Please don't hesitate to e-mail us with your questions: Robin Turner, Director of Field Outreach and Training: rturner@scha-mi.org.

Best wishes in your endeavors,

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Glossary of Terms

E3 – State-funded program that provides only mental health services in a school.

Fiduciary or a Sponsoring Agency – an organization, usually a hospital, FQHC, county health department that provides the health services in the school, or location.

FQHC – Federally Qualified Health Center, a federally funded health center for all people.

Minimum Program Requirements (MPR's) – Requirements of the program as stipulated by State-funding.

MOU – Memorandum of Understanding, and agreement between parties.

RFP – Request for Proposal, a document completed and submitted for funding. If it is State-funding, they are only issued if new funding is available, which is seldom.

SCHA-MI – School-Community Health Alliance of MI, the state association for school-based health centers and programs.

SBHC – School-Based Health Center, primary care services for children and youth in the school.

SLHC – School-Linked Health Center, primary care services for children and youth, not on school property.

SWP – School-Wellness Program, a State-funded program that features a nurse and mental health worker.

Unduplicated Youth – Youth/patients that are counted only one time, not twice though they may have two visits.

CHAPTER 1: OVERVIEW

The first teen health centers in Michigan opened in 1979, building on models developed in both Minnesota and Texas. In 1985, then-Governor Blanchard and then-State Health Director Gloria Smith commissioned a group to develop a five-year plan for adolescent health. State funding in 1987 was appropriated to fund planning grants, with the first 26 state-funded centers opening in 1988. In 2015 new centers were funded and the hub model created. In 2003 a unique Medicaid matching program was created, allowing for a significant expansion of sites. Funding for additional mental health sites was allocated in 2018, with further expansion in 2020. Currently there are 127 State funded school-based/linked health centers and programs throughout the state, and over 40 that are not state funded. A map of centers is available in the Appendix.

The School-Community Health Alliance of Michigan (SCHA-MI) was initially founded in 1999 as a networking and advocacy group. When then-Governor Engler issued an executive order in November 2001 to cut all state funding to these programs, center staff, parents, students, school staff and others rallied in Lansing and were able to overturn the Executive Order and keep the centers open. The Kellogg Foundation stepped in to fund SCHA-MI, which has resulted in a strong advocacy voice as well as networking and educational opportunities.

The program was funded with \$1.25 million beginning in 1987. Funding today is \$19.2 million total for school-based health centers and mental health only sites. It is a program that enjoys bi-partisan support.

Why We Have Programs and Centers in Schools – How They Help Kids

The philosophy behind placing health services in or near schools is simple: that is where children and youth spend the bulk of their time. Placing services inside the schools eliminates many barriers children/teens face, i.e., transportation and working parents unable to take time off work for a child's doctor visits. It is well accepted that healthy children make better learners and research supports a connection between health status and academic performance. Students and teachers alike say that School-Based/School-Linked (SBHC/SLHC) Health Centers make a difference because they take health issues out of the classroom and into the hands of qualified medical professionals.

For Additional Information see the following in the Appendix:

- American Journal of Public Health on the Cost Benefit Analysis of School-Based Health Centers and their Impact on Health Disparities.
- FAQ on school-based health centers in the Appendix.

How Michigan's Programs are Funded

Michigan's programs are funded in a variety of ways, Because of the Medicaid Match plan, the state has been able to increase funding appropriated by the State by seeking federal Medicaid matching funds. State funding makes up the bulk of the funding for most sites, but not all centers have funding from the State. Local and national foundations are significant funders across the state, as are individual donors and local fundraising efforts. Finally, the centers bill insurers or Medicaid aggressively for those services that are billable. Reimbursement is not a large portion of the program's support but is critical.

CHAPTER 2: PLANNING

Planning For Your Community – Creating a Work Group

There are a number of initial steps to consider as you plan for a center.

1. Identify stakeholders that would be supporters of a school-based health center (SBHC) or school-linked health center (SLHC). This should include identifying a hospital, clinic or health department that could act as the fiduciary for your site. The fiduciary may be the agency for whom clinic staff will work because a center will require medical oversight and malpractice insurance. **See the Service Delivery Models of Care** at the end of this chapter for state-funded sites. Please note, not ALL models are available for funding every time – it will depend on the RFP from the State of Michigan.
2. Develop a community advisory committee. Contact youth-serving agencies in the community who would help in the planning. In addition, identify parent/guardians, students, school staff and others with a vested interest in this program to sit on your program's advisory committee. It is a MDHHS requirement for their funding to do so; however, it is a key way to gain buy-in in the community.
3. Educate the committee about SBHC/SLHC's. The members of the advisory committee may not be familiar with SBHC/SLHC's. Visit operational centers in your area. Share contacts and information for the committee. SCHA-MI can assist you in making connections with existing centers.

Identify possible schools and ascertain their desire for a center or program.

1. Identify schools/communities for the programs. Be sure to engage the school principal(s) to ensure their support.
2. Identify the location within the school/community where the SBHC/SLHC or program will reside. Make sure the location is easily accessible to students and staff. If at all possible, determine if community members can access the site easily, i.e., without having to wander the school. The health center will be open all summer long, so easy access is critical both from within and outside the school. This may not be possible, but it is worth exploring. Make sure the location is near plumbing for handwashing, patient space, laboratory, etc. This

may be difficult but locating the site near water will significantly decrease renovation costs.

3. Determine if the site will need remodeling. If possible, your identified sponsoring agency/fiduciary may be able to assist with architectural drawings and a contractor.
4. Determine the costs of renovating the location. Please note that MDHHS funding can't be used for renovations. With help from the advisory committee and the sponsoring agency, identify other possible sources of renovation funds. This could include local businesses, individual donors or location foundations. Depending on the extent of the renovations, the cost could range from \$50K-\$200K.
5. Conduct a needs assessment. **This is a critical component** of your planning. See the SCHA-MI website for suggested websites that can assist you. If possible, seek assistance in a needs assessment from a local university or other agency with experience in this. The needs assessment should include input from parents, youth, teachers, school staff, the community at large as well as the youth-serving agencies. With a well-developed needs assessment, you will be able to design the center's services to specifically address the needs of your community. See appendix.
6. Develop a Memorandum of Understanding (MOU) between the school district and the medical sponsor which delineates the responsibilities of each party, and how the school-based health center will be governed. Sample MOUs are in the Appendix.

Service Delivery Models of Care

Target Population

The target population for school-based CAHCs, the School Wellness Program (SWP) and Expanding, Enhancing Emotional Health (E3) is children and youth 5-21 years old. School-linked health centers (e.g. community based) serve only adolescents ages 10-21 years old. School-based and school-linked health centers may also serve the infants and young children of adolescents.

Adolescent refers to youth ages 10 through 21.

Child or Children refers to youth ages 5 through 9.

The difference between and “Alternative” and a Regular Clinical site is that the funding is lower for the “Alternative” along with a lower threshold for minimum unduplicated users, and the number of required hours and days for the provider. Alternative models are possibly a good choice when the school is smaller, and there is concern about hitting the 500 minimum unduplicated user number each year.

Alternative Clinical School-based model provides services that includes comprehensive primary care and preventive health services (including well care and diagnosis and treatment for both acute and chronic illness), psychosocial and health promotion/disease prevention services, Medicaid outreach activities and access to Medicaid preventive services in a manner and atmosphere friendly to eligible children and adolescents.

Alternative Clinical School-based sites are located in a school or on school grounds year-round and have signed agreements with the host school and/or local school district. School-based CAHCs serve ages 5-21 years old and the children (birth and up) of the adolescent population and can be in elementary, middle, high, or alternative schools. Services must be provided for a minimum of 24 hours per week at a minimum of three consistent days per week and have arrangements for 24/7 after-hours coverage. Alternative clinical CAHCs must serve a minimum of 200 unduplicated children and adolescent users per year. Medical services must be provided by a medical provider (nurse practitioner, physician assistant, or physician). Mental health services must be provided by a licensed master’s level mental health provider (i.e., counselor or social worker) under appropriate supervision. School-based sites must follow school code regulations. Funding may be used to provide clinical and mental health services to students receiving special education services up to 26 years of age.

Alternative Clinical: School-linked model provides services that includes comprehensive primary care and preventive health services (including well care and diagnosis and treatment for both acute and chronic illness), psychosocial and health promotion/disease prevention services, Medicaid outreach activities and access to Medicaid preventive services in a manner and atmosphere friendly to eligible children and adolescents.

Alternative Clinical School-linked sites are available year-round and are not located on school property. A school-linked health center is located in the community at an accessible location and has strong ties to area schools. School-linked CAHCs serve ages 10-21 years old and the children (birth and up) of the adolescent population. Services must be provided for a minimum of 24 hours per week at a minimum of three consistent days/week and have arrangements for 24/7 after-hours coverage. Clinical CAHCs must serve a minimum of 200 unduplicated children and adolescent users per year. Medical services must be provided by a medical provider (nurse practitioner, physician assistant, or physician). Mental health services must be provided by a licensed master's level mental health provider (i.e., counselor or social worker) under appropriate supervision. School-linked sites are not required to follow school code regulations. Funding may be used to provide clinical and mental health services to students receiving special education services up to 26 years of age.

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have arrangements for 24/7 after-hours coverage. Clinical CAHCs must serve a minimum of 500 unduplicated children and adolescent users per year. Medical services must be provided by a medical provider (nurse practitioner, physician assistant, or physician). Mental health services must be provided by a licensed master's level mental health provider (i.e., counselor or social worker) under appropriate supervision. School-based sites must follow school code regulations. Funding may be used to provide clinical and mental health services to students receiving special education services up to 26 years of age.

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Clinical School-linked sites are available year-round and are not located on school property. A school-linked health center is located in the community at an accessible location and has strong ties to area schools. School-linked CAHCs serve ages 10-21 years old and the children (birth and up) of the adolescent population. Services must be provided for a minimum of 30 hours per week at a minimum of five days/week and have arrangements for 24/7 after-hours coverage. Clinical CAHCs must serve a minimum of 500 unduplicated children and adolescent users per year. Medical services must be provided by a medical provider (nurse practitioner, physician assistant, or physician). Mental health services must be provided by a licensed master's level mental health provider (i.e., counselor or social worker) under appropriate supervision. School-linked sites are not required to follow school code regulations. Funding may be used to provide clinical and mental health services to students receiving special education services up to 26 years of age.

FUNDING FOR NEW FY23 GRANTS ARE NOT INCLUDING Expanding, Enhancing Emotional Health (E3) is defined as a program located in a school or on school grounds that provides on-site comprehensive mental health services from mild to moderate severity of need. It includes internal/external referrals, tracking and follow-up throughout the year.

School Wellness Program (SWP) services include clinical nursing services, mental health, individual health services, individual and group health education and training, and professional development to school staff. SWPs are located in a school or on school grounds and have signed agreements with the host school and/or local school district. SWP services can be provided to two schools and must not supplant existing school nurse or mental health services. SWPs serve ages 5-21 years old and can be in elementary, middle, high, or alternative schools. The SWP is expected to provide services 30-40 hours per week at a minimum of five days/week throughout the school year. SWPs must serve a minimum of 350 unduplicated children and adolescent users per year. The 30-40 hours of clinic services must be provided by licensed registered nurse (RN) working under the supervision of a physician. The 30-40 hours of mental health services must be provided by a licensed master's level mental health provider (i.e., counselor or social worker) under appropriate supervision. Funding may be used to provide clinical and mental health services to students receiving special education services up to 26 years of age.

Target Population is defined as a subset of the entire service area population (e.g., school building, city, or other). For the purpose of this program, the eligible target population for school-based sites is 5-21 years of age (up to age 26 years for students receiving special education services) and the children (birth and up) of the adolescent population. The eligible target population for school-linked sites is 10-21 years of age (up to age 26 years for students receiving special education services) and the children (birth and up) of the adolescent population.

Unduplicated user, or user, is a child or adolescent who has presented themselves to a health center program site for service with the medical provider (nurse practitioner, physician assistant, or physician) or the mental health provider, and for whom a record has been opened. Opening a record includes documenting an assessment, diagnosis and treatment plan. Once per year, the user is counted to generate the number of unduplicated children and adolescents utilizing the health center services for that year.

Clinical School-based

- Clinical CAHC school-based sites will receive base funding of up to **\$275,000** per year.
- Clinical CAHC school-linked sites will receive base funding of up to **\$330,000** per year.
- Federally Qualified Health Centers (FQHC) may have school-linked or school-based clinical CAHCs and will be eligible for up to **\$275,000** base funding allocation per year.

Alternative Clinical School-based

- Alternative clinical CAHC school-based sites will receive base funding of up to **\$170,000** per year including those that are sponsored by FQHCs.
 - Alternative clinical CAHC school-linked sites will receive base funding of up to **\$235,000** per year.
- FQHCs that are alternative clinical CAHC school-linked sites will be eligible for up to **\$210,000** per year.

SWP

- SWP school-based sites will receive base funding of up to **\$170,000** per year.

| Model of Care | Funding | Provider weekly hours minimum | Providers Needed | Provider Min # of Days | Minimum unduplicated users | Location |
|---|--------------------------------|-------------------------------|--------------------------------|------------------------|----------------------------|----------|
| Clinical School-Based | \$275,000 | 30 | Primary Care and Mental Health | 5 | 500 | 1 |
| Alternative Clinical School-Based | \$180,000 | 24 | Primary Care and Mental Health | 3 | 200 | 1 |
| Clinical CAHC School-Linked (not on school property) | \$330,000 \$275,000, FQHC's | 30 | Primary Care and Mental Health | 5 | 500 | 1 |
| Alternative School-Linked (not on school property) | \$235,000 \$210,000 FQHC's | 24 | Primary Care and Mental Health | 3 | 200 | 1 |
| School-Wellness | \$170,000 | 30 | Nurse and Mental Health | 5 | 350 | 1 or 2 |

Target Populations to be Served

Proposals should focus on the delivery of health services to ages 5-21 years at school-based sites, and 10-21 years at school-linked sites, in geographic areas where it can be documented that health care services (medical and/or mental health) that are accessible and acceptable to children and adolescents require enhancement or do not currently exist. The children (birth and up) of the adolescent target population may also be served where appropriate. Funding may be used to provide services to students up to 26 years of age who are receiving special education services.

Eligible Applicants

Eligible applicants include public and non-profit entities such as local health departments, community health centers, community mental health agencies, FQHCs, non-profit hospitals/health systems, school districts, federally recognized tribes and other health care or social service organizations qualified to provide school-based or school-linked health care services. Applicants must demonstrate collaboration between the local school district, health care providers and sponsoring agencies in the proposal.

To be eligible for funding, all applicants must provide signed assurance that referrals for abortion services or assistance in obtaining an abortion will not be provided as part of the services (MCL §388.1766). For programs providing services on school property, signed assurance is required that family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property as mandated in the Michigan School Code (MCL §380.1507). Applicants must assure compliance with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of MDE and MDHHS.

CHAPTER 3: PROGRAM STRUCTURE

Based on the needs assessment, identify the service delivery model for the community, i.e., full-service SBHC/SLHC; wellness program only, i.e., health education and promotion; or limited services, such as mental health only.

- Once the scope of services is determined, the next step is to decide what facility and/or space is needed and where. Services generally include:
 - Wellness exams
 - Sports Physicals
 - Immunizations
 - Sick visits
 - Hearing/Vision screening
 - Health Education
 - Chronic Health Conditions: obesity, diabetes, asthma
 - STI testing and treatment
 - Pregnancy testing and referral
 - HIV/AIDS testing and treatment

Behavioral health services offered through school-based health centers, school-linked health centers, school-wellness programs, or mental health only health centers:

- Group counseling
- Individual counseling
- Family counseling
- Rotating psychiatrist if possible

Identify site – planning the facility and/or designing the program

- The first task is to identify the school/community where the SBHC/SLHC will be located. Identify specific space within the school or community. Make sure there is plumbing for hand-washing sink, patient bathroom(s), laboratory space.

Plumbing work can be very expensive, so it is best to identify a space in proximity to water.

- The space will likely need remodeling and it is here where the health fiduciary and/or the school district or community can assist in key tasks by helping to obtain :
 - Architectural drawings
 - Formal approval from the school district (SBHC). See sample MOU with a school district in the Appendix
 - A Building Contractor. Again, the fiduciary and/or school district can help with this
 - Funding for the renovations. Note that MDHHS funding does not allow for its funds to cover renovation. (See Chapter 4 re: funding)

While health centers may range from a cot and first-aid station to a comprehensive clinic offering physical, behavioral, and mental health services to students and their families, all health facilities should guarantee privacy, confidentiality, and comfort.

- **Privacy:** The facility's physical layout should address student's psychological and social need for privacy. The waiting area should not be visible from an external corridor, the examination room should be secluded from the rest of the health center by walls or movable partitions, and the phone should be in a private or semiprivate enclosure.
- **Confidentiality:** The mental and physical health of an individual should be confidential. Therefore, equip the health center with locking filing cabinets and storage spaces for medical records and personalized pharmaceuticals; keep administrative files, information, and equipment out of patients' reach; and provide separate restrooms, waiting areas, and rest areas.

To allow for the various functions that transpire in a school-based health clinic, the following minimum facilities should be available:

- **Private office space:** Private office space should be provided for each full-time provider. Each office should be wired for telephone, computer, and modem access to the Internet.
- **Secure storage area(s):** Secure storage areas should be provided for pharmaceuticals, sterile supplies, and medical records.
- **Private examination and treatment room(s):** There should be a minimum of one examination room per full-time provider. Each room should have a sink with hot and cold water and storage space for first aid and examination supplies. If the

room is to be used for more specialized treatment, consideration should be given to an appropriate number of electrical outlets.

- **Utility area(s):** The utility area should have a designated clean and soiled space for clinical functions and disposal of waste.
- **Hearing and Vision Screening area**
- **Laboratory:** The laboratory area should have multiple electrical outlets, bright and directed light, and easy access to a refrigerator and ice maker. The laboratory area and the rest of the health clinic should be designed to follow infection control practices and universal precautions as defined by Occupational Safety and Health Administration (OSHA) regulations. (See Chapter 6)

Additional Considerations

- Square footage requirements for school-based health clinics, while not standardized, have been found to be approximately 1,500 to 2,000 square feet per 700 students. Certain functions may require more than one space and some spaces may be shared by two or more health care providers.
- School-Based/School-Linked health centers frequently operate year-round with extended hours, often when the rest of the school is closed. This has important implications on a range of facility issues. Heating and ventilation systems should serve the health center independently from the rest of the school. Telephone and electrical wiring should be dedicated exclusively for health center use and should be independent from school telephones and wiring. The health center should be adjacent to public parking and should have a prominent entrance with outdoor lighting for night use. Finally, the health center should be easily closed off from the rest of the school without affecting external access to the health center or internal access to restrooms or administrative supplies.
- Work with fiduciary/sponsoring agency to meet their requirements, etc. Depending on the sponsoring agency's requirements, the space may need to adhere to Joint Commission specifications for space, utilities, access, ADA requirements, etc. Before proceeding, be sure that those requirements are known and followed.

Be aware that your chosen school/community may not have the space outlined above. You may need to cut down on the size and perhaps the scope of your services or find another school or external site in which to locate your services. Be creative. Work with

the school principal, with an architect, if possible, to identify alternative space or for assistance in re-configuring an existing space. Sources: School-Based Health Alliance; National Clearinghouse for Educational Facilities

CHAPTER 4: Funding

The funding you will need will depend in large part on the scope of the program. If opting for a full-service SBHC/SLHC, the primary expense will be staff salaries and benefits. This expense will likely be around 75% of overall expenses, i.e., provider (NP or PA); medical assistant; physician oversight. In addition, a full-service SBHC/SLHC will also include a social worker. Of course, those costs will vary based on your local market and on whether staff are full or part time. However, a full-time mid-level provider alone might garner a salary of \$90,000-\$100,00 plus benefits. Additional staff salaries/benefits can run an additional \$75,000 or more. Medical supplies, etc. will easily bring the total cost to \$200,000 annually. (Note that this dollar amounts may vary based on your local market.)

To operate a full-time, full-service SBHC/SLHC it will cost approximately \$200,000 per year; an alternative model (fewer hours open) or health education or mental health alone will greatly reduce the costs. Which model you choose should depend on the needs identified in your needs assessment, but may also depend on available funding.

So, how can you find the funds to support this?

- Identify local, state or other sources of funding. If possible, seek the advice of your fiduciary, the school district and local youth-serving agencies.
 - Most communities have local foundations or businesses that might support your program.
 - There are national foundations that have supported these programs in the past, i.e., Kellogg Foundation; Kresge Foundation; Robert Wood Johnson Foundation, although securing a grant from them might be challenging.
- Local or state foundations, businesses, donors, etc.
 - Your best option for funding might be a local or family foundation. Most communities have such entities as well as local businesses that may be interested as well.
 - Businesses, such as a bank, often are open to a request as a way for them to demonstrate local and community support and involvement.
 - Community Benefit is a critical IRS requirement that a non-profit hospital must demonstrate that a certain dollar amount will be spent to give back to their community; maintaining their non-profit status depends on this. Your

program is a perfect example of a community benefit the fiduciary can highlight that they are meeting this IRS requirement.

- Determine if a local individual or family who would like to give back to the community. Again, seek advice from others as to who might be willing to consider this investment.
- If seeking Michigan Department of Health and Human Services (MDHHS) funding, be aware of what those grants do cover and don't cover.
 - In Michigan the MDHHS is a primary funder for these programs. MDHHS funding does NOT cover renovation costs and is not allowed to be used for any equipment or items that will be permanent in the site, i.e., construction of a wall or the cost of air conditioning. MDHHS, however, has very specific Minimum Program Requirements (MPRs) in order to qualify for their funding. (See Appendix for MDHHS/CAHC MPRs.)

CHAPTER 5: Program Policies and Procedures

- MDHHS CAHC Minimum Program Requirements
 - Even if you do not seek funding for your program from MDHHS, their Minimum Program Requirements (MPRs) are an excellent template for establishing a center, behavioral or alternative program that will provide the best quality of care for your patients as well as meet many other regulatory requirements. (See Appendix.)
- Seek the guidance of your designated fiduciary/sponsoring agency for any requirements, policies, etc. that they may require.
 - Your sponsoring agency may have policy or other requirements for a health service. For example, if a private, non-profit hospital will be your fiduciary, it is likely that they will want the site itself to meet Joint Commission (JC) requirements. (JC is a regulatory agency that certifies all health entities in the country meet the highest standards. Hospitals and health systems are visited every three years by JC and can incur significant fines or sanctions if non-compliant. While it is likely the JC will not actually visit your site, you must be prepared. Your hospital sponsor will assist in this endeavor.)
- Develop administrative, clinical, and other policies and procedures. The MDHHS CAHC webpage contains a wealth of resources to guide your planning.
 - For your information, see the Policies and Procedure Checklist in the Appendix.
- Create sliding fee scale policy and procedure.
 - Most SBHC/SLHC's and programs are located in high need/high poverty communities. It is likely that your program will serve a population with a low family income. You will want to assure that you are able to see any child/adolescent regardless of health insurance status or ability to pay. The federal government outlines income guidelines in order to create a sliding fee scale for your use. In most cases, the scale will use the child/adolescent's "income" to determine if a child/adolescent qualifies for no or discounted charges. (The 2021 Sliding Fee Scale guidelines can be found in the Appendix or at www.hrsa.gov.)
- Determine how to bill for services, i.e., who can bill, what services are billable.
 - Depending on your program scope, you will want to secure all available funding sources. This should include billing for services offered. If your SBHC or program is staffed by a physician/NP/PA, their services are

reimbursable.(Services directly provided by a physician will be reimbursed at a higher level than those provided by a NP or PA). MDHHS has established a certification process in order to bill and will require that your providers are credentialed with any and all Medicaid and Medicaid health plans. (See Appendix for sample credentialing forms).

- Mental health services provided by a licensed social worker (MSW) may be reimbursable depending on the type of services provided, i.e., treatment or preventive. You should seek to credential your MSW with available health plans if possible. **Note:** your mental health provider should be a MSW rather than a psychologist or counselor because many health plans do not reimburse services provided by those individuals.
- In keeping with MDHHS requirements, you will need to establish a plan to outreach and enroll families in Medicaid if they are not already. Even if you do not seek MDHHS funding, this is an integral component of any level of programming and will add to your program's reach.

CHAPTER 6: Licensing and Regulatory Requirements

Health care abounds in regulatory requirements (for good reason) and your school health services are not exempt, especially if you are opting for a full-service SBHC/SLHC.

- **Minimum Program Requirements (MPRs):** MDHHS has developed an extensive list of minimum program requirements for school-community-based health services. While it is a requirement for State funding that you meet these requirements, they are, regardless of funding sources, a valuable resource for developing your program. See the Appendix, or www.MDHHS.gov/CAHC
- **Lab Services:** You will want to be able to do basic lab testing in the clinic, usually called point-of-care testing. Lab tests such as pregnancy or STD testing, minor blood draws, etc. In order to do so, you must obtain a CLIA waiver from MDHHS; CLIA stands for Clinical Lab Improvement Amendment. Check MDHHS.gov. for CAHC resources. See also <https://www.cms.gov> for CLIA application form.
- **OSHA Requirements:** The Occupational Safety and Health Administration (OSHA) has specific requirements you will need to address. Your health care fiduciary should be able to help with this process. See <https://www.osha.gov> for details.
- **Credentialing of Providers with Insurers to Allow for Billing:** An additional step is to have your providers credentialed by the health insurance plans covering your patients. This will allow your providers to bill for services for those patients in the plans. This can be an extremely lengthy process, so you will want to start this process as soon as you have hired a provider, even before the person begins working. Your health care fiduciary will be critical in assisting with this process as it is required for any provider in any setting in the health care system.
- **MOU with your School District:** You will need to obtain a Memorandum of Understanding (MOU) with the school district in order to establish the program. See Appendix for a sample MOU.
- **Consent Policies and Procedures:** You will need to have a consent form and related policies for your program. See Appendix for sample consent forms. The form for the parent or guardian to sign in order to see the child must be accompanied by specific, detailed policies for enforcement. Again, see Appendix

for samples. The verbiage may vary for your community and your health care fiduciary can assist in this process as well.

- **Minor Consent Laws:** You will want to familiarize yourself with the State's Minor Consent Laws and guidance. There are some services a minor may receive without parent/guardian knowledge or consent with any provider. Those include substance abuse services, certain reproductive health services or mental health services. These MAY be provided without consent of a parent if the patient is at least 14 years old. See the Appendix for a list of services available without parental consent with any provider, or www.MDHHS.gov/CAHC for details. It is best to seek legal advice from your fiduciary if you have questions. A key concept to keep in mind is that the provider is not required to waive parent consent but MAY do so if it is in the best interest of the child.

Overall, your best resource for all these regulations is the MDHHS CAHC Program page and Resources, particularly if you are considering State funding.

Chapter 7: Non-State Funded

Most school-based health centers in Michigan are State-funded. If funds are not available from the State of Michigan, through an RFP (Request for Proposal) when you desire a center, you can develop your own center based on the needs of your community.

Requirements for State funding are very robust and may be difficult to achieve, especially as a new program. You might decide instead that a school nurse and a mental health provider will suit your needs, or a full-time mental health provider, and a half-time nurse practitioner, or other model of care.

Securing funding will be more challenging, but there are foundations that can possibly help, along with sponsoring agencies. Hospitals that are non-profit are required to do some community benefit work and a school-based health center would easily fulfill that requirement.

Because you are not State-funded, you might decide to start small, with on providing staff on only a few days, or possibly move from building to building with your team to better address needs. You might decide that you'll start small, with only a nurse, and then phase in a mental health provider to round-out your team. We do encourage you to try to place both providers in the same proximity to allow for warm hand-offs between the two if possible, and to facilitate easier collaboration.

The flexibility afforded because you are not state-funded can be very liberating, and of course can change based on need easily. You should keep your eyes open for possible State funding eventually. But do not let a lack of State funding deter you from creating services that could, at a minimum, address at least some of the needs of your community.

SCHA-MI Guide for New Centers Appendix

The below policies are samples only, to provide an idea of what has been done in the past. They are not meant to be duplicated in any way.

- #1 Value of School-Based Health Centers: Cost-Benefit Analysis
- #2 FAQ on School-Based/Linked Health Centers
- #3 Map of Clinical Sites
- #4 State of Michigan Minimum Program Requirements
- #5 State of Michigan Best Practices Policies and Procedures Checklist
- #6 Minor's Rights to Confidential Services in Michigan
- #7 Sample drawing of a school-based health center
- #8 Sample Youth Risk Behavior Survey – high school
- #9 Memorandum of Understanding
- #10 Emergency School-Wide Crisis Guidance
- #11 Emergency Student Crisis Guidance
- #12 Charging and Billing Policy
- #13 Charging and Billing Policy
- #14 Provider Collaborative Agreement Sample
- #15 New Provider Process – Onboarding
- #16 Consent Policy
- #17 Consent Form
- #18 Consent Policy
- #19 Minors Right to Confidential Services Consent

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School-Based Health Centers: Cost-Benefit Analysis and Impact on Health Care Disparities

Jeff J. Guo, PhD, Terrance J. Wade, PhD, Wei Pan, PhD, and Kathryn N. Keller, MPA

Racial or ethnic health care disparities are a social phenomenon that reveals differences in utilization and quality of health care because of accessibility, operation of health care systems, cultural or socioeconomic status, and discrimination at the individual and patient-provider level.¹⁻⁵ Recent literature has documented ethnic and racial disparities in the health care system across a wide range of diseases. According to the Centers for Disease Control and Prevention,⁶ African Americans had higher prevalence rates across many chronic diseases, including perinatal diseases, diabetes mellitus, hypertension, and obesity. Health care disparities can lead to decreased quality of life, loss of economic opportunities, and perceptions of injustice.⁷ Twenty-two percent of African American children and adolescents were classified as overweight or obese and 68% were fully vaccinated, compared with White children and adolescents, who were less likely to be overweight or obese (12%) and more likely to be fully vaccinated (78%).^{6,8}

For some illnesses, health care disparities are manifested through the underuse of treatments and procedures.⁹⁻¹¹ School-aged children and adolescents have high prevalence rates of some chronic diseases, including asthma (estimated at 7%) and attention deficit/hyperactivity disorder (estimated at between 3% and 6%).^{7,12,13} However, African American children and adolescents with asthma had more hospitalizations, disability, and a higher mortality rate compared with that of White children and adolescents with asthma.^{14,15} Moreover, African American children and adolescents were also less likely to access mental health services.¹⁶⁻¹⁹

School-based health centers (SBHCs) are thought to be 1 solution to reduce these health status and health care disparities across groups. SBHCs provide essential primary care (e.g., mental health treatment, dental care, well-child checkups) for students. SBHCs, by their location in schools, are designed to overcome many health care access barriers, including transportation, lack of providers, lack of insurance coverage,

and inconvenient appointment times because of parents working. By 2008, more than 1980 SBHCs nationwide had been established with partial support from the federal government, foundations, Medicaid, health insurance companies, and other programs such as “Healthy Schools Healthy Communities.”²⁰⁻²² In many SBHCs, the majority of enrolled students are uninsured or low income, ranging from 50% to 90% of the patient load.

