SCHOOL-BASED MENTAL HEALTH NETWORK

Policy and Procedures Manual

Arkansas Department of Education,
Special Education Unit
# Table of Contents

*School-Based Mental Health (SBMH) Model*  
3

## Chapters:

1. SBMH Network Membership Criteria 4  
2. Procedural Steps for SBMH Network Membership 5  
3. SBMH Delivery Models 7  
4. Program Sustainability 9  
5. Roles of Employees 11  
6. Education and Mental Health Provider Collaboration 16  
7. SBMH Network Application and Site Visit Policy 18  
8. Treatment Integrity 21

## Attachments:

A. SBMH: Who We Are 24  
B. SBMH Application for ADE 30  
C. Site Visit Materials 42  
D. SARA User Registration Form 48  
E. SARA User’s Guide 50
ADE School-Based Mental Health Model

The Arkansas Department of Education, Special Education Unit (ADE), has fostered the development of a network of approved school-based mental health programs within Arkansas public school districts. These programs are grounded in and based on the following principles:

- An emphasis on early identification
- Full integration with the community and its resources
- Placing students and their families at the center of service decisions
- Providing services that are culturally competent
- A focus on promoting school attendance and academic success
- Services and supports validated by research and evidence-based practices
- The use of technology, including telecommunications

Access to a full array of mental health services is promoted at the school site within these approved programs, always at no cost to students and their families. Network school-based mental health services are characterized by the following:

- Student Supports
- Depending on the needs of students, an array of “pullout” interventions, including evaluation, crisis services, diagnosis, individual, group, family therapy, case management and day treatment
- Comprehensive intake, referral, and case management processes
- A collaborative partnership between school district and mental health provider staff
- Access to school-based mental health services without regard to student or family Medicaid enrollment status and without cost to students and their families
- Appropriate linkages with community, regional, state and national resources
- Participation in Title XIX, Medicaid, either through provider enrollment or purchased service contracts
- Maximum utilization of alternative funding streams, including third party payors, public targeted and competitive grants, and private foundation funds

Once approved, school-based mental health programs in the network have access to these resources through the Arkansas Department of Education:

- Financial and technical assistance, as needed
- Formalized best practices sharing among the network of approved programs
- Current and topical evidenced-based research focused on Arkansas school-based mental health data
- Specialized training targeting Arkansas school-based mental health service delivery issues and practice
In order for school districts and mental health providers to become members of the SBMH Network, specific criteria must be met. Members are expected to adhere to the standards and guidelines established by ADE, Division of Behavioral Health Services (DBH), and Arkansas Division of Medical Services (Medicaid). The following chapter outlines the necessary criteria required for each SBMH program to gain memberships.

1.01 **SBMH Network Membership Criteria:**

1.01.1 Completion and submission of the School-Based Mental Health Survey.

1.01.2 School district will be contacted by SBMH Network Consultant, who will then decide when the initial site visit will be scheduled.

1.01.3 If applicable, completion of a service contract between the school district and mental health provider will need to be established.

1.01.4 Completion and submission of SBMH Network application.

1.01.5 Completion and submission of Medicaid application, if necessary.

1.01.6 Development of specific district policy and procedures.

1.01.7 Full integration between district and mental health provider staff.

1.01.8 Site visits for quality assurance purposes.

1.01.9 Data collection.

1.01.01 Program sustainability.
2.00 Procedural Steps for SBMH Network Membership

The following is an overview of the procedural steps required to meet membership criteria for the SBMH Network:

2.01 Program Initiation:

2.01.1 Completion of SBMH Survey which can be accessed at the Special Education Website at arksped.k12.ar.us.

A. Complete and submit the SBMH Survey to the ADE.

2.01.2 Upon review and acceptance of the SBMH Survey, the SBMH Network Consultant will contact the LEA Supervisor to schedule a meeting to discuss the program, specific criteria, standards, expectations and implementation. This meeting should include the district superintendent, building administrators, counselors, LEA Supervisor and other pertinent staff. Prior to the meeting, district staff will complete an internal evaluation of program needs and contact SBMH Network members for sample forms and contracts.

