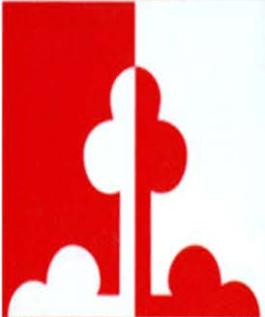


# MARYLAND SCHOOL-BASED HEALTH CENTER STANDARDS



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## MARYLAND SCHOOL-BASED HEALTH CENTER STANDARDS

### Foreword

There is a strong relationship between academic achievement and a child’s physical, emotional and mental health. Research has shown that school-based health centers (SBHC) provide an effective means for students to access comprehensive health care, mental health services, health education, prevention services, oral health, and social services. Parents/guardians find that school-based health centers are an accessible and reliable source of care for their children that ensure their child’s health needs are being met and keeping the child in school, learning. In Maryland, SBHC are located in high-risk communities, communities that are medically underserved, and/or areas with few health care professionals.

All SBHC are located within school buildings and are staffed by licensed professionals who provide medical, mental health and in some schools, oral health care. School Based Health Centers support schools in their mission to educate young people by improving students’ health and well-being and by collaborating with school health services staff and local resources to identify and address risk behaviors that impede learning and academic success. They provide the expanded capacity within schools to make comprehensive health care services available on-site. In addition, the centers facilitate access to needed services for children and their families by providing quality care in a convenient, familiar, confidential, and caring environment.

The 2002 state legislature approved Article 49D-Section 1- Annotated Code of Maryland, codifying the Maryland School-Based Health Center Policy Advisory Council. The language of this bill required that this council take the lead in critical policy issues for school-based health centers. These included development of school-based health center standards. The council has representation from the following state agencies/organizations:

- Maryland Assembly on School Based Health Care
- Maryland State Department of Education
- Maryland State Department of Health and Mental Hygiene
- Maryland State Department of Human Resources
- Maryland State Department of Juvenile Services
- Maryland’s Governor’s Office for Children

To the representatives of these agencies and organizations and to members of the Maryland School-Based Health Center Policy Advisory Council who were responsible for the development of these standards, we extend our thanks.

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## MARYLAND SCHOOL–BASED HEALTH CENTER STANDARDS

### Introduction

Maryland has a long history in school-based health care. The first school-based health centers (SBHC) opened in Baltimore City in 1985. Since that time, school-based health centers have increased in number across the state and are now seen as an important part of the health care safety net system. As these centers increased locally in Maryland, the state’s role in supporting school-based health centers also increased. This fact was attributable to a Robert Wood Johnson Foundation grant to Maryland and the Governor’s Office for Children, Youth and Families from 1996 to 2000. The grant funded the development of a state level initiative dedicated to advancing school-based health centers and ensuring the coordination and integration of the school-based health center effort with other agencies involved in school health, mental health, oral health, adolescent health, and maternal health care, and child health care. The grant also funded the development of several school-based health center models of excellence. Much of the work to increase quality and the number of school-based health centers was due to the dedicated work of an interagency committee comprised of administrators and practitioners from state, local, private, and public agencies and organizations. This interdisciplinary, interagency group produced the first statewide school-based health center guidelines in 1997 and these guidelines helped shape school-based health center growth.

To institutionalize the existing level of interagency and interdisciplinary coordination of school-based health centers that had existed since 1994 and to ensure the continued success of the school-based health center effort in Maryland, the state legislature in 2002 approved House Bill 1163, codifying the Maryland School-Based Health Center Policy Advisory Council. The language of this bill required that this Council take the lead in moving forward on some of the remaining critical policy issues for school-based health centers. These included development of school-based health center standards, reimbursement of care, grant and other funding, data, evaluation and establishing quality of care, and outcome measures.

The Maryland School-Based Health Center Policy Advisory Council began to formally meet in the fall of 2003. The first mandate the Council began work on was establishing uniform statewide standards for school-based health centers and documenting recommendations for use of standardized measurement tools to evaluate program outcomes and quality improvement. Once completed and approved, these standards will be applied to all school-based health centers in the state. The data, evaluation, and quality improvement sections in the standards will provide the tools needed to assess ongoing progress and quality of SBHC in Maryland.

The Maryland School-Based Health Center Policy Advisory Council appointed a Standards and Evaluation subcommittee. The subcommittee began meeting in the fall of 2003. The subcommittee consisted of a selected group of providers; administrators; practitioners and advocates representing mental health, oral health, and medical care. Medicaid and other critical experts on the state and local level were also represented on the subcommittee. This group has worked tirelessly on developing this document which, when approved, will replace the Maryland State School-Based Health Center Guidelines.

The Maryland School-Based Health Center Standards were written to help SBHC clearly define themselves as a unique service delivery model to the medical, mental health and educational communities. School-based health care does not currently fit neatly into the existing mainstream health care billing and reimbursement system. In order to address the critical issues around reimbursement and third party payment, the school-based health centers have to be able to define who they are and what they do in a consistent manner. The Maryland School-Based Health Center Policy Advisory Council expects these standards to accomplish this by the implementation of these standards. The standards allow flexibility in how SBHC meet this definition in order to meet the needs of the community. These standards define the minimum service requirements for a center to be considered a SBHC. There are additional designations based on the constellation of services and the hours the services are available. Requirements for space, enrollment, registration, consent as well as medical record content and confidentiality, are included. Data collection, quality assurance, and evaluation requirements are discussed.

It is the intent of the Maryland State School-Based Health Center Policy Advisory Council that SBHC in Maryland will implement these standards. This is a critical step toward becoming a recognized and accepted part of the health care delivery system.

## **SECTION A: SCHOOL-BASED HEALTH CENTERS – VISION, MISSION, GOALS, AND GUIDING PRINCIPLES**

### **Vision**

All students in Maryland will have access to quality comprehensive health care and mental health services.

### **Mission**

The mission of school-based health centers (SBHC) is to enhance the existing school health services programs by providing comprehensive health care and mental health services to (1) students whose access to quality healthcare is limited and/or (2) students whose health problems are barriers to learning.

### **Goal**

The goal of school-based health centers in Maryland is to improve the overall health of students. This is accomplished by establishing strong, visible, and effective school and community collaboration. The capacity to support comprehensive and coordinated SBHC programs must be present, and the program must be designed to identify and minimize specific priority health risks and serious health problems among youth.

### **Key Definitions**

A SBHC is defined as a health center, located in a school or on a school campus, that provides onsite comprehensive preventive and primary health services. Services may also include mental health, oral health, ancillary, and supportive services. Local school administrators, school boards, parents/guardian, providers, the SBHC sponsor, advisory boards, local health departments, and departments of social services determine the array of services provided on-site. Referral arrangements are provided for services not available on-site.