Numerous studies have documented that SBHCs can effectively reduce health care access barriers and emergency room visits in children and adolescents.²³⁻³¹ These in-school services can also alleviate barriers such as non-adherence and inadequate access to mental health services for youths.^{23,32-34} With the SBHC, students received more mental health care services,²³ less hospitalization,^{24,26} fewer urgent or emergency visits,²⁵⁻²⁸ and fewer transportation and pharmacy costs.²⁶

Although SBHCs have demonstrated their value to school-aged children and adolescents, their impact on addressing health care disparities has not been evaluated. Moreover, it is unclear whether the SBHC is cost-beneficial. With these considerations in mind, we sought

Objectives. We evaluated the impact of school-based health centers—which provide essential health care for students by aiming to eliminate many access barriers—on health care access disparities and conducted a cost-benefit analysis.

Methods. We employed a longitudinal quasi-experimental repeated-measures design. Primary data sources included the Ohio Medicaid claims, enrollment file with race/ethnicity, and survey reports from parents. We used hierarchical linear modeling to control unbalanced data because of student attrition. We assessed quarterly total Medicaid reimbursement costs for 5056 students in the SBHC and non-SBHC groups from 1997 to 2003. We calculated net social benefit to compare the cost of the SBHC programs with the value that SBHCs might save or create.

Results. With SBHCs, the gap of lower health care cost for African Americans was closed. The net social benefits of the SBHC program in 4 school districts were estimated as \$1352087 over 3 years. We estimated that the SBHCs could have saved Medicaid about \$35 per student per year.

Conclusions. SBHCs are cost beneficial to both the Medicaid system and society, and may close health care disparity gaps. (*Am J Public Health.* Published online ahead of print July 15, 2010: e1–e7. doi:10.2105/AJPH.2009.185181)

to measure the impact of SBHCs on addressing health care disparities among students in schools with SBHCs compared with students in comparable schools without SBHCs. The central hypotheses were that increased accessibility to primary care services with SBHCs would reduce the gaps of health care disparities over time by increasing needed primary care. Second, by providing timely and essential primary care, the SBHC program would have a positive net social benefit to the population.

METHODS

We used a longitudinal quasi-experimental repeated-measures design. Four school districts (7 schools in total) with newly implemented SBHCs were matched with 2 other school districts (6 schools in total), based on urban or rural status, percentage of non-White students, and percentage of students in the free or reduced-price school lunch program. The target population was school-aged students (kindergarten through 12th grade) enrolled in schools in the Greater Cincinnati, Ohio, area who were also enrolled in Ohio Medicaid or the State Children's Health Insurance Program (SCHIP) from

academic years 1997 through 2003. All students in the SBHC had parental approval to participate. The written consents for evaluation were documented in each SBHC. Because of the nature of retrospective data analysis, researchers did not modify or alter any medical treatment or services for student participants. There was little risk to study participants.

The SBHCs were established in September 2000 and provided for students in kindergarten through eighth grade. All enrolled students were eligible to use the SBHC. The SBHCs were open on weekdays during the school academic quarters and closed in the summer quarter. Each SBHC was equipped with basic medical instruments (examination bed, blood pressure meter, weight and height scale, urgent medications) and the Welligent version 5.0 Web-based computerized medical record system (Welligent Inc, Norfolk, VA) to track SBHC encounters. The SBHC was managed by a medical partner (e.g., nurse practitioner and health worker) related to primary care and specialist physicians (e.g., pediatrician). Each SBHC was typically staffed by 1 nurse practitioner and 1 nurse technician. A part-time pediatrician was present in some schools for 3 hours per week. A licensed mental health therapist was in service in some schools 1 or more days per week. Among these school districts, a large number of students (ranging from 50% to 88%) was enrolled in the free or reduced-price school lunch program because of their low family incomes.³⁵

Data Sources

Four primary data sources were used for this study: school enrollment files, Ohio Medicaid claims, SBHC encounter records, and parents' and SBHC coordinators' survey data. First, schools provided student enrollment databases identifying student names and demographics for each school year from the 2000–2001 school year to the 2002–2003 school year. There were 9240 unique students.

Second, school enrollment data were linked with the Ohio Medicaid claim database, which is an automated database that includes Medicaid enrollment records, as well as patients' pharmacy, medical, hospital inpatient, and outpatient institutional claims from September 1997 to February 2003. This totaled 5069 unique students based on matched name, sex, race, date of birth, and county code. Thirteen

students who switched between an SBHC and non-SBHC comparison school were excluded. Because of the implementation of the Health Insurance Portability and Accountability Act and other regulation changes, we were unable to collect and use the completed Medicaid claims data from March 2003 to August 2003.

Third, SBHC encounter data from the 4 intervention schools that documented students' visits in SBHCs were retrieved from the Welligent database. During the study period, 4136 students were enrolled in the SBHC program, of which 2314 students used the service, generating a total of 7572 SBHC encounters.

Fourth, surveys of both parents and SBHC coordinators were conducted to collect data regarding cost and benefit information (such as travel distance from home to the hospital or clinic), hours spent for students' physician visits, facility utility and space cost, and health care grants received as a result of local SBHC programs.

Outcome Measures and Covariates

The primary outcome measure for our study was quarterly total health care cost per student, as a proxy for health care utilization, which was defined as the total dollar amount that Medicaid paid for inpatient and outpatient care, physician encounters, mental health services, pharmacy, procedures, and diagnoses. For each claim reimbursement, total health care reimbursement was adjusted by using the medical component of the Consumer Price Index (MCPI) as the dollar value in 2002. The annual MCPI rates of change were 4.6% in 2002, 4.7% in 2001, 4.2% in 2000, 3.7% in 1999, 3.4% in 1998, and 2.8% in 1997.^{36–38}

The covariates included the student's age as of September 30, 2000. Sex and race were dichotomous variables. The number of enrollment months was defined for each child enrolled in the Medicaid program during the study period. Enrollment categories included aid for disabled or blind, Temporary Assistance for Needy Families (TANF), SCHIP, and managed care organizations (MCOs).

Cost–Benefit Analysis

Cost–benefit analysis (CBA) is a method to compare the value of resources consumed (costs) in providing a program or intervention

to the value of the consequence (benefit) from that program or intervention.³⁶ Two major components for CBA are costs and consequences. This view of CBA assumes that the SBHC is being compared with a non-SBHC alternative. A CBA requires health outcomes of the SBHC to be valued in monetary units, thus enabling us to compare the program's incremental cost with its incremental outcomes.

We looked at the costs of (or resources consumed by) the SBHCs from 3 sectors: (1) the health care sector (e.g., SBHC operation costs, such as prescription drugs, medical equipment, and physician and nurse hours), (2) the patient and family sector (e.g., out-of-pocket expenses in traveling to get medical care, copayments, and lost work time), and (3) other sectors (e.g., essential start-up funds [not including SBHC operational costs] and costs for school facility use).

We considered certain activities that would not have occurred without a SBHC to be incremental benefits from the program, including (1) the students' health status change, which can be measured in terms of equivalent value of clinical effects; (2) other sector savings, including other value or grants created by the SBHCs; (3) resources saved by the SBHCs or costs not spent on an alternative, which mirror the costs and were measured according to the 3 cost sectors: health care savings, patient and family savings, and other sector savings such as the community multiplier effect (R. Greenbaum, PhD and A. Desai, PhD, Ohio State University, written communication, April 30, 2003); and (4) unquantifiable benefits, such as healthy students having better attendance and better learning performance, and increased access to care for racial/ethnic minorities.

The net social benefit³⁶ from implementing the SBHC was calculated as total benefits minus the total costs based on the previously defined components. To measure and estimate the cost-benefit variables, we constructed 2 sets of questionnaires. The first was administered to a random sample of parents through phone interviews,²³ including the frequency of child sick visits and hospitalizations, distance from home to physician offices and hospitals, and number of days off for child sick leave. Study samples were randomly selected from SBHC and non-SBHC schools and, as such, we assume the results from questionnaires to be representative of all parents in the specific schools. The second survey was

administered through self-report to the SBHC administrative staff or coordinators in each SBHC about their working hours, facility and equipment costs, and other operational costs.

Data Analysis

To test equivalency between SBHC and non-SBHC comparison schools on demographic characteristics, we used the *t* test for continuous data including age, months enrolled, and percentages of enrollment categories; we used the c^2 test for dichotomous variables.

We employed hierarchical linear modeling using HLM version 5.05 (Scientific Software International Inc, Lincolnwood, IL)³⁹ on a repeated-measures basis, allowing for the control of unbalanced observations with time-series quarterly data because of student attrition in different schools or different enrollment periods in Medicaid programs. The multiple observations are properly originated as nested within students. The quarterly total Medicaid costs (adjusted 2002 dollar value) per student were measured as time-related variables for all eligible students to analyze growth trends, including linear, quadratic, and cubic growth trends.³⁹ The nested-structure growth analysis allows for examination of students' health care utilization changes over time. Unlike other repeated measures analyses, HLM can examine the fit of data with an unequal number of repeated observations for each individual student. Two levels of HLM models were involved in the analysis: a level-1 polynomial model of the repeated observations for the effect of time including 22 quarters from fall 1997 to winter 2003 on the outcome variable of the quarterly health care cost, and level-2 linear models of the individual student-level measures for the effects of the individual differences (such as sex, race, age, SBHC intervention, SCHIP, aid for disabled or blind, and MCO) on the linear, quadratic, and cubic growth trends.

RESULTS

Of 5056 students (45% African American and 49% female), there were 3673 students enrolled in SBHC schools and 1383 students enrolled in schools without SBHCs (Table 1). The students in the non-SBHC comparison group were younger, had fewer enrollment months, were enrolled in the SCHIP program at greater proportions, and were enrolled in

TABLE 1—Demographics and Characteristics for Students Enrolled in Both Medicaid and Schools With School-Based Health Centers (SBHCs) and for Students Enrolled in Schools Without SBHCs: Greater Cincinnati, OH, 1997–2003

| | Students Enrolled in Schools With SBHCs (n = 3673) | Students Enrolled in Schools Without SBHCs (n = 1383) | <i>P</i> ^a |
|--|--|---|-----------------------|
| Male, no. (%) | 1906 (51.9) | 697 (50.4) | .315 |
| Age ^b , y, mean (range) | 8.41 (3–15) | 8.04 (3–15) | <.001 |
| Race, no. (%) | | | |
| White | 1947 (53) | 732 (52.9) | .917 |
| Black | 1664 (45.3) | 613 (44.3) | .508 |
| Hispanic | 18 (0.5) | 4 (0.3) | |
| Asian | 4 (0.1) | 0 | |
| American Indians | 4 (0.1) | 0 | |
| Other | 37 (1.0) | 35 (2.5) | |
| No. of months enrolled in Medicaid program, ^c mean (SD) | 40.3 (18.1) | 38.4 (18.0) | <.001 |
| Enrollment ^c , % (SD) | | | |
| SCHIP | 32.5 (0.35) | 37.3 (0.37) | <.001 |
| Aid to disabled or blind | 4.2 (0.18) | 4.5 (0.18) | .613 |
| MCO | 24.8 (0.27) | 14.6 (0.27) | <.001 |
| TANF | 94.5 (0.20) | 93.5 (0.21) | .144 |
| Quarterly total cost 1997–1998 academic year, mean \$ | | | |
| Black | 173.9 | 208.9 | |
| Non-Black | 158.8 | 230.3 | |
| Quarterly total cost 1998–1999 academic year, mean \$ | | | |
| Black | 198.6 | 250.7 | |
| Non-Black | 152.1 | 245.0 | |
| Quarterly total cost 1999–2000 academic year, mean \$ | | | |
| Black | 210.5 | 289.9 | |
| Non-Black | 214.5 | 321.2 | |
| Quarterly total cost 2000–2001 academic year, mean \$ | | | |
| Black | 293.7 | 364.2 | |
| Non-Black | 276.7 | 340.3 | |
| Quarterly total cost 2001–2002 academic year, mean \$ | | | |
| Black | 401.8 | 343.6 | |
| Non-Black | 348.3 | 423.0 | |
| Quarterly total cost 2002–2003 academic year, mean \$ | | | |
| Black | 394.5 | 341.6 | |
| Non-Black | 374.2 | 334.2 | |

Note. MCO= managed care organization; SCHIP = State Children Health Insurance Plan; TANF = Temporary Assistance for Needy Families. The total sample size was n= 5056.

^aStudents in schools with SBHCs compared with students in schools without SBHCs, by the *t* test for age and months enrolled, and by the c^2 test for other variables.

^bAge was calculated as (September 30, 2000 minus the student's date of birth) divided by 365.25.

^cEnrollment category is not mutually exclusive. As recipients could have been in multiple enrollment categories during the study period, the recipient's aid category was defined by the percentage of enrollment months for which the recipient was enrolled in each program.

an MCO in smaller proportions compared with that of students in the SBHC group. Medicaid spent a total of \$30 million dollars on all 5056 students during the 5.5 years. The

major cost components included mental health services (\$8.9 million, 29.7%), outpatient care (\$7.3 million, 24.3%), hospitalization and emergency room visits (\$5.7 million, 19%),

physician encounters (\$3.3 million, 11%), and prescription drugs (\$2.8 million, 9.3%).

Health Care Disparities

Table 2 summarizes the final least-squares estimates of fixed effects with robust standard errors for quarterly total Medicaid costs under the HLM analysis. African American students had lower health care costs than did other students ($P = .061$) in Fall 2000, indicating some health care disparities at the beginning of the SBHC program. The gap was closed after the implementation of the SBHC according to the growth curves displayed in Figure 1.

Cost-Benefit Analysis

Figure 2 summarizes both costs and benefits that were estimated based on 3 years of SBHC operation. The CBA was based on all students enrolled in each SBHC school, regardless of different medical insurance or noninsurance. There were a total of 7608 students enrolled in 4 schools or districts with SBHCs.

Costs. For health care sector costs, we used total funding of \$1382260 for the first 3 years of operation as a proxy for the costs of SBHC operation because the funding enabled SBHCs to initiate and maintain personnel, equipment, and space for SBHC activities. We estimated the 7572 SBHC encounters as \$479929 by using Medicaid reimbursement value. For patient and family sector costs, we estimated a copayment total of \$75720 with \$10 per SBHC encounter. Also, although each school donated space to the SBHCs, we estimated \$60750 for the market value of the space over the 3 years in the schools with SBHCs.

Benefits. We estimated total value of health state changes to be \$954387 on the basis of Medicaid claims, including (1) the total value of the additional mental health care for students was \$771840 over 3 years, (2) the increased dental care benefit was \$38568 over the first 3 years, and (3) that nurse practitioners spent 30% to 50% of their time on nonbillable activities such as services for teachers and staff, student smoking cessation programs, student health status consultations, and staff meetings. The value of nonbillable health care activities was estimated as 30% of SBHC office visits with a total cost of \$143979. Other created value was estimated to be \$457598 from the additional funding attracted by SBHCs from

TABLE 2—Final Estimation of Effects of the School-Based Health Center (SBHC) Program on the Growth Trends of the Quarterly Total Medical Costs: Greater Cincinnati, OH, 1997–2003

| Fixed Effect ^a | Growth Trend Variable ^b | b (SE) | t | P |
|-------------------------------|------------------------------------|-------------------|--------|-------|
| Initial status ^c | B ₀ | | | |
| Intercept ² | G ₀₀ | 193.270 (50.31) | 3.842 | <.001 |
| Sex | G ₀₁ | 48.979 (32.81) | 1.493 | .135 |
| Race | G ₀₂ | -86.095 (46.01) | -1.871 | .061 |
| Age | G ₀₃ | 13.190 (5.97) | 2.210 | .027 |
| SBHC | G ₀₄ | -48.477 (37.82) | -1.282 | .200 |
| MCO | G ₀₅ | -12.987 (47.55) | -0.273 | .785 |
| SCHIP | G ₀₆ | 10.520 (38.26) | 0.275 | .783 |
| Disabled | G ₀₇ | 1825.471 (290.68) | 6.280 | <.001 |
| Linear growth ^d | B ₁ | | | |
| Intercept ² | G ₁₀ | -9.859 (9.69) | -1.018 | .309 |
| Sex | G ₁₁ | 5.373 (5.24) | 1.025 | .306 |
| Race | G ₁₂ | -0.148 (6.71) | -0.022 | .983 |
| Age | G ₁₃ | 2.482 (1.05) | 2.363 | .018 |
| SBHC | G ₁₄ | 8.338 (5.96) | 1.398 | .162 |
| MCO | G ₁₅ | -8.412 (8.16) | -1.030 | .303 |
| SCHIP | G ₁₆ | -3.020 (6.04) | -0.500 | .616 |
| Disabled | G ₁₇ | -9.771 (34.61) | -0.282 | .778 |
| Quadratic growth ^d | B ₂ | | | |
| Intercept ² | G ₂₀ | -0.615 (0.66) | -0.931 | .352 |
| Sex | G ₂₁ | -0.084 (0.40) | -0.208 | .835 |
| Race | G ₂₂ | 0.732 (0.55) | 1.325 | .185 |
| Age | G ₂₃ | 0.044 (0.08) | 0.521 | .602 |
| SBHC | G ₂₄ | 0.711 (0.50) | 1.411 | .158 |
| MCO | G ₂₅ | -0.553 (0.77) | -0.720 | .471 |
| SCHIP | G ₂₆ | -0.127 (0.57) | -0.222 | .824 |
| Disabled | G ₂₇ | -7.969 (2.28) | -3.500 | .001 |
| Cubic growth ^d | B ₃ | | | |
| Intercept ² | G ₃₀ | -0.004 (0.10) | -0.042 | .967 |
| Sex | G ₃₁ | -0.010 (0.06) | -0.174 | .863 |
| Race | G ₃₂ | 0.057 (0.08) | 0.755 | .450 |
| Age | G ₃₃ | -0.008 (0.01) | -0.620 | .535 |
| SBHC | G ₃₄ | -0.010 (0.07) | -0.140 | .889 |
| MCO | G ₃₅ | -0.004 (0.10) | -0.035 | .972 |
| SCHIP | G ₃₆ | -0.089 (0.08) | -1.159 | .247 |
| Disabled | G ₃₇ | -0.067 (0.30) | -0.224 | .823 |

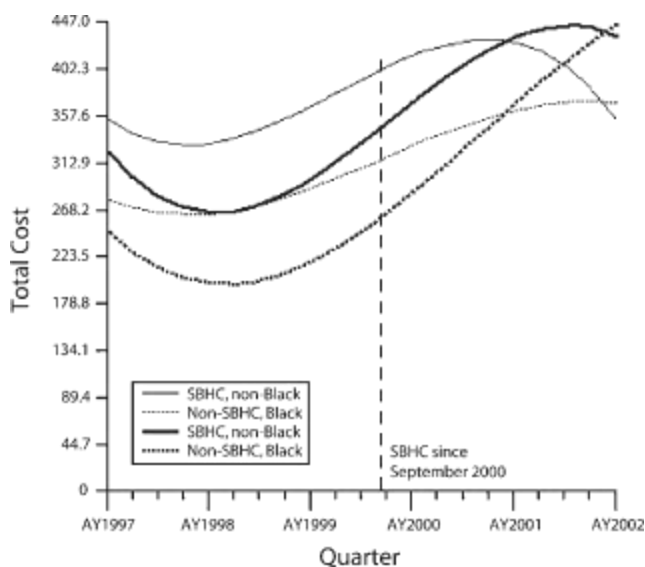
Note. MCO= managed care organization; SCHIP = State Children Health Insurance Plan. Final estimation of variance component: level 1 = 1 537 702.88; degrees of freedom = 5048; $c^2 = 33762$; $P < .001$. The total sample size of eligible students was $n = 5056$.

^aLinear model of quarterly Medicaid cost was regressed on race, sex, age, SBHC, SCHIP, aid for disabled or blind, and MCO for their growth trends.

^bG₀₀, G₁₀, G₂₀, and G₃₀ are for the intercepts; G₀₁, G₁₁, G₂₁, and G₃₁ are for the effects of gender (male = 1 and female = 0) on the growth trends; G₀₂, G₁₂, G₂₂, and G₃₂ are for the effects of race (Black = 1 and others = 0) on the growth trends; G₀₃, G₁₃, G₂₃, and G₃₃ are for the effects of age (years in September 2000) on the growth trends; G₀₄, G₁₄, G₂₄, and G₃₄ are for the effects of SBHC (SBHC = 1 and non-SBHC = 0) on the growth trends; G₀₅, G₁₅, G₂₅, and G₃₅ are for the effects of MCO enrollment on the growth trends; G₀₆, G₁₆, G₂₆, and G₃₆ are for the effects of SCHIP enrollment on the growth trends; and G₀₇, G₁₇, G₂₇, and G₃₇ are for the effects of disabled enrollment on the growth trends.

^cDegrees of freedom for initial status are 5048.

^dDegrees of freedom for linear growth, quadratic growth, and cubic growth are 74565.



Note. AY = academic year. The sample size for eligible students enrolled in a participating school and enrolled in Medicaid was $n = 5056$. Total cost equals the quarterly total Medicaid reimbursement amount per student.

FIGURE 1—Growth trends of quarterly total Medicaid costs by school-based health center (SBHC) and race: Greater Cincinnati, OH, 1997–2003.

local children's hospitals and Healthy School Healthy Community grants.

Resources saved from the health care sector included potential cost-savings for hospitalization, estimated as \$228144 or \$970 per student with asthma,²⁴ and, according to Medicaid claims, potential savings for prescription drugs were estimated to be \$443532. From the patient and family sector, SBHCs prevented productivity losses of \$542761 by parents who would otherwise have had to take their children to other sources of care. We estimated the value of the parent's time in the Cincinnati metropolitan region as equal to the blue- and white-collar combined average hourly rate of \$17.92. Over the 7572 SBHC encounters, the SBHCs saved parents between \$542761 (4 hours work time per parent) and \$1085522 (8 hours work time per parent). Also, because students received care in the SBHCs their parents saved a substantial amount of travel expenses. From parent survey data, the average time to a physician's office was 28 minutes round trip in an urban area and 46 minutes round trip in a rural area. With the rate of \$0.35 per mile, we estimated total travel expenses to be \$42 956.

Regarding resources saved from other sectors, SBHC staff identified and referred

students to additional primary care. With a Medicaid reimbursement rate of \$69 per visit, we estimated Medicaid spent \$42642 for the 618 documented referrals. We also estimated the community multiplier effect as \$638726 from a societal perspective, which was related to \$1.00 Medicaid spent for a \$3.15 multiplier effect in Ohio (written communication with Professors R. Greenbaum, PhD and A. Desai, PhD, Ohio State University, written communication, April 30, 2003). For the 42.25% of students with Medicaid, the community multiplier effect was estimated as:

$$\$1 \times \$479\,929 \times 42.25\% \times 3.15 = \$638\,726$$

Finally, the unquantifiable benefits included at least 5 aspects. First, SBHCs helped African American children and adolescents from low-income families get health care they may not have otherwise received, closing the gap in potential health care disparities (Figure 1). Second, about 80% of students in schools with SBHCs returned to class after SBHC encounters. We believe that students with better attendance are more successful at school. However, because this was beyond our study scope, we were unable to quantify this benefit. Third, increased early mental health services

received by students in SBHC schools may reduce costly future treatment of those students. Because of the limited time frame of this study, we were unable to quantify this impact. Fourth, increased dental care received by students in SBHC schools might prevent or reduce costly future dental treatment. Fifth, we found that students with asthma in schools with SBHCs had a lower risk of hospitalization and emergency room visits compared with that of students with asthma in schools without SBHCs. It is possible that students with asthma in schools with SBHCs had better asthma management. However, we were unable to quantify the benefit related to quality of life and future health care savings.

Net Social Benefit Estimation

On the basis of the assumptions made and the calculations performed, as described previously, we estimated the net social benefit of the SBHCs over the 3 years to be \$1.35 million. This is a low-end estimation that is based on total costs of \$1998659 and total benefits of \$3350746.

DISCUSSION

In the urban areas within Cincinnati, increased attention has been paid to racial and ethnic health disparities in an effort to increase the accessibility to health care services for African Americans and low-income families. When one considers that nearly 50% of the population in urban areas within Cincinnati is African American, it is very meaningful that SBHCs provide essential health care for these students and aim at eliminating barriers to health care.

SBHCs appear to have a significant ability to reduce health care access disparities among African Americans and disabled students because these groups received more primary care since SBHCs opened in September 2000. This suggests that having access to an SBHC can help reduce or eliminate access barriers to care and reduce health care disparities for these vulnerable populations—a matter of equity in utilization and not excess utilization. This finding should be robust because the time-series HLM analysis was employed to control for some variations in students' ages and Medicaid enrollments.

The cost-benefit analysis showed that a net social benefit of the SBHC program in the 4 Ohio school districts was about \$1.35 million

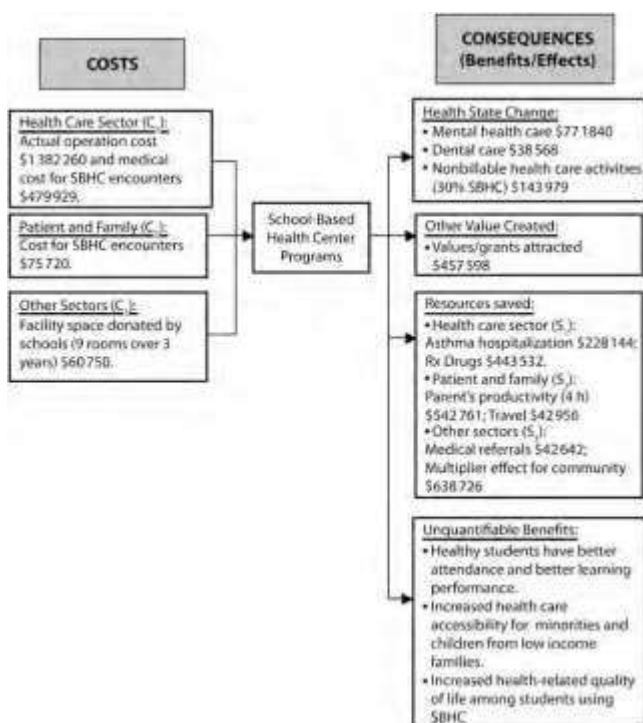


FIGURE 2—Estimated net social benefits of school-based health centers (SBHCs), with components of costs and benefits over the 3-year period: Greater Cincinnati, OH, 2001–2003.

over 3 years. Because Medicaid was the primary payer of services to children and adolescents, we also looked at the cost benefits to Ohio Medicaid. In our previously published studies and final report,^{24,25,40} students in SBHC schools benefited from more dental services, less prescription drug use, more mental health services, and fewer hospitalizations. Increased Medicaid costs of \$1179 264 (increased dental care of \$121344 plus increased mental health services of \$1057920) were offset by the total savings of \$1713 228 (savings of \$1395 456 from prescription drugs and savings of \$317772 from hospitalization for students with asthma). Net 3-year Medicaid savings was \$533964, which equals roughly \$35.20 savings per child per year.

Our study does not account for the reported increase in health-related quality of life among students participating in SBHCs as compared with students in schools without SBHCs.⁴¹ These unquantifiable benefits of SBHCs may also exceed any extra costs to the Medicaid program. Although we can only speculate as to how much benefit there is to Medicaid, we still believe it is important for Medicaid to

foster improved access to health care for minorities and children from low-income families and to increase access to children's mental health services, dental care, and other health care.

Our study also has relevance to broader health policy issues. SBHCs provide important primary care for children and adolescents, indicating benefits to federal and state governments for improving coordination between the SBHCs and state Medicaid and managed care organizations.^{42–44} The SBHC schools in Greater Cincinnati have a large proportion of children and adolescents who are African American students from lower-income families. If one considers concerns about racial disparities and acknowledged barriers to care for the poor and uninsured, the SBHC program is particularly well suited to address these disparities, especially among students with chronic disease such as mental health conditions and asthma.

The SBHC is a model for providing quality health care services for children and adolescents that eliminates most barriers students face when they are trying to access health care. SBHCs address problems regarding

transportation, lack of nearby providers, lack of providers accepting public insurance, and parental difficulties getting time away from work to take a child to the doctor, which in turn helps parents retain employment and helps employers increase worker productivity. Moreover, they are in a unique position to reduce financial, language, familial, and cultural barriers in providing care for children and adolescents in the community in which they live. By providing services on-site, SBHCs help return students to the classroom more quickly, meaning they miss less instruction time.

Our study was limited to school-aged children and adolescents in the Greater Cincinnati area. We were unable to assess students with other insurance plans or no insurance because the primary data source used was retrospective Medicaid claims database. We also did not differentiate between students who were treated by the SBHCs and students in the SBHC schools who were not treated. Finally, during the 5.5-year study period, the natural history of disease epidemics among school-age children and adolescents varies along with maturation of students, which may influence the time trends.

