

The Examiner

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School-Based Mental Health Update

by Ruth Fissel

I have had the wonderful opportunity to visit with Sheridan, Greenwood, Clinton, and Conway and am very excited about the programs as they launch into partnerships with local mental health providers. Each of these programs brings a different piece of our puzzle to the table and together they have critical cornerstones for our statewide project.

Greenwood has strengths in engaging school personnel and early outcome data that includes children being excited and motivated about returning to regular classes. Their case management involves helping families access social support programs and services. They have a summer outreach program that includes recreation, academic and family oriented activities.

Sheridan is partnering with Baptist Health to provide on site day treatment in addition to the groups already occurring. They are preparing to interview students and parents for the program.

Clinton has made wonderful strides in pulling community players together to dialogue and participate in the program. They have also begun gathering crucial information from parents, students, staff and community providers about gaps and potential solutions. Program documentation is also another area that is an impressive strength of this program.

Conway has begun working with United Methodist Behavior Hospital (UMBH) and Interns from UCA to put together their program. They have used local resources creatively and have landed energetic interns that will also work closely with the UMBH staff to provide services beginning in September.

Stay tuned for updates !



" I sense a deep-seeded denial about the proximity of the coming school year."



We've all tried our best to continue living in the past, but change is inevitable.

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Special points of interest:

- 3.1 million persons ages 12 or older received some kind of treatment for alcohol or illicit drug use each year.
- Adolescent girls are twice as likely as boys to experience depression.
- About 15% to 20% of American teens have experienced a serious episode of depression.

Clinton SBMH Project Up and Running!

By Deb Swink



Comfort is based on knowing that someone is there for you.

The SBMH Project at Clinton Schools has gotten off to a great start, thanks to sliver grant funds awarded through the ADE, Special Education Unit. The funds are being used to provide mental health supports on many levels, including the employment of a .60 FTE Mental Health Therapist and a full-time Behavior Interventionist. Collaboration with the Psychology/Counseling Departments at UCA allow SBMH staff to run weekly groups for students identified as needing social skill instruction and interventions.

In an effort to cultivate relationships with area mental health agencies, the SBMH staff members held a meeting with representatives from local community mental health provider groups. The meeting agenda included an overview of the SBMH grant, discussion of staffing and needed services, and review of information exchange and forms to comply with HIPAA. District personnel also introduced a sign-up sheet which will be used during school visits to ensure confidentiality and tracking of mental health services.

The following Mission Statement summarizes the goals and objectives of the Clinton SBMH Project: The Clinton School District will use school-based mental health services to support students and their families with the following wraparound services:

1). Provide behavioral and emotional supports to students and their families in order to maximize academic potential, 2). Cultivate internal and community resources to enhance student potential for successful performance in the school environment, 3). Ensure the provision of mental health supports to assist administrative, counseling and instructional staff in dealing with students whose emotional and behavioral issues interfere with learning, and 4). Expose students and their families to mental health services in the public school setting, thus encouraging them to regard mental health services in a positive light.

Greenwood's Experience with School-Based Mental Health Services (SBMHS)

By Kathy Clark

Greenwood SBMHS began long before the call to me, the therapist. It started as a dream, a suggestion from the department of education to the local school district. Perhaps the school could provide the services that it had been contracting with the local mental health center. Perhaps the school could do it more consistently and efficiently. The challenges would be funding, staff, and support system-wide. All of these have come together in the past year.

Approval came later than expected, but the program was underway soon after the 2002-2003 school year began. The same referral method was used as when we used the mental health center. Our school counselors would be the point of entry. Other interventions had to have been attempted before referral, but the student in the Alternative Learning Environment (ALE) classes would begin services immediately.

Initially time was spent developing forms for services, as well as developing relationships with students and their parents. Some parents decided to discontinue services, many asked for extensions to the services, expanding to group or family services. Within a month every child had a chart equipped with an intake form and treatment plan. Students would have access to a therapist at least once a week.

By mid-year we recognized the need for another employee to provide supplemental services for families. Rhonda Barnes was hired in February of 2003 as our Targeted Case Manager. She is able to provide services that the therapist could not.

