**CENTER MENTAL HEALTH CONSULTANT**

**Pre-Compliance Assessment Questions**

This form should be completed by the CMHC. If the center has more than one CMHC, then the CMHCs should collaboratively complete this form. Please provide responses to the following questions **1 week prior** to the health specialists’ arrival on center for the Health and Wellness Compliance Assessment. **Responses should be typed.**

The purpose of the compliance assessment is to **verify** and **clarify** compliance with PRH requirements and applicable laws, as well as to highlight program qualities and strengths. Please coordinate with the Health and Wellness Director to ensure all information (e.g., data, forms, materials, logs, surveys, specific student health records) necessary to support your responses is available for the review.

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| --- | --- |
| **Center Mental Health Consultant Name(s)** |  |
|  |
| **CMHC Subcontractor Agency (note if self-held or agency name)** |  |
| **Phone number(s)** |  |
|  |
| **E-mail(s)** |  |
|  |
| **Dates of Hire** (please list for each CMHC) |  |
|  |
| **Schedules on center.** Please list days/hours for each CMHC |  |
|  |
| **Type of license & license renewal date for each CMHC** |  |
|  |
| **If CMHC(s) does/do not meet the** [**PRH minimum staff qualifications in Exhibit 5-3**](https://prh.jobcorps.gov/Management%20Services/5.2%20Personnel/Related%20Sub%20Requirements/Exhibit%205-3%20Minimum%20Staff%20Qualifications.pdf)**, has a one-time waiver been submitted and approved by the National Office?** | ☐ Yes. National Office waiver approval  date(s):  ☐ No |
| **MHWP interns** | ☐ Yes. Number:  ☐ No |
| **MHWP intern schedules on center.** Please list days/hours for each intern if applicable |  |
| **MHWP intern degree programs.** Please list all |  |

1. Name and title of person completing the form:
2. Please complete the table below

|  |  |
| --- | --- |
| 1. Number of recommendations of denial submitted as part of applicant file review in the last 12 months |  |
| 1. Number of appointments (e.g., initial evaluations, returns or walk-ins) seen by each CMHC per week on average |  |
| 1. Number of appointments seen by each intern per week on average (if applicable) |  |
| 1. No show rate (%) for appointments |  |
| 1. Number of students placed on medical separations with reinstatement rights (MSWR) for mental health conditions in the last 12 months |  |
| 1. Number of monthly regional mental health teleconference calls have the CMHC(s) attended in the last 12 months |  |

1. Describe the no-show procedure. How are the no-show appointments documented? How are the no-show appointments followed up?
2. In what way does your mental health and wellness program utilize an Employee Assistance Program Model (EAP)?
3. Explain your involvement in the applicant file review process. What assessment forms do you use to make a recommendation of denial?
4. Explain your involvement in the reasonable accommodation process for applicants and students with disabilities.
5. Explain your center’s process for reviewing social intake forms (SIFs). How is the information from the SIF used?
6. Explain how you conduct intakes and assessments of students referred to you. What forms do you use to document your assessments and follow up therapy visits?
7. Explain how you are involved in the leave or medical separation process for a student with a mental health condition. Include how the student is educated on what steps are required to return from a medical leave and the expectations of stabilization before their return. Also include how community referrals near the student's home are provided.

1. Describe your 1-hour presentation on mental health promotion with all new students during CPP.
2. Describe your annual center wide mental health promotion and education activity(ies) during the last 12 months, including date(s).
3. In what ways do you consult and coordinate with the center director, management staff, and health and wellness staff on mental health related promotion and education efforts for students and staff. Describe how this collaboration is documented.
4. Please describe any mental health staff training (which may include adolescent growth and development) that you have provided in the last 12 months, including dates/topics. Include how ~~is~~ training is documented.
5. Explain how you collaborate with the TEAP specialist for short term counseling of students with co-occurring conditions and your involvement with leave or medical separations for students with alcohol and other drugs of abuse conditions. Include how this collaboration is documented.
6. Describe your role in medication monitoring. Explain how you and the center physician/consulting psychiatrist (if applicable) and/or wellness nursing staff coordinate care for students who would benefit from/or are currently prescribed psychotropic medication. Describe how ~~is~~ this collaboration is documented.
7. Describe your collaboration with the counseling department on the implementation of psycho-educational groups. Please list groups that you or interns have led in the last 12 months. Please list all groups that the counselors have led in the last 12 months.
8. Explain how information exchange occurs though regular case conferences with you, counseling and other appropriate staff based on individual student needs. Describe~~d~~ how ~~is~~ this information exchange is documented in the student health record.
9. What is the process for managing mental health urgent or emergency situations on center?
10. Describe the process for managing referrals to off-center mental health professionals or agencies for ongoing treatment or specialized services. Include how ~~is~~ this care coordination is documented.
11. Explain the written referral/feedback system documented in the student health record for both on and off-center treatment.
12. Describe your process for ensuring the confidentiality of and access to student mental health information so that information is released only on a need to know basis.
13. Are you familiar with your regional mental health specialist?

☐ Yes ☐ No

1. Describe any unique, innovative or promising practices of the center’s Mental Health and Wellness Program.
2. List at least three things that you would like to see happen/implemented to improve the delivery of services and promote the concept of wellness on your center (these items do not have to be in your discipline).