In conclusion, SBHCs were cost beneficial to the society. The health care utilization for African American and disabled students increased after the SBHC program and closed the gaps of health care disparities. SBHCs should be seen as a health service delivery model to help address a lack of accessing timely care for disadvantaged students. ■

About the Authors

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Contributors

J. J. Guo and T. J. Wade originated the study and were responsible for research design, data collection, and article writing. W. Pan performed statistical analyses and contributed to writing pertinent sections. K. N. Keller was involved in research coordination and

contributed to writing pertinent sections. All authors conceptualized some ideas, interpreted findings, and reviewed drafts of the article.

Human Participant Protection

The research protocol was approved by the University of Cincinnati institutional review board.

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Note. The opinions and conclusions expressed in this article are solely those of the authors.

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Michigan School-Based Health Centers

FAQ



What is a school-based health center?

School-Based health centers, termed “Child and Adolescent Health Centers” in Michigan provide primary care services to children ages 5-21 where kids are: in school! Mental health services are also provided, which round out a team highly qualified to provide excellent care to children and youth. Services are full-time, provided in one building 5 days per week including summers. Two other models of care are available: Alternative School-Based Health center, which is just reduced hours, open only 3 days per week in lieu of 5. School-Wellness program is another model of care staffed by a registered nurse, and a licensed master’s level mental health provider 5 days per week.

How many school-based programs are there in Michigan?

Currently, there are about 140 centers throughout Michigan providing physical and mental healthcare services inside or close to schools. Michigan is poised to have one of the largest programs in the United States.

Does the State of Michigan fully fund the school-based program?

No, the grants provided generally equal to around half to three quarters of what is needed to run a health center. In addition to the grant, revenue is generated by the healthcare visits that centers bill. All sponsoring agencies put additional funds and resources into the center as well. The grants are not intended to fully fund the center – it is intended to provide core funds.

How do I apply for funds, when are they available?

Funds become available when the legislature allocates additional funds. MDHHS and MDE cooperatively will issue a Request for Proposal (RFP).

Is the health center available to all students in the school they are located?

Care is for children and youth, ages 5-21. Children in the school in which the center is located are encouraged to use the center, and have to have a Parent/Guardian Consent Form on file. Family members as well, within the ages of 5-21 are welcome. Some centers are open to the public, but it is up to the school and center if they provide care to students from other schools.

What kind of services are available?

Mental health, and mental health therapy for issues such as depression, anxiety, family and school stress, relationship issues, Immunizations, well-child visits, minor acute visits, such as ears, nose, throat issues, asthma, diabetes, and obesity, to name some. For services outside the scope of care, referrals are made.

What is the cost to receive services?

There is no out-of-pocket expenses cost to families, their insurance or Medicaid is billed. If they do not have insurance, the health center will enroll them. No one is denied care for inability to pay.

What is the job of sponsoring agencies?

Sponsoring agencies provide the services of the health center. In Michigan the majority are about equally divided among health departments, federally qualified health centers and hospitals. It is their job to provide the healthcare staff and oversight, billing, and malpractice. They work together with the school and other community partners to be sure the needs of children and young people in the school are being met in a timely, efficient and appropriate manner.

(Continued on back)

| | |
|---|--|
| What is the role of the school that the health center is located in? | The school works together with the health center to identify the needs of the student population, and to promote the health center to families. The school is a partner with the health center and helps address community healthcare needs and social determinates of health. |
| What is the cost to the school? | Schools will provide space and generally a computer to access kids schedules, but really, there isn't any out-of-pocket for the school too. The school and health center work in partnership to provide the best space possible for the delivery of care. |
| Are Parents/Guardians Involved? | Yes! They help determine the services, approve policies, provide consent for their child to be seen, and attend Advisory Council meetings that are required annually. |
| What is the BEST thing about school-based health centers in Michigan? | Parent/guardians, providers, school staff and students would say easy access to services – they're right in the school building! School-based health care addresses the "whole" child, keeping them healthy and ready to learn in the classroom. School-based health centers provide the needed healthcare expertise a school needs day-to-day. Early detection of illness helps reduce time out of the classroom, keeping kids healthy. |
| What is the WORST thing about school-based health centers in Michigan? | That there isn't one in every school district. |

FROM A TEACHER OF A SCHOOL

The health center is fantastic – We can rely on them for anything from mental awareness to supporting our students while they are at school. As a teacher, there are many outside influences that we don't have control over that can prevent students from learning. We have had students that need anything from mental support to specific medical testing. The center has a huge impact.

Tylise Ivey, Teacher
Waterford Durant High School



From Students:

The clinic has helped me get over some of my fears. I have received help for my personal problems. I go there when I feel upset. I go there when I have a headache or fever and they help me. They call home so my parent knows what's going on. They can get me if I cannot stay in school.

The clinic has helped me get rid of my headaches and make me feel like I am a better person. This helps me to stay in school.



I have come to school instead of staying home many times because I know that the clinic is there if I need it.

Agnes, 13 years old

FROM A PRINCIPAL OF A SCHOOL



This new partnership is already producing positive results. As part of the Multi-Tiered System of Support, the E-3 project has positively impacted school attendance. Specifically, middle and high school students with a history of truancy have stated "It's important to come to school so I can talk to Mrs. McEvers." Manistique Area Schools is committed to supporting partnership with LMAS Health Department. Today's student stressors can have serious negative impacts on every aspect of their lives. From trauma and substance abuse to eating disorders and suicidal ideations. Some students have significant barriers to education. We are proud, and fortunate, to be able to offer this valuable service to our students.

Principal John Shiner
Manistique Middle and High School
(Speaking of the mental health E-3 grant received only 3 months before)

Speaking personally, I am with friends and family here that I never had before. I used to fight everything in sight. I bullied kids. I often thought of harming people and myself. But thanks to the THC I now break up fights, and defend the bullied, and help kids like me find a better way than to harm themselves or others.



This program provides us help with issues such as depression, anxiety, health as well as providing us with supplies that we may need (toiletries, etc). We are also given advice with issues that we deal with outside of school and at home. They give us the care we need that others cannot or will not provide.

Amisaël, 16 years old

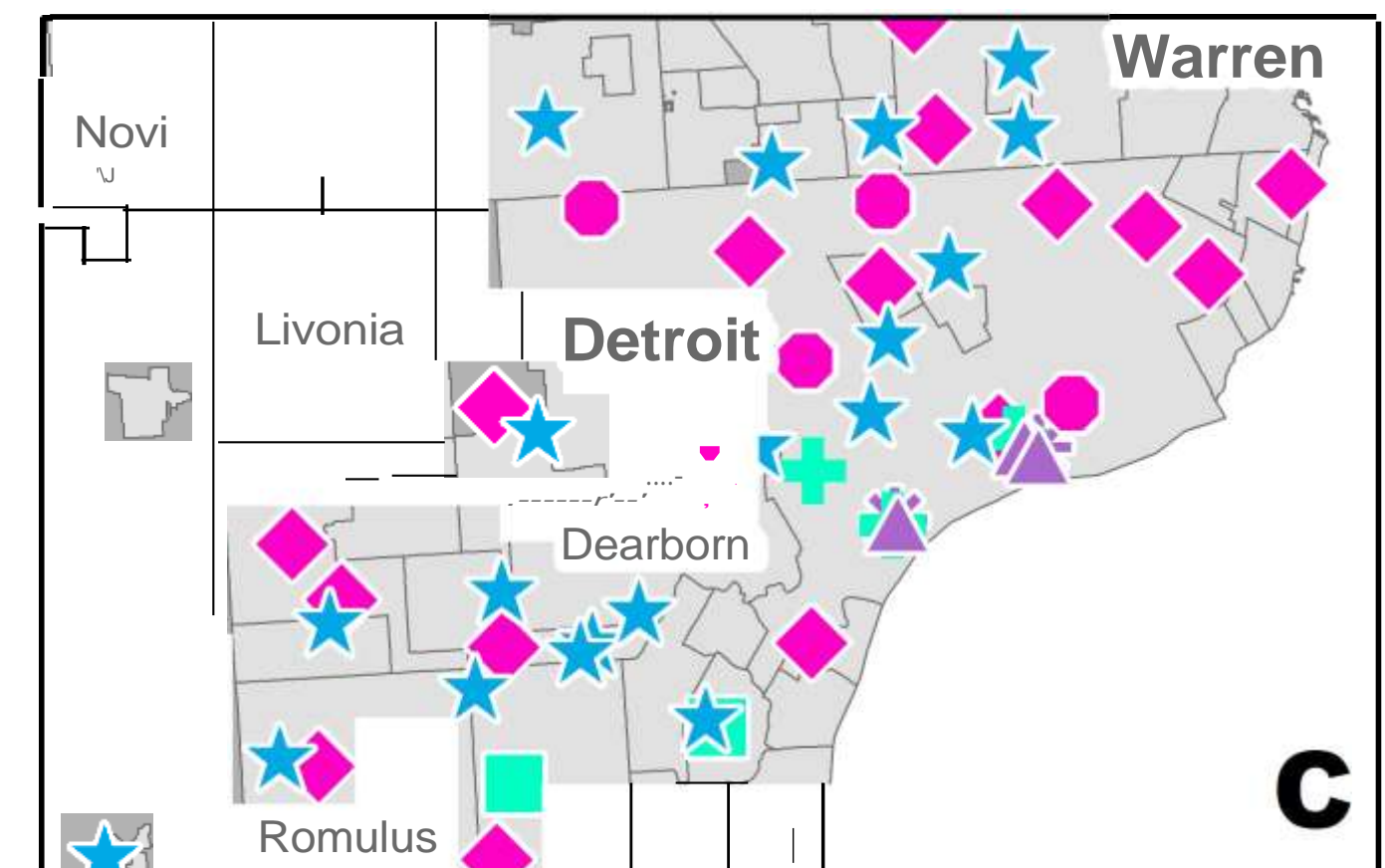
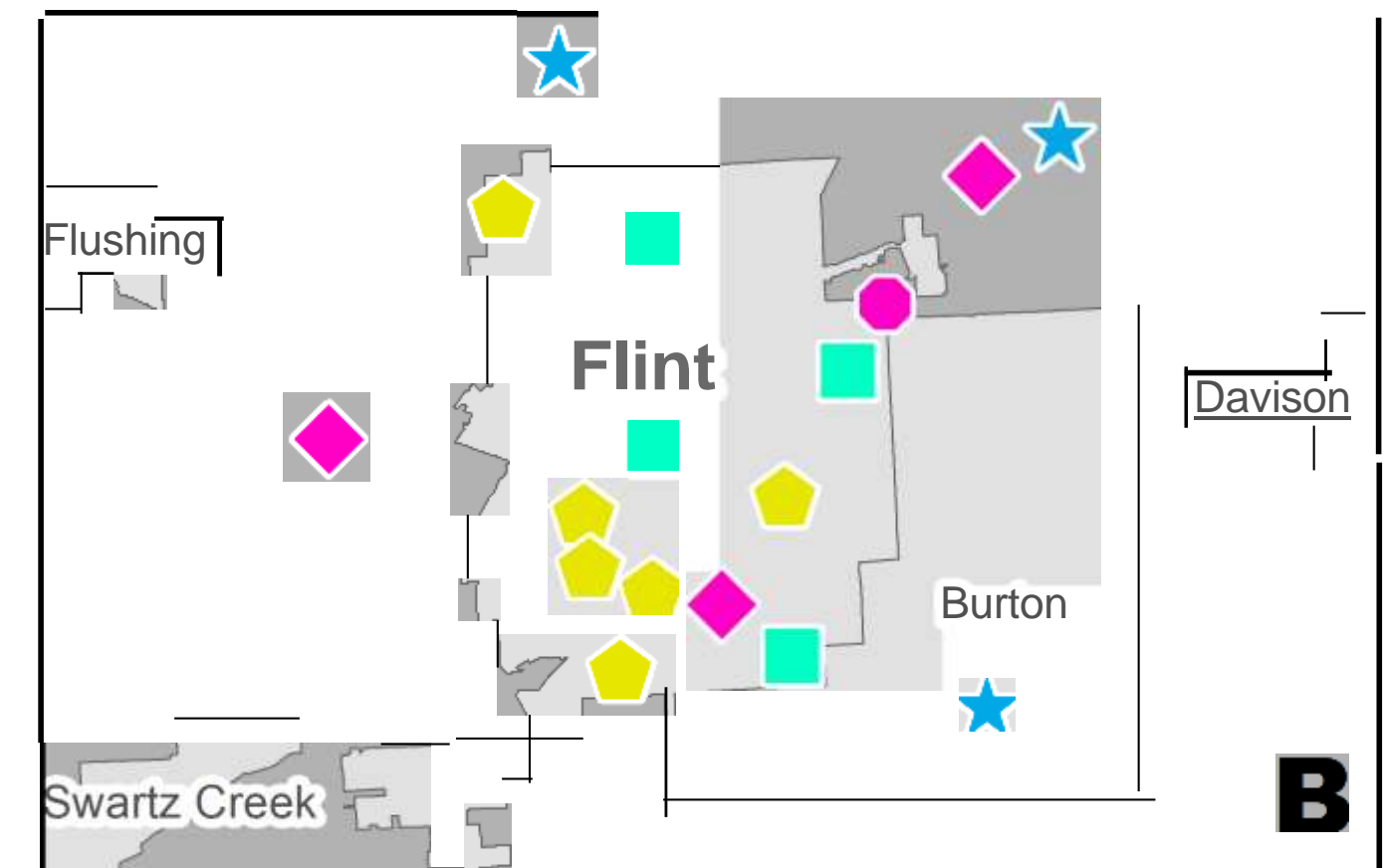
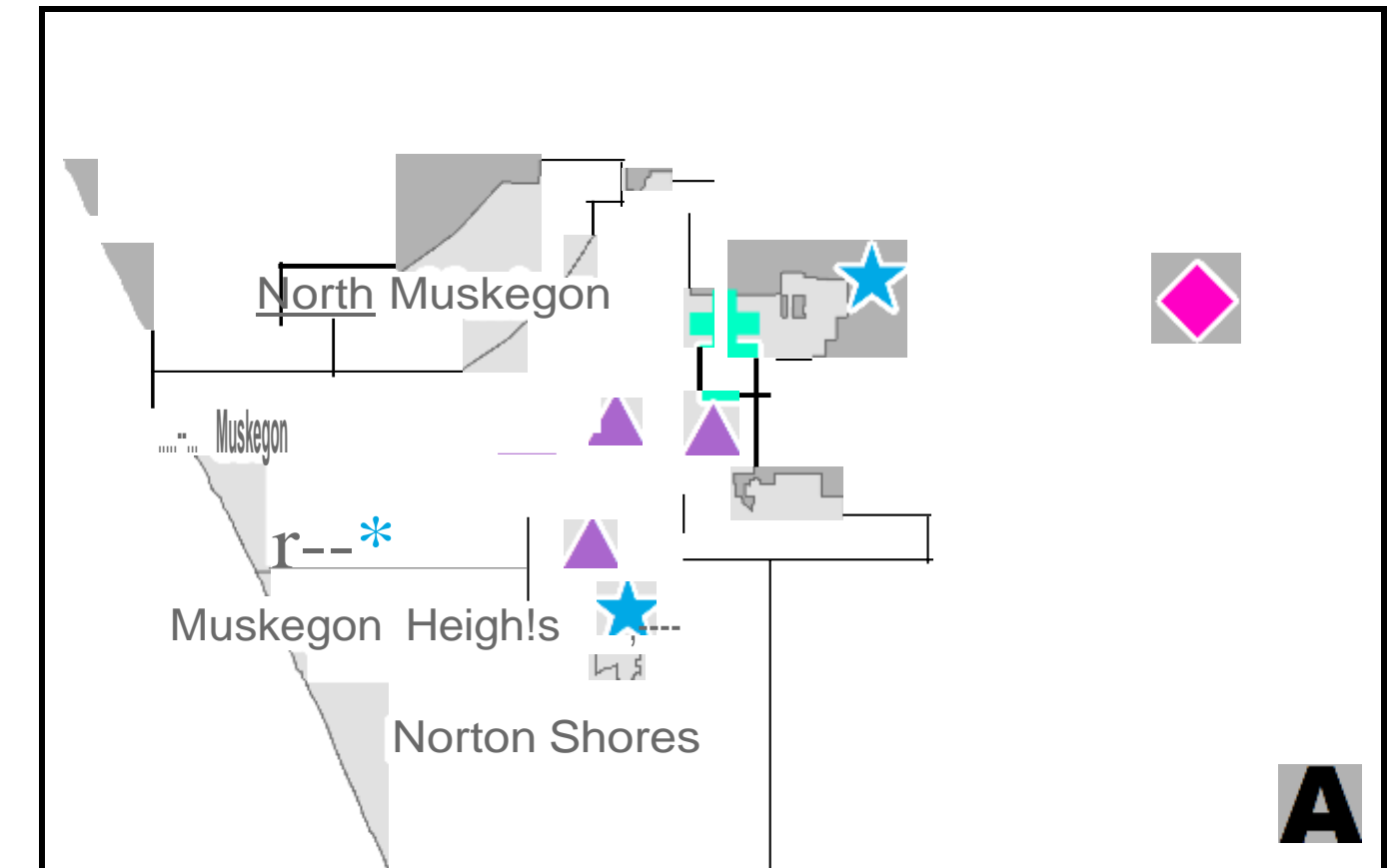
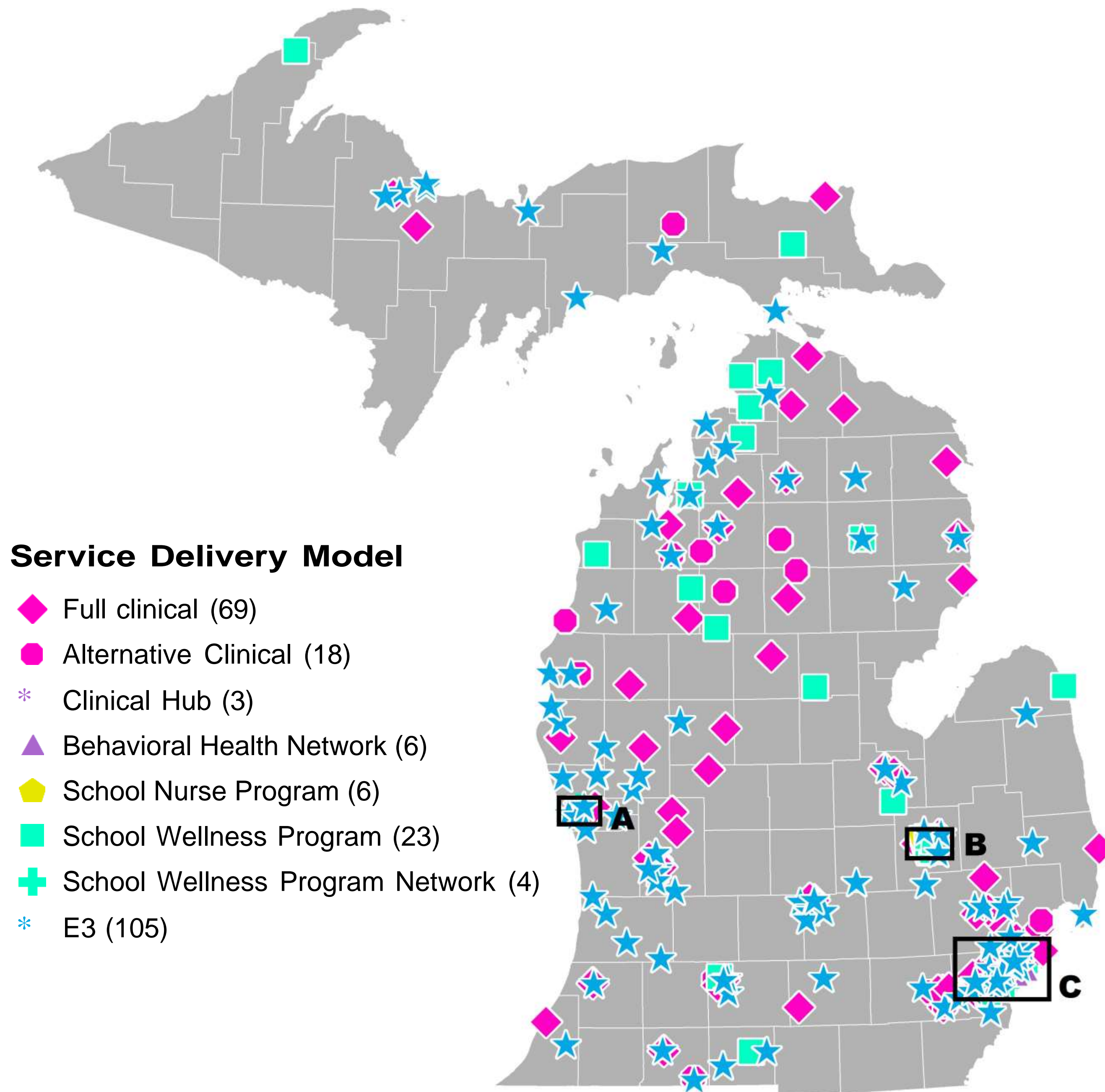
For more information contact
School-Community Health Alliance of Michigan:

517.908.0847, www.scha-mi.org



Child and Adolescent Health Center Program

Fiscal Year 2022 Sites - All Models



Child and Adolescent Health Center Program Sites

Clinical Sites

ACCESS Teen Health Center (Wayne)
Arthur Hill SBHC (Saginaw)
Baldwin Teen Health Center (Lake)
Bangor School Based Health Center (Van Buren)
Battle Creek HS Student Health Center (Calhoun)
Beaumont Adams CAHC (Wayne)
Benton Harbor Student Health Center (Berrien)
Cedar Springs High School-Cherry Street (Kent)
Central Innovation High School Health Center (Kent)
Cheboygan Health Center (Cheboygan)
Children's Village Health Center (Oakland)
Clintondale SBHC (Macomb)
Corner Health Center (Washtenaw)
Denby SBHC (Wayne)
DEPSA Pioneer Health Center (Wayne)
East English Village Preparatory Academy (Wayne)
Eastern High School Health Center (Ingham)
Fitzgerald Health Center (Macomb)
Gaylord High School Health Center (Otsego)
Grant Middle School Health Center (Newaygo)
Gwinn Adolescent Health Center (Marquette)
Houghton Lake HS Health Center (Roscommon)
Ironmen Health Center (Antrim)
Ishpeming Health Center (Marquette)
Lakeview Adolescent Health Center (Calhoun)
Lakeview Youth Clinic (Montcalm)
Mumford HS Health Center (Wayne)
Oakridge Health Center (Muskegon)
Onaway Health Center (Presque Isle)
Osborn Health Center (Wayne)
Ottawa Hills High School Health Center (Kent)
PAWS CAHC (St. Joseph)
Pontiac Middle School SBHC (Oakland)
Pontiac Northern Teen Health Center (Oakland)
RAHS - Carman Ainsworth HS Health Center (Genesee)
RAHS - Kearsley High School Health Center (Genesee)
RAHS - Lincoln HS Health Center (Washtenaw)
RAHS - Northwestern Wellness Center (Genesee)
RAHS - Ypsilanti Community HS (Washtenaw)
RAHS - Ypsilanti Community MS (Washtenaw)
River Rouge Adolescent Health Center (Wayne)
Romulus Adolescent Health Center (Wayne)
Saginaw High SBHC (Saginaw)
Sault Area High School SHACC (Chippewa)
Sexton Health Center (Ingham)
Shelby Adolescent Health Center (Oceana)

South Redford SBHC (Wayne)
Taylor Teen Health Center (Wayne)
Teen Health Center (St. Clair)
Teen Health Corner (Kalkaska)
Tiger Health Extension (Alcona)
Union High School Health Center (Kent)
Warren Mott Health Center (Macomb)
Waterford Teen Health Center (Oakland)
Westwood Teen Health Center (Wayne)
Wexford Adolescent Wellness Center (Wexford)
White Cloud Health Center (Newaygo)
Willow Health Center (Ingham)
Youth Health-Wellness Center (Grand Traverse)
Youthville Health Center (Wayne)

Alternative Clinical Sites

Forest Area Community Schools (Kalkaska)
Grayling Adolescent Health Center (Crawford)
Henry Ford HS Health Center (Wayne)
K Town Youth Care (Grand Traverse)
Marcus Garvey Academy (Wayne)
Mt. Clemens Health Center (Macomb)
Nolan Preparatory School of Excellence SBHC (Wayne)
RAHS - Beecher Teen Health Center (Genesee)
RAHS - Richfield Public School Academy Health Center (Genesee)
RAHS - Lincoln MS (Washtenaw)
RAHS - Scarlett MS (Washtenaw)
Ranger Wellness Center (Cass)
Roscommon MS Health Center (Roscommon)
Springfield MS Healing Hands Health Center (Calhoun)
Sturgis Health Center (St. Joseph)
The C.A.M.P (Luce)

School Wellness Programs

Boyne City Elementary (Charlevoix)
Boyne City Middle School (Charlevoix)
CHC - Cardinal Connect School Wellness Program (Branch)
Doyle Ryder SWP (Genesee)
Durand School Wellness Center (Shiawassee)
Freeman SWP (Genesee)
Harbor Beach Community Schools Adolescent Health Center (Huron)
Holmes STEM SWP (Genesee)
Manton Adolescent Wellness Center (Wexford)
Mesick Adolescent Wellness Center (Wexford)
Muskegon Middle School (Muskegon)
Northwestern Middle School (Calhoun)

Pellston Health Center (Emmet)
Potter SWP (Genesee)
Rudyard Area Schools School Wellness Center (Chippewa)
Truman School Wellness Program (Wayne)
W.K. Kellogg Prep HS School Wellness Program (Calhoun)

School Nursing Programs

Brownell STEM Academy School Nurse Program (Genesee)
Durant-Tuuri-Mott Elementary School Nurse Program (Genesee)
Eisenhower School Nurse Program (Genesee)
Flint Southwestern Academy School Nurse Program (Genesee)
Neithercut Elementary School Nurse Program (Genesee)
Northwestern HS School Nurse Program (Genesee)
Pierce Elementary School Nurse Program (Genesee)

Clinical Hub Sites

King High School Health Center (Wayne)
Muskegon High School Teen Health Center (Muskegon)
Western International Health Center (Wayne)

School Wellness Program Network Sites

Earhart Elementary/Middle SWP (Wayne)
Marquette Elementary SWP (Muskegon)
Maybury SWP (Wayne)
Munger Elementary School Wellness Program (Wayne)
University Prep School Wellness Program (Wayne)

Behavioral Health Network Sites

Bunche Elementary Behavioral Health (Wayne)
Covenant House Aca. Behavioral Health (Muskegon)
Detroit Academy Behavioral Health (Wayne)
Muskegon Heights Academy BH (Muskegon)
Nelson Elementary Behavioral Health (Muskegon)

The MDHHS Child and Adolescent Health Center Program is aimed at achieving the best possible physical, intellectual, and emotional status of children and adolescents by providing services that are high quality, accessible and acceptable to youth.

For questions about the CAHC Program, please contact Taggart Doll, Child and Adolescent Health Services Unit Manager, at 517-335-9720 or via email at dollt@michigan.gov

Revised October 26, 2017

MINIMUM PROGRAM REQUIREMENTS CHILD AND ADOLESCENT HEALTH CENTERS CLINICAL AND ALTERNATIVE CLINICAL MODELS

ELEMENT DEFINITION:

Services provided through the Child and Adolescent Health Center Program are designed specifically for children and adolescents ages 5 through 21 years and are aimed at achieving the best possible physical, intellectual, and emotional health status. The infants and young children of adolescents can also be served through this program.

Included in this element are school-based health centers; and school-linked adolescent-only health centers (which serve only adolescents between the ages of 10 through 21 years) designed to provide comprehensive primary care, psychosocial and mental health services, health promotion/disease prevention, and outreach services.

MINIMUM PROGRAM REQUIREMENTS:

1. The health center shall provide a range of health and support services based on a needs assessment of the target population/community and approved by the community advisory council. The services shall be of high quality, accessible, and acceptable to youth in the target population. Age-appropriate prevention guidelines and screening tools must be utilized.
 - a) Clinical services shall include, at a minimum: primary care including health care maintenance, immunization assessment and administration using the MCIR, care of acute and chronic illness; confidential services including mental health services, STD diagnosis and treatment and HIV counseling and testing as allowed by state and/or federal law; health education and risk reduction counseling; and referral for other services not available at the health center. (See Attachment 1: Services Detail).
 - b) Each health center shall implement two evidence-based interventions with fidelity and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (For approved focus areas, see Attachment 2: Focus Areas).
2. Clinical services provided, including mental health services, shall meet the recognized, current standards of practice for care and treatment for the population served.
3. The health center shall not provide abortion counseling, services, or make referrals for abortion services.
4. The health center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

5. The health center shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities as outlined in MSA 04-13.
6. If the health center is located on school property, or in a building where K-12 education is provided, there shall be a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district.

Written approval by the school administration and local school board exists for the following:

- a) Location of the health center
 - b) Administration of a needs assessment process to determine priority health services for the population served; which includes, at a minimum, a risk behavior survey for adolescents served by the health center
 - c) Parental consent policy
 - d) Services rendered in the health center
7. The health center shall be located in a school building or an easily accessible alternate location.
 8. The health center shall be open during hours accessible to its target population, and provisions must be in place for the same services to be delivered during times when school is not in session. Not in session refers to times of the year when schools are closed for extended periods such as holidays, spring breaks, and summer vacation. The school-based health center shall designate specific hours for services to be provided to adolescents only (when the center serves both children aged 5 to 10 and adolescents), and a policy shall exist to this effect. These provisions shall be posted and explained to clients.

Clinical Centers: The health center shall provide clinical services a minimum of five days per week. Total primary care provider clinical time shall be at least 30 hours per week. Mental health provider time must be a minimum of 20 hours per week. Hours of operation must be posted in areas frequented by the target population.

Alternative Clinical Centers: The health center shall provide clinical services a minimum of three consistent days per week. Total primary care provider clinical time shall be at least 24 hours per week. Mental health provider time must be a minimum of 12 hours per week. Hours of operation must be posted in areas frequented by the target population.