A Level I, II or III SBHC in Maryland is a designation based on the INTENSITY of the services offered (not an increasing level of the QUALITY of the services offered). Schools/ sponsoring agencies must determine the intensity (hours and types) of services offered based on the following criteria:

- total student population – hours and services must be proportional to the student population,
- needs assessment,
- availability of funds, and
- availability of space.

A **licensed medical clinician** means a person who is licensed, certified, or otherwise authorized to provide healthcare service under the Health Occupations Article, Annotated Code of Maryland.<sup>1</sup> In a SBHC that can include a physician, nurse practitioner, or physician’s assistant. (Note: Only a physician or a nurse practitioner may sign the state physical exam form).

A **Clinical Director or Clinical Consultant** means either a physician or a nurse practitioner with appropriate credentials for providing services to the population being served.

A **mental health professional** is defined in COMAR as:

- A psychiatrist, or
- A third- or fourth-year resident in an accredited program in
- A third- or fourth- year resident in an accredited program in psychiatry, if the resident is:
  - Registered with the Board of Physician Quality Assurance,
  - Employed by the program, and
  - Supervised by the program psychiatrist according to the provisions of COMAR 10.21.17.02 that outlines the requirements of the specific program, or
- An individual who is authorized under the Health Occupations Article to provide mental health services for which the individual is privileged, or
- An individual who is licensed under the Maryland Department of Health and Mental Hygiene regulations.<sup>2</sup>

A **school health services provider** means a physician, certified nurse practitioner, or registered nurse, or all of these, with experience or special training, or both, in working with children and families in community or school health programs and practices in accordance with the current medical and nursing standards of care.<sup>3</sup>

A **Registered Nurse Practitioner** means an individual who:

- Is licensed by the Board (i.e. Maryland Board of Nursing) to practice registered nursing; or
- Has a multistate licensure privilege to practice registered nursing under the Nurse Licensure Compact; and
- Is certified by the Board to practice as a registered nurse practitioner.<sup>4</sup>

Additionally, practice as a registered nurse practitioner means to **independently**:

- Perform acts requiring specialized knowledge, judgement, and skill based on the nursing process;
- Conduct comprehensive physical assessment of an individual;
- Establish a medical diagnosis for common chronic stable or short-term health problems;
- Order, perform, and interpret laboratory tests;
- prescribe drugs as provided under Health Occupations Article, § 8-508, Annotated Code of Maryland<sup>5</sup>;
- Perform diagnostic, therapeutic, or corrective measures;
- Consult and collaborate with, or refer an individual to, an appropriate licensed

- physician or any other health care provider as needed; and
- Provide emergency care.<sup>6</sup>

**Clinical support staff** is defined as either a registered nurse (RN), licensed practical nurse (LPN), or a certified nurse assistant (CNA).

**Administrative support staff** is defined as an administrative clerk or a billing clerk.

A **SBHC oral health clinician** is defined as a licensed general or pediatric dentist (DDS, DMD) or dental hygienist (RDH).

**Health educator** means an individual who is trained (usually a graduate of a master’s program in health education) and can also be nationally certified as a Certified Health Education Specialist.

A **dietitian or nutritionist** is a licensed professional who works in the field of food and/or nutrition. A dietitian has attended a certified program, certified by the American Dietetic Association (ADA). A registered dietitian has attended the certified program and qualified to sit and pass ADA's registration exam, and is required to have continuing education hours to maintain registration status.

**Telehealth** means the use of interactive audio, video, audio-visual, or other telecommunications or electronic technology by a Maryland licensed physician or other licensed health practitioner to deliver clinical services within the scope of practice of the Maryland licensed physician or licensed practitioner at a location other than the location of the patient. Telehealth Services require an audio component and a video, unless a video device is not available. Telehealth Services do not include the use of social media, texting, or email.

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<sup>1</sup> Health Occupations Article, § 1-209, Annotated Code of Maryland

<sup>2</sup> COMAR 10.21.17.02

<sup>3</sup> COMAR 13A05.05.06.B2

<sup>4</sup> Health Occupations Article, §8-101, Annotated Code of Maryland

<sup>5</sup> Health Occupations Article, §8-508, Annotated Code of Maryland

<sup>6</sup> Health Occupations Article, §8-101, Annotated Code of Maryland

**Practice Management Improvement (PMI)** is a process by which the administration and staff of a SBHC identifies strengths, weaknesses, opportunities, and threats. A comprehensive practice management improvement assessment looks at business practices (billing and coding), as well as patient services and care management.

**Sentinel conditions** are clinical diagnoses where clinical outcomes can be measured to monitor how well SBHC are providing services deemed important to the population served. Examples can be obtained from the National Assembly on School-Based Healthcare website at [www.nasbhc.org/EC/EQ\\_Improvement.1.htm](http://www.nasbhc.org/EC/EQ_Improvement.1.htm).

**Continuous Quality Improvement (CQI)** is a method of continuously examining clinical processes and making them more effective. SBHC must determine the clinical indicators or sentinel conditions that they want to measure and then use a tool to monitor improvement. Once areas of improvement are identified and changes are made, sentinel conditions are again analyzed to assess the success of the implemented changes.

**Needs Assessment** is a systematic set of procedures undertaken for the purpose of uncovering unmet needs then setting priorities and making decisions about a program's or organization's improvement and allocation of resources. The priorities are based on the identified needs where need refers to the *discrepancy or gap* between a present state (what is) and a desired end state, future state, or condition (what should be). The need is neither the present nor the future state; it is the *gap* between them.

**Process Evaluation** is a systematic assessment of how a program is implemented, what activities are provided under what conditions, by whom, for what audience, and with what level of effort. It focuses on finding out if the program has all of its parts, if the parts are functional, and if the program is operating as it is supposed to be operating.

**Outcome Evaluation** is to study the extent to which a program causes changes in the desired direction in the target population during and/or after participation in the program. It addresses the question: Did the program make a difference in participants' knowledge, attitudes, beliefs or behavior? This can be examined in the short-term, intermediate term and long-term.