2.01.3 A meeting between the SBMH Network Consultant, school district and their potential provider(s) is scheduled to review the program partnership and application process.

2.01.4 Complete and submit the SBMH Network Application (see Attachment B).

2.01.5 School district and mental health provider will need to collaborate on the completion of the application.

2.01.6 The application is sent to ADE and reviewed by the SBMH Network Consultant, who then provides feedback to the applicants and makes necessary recommendations for the final approval of the application. (see Attachments B and C).

2.01.7 The application is forwarded to DBH for review and comment and returned to ADE within 10 days of receipt.

2.01.8 Once the application review is completed, it is submitted to the Associate Director of ADE for final approval.
2.01.9 The Associate Director of ADE sends a letter to the school district, notifying them of the acceptance of the application. A copy of the approval letter is submitted to Provider Enrollment at Medicaid for the schools that are going to be billing for services.

2.02 Contracting and Implementation:

2.02.1 Once the approval letter is received, the school district and their partner complete their contract and HIPAA Business Associate Agreement. School districts will also need to develop contracts stipulating the sharing of education information with private day treatments, psychiatric care facilities and other entities. This will help when placing students back in public school upon discharge from the facilities.

2.02.2 The SBMH Network Consultant sets up an initial site visit to review all program components, forms, space, filing systems, confidentiality measures (HIPAA and FERPA), staffing patterns, etc. (see Attachments B and C).

2.02.3 The program start up date is set and program begins.

2.03 Data Collection:

2.03.1 The provider submits all outcome data on SBMH-enrolled students to the district.

2.03.2 The district will complete and submit a SARA User Authorization form (see Attachment D) to ADE in order to gain access to SARA database.

2.03.3 The district designee(s) collects the SARA Data on all students enrolled in SBMH services.

2.03.4 APSCN and SARA data are cross-tabulated to produce reports on program outcomes.

2.04 Program Evaluation and Review:

2.04.1 After the program has been implemented, a formal Site Visit and review is conducted to evaluate the program. The Consultation Team from ADE reviews the district/mental health provider policy and procedures, forms, clinical files, staffing patterns and interviews all personnel involved in the program (see Attachment C).

2.04.2 The Program Evaluator collects data on both program and clinical elements.
3.00 School-Based Mental Health Delivery Models

3.01 Network Program Models:

Prospective SBMH members have three delivery models available to them. Regardless of model choice, all SBMH Network programs promote mental health services with Professionalism, Quality and Accountability.

3.01.1 School District as Medicaid Provider:
A. ADE approval of SBMH application.
B. School district applies for Medicaid number.
C. School district acts as billing agent for all services.
D. School district appoints a SBMH Program Coordinator.
E. School district hires own profession treatment staff OR contracts for professional services.

3.01.2 School District/Provider Partnership:
A. ADE approval of SBMH application.
B. School district appoints a SBMH Program Coordinator.
C. School district contracts with mental health provider to provide services.
D. Mental health provider acts as the billing agent for services.
E. Mental health provider supplies treatment staff to district.

3.01.3 Combination of above Models:
A. ADE approval of SBMH application.
B. School district provides mental health staff.
C. School district appoints a SBMH Program Coordinator.
D. Mental health provider provides mental health staff.
E. School district and/or mental health provider act as billing agent for respective services provided.

3.02 Defining Best Practice within the Program Models:

Delivering best practice mental health services in the schools includes one FTE therapist per 500 students with an active caseload of 20-30 students. Districts that are unable to adhere to best practice models initially will develop a timeline to include coverage plans for the future. Mental Health providers partnering with the school district are expected to split their time between indirect (non-billable time) and direct services (billable time).