The health center shall have a written plan for after-hours and weekend care, which shall be posted in the health center including external doors, and explained to clients. An after-hours answering service and/or voicemail with instructions on accessing after-hours care is required.

9. The health center shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures and protocols.

10. The health center staff shall operate within their scope of practice as determined by certification and applicable agency policies:
 - a) The center shall be staffed by a certified nurse practitioner (FNP, PNP), licensed physician, or a licensed physician assistant working under the supervision of a physician. Nurse practitioners must be certified or eligible for certification in Michigan; accredited by an appropriate national certification association or board; and have a current, signed collaborative practice agreement with the medical director or designee. Physicians and physician assistants must be licensed to practice in Michigan.
 - b) The health center must be staffed with a minimum of a licensed Masters level mental health provider (i.e. counselor or Social Worker). Appropriate supervision must be available.
11. The health center must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.
12. The health center shall implement a continuous quality improvement plan for medical and mental health services. Components of the plan shall include, at a minimum:
 - a) Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted. A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.
 - b) Completing, updating, or having access to a needs assessment process conducted within the last three years to determine the health needs of the population served including, at a minimum, a risk behavior survey for adolescents.
 - c) Conducting a client satisfaction survey at a minimum annually.

13. A local community advisory council shall be established and operated as follows:
- a) A minimum of two meetings per year
 - b) The council must be representative of the community and include a broad range of stakeholders such as school staff
 - c) One-third of council members must be parents of school-aged children/youth
 - d) Health care providers shall not represent more than 50% of the council
 - e) The council must approve the following policies and the health center must develop applicable procedures:
 - 1. Parental consent policy
 - 2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody
 - 3. Confidential services as allowed by state and/or federal law
 - 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
 - f) Youth input to the council shall be maintained through either membership on the established advisory council; a youth advisory council; or through other formalized mechanisms of involvement and input.
14. The health center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean, and safe.
15. The health center staff shall follow all Occupational Safety and Health Act guidelines to ensure protection of health center personnel and the public.
16. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.
17. The health center shall establish and implement a sliding fee scale, which is not a barrier to care for the population served. Clients must not be denied services because of inability to pay. CAHC state funding may be used to offset any outstanding balances to avoid collection notices and/or referrals to collection agencies for payment.
18. The health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third party payers.
19. The billing and fee collection processes do not breach the confidentiality of the client.
20. Revenue generated from the health center must be used to support health center operations and programming.

MINIMUM PROGRAM REQUIREMENTS SCHOOL WELLNESS PROGRAM

1. The School Wellness Program (SWP) shall provide a range of health and support services based on a needs assessment of the target population/community and approved by the community advisory council. The services shall be of high quality, accessible, and acceptable to youth in the target population. Age-appropriate prevention guidelines and screening tools must be utilized.
2. The SWP shall provide clinical nursing services fulltime during the school year. Clinical services shall include individual health services that fall within the current, recognized scope of registered nurse (RN) practice in Michigan.

Individual health services provided by the RN may include: screening/nursing assessments, case finding, immunization assessment and administration, first aid for minor injuries, chronic care interventions, hearing and vision screening, blood pressure monitoring, blood glucose monitoring, case management and/or referral to other needed primary care and specialty medical services
3. Each SWP shall implement two evidence-based programs with fidelity and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (For approved focus areas, see Attachment 2: Focus Areas).
4. The SWP shall develop a plan, in conjunction with appropriate school administration and personnel, to provide training and/or professional development to teachers and school staff in areas relevant to the SWP and school-specific needs.
5. The SWP shall provide direct mental health services fulltime during the school year. Mental health services provided shall fall within the scope of practice of the licensed mental health provider and shall meet the current recognized standards of mental health practice for care and treatment of the population served.

Mental health services should minimally include screening/assessments, short term individual and/or family therapy, crisis intervention, therapeutic groups, prevention education in a classroom or group setting, case management and/or referral to other needed mental health services.
6. The SWP shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
7. The SWP shall not prescribe, dispense or otherwise distribute family planning drugs and/or devices on school property.
8. The SWP shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities 1 and 2 as outlined in MSA 04-13.
9. The SWP shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures, protocols, and standing orders.

10. The SWP nursing staff shall adhere to medical orders/treatment plans written by the prescribing physician and/or standing orders/medical protocols written by other health care providers for individuals requiring health supervision while in school.
11. The SWP shall have a licensed registered nurse (preferably with experience working with child/adolescent populations) on staff, working under the general supervision of a physician during all hours of operation.
12. The SWP shall have a mental health provider on staff. The mental health provider shall hold a minimum of a master's level degree in an appropriate discipline and shall be licensed to practice in Michigan. Clinical supervision must be available for all fully licensed providers and provided for any master's level provider with limited licensure while completing hours towards full licensure.
13. The SWP staff shall provide services in no more than two school buildings. The SWP services shall be available during hours accessible to its target population.
14. Written approval by the school administration and local school board exists for the following:
 - a) Location of the SWP within the school building
 - b) Administration of a needs assessment process for students in the school
 - c) Administration of or access to a needs assessment for teachers/staff
 - d) Parental consent policy
 - e) Services rendered through the SWP
15. A current interagency agreement shall define the roles and responsibilities between the local school district and sponsoring agency; and the school-based health center, if one exists in the same school district.
16. Services provided shall not breach confidentiality of the client. Policies and procedures shall be implemented regarding proper notification of parents, school officials (when allowable and appropriate), and/or other health care providers when additional care is needed or when further evaluation is recommended. The SWP must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.

Policies and procedures regarding notification and exchange of information shall comply with all applicable laws e.g., HIPAA, FERPA and Michigan statutes governing minors' rights to access consent for care.

17. The SWP shall implement a continuous quality improvement plan for nursing and mental health services. Components of the plan shall include at a minimum:
- a) Practice and client record review shall be conducted at least twice annually by an appropriate peer and/or other peer-level staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted.
 - b) Completing, updating, or having access to a needs assessment process conducted within the last three years to determine the health needs of the population served including, at a minimum, a risk behavior survey for adolescents served by the SWP.
 - c) Conducting a client satisfaction survey at a minimum annually.
18. A local community advisory council shall be established and operated as follows:
- a) A minimum of two meetings per year
 - b) The council must be representative of the community and include a broad range of stakeholders such as school staff
 - c) One-third of council members must be parents of school-aged children/youth
 - d) Health care providers shall not represent more than 50% of the council
 - e) The council must approve the following policies and the SWP must develop applicable procedures:
 1. Parental consent policy
 2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody
 3. Confidential services as allowed by state and/or federal law
 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
19. The SWP shall have space and equipment adequate for private visits, reception, private counseling, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean and safe.
20. The SWP shall follow all Occupational Safety and Health Act guidelines to ensure protection of SWP personnel and the public.
21. For SWPs participating in billing: the SWP shall establish and implement a sliding fee scale, which is not a barrier to care for the population served. Users must not be denied services because of inability to pay. CAHC state funding may be used to offset any outstanding balances to avoid collection notices and/or referrals to collection agencies for payment.
22. For SWPs participating in billing: the billing and fee collection processes do not breach the confidentiality of the client.

CHILD AND ADOLESCENT HEALTH CENTERS CLINICAL AND ALTERNATIVE CLINICAL MODELS

Attachment 1: Services Detail

The following health services are required (*or recommended) as part of the Child and Adolescent Health Center service delivery plan:

PRIMARY CARE SERVICES

- Well child care
- EPSDT screenings and exams
- Comprehensive physical exams
- Risk assessment/other screening
- Laboratory services
 1. CLIA Waived testing
 2. Specimen collection for outside lab testing
- *Other diagnostic, screening and/or preventive services
 1. Hearing and vision screening
 2. Tympanometry
 3. Preventive oral applications
 4. Spirometry
 5. Pulse oximetry
 6. Telehealth capabilities
 7. Office microscopy

MENTAL HEALTH SERVICES

- Mental Health services provided by a Master's level mental health provider.

ILLNESS/INJURY CARE

- Minor injury assessment/treatment and follow up
- Acute illness assessment/ treatment and follow up &/or referral

CHRONIC CONDITIONS CARE

- Includes assessment, diagnosis and treatment of a new condition
- Maintenance of existing conditions based on need, collaborations with PCP/specialist or client/parental request
- Chronic conditions may include: asthma, diabetes, sickle cell, hypertension, obesity, metabolic syndrome, depression, allergy, skin conditions or other specific to a population

IMMUNIZATIONS

- Screening and assessment utilizing the MCIR and other data
- Complete range of immunizations for the target population utilizing Vaccinefor Children and private stock
- Administration of immunizations
- Appropriate protocols, equipment, medication to handle vaccine reactions

HEALTH EDUCATION

STI & HIV EDUCATION, COUNSELING, & VOLUNTARY TESTING

- Education appropriate for age, other demographics of the target population, and needs assessment data
- Risk assessment, historical and physical assessment data informs individualized care
- CAHC-trained HIV counselor/tester is on site
- Testing for and treatment of STI and testing and referral for HIV treatment is on site

"CONFIDENTIAL SERVICES" AS DEFINED BY MICHIGAN AND/OR FEDERAL LAW

- Confidential services are those services that may be obtained by minors without parental consent
- Confidential services include: mental health counseling, pregnancy testing & services, STI/HIV testing and treatment, substance use disorder counseling and treatment, family planning (excluding contraceptive prescription/distribution on school property).

REFERRAL

- PCP, specialists, dental services, community agencies, etc.

REV 03/2017

**CHILD AND ADOLESCENT HEALTH CENTERS
CLINICAL AND ALTERNATIVE CLINICAL MODELS
and SCHOOL WELLNESS PROGRAMS
Attachment 2: Focus Areas**

Each year, health centers and SWPs should review their needs assessment data to determine priority health issues that are of such significance to their target population to warrant an enhanced “focus” for the upcoming year. Each center is required to implement at least two evidence based programs or clinical interventions to begin to address the needs within the selected focus area(s).

FOCUS AREAS

- ALCOHOL/TOBACCO/OTHER DRUG PREVENTION
- CHRONIC DISEASE MANAGEMENT
- HIV/AIDS/STI PREVENTION
- NUTRITION AND PHYSICAL ACTIVITY
- PREGNANCY PREVENTION

Focus areas are meant to provide services above and beyond what would typically be provided in comprehensive primary care. It is expected that each of these focus areas will be a part of comprehensive primary care already, but interventions selected for the focus area requirement should be significantly beyond typical care. Strategies should be intensive, evidence-based, and include appropriate evaluation methods to assess impact and progress on meeting focus areas.

REV 03/2017



Child and Adolescent Health Center Program (CAHC) Best Practices Policies and Procedures Checklist

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

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



CONSENT FOR CARE AND CONFIDENTIAL HEALTH INFORMATION Issue Brief

Michigan Laws Related to Right of a Minor to Obtain Health Care without Consent or Knowledge of Parents

This document summarizes the rights of minors to consent to various types of health care without the consent or knowledge of their parents¹. It also covers whether the law permits information concerning the minor's health care to be shared with the parent. Though the details of this document apply only in Michigan, the legal provisions likely have counterparts in other states. Lawyers in other states may have developed, or could develop, comparable summaries for their states. You may wish to talk with your attorney, or visit the [Public Health Lawyer Directory](#) to find a public health attorney in your state.

| LAWS REGARDING CONSENT TO MEDICAL AND SURGICAL CARE BY MINORS IN GENERAL | IS PARENTAL CONSENT REQUIRED? | IS PARENTAL ACCESS TO THE MINOR'S INFORMATION PERMITTED? |
|---|-------------------------------|--|
| General Rule: A minor is a person 17 years or younger. | Required. | Yes. |
| Emancipation of Minors Act, MCL 722.1 ; Age of Majority Act, MCL 722.52 . | | |
| Emancipation/Emancipated Minor Emancipation of Minors Act, MCL 722.1 –722.6 | Not required. | No. |
| <p>1. An emancipation occurs by court order via a petition filed by a minor with the family division of circuit court.</p> <p>2. An emancipation also occurs by operation of law under any of the following circumstances:</p> <ul style="list-style-type: none"> • When a minor is validly married. • When a person reaches the age of 18 years. • During the period when the minor is on active duty with the armed forces of the United States. | | |

Emancipation/Emancipated Minor Continued

- For the purposes of consenting to routine, nonsurgical medical care or emergency medical treatment, when the minor is in the custody of a law enforcement agency and the minor's parent or guardian cannot be promptly located.
- For the purposes of consenting to his or her own preventive health care or medical care including surgery, dental care or mental health care, except vasectomies or any procedure related to reproduction, during the period when the minor is a prisoner committed to the jurisdiction of the department of corrections and is housed in a state correctional facility; or the period when the minor is a probationer residing in a special alternative incarceration unit.

Homeless Children and Youths

The McKinney-Vento Homeless Assistance Act, PL 100-77, [42 U.S.C. 11431 et seq.](#)

Homeless children are to have access to education and other services for which they are eligible. To the extent services for dental, medical and other such needs are available at school, children experiencing homelessness must have access to them.

Depends on services provided.

McKinney-Vento does not change state law with regard to consent for health services, whether or not the homeless minor is in the custody of a parent or guardian.

Depends on services provided.

McKinney-Vento does not change the applicability of federal or state privacy laws, whether or not the homeless minor is in the custody of a parent or guardian.

Abortion

The Parental Rights Restoration Act, [MCL 722.901 – 722.909](#)

Required.

- Written consent of minor and one parent/legal guardian or a judicial waiver (court order) of parental consent from probate court.
- Minors also must comply with the 24-hour waiting period prior to an abortion.

Yes, unless a court has issued an order waiving parental consent.**Birth Control**

- There are no specific MI statutes on this issue; this is a Federal Constitutional "right of privacy."
 - Federal Constitutional "right of privacy" limits state restrictions on sale/distribution of contraceptives. *Carey v. Population Services Int'l*, 431 US 678 (1977)
 - Parents have no constitutional right to be notified that their child is seeking or has obtained contraceptives. *Doe v Irwin*, 615 F2d 1162 (CA 6, 1980)
- Title X Agencies: Family planning agencies funded under Title X of the Public Health Service Act must provide family planning and related services without regard to age or marital status, [42 CFR 59.5](#).
- Other federally funded services might require that minors be provided with services and protect their health information. For example, states that receive federal funding for Medicaid (Title XIX) must (1) cover family planning services and supplies furnished to eligible individuals of child-bearing age, including minors who can be considered to be sexually active who desire such services and supplies and (2) develop safeguards to protect the privacy of individuals' information. [42 USC § 1396d\(a\)\(4\)\(c\)](#), [42 USC § 1396a\(a\)\(7\)](#).

Provider discretion applies for providers not funded by Title X or Title XIX.

- There are no specific MI statutes on this issue; this is a Federal Constitutional "right of privacy."
- Generally, practitioners must be aware that there is no statutory authority or protection for their actions.

Provider discretion applies for providers not funded by Title X or Title XIX.

- There are no specific MI statutes on this issue; this is a Federal Constitutional "right of privacy."
- Generally, practitioners must be aware that there is no statutory authority or protection for their actions.

Parental consent not required for services provided by Title X funded agencies. See section on "Title X agencies."**Access not permitted when services provided by Title X funded agencies. See section on "Title X agencies."**

LAWS REGARDING CONSENT TO MEDICAL AND SURGICAL CARE BY HEALTH SERVICE TYPE

IS PARENTAL CONSENT REQUIRED?

IS PARENTAL ACCESS TO THE MINOR'S INFORMATION PERMITTED?

- Emergency contraception: U.S. Food and Drug Administration has [approved](#) the use of Plan B One-Step (levonorgestrel) as a nonprescription (over the counter) product for all women of child-bearing potential.

Not required.

No.
Generally, pharmacies are covered by the HIPAA Privacy regulations, which would prohibit access.

Emergency Care

- There are no specific MI statutes on this issue. Case law indicates that parent or guardian consent is required; however, parental consent can be implied for emergency care if actual consent cannot be obtained. *Zoski v Gaines*, 271 Mich 1 (1935); *Franklyn v Peabody*, 249 Mich 363 (1930); *Banks v Wittenberg*, 82 Mich App 274 (1978).
- Governor has power to issue executive orders and directives, which could allow prophylaxis or medical care to an unaccompanied minor during a declared emergency or disaster under Emergency Management Act, [MCL 30.401 et seq.](#)

Required, other than life-threatening circumstances, immediate medical attention needed, and parents cannot be located.

Potential for Governor to waive consent requirements that interfere with response to an emergency or disaster.

Yes.

Immunizations

Michigan's communicable disease rules mandate immunizing children against specified diseases and infections, [R 325.176](#). However, immunization requirements do not eliminate parental consent requirement.

Generally required.

For exceptions, see sections on "*Title X agencies*" and on "*Prenatal and Pregnancy-Related Health Care*."

Generally, yes.

For exceptions, see sections on "*Title X agencies*" and on "*Prenatal and Pregnancy-Related Health Care*."

Mental Health – Inpatient Care

Mental Health Code, Chapter 4A, [MCL 330.1498a-330.1498t](#)

- Parents may admit for inpatient care.
- Minor may request inpatient care if 14 years or older, but parent must consent.
- Absent consent, hospital may seek court order for admission if in best interest of child.

Required.

- A minor of any age may be hospitalized for mental health reasons if a parent/legal guardian or agency requests.
- A minor of 14 years or older who has been hospitalized may object to hospitalization and obtain court review.
- A minor 14 years or older may request hospitalization, but hospital must contact parents to obtain consent.
- For admission, minor must be found suitable for hospitalization. Suitability shall not be based solely on one or more of the following: epilepsy; developmental delay; brief periods of intoxication; juvenile offenses; or sexual, religious or political activity.

Yes.

Mental Health – Outpatient Care

Mental Health Code, [MCL 330.1707](#)

Minor may consent to limited outpatient care if 14 years or older.

Not required.

A minor age 14 or older may request and receive up to 12 outpatient sessions or four months of outpatient counseling.

Provider discretion applies.

Information may be given to parent, guardian or person in loco parentis for a compelling reason based on a substantial probability of harm to the minor or to another individual; mental health professional must notify minor of his/her intent to inform parent.

LAWS REGARDING CONSENT TO MEDICAL AND SURGICAL CARE BY HEALTH SERVICE TYPE

IS PARENTAL CONSENT REQUIRED?

IS PARENTAL ACCESS TO THE MINOR'S INFORMATION PERMITTED?

Prenatal and Pregnancy-Related Health CarePublic Health Code, [MCL 333.9132](#)

Minor may consent to maintain life and preserve health of the minor or the minor's child or fetus.

Not required.

- The consent of any other person, including the father of the baby or spouse, parent, guardian or person in loco parentis, is not necessary to authorize health care to a minor or to a child of a minor.
- "Health care" refers to treatment or services intended to maintain the life and improve the health of both the minor and the minor's child or fetus.
- At the initial visit permission must be requested of the patient to contact her parents for any additional medical information that may be necessary or helpful.
- See section on "Title X agencies" if services provided to minor by Title X funded agency.

Provider Discretion Applies.

- Before providing care, the patient must be informed that notification may take place.
- For medical reasons information may be given to or withheld from spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding her express refusal to the providing of the information.

Access not permitted when services provided to minor by Title X funded agency. See section on "Title X agencies."

Provision of Health Care for a Child of the MinorPublic Health Code, [MCL 333.9132](#)

Minor may consent to maintain life and preserve health of the minor or the minor's child or fetus.

- The minor mother shall consent to care for her child.
- The consent of any other person, including the father of the baby or spouse, parent, guardian or foster parent, is not necessary to authorize health care to a child of a minor.

Minor Mother.

See above regarding prenatal and pregnancy-related care.

Substance Use Disorder ServicesMental Health Code, [MCL 330.1264](#)

Minor may consent

Not required.**Provider discretion applies.**

For medical reasons information as to the treatment given or needed, may be given to or withheld from the spouse, parent, guardian or person in loco parentis without consent of the minor even if the minor expressly refuses to consent to disclosure of the information.

Title X Agencies

Title X of the Public Health Service Act funds agencies to provide services to promote the reproductive and general health care of the family planning client population, [42 USC § 300 et seq.](#); [42 CFR Part 59](#). For information on required and related health services, go to www.michigan.gov/familyplanning.

Funded agencies must provide services without regard to age or marital status, [42 CFR 59.5](#).

Not required.

- Minors may obtain services from a Title X agency without parental consent.
- Title X Agencies: To the extent practical, funded agencies shall encourage minors to include their families, however, this is not mandatory in order to obtain services, [42 USC §300\(a\)](#).

No.

Title X Agencies: Parental access to minor's information not permitted without the minor's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality, [42 CFR 59.11](#).

Sexually Transmitted Infection (STI) and HIVPublic Health Code, [MCL 333.5127](#), [MCL 333.5133](#) and [MCL 722.623](#).

- Minor may consent to medical or surgical care for diagnoses and treatment of an STI or HIV.
- MCL 333.5127 does not apply to medical care to *prevent* an STI disease, such as a vaccine.
- Reportable as reasonable cause to suspect child abuse or neglect if pregnancy of a child less than 12 years of age.
- Reportable as reasonable cause to suspect child abuse or neglect if an STI is present in a child who is over 1 month of age but less than 12 years of age.

Not required for diagnosis or treatment. Also not required for medical care to prevent sexually transmitted infection or HIV (e.g. vaccine) if services provided by Title X funded agency. See section on “*Title X agencies*.”

Provider discretion applies as to the treatment given or needed.

For medical reasons information as to the treatment given or needed, may be given to or withheld from the spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information.

Access not permitted when services provided to minor by Title X funded agency. See section on “*Title X agencies*.”

Other Laws Related to Minors' Right to Privacy Regarding Health Information**Reporting of Communicable and Other Diseases, Disabilities and Conditions**Public Health Code, [MCL 333.5111](#) and Communicable Disease Rules, [R 325.171](#), *et seq.*

- Requires physicians and laboratories and permits other health care providers to report designated communicable and other diseases, disabilities and conditions to the local health department or the Michigan Disease Surveillance System.
- Information to be provided includes individually identifiable information.

- See https://www.michigan.gov/documents/mdch/Reportable_Diseases_Michigan_by_Pathogen_478489_7.pdf for 2016 list of reportable diseases, disabilities and conditions.
- Health departments required to protect confidentiality of individuals' information regarding HIV/AIDS. Information may be disclosed in limited circumstances, such as to protect the health of an individual, to prevent further transmission of HIV and to diagnose and care for a patient, [MCL 333.5131](#)
- Health departments required to protect medical and epidemiological information that identifies an individual. Information may be disclosed if health officer determines disclosure is necessary to protect the public health, [MCL 333.5111\(3\)](#); [R 325.181](#).

Reporting of Abuse or NeglectChild Protection Law, [MCL 722.621](#) *et seq.*

The following individuals are required to report suspected “child abuse or neglect” to Child Protective Services:

| | | |
|---|----------------------------------|---------------------------------------|
| Audiologists | Nurses | Physician's assistants |
| Certain DHHS employees | Medical examiners | Psychologists |
| Dentists | Members of the clergy | Registered social service technicians |
| Friend of the Court professionals | Licensed professional counselors | School administrators |
| Law enforcement officers | Physicians | School counselors |
| Licensed bachelor's social workers | Marriage and family therapists | Social service technicians |
| Licensed emergency medical care providers | Regulated child care providers | Social workers |
| Licensed master's social workers | Registered dental hygienists | Teachers |

- “Child abuse” means harm or threatened harm to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation or maltreatment, by a parent, a legal guardian or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide or a member of the clergy.
- “Child neglect” means harm or threatened harm to a child's health or welfare by a parent, legal guardian or any other person responsible for the child's health or welfare that occurs through either of the following:
 - (i) Negligent treatment, including the failure to provide adequate food, clothing, shelter or medical care.
 - (ii) Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.
- Sexual activity that is illegal under criminal sexual conduct statute may or may not be reportable. Look at whether the actor is a person responsible for the child's welfare or other individual identified by law. See *Peo v Beardsley*, 263 Mich App 408 (2004).
- Pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age is reasonable cause to suspect child abuse and neglect have occurred and must be reported.

Medical Records Access Act, [MCL 333.26261-MCL 333.26271](#)

Provides for and regulates access to and disclosure of medical records.

- Under this act, a minor's parent, guardian or person acting in loco parentis has the right to review and obtain a copy of the minor's medical record, unless the minor lawfully obtained health care without the consent or notification of a parent, guardian or other person acting in loco parentis, in which case the minor has the exclusive right to exercise the rights of a patient under this act with respect to those medical records relating to that care.

HIPAA Privacy Regulations, 45 CFR Parts [160](#) and [164](#)

- Apply to most health care providers
- Establish minimum national privacy standards
- Establish right of patients to access their own health information

Under these regulations, generally, a parent, guardian or other person authorized by state law to consent to the minor's health care, has access to the minor's health information. Exceptions:

- If minor has right to consent to health care under state or other law, minor has exclusive right to control access to health information relating to that care.
- If another person authorized by law consents to the health care service, then parent has no right of access to health information concerning that service.
- When parent agrees to a confidential relationship between provider and minor, then parent has no right of access to health information concerning that service.
- Provider may refuse to provide parent with access in situations of domestic violence, abuse or neglect or where minor could be endangered.
- Provider may disclose health information when required by state law, also in situations of imminent threat to the health and safety of the minor, another person or the public.

[45 CFR 164.502\(g\)](#); [45 CFR 164.512](#)

Laws Available Online

Michigan Statutes:

www.legislature.mi.gov

Michigan Administrative Rules:

http://www.michigan.gov/lara/0,1607,7-154-10576_35738_5698---,00.html

Federal Statutes:

<http://uscode.house.gov/search/criteria.shtml>

Federal Regulations:

<http://www.ecfr.gov/>

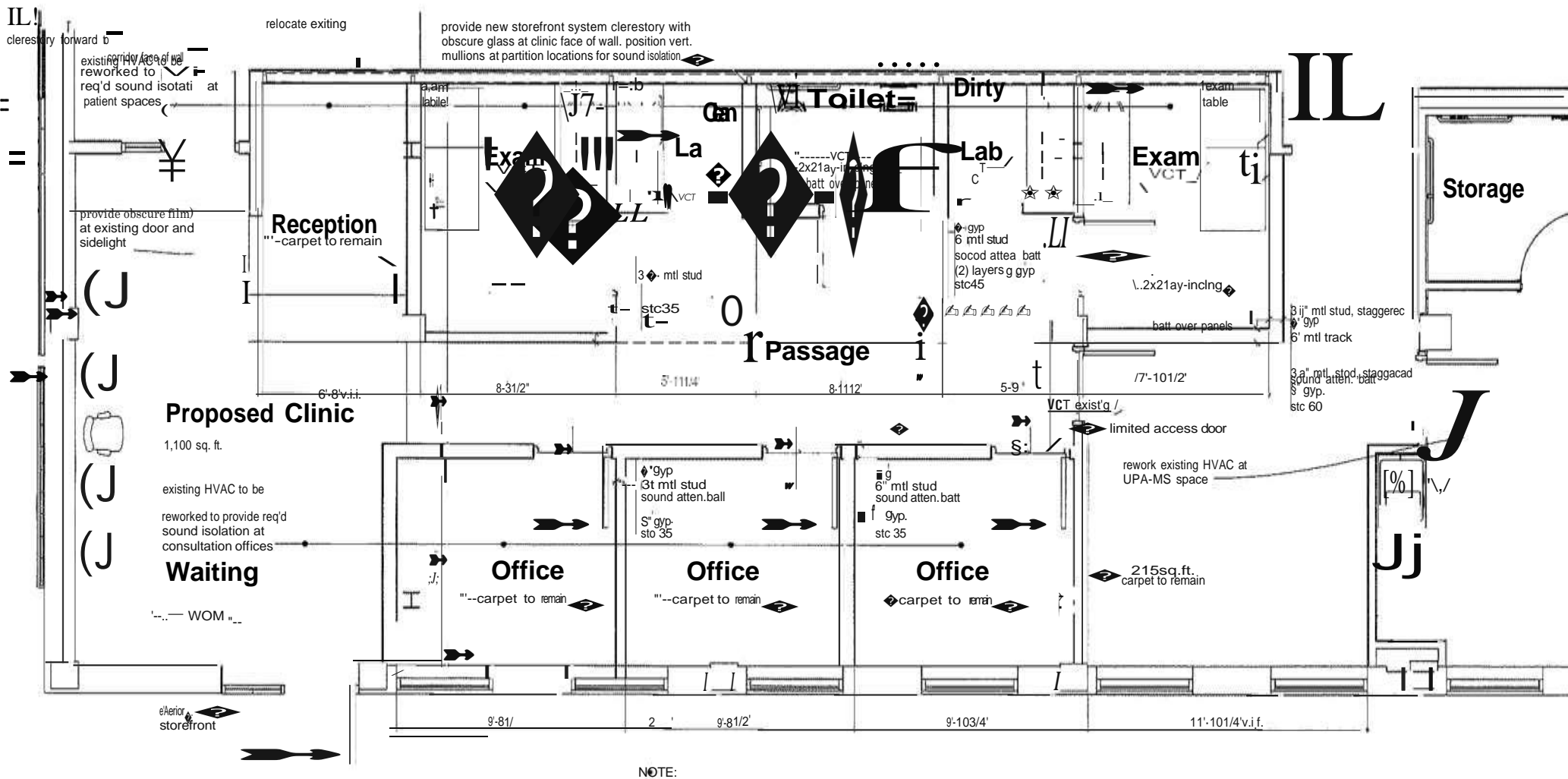
¹ "Parent" is used throughout this document for brevity. It is meant to include guardians or other legal representatives of the minor who are authorized by law to make decisions or act on behalf of the minor.

SUPPORTERS



The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation with direction and technical assistance by the Public Health Law Center at Mitchell Hamline School of Law.

This document was developed by Denise Chrysler, J.D., director for the Network for Public Health Law- Mid-States Region at the University of Michigan School of Public Health, while employed by the Michigan Department of Community Health. Thank you to MDCH for its permission to update and make this fact sheet available. The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.