## Guiding Principles

- School-based health centers in Maryland are defined as healthcare centers located on a school campus, open to all students whose parents/guardian consent to care, and at a minimum, provide somatic healthcare services by a licensed medical clinician.
- The licensed medical clinician cannot replace the school nurse. The registered nurse, who is always the leader of the school health nursing team and is the expert in nursing and health, makes the decisions about how care is provided and who provides the care to the child in the school system.<sup>7</sup> In Maryland, there are primarily two models of school health services in the State, local school systems (LSSs) that have a nurse in

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<sup>7</sup>School Health Nursing and the Child with Special Healthcare Needs: Roles and Responsibilities – Maryland Board of Nursing Declaratory Ruling 2004

every school or LSSs that have a paraprofessional in each school with a registered nurse supervisor covering two to four schools. School health services programs provide healthcare services to all students in the school.

- The school-based health center provider works in concert with the school health services program.
- School-based health centers in Maryland enhance the existing school health services program and act as a liaison for the student services teams in the school. SBHC staff work cooperatively within the school community to become an integral part of the school and work in collaboration with and are integrated into the existing school health services program.
- All SBHC have an active quality assessment and improvement process in place to continuously monitor and improve services and to ensure the consistent delivery of evidence-based practices.
- In Maryland, school-based health centers are placed in schools identified through a local community needs assessment as having a population of students with significant unmet health and mental health needs.
- In Maryland, school-based health centers provide increased access to healthcare, are a safety net provider and help reduce health disparities. School-based health centers actively work to link children and their families to community based providers.
- Parents/guardian or caregivers sign written consents for their children to enroll in and receive services in the school-based health center.
- The school-based health center programs must establish and maintain an advisory board whose membership reflects the cultural and ethnic profile of the community served, consisting of community representatives, parents/guardian, youth, and family organizations (e.g. family support centers and faith-based organizations), to assist the SBHC in planning and assuring that the services provided meet the health needs of the students.
- School-based health center services must be provided in a manner that is family- centered and coordinated with community-based providers.
- School-based health centers inform enrolled students and their parents/guardian of their rights and responsibilities regarding confidentiality, privacy, safety and security, informed consent, release of information, and financial responsibility.

- SBHC must develop collaborative relationships with all the stakeholders in the community including:
  - Primary care providers;
  - Parents/guardian;
  - Specialty health care providers (including medical and mental health);
  - Managed care organizations and other insurers;
  - Students;
  - School staff; and
  - Child welfare/juvenile services agencies.

## SECTION B: LEVELS OF SERVICE

### B.1 Minimum Requirements

All school-based health centers in Maryland regardless of level designation **must** meet the following minimum requirements:

- An organizational chart must be developed, reflecting clear lines of authority for SBHC program staff as well as SBHC staff employed by the LSS or other agency. There must be one administrator responsible for the SBHC's overall management, quality of care, and coordination with school personnel.
- All SBHC must provide both scheduled and urgent care appointments to enrollees.
- A written policy must be created that addresses parental consent for treatment must be available at each SBHC site for easy reference by staff.
- Written procedures must be established for patient registration that provide for effective collection of demographic, parent contact, third party billing, and previous or current primary care provider information.
- Written job descriptions must be developed for all staff providing care or involved in SBHC operations.
- A physician, clinical director or clinical consultant (physician or nurse practitioner with appropriate credentials for providing services to the population being served) must be available to staff to discuss clinical issues as needed.
- Each SBHC must have a designated site coordinator, with administrative duties outlined in a job description.
- The center must include oral health services either on site or by referral.
- A 24-hour phone system must be provided so that patients can receive instructions on how to obtain urgent care and advice when the SBHC site is closed.
- A referral system must be in place for all services not available in the SBHC.
- A clear delineation of roles and responsibilities must be provided in sites where school nurse services are available.
- SBHC clinical providers must be licensed, registered and/or certified health professionals, with training and experience in community and school health desirable.
- Staff must have ongoing continuing education and professional development.

- Clinical staff must hold current certification in cardiopulmonary resuscitation (CPR).
- There must be malpractice insurance coverage.
- In compliance with the appraisal and/or evaluation, the SBHC program staff must be periodically evaluated on their performance. The SBHC must be in compliance with Clinical Laboratory Improvement Amendments (CLIA), Occupational Safety and Health Administration (OSHA), pharmacy licensing, child abuse reporting, and other laws and regulations governing healthcare programs.
- Where applicable, all providers of service must be eligible for reimbursement for services rendered.
- A data collection system must be maintained.
- The annual survey must be completed.
- An initial needs assessment must be completed and a process and outcome evaluation will be conducted.
- A budget must be developed and maintained.
- SBHC must develop a mechanism to monitor their clinical services and evaluate the goals of their overall program.
- A written policy must be developed to address the exchange of medical information between school nurse and school staff.

In addition:

- The school nurse should be co-located with the SBHC facility to facilitate coordination of services.
- SBHC should use Continuous Quality Improvement (CQI) and Practice Management Improvement (PMI) tools that have been field-tested.

## **B.2 Level I or Core School-Based Health Center Designation**

### ***Definition***

The Level I or Core SBHC designation are SBHC sites that are capable of delivering acute, urgent care and primary care services by a licensed medical clinician but may rely on other community healthcare providers for year-round accessibility and/or twenty-four hour coverage. Level I or Core SBHC are not available for care during the summer hours or when school is not in session.

***Availability of Services***

The Level I SBHC site must have hours that are at a minimum eight hours per week with a licensed medical clinician present and are open a minimum of two days per week when school is open.

***Staffing Requirements***

Level I SBHC staff must include, at a minimum, a licensed medical clinician and administrative support staff. There may be additional clinical support staff such as a RN, LPN, or CNA.

Note: the licensed medical clinician cannot replace the school nurse.

**B.3 Level II or Expanded School-Based Health Center Designation**

***Definition***

The Level II or Expanded SBHC are SBHC sites that are capable of delivering acute, urgent care and primary care services by a licensed medical clinician. Additional services must include mental health and comprehensive preventive healthcare on site. The SBHC may rely on other community healthcare providers for year-round accessibility and/or twenty-four hour coverage. Level II or expanded SBHC are not available for care during the summer hours or when school is not in session.

***Availability of Services***

The SBHC site must be operational (with an advance practice provider on site) a minimum of twelve hours per week, three to five days for medical care when school is in session. Mental health services must be available on site for a minimum of three days and a minimum of twelve hours per week. The SBHC site may be closed during summer break.

***Staffing Requirements***

The SBHC staff must include at a minimum:

- A licensed medical clinician;
- Mental health professional;
- Clinical support staff (RN, LPN, or CNA); and
- Administrative support staff.

Note: the licensed medical clinician cannot replace the school nurse.

**B.4 Level III or Comprehensive School-Based Health Center Designation**

***Definition***

The Level III or Comprehensive SBHC are SBHC sites that are capable of delivering comprehensive acute, urgent care, preventive, and primary care services by a licensed medical clinician. Level III sites must include mental health services on site.