3.02.1 Non-billable Services: As a best practice, thirty (30) % of time is dedicated to non-billable services such as prevention, education and early intervention services.
A. Classroom consultation/observation
B. Student Services Team staffing
C. Support Groups for students
D. Parent Education
E. Staff Meetings
F. In-Service Trainings

3.02.2 **Billable Services**: As a best practice, seventy (70) % of time is dedicated to billable, direct services.
A. Assessment and diagnostic evaluations
B. Individual therapy
C. Group therapy
D. Family therapy
E. Collateral contacts
F. Treatment planning
G. Treatment coordination
H. Referrals to appropriate mental health/community services
SBMH Network programs offer mental health services to all students and families not dependent upon Medicaid eligibility or private insurance coverage. Considering this policy, issues related to funding are critical to the development and expansion of SBMH services. All potential funding sources should be considered when managing a Network program. A SBMH program cannot sustain itself based on just one funding source.

4.01 Medicaid Billing:

4.01.1 In order to bill Medicaid for mental health services, a school district (or mental health partner) must be enrolled as a provider. This is accomplished by submitting a provider enrollment application to Medicaid upon ADE approval of the district’s SBMH application. Medicaid-enrolled districts are capable of receiving the following per unit reimbursement for the indicated service:

- Diagnosis $10.37
- Interpretation of Diagnosis $10.37
- Psychological Evaluation $16.80
- Psychological Testing Battery $11.96
- Crisis Management $9.82
- Individual Therapy $9.82
- Group Therapy $4.97
- Family Therapy $12.80
- Individual Collateral $9.82

School districts that receive reimbursement from Medicaid for SBMH services are required to use state and local funds to pay the match payment back to Medicaid on a quarterly basis. Under no circumstances are students and parents responsible to pay the mental health provider for co-payments for school based services.

4.02 Private Insurance:

4.02.1 School districts are able to bill private insurance for the mental health services delivered in schools. Parental consent must be received prior to submitting claims to private insurance. If a claim submitted to the private insurance company establishes a cost for a parent (either through a premium raise or through co-payment) the school district and mental health partner will absorb the cost (which will be outlined in the contract between the two entities).
4.02.2 When a student has private insurance, as well as Medicaid, the school district will have to make a reasonable attempt to secure payment for services from the private insurance company before submitting a claim to Medicaid (per Title 43 CFR, Part 433, Subpart D).

4.03 **Grant and Private Foundations:**

4.03.1 Grant Opportunities - In order to expand on current services, school districts and mental health partners should actively pursue grant opportunities (i.e. SAMSHA, others) though ongoing research and communication with potential lenders at the national and community level.

4.03.2 Private Foundations - Many health programs are sponsored by private foundations (i.e. Wal-Mart, Federal Express). School districts and mental health partners will need to make attempts to obtain resources from the private sector in order to develop or expand services in their area.

4.04 **State/ Federal Setaside Grants:**

4.04.1 School district applications are reviewed and evaluated for financial assistance needs. Funding determinations are based on the quality of the program outline, existing funding streams via public and private insurance, program structure/model and projected costs.
5.00 Roles of Employees

The SBMH Network is based on quality, accountability and professional partnerships between school districts and mental health providers. Each program participant has an important role in the successful implementation of SBMH services. The following role descriptions are a guide for the duties and tasks performed by program personnel:

5.01 Teachers:

5.01.1 Participate in the identification and referral of students in need of mental health services.

5.01.2 Participate in the implementation of treatment/behavior plans for students involved in SBMH services.

5.01.3 Provide feedback to Student Services Team on student progress.

5.01.4 Provide academic information to the team.

5.01.5 Includes the mental health practitioner in parent teacher conferences when there are emotional/behavioral issues to be addressed.