Schematic Ground Floor Plan

1/4" = 1'-0"

Youth Risk Behavior Survey (YRBS) High School (upd. 1.2021)

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

1. How old are you?

- ☐ 12 years old or younger ☐ 13 years old ☐ 14 years old ☐ 15 years old ☐ 16 years old
☐ 17 years old ☐ 18 years old or older

2. What is your sex?

- ☐ Female ☐ Male ☐ I don't identify with
☐ either Other (please specify)

3. What school do you

attend? ☐ Ben Carson

☐ Central

☐ Center Line

☐ Clintondale High

☐ Denby

☐ East English Village

Hazel Park

☐ King

☐ Lamphere Oak

Park

☐ Osborn

☐ Southfield Schools

☐ Student Help & Healing
Center

☐ Warren Mott

4. In what grade are you?

☐ 9th grade ☐ 10th grade ☐ 11th grade ☐ 12th grade

5. Are you hispanic or

Latino? ☐ Yes ☐ No

6. What is your race? (Select one or more responses)

☐ American Indian or Alaska

Native

☐ Asian

Black or African American

Native Hawaiian or Other
Pacific Islander

☐ White

☐ Multiracial (more than
one race)

7. How tall are you without your

shoes on? Feet

Inches

8. How much do you weigh without your

shoes on? Weight

The next two questions asks about Education.

9. Have you ever been told you have a learning ☐

disability Yes ☐ No ☐ Not sure

10. During the past 12 months, how would you describe your grades in school?

- ☐ Mostly A's ☐ Mostly B's ☐ Mostly D's ☐ Not sure
☐ Mostly C's ☐ Mostly F's
☐ None of these grades

11. How well do you speak English?

- ☐ Very well ☐ Well ☐ Not well ☐ Not at all

12. Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes ☐ No

The next 5 questions ask about Safety

13. When you **rode a bicycle** during the past 12 months, how often did you wear a helmet?

- ☐ I did not ride a bicycle during the past 12 months ☐ Rarely wore a helmet ☐ Most of the time wore a helmet
☐ Never wore a helmet ☐ Sometimes wore a helmet ☐ Always wore a helmet

14. How often do you wear a seat belt when **riding** in a car driven by someone

- else? ☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time
☐ Always

15. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

- ☐ 0 times ☐ 1 time ☐ 2 or 3 times ☐ 4 or 5 times ☐ 6 or more times

16. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?

- ☐ 0 times ☐ 1 time ☐ 2 or 3 times ☐ 4 or 5 times ☐ 6 or more times

17. Have you ever **ridden** in a car while the **driver was**

☐ **texting?** ☐ Yes ☐ No

18. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?

- ☐ I did not drive a car or other vehicle during the past 30 days
- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

The next 13 questions ask about violence-related behaviors.

19. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

20. During the past 12 months, on how many days did you carry a gun? (Do not count the days when you carried a gun only for hunting or for a sport, such as target shooting.)

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

21. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, club on **school property**?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

22. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

23. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on **school property**?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or 7 times
- ☐ 8 or 9 times
- ☐ 10
- ☐ 11 or more times

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24. During the past 12 months, how many times were you in a physical fight?

☐ 0 times

☐ 4 or 5 times

☐

☐ 1 time

☐ 6 or 7 times

☐

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☐ 2 or 3 times

8 or 9 times

☐

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25. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

- ☐ 0 times ☐ 1 time ☐ 2 or 3 times ☐ 4 or 5 times ☐ 6 or more times

26. During the past 12 months, how many times were you in a physical fight on **school property**?

- | | | |
|------------------------------------|------------------------------------|--------------------------|
| <input type="radio"/> 0 times | <input type="radio"/> 4 or 5 times | <input type="radio"/> |
| <input type="radio"/> 1 time | <input type="radio"/> 6 or 7 times | <input type="radio"/> 10 |
| <input type="radio"/> 2 or 3 times | <input type="radio"/> 8 or 9 times | <input type="radio"/> or |
| | | <input type="radio"/> 11 |
| | | tim |
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27. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- ☐ Yes ☐ No

28. Have you ever been physically forced to have sexual intercourse when you did not want to? (Oral, Vaginal, Anal)

- ☐ Yes ☐ No

29. During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- ☐ 0 times ☐ 1 time ☐ 2 or 3 times ☐ 4 or 5 times ☐ 6 or more times



**Youth Risk Behavior Survey
(YRBS) High School (upd.
1.2021)**

30. During the past 12 months, how many times **did someone you were dating or going out** with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- ☐ I did not date or go out with anyone during the past 12 months
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times
- ☐ 0 times

31. During the past 12 months, how many times did **someone you were dating or going out** with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- ☐ I did not date or go out with anyone during the past 12 months
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times
- ☐ 0 times

The next 2 question asks about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

32. During the past 12 months, have you ever been bullied on school property? ☐ Yes ☐ No

33. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- ☐ Yes ☐ No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

34. During the past 12 months have you ever felt sad, depressed or

☐ hopeless? ☒ Yes ☐ No

35. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

☐ Yes ☐ No

36. Do you have someone you can talk to when you are feeling sad, depressed or hopeless? ☐ Yes ☐ No

37. During the past 12 months, did you ever seriously consider attempting suicide? ☐ Yes ☐ No

38. During the past 12 months, did you make a plan about how you would attempt suicide (actually try to kill yourself)?

☐ Yes ☐ No

39. During the past 12 months, how many times did you actually attempt suicide?

☐ 0 times

☐ 2 or 3 times

☐ 6 or more times

☐ 1 time

☐ 4 or 5 times

☐

40. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

☐ **I did not attempt suicide**
during the past 12 months

☐ Yes

☐ No

41. Have you ever hurt yourself by cutting, embedding, burning, icing, etc? ☐ Yes ☐ No



**Youth Risk Behavior Survey
(YRBS) High School (upd.
1.2021)**

The next 11 questions ask about tobacco use

42. Have you ever tried cigarette smoking, even one or

two puffs? ☐ Yes ☐ No

43. How old were you when you smoked a whole cigarette for the first time (even one or two puffs)?

- ☐ I have never smoked a whole cigarette
- ☐ 11 or 12 years old ☐ 17 years old or older
- ☐ 13 or 14 years old
- ☐ 8 years old or ☐ 15 or 16 years old ☐
- ☐ younger 9 or 10 years old

44. During the past 30 days, on how many days did you smoke cigarettes?

- ☐ 0 days ☐ 6 to 9 days ☐ All 30 days
- ☐ 1 or 2 days ☐ 10 to 19 days
- ☐ 3 to 5 days ☐ 20 to 29 days ☐

45. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

- ☐ I did not smoke cigarettes during the past 30 days ☐ 2 to 5 cigarettes per day ☐ More than 20 cigarettes per day
- ☐ 6 to 10 cigarettes per day
- ☐ Less than 1 cigarette per day ☐ 11 to 20 cigarettes per day ☐
- ☐ day 1 cigarette per day

46. During the past 30 days, how did you **usually** get your own cigarettes? (Select only one response)

- ☐ I did not smoke cigarettes during the past 30 days
- ☐ I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- ☐ I bought them from a vending machine
- ☐ I gave someone else money to buy them for me
- ☐ I borrowed (or bummed) them from someone else
- ☐ A person 18 years old or older gave them to me
- ☐ I took them from a store or family member
- ☐ I got them some other way

47. During the past 30 days, on how many days did you smoke cigarettes on school property?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

48. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days? ☐ Yes ☐ No ☐ I don't know

49. During the past 12 months, did you ever try to quit smoking

- cigarettes? ☐ I did not smoke during the past 12 months
- ☐ No Yes

50. During the past 30 days, on how many days did you use **chewing tobacco, snuff, snus or dissolvable tobacco products or dip**, such as Redman, Levi Garrett, Beechnut, Grizzly, Skoal, Bandits, Copenhagen, or Camel Snus? (Do not count any electronic vapor products.)

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

51. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?

☐ 0 days

☐ 6 to 9 days

All 30 days

☐ 1 or 2 days

☐ 10 to 19 days

☐ 3 to 5 days

20 to 29 days



52. During the past 30 days, on how many days did you **smoke cigars, cigarillos, little cigars, or Black & Milds?**

- | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 6 to 9 days | <input type="radio"/> All 30 days |
| <input type="radio"/> 1 or 2 days | <input type="radio"/> 10 to 19 days | |
| <input type="radio"/> 3 to 5 days | <input type="radio"/> 20 to 29 days | <input type="radio"/> |

53. During the past 12 months, did you ever try to **quit using all tobacco** products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?

- ☐ I did not use any tobacco products during the past 12 months
- ☐ Yes
- ☐ No

The next 3 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens and mods.

54. Have you ever used an electronic vapor product? ☐ Yes ☐ No

55. During the past 30 days, on how many days did you use an electronic vapor product?

- | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 6 to 9 days | <input type="radio"/> All 30 days |
| <input type="radio"/> 1 or 2 days | <input type="radio"/> 10 to 19 days | |
| <input type="radio"/> 3 to 5 days | <input type="radio"/> 20 to 29 days | <input type="radio"/> |

56. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only one response.)

- | | | |
|---|---|--|
| <input type="radio"/> I did not use any electronic vapor products during the past 30 days | <input type="radio"/> store, gas station, or vape store | <input type="radio"/> I gave someone else money to buy them for me |
| <input type="radio"/> I bought them in a store such as a convenience store, supermarket, discount | <input type="radio"/> I got them on the Internet | <input type="radio"/> I borrowed them from someone else |
| | | <input type="radio"/> A person who can legally buy these products gave them to |

me

☐ I took them from a store or
another person

I got them some other way



The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

57. During your life, on how many days have you had at least one drink of alcohol?

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="radio"/> 0 days | <input type="radio"/> 10 to 19 days | <input type="radio"/> 100 or more days |
| <input type="radio"/> 1 or 2 days | <input type="radio"/> 20 to 39 days | |
| <input type="radio"/> 3 to 9 days | <input type="radio"/> 40 to 99 days | <input type="radio"/> |

58. How old were you when you had your first drink of alcohol other than a few sips?

- | | |
|---|---|
| <input type="radio"/> I have never had a drink of alcohol other than a few sips | <input type="radio"/> 13 or 14 years old |
| <input type="radio"/> 8 years old or younger | <input type="radio"/> 15 or 16 years old |
| <input type="radio"/> 9 or 10 years old | <input type="radio"/> 17 years old or older |
| <input type="radio"/> 11 or 12 years old | |

59. During the past 30 days, on how many days did you have at least one drink of alcohol?

- | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 6 to 9 days | <input type="radio"/> All 30 days |
| <input type="radio"/> 1 or 2 days | <input type="radio"/> 10 to 19 days | |
| <input type="radio"/> 3 to 5 days | <input type="radio"/> 20 to 29 days | <input type="radio"/> |

60. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)?

- | | | |
|------------------------------|-------------------------------------|---------------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 3 to 5 days | <input type="radio"/> 20 or more days |
| <input type="radio"/> 1 day | <input type="radio"/> 6 to 9 days | |
| <input type="radio"/> 2 days | <input type="radio"/> 10 to 19 days | <input type="radio"/> |

61. During the past 30 days, how did you **usually** get the alcohol you drank?

- | | |
|---|--|
| <input type="radio"/> I did not drink alcohol during the past 30 days | <input type="radio"/> I gave someone else money to buy it for me |
| <input type="radio"/> I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station | <input type="radio"/> Someone gave it to me |
| <input type="radio"/> I bought it at a restaurant, bar, or club | <input type="radio"/> I took it from a store or family member |
| <input type="radio"/> I bought it at a public event such as a concert or sporting event | <input type="radio"/> I got it some other way |

62. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- | | | |
|--|-------------------------------------|---|
| <input type="radio"/> I did not drink alcohol during the past 30 days | <input type="radio"/> 4 drinks | <input type="radio"/> 8 or 9 drinks |
| <input type="radio"/> 1 or 2 drinks | <input type="radio"/> 5 drinks | <input type="radio"/> 10 or more drinks |
| <input type="radio"/> 3 drinks | <input type="radio"/> 6 or 7 drinks | <input type="radio"/> |

63. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?

- | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 6 to 9 days | <input type="radio"/> All 30 days |
| <input type="radio"/> 1 or 2 days | <input type="radio"/> 10 to 19 days | <input type="radio"/> |
| <input type="radio"/> 3 to 5 days | <input type="radio"/> 20 to 29 days | <input type="radio"/> |



Youth Risk Behavior Survey (YRBS) High School (upd. 1.2021)

The next 5 questions ask about marijuana use. Marijuana also is called grass, pot, weed, cannabis or blunts.

64. During your life, how many times have you used marijuana?

- | | | |
|------------------------------------|--------------------------------------|---|
| <input type="radio"/> 0 times | <input type="radio"/> 10 to 19 times | <input type="radio"/> 100 or more times |
| <input type="radio"/> 1 or 2 times | <input type="radio"/> 20 to 39 times | |
| <input type="radio"/> 3 to 9 times | <input type="radio"/> 40 to 99 times | <input type="radio"/> |

65. How old were you when you tried marijuana for the first time?

- | | | |
|--|--|---|
| <input type="radio"/> I have never tried marijuana | <input type="radio"/> 8 years old or younger | <input type="radio"/> 13 or 14 years old |
| <input type="radio"/> 9 or 10 years old | <input type="radio"/> 11 or 12 years old | <input type="radio"/> 15 or 16 years old |
| | | <input type="radio"/> 17 years old or older |

66. During the **past 30 days**, how many times did you use marijuana?

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="radio"/> 0 times | <input type="radio"/> 3 to 9 times | <input type="radio"/> 20 to 39 times |
| <input type="radio"/> 1 or 2 times | <input type="radio"/> 10 to 19 times | <input type="radio"/> 40 or more times |

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67. During the **past 30 days**, how many times did you use marijuana on school property?

☐ 0 times

☐ 3 to 9 times

☐ 20

☐ 1 or 2 times

10 to 19 times

☐

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The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk.

68. During your life, how many times have you used synthetic marijuana?

☐ 0 times

☐ 3 to 9 times

☐ 20

☐ 1 or 2 times

10 to 19 times

☐

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The next 2 questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

69. During **your life**, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?

- | | | |
|------------------------------------|--------------------------------------|--------------------------|
| <input type="radio"/> 0 times | <input type="radio"/> 3 to 9 times | <input type="radio"/> 20 |
| <input type="radio"/> 1 or 2 times | <input type="radio"/> 10 to 19 times | <input type="radio"/> to |
| | | 39 |
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70. During the **past 30 days**, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?

- | | | |
|------------------------------------|--------------------------------------|--------------------------|
| <input type="radio"/> 0 times | <input type="radio"/> 3 to 9 times | <input type="radio"/> 20 |
| <input type="radio"/> 1 or 2 times | <input type="radio"/> 10 to 19 times | <input type="radio"/> to |
| | | 39 |
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The next 9 questions ask about other drugs.

71. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?

☐ 0 times

☐ 3 to 9 times

☐ 20

☐ 1 or 2 times

10 to 19 times

☐ to
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72. During the **past 30 days**, how many times did you use **any form** of cocaine, including powder, crack, or freebase?

☐ 0 times

☐ 3 to 9 times

☐ 20

☐ 1 or 2 times

10 to 19 times

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73. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

☐ 0 times

☐ 3 to 9 times

☐ 20

☐ 1 or 2 times

10 to 19 times

☐ to
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74. During your life, how many times have you **used heroin** (also called smack, junk, or China White)?



0 times



3 to 9 times



20



1 or 2 times

10 to 19 times



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75. During your life, how many times have you **used methamphetamines** (also called speed, crystal, crystal meth, meth, crank, or ice)?

☐ 0 times

☐ 3 to 9 times

☐ 20

☐ 1 or 2 times

10 to 19 times

☐

to

39

time

s 40

or

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e

time

☐

s

76. During your life, how many times have you **used ecstasy** (also called MDMA)?

☐ 0 times

☐ 3 to 9 times

☐ 20

☐ 1 or 2 times

10 to 19 times

☐

to

39

time

s 40

or

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e

time

☐

s

77. During your life, how many times have you used hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?

☐ 0 times

☐ 3 to 9 times

☐ 20

☐ 1 or 2 times

10 to 19 times

☐

to

39

time

s 40

or

e

s

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time



78. During your life, how many times have you **taken steroid pills or shots** without a doctor's prescription?



0 times



3 to 9 times



20



1 or 2 times

10 to 19 times



to

39

time

s 40

or

mor

e

time



s

79. During your life, how many times have you used a needle to inject **any illegal** drug into your

body? ☐ 0 times



1 time



2 or more times

80. During the past 12 months, has anyone offered, sold, or given you an illegal drug

on school property? ☐ Yes ☐ No

81. During the past 12 months, have you used K2 or

Bath Salts? ☐ Yes ☐ No

The next 7 questions ask about sexual behavior.

82. Have you ever had sexual intercourse?



Yes



No

83. How old were you when you had sexual intercourse for the first time?

- ☐ I have never had sexual intercourse
- ☐ 11 years old or younger
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old or older

84. During your life, with how many people have you had sexual intercourse?

- ☐ I have never had sexual intercourse
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people I don't know

85. During your life, with whom have you had sexual contact?

- ☐ I have never had sexual contact
- ☐ Females
- ☐ Males
- ☐ Females and males

86. Which of the following best describes you?

- ☐ Heterosexual (straight)
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Not sure

87. During the past 3 months, with how many people did you have sexual intercourse?

- ☐ I have never had sexual intercourse
- ☐ I have had sexual intercourse, but not during the past 3 months
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people I don't know

88. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**? ☐ I have **never had** sexual intercourse ☐ Yes ☐ No

89. The **last time** you had sexual intercourse, did you or your partner use a

- ☐ ☐ ☐

condom? I have **never had** sexual intercourse

Yes No

90. The **last time** you had sexual intercourse, what one method did you or your partner **use to prevent pregnancy**? (Select only **one** response)

☐ I have never had sexual intercourse

☐ No method was used to prevent pregnancy ☐

Birth control pills

☐ Condoms

☐ Depo-Provera (injectable birth control) ☐ Withdrawal

☐ Some other method Not sure

91. Have you ever performed oral sex on another person? ☐ I have never performed oral sex

Yes

No

92. Have you ever had oral sex performed on you? ☐ I have never had oral sex performed on me

Yes

No

The next 7 questions ask about body weight.

93. How do you describe your weight? ☐ Very underweight

☐ Slightly underweight About the

☐ right weight

☐ Slightly overweight

☐ Very

overweight

94. Which of the following are you trying to do about your weight?

☐ Lose weight

☐ Gain weight

☐ Stay the same weight

☐ I am **not trying to do anything** about my weight

95. During the past 30 days, did you exercise to lose weight or to keep from gaining weight? ☐ Yes ☐ No

96. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to

keep from gaining weight?

☐

Yes

☐

No

97. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

☐ Yes

☐ No

98. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)

☐ Yes

☐ No

99. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight? ☐ Yes

☐ No

100. During the past 30 days, did you binge eat or purge (vomit up) your food in order to keep from gaining weight (or lose weight)

☐ Yes ☐ No

The next 8 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

101. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

☐ I did not drink 100% fruit juice during the past 7 days

☐ 2 times per

day ☐ 3 times

☐ 1 to 3 times during the past 7 days

per day

☐ 4 to 6 times during the past 7 days

4 or more times per day

☐ 1 time per day

102. During the past 7 days, how many times did you eat **fruit**? (**Do not** count fruit juice)

☐ I did not eat fruit during the past 7 days ☐

1 to 3 times during the past 7 days

☐ 4 to 6 times during the past 7 days 1

☐ time per day

☐ 2 times

per day ☐

3 times per

day

4 or more times per day



103. During the past 7 days, how many times did you eat **green salad**?

- ☐ I did not eat green salad during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

104. During the past 7 days, how many times did you **eat potatoes**? (**Do not** count french fries, fried potatoes, or potato chips.)

- ☐ I did not eat potatoes during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

105. During the past 7 days, how many times did you eat **carrots**?

- ☐ I did not eat carrots during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

106. During the past 7 days, how many times did you eat **other vegetables**? (**Do not** count green salad, potatoes, or carrots.)

- ☐ I did not eat other vegetables during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day

☐ 2 times per

per day

day ☐ 3 times

4 or more times per day

107. During the past 7 days, how many times did you drink a can, bottle, or glass of **soda or pop**, such as Coke, Pepsi, Sprite, or Clearfruit? (Do not include diet soda or diet pop.)

☐ I did not drink soda or pop during the past 7 days

☐ 2 times per

day ☐ 3

☐ 1 to 3 times during the past 7 days

times per day

☐ 4 to 6 times during the past 7 days 1

4 or more times per day

☐ time per day

108. During the past 7 days, how many times did you drink a can, bottle, or glass of a **sports drink** such as Gatorade or Powerade? (Do not count low-calorie sports drinks such as Propel or G2.)

- ☐ I did not drink sports drinks during the past 7 days
 ☐ 1 time per day
 ☐ 2 times
 ☐ 4 or more times per day
- ☐ 1 to 3 times during the past 7 days
 ☐ 3 times per day
 ☐
- ☐ 4 to 6 times during the past 7 days

109. During the past 7 days, how many times did you drink a bottle or glass of **plain water**? (Count tap, bottled, and unflavored sparkling water.)

- ☐ I did not drink water during the past 7 days
 ☐ 1 time per day
 ☐ 2 times
 ☐ 4 or more times per day
- ☐ 1 to 3 times during the past 7 days
 ☐ 3 times per day
 ☐
- ☐ 4 to 6 times during the past 7 days

110. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- ☐ I did not drink milk during the past 7 days
 ☐ 2 glasses
- ☐ 1 to 3 glasses during the past 7 days
 ☐ 3 glasses per day
- ☐ 4 to 6 glasses during the past 7 days
 ☐ 1 glass per day
 ☐ 4 or more glasses per day
- ☐

111. During the past 7 days, on how many days did you eat breakfast?

- ☐ 0 days
 ☐ 3 days
 ☐ 6 days
- ☐ 1 day
 ☐ 4 days
 ☐ 5 days
- ☐ 2 days
 ☐

112. Are there any foods that you have to avoid because eating the food could cause an allergic reaction, such as skin rashes, swelling, itching, vomiting, coughing, or trouble breathing?

☐ Yes ☐ No ☐ Not sure

The next 5 questions ask about physical activity.

113. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time)

☐ 0 days

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐

6
d

a

☐ y
s

7
d

a

y

s

114. During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

☐ 0 days

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐

6
d

a

☐ y
s

7
d

a

y

s

115. On an average school day, how many hours do you watch TV?

☐ I do not watch TV on an average school day

☐ Less than 1 hour per day

☐ 1 hour per day

☐ hours per day

☐ 3 hours per

day ☐ 4

hours per day

☐ 5 or more hours per day

☐

116. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, X-Box, PlayStation, iPad or other tablet, Smartphone, You Tube, Instagram, Facebook, Twitter or other social media)

☐ I do not play video or computer games or use a computer for something that is not school work

☐ Less than 1 hour per day

☐ 1 hour per day
☐ 2 hours per day

☐ 3 hours per
day ☐ 4 hours
per day

☐ 5 or more hours per day

117. On an average school day, how many hours do you use your cell phone (Include activities such as texting, tweeting, facebooking, instagram, tango, etc)

☐ I do not have a cell phone

☐ 1 hour per day ☐ 2 hours per

☐ 3 hours per day

☐ Less than 1 hour per day

☐ day

☐ 4 or more hours a day

118. In an average week when you are in school, on how many days do you go to physical education (PE, gym) classes?

☐ 0 days

☐ 2 days

☐

☐ 1 day

3 days

☐ 4
d
a
y
s

5
d
a
y
s

119. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

☐ 0 teams

☐ 2 teams

☐ 1 team

3 or more teams

☐

The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

120. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

☐ 0 times

☐ 2 times

4 or more times

☐ 1 time

3 times

☐

The next 3 questions ask about HIV and AIDS.

121. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)

☐ Yes ☐ No ☐ Not sure

122. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?

☐ Yes ☐ No ☐ Not sure

123. Have you ever been taught about AIDS or HIV infection in school?

☐ Yes

☐ No

☐ Not sure

The next questions ask about other health related topics.

124. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do not count getting a spray-on tan.)

☐ 0 times

☐ 3 to 9 times

☐ 20

☐ 1 or 2 times

10 to 19 times

☐

to

39

time

s 40

or

mor

e

time

s

☐

125. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?

☐ Never Rarely

☐ Sometimes Most of

☐

Always

☐

the time

☐

126. Has a doctor or nurse ever told you that you have asthma?

☐ Yes

☐ No

☐

Not sure

127. Do you still have asthma?

☐ I have never had asthma

☐ Yes

☐ No

☐ Not sure

128. Have you ever been told that you have high

blood pressure? ☐ Yes

☐ No

☐ Not

Sure

129. Have you ever been told that you have sickle

cell anemia? ☐ Yes ☐ No

☐ Not Sure

130. Have you ever been told that you have

diabetes? ☐ Yes ☐ No ☐ Not Sure

131. Have you ever been told that you have anemia?

☐ Yes ☐ No ☐ Not Sure

132. Do you have any problems with elimination (using
the bathroom)? ☐ Yes ☐ No ☐ Not Sure

133. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

☐ During the past 12 months ☐ More than 24 months ago ☐ Not sure
☐ Between 12 and 24 months ago ☐ Never

134. On an average school night, how many hours of sleep do you get?

☐ 4 or less hours ☐

☐ 7 hours

☐ 10 or more hours

5 hours

☐ 8 hours

☐ 6 hours

9

hours ☐

This is the end of the Youth Risk Behavior Survey- High School . Thank you very much for your help.

INSERT

and

NAME

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (“MOU”) is entered into effective **Date**, by and between the **INSERT** (“”), a Michigan municipal corporation and NAME (“Name”), a Michigan non-profit corporation.

RECITALS

WHEREAS, NAME is affiliated with a full-service hospital complex serving the State of Michigan area; and

WHEREAS, NAME has established a School Based Health Center Program (“Program”) providing routine, primary care and acute medical services, mental health and health promotion services to students and eligible individuals at certain **INSERT**; and

WHEREAS, **INSERT** desires to participate in the Program consistent with the School Based Health Alliance (“SBHA”) Principles & Goals.

NOW, THEREFORE, for the good and valuable consideration in the adequacy of which is acknowledged, the parties hereby agree as follows:

AGREEMENT

A. The foregoing recitals are true and are hereby incorporated herein by reference.

B. Program and Terms.

1. The Parties agree that NAME shall operate the Program to provide primary care medical services and health promotion services at **INSERT** for eligible students and individuals. Such services shall be provided in accordance with SBHA Principals & Goals, applicable federal and state law, **INSERT** policies and this MOU.
2. The term of this MOU is for one academic year and shall be automatically renewed annually, subject to the right of either party to terminate the MOU or to request amendment of the MOU.
3. This MOU may be terminated prior to the expiration of its terms as follows:
 - i. by mutual agreement of the parties;
 - ii. by either party, upon 30 days prior written notice to the other party, for “good cause” in the event one party has failed to fulfill its responsibilities and has not remedied the situation in a reasonable period (not longer than 30 days); or

- iii. by either party, without cause, upon 60 days prior written notice to the other party to allow for orderly transition.

C. Roles and Responsibilities

1. **INSERT** shall:

- a) Facilitate operation of the Program with physical site support, including appropriate access to the Program Site subject to building protocols restricting access to the areas of the Program Site not dedicated to the purposes of this MOU, and with distribution of information about the Program.
- b) Provide the physical site for the Program centers and necessary custodial and maintenance services at no charge to NAME.
- c) Provide heating, water and electricity to the Program centers at no charge to NAME.
- d) Oversee efforts to establish a secured network connection for the Program via VPN to NAME, if needed, including obtaining agreement on cable installer due to strict requirements regarding installation.
- e) Allow distribution of Program information via **INSERT**' inter-office mail delivery or electronic distribution system. **INSERT** reserves the right to approve the content.
- f) Provide opportunities, upon mutual agreement of the parties, for NAME staff to participate in programs and/or meetings sponsored by **INSERT** (i.e. Parent Conversations with the Superintendent, Principals' Meetings, Board Meetings).
- g) Allow NAME and individuals enrolled in the School Based Health Center Program reasonable access to the Program centers for visits.
- h) Provide the NAME logo on the **INSERT** web-site strategic partnership page.
- i) Participate on the School Based Health Center Advisory Board.
- j) Allow the administration of a needs assessment process to determine priority health services for the population served; which includes, at a minimum, a risk behavior survey for adolescents served by the health center.
- k) Abide by the SBHA Principles & Goals for School Based Health Centers as described in Attachment A.

2. NAME shall:

- a) Establish Program center at **INSERT** and bear all costs associated with operating the health center, including, but not limited to, costs of personnel, supplies and materials.
- b) Operate the Program during hours agreed upon with the Office of Health, Physical Education, Safety Education and JROTC and in accordance with **INSERT** observed holidays and other school closures.
- c) Participate on the School-Based Health Center Advisory Board.
- d) Provide services to every student who enrolls in the Program regardless of ability to pay.
- e) Provide service to any other persons recommended as eligible by the School Based Health Center's local school advisory committee, subject to final approval of NAME.
- f) Provide signage, where appropriate and visible to all, indicating effectively that the clinic is independently operated by NAME.