### ***Availability of Services***

Medical services must be available a minimum of five days and twenty hours per week. The availability of full-time services needs to be commensurate with the number of students enrolled in the school. The SBHC may rely on other community healthcare providers for twenty-four hour coverage. Level III or Comprehensive SBHC are available limited hours for defined services for enrolled students during the summer hours. The SBHC is open before, during, and after school hours.

### ***Staffing Requirements***

The SBHC staff must include at a minimum:

- A licensed medical clinician;
- Clinical support staff (RN, LPN, or CNA);
- Administrative support staff;
- Mental health professional; and
- At least one additional service provider such as a general or pediatric dentist, dental hygienist, nutritionist, or health educator for a minimum of four hours per month.

Note: the licensed medical clinician cannot replace the school nurse.

## **B.5 Optional Services**

### **Oral Health Services**

The SBHC must provide, at a minimum, periodic oral screening and oral health education by a healthcare provider with referrals to an established dental network for those services beyond the scope of the SBHC.

SBHC that have an **Oral Health Clinician** must provide at a minimum oral examinations (comprehensive and periodic), oral hygiene instruction, teeth cleaning, dental sealant treatment (in elementary and middle schools only); and when indicated, topical fluoride treatment. Only dentists are able to provide a problem-focused limited evaluation.

Please note: Dental hygienists are allowed by law to provide only the preliminary examination before the comprehensive and periodic exam. Both exams must be reviewed and approved by the dentist of record for the site.

### ***Staffing Requirements***

A licensed general practice or pediatric dentist or dental hygienist must provide the oral health services. A dental hygienist may provide these services on site without a dentist on the premises only if the SBHC applies and is approved for a waiver of on-site supervision from the Maryland State Board of Dental Examiners under COMAR 10.44.21.

### **Health Education Services**

SBHC providers and school nurses include health education as part of all interactions with clients. Beyond that core service, SBHC may offer the services of a health educator who plans and conducts special and continuing health education programs for SBHC clients, including

group education, as well as education for families. The health educator is also responsible for reviewing and disseminating educational materials to SBHC clients. Health educators can additionally collect and analyze data to identify community needs. Their intervention with clients and communities assist to promote healthy behaviors. Activities that health educators can provide include:

- Outreach activities (e.g. classroom, school, community health promotion/ health education activities)
- Tobacco, alcohol, and other drug use prevention
- Family life/human sexuality (as age and developmentally appropriate)
- Youth development
- Peer pressure, cliques, gangs
- Safety and injury prevention
- Disease prevention
- Nutrition and fitness
- Violence prevention/conflict resolution
- Injury prevention
- HIV/STD prevention
- Pregnancy prevention

### ***Staffing Requirements***

In Maryland, health educators are trained (usually a graduate of a master’s program in health education) and can also be nationally certified as a Certified Health Education Specialist.

### **Nutritional Services**

SBHC may offer the services of a nutritionist or registered dietitian to their clients. Nutrition staff can provide one-to-one counseling regarding nutrition and diet needs or conduct group sessions on nutritional topics.

### ***Staffing Requirements***

In Maryland, nutritional services must be provided by a nutritionist or by a dietitian who has attended a program certified by the American Dietetic Association (ADA). A registered dietitian has attended the certified program and qualified to sit and pass ADA's registration exam.

### **Social Services/Public Health Assistance Services**

SBHC staff must have knowledge of local social service referral sources and documentation of standard referral protocols. A memo of understanding between the SBHC and community social service agencies is recommended to facilitate referrals and social service case management. Services that can be provided include:

- Assessment and management
- Basic needs (food, shelter, clothing)
- Insurance eligibility assistance/referral
- Legal services
- Public assistance
- Maryland Child Health Insurance Program (MCHP) enrollment
- Medicaid eligibility

- Assistance with Medicaid enrollment
- Employment services
- Child care services
- Transportation arrangements for back up facility or referral sites

***Staffing Requirements***

Local department of social services can provide staffing for these services, as well as local health department staff who might assist with MCHP eligibility.

**B 6-Telehealth Services**

Telehealth Services are important communication tools to meet the needs of students who receive health care services from school-based health centers.

The MSDE and the MDH authorize a health care practitioner, as defined in § 1-1001 (c) of the Health Occupations Article, at a SBHC approved by the MSDE and the MDH to operate in the State, to provide health care services through telehealth in accordance with Title 1, Subtitle 10 of the Health Occupations Article.

If an SBHC has currently been approved for operation and desires to add telehealth, the authorized health care provider of the SBHC does not need to complete an additional application or seek approval from the MSDE or the MDH to provide healthcare services through telehealth.

New SBHC's with or without telehealth need to apply for approval as a SBHC but no other requirements must be met to provide telehealth services that are inconsistent with the requirements for providing telehealth under Title I, Subtitle 10 of the Health Occupations Article.

**SECTION C: FACILITY REQUIREMENTS****C.1 Facility Space Requirements***Overview*

In planning a site for a school-based health center it is imperative to provide the clients with a clinical area that is clean, safe, and orderly. Of utmost importance is to ensure that client confidentiality is observed at all times. School-based health centers must be housed in an area of the school building that allows for client confidentiality and safety. Examination/counseling rooms need to be situated to protect the client's rights and to allow for maximum privacy.

- The SBHC facility must be a permanent space located within a school building or on the school campus and used exclusively for the purpose of providing school health services.
- Consideration should be given to having the SBHC co-located with the health suite.
- The facility must meet Americans with Disabilities Act requirements for accommodation of individuals with disabilities.
- The facility must meet local building codes (including lights, exit signs, ventilation, etc.), Occupational Safety and Health Administration (OSHA), Maryland Occupational Safety and Health Act (MOSHA), and any other local, state or federal requirements for occupancy and use within the permanent space allocated for SBHC.
- Although there may be differences in SBHC from site to site, and some rooms/areas are used for multiple purposes, the following must be present within the center:
  - Designated waiting/reception area
  - At least one exam room
  - At least one sink with hot and cold water, in each exam room
  - Counseling room/private area
  - Toilet facility with a sink with hot and cold water
  - Office/clerical area
  - Secure storage area for supplies (e.g. medications, lab supplies)
  - Designated lab space with sink with hot and cold water
  - Secure and confidential records storage area
  - Phone line exclusively dedicated to the SBHC
  - Data, voice, video connections in all areas
  - Dedicated entrance for after school hours service.