5.01.6 Participates in program evaluation, accountability, and quality assurance activities.

5.02 School Counselors:

5.02.1 Act as the “gatekeeper” for all referrals to SBMH services.

5.02.2 Coordinates services between school and provider identifying services that are to be provided by school personnel prior to or in tandem with mental health services such as school counseling, Special Education referrals, and SBMH referrals.

5.02.3 Oversees the SBMH program at the building level and acting as the point of contact for administrative management. Duties may include dissemination of information and following-up with program evaluations.

5.02.4 Coordinates data collection related to academic achievement for students involved with SBMH services including APSCN, SARA, grades, attendance, discipline referrals, other.
5.02.5 Coordinates and acts as “team captain” for Student Services Team meetings.

5.02.6 Participates in the implementation of treatment/behavior plans.

5.02.7 Participates in program evaluation, accountability, and quality assurance activities.

5.03 Mental Health Staff (Therapists, Case Managers):

5.03.1 Expected to attend and participate in Student Services Team meetings. Duties will include, but is not limited to the following:
   A. Communicates extensively and provides consultation, mental health education and prevention information.
   B. Assists in determination of appropriateness for services.
   C. Caseload staffing – provides appropriate feedback to assist education staff in the implementation of treatment/behavior plans.

5.03.2 Non-billable Services:
   A. Classroom consultation/observation
   B. Student Services Team staffing
   C. Support Groups for students
   D. Parent Education
   E. Staff Meetings
   F. In-Service Trainings

5.03.3 Billable Services:
   A. Assessment and diagnostic evaluations
   B. Individual therapy
   C. Group therapy
   D. Family therapy
   E. Collateral contacts
   F. Treatment planning
   G. Treatment coordination
   H. Referrals to appropriate mental health/community services

5.03.4 Participates in ADE sponsored SBMH conferences:
   A. Statewide Network Conferences
   B. Training Workshops

5.03.5 Participates in the collection of mental health information and data on student outcomes.

5.03.6 Participates in program evaluation and quality assurance activities (ADE site visits).
5.04 Principals:

5.04.1 Building level program promoter.

5.04.2 Supports staff participation in SBMH activities.

5.04.3 Understands the relationship between SBMH services and school disciplinary policy.

5.04.4 Participates in program evaluation, accountability, and quality assurance activities.

5.05 Superintendents:

5.05.1 Approves district participation in SBMH Network.

5.05.2 Promotes program throughout district.

5.05.3 Holds staff accountable for program participation and criteria.

5.05.4 Supports staff participation in SBMH activities on and off campus including statewide SBMH conferences and monthly/quarterly training workshops

5.05.5 Promotes the utilization of district data in the evaluation of the SBMH program.

5.05.6 Commits space, office machines, supplies to SBMH program.

5.05.7 Works with LEA/SBMH Coordinator to identify long-term sustainability resources and strategies. This includes assisting in development of community partnerships with key employers, leaders, funding sources.

5.05.8 Participates in program evaluation, accountability, and quality assurance activities

5.06 LEA Supervisors:

5.06.1 Acts as point person for SBMH Network between districts and ADE which includes but is not limited to assisting ADE Consultants with the development and implementation of SBMH Network in their district.

5.06.2 Responsible for developing the foundation throughout the district for the district's participation in the SBMH Network which includes:
   A. Garnering district support and approval for participation in SBMH.
   B. Educating district staff regarding national research on academic impact of SBMH services.
C. Identifying potential mental health partners.
D. Determining the district’s “readiness” to implement SBMH services.
E. Preparing Network application for submission.
F. Coordinating services between district and providers.
G. Monitoring quality of services.
H. Coordinating the collection and sharing of data on student outcomes.
I. Identifying specific training needs for districts related to SBMH.
J. Promoting Network via participation in statewide SBMH conferences.
K. Working with Regional Facilitators to promote program development and expansion.
L. Providing feedback regarding on-going development and training needs.
M. Identifying community leaders/supporters for potential funding sponsorships/partnerships.
N. Participating in program evaluation, accountability and quality assurance activities.