- g) Provide a monthly report to the Office of Health, Physical Education, Safety Education and JROTC detailing the number of individuals serviced at each Program site and types of services provided.
- h) Based on the individual patient's need, provide one or more of the following services: health assessment/physicals; laboratory screening; immunizations; treatments for identified illness; mental health/social services; and health education.
- i) Maintain patient records separate from student educational records and in accordance with federal and state law concerning confidentiality of protected health information and privacy (PHI) as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related regulations. This provision will survive termination or expiration of this agreement.
- j) Own all patient records with access limited to relevant and appropriate medical and mental health personnel. Billing records are solely the property of NAME.
- k) Provide competent, qualified mental health and medical practitioners, including, but not limited to, physicians, nurses, psychologists, etc., licensed to practice in the State of Michigan to administer, coordinate, and provide health and health related services pursuant to the Program in accordance with applicable state and federal law.
- l) Hire and retain all staff of the Program as employees of NAME, subject to all policies, rules, and regulations of NAME as appropriate.
- m) Have signed confidentiality agreements for all medical and mental health providers, including, but not limited to, physicians, nurses, etc. and other employees, contractors, agents or volunteers performing services under this MOU. All medical providers performing services under this MOU shall be required to adhere to all applicable provisions of state and federal laws regarding the privacy, security and confidentiality of protected health information as defined by HIPAA and related regulations. This provision shall survive termination or expiration of this MOU.
- n) Certify that any and all employees working at Program sites are free and clear of any "listed offenses" (as defined in the Michigan School Safety Initiatives), any sexual or drug related convictions, and from felony convictions.
- o) Abide by the SBHA Principles & Goals for School-Based Health Centers.
- p) Operate in a manner consistent with all **INSERT** policies and applicable federal and state law, including, but not limited to, the Michigan Revised School Code.
- q) Immediately notify **INSERT** Office of Health, Physical Education, Safety Education and JROTC of any variation to the Program provided by NAME prior to the beginning of the school year or as needed during the school year.
- r) Dispose of all medical waste in accordance with applicable federal and state law.
- s) Furnish all equipment and resources, including labor, if needed, to establish a secured network connection from the Program site via VPN connection back to NAME services, at no cost to **INSERT**.
- t) Obtain **INSERT** agreement on the cable installer to be used for any work done in the school building.
- u) Obtain the appropriate approval from parents before providing care to students based on our parental consent policy.

D. General Provisions

1. Fees. No fees or payments are due by or to either party for the services rendered pursuant to this MOU. Both parties acknowledge adequate and sufficient consideration due to the benefits derived from the nature of the arrangement under this MOU.
2. Revenue/Billing. All revenues generated for services provided at the School-Based Health Center with respect to revenue-generating patients and patients referred to NAME will be billed by NAME.
3. Insurance. The parties acknowledge and agree that each is self-insured. NAME is self-insured through Ascension Health. Each will provide a letter of self-insurance satisfactory in its coverage of all work or activities performed by employees, contractors, agents and volunteers pursuant to this MOU to its respective Office of Risk Management. Each party shall cooperate with and provide the other with written notice of claims received in connection with this MOU.
4. Own Acts. Each Party shall be responsible for the acts and omissions of itself and its employees, directors, officers, agents and students. Except as expressly provided herein, this Agreement shall not be construed to create a contractual obligation for either Party to indemnify the other for loss or damage resulting from any act or omission of the other Party or its employees, directors, officers and agents. This Section shall not constitute a waiver by either Party or any rights to indemnification, contribution or subrogation which the Party may have by operation of law.
5. Holidays. The Program sites shall observe the same holidays as **INSERT**, which are subject to change pursuant to State or Federal Law and/or any applicable board policies or collective bargaining agreements, and shall include, but are not limited to the following:

Good Friday
Memorial Day
Independence Day
Labor Day
Veterans Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day
New Year's Day
Martin Luther King's Birthday

6. Non-Discrimination. The parties agree that there shall be no discrimination in the implementation of this MOU or in the provision of services hereunder by either **INSERT** or NAME on the basis of religion, race, age, creed, color, national origin, age, marital status, height, weight, veteran status, sexual orientation, covered disability, or any other characteristic protected from discrimination by applicable federal or state law.

The parties further agree that there shall be no discrimination in the implementation of this MOU with respect to students or individuals enrolled in the Program and that

the standards applicable to the delivery of health care services shall not differ on the basis of whether an individual is uninsured or is subsequently determined to be insured.

7. Compliance. Each party shall be separately responsible for compliance with all laws, including anti-discrimination laws, which may be applicable to their respective activities under this MOU.
8. Stark Law Compliance. The parties to this MOU specifically intend to comply with all applicable laws, rules and regulations, including (i) the federal anti-kickback statute (42 U.S.C. § 1320a-7b) and (ii) the Limitation on Certain Physician Referrals, also referred to as the “Stark Law” (42 U.S.C. § 1395(n)). Subsequent to the execution of this MOU, should any provision of this MOU be deemed by either party to be contrary to the provisions of said Statute, Act, regulations, or the “safe harbor” regulations, then the Parties agree to attempt in good faith to renegotiate the problematic provision to the mutual satisfaction of the Parties. In the event the Parties are not able to mutually agree on modification of the problematic provision, either party may terminate this MOU upon thirty (30) days written notice to the other party if the terminating party has a good faith belief that the problematic provision creates an unfavorable exposure under said Statute, Act, regulations or safe harbor provisions. This MOU in no way financially obligates **INSERT** for any services and/or benefits provided or received by NAME.
9. Corporate Compliance. NAME has in place a Corporate Compliance Program (“CCP”) which has as its goal to ensure that NAME complies with federal, state and local laws and regulations. The CCP focuses on risk management, the promotion of good corporate citizenship, including the commitment to uphold a high standard of ethical and legal business practices and the prevention of misconduct. The Parties acknowledge NAME's commitment to the CCP and NAME's intent to conduct the services required by this MOU in accordance with the underlying philosophy of its CCP.
10. Third Party Directive. The Parties acknowledge that NAME is a member of Ascension Health, a national faith-based health ministry and operates in accordance with the Ethical and Religious Directives and the principles and beliefs of the Roman Catholic Church (“Directives”). It is the intent and agreement of the parties that neither this MOU nor any part thereof shall be construed to require NAME to violate said Directives. All parts of this MOU will be interpreted with the intent that NAME remains consistent with the Directives.

Notwithstanding the prior statements, it is the intent and agreement of the Parties that neither this MOU nor any part thereof shall be construed to require or cause **INSERT**, a public municipal corporation, through this MOU or the Program activities, to respect the establishment of religion or permit promotion of the principles or beliefs expressed in the Directives over any other religion or no religion in violation of the Establishment Clause of the First Amendment of the U.S. Constitution.

Subsequent to the execution of this MOU, should any provision of this MOU be deemed by either party to be contrary to the provisions of the law, SBHA Guidelines or the Directives, then the Parties agree to attempt in good faith to

renegotiate the problematic provision to the mutual satisfaction of the Parties. In the event the Parties are not able to mutually agree on modification of the problematic provision, either party may terminate this MOU upon thirty (30) days written notice to the other party if the terminating party has a good faith belief that the problematic provision creates an unfavorable exposure.

11. Independent Entities. The autonomy of **INSERT** and NAME as independent entities shall be observed and maintained at all times. Nothing contained in this MOU shall be deemed or construed or any purpose to establish, between the parties, a partnership, joint venture or principal/agent relationship.
12. Amendment. This MOU may be modified or amended only in writing by mutual agreement and signed by both parties.
13. Severability. This MOU shall be administered in accordance with all applicable federal, state and local statutes, regulations and ordinances that in any way pertain to both or either party. In case any one or more of the terms or provisions contained herein shall be held to be invalid, illegal, unlawful, unenforceable or void, the nature of that term or provision shall not affect any other term or provision and this MOU shall be considered as if such term or provision had never been included herein.
14. Notices. All notices, requests, demands and other communications of any kind which either party may be required or desires to give or serve upon the other party, shall be made in writing and must be delivered in person, by recognized overnight courier services, or sent by United States mail, first-class, registered or certified, postage prepaid, return receipt requested, to the address listed below unless notice is given otherwise.

NAME School Based Health Centers
INSERT ADDRESS

INSERT
Attn: Superintendent
INSERT ADDRESS
15. Assignment. NAME shall not assign, transfer or further sublet the responsibilities of NAME under this MOU without the written approval of **INSERT**.
16. Force Majeure. Neither party shall be obligated to perform any duty, requirement or obligation under this MOU if such performance is prevented by force majeure.
17. Jurisdiction. This MOU shall be governed by the laws of the State of Michigan.
18. Headings. Captions and headings used in this MOU are provided for convenience and ease of reference only and shall not have any effect on interpretation or construction.
19. Authority. The undersigned representatives of **INSERT** and NAME warrant and represent that they are duly authorized to enter into this MOU on behalf of the parties.

20. Merger. This MOU contains the entire agreement between the parties pertaining to the operation of the Program and fully supersedes all prior written or oral agreements and understandings between the parties pertaining to this subject.

[Signature Page Follows]

INSERT

By:
Its: Superintendent

NAME

By:
Its: Administrator

ATTACHMENT A

SBHA Principles & Goals for School Based Health Centers

SBHA established **seven fundamental principles** for school-based health centers (SBHC) that set a national standard for the field. The principles provide **guidelines** by which to **benchmark** programs, define the **essential elements** of a SBHC, and provide a framework for **accountability and continuous improvement**.

The principles are useful for planning, needs assessment, implementation, evaluation, and continuous quality improvement. They should be used as a building block at every level - local, state, and national.

1. The SBHC Supports the School

The SBHC is built upon mutual respect and collaboration between the school and the health provider to promote the health and educational success of school-aged children.

- Understands and respects accountability within the educational system.
- Works with the school administration to develop and achieve a shared vision.
- Communicates the vision to all school constituencies including teachers, support staff, students, and parents.
- Build collaborative and mutually respectful relationships with school personnel.
- Identifies community resources that provide support to students and promote successful learning.
- Serves as a resource in times of school crisis and community disasters.

2. The SBHC Responds to the Community

The SBHC is developed and operates based on continual assessment of local assets and needs.

- Assesses child and adolescent health care needs and available resources in the community through formal evaluation methods.
- Informs the community of student health needs and trends.
- Solicits community input to address unmet health needs and to support the operations of the program.

3. The SBHC Focuses on the Student

Services involve students as responsible participants in their health care, encourage the role of parents and other family members, and are accessible, confidential, culturally sensitive, and developmentally appropriate.

- Encourages the students to engage in active, age appropriate participation regarding health care and prevention activity decisions.
- Involves the parents or other adult caregivers as supportive participants in the student's health care whenever appropriate and possible.
- Ensures confidentiality of information whether transmitted through conversation, billing activity, telemedicine, or release of medical records.
- Provides services and materials that are culturally sensitive and respectful of family values and diversity.

4. The SBHC Delivers Comprehensive Care

An interdisciplinary team provides access to high quality comprehensive physical and mental health services emphasizing prevention and early intervention.

Provides a scope of services that is consistent with identified health care needs. Services may include, but are not limited to: age appropriate well-child exams, immunizations, diagnosis and treatment of acute illness and injury, management and monitoring of chronic conditions, basic laboratory services, capability to prescribe commonly used medications, health education and anticipatory guidance, basic mental health services, substance abuse services, violence prevention education and intervention counseling, and preventive and primary dental care.

- Promotes availability of on-site services whenever the school is open and facilitates after-hours care 24-hours-a-day, seven-days-a-week.
- Adopts generally accepted guidelines for clinical practice.
- Promotes the interdisciplinary role and functions of the SBHC team.
- Coordinates and integrates efforts with existing systems to optimize complementary programs, improve continuity of care, reduce fragmentation, prevent duplication, and maintain affordable services.

5. The SBHC Advances Health Promotion Activities

The SBHC takes advantage of its location to advance effective health promotion activities to students and community.

- Serves as a resource to school administration on the selection, development and delivery of health education curricula.
- Participates in classroom-based and school-wide health promotion activities responsive to risk factors that are prevalent among students.
- Promotes parent and community involvement in health promotion activities.

6. The SBHC Implements Effective Systems

Administrative and clinical systems are designed to support effective delivery of services incorporating accountability mechanisms and performance improvement practices.

- Ensures compliance with all relevant laws and regulations.
- Develops and measures annual program goals and objectives.
- Maintains a physical plant which is adequate to deliver high quality services and assure patient comfort and privacy.
- Develops all necessary policies and procedures, training manuals, and memoranda of agreement or understanding.
- Develops a human resources system for hiring, credentialing, training, and retaining high quality competent staff.
- Collects, evaluates, and reports health outcomes and utilization data.
- Establishes quality improvement practices including but not limited to assessment of patient and community satisfaction.
- Develops strategies and systems to support long-term financial stability.

7. The SBHC Provides Leadership in Adolescent and Child Health

The SBHC model provides unique opportunities to increase expertise in adolescent and child health, and to inform and influence policy and practice.

- Participates in national and local organizations that focus on adolescent and child health.
- Contributes to the body of knowledge on the health care needs of adolescents and children.
- Promotes the SBHC as a training site for healthcare professionals.
- Advocates for the resources necessary to increase access to physical, mental and dental health services for adolescents and children.
- Informs elected officials, policy-makers, health professionals, educators and the community-at-large regarding the unique value, acceptability, efficiency and convenience of the SBHC model of health care delivery.
- Forms partnerships to develop stable and sustainable funding mechanisms for expanded services.



2019 RESPONSE TO SCHOOL WIDE CRISES BEST PRACTICE GUIDANCE

Introduction

In November 2018, the Child and Adolescent Health Center Program (CAHC) initiated a discussion about responses to school-wide crises for all CAHC program models (including Clinical Health Centers, School Wellness Programs, Behavioral Health and RN only models). Some challenging events impact not only individuals, but the school community as a whole. Unfortunately, these types of events are occurring more frequently in schools across the state. While CAHC programs are **not required** to have formal policies addressing school crises; as members of the school community, they are often called upon to respond to these events. This guidance document provides information and resources about school-wide crises that may be appropriate for CAHC programs. The guidance should not be interpreted as a program requirement but rather as **an informational document** for those who decide to pursue a more formal response to school-wide crises.

What is a school-wide crisis?

For purposes of this guidance, a school-wide crisis is defined as: a challenging event or events that impact a sizable portion of the school community. The impact may be primarily emotional, or may involve both physical and emotional spheres. There are various kinds of school-wide crises, and responses will differ depending on the nature of the event. School-wide crises include: natural disasters such as floods, fires, tornados; other events that can result in life-threatening danger and/or physical destruction, as well as emotional loss. Another type of school crisis involves violence. Violence can take many forms including intruders in the school, violence between school community members (e.g. between students), or violence in the larger community that involves and/or impacts school community members. Violence may result in one or more deaths or injury. Violence that happens in the school building is particularly impactful, and affects the sense of safety for students and staff. Finally, a school-wide crisis may result from the death of one or more school or community members due to illness or intentional or unintentional injury. The nature of the death, and connection of the deceased individual(s) to the school community, will impact the breadth and degree of crisis that is experienced.

Responding to school crises

Crisis response begins before a crisis occurs. There has been increased emphasis over the past few years about the importance of planning for crises. Planning emphasizes collaboration between the school community, first responders, and the larger community (e.g. hospitals and mental health providers) to provide safe and effective interventions in the event of a crisis. It involves determining appropriate roles, and may include practicing aspects of the plan such as evacuation or sheltering in place. It also involves planning for all phases of a crisis including prevention, initial/immediate responses and longer-term responses. Crisis response planning involves determining differential responses appropriate to different types of crises. There are many organizations that have developed guidance for developing and implementing crisis response plans. This document includes information about some of those organizations.

Recovery for staff

An important, often overlooked, component of crisis response planning is support and recovery for CAHC and school staff during and following a school crisis. Attending to the needs of staff is vital, if they are to maintain their roles as supports for students as well as educators, health care and mental health providers. Preparation, support during the crisis, debriefing following a crisis, and long-term follow up are all aspects of caring for caregivers that should be included in any crisis response plan. The resource section of this document highlights resources specific to the topic of recovery for staff.

Role of CAHC programs

The role of CAHC programs in school crisis response varies based on multiple factors including: program type (e.g. school-based or school-linked); the CAHC-school relationship, the nature of the crisis, and the policies of the fiduciary organization. CAHC programs are encouraged, at minimum to: know the emergency response plan for their specific schools, and participate in that plan to the degree that is appropriate and possible. Currently, CAHC program involvement related to school-wide crisis occurs along a continuum from active participation in school/community emergency response teams and planning, to little or no participation in school crisis responses.

Role of CAHC state team

The role of the CAHC state team is two-fold: (1) to support individual CAHC programs when they experience a school-wide crisis and (2) to provide technical assistance for the development and implementation of crisis response plans.

In the support role, the assigned administrative and mental health consultants will contact the center's coordinator, and/or mental health provider, to offer support and resources at the time of a school-wide crisis. This response is dependent on the state team learning about the crisis through the media or from members of the CAHC staff.

In the technical assistance role, the CAHC state team will share information and resources about crisis response planning. This document is a first step in that process. The information will be shared electronically and posted on the CAHC website.

Resources for CAHCs

The remainder of this document includes resources that CAHCs may find helpful as they consider implementing, or increasing a school-wide crisis response plan. The resources are contained in the following sections: examples of current practices in CAHCs; resources and guidance from the Michigan Department of Education and national organizations; and training resources. These materials are also posted on the CAHC website and will be updated periodically.

Current practices in CAHCs:

Currently, CAHC programs across the state participate in school-wide crisis response in a variety of ways. The following are examples as reported by those present at the November 2018 CAHC coordinator meeting. The responses are organized by type of participation.

- Communication: Several sites identified good communication as their primary strategy for crisis response. For some, this is an informal process based on good relationships with school personnel. For others, specific tools are utilized to increase communication and alert staff to a crisis event. The tools include: walkie-talkies, phone trees, mobile apps, and email notifications.
- Crisis Planning: Many CAHC programs participate on school and/or community crisis planning/response teams. In that capacity, the CAHC staff participates in the development and review of emergency response plans. This may happen annually or more frequently in some sites. Participation in crisis response teams ensures that the CAHC staff is aware of specific emergency response protocols and practices. It also increases the likelihood that they will have specific roles in the plan.

Another way that many CAHCs are involved in crisis planning is to participate in emergency response drills such as lock down drills, active shooter drills, fire drills, etc.

- Policy/Protocols: CAHC programs may follow emergency response policies/protocols from one or more sources, including their fiduciary, school building/district, or community-wide teams. Some of these policies/protocols delineate specific roles for CAHC staff, others do not. Some policies address specific situations, such as active shooter events, and others are more broadly framed as crisis or emergency response. Emergency response protocols or policies are required for each school in Michigan. Current guidance for the development of emergency response protocols is discussed in the next section.
- The roles that CAHC programs play in crisis protocols/policies vary. Some examples described by CAHC staff include: participating in drills (as described above); participating on student threat assessment teams; providing safety education to students/parents; serving as a safe haven with lockable doors; serving as a building entry point for police and other first responders; providing mental health services following a crisis; providing school-wide education/debriefing following a crisis; and coordinating with internal and external partners (e.g. community mental health agencies) to provide grief services following a crisis.

State and National Resources

- Michigan State Police and Michigan Department of Education: School Crisis Planning Guidance: This document is in the process of being revised. The current version is available by emailing MSP-SchoolSafety@michigan.gov. The guidance includes information about mitigation & prevention, preparedness, response and recovery.
- Michigan State Police (MSP): The MSP website has information under emergency preparedness and homeland security including a video about Active Shooter responses and information about STEP (Student Tools for Emergency Planning) training. Go to www.michigan.gov/msp, click on Divisions; Emergency Management & Homeland Security; MIREADY.
- National Association of School Psychologists: The NASP has developed a school crisis prevention and intervention training curriculum entitled PREPPaRE. For more information about the curriculum go to their website (www.nasponline.org).
- National Center for School Crisis and Bereavement: The center is dedicated to helping schools through crisis and loss. The center provides crisis response/technical assistance, education & training; and advocacy & research. The website includes additional information and resources (www.schoolcrisiscenter.org)

- National Child Traumatic Stress Network: The NCTSN is funded by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services and jointly coordinated by UCLA and Duke University. Their website (www.nctsn.org) includes resources for a wide range of traumatic events including school and community disasters. The site also includes information about training and resources for *Psychological First Aid* (PFA) and *Skills for Psychological Recovery* (SPR). These are promising practices for disaster behavioral health response and recovery.
- Safe and Sound Schools: Founded by parents who lost children at Sandy Hook, the organization provides research-based tools and resources for crisis prevention, response, and recovery to help protect every school and every student, every day. Their website (www.safeandsoundschools.org) contains tools and resources for safer schools.
- US Departments of Education, Health and Human Services, Homeland Security, and Justice; FBI and FEMA: A “Guide for Developing High-Quality School Emergency Operations Plans” was published in 2013. The guide is available at www.2ed.gov/admins/lead/safety/emergencyplan/index.html.

Caring for Caregivers

Several of the resources cited above include information about caring for caregivers. The Psychological First Aid curriculum includes a handout about self-care (<https://www.nctsn.org/resources/pfa-s-provider-self-care>). The NCTSN website also has many resources related to compassion fatigue and self-care.





2019 INDIVIDUAL STUDENT CRISIS & EMERGENCY RESPONSE PLAN GUIDANCE

Introduction

Child & Adolescent Health Center (CAHC) programs have a responsibility to respond to individual student medical and emotional crises. Individual student crises can include medical emergencies such as asthma attacks, injuries, etc. Potential mental health crises can include suicidal attempts/ideation, homicidal threat, or panic attacks. Throughout this document the term CAHC programs refers to clinical health centers, school wellness programs (SWP), behavioral health only, and school health nurse models. The CAHC program **mandates medical emergency response plans** for clinical health centers and school wellness programs and **recommends mental health crisis response and communication plans** for behavioral health providers.

The purpose of developing response plans is to assure that practices meet program requirements and are appropriate to the situation. The plans should clearly delineate CAHC program and school responsibilities for responding to medical and mental health emergencies. Schools maintain primary responsibility for the physical health, mental health, and safety of their students. The CAHC program's role is to assist school personnel as appropriate. ***The CAHC program should not be utilized as the primary provider of emergency medical or mental health services, although they may assist in assessing and stabilizing students in crisis.*** They may assume a higher degree of responsibility for students who are enrolled as patients in their program. The CAHC and SWP clinical site review tools include items regarding individual student crises and emergency response plans. The purpose of this guidance is to share best practice recommendations and to assist health center staff in meeting the CAHC or SWP Minimum Program Requirements (MPRs).

Clinical Guidance

A policy and procedure (P&P) for how clinicians and/or nurses will handle medical emergencies is a Minimum Program Requirement (#2). Please note, it is a fiduciary decision as to how and when the CAHC program staff will or will not respond to an emergency within the school. The school is ultimately responsible for the safety of their students inside the school building. The review criterion is as follows:

A policy and procedures for handling medical emergencies exists that defines what, if any, emergencies will be responded to outside of the health center and what care will be provided. (If no emergency response outside of the health center is provided, policy and procedures exist to this effect.) For emergencies managed by the health center on or off-site, care and supplies are appropriate and match policy. (MPR #2)

Medical Emergency Policies and Procedures should include the following:

- Whether or not CAHC or SWP staff will respond to **external** emergencies (i.e. outside of the CAHC or SWP) (Required MPR #2).
 - Suggested content for the P&P if they will respond to external emergencies:
 - Under what circumstances will providers respond? [For example, provider(s) will respond to all emergencies or only emergencies when appropriately trained staff are available (the latter is a CAHC Recommendation).
 - What will the provider ('s) role be? (CAHC Recommendation: assist school personnel/school emergency response teams in stabilizing and monitoring the patient until community emergency response personnel arrive, if available).

- What supplies are available for the CAHC or SWP team to respond? (CAHC Recommendation: only those supplies that treat the age group the CAHC or SWP serves, for example school-age vs. adults, or that match the skills of the provider, for example PNP vs. FNP vs. PA-C vs. RN).
 - How will this plan be communicated to the school within which the CAHC or SWP resides? (CAHC Recommendation: include in the Memorandum of Understanding-MOU).
- How staff will respond to medical emergencies **within** the CAHC or SWP (Required MPR #2).
 - Suggested content for SWP Standing Orders or CAHC P&P with algorithm (CAHC Recommendation):
 - At minimum:
 - Anaphylaxis from allergic condition and/or administration of a vaccine or medication (Required MPR #1)
 - Asthma exacerbation (CAHC Recommendation)
 - Seizure (CAHC Recommendation)
 - Hypo- and/or Hyperglycemia (CAHC Recommendation)
 - Acute intoxication, with consideration for student confidentiality and/or need to identify primary caregiver(s) (CAHC Recommendation)
- P&P should also address how the following internal emergencies will be handled* (Best Practice and Required MPR #2):
 - Threat of violence (i.e. verbal or physical threat, gun, knife)
 - Bomb threat
 - Fire
 - Tornado
 - Loss of Power (vaccine storage emergency plan) (Required MPR #1)

*The CAHC or SWP may elect to follow school or fiduciary P&P for these instances. However, a CAHC or SWP specific P&P to that effect should be available.

Behavioral Health Guidance

For mental health providers, the site review item is a best practice (CAHC Recommendation) and applies to all CAHC models with behavioral health services (i.e. Clinical Health Centers, SWP, BH only, and Network Model). The review criterion is as follows:

A crisis response plan and communication plan exist where appropriate between the health center/sponsoring agency and the client's school. (Best Practice)

Recommended components for Crisis Response Plans include:

- Description of mental health crises covered by the plan (i.e. suicidal ideation/attempt, homicidal threat, panic attack).
- Description of the different roles in the crisis response plan as appropriate (behavioral health provider, medical care providers, school administrators, school counselors and social workers, fiduciary supervisor/medical director, others).
- Differential responses for crises that occur within the clinic vs. crises that occur outside of the clinic.
- Differential responses for students who are clinic patients vs. students who are not clinic patients.
- Description of process and responsibility for determining level of risk and subsequent responses that may include reference to algorithms, screening tools, screening questions.
- Discussion of responsibility for parental notification.
- Discussion of process and responsibility for transition to assessment/intervention outside of the school (i.e. crisis center or emergency room).
- Discussion of local resources for 24-hour crisis assessment & response (i.e. emergency room, local crisis center, etc.).
- Description of components of an individual safety plan.
- Discussion of plans for follow up after the crisis has been resolved.

As a general rule, the CAHC program recommends that all program models and sites utilize all prevention methods to avoid emergency situations and/or to have a protocol in place prior to an emergency occurring. These methods include, but are not limited to:

- Encouraging the school to have an Emergency Action Plan available for potential emergencies for high-risk students (depression, diabetes, asthma, food allergies, and seizures). This should include coordination with the parent and the primary care provider.
- Assisting the school in developing emergency response plans and emergency response teams to respond to emergencies using appropriate guidelines.
- Reminding school staff and administration annually of each other's roles in responding to medical and mental health emergencies:
 - Annual meetings with the school administrators and staff to review the plan and roles of each party in an emergency situation.
 - Annual or bi-annual review of the MOU or when turnover of school administrators occurs.



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Document Contact: [Jennifer Hall: Ext Quality Improvement Nurse](#)

Area: [Outpatient Services-Child/Adolescent Health Center](#)

Key Words:

Applicability: *Teen Centers*

Teen Centers - Charging and Billing Policy

Document Type: Policy

I. PURPOSE/OBJECTIVE:

To provide a systematic process for establishing charges, fee schedules and billing procedures for the Beaumont Child and Adolescent Health Centers (CAHC), Beaumont School Wellness (SWP) and Beaumont

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Teen Mental Health Expanding, Enhancing Emotional Health Program (E3) that are consistent with Federal

and State laws and regulations and grant funding requirements.

II. POLICY STATEMENT:

- A. Acknowledging that ability to pay for medical services can influence whether a patient promptly seeks medical care, the CAHC/SWP/E3 shall establish a systematic process for establishing charges, fee schedules and billing procedures that seek to reduce financial impediments affecting access to medical care.
- B. CAHC/SWP/E3 billing policies shall be consistent with Federal and State laws and regulations and grant funding requirements. CAHC/MHS billing and fee collection processes shall not breach the confidentiality of the patient.
- C. CAHC/SWP/E3 clinics will provide services to patients regardless of inability to pay (no insurance, income, outstanding balances, etc.). Billing statements will not be sent home to patients and/or parent/guardian.
- D. Cash payments are handled according to Beaumont Health policy. See [Handling Cash Received and Deposits to Cashiering Office](#).

III. DEFINITIONS:

- A. **Confidential health services** refer to the types of health care services that a minor patient may consent to without the consent and/or knowledge of his or her parent/guardian, in accordance with applicable state

and federal laws.

1. Minor patients between the ages 12-17 years may consent to health care services for birth control, outpatient mental health services, prenatal/pregnancy related care, pregnancy testing, substance abuse and venereal disease (STI and HIV).
2. Minor patients between the ages 14-17 years may consent up to 12 outpatient sessions or four

Beaumont

months of outpatient mental health services.

IV. PROCEDURE/GUIDELINES:

A. Charging Practices

1. The fee schedule is consistent with the Beaumont Health fee schedule. The fee schedule is re-evaluated annually based on costs to deliver services. However, no one is denied services due to an inability to pay.
2. The CAHC may offer special pricing for physicals on a short-term, intermittent basis.
 - a. These physicals will be offered on a self-pay only basis. Insurance will not be billed.
 - b. Physicals will not be denied due to an inability to pay.
3. Each CAHC/SWP/E3 site shall implement a sliding fee scale which is not a barrier to health care the population served.
 - a. The sliding fee scale is based on the reported income of the patient or parent/guardian. Documentation of income is not required.
 - b. For minors obtaining confidential health services, the sliding fee scale is based on the income of the minor and not family income.
 - c. Discounted or sliding fee scales shall not be publicly advertised. The phrase, "No one is denied services due to an inability to pay," is acceptable to use on marketing material.
4. Family Planning contraceptives and medication fee schedule is determined by costs charged to the center through the Family Planning Purchasing Co-op. *Applicable to the Family Planning Program at Beaumont Teen Health Center - Taylor (BTHCT) only.*
 - a. Oral contraceptive fees are determined by averaging the cost of the oral contraceptives.
 - b. Depo and Nuvaring fees are determined based on Medicaid reimbursement fees.
 - c. Family Planning medication fees are determined by averaging the cost of the medications.
5. Family Planning Program at BTHCT:
 - a. Charges are based on a cost analysis of all services provided by the project. The cost analysis shall be conducted at least every 2 years using the following guidelines.
 - i. The Departmental Management Report (all labor, supply, and other costs at an account level) is the starting point for total expenses.
 - ii. The Southeast Michigan Region Template (provided by the State of Michigan) is utilized to complete the costing process. Fields include: Medical, supplies, lab and education/outreach.
 - iii. To allocate expenses across these four defined cost fields, actual patient volume and Current Procedural Terminology (CPT) codes are used.
 - iv. Relative Value Units (RVU) are updated with the most current Physician Fee schedule weights.
 - v. Derived cost per CPT is validated against the charge/
 - vi. Cost and price per procedure is compared to third party payer rates.
 - vii. Results of the cost analysis will be evaluated and reviewed by the President of Financial

Operations and Corporate Finance.