Public school construction projects in excess of \$350,000 must be reviewed and approved by the Maryland State Department of Education, School Facilities Branch. Educational specifications, design drawings, specifications, and bid documents are required to be reviewed. Preliminary plans must also be submitted to MSDE's School Based Health Center Initiative Program with certification application.

- The SBHC must be easily and safely accessible to students.

- If vaccines/medications are stored in the refrigerator or freezer, the electrical circuit for that refrigerator and/or freezer must remain active 24 hours per day and tied to an emergency generator.
- An intercom system (which may be through a telephone instrument), internal to the school-based health center, must be provided. The school’s central office intercom system must also be connected to the SBHC.
- Technology outlets and computer stations must be available.
- Each space must have adequate lighting.
- There must be parking (including handicapped) available to accommodate staff and patients.
- It is recommended that the SBHC space meet the following minimum square footage per area:

<b><u>Area</u></b>	<b><u>Net Square Footage (interior wall to wall)</u></b>
Waiting/reception area	75
Each exam/treatment room	80
Each toilet room	50
Counseling room/private area	80
Each office area	60
Records storage area	50
Supply storage area	50
Laboratory (clean/dirty area)	80

## **C.2 Equipment Requirements**

- All pieces of equipment and furniture that need electrical or plumbing connections must have their requirements specifically met.
- The equipment must be maintained and calibrated regularly in compliance with all state licensing requirements including documentation of compliance checks.

- Each center must have the following equipment at a minimum:
  - Wall mounted or portable oto/ophthalmoscope with insufflator
  - Stethoscope
  - Reflex hammer
  - Exam table with stirrups (middle school and high school)
  - Rolling stool
  - Exam light
  - Mouth guard and/or ambu bag
  - Snellen chart/E chart/titmus machine
  - Audiometer
  - Equipment to measure hemoglobin or hematocrit e.g. Hemacue
  
- Nebulizer
- Refrigerator with a separate freezer if storing immunizations (needed to store varicella at 5° F)
- Refrigerator/freezer thermometer
- Standing scale with measuring bar
- Glucometer
- Infectious waste containers and sharps containers
- Locked file cabinet(s)
- Locked cabinet for medications
- Fax machine or access to a confidential fax machine (recommended dedicated to SBHC)
- BP cuffs, either wall mounted or portable, with Child/Adult/Large/Thigh cuffs depending on age of students
- Computer (recommended that there is at least one computer in each SBHC preferably connected to the Internet)
- Answering machine or voice mail system
- Eye wash equipment
- Autoclave (middle school and high school if using metal specula)

***Optional Equipment***

- Centrifuge
- Trans-illuminator light for speculums
- Phlebotomy chair
- Microscope (middle/high school)

***If Oral Health Services are Provided On Site***

- Autoclave
- Vacuum system
- Oil Less Air Compressor
- Doctor's Cart with Air/Water syringe and Hand piece attachments
- Portable patient chair
- Portable light
- Doctor's chair
- Assistant's chair (if dental assistant available)

### ***Supplies***

Supplies will vary based on services offered, and age of student enrollees. The following supplies may be required:

- Chemstrips
- Finger stick collection supplies
- Digital thermometers and covers
- Ear cures (disposable or reusable with appropriate sterilization method)
- Peak flow meters and disposable mouth pieces
- Patient gowns and drapes
- Gloves
- Disinfectant
- Hemacult slides and developers
- Glass slides and covers
- KOH and normal saline in dropper bottles
- Quick strep tests
- Pregnancy test (middle and high school)
- GYN exam supplies (middle and high school)
- STI screening supplies (middle and high school)
- Exam paper rolls
- Nebulizer tubing and masks
- Band aids, bandages and tape
- Specimen containers and blood collection tubes
- Tourniquets
- Alcohol swabs and liquid
- Venipuncture supplies

Evaluate the need for emergency medical supplies, e.g. glucagon, albuterol, oxygen and epinephrine.

### **C.3 Administrative Requirements**

- Medical, fire and emergency instructions and other procedures, including telephone numbers, must be posted in a central location.
- “No Smoking” signs must be posted in the SBHC facility per MOSH.
- The Privacy Practice Act must be posted and available in other languages as necessary.<sup>8</sup>
- Designated SBHC staff must have keys for all locked areas.
- The facility must have appropriate liability coverage.
- SBHC administration must communicate with school building facilities staff to ensure that refrigerators in SBHC are kept on at all times.
- The facility must have appropriate clinician liability coverage.

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<sup>8</sup>Notice of Privacy Practices for Protected Health Information, HIPAA Privacy Rule, Dec. 3, 2002 (Revised 04/3/03)

## **SECTION D: SPONSORING AGENCIES and CLINICAL SPONSORS**

### **Sponsoring Agency Requirements**

- The sponsoring agency is defined as the agency that has ownership of the medical record, and applies to the Medicaid Administration for a SBHC Medical Assistance provider number.
- The sponsoring agency is defined as an agency that has a written agreement/ Memorandum of Understanding with the school system to provide one or more of the following:
  - Funding
  - Staffing
  - Medical oversight
  - Liability insurance
- The sponsoring agency must have a memorandum of understanding with other agencies or medical practices, but they are responsible for developing the center’s policies and overseeing quality improvement measures
- A SBHC may have more than one sponsor, but at least one of the sponsors must meet the definition of a clinical director or clinical consultant.

### **D.2 Sponsorship Requirements**

- Sponsorship shall include:  
Designation of a SBHC clinical director or clinical consultant (physician or nurse practitioner with appropriate credentials for providing services to the population being served)
  - Evidence of ongoing (at least quarterly) involvement of the clinical director or clinical consultant in clinical policy and procedures development, records review and clinical oversight
  - Liability coverage
- Sponsors may be one of the following entities providing they meet the requirements in section A:
  - Local health department
  - Federally qualified health center/community health center
  - Hospital
  - Private medical practice/group
  - University medical center
  - Managed care organization
- Sponsors must assure unbiased care regardless of client insurance status or insurance carrier. The sponsor will also assure that clients will not be required or pressured to change insurance carriers for the benefit of the sponsoring agency.

## SECTION E: ENROLLMENT AND CONSENT

### E.1 Enrollment/Registration

- All students enrolled in the school are eligible to be registered in the school-based health center regardless of insurance status or ability to pay.
- The sponsoring agency may develop a policy concerning registering children not enrolled in the school with the approval of the school system.
- If a student has a primary care provider, the SBHC must make every effort to communicate/coordinate services with the student's PCP to avoid duplication of services.
- Students shall not be denied access to services based on race, color, national origin, religion, immigration status, sexual orientation, handicap or gender.
- SBHC registration information (contact, address, phone, email, insurance, consent, primary care provider information, etc.) must be updated annually. Consent does not need to be signed annually. If guardianship or consent restrictions have changed then a new consent form can be completed at that time.