5.07 District-level SBMH Program Coordinators:

5.07.1 Same duties as LEA Supervisors.

5.07.2 Participate in program evaluation, accountability, and quality assurance activities.

5.08 Regional Facilitators

5.08.1 Point of contact for region, assigned by ADE.

5.08.2 Assesses training needs for regional programs and coordinates training with ADE.

5.08.3 Mentors new programs.

5.08.4 Represents regional programs.

5.08.5 Assists with program development and evaluation strategies.

5.09 Mental Health Supervisors:

5.09.1 Support personnel's participation in identified activities.

5.09.2 Adhere to contractual agreements between agency and district.
5.09.3 Adhere to professional supervision guidelines as established by state licensing boards.

5.09.4 Support personnel's participation in annual statewide SBMH conferences and in quarterly training programs sponsored by ADE.

5.09.5 Participate with the LEA and or SBMH Coordinator to identify program challenges, and provide solutions.

5.09.6 Promote and participate in the gathering, sharing and analysis of student and program outcomes as part of program evaluation, accountability, and quality assurance activities.

5.10 Administrative Assistants:

5.10.1 Assist program personnel in the management of the program logistics.

5.10.2 Act as receptionist to students and families.

5.10.3 Provides technical support in the development of district policies and procedures, data gathering, logistics, scheduling, record keeping etc.

5.11 Billing Clerks:

5.11.1 Provides billing services for district’s SBMH program.

5.11.2 Adheres to Medicaid billing guidelines.

5.11.3 Participates in both on the job training and training programs aimed at billing processes.

5.11.4 Maintains accurate billing records for all services.

5.11.5 Provides feedback to program directors regarding processes and outcomes related to billing.

5.11.6 Participates in program evaluation and quality assurance activities (ADE site visits).
The SBMH Network is based on a strong foundation of collaboration and cooperation between mental health providers and school districts. The following are the guidelines that frame the structure for our partnerships.

6.01 **SBMH Network Partnerships Consist of the Following Characteristics:**

6.01.1 Partners share information readily and easily, having established mechanisms to support this prior to implementation of the program through an interagency agreement and/or business associate agreement.

6.01.2 Partnerships are seen as a fully integrated team effort creating a "seamless" environment within the schools delivering student services, staff supports, and other services. SBMH partners will utilize Student Services Teams to keep abreast of student progress and problem solve any current issues.

6.01.3 Partners participate in planning strategies and interventions that impact individuals and systems in a positive way.

6.01.4 Partners recognize the value each brings to the table.

6.01.5 Partners create and maintain a shared agenda.

6.01.6 Partners participate in data management and analysis.

6.01.7 Partners support the academic and mental health of students.

6.01.8 Partners share responsibility for program success which includes:
   A. Support school program leadership
   B. Program development and enhancement
   C. Work towards “best practice”
   D. Weekly communication
   E. Introduction to school and community
   F. Education and stigma busters
   G. Elimination of barriers to services
   H. Fiscal management
   I. Program sustainability
   J. Program accountability
   K. Program quality
6.02 Alternative Learning Environment (ALE) and/or Day Treatment Service Delivery:

As noted in the SBMH Model, program models include services for all students in need. A SBMH Network member providing services in coordination with an ALE or a Day Treatment program will serve as a continuum of care for these students. All ALEs and Day Treatment programs must follow applicable laws and regulations.
7.00 SBMH Network Application and Site Visit Policy

All school districts that wish to participate in the ADE SBMH Network are required to submit an application for review and approval by ADE. The Department of Behavioral Health (DBH) will also have the opportunity to review all Network applications. Applications are to be submitted jointly by the school district and their identified mental health professional(s). The application demonstrates a commitment to a collaborative partnership between the district and the mental health provider(s). See Attachment B for the ADE SBMH Network Application.