- b. A schedule of discounts is developed and implemented with sufficient proportional increments so that inability to pay is never a barrier to service.
 - i. A schedule of discounts is required for individuals with family incomes between 101% and 250% of the Federal poverty level (Sliding fee scale).
 - ii. Fees shall be waived for individuals with family incomes above this amount who, as determined by the service site project director, are unable, for good cause, to pay for family planning services.

B. Billing Practices

1. General

- a. Each CAHC/SWP/E3 clinic is responsible for on-site patient registration and charge gathering functions using Epic software as the electronic health record (EHR).
- b. Parents/guardians of minors that consent to treatment for confidential health services shall not be liable for cost of services received by the minor.
- c. Revenue generated from the health center shall be used to support health center operations and programming.
- d. Each CAHC/SWP/E3 is a certified School-Based or School-Linked Health Center and may bill for services patients enrolled in any Medicaid plan without prior authorization, even if they are not a participating provider. See the MDHHS1997 Bulletin (attached).

2. Insurance Billing

- a. Where there is legal obligation or authorization for third party reimbursement; all reasonable efforts shall be made to obtain third party payment.
 - i. For the Family Planning Program at BTHCT, bills sent to third party payors must show total charges without the application of any discounts.
- b. For insured patients, each CAHC/SWP/E3 will bill applicable third party payors, based on information provided or verified by the patient.
 - i. If a minor patient is receiving confidential health services, only Medicaid insurance plans that do not send Explanation of Benefits (EOB) home may be billed. The minor patient must consent prior to billing any third party payor.
 - ii. If an adult patient has their parent/guardian's insurance and requests to keep services confidential, insurance will not be billed. The patient will be seen as a self pay patient.
- c. If a claim is denied or is not processed by a third-party payor, the CAHC/SWP/E3 will not bill the patient and/or parent/guardian for any amount.
- d. For Family Planning Program at BTHCT, where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement for reimbursement with the Title XIX or Title XX agencies shall exist.
- e. Co-payments and additional fees may be requested on the day of service. Patients will not be denied service based on their inability to pay.
 - i. If we are not billing a third party payor, we do not collect a copay or additional fees.
 - ii. With regard to insured clients whose family income is at or below 250% federal poverty

level, where co-payments or additional fees apply, clients are never charged more than they would pay if services were charged on the schedule of discounts.

3. Patient Billing

- a. CAHC/SWP/E3 staff shall determine fees based on the sliding fee scale, as applicable.
- b. CAHC/SWP/E3 staff shall request payment on the day of service. Patients will not be denied service based on their inability to pay.
- c. If the visit is a self-pay visit and the charge slides down to zero, the patient or parent/guardian may offer a voluntary donation. Clients shall not be pressured to make donations and donations are never a prerequisite to provision of services.
- d. Patients whose documented income is at or below 100% of the federal poverty level shall not be charged; although the CAHC/SWP/E3 may bill all third party payors authorized or legally obligated to pay for services.
- e. On subsequent visits, CAHC/SWP/E3 staff may request payment on past due charges.
- f. The Beaumont billing department removes all past due balances on a monthly basis at the end of each month. Balances are checked monthly and removed after 12 months of accruals. *CAHC/SWP/E3 funding may be used to offset outstanding balances.*

4. Billing Statements

- a. Billing statements will not be sent home to patients and/or parents/guardians. A record of charges and payments is maintained on the Epic patient account.
- b. Billing statements may be offered to the patient at the time of the visit. The patient has the right to deny taking the statement.
- c. Patients who are responsible for paying any fee for their services shall be offered a statement of charges that reflects total charges less any discounts after the application of the sliding fee scale and amount paid.

C. CAHC/SWP/E3 Staff Guidelines

1. A signed Consent to Treatment form must be signed prior to billing third party payors.
2. Verify insurance status and Medicaid eligibility at each visit.
 - a. CAHC/SWP/E3 staff shall offer Medicaid/MIBridges assistance to uninsured patients and/or parent/guardian.
 - b. Scan insurance card into EHR, as applicable.
 - c. Scan patient and/or parent/guardian's identification (ID) into EHR, as applicable. *Patient's ID is only scanned into the EHR once the patient turns 18 years of age.*
3. Assess income and determine sliding fee scale, if applicable.
 - a. Patients of the Family Planning Program at BTHCT shall have their income assessed and documented in the EHR annually, at a minimum.
4. Determine if appointment is for confidential health services and proceed with check in as appropriate.
5. CAHC/SWP/E3 providers are responsible for capturing charges in the EHR.

Attachments

[MDHHS 1997 Bulletin.pdf](#)

Approval Signatures

| Step Description | Approver | Date |
|---|--|-----------|
| | Jeff Cook: Dir, School Based Health B | 3/26/2020 |
| Policy and Forms Steering Committee Approval (if needed) | Jennifer Hall: Comm Benefits Program Mgr | 3/26/2020 |
| | Jennifer Hall: Comm Benefits Program Mgr | 3/26/2020 |

Applicability

Dearborn, Farmington Hills, Taylor, Wayne

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FEES FOR SERVICES

PURPOSE:

To establish a fee schedule for the School-Based Health Center (SBHC) program for collection of payment from patients and supporting processes for recording the payment.

DEFINITION:

N/A

POLICY STATEMENT:

SCHOOL-BASED HEALTH CENTERS:

- A. School-Based Health Centers will establish a cost for all services, and each student's charge will be based on the approved fee schedule.
- B. Sliding fee scale discounts are available to students whose parents have incomes at or below 200% of the federal poverty guidelines. Our sliding fee scale discounts apply to all who receive services through our SBHC program.
- C. Any patient that presents in the SBHC and does not have the ability to pay for services is eligible for our Sliding Fee Discount Program. If the provider determines that a student is eligible for our sliding fee program, we will send an application home for their parent to complete and for them to provide proof of income. The established fee schedule shall not preclude the student from receiving services in the health center; students that do not possess insurance will not be billed. Students who present for confidential services will not be billed.
- D. Each year, in September, the provider will reassess the student's eligibility for the Sliding Fee Discount Program. The student's eligibility is good for one school year.
- E. Signage and our consent package will also communicate the availability of a sliding fee scale discount. To qualify for the sliding fee scale discount, parents must provide family and gross income information. A family consists of those members of the household supported by the reported income, typically the individuals reported on the federal tax return. The following documentation of gross income for all household members: Federal income tax return or -- Two current pay stubs or -- Unemployment benefit award letter or -- Letter from employer on letterhead or -- Award or benefit letter or -- Affiliated agency income verification documentation that meets above requirements or -- selfattestment of income statement.
- A. Upon enrolling in the center, insurance information will be documented. Upon completion of services rendered, staff will make a good faith effort to collect payments per the sliding fee schedule for the uninsured. However, no one will be denied services for the inability to pay. The patient encounter will be forwarded to the department Biller. Efforts will be made to obtain reimbursements from a third party insurance or Medicaid. Those uninsured will be offered assistance with MI Child or other health insurance enrollment.
- B. If students qualify for the sliding fee scale discount, it will be predated 30 days from the day they were approved.

- C. Students are not responsible for their copay, based on our agreement with various managed care plans and our funding from the Michigan Department of Health and Human Services (MDHHS).

Collection of Fees

- D. When receiving cash from a patient, for services rendered, the cash is placed in a lock box within the health center. When the lockbox exceeds 20.00 dollars, the cash is sent to the School-Based Health Center primary office to record and then forward to the cashier's office for deposit into the health center's account.
- E. After rendering the services, the patient should be given a receipt for the amount paid.

**Beaumont
Teen Health Center
Physician and Nurse Practitioner
Collaborative Agreement**

The undersigned Nurse Practitioner and Physician agree to the following collaborative practice agreement for provision of health care services at:

List clinic address here

It is agreed that **Name of NP** certified as a Family Nurse Practitioner is authorized to perform activities as in accordance with the American Academy of Nurse Practitioners Scope of Practice statement and Michigan Public Health Code. These activities include, but are not limited to, writing medical orders in the patient medical record, consultations, and referrals, obtaining consents, removals of sutures, minor procedures.

Name of NP will be responsible for:

- Providing comprehensive physical assessments of patients
- Establish medical diagnosis for common short term or chronic health problems
- Education of and effective communication with those served concerning the diagnosis and treatment of their medical conditions, appropriate preventive measures and use of the health care system.
- Treatment that is consistent with clinical impressions or working diagnosis
- Appropriate, accurate and complete medical record entries
- Adequate and appropriate transfer of information when clients are transferred to another health care provider.
- Assess real or potential health hazards and current health status, including analysis of health behaviors related to lifestyle and culture
- Devise, implement and evaluate plans of care utilizing sound clinical judgment based on assessment of the physical, psychological, emotional, societal, and environmental needs of the clients
- Perform therapeutic and corrective measures as are appropriate for a health screening.
- Assist individuals to assume responsibility for the restoration of health and prevention of illness
- Consult, refer and collaborate with other disciplines involved in the delivery of total patient care
- Utilize the resources of the community to promote the health of clients
- Promote collegial relationships with other clinical staff and providers in the community

Name of Physician and Name of NP agree that

Up to Date will be the reference text to define referral and consultation criteria.

Up to Date is accessed through the Beaumont Health Intranet website.

As collaborating physician, **Name of Physician**, agrees to:

- a. Be primary collaborator with Nurse Practitioner **Name of NP**
- b. Be available for telephone consultation on 24-hour basis.
- c. Delegate prescriptive authority via delegative authority agreement.
- d. Collaborate and interpret diagnostic data as needed and direct complex medical diagnostic work up.
- e. Ambulatory review as needed for consultations, cosignatures and quality assurance.

As collaborating Nurse Practitioner, **Name of NP** agrees to:

- a. Utilize guidelines contained in *Up to Date* as standards of care for medical diagnosis and medical care of patients.
- b. Prescribe, as delegated and consult when needed.
- c. Maintain accurate records of all consultations.

Name of Physician and **Name of NP** agree to review all resource and referral guidelines and practice goals and objectives on an annual basis.

Name of Physician and Name of NP as parties to the collaborative agreement, are responsible and accountable for performing in accordance with the collaborative practice and within their separate and distinct scope of practice as defined by the Michigan Public Health Code.

AGREED TO BY

_____ ON _____
Name of Physician

_____ ON _____
Name of NP

**Physician and Nurse Practitioner
Collaborative Agreement**

STATEMENT OF BACK UP SUPERVISION

It is agreed that the collaborating physician will designate **Name of covering physician** to cover for him/her in the event of the collaborating physician's absence from Beaumont Teen Health Center.

_____ Date: _____
Name of Physician

**Beaumont Teen Health Center
Physician and Nurse Practitioner
Delegated Authority Agreement**

Effective **Insert date:** as medical director of Teen Health Center, I hereby delegate prescriptive writing authority to **Name of NP** according to the following legal considerations, practice stipulations and limitations.

The Public Health Code Act 368 of 1978 and the personal communication from Frank J Kelly, Attorney General of the State of Michigan, to Barbara S. Green, Chief Deputy Director of the Department of Licensing and Regulation on June 27, 1980, offers legal basis for my delegating prescriptive responsibility

Name of NP

It is understood that **Name of NP** is granted authority.

The attachment to this letter is in effect and is subject to annual review and update but can be changed only with a written addendum to this communication. This communication is in effect until such time that it is superseded by another document.

Attachments: 1) Prescription Writing Protocol

Name of Physician

Date

Reviewed and Agreed to by:

Name of Physician

Date

Name of NP

Date

PRESCRIPTION WRITING PROTOCOL

Medication(s) prescribed by **Name of NP** are to be based on prescribing judgment that is supported by subjective and objective data of the presenting patient.

Dosing will be congruent with the guidelines and standards of care. Prescriptions will be written indicating the prescribed amount, route of administration and number of refills. The prescription is to identify the name of the physician delegating prescriptive authority, as well as specific precautions, as appropriate.

The presence or absence of allergies is to be documented in the patient medical record.

Name of Physician

Date



Please complete and return this form to your Onboarding Specialist prior to your kickoff call for your new provider

| Provider Information | |
|--|---|
| Provider Name: Click or tap here to enter text. | Provider Specialty: Click or tap here to enter text. |
| Provider Start date: Click or tap to enter a date. | FTE: Click or tap here to enter text. |
| Is this provider a current Beaumont Resident or Fellow? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this provider currently employed in any capacity at Beaumont? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If yes, what role(s) do they have? | Click or tap here to enter text. |
| <ul style="list-style-type: none"> Will they continue in this role? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will this provider maintain employment anywhere else in addition to Beaumont? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If yes, where else will they work? | Click or tap here to enter text. |
| Lab Coat Information | |
| The Onboarding Specialist will obtain providers lab coat information and send the form the to the office manage to place the order | |
| If this provider is an APP, will they wear a lab coat? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IT Equipment Need | |
| Is there an established workspace for this new provider? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If applicable, what type of computer set up is needed? | <input type="checkbox"/> Not applicable, office has computer set up already <input type="checkbox"/> Desktop <input type="checkbox"/> Laptop only <input type="checkbox"/> Laptop with monitor & docking station |
| If the provide will use Dragon, does a microphone need to be ordered? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signage/Furniture Needs | |
| Is there signage at any of the office locations that will need to be updated to add this providers name? <i>(please also note if any names need to be removed from any signage)</i> | <input type="checkbox"/> Yes <ul style="list-style-type: none"> If yes, please provide office(s) that need to be updated: Click or tap here to enter text. <input type="checkbox"/> No |
| Are there any furniture needs for this provider? (i.e. desk, chair, etc.) | <input type="checkbox"/> Yes <ul style="list-style-type: none"> If yes, please provide detail: Click or tap here to enter text. <input type="checkbox"/> No |
| Inpatient Work | |
| Will this provider be providing inpatient services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If yes, what hospital(s) will they work at? – select from below | |
| <input type="checkbox"/> Royal Oak <input type="checkbox"/> Troy <input type="checkbox"/> Grosse Pointe <input type="checkbox"/> Farmington Hills <input type="checkbox"/> Dearborn <input type="checkbox"/> Trenton <input type="checkbox"/> Taylor <input type="checkbox"/> Wayne | |
| Will this provider provide any services at a non-Beaumont facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| <ul style="list-style-type: none"> If yes, which hospital/facility: | Click or tap here to enter text. |
| What EPIC department(s) should their inpatient charges route to? | Click or tap here to enter text. |
| Enrollment Information | |
| Will this provider be considered a PCP? PCP vs. on call: <ul style="list-style-type: none"> 20 hours per week or more can be considered PCP, anything less than 20 hours has to be on call | <input type="checkbox"/> Yes, physician is a PCP <input type="checkbox"/> No, physician is on call |
| Open/closed panel information – Information below should mirror ZocDoc & Find a Doc Directory Listing <i>Please use the information below to help answer the question regarding open vs. closed panel</i> PCP open panel: New patients can be seen by and assigned to the physician for all payor plans PCP Closed: New patients <u>cannot</u> be seen by or assigned to the physician for all payor plans Specialist Open: Physician is open to all new patients and payor plans Specialist Closed: Physician is closed to all new patients and payor plans | |
| Should the provider be listed in the insurance plan directories? (open vs. closed panel) | <input type="checkbox"/> Yes, open panel <input type="checkbox"/> No, closed panel <ul style="list-style-type: none"> If no, do you have director approval for closed panel <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If the provider is employed as a PCP, are they accepting new patient assignments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Location | |
| Practice Name: Click or tap here to enter text. | Office hours: Click or tap here to enter text. |
| EPIC dept ID: Click or tap here to enter text. | Name of another provide IT can use to mirror access & appointment types to: Click or tap here to enter text. |
| Does this EPIC department utilize any of the following features? | <input type="checkbox"/> Genius/ADAMS reminder calls <input type="checkbox"/> E-check in <input type="checkbox"/> Direct Schedule <input type="checkbox"/> E-visits (can only be enabled for Internal Med/Family Med/Pediatric ONLY) <input type="checkbox"/> Video visits |
| Is this a CPC+ practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this office an accepted practice participating in PCF (Primary Care First) which is a five-year model? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the offices PCF identifier? | Click or tap here to enter text. |
| <i>Please use the following sections to add additional sites of service for this provider</i> | |
| Additional Location | |
| Practice Name: Click or tap here to enter text. | Office hours: Click or tap here to enter text. |
| EPIC dept ID: Click or tap here to enter text. | Name of another provide IT can use to mirror access & appointment types to: Click or tap here to enter text. |
| Does this EPIC department utilize any of the following features? | <input type="checkbox"/> Genius/ADAMS reminder calls <input type="checkbox"/> E-check in <input type="checkbox"/> Direct Schedule <input type="checkbox"/> E-visits (can only be enabled for Internal Med/Family Med/Pediatric ONLY) <input type="checkbox"/> Video visits |
| Is this a CPC+ practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this office an accepted practice participating in PCF (Primary Care First) which is a five-year model? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

New Provider Onboarding
Kickoff Form

| | |
|---|--|
| What is the offices PCF identifier? | Click or tap here to enter text. |
| Additional Location | |
| Practice Name: Click or tap here to enter text. | Office hours: Click or tap here to enter text. |
| EPIC dept ID: Click or tap here to enter text. | Name of another provide IT can use to mirror access & appointment types to: Click or tap here to enter text. |
| Does this EPIC department utilize any of the following features? | <input type="checkbox"/> Genius/ADAMS reminder calls <input type="checkbox"/> E-check in <input type="checkbox"/> Direct Schedule <input type="checkbox"/> E-visits (can only be enabled for Internal Med/Family Med/Pediatric ONLY) <input type="checkbox"/> Video visits |
| Is this a CPC+ practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this office an accepted practice participating in PCF (Primary Care First) which is a five-year model? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the offices PCF identifier? | Click or tap here to enter text. |
| Additional Location | |
| Practice Name: Click or tap here to enter text. | Office hours: Click or tap here to enter text. |
| EPIC dept ID: Click or tap here to enter text. | Name of another provide IT can use to mirror access & appointment types to: Click or tap here to enter text. |
| Does this EPIC department utilize any of the following features? | <input type="checkbox"/> Genius/ADAMS reminder calls <input type="checkbox"/> E-check in <input type="checkbox"/> Direct Schedule <input type="checkbox"/> E-visits (can only be enabled for Internal Med/Family Med/Pediatric ONLY) <input type="checkbox"/> Video visits |
| Is this a CPC+ practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this office an accepted practice participating in PCF (Primary Care First) which is a five-year model? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the offices PCF identifier? | Click or tap here to enter text. |
| Additional Location | |
| Practice Name: Click or tap here to enter text. | Office hours: Click or tap here to enter text. |
| EPIC dept ID: Click or tap here to enter text. | Name of another provide IT can use to mirror access & appointment types to: Click or tap here to enter text. |
| Does this EPIC department utilize any of the following features? | <input type="checkbox"/> Genius/ADAMS reminder calls <input type="checkbox"/> E-check in <input type="checkbox"/> Direct Schedule <input type="checkbox"/> E-visits (can only be enabled for Internal Med/Family Med/Pediatric ONLY) <input type="checkbox"/> Video visits |
| Is this a CPC+ practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this office an accepted practice participating in PCF (Primary Care First) which is a five-year model? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the offices PCF identifier? | Click or tap here to enter text. |
| Additional Information/Talking Points for Kickoff Call | |
| Please provide any additional information or talking points that need to be discussed at the kickoff call: Click or tap here to enter text. | |

Submit

Dear Parent or Guardian,

School-Based Health Centers and the School District are pleased to provide health services for students at School. The Health Center's hours of operation are 8:00 a.m. to 4:30 p.m., Monday – Friday, closed weekends and holidays.

School-Based Health Center is overseen by a Medical Director that is a board-certified Family Practice Physician. A certified Nurse Practitioner, a Therapist who is a Licensed Mental Health Professional and a Medical Assistant will provide care to students. We provide a wide range of services, including physical exams, sick visits, individual/group counseling, and a variety of school and community educational programs.

Our goal is to improve the health and well-being of students at the School. All interactions between the health center staff and the student will be kept confidential to the extent provided by law.

We are approved by the Michigan Department of Health and Human Services to bill medical insurance companies for services provided in the health center. School-Based Health Centers transmits claims directly from our office to your insurance company for payment. Parents or Guardians of students will never be responsible for unpaid bills or portions of unpaid bills. Therefore, please do not discourage your child from participating because of lack of insurance or problems with bill payment. Health Center management will address all billing issues.

If you do not have medical insurance, please call, PHONE, for assistance; we can help you enroll your child/children in Healthy Kids or MICHild. It is important that you help us by providing Health Center Staff the most accurate and up-to-date information possible.

Attached are the consent form, medical insurance registration form, and a parent questionnaire. Please return these completed forms to us as soon as possible. By providing us with up-to-date information about your child's health, it will further help us to better serve the needs of your child.

We look forward to serving you and your child. If you have any questions or would like further information, please call. In case of a medical emergency during business hours, please call 911 or go to the nearest emergency room. For mental health crisis, please contact the 24 hour Crisis Line for information and referrals.

Available Services:

| | |
|------------------|---|
| Medical | General health assessment, school/sports physicals, sick care, immunizations, vision, and hearing testing, laboratory screening, health education, and nutrition counseling. |
| Counseling | Counseling and referrals for various concerns related to school age children and adolescents including depression, behavioral issues, personal relationships, violence prevention, family problems and substance abuse. |
| Health Education | Student and parent educational programs related to the school age child's health issues; i.e. asthma, hypertension, diabetes, nutrition, abstinence, substance abuse prevention, and conflict resolution. |

Sincerely,
School-Based Health Center Staff

PATIENT REGISTRATION FORM

| | | |
|--|-------------------------------|--|
| Student/Patient Name: <i>(last, first, middle)</i> | | |
| Race (Optional): <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Ara | | |
| <input type="checkbox"/> Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Unreported/Refused to Report | | |
| Ethnicity (Optional): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Arabi | | |
| 9. Address | | 10. City |
| Parental/Legal Informati | | |
| Mother's Full Legal Name: | | Date of Birth: |
| Address: | | |
| Employer Name & Address | | |
| Father's Full Legal Name: | | Date of Birth: |
| Address: | | |
| Employer Name & Address | | |
| Legal Guardian Name: <i>(if not mother or father)</i> | | Date of Birth: |
| Address | | |
| Employer Name & Address: | | |
| Emergency Contact Name: | | Relationship to Student/Pati |
| Name of Student's/Patient's Doctor/Clinic: | | |
| Name of Student's/Patient's Dentist: | | |
| Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> HAP <input type="checkbox"/> Total <input type="checkbox"/> Midw | | |
| Medicaid #: | | Is Medica <input type="checkbox"/> Yes <input type="checkbox"/> N |
| Primary Insurance Name: | | Subscrib |
| Group#: | | Policy#: |
| Patient Relationship to Subscriber: | <input type="checkbox"/> Self | <input type="checkbox"/> Spouse |
| Secondary Insurance Name: | | Subscrib |
| Group#: | | Policy#: |
| Patient Relationship to Subscriber: | <input type="checkbox"/> Self | <input type="checkbox"/> Spouse |

**Consent For
Health**

Name: _____

Birth date: _____

Although crisis intervention and emergency care do not require consent, medical services require a signed consent before services are provided. The following services are available from your **School-Based Health Center**:

- Physical exams
- Diagnosis and management of acute and chronic illnesses/disease
- Immunizations
- Dental, Vision, and Hearing screenings
- Basic Laboratory tests including urinalysis, glucose, rapid strep test, cholesterol, hemoglobin
- Health education, activity groups, risk prevention counseling
- Counseling and referrals for mental health, physical/sexual abuse, substance abuse*
- Crisis intervention
- Group and Family Counseling
- Referral for resources such as food, shelter, financial issues, transportation

* Current Michigan Law mandates for confidential services to minors in these areas, as well as Pregnancy/STI/HIV testing and counseling.

I consent to all the following:

- I have reviewed and understand the services offered by the **School-Based Health Center**. I give consent for my child to receive the services indicated on this document. By signing this consent form I certify that I am the legal guardian and legal custodian of: _____.
- I understand this consent will remain valid until my child graduates, and that I may withdraw my consent for services upon written notice to the **NAME School-Based Health Center** at any time.
- I further authorize the **NAME School-Based Health Center** to release/exchange information regarding treatment to 1) my child's primary care physician or mental health providers when needed for coordination of care, 2) school staff when needed to coordinate services at school, 3) third party payers or others for the purpose of receiving payment for services. **However services will be provided regardless of insurance and/or ability to pay.**
- The School-Based Program may obtain a copy of the above named student's/patient's immunization record from the student's/patient's school office, primary care provider's office, and/or local health department.
- I understand all NAME School-Based Health Center's medical records are part of the NAME electronic medical records system.
- I understand that testing for bloodborne diseases, including HIV / AIDS, may be performed upon a patient without a separate written consent in the event that a healthcare professional from the Center sustains exposure to blood or bodily fluids from the patient's open wound, percutaneous mucous membrane or occupational hazard.

Signature of Parent/Guardian/Patient:

Date:



Guidelines for Adolescent Preventive Services

Confidential

(Your answers will not be given out.)

Date _____

Adolescent's name _____ Adolescent's birthday _____ Age _____
Parent/Guardian name _____ Relationship to adolescent _____
Your phone number: Home _____ Work _____

Adolescent Health

1. Is your adolescent allergic to any medicines?
☐ Yes ☐ No If yes, what medicines? _____

2. Please provide the following information about medicines your adolescent is taking.

| Name of medicine | Reason taken | How long taken |
|------------------|--------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. Has your adolescent ever been hospitalized overnight?
☐ Yes ☐ No _____

4. Has your adolescent ever had any serious injuries?
☐ Yes ☐ No If yes, please explain. _____

5. Have there been any changes in your adolescent's health during the past 12 months?
☐ Yes ☐ No If yes, please explain. _____

Yes No ☒ If yes, give the age at time of hospitalization and describe the problem.
Age Problem

6. Please check () whether your adolescent ever had any of the following health problems. If yes, at what age did the problem start

| | Yes | No | Age | | Headaches/migraines | Yes | No | Age |
|------------------------------------|--------------------------|--------------------------|-------|--|----------------------------------|--------------------------|--------------------------|-------|
| ADHD/learning disability | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | Headaches/migraines | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | Low iron in blood (anemia) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Allergies/hayfever | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | Rheumatic fever or heart disease | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Bladder or kidney infections | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | Scoliosis (curved spine) | | | _____ |
| Blood disorders/sickle cell anemia | | | _____ | | Seizures/epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Cancer | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | Severe acne | | | _____ |
| Chicken pox | | | _____ | | Stomach problems | | | _____ |
| Depression | | | _____ | | Tuberculosis (TB)/lung disease | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | Mononucleosis (mono) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Eating disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Emotional disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hepatitis (liver disease) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | _____ |

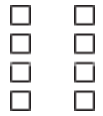
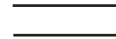
7. Does this office or clinic have an up-to-date record of your adolescent's immunizations (record of "shots")? Yes No No sure

Family History

8. Some health problems are passed from one generation to the next. Have you or any of your adolescent's blood relatives (parents, grandparents, aunts, uncles, brothers or sisters) living or deceased, had any of the following problems? If the answer is "Yes," please state the age of the person when the problem occurred and his or her relationship to your adolescent.

| | Yes | No | Unsure | Age at Onset | Relationship |
|------------------|--------------------------|----|--------|--------------|--------------|
| Allergies/asthma | <input type="checkbox"/> | | | _____ | |
| Arthritis | <input type="checkbox"/> | | | _____ | |
| Birth defects | <input type="checkbox"/> | | | _____ | |

Blood disorders/sickle cell anemia ☐



| | Yes | No | Unsure | Age at Onset | Relationship |
|---|--------------------------|--------------------------|--------------------------|--------------|--------------|
| Cancer (type _____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Drinking problem/alcoholism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Drug addiction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Endocrine/gland disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Heart attack or stroke <i>before</i> age 55 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Heart attack or stroke <i>after</i> age 55 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| High cholesterol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Kidney disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Learning disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Liver disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Mental health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Mental retardation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Migraine headaches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Obesity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Seizures/epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Tuberculosis/lung disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

9. With whom does the adolescent live most of the time? (Check all that apply.)

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Please review the topics listed below. Check() if you have a concern about your adolescent.

| Concern About My Adolescent | Concern About My Adolescent |
|---|--|
| Physical problems | Guns/weapons..... |
| Physical development | School grades/absences/dropout |
| Weight | Smoking cigarettes/chewing tobacco |
| Change of appetite | Drug use |
| Sleep patterns | Alcohol use |
| Diet/nutrition | Dating/parties |
| Amount of physical activity | Sexual behavior |
| Emotional development | Unprotected sex |
| Relationships with parents and family | HIV/AIDS |
| Choice of friends | Sexual transmitted diseases (STDs) |
| Self image or self worth | Pregnancy |
| Excessive moodiness or rebellion | Sexual identity (heterosexual/homosexual/bisexual) |
| Depression | Work or job |
| Lying, stealing, or vandalism | Other: |
| Violence/gangs | |

12. What seems to be the greatest challenge for your teen? _____

13. What is it about your teen that makes you proud of him or her? _____

14. Is there something on your mind that you would like to talk about today?

What is it? _____

15. Can we share your answers to Question 13 with your teen? Yes ☐ No ☐

Both parents in same household _____ Sister(s)/ages _____
 Mother _____
 Father _____
 Other adult relative _____

Stepmother _____
 Stepfather _____
 Guardian _____
 Brother(s)/ages _____

Sister(s)/ages _____
 Other _____

0. In the past year, have there been any changes in your family? (Check all that apply.)

| | | | |
|------------|----------------------------|-----------------|-------------|
| Marriage | Loss of job | Births | Other _____ |
| Separation | Move to a new neighborhood | Serious illness | |
| Divorce | A new school or college | Deaths | |

VACCINE PREVENTABLE DISEASE INFORMATION/CONSENT FORM

CHILD'S NAME: _____ CHILD'S BIRTHDATE _____

I _____ have read or had the risks associated with vaccination explained to
 (Parent/guardian name - Print)

me. I have had the opportunity to ask questions and feel satisfied with the answers given. I give permission to vaccinate my child

 Child's Name

Signature of Parent/Guardian: _____ Date: _____

Chickenpox (Varicella) Chickenpox is a common childhood disease which can be serious. Chickenpox can lead to pneumonia, brain damage, or death. Children who receive the chickenpox vaccination may experience fever, soreness, a mild rash, or swelling where the shot was given. In rare cases a child may experience a seizure (less than 1 out of 1,000 cases). It may be possible for someone who gets a rash from the chicken pox shot to give chickenpox to another person. If the person getting the vaccine has an immune system that is not working properly, or is in close contact with anyone whose immune system is not working properly, please inform the nurse/doctor. **If the person who is getting the vaccine has ever had a serious allergic reaction to the chickenpox vaccine, neomycin, or gelatin, please inform the nurse/doctor.**

Diphtheria, Tetanus, Pertussis (DTaP, Tdap, DT, Td) Diphtheria is a serious illness in which a thick membrane is formed in the back of the throat. This covering can cause breathing problems and even death. Tetanus (Lockjaw) causes muscles in the body to painfully tighten. Pertussis can cause severe coughing spells that can last for weeks. **DTaP is for children younger than 7 years; DT is for a child younger than 7 years who should not have the pertussis vaccine. Adolescents 11 through 18 years of age should receive 1 dose of Tdap; Td should be given for later booster doses.** Children who receive the DTaP, Tdap, or Td vaccine commonly experience soreness at the injection site, fever, fussiness, and poor appetite. Children who receive this vaccine rarely experience seizures, become less alert, or develop difficulty breathing.