### E.2 Consent

- All students under the age of 18 are eligible for services if they have written consent from their parent/guardian for all services not covered by the minor consent law.
- The sponsoring agency (with input from the school system) needs to have a written statement describing its policy concerning minor consent as outlined in the **Maryland Minor Consent Law** (§20-102 of the Health General Article, Annotated Code of Maryland) There also needs to be a written policy concerning the right to consent if the minor is emancipated or is over the age of 18 years of age.
- Consent does not need to be signed annually unless guardianship or consent restrictions have changed.

## SECTION F: SCOPE OF SERVICES

### F.1 Services Requirements

The following includes services that must be available either:

- On-site at the school-based health center (**Onsite**)
- By direct referral (**Referral**) from the center
- Some services are considered recommended (**Recommended**), either on-site or by referral but are not mandatory

Age and developmentally appropriate primary care services, which may include but are not limited to:

<b>a. Preventive Health Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Provision of age-appropriate anticipatory guidance (e.g. developmental, child abuse and neglect, suicide prevention)	Onsite	Onsite	Onsite
Standardized, age appropriate Risk factor assessment (e.g. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening; Guidelines for Adolescent Preventive Services (GAPS) prepared by the American Medical Association and Bright Futures available through the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services.)	Onsite	Onsite	Onsite
Provision of state required immunizations	Onsite	Onsite	Onsite
<b>b. Primary Care</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Comprehensive medical and psychosocial histories	Onsite	Onsite	Onsite
Comprehensive physical exams per EPSDT	Onsite	Onsite	Onsite
Immunizations	Onsite	Onsite	Onsite
Developmental assessments	Onsite	Onsite	Onsite
Nutritional Assessment	Onsite	Onsite	Onsite
Evaluation and treatment of:			
<b>I</b> non-urgent problems	Onsite	Onsite	Onsite
<b>I</b> acute problems	Onsite	Onsite	Onsite
<b>I</b> chronic problems	Onsite	Onsite	Onsite
Triage of medical emergencies	Onsite	Onsite	Onsite
Medical case management of known and stable chronic conditions in conjunction with specialty and/or primary care provider	Onsite	Onsite	Onsite
Medical case management of known and unstable chronic conditions in conjunction with the specialty and/or primary care provider	Onsite	Onsite	Onsite
Routine screening laboratories	Onsite or by referral	Onsite or by referral	Onsite or by referral
Referral to primary care provider and specialty referrals within the community and in accordance with the child's insurance coverage	Onsite	Onsite	Onsite
<b>c. Pharmacy</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Capacity to write prescriptions for non-urgent, acute and chronic problems	Onsite	Onsite	Onsite
Administration of OTC and prescription medication	Onsite	Onsite	Onsite
Provision of medication for acute illness and stable chronic conditions	Onsite or Referral	Onsite or Referral	Onsite or Referral

Developmentally appropriate reproductive care must be provided according to community acceptance, documented need and community norms. Reproductive health services are not in lieu of reproductive health services provided by community base health providers, SBHC are encouraged to partner with other community-based providers.

<b>Reproductive Health Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
<b>d. General Reproductive Health Services</b>			
Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Recommended	Recommended	Recommended
Abstinence education	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Case management	Onsite	Onsite	Onsite
Pregnancy testing	Onsite	Onsite	Onsite
Reproductive Health Education	Onsite	Onsite	Onsite
<b>e. Family Planning Services</b>			
Family Planning Services	Recommended	Recommended	Recommended
Prescriptions for contraceptives	Recommended	Recommended	Recommended
Comprehensive pregnancy options/ pregnancy counseling	Recommended	Recommended	Recommended
Case management	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
Prenatal care	Referral	Referral	Referral
Informing and referring for birth control	Onsite	Onsite	Onsite
Dispensing contraceptives	Onsite or Referral	Onsite or Referral	Onsite or Referral
<b>f. STD/STI Services</b>			
Case management	Onsite	Onsite	Onsite
STD/STI treatment and testing	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
HIV pre- and post-test counseling/HIV testing	Recommended	Recommended	Recommended
HIV/AIDS treatment	Referral	Referral	Referral

**Mental Health Services** must be provided in collaboration with a licensed provider for those students requiring psychotropic drugs as part of their treatment.

<b>g. Mental Health Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Individual mental health assessment	Referral	Onsite	Onsite
Mental health treatment	Referral	Onsite	Onsite
Mental health crisis intervention	Referral	Onsite	Onsite
Group therapy	Referral	Onsite	Onsite
Family therapy	Referral	Onsite	Onsite
Consultation with school administrators, parent/guardian, teachers and students	Onsite	Onsite	Onsite
Psychiatric evaluation	Onsite or Referral	Onsite or Referral	Onsite or Referral
Psychiatric medication management	Onsite or Referral	Onsite or Referral	Onsite or Referral

**Drug and Alcohol Services:** The SBHC must provide substance abuse assessment, counseling/referral, and group and family counseling by the SBHC mental health provider or a certified substance abuse counselor.

<b>g. Drug and Alcohol Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Alcohol and other drug abuse risk assessment	Onsite	Onsite	Onsite
Alcohol and other drug counseling & treatment	Referral	Referral	Referral

**h. Oral Health – Scope of Services**

<b>Procedure<sup>1</sup></b>	<b>General Dentist</b>	<b>Pediatric Dentist</b>	<b>Dental Hygienist</b>	<b>Dental Assistant</b>
ORAL EXAMINATION – Comprehensive, Periodic	X	X		
ORAL EXAMINATION – Limited- Problem focused	X	X		
ORAL EXAMINATION- Preliminary <sup>2</sup>			X	
PROPHYLAXIS- i.e., teeth cleaning	X	X	X	
FLUORIDE TREATMENT	X	X	X	
PRESCRIBE FLUORIDE SUPPLEMENTS	X	X		
SEALANT TREATMENT	X	X	X	
PALLIATIVE TREATMENT <sup>1</sup>	X	X		
COMPREHENSIVE TREATMENT – OFF SITE	X	X		
ORAL HYGIENE INSTRUCTIONS	X	X	X	X

1: Procedures provided are dependent upon equipment available on site

2: In accordance to Maryland Law concerning allowed duties of auxiliaries, this examination can be rendered by the hygienist before the comprehensive or periodic exam, but must be reviewed and approved by the licensed general or pediatric dentist of record for the site.