Needs have continued to grow. Groups have expanded from socialization groups to divorce recovery groups. As the therapist I did crisis intervention with suicidal students, met with parents, coordinated services with the local mental health center and private practice therapist, made referrals, did evaluations for Emotionally Disturbed, and consulted with school counselors. I continue to do as much individual therapy as possible.

Rewards of the program may not be obvious at first glance. Some ALE students are returning to regular classes and making good grades. For others it is just a happy face, smile, and a happier home-life. Our main objective is to see students succeed in the classroom, have better attendance, and be more involved in their educational process. We are preparing to hire another therapist for the upcoming school year. We have an exciting summer program with several parents participating in a "40 Day" program. There is still much to do, new parts of the dream to fulfill.

Inside Story Headline

Completing a School-Based Mental Health Application

By Tony Boaz

In order for a school district to become of provider of SBMH services, two steps need to be taken. The *first step* is to complete an Application for Medicaid Providers of School Based Mental Health Services. This application serves a dual purpose. Section I is

information for the district/educational service cooperative to submit as a Provider. Section II is to be completed for each individual practitioner working in the program. The application must be completed in its entirety before Provider status can be considered. The application must include original signatures and dates. This application is to be submitted to the Arkansas Department of Education prior to completing

the Medicaid application. Upon acceptance, the ADE will submit a letter of certification. This letter is required to be included with your application to Medicaid. The necessary fields to be completed are straightforward. What is required for each number is given. A copy of the **Provider of SBMH application** is available upon request from ADE. The *second step* is completing the Medicaid application to become a pro-



Make sure you dot the I's and cross the T's. Medicaid is very particular on how these applications are completed.

vider of SBMH services. This application takes approximately 10-15 minutes to complete. Approval from Medicaid has been taking about 6-8 weeks on average, so keep this in mind regarding your scheduled date of beginning services. An example of a completed **Medicaid application** is going to be available soon on the Special Education Website (arksped.k12.ar.us). Medicaid applications can be ob-

tained from the Arkansas Medicaid website. They are located in section I of the provider manuals. Medicaid requests that no additional information be submitted with the application. Pages 20,23,26,27,30,32-34,36-39,41-42 do not need to be submitted to Medicaid when applying for authorization to be a SBMH provider. They are only included to help with completion of the packet.

Some confusion exists among educators attempting to complete these applications for Medicaid. Specific information regarding certain numbered fields is also enclosed:

Number 4: Circle number two (2)

Number 9: Please just use one code. If you want to provide for more than one Medicaid service, another

“Approval from Medicaid has been taking about 6-8 weeks on average, so keep this in mind regarding your scheduled date of beginning services.”

application should be completed. Use codes P1 for Personal care, C6 for Targeted Case Management, VV for SBMH.

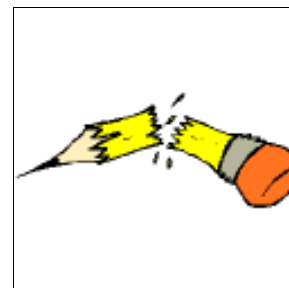
Number 11: Check box five (5)

Number 17: Please insert your LEA number, it will not fill in the blanks completely, but Medicaid has requested that it be there.

Authorization of Automatic Deposit: This is optional, but must be completed if you want this implemented.

W-9 and Contract: When submitting these forms to Medicaid, both of these need to be the original, signed and dated.

Just a quick reminder: At the Special Education Website (arksped.k12.ar.us), you will find information regarding applications, HIPPA news, FAQs, and Medicaid updates (coming soon).



Don't get frustrated with the application process. Once you've completed one the rest are easy.

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Arkansas Department of
Education, Special Education

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Back Page Story Headline

How the Health Insurance Portability Accountability Act of 1996 (HIPAA) affects School-Based Mental Health Services

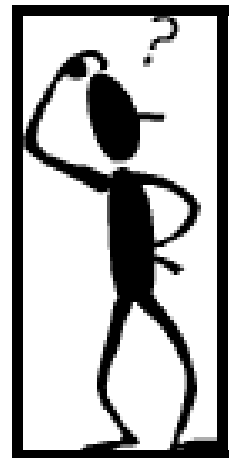
By Tony Boaz

Even though many opinions have been heard suggesting that educational settings aren't affected by the Health Insurance Portability Accountability Act of 1996 (HIPAA), they are. Educational settings are unique because they are protected by different regulations. The Family Educational Rights and Privacy Act

(FERPA) has protected dissemination of student records since its inception in 1974. FERPA continues to protect this information specifically under the definition of "education records". When HIPAA was initiated it specified that its requirements were not intended to supplant or supersede existing regulations (i.e. FERPA).