Hepatitis A (HAV) is a serious liver disease caused by the Hepatitis A virus. Hepatitis A is spread by close personal contact and sometimes by eating food or drinking water containing Hepatitis A virus. Persons at risk should have this vaccine. Two doses, 6 months apart, are needed for lasting immunity. Soreness at the injection site, headache, loss of appetite and tiredness may occur 3 - 5 days after the shot has been given. Rarely does serious allergic reaction occur. **People who have had an allergic reaction to one dose should not receive the second dose.**

Hepatitis B (HBV) Hepatitis is a serious liver infection caused by the Hepatitis B virus. People with this infection are at risk for developing diseases such as liver cancer, cirrhosis, or even death. Three doses are required for total immunity. Potential side effects of this vaccine include soreness at the injection site and fever. People who are allergic to baker's yeast should not receive this vaccine.

Haemophilus Influenzae Type b (HIB) is a bacterium that can cause children to develop serious illness such as infection of his/her brain or heart. These infections can cause permanent problems such as brain damage or even death. **HIB vaccination is recommended for anyone under the age of 60 months (5 years).** Potential side effects of this vaccine include fever, swelling, or redness at the site of the injection. These reactions generally start within 24 hours of the vaccination and subside within 48 hours. **People who have had an allergic reaction to one dose should not receive another dose**

Human Papillomavirus (HPV) is spread through sexual contact. HPV is important mainly because it can cause cervical cancer in women. HPV vaccine is an inactivated (not live) vaccine which protects against 4 major types of HPV. HPV vaccine can prevent some genital warts and some cases of cervical cancer. **HPV vaccine is routinely recommended for girls and boys 11-12 years of age. The vaccine is also recommended for females 13-26 years of age and males 12 through 21 who did not receive it when they were younger.** Protection from

HPV vaccine is expected to be long-lasting but vaccinated women still need cervical cancer screening because the vaccine does not protect against all HPV types that cause cervical cancer. HPV vaccine is given as a 3-dose series. **Anyone who has ever had a life-threatening allergic reaction to yeast, to any other component of HPV vaccine, or to a previous dose of HPV vaccine should not get the vaccine.**

VACCINE PREVENTABLE DISEASE INFORMATION/CONSENT FORM

Influenza is a serious disease caused by a virus that spreads from infected persons via the nose or throat of others. The "Influenza Season" in the U.S. is from November through April of each year. Influenza viruses change often. Therefore, influenza vaccine is updated each year to make sure it is as effective as possible. **Annual flu shots should be given to people at risk for getting a serious case of influenza or influenza complications and people in close contact with them. This includes people with long-term health problems (example: Asthma) or a compromised immune system.** The risk of the vaccine causing serious harm is extremely small. The virus in the vaccine is killed, so you cannot get influenza from the vaccine. Mild problems such as soreness at the injection site, fever, or aches may occur soon after shot and last 1-2 days. **Talk with a Doctor/Nurse before getting vaccine if you have had a serious allergic reaction to eggs or to a previous dose of influenza vaccine, or have a history of Guillain-Barre' Syndrome (GBS). If your child has a fever or is severely ill, postpone the Influenza vaccine until the child has recovered.**

Measles, Mumps and Rubella (MMR) Measles and Rubella (German Measles) are diseases that can cause rashes, fever, seizures, brain damage, and death. Children with Mumps often experience fever, headache, and swollen glands. Less often these children may develop hearing loss and infections of their brain or spine. Risks associated with taking the MMR vaccine include soreness at the injection site, fever, and swollen glands in the cheeks or under the jaw, and joint pain/stiffness. Although rare, other problems that your child may develop include severe allergic reactions, bleeding, and seizures. **Persons should not be given this vaccine if they have experienced a severe allergic reaction to gelatin or to the drug neomycin, seizures, transfused with blood or blood products, or those who may be pregnant.**

Meningococcal Conjugate (MCV4) Meningitis is a serious illness caused by a bacterial infection which is the leading cause of bacterial meningitis in children 2 -18 years of age. The vaccine can prevent 4 types of Meningococcal disease. **The vaccine is recommended for all children at the pre-adolescent visit (11-12 years) or college freshmen. MCV4 is also recommended for individuals 11-55 years of age.**

Meningococcal Polysaccharide (MPSV4) prevents 4 types of Meningococcal disease, the same as the conjugate vaccine, and should be used for children 2 -10 years of age and adults over 55 who are at risk.

Pneumococcal Conjugate (PCV) Pneumococcal infection causes serious illness and death. Pneumococcal infection causes serious disease in children less than 5 years of age and is the leading cause of bacterial meningitis in the United States. Risks associated with the PCV vaccine are redness, tenderness, or swelling at the site and/or mild fever. Severe reactions are rare. **Children should not get this vaccine if they had a severe allergic reaction to a previous dose.**

Pneumococcal Polysaccharide (PPV) is recommended in addition to PCV for certain high-risk groups.

Inactivated Polio Vaccine (IPV) Polio is a disease that can cause severe muscle weakness, paralysis, and death. The risk of IPV causing serious harm is extremely small. A risk associated with the vaccine is soreness at the injection site. **Anyone who has ever had a serious allergic reaction to Neomycin, Streptomycin, or Polymyxin B should not receive IPV.**

Tuberculosis (PPD) Tuberculosis (TB) is a disease that is caused by mycobacterium tuberculosis that is spread through the air from one person to another. The bacteria is put in the air when a person with active TB disease coughs or sneezes. Tuberculosis can cause disability and/or death if not detected and treated appropriately. TB skin testing is recommended for children with risk factors. Peri-odic skin testing is also recommended if exposure is suspected.

WITH ANY VACCINE THERE IS A POSSIBILITY THAT A REACTION MAY OCCUR. Children, adolescents, or adults who are moderately or severely ill at the time the shot is scheduled should wait until they recover before getting the vaccine(s). IF ANY UNUSUAL PROBLEMS OCCUR SUCH AS TROUBLE BREATHING OR MAJOR CHANGES IN BEHAVIOR SEEK IMMEDIATE MEDICAL ATTENTION.

Notice of Privacy Practices

- 1. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**
- 2. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

We are legally required to protect the privacy of your health information. We call this information “protected health information” or “PHI” for short, and it includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of healthcare to you, or the payment for this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice near the main entrance to each St. John Providence Health System facility. You can also request a copy of this notice from the contact person listed in Section 7 below at any time and can view a copy of the notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each.

2.1. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations.

We may use and disclose your PHI for the following reasons:

- 2.1.1. For treatment.** We may disclose your PHI to physicians, nurses, medical students and other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated for a knee injury, we may disclose your PHI to the physical therapy department in order to coordinate your care.
- 2.1.2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
- 2.1.3. For health care operations.** We may disclose your PHI in order to operate our hospitals, clinics, urgent care centers and other health care service locations. For example, we may use your PHI in order to evaluate the quality of health care services that you received or evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, and consultants who perform services on our behalf.

2.2. Other Uses and Disclosures That Do Not Require Your Authorization

- 2.2.1. When disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence; when dealing with gunshot and other wounds, or when ordered in a judicial or administrative proceeding.
- 2.2.2. For public health activities.** For example, we report information about births, deaths and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners and funeral directors necessary information relating to an individual's death.
- 2.2.3. For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- 2.2.4. For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.
- 2.2.5. For research purposes.** In certain circumstances, we may provide PHI in order to conduct research.
- 2.2.6. To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- 2.2.7. For specific government functions.** We may disclose the PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
- 2.2.8. For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
- 2.2.9. Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders through the mail or by telephone or give you information about treatment alternatives, or other health care services or benefits we offer.
- 2.2.10. Fundraising activities.** We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the person listed at the end of this notice.

2.3. Uses and Disclosures to Which You Have an Opportunity to Object

- 2.3.1. Patient directories.** We may include your name, location in this facility, general condition in our patient directory and disclose it to visitors who ask for you by name, unless you object in whole or in part. We also may include your religious affiliation (if any) in the facility directory and disclose facility directory information to clergy members, unless you object in whole or in part.
- 2.3.2. Disclosure to family, friends, or others.** We may provide your PHI to a family member, friend or other person to the extent that person is involved in your care or the payment for your health care, unless you object in whole or in part.
- 2.3.3. Special Legal Restrictions** Frequently, Michigan Law And/or Federal Regulations require explicit authorization of the disclosure of PHI of patients treated for mental health, substance abuse and HIV/AIDS conditions.

2.4. All Other Uses and Disclosures Require Your Prior Written Authorization

In any other situation not described in this section, we will ask for your written authorization before using or disclosing any of your PHI.

If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization).

3. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- 3.1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. However, if you pay in full out-of-pocket and you request that we not disclose any information to your health plan about that service, we must grant that request. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make related to your treatment.
- 3.2. **The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you at an alternate address (for example, to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.
- 3.3. **The Right to See and Get Copies of Your PHI.** In most cases you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we will charge you a reasonable copying fee.
- 3.4. **The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include any of the uses or disclosures for treatment, payment and health care operation and some other purposes per the law. The list also will not include any uses or disclosures made before April 14, 2003. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you \$25 for each additional request.
- 3.5. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not required to be disclosed to you, or (iv) not part of your medical record. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.
- 3.6. **Notice by E-Mail.** If you agree to receive this notice via email, you still have the right to request a paper copy of this notice.
- 3.7. **Psychotherapy Notes.** We must obtain your written authorization before we may use or disclose your psychotherapy notes, except for: use by the originator of the psychotherapy notes for treatment; use or disclosure by Covered Entity for its own mental health training programs; or use or disclosure by Covered Entity to defend itself in a legal action or other proceeding brought by the individual.
- 3.8. **Marketing.** We must obtain your written authorization before we may use or disclose your PHI for marketing purposes, except for face-to face communications made by us to you or a promotional gift of nominal value provided by us to you.
- 3.9. **Sale of PHI.** We must obtain your written authorization before we sell your PHI.
- 3.10. **Breach of PHI.** We are required to notify you in the event of a breach of your unsecured PHI.

4. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with: **NAME HIPAA Privacy Office** - (See section 7 of this Notice.)

You also may send a written complaint to: Secretary of the Department of Health and Human Services We will take no retaliatory action against you if you file a complaint.

5. WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES

This notice describes the practices of the employees, medical staff, volunteers, departments, units and joint ventures of the Organization.

Also, these entities, sites and locations may share medical information with physicians and other healthcare professionals within NAME and as a Member of a Regional Health Information Organization ("RHIO") or other Health Information Exchange ("HIE"). If you want to "opt out" of the RHIO or HIE, please notify the Privacy Officer listed under Section 7.

6. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the HIPAA Privacy Officer. All complaints must be submitted in writing to:

Organization

7. EFFECTIVE DATE OF THIS NOTICE: April 14, 2003. REVISED: August 6, 2013

Notice of Privacy Practices

I understand that I have the right to request restrictions on how my protected health information is used or disclosed for treatment, payment or health care operations. My physicians and the facility are not required to agree to this restriction but if they agree they will be bound by the agreement.

By signing this form, I acknowledge that I have been offered and/or received the NAME Notice of Privacy Practices.

Signature of Parent/Guardian/Patient



Department of Pediatrics School-Based and Community Health Program (SBCHP)

PATIENT (18 and OVER) OR GUARDIAN CONSENT FORM

| | | | | |
|---|-------|------|--|---------------|
| Name: Last | First | M.I. | Pronouns: | Grade: |
| Name on Insurance: Last | First | M.I. | Date of Birth: Month / Day / Year | |
| What is the patient's (your) gender identity? <input type="checkbox"/> Girl/Woman <input type="checkbox"/> Transgender Girl/Woman <input type="checkbox"/> Boy/Man <input type="checkbox"/> Transgender Boy/Man <input type="checkbox"/> Genderqueer or non-binary <input type="checkbox"/> Additional identity (fill in) _____ | | | What was patient's (your) sex assigned at birth? <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Female <input type="checkbox"/> Don't know Were you adopted? <input type="checkbox"/> | |
| Race (Optional): <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> More than one race | | | | |
| Ethnicity (Optional): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Arab/Chaldean <input type="checkbox"/> Non-Hispanic/Latino/Arabic | | | | |

Your answers to the following questions will help us reach you quickly and discreetly with important information.

| | | | |
|--|--|--|---|
| Home Phone <input type="checkbox"/> () Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent Cell Phone <input type="checkbox"/> () Parent Email address: | Work/Alternate Phone <input type="checkbox"/> () Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No | Patient Cell Phone <input type="checkbox"/> () Ok to text? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address | | City | Zip Code |
| Name of Emergency Contact | | Relationship to Patient | Telephone Number |
| Medical Insurance Type: | | Member ID Number | Group Number |
| Insurance Member Name (parent/guardian/self) | | Member Birth Date / / | Relationship to Patient |
| IF PATIENT IS UNDER 18 Please provide the following information of the PARENT OR GUARDIAN: Last Name: First Name: M.I. Date of Birth: Relationship To Patient: | | | |

PATIENT MEDICAL HISTORY: Please Check 'Yes' or 'No' for each item listed below

| | | | |
|---|--|---|--|
| When was last physical? Any allergies to medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list medication and reaction: | | Does the patient have any of the following: Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Bladder problems (bedwetting) <input type="checkbox"/> Yes <input type="checkbox"/> No Seizure (epilepsy) <input type="checkbox"/> Yes <input type="checkbox"/> No Anemia (low iron/blood count) <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Hypertension (high blood pressure) <input type="checkbox"/> Yes <input type="checkbox"/> No Concerns with weight <input type="checkbox"/> Yes <input type="checkbox"/> No Sickle Cell Disease/Trait <input type="checkbox"/> Yes <input type="checkbox"/> No Eczema/rashes/skin problems <input type="checkbox"/> Yes <input type="checkbox"/> No Heart problems <input type="checkbox"/> Yes <input type="checkbox"/> No Stomach problems <input type="checkbox"/> Yes <input type="checkbox"/> No Headaches <input type="checkbox"/> Yes <input type="checkbox"/> No ADD/ADHD (attention deficit disorder) <input type="checkbox"/> Yes <input type="checkbox"/> No Fainting or concussion <input type="checkbox"/> Yes <input type="checkbox"/> No Hay fever/Sinus problems <input type="checkbox"/> Yes <input type="checkbox"/> No Other health problems. Please list: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Any history of severe allergic reaction or anaphylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No Any food allergies? If yes, please list: <input type="checkbox"/> Yes <input type="checkbox"/> No Any medications on a daily basis? If yes, please: list medication and dose: <input type="checkbox"/> Yes <input type="checkbox"/> No Any surgeries (i.e., tonsils, hernia, appendix). If yes, please list type of surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No Any mental health history (i.e. anxiety, depression): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

FAMILY HISTORY: Please place a check below each family member who may have one of the diseases below. Unknown? ☐ Yes

| | Mental Health | Asthma | Cancer | Diabetes | Heart Disease | High Cholesterol | High Blood Pressure | Seizures | Sickle Cell | Thyroid Disease |
|---------------------|---------------|--------|--------|----------|---------------|------------------|---------------------|----------|-------------|-----------------|
| Mother | | | | | | | | | | |
| Father | | | | | | | | | | |
| Sister | | | | | | | | | | |
| Brother | | | | | | | | | | |
| Grand-mother | | | | | | | | | | |
| Grand-father | | | | | | | | | | |
| Other: | | | | | | | | | | |

Patient Name: _____ **Date of Birth:** _____

I consent to all of the following:

- The above named patient may receive all available medical and behavioral health services provided at your HFHS SBCHP location.
- Tele-health services, available at specific sites provide your child an opportunity to receive services by a licensed health care provider when a provider is not on site.
- The SBCHP, my child's school and my child's health care provider may exchange health care information and school records for the purpose of continuity and coordination of care.
- The SBCHP may release information regarding treatment to insurance companies or others for the purpose of receiving payment for services.
- If my child is found to need prescription medication at the time of the clinic visit, I give permission for him/her to transport the medication unsupervised from school to home.

By completing and signing this form, I am saying that I am the guardian of the student named above who is under the age of 18; or I am the patient named above and 18 or older. I also understand that if my child is currently in elementary, middle or high school, that this consent will remain valid until my child changes schools or graduates. If your child's new school is affiliated with our program, you will be asked to complete a new consent at that time. I understand that I may cancel my consent for services by giving written notice to SBCHP at any time.

I acknowledge receiving a copy of the Henry Ford Health System Notice of Privacy Practices.

SIGNATURE OF PARENT/GUARDIAN/PATIENT (18 and Older)

DATE

I consent for the staff of the SBCHP to obtain a copy of the above named patient's immunization record from the patient's school office, primary care provider's office, local health department and/or MCIR (Michigan Care Improvement Registry). If the records show that my child needs any immunizations, as recommended by the Center for Disease Control and the American Academy of Pediatrics, I agree that all can be given at the SBCHP location. I understand that a form explaining any shots my child needs along with specific vaccine information sheets (VIS) will be sent home prior to the vaccine being given. If I decide that I do not want a shot(s) to be given to my child then I must sign and return the form to the school within the following week.

SIGNATURE OF PARENT/GUARDIAN/PATIENT (18 and Older)

DATE

If the HFHS SBCHP has taken photos/videos that include my child, they may be used to promote the health center and healthy activities through various print and internet media, including the Children's Health Fund.

SIGNATURE OF PARENT/GUARDIAN/PATIENT (18 and Older)

DATE

If an urgent but non-emergency health care related issue comes up on a day that the medical provider is at a different location and you are unable to come to the school (due to work or transportation reasons), your signature below authorizes us to provide tele-health provider services (if available) or transport your child to receive the necessary care. Your child will be chaperoned (by school personnel, school nurse or a Henry Ford Health System employee) to the provider location (mobile medical unit or fixed health center). We will contact you prior to transportation. Once the evaluation is complete, we will notify you of our findings and whether your child is ok to return to school or needs to go home. Please note that transportation for emergency care does not require your consent. If any emergency situation arises while your child is in our care, we will first call EMS and then immediately notify you.

SIGNATURE OF PARENT/GUARDIAN/PATIENT (18 and Older)

DATE

**Please complete both sides of this form and return to:
Henry Ford School-Based and Community Health Program. Thank you.**

Origination: 7/31/2019
Effective: 4/29/2020
Last Approved: 4/29/2020
Last Revised: 4/29/2020
Next Review: 4/29/2023
Document Contact: [Jennifer Hall: Ext Quality Improvement Nurse](#)
Area: [Outpatient Services-Child/Adolescent Health Center](#)
Key Words:
Applicability: *Teen Centers*

Teen Centers - Consent for Care

Document Type: Policy

I. PURPOSE AND OBJECTIVE:

To provide Beaumont Child and Adolescent Health Center (CAHC), Beaumont School Wellness Program (SWP) and Beaumont Teen Mental Health Expanding, Enhancing Emotional Health (E3) staff with guidelines

COPY

for obtaining informed consent for a patient.

II. POLICY STATEMENT:

The CAHC/SWP/E3 clinics will require informed consent for any health services provided. Adult patients are required to sign for their own health care services. Parent/guardian consent is required for all minor patients, except in instances when a minor patient may consent to their own health care services per applicable state and federal laws.

Per grant requirements, this policy and the Consent Forms will be reviewed and approved by each CAHC/SWP/E3 community advisory on an annual basis.

The Consent Forms utilized will be submitted to the appropriate CAHC/SWP/E3 local school board for approval if located on school property.

III. DEFINITIONS:

- A. **A minor** is referred to as any person under the age of 18 years.
- B. **Confidential health services** refer to the types of health care services that a minor patient may consent to without the consent and/or knowledge of his or her parent/guardian, in accordance with applicable state and federal laws.
 - 1. Minor patients between the ages 12-17 years may consent to health care services for birth control (school-linked CAHC only), prenatal/pregnancy related care, pregnancy testing, substance abuse and venereal disease (sexually transmitted infections and human immunodeficiency virus).
 - 2. Minor patients between the ages 14-17 years may consent up to 12 outpatient sessions or four months of outpatient mental health services.

C. **Parent/guardian/person in loco parentis** is defined as any of the following:

1. Natural/biological or adoptive parent;

Beaumont

2. In the case of divorce or legal separation, custody will be awarded. If parents have joint legal custody, then either parent may consent. If one parent has been awarded legal custody of the minor, then that parent's consent should be obtained. In the event of a dispute, the parents should be required to produce a written Judgment of Divorce and the Office of General Counsel must be contacted immediately.
 3. Foster parents with a signed document from the natural/biological parents or court
 4. Per State laws and regulations, a probate court, a child placing agency, or the department may consent to routine, nonsurgical medical care, or emergency medical and surgical treatment of a minor child placed in out-of-home care.
 5. Stepparent, grandparent, or other relative with documentation showing that they have legal custody
 6. Court-approved guardian.
- D. **Consent to treatment form** refers to the consent form that is signed by the patient or parent/guardian/person in loco parentis prior to receiving non-confidential health care services.
- E. **Minor confidential consent form** refers to the consent form minor patients sign prior to receiving confidential health care services.
- F. **Emancipated** refers to a patient under 18 years of age and is married, on active duty in the Armed Forces and/or has a Court order.

COPY

IV. PROCEDURE:

A. Adult patients

1. Prior to receiving health care services, a signed consent to treatment form must be received. See Attachments.
 - a. The Beaumont Teen Health Centers Consent to Treatment form will be utilized at each CAHC.
 - b. The SWP Consent for Treatment form will be utilized at each SWP.
 - c. The Beaumont Teen Health Centers - Mental Health Sites Consent to Treatment form will be utilized at each E3 site.

B. Minor patients

1. Prior to receiving health care services, minor patients must have a Beaumont Teen Health Centers Consent to Treatment form signed by a parent/guardian/person in loco parentis with the following exceptions:
 - a. Patients with a life or limb-threatening emergency. Immediate attempts shall be made to contact the parent/guardian/person in loco parentis. In such an instance, the patient may be seen one time and for follow-up without consent. Prior to receiving any other care, a signed consent form is required.
 - b. Patients who are legally emancipated must sign a consent to treatment form prior to receiving health care services.
 - c. Minor patients receiving minor confidential services. [See Teen Centers - Minor Confidential Services](#)
 - i. Minor patients shall sign a minor confidential consent form prior to receiving confidential services.

- ii. The minor confidential consent form is valid for 1 year from the date signed. A new minor consent form shall be signed annually.
- iii. A minor confidential consent form is required for each CAHC/SWP/E3 where a minor patient is seeking health care services.

C. One-time verbal consent

- 1. If a patient requests treatment for a non-confidential, non-emergent acute medical condition or a mental health visit and does not have a signed consent on file, treatment may be provided for one visit when the parent/guardian/person in loco parentis is contacted by phone and verbal consent is received.
- 2. CAHC/SWP/E3 staff shall verify they are speaking with the patient's parent/guardian by verifying 2 patient identifiers (such as date of birth and address). This verification will be documented in the electronic health record (EHR).
- 3. Verbal consent shall be documented in EHR. Documentation shall include the name of the person who consented, the nature of the consent given, the date and time, and the names of two witnesses, when available, to obtaining the verbal consent.
- 4. Written consent must be obtained before additional treatment and/or visits.
- 5. If the parent/guardian/person in loco parentis cannot be contacted, treatment cannot be provided. The patient shall be referred to their family doctor, urgent care or emergency room, as appropriate.

D. Any consent to treatment form with a questionable signature(s) may be rejected at the discretion of the CAHC/SWP/E3 staff.

E. All consent forms will be scanned in to the patient's EHR.

F. The signed consent to treatment form is valid until the patient turns 18 years of age, at this time the adult patient must sign a new consent to treatment form.

G. Patients, parents, guardians and/or person in loco parentis may withdraw consent at any time through written notification to the CAHC/SWP/E3. This shall be documented on the consent form.

H. A signed consent to treatment form must be obtained for a minor who is 14 years or older and has received 12 sessions of mental health counseling or mental health counseling for 4 months prior to receiving additional mental health services.

I. A new consent to treatment form shall be obtained if there is a change in the parent/guardian/person in loco parentis of the minor.

J. Homeless or unaccompanied youth under the age of 18 years, seeking non-confidential services, cannot be seen or treated unless they have one of the following:

- 1. Parental/guardian consent
- 2. Is an emancipated minor
- 3. Has consent from an appointed guardian

Attachments

[Beaumont Teen Health Centers - Mental Health Sites Consent to Treatment
Minor Confidential Services Consent.pdf](#)

Approval Signatures

| Step Description | Approver | Date |
|---|--|-----------|
| | Jeff Cook: Dir, School Based Health B | 4/29/2020 |
| Policy and Forms Steering Committee Approval (if needed) | Jennifer Hall: Comm Benefits Program Mgr | 4/29/2020 |
| | Jennifer Hall: Comm Benefits Program Mgr | 4/29/2020 |

Applicability

Dearborn, Farmington Hills, Taylor, Wayne

COPY

Beaumont Child & Adolescent Health Centers Beaumont School Wellness Program

Minor Confidential Services Consent

Usually, health care providers need your written permission to provide care to you or to give you advice regarding your medical care. We call this written permission consent. Most of the time a person must be an adult or have their parent/guardian give consent to the doctor or other health care provider. In Michigan, a person who is 12-17 years old can receive some medical care or advice without parent/guardian consent. This document explains what type of health care you may receive under Michigan Law without parent/guardian consent. This document also explains what you are consenting to.

- Patients who are minors 12-17 years of age, may, without parental/guardian consent receive advice, testing and/or treatment for the following: substance use disorders, sexually transmitted infection (STI), human immunodeficiency virus (HIV), pregnancy testing, and referral for birth control services.
- Patients who are minors 14-17 years of age, may also seek and receive most up to 12 mental health visits up or 4 months of services without the consent of a parent or guardian.
- You cannot receive pregnancy termination referral services or referral services for treatment for psychotropic drugs without the consent of a parent/guardian.

Beaumont Child and Adolescent Health Center (CAHC) or Beaumont School Wellness Program (SWP) may be able to provide this type of health care to you. When you sign this form, you are consenting to all the following:

- I understand that I must be able to understand the nature and consequence of my actions
- I understand that the social worker, clinical therapist, or medical provider treating me for prenatal/pregnancy care, STI/HIV, or substance use disorder, may notify my parent/guardian without my permission for medical reasons. CACH/SWP staff will make every effort to inform me of this prior to talking to your parent/guardian.
- I understand that the social worker, clinical therapist or medical provider treating me for mental health may notify my parent/guardian without my permission when there is a high chance of harm to myself or others. CACH/SWP staff will make every effort to inform me of their duty to notify my parent/guardian before talking to them.
- I have received a copy of the Beaumont Healthcare System Notice of Privacy Practices.

By signing this form, I am asking for and allowing the type of health care services that the CACH or SWP provider advises. The provision of these services may include routine diagnostic and laboratory services, routine therapeutic procedures, routine drugs, and routine medical, nursing and clinic care. I agree that in the event of a medical emergency, my physician and/or CAHC or SWP personnel may increase or change the services listed herein to preserve my life or health (or in the case of pregnancy, the health of my baby or fetus). I understand the CAHC or SWP personnel will care for me as believed necessary in a medical emergency.

I understand that I have the right to refuse or defer treatment unless intent exists to harm myself or others.

I have read and understand the above information and sign it freely and voluntarily. If I have a question I may ask CACH or SWP staff personnel before I sign this form.

Printed Name: _____ Birth date: _____

Patient Signature: _____ Date/Time: _____

Witness to Signature: _____ Date/Time: _____

NOTICE: I understand that testing for blood borne diseases, including human immunodeficiency virus (HIV), may be performed without a separate written consent if a health professional, volunteer, student or employee of Beaumont is exposed to the patient's blood or body fluids through skin, mucous membrane, or open wound, under Michigan law. You will not receive a bill for a confidential service.