## SECTION G: MEDICAL RECORDS AND CONFIDENTIALITY

### G.1 Health/Medical Records Contents

- Each school-based health center must initiate a health/medical record on all clients seen in the health center for the first time.
- At a minimum, the record must consist of the following:
  - Signed consent form
  - Personal/Biographical data
  - Individual and Family Medical History
  - Problem List
  - Medication list
  - Immunization record
  - Screening and Diagnostic Tests including Laboratory Findings
  - Progress Notes/Encounter Forms
  - Treatment Plan
  - Referrals

### G.2 Health/Medical Records Confidentiality

- Release of records can only occur with a signed consent to release by the parent/guardian or a student 18 years of age or older or students receiving services under the minor consent law.
- The Family Education Rights and Privacy Act (FERPA) governs educational records, including the health record maintained by the school system. The Health Insurance Portability and Accountability Act (HIPAA) governs health records in the health centers.
- The following must be addressed when establishing a school-based health center:
  - Determine to whom the school-based health center record belongs (e.g. the sponsoring organization, the SBHC program)
  - The federal/state regulation that governs the record
  - The process for sharing the contents of the record and to whom those contents may be shared (in accordance with HIPAA)
  - The storage of the record once the student has left the school, including the length and time that records must be kept

### G.3 Medical Records Storage

- SBHC records must be maintained and stored according to HIPAA guidelines in a secure location that limits access to the records to SBHC staff.
- Records must be kept separate from any health information that is part of the student's educational record.

## G.4 Sharing of SBHC Information

SBHC staff is often asked to participate in school team meetings regarding students who are enrolled in the SBHC, as well as share information regarding those students. Compliance with HIPAA regulations must be followed. In addition the following must be followed regarding sharing of information:

- Parents/guardians must be informed that SBHC staff will be attending a school meeting on their child's behalf. This notification/permission to attend must be documented. If SBHC teams regularly attend school team meetings, the FERPA required annual parental notification of parent rights must include SBHC as those professionals that may be attending school meetings on individual students.
- Immunization information may be shared with school personnel, parents/guardian, and other health providers without written consent.
- Communication between SBHC healthcare practitioners and school nurses regarding treatment orders can take place without parental permission according to HIPAA and Maryland's Nurse Practice Act.
- SBHC staff must obtain parental permission to obtain school health services records (with the exception of immunization records) and vice versus.
- If a student has a primary care provider, the SBHC must make every effort to communicate/coordinate services with the student's PCP to avoid duplication of services.

## **SECTION H: LABORATORY**

### **H.1 SBHC Laboratory Certification Requirements**

- The SBHC laboratory must maintain current CLIA certification and standards.

### **H.2 SBHC Laboratory Space Requirements (see Section C. Facility Requirements)**

### **H.3 SBHC Laboratory Reporting, Documentation and Confidentiality Requirements**

- The SBHC must have written protocols that assure timely review of lab results, documentation, and follow-up of abnormal results.
- The SBHC must have a written policy that assures confidential handling of lab results.

### **H.4 Laboratory and Diagnostic Services Requirements**

- The SBHC will provide testing as clinically indicated on site.
- The SBHC will refer patients to a fully licensed lab for services not available on site or restricted by the site license.
- The SBHC will provide venipuncture services on site or by referral.

### **H.5 Equipment Requirements**

- The SBHC will maintain and calibrate all equipment regularly in compliance with state licensing requirements.

## **SECTION I: DATA COLLECTION AND REPORTING**

### **I.1 Data Collection Requirements**

- The SBHC must maintain a data collection system, preferably electronic, which allows for data input, export, aggregation, and analysis.
- The SBHC must collect the variables that are required to complete the Annual SBHC Survey as required by law.

### **I.2 Data Variable Requirements**

- The variable definitions to be used in data collection are those outlined in the sections of the current version of the Maryland School-Based Health Center Standards.

### **I.3 Data Reporting Requirements**

- The SBHC must complete the Annual SBHC Survey by October 1st of each year with data for the prior academic/ state fiscal year (July 1 to June 30).

## **SECTION J: QUALITY ASSURANCE/IMPROVEMENT**

### **J.1 Continuous Quality Improvement (CQI) Requirements**

- SBHC must develop a mechanism to monitor their clinical services and evaluate the goals of their overall program.
- This monitoring can be done by (1) setting up only a continuous quality improvement program, or (2) developing a comprehensive practice management improvement plan (PMI) that incorporates CQI monitoring.
- In the first year that the plan is implemented, chosen sentinel conditions must be monitored, when the plan is first implemented and then again when CQI initiatives have been in place for several months.
- Thereafter, CQI audits need to be conducted at least once a year.

### **J.2 Recommendations**

- It is recommended that SBHC use CQI and PMI tools that have been field-tested. These can be obtained from the State School-Based Health Center Initiative, the Maryland Assembly on School-based Health Care or the National Assembly on School-Based Health Care.

## SECTION K: FINANCE

### K.1 Budget

The SBHC program must have an annual budget that describes sources and uses of funding.

### K.2 Billing

- The SBHC program must have a written policy that describes how services rendered are recorded, charged, billed and collected.
- The SBHC program that is billing for services must have a schedule of standard charges for services rendered, by the most current “Current Procedural Terminology” (CPT) and “Current Dental Terminology” (CDT) codes and as defined by the sponsoring agency.

If the SBHC program offers discounts off its schedule of standard charges based on ability-to-pay or other criteria, the process for qualifying for such discounts must be included in the policy. In addition, the procedure for writing off any differences between amounts charged and amounts collected must be included. This standard is required in order to be in compliance with the Federal Free Care Policy.

## SECTION L: EVALUATION

### L.1 Needs Assessment

- A community and school needs assessment must be conducted as a part of the development of the SBHC.
- A community needs assessment should be re-conducted every three to five years to monitor the community’s needs, concerns and resources for the physical, mental and oral health of its children and adolescents.

### L.2 Process Evaluation

- A process evaluation for the SBHC must be developed prior to the SBHC opening.
- The process evaluation should address service delivery, center management and client satisfaction at a minimum.
- A process evaluation must be conducted annually as directed by the State SBHC Initiative.

### L.3 Outcome/Impact Evaluation

- An outcome evaluation for the SBHC should be developed within the first five years that the center has opened.
- The outcome evaluation should address client outcomes, continuity of outcomes, mental health, oral health, and physical outcomes of the children and adolescents served.