Now that we have entered the age of technology, many fear that our private information is being used for reasons other than what it is intended. HIPAA has

passed guidelines to protect this information from being used in a malicious way. HIPAA has stated that entities that electronically transmit protected health information (PHI) need to follow the guidelines that they have set. These guidelines include consents, authorizations, notice of privacy standards, etc. So this is when schools need to comply with HIPAA. Along with the transmission of electronic information, the schools need to follow HIPAA guidelines for protecting that stored information as well. (continued)



Anyone that has worked in a mental health setting understands the value and importance of confidentiality. The HIPAA standards regarding privacy are nothing new to this field, but the reality of sanctions being placed on the misinformed is causing concern for some, especially the educational setting. Many private practice physicians and other providers are being extremely cautious about releasing information because of the looming guard of HIPAA. Requests have been made for “that HIPAA consent” or “that specific HIPAA form”, which do not exist. There are many examples of forms available that follow HIPAA requirements. Specificity is the key. In the past, a consumer could sign a form and it be used to release information to other entities, collect information from other entities, approve treatment, approve evaluations, and approve medications. Now there are specific forms to protect the consumer from wrongdoing. For school districts that are developing a forum for mental health services, certain standards need to be considered. *Business Associate Agreements* may need to be initiated with community mental health agencies (CMHCs) to obtain past records of students that are in need of services. CMHCs may seem threatened by these *agreements*, but they are necessary to provide a continuum of care for these children in need. Ultimately these *agreements* are developed for safe transmission of information. Both agencies involved discuss their purposes for needing the information and submit promises to not use the information in a way that would be harmful to the student or the student’s family. This is the same purpose of a *consent* or *authorization*. One or both of these forms may be required by private practice agencies with inquiries regarding past records. A *Notice of Privacy* is required by HIPAA for agencies transmitting health information. In short, a *privacy notice* is a comprehensive inventory of how the entity uses and discloses protected health information (PHI) as well as an explanation of the individual’s rights with respect to PHI. Individuals have the right to receive written notice describing the covered entity’s privacy practice. Except in emergency situations, a health care provider that has a direct treatment relationship with an individual must make a good faith effort to obtain a written acknowledgment from the individual that he or she received the provider’s notice. This is usually done in the first meeting with the individual or when a privacy notice has been changed or updated. HIPAA has suggested posting this notice in the office area where it can be seen by patients, or students (and their families) in this case.

Along with privacy, security of information is also addressed by HIPAA. October of 2005 is the compliance date for HIPAA security measures. Administrative, physical, and technical safeguards must be put in place to protect against threats of security, integrity, and unauthorized use. Administrative safeguards should encompass written policies, which include who will have access to protected information, how it will be used with the entity, and when information is disclosed. Also take steps to ensure that business associates protect privacy of health information as well (this should be addressed in your agreement with that business). Employees should be trained regarding privacy, confidentiality, and designate an individual to be responsible ensuring the HIPAA procedures are followed. Employees should be aware that sanctions could be given to individuals who cannot adhere to privacy procedures. Physical safeguards include storage facilities, secure logon/auto-logoff, documented recovery procedures, line of sight paper security (records), and backup equipment. Technical safeguards include audits and audit trails, user-role-location access control, file, field, record access control and transmission security. Finally, HIPAA states that mental health notes should be kept separate from the general medical record. This apparently is another way of protecting the delicate nature of the information on these progress notes. Strangely enough, faxing health information is still permitted, though the face sheet should indicate that the information is of a private, confidential nature.

So as you can see educational settings are affected by HIPAA standards. This is something that everyone is going to have to adjust to because it is not going away. The government has made great strides to produce what they consider an all-inclusive way of protecting the individual receiving healthcare. What remains the same is that FERPA protects education records; though schools, as well as other covered entities will now have to abide by HIPAA standards.



REMEMBER: THE NEXT SBMH MEETING IS SEPTEMBER 19,2003.... UPDATED INFORMATION ON TIME AND PLACE WILL BE GIVEN SOON.