**MARYLAND SCHOOL-BASED HEALTH STANDARDS**

**QUICK GUIDE TO REQUIREMENTS FOR EACH SBHC LEVEL**

	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
<b>Definition</b>	The Level I or Core SBHC are SBHC Sites that are capable of delivering acute, urgent care and primary care services by a licensed clinician but may rely on other community healthcare providers for year-round accessibility and/or twenty-four hour coverage. Level I or Core SBHC are not available for care during the summer hours or when school is not in session.	The Level II or Expanded SBHC are SBHC Sites that are capable of delivering acute, urgent care and primary care services by a licensed medical clinician. Additional services must include mental health and comprehensive preventive healthcare on site. The SBHC may rely on other community healthcare providers for year-round accessibility and/or twenty-four hour coverage. Level II or Expanded SBHC are not available for care during the summer hours or when school is not in session.	The Level III or Comprehensive SBHC are SBHC Sites that are capable of delivering comprehensive acute, urgent care, preventive and primary care services by a licensed medical clinician. Level III SBHC must include mental health on site.
<b>Availability of Services: Hours of Operation</b>	Level I SBHC Site must have hours that are at a minimum 8 hrs per week with a licensed medical clinician present and are open a minimum of 2 days per week when school is open.	The SBHC Site must be operational (with an advance practice provider on site) a minimum of 12 hours per week, 3 – 5 days for medical care when school is in session. Mental health services must be available on site for a minimum of 3 days and a minimum of 12 hours per week. The SBHC site may be closed during summer break.	Medical services must be available a minimum of 5 days and 20 hours per week. The availability of full time services needs to be commensurate with the number of students enrolled in the school. The SBHC may rely on other community healthcare providers for twenty-four hour coverage. Level III or Comprehensive SBHC are available limited hours for defined services for enrolled students during the summer hours. The SBHC is open before, during and after school hours.
<b>Staffing</b>	Level I SBHC staff shall include at a minimum:  A licensed medical clinician and  Administrative support staff.  There may be additional clinical support staff (RN, LPN or CNA).	The SBHC staff shall include at a minimum:  A licensed medical clinician  Clinical support staff (RN, LPN, or CNA).  Mental Health Professional  Administrative Support staff  Note: the licensed medical clinician cannot replace the school nurse.	The SBHC staff shall include at a minimum: A licensed medical clinician  Clinical support staff (RN, LPN, or CNA)  Mental health professional  Administrative Support Staff  At least one additional service provider such as a general or pediatric dentist, dental hygienist, nutritionist, or health educator for a minimum of 4 hrs/month.  Note: the licensed medical clinician cannot replace the school nurse.

**MARYLAND SCHOOL-BASED HEALTH STANDARDS**

**QUICK GUIDE TO REQUIREMENTS FOR EACH SBHC LEVEL**

**Optional Services**

<p><b>Oral Health</b></p>	<p>The SBHC must provide, at a minimum, periodic oral screening and oral health education by a healthcare provider with referrals to an established dental network for those services beyond the scope of the SBHC.</p> <p>SBHC that have an <b>Oral Health Clinician</b> must provide at a minimum oral examinations* (comprehensive and periodic), oral hygiene instruction, teeth cleaning, dental sealant treatment (in elementary and middle schools only); and when indicated, topical fluoride treatment. Dentists only are able to provide a problem focused-limited evaluation. (*: Dental hygienists are allowed by law to provide only the preliminary examination before the comprehensive and periodic exam. Both exams must be reviewed and approved by the dentist of record for the site.)</p>	<p>A licensed general practice or pediatric dentist or hygienist must provide the oral health services. A dental hygienist may provide these services on site without a dentist on the premises if the SBHC applies and is approved for a waiver for on-site supervision from the Maryland State Board of Dental Examiners under COMAR 10.44.21.</p>
<p><b>Health Education</b></p>	<p>SBHC providers and school nurses include health education as part of all interactions with clients. Beyond that core service, SBHC may offer the services of a health educator who plans and conducts special and continuing health education programs for SBHC clients, including group education, as well as education for families. The health educator is also responsible for reviewing and disseminating educational materials to SBHC clients. Health educators can additionally collect and analyze data to identify community needs. Their intervention with clients and communities assist to promote healthy behaviors.</p> <p>Activities that Health Educators can provide include:</p> <ul style="list-style-type: none"> <li>◇ Outreach activities (e.g. classroom, school, community health promotion/ health education activities)</li> <li>◇ Tobacco, alcohol, and other drug use prevention</li> <li>◇ Family Life/human sexuality (as age and developmentally appropriate)</li> <li>◇ Youth development</li> <li>◇ Peer pressure, cliques, gangs</li> <li>◇ Safety and injury prevention</li> <li>◇ Disease prevention</li> <li>◇ Nutrition and fitness</li> <li>◇ Violence prevention /conflict resolution</li> <li>◇ Injury prevention</li> <li>◇ HIV/STI prevention</li> <li>◇ Pregnancy prevention</li> </ul>	<p>In Maryland, health educators are trained (usually a graduate of a master’s program in health education) and can also be nationally certified as a Certified Health Education Specialist (CHES)</p>

**MARYLAND SCHOOL-BASED HEALTH STANDARDS**

**QUICK GUIDE TO REQUIREMENTS FOR EACH SBHC LEVEL**

<p><b>Nutrition</b></p>	<p>SBHC may offer the services of a nutritionist or registered dietitian to their clients. Nutrition staff can provide one-to one counseling regarding nutrition and diet needs or conduct group sessions on nutritional topics.</p>	<p>In Maryland, nutritional services must be provided by a nutritionist or by a dietitian who has attended a certified program, is licensed in Maryland, certified by the American Dietetic Association (ADA). A registered dietitian has attended the certified program and qualified to sit and passed ADA's registration exam.</p>
<p><b>Social Services/Public Health Assistance Services</b></p>	<p>SBHC staff must have knowledge of local social service referral sources and documentation of standard referral protocols. A memo of understanding between the SBHC and community social service agencies is recommended to facilitate referrals and social service case management. Services that can be provided include:</p> <ul style="list-style-type: none"> <li>• Assessment &amp; management</li> <li>• Basic Needs (food, shelter, clothing)</li> <li>• Insurance eligibility assistance/referral</li> <li>• Legal Services</li> <li>• Public assistance eligibility Transportation arrangements for back up facility or referral sites</li> <li>• Assistance with Medicaid Enrollment</li> <li>• Employment Services</li> <li>• Child Care Services</li> <li>• Maryland Child Health Insurance program (MCHIP) enrollment</li> <li>• Medicaid</li> </ul>	<p>Local department of social services can provide staffing for these services, as well as local health department staff who might assist with MCHIP eligibility.</p>