Applications are reviewed by the Network consultant within 7 days of submission and are evaluated for adherence to Network standards and requirements, quality, and completeness. Once the application has been reviewed, the Consultant will either approve the application and forward it to ADE for final approval or return the application to the district for edits. Once ADE approves the application, it is forwarded to DBH for review. DBH has 10 days to review the application and return it to ADE. At that time, a letter of approval is sent to the applying school district, documenting acceptance of their network application.

School districts planning to bill Medicaid directly for SBMH services are required to complete an application for Medicaid. Medicaid applications can only be submitted upon approval for Network participation by ADE.

7.01 Application Definitions for Section I:

7.01.1 Identifying Information:

A. **District/ Education Services Cooperative:** The name and contact information of the district or coop applying for network status.

B. **LEA Supervisor:** Name of LEA Supervisor and contact information.

C. **Mental Health Licensed Practitioner:** List all of the mental health providers who will be district partners in the delivery of professional mental health services.

D. **Contact Person for Program:** Identify district person who will be the point of contract for the district’s SBMH program.

7.01.2 **Signed Statement of Assurances/ Agreement:** This is the legal agreement between the school district and the mental health provider, documenting that each party is responsible for following the outlined standards.
7.01.3 **Description of Caseload to be Served:** This section includes information on the demographics of the district, its community and the specific needs of the district. Include population makeup, socio economic information and community resources.

7.01.4 **Service Delivery Plan:** Provide the specific information about the program logistics.

7.01.5 **Training Plan:** Include the plan for orientation of the SBMH team (district and provider personnel); cross training between school staff and mental health staff and how professional staff will document continuing education.

7.01.6 **Supervision Plan:** Address both on site/indirect and off site/direct supervision. On site supervisor is the district employee providing program oversight and leadership. Off site/direct supervisor is the mental health supervisor for all clinical work performed by mental health professionals. Any provider not licensed at the highest professional level is required to have supervision. The professional providing supervision for licensure must also submit credentials.

7.01.7 **Procedures for Referral of Clients Requiring Medication:** Medication management must be provided by a Psychiatrist or Medical Doctor. A description of how this will be completed needs to be submitted in the application.

7.01.8 **Job Description:** Must be submitted for each position providing mental health services (therapist, case manager). The district creates this job description that outlines qualifications (licensure, experience, education); Specific Tasks – duties to be performed – treatment, prevention services, in services, crisis intervention, class room consultation, etc. Evaluation– describe how the provider will be evaluated for performance of job duties.

7.02 **Application Definitions for Section II:**

7.02.1 **Practitioner Checklist:** lists required documents for each mental health professional providing SBMH services. This is the process of vetting qualified personnel.

7.02.2 **Practitioner Profile:** This document certifies that the professional meets all the requirements necessary to be an approved SBMH provider. It is a standard practice of the credentialing process for most insurance companies.
7.02.3 **Attestation/Participation Statement:** This is legal documentation that all of the information included in the Practitioner Profile is true and correct. It also gives the practitioners’ permission for the district to verify professional and educational information and to decline the services of said professional if any information is found to be false.

7.03 **SBMH Network Site Visit Policy**

All districts submitting an application to participate in the SBMH Network are required to participate in site visits as part of quality assurance and utilization review activities. Two site visits will be conducted during the first year of program implementation.

A team from ADE conducts the visit and an exit interview with the SBMH Partnership. The team provides feedback on compliance and areas in need of improvement. A written report (see Attachment C) will be provided to the LEA Supervisor for partnership review, within two weeks of the visit. If recommendations for improvement are made, a follow-up site visit is scheduled within 3 months to review compliance. Program accountability is of the utmost importance and the consulting team will work with the partnership to bring the program into compliance.

7.03.01 **Initial Site Visit:** The *Initial Site Visit* is conducted after the application has been accepted and approved (see Attachment C). The SBMH Consultant conducts this visit with the district and provider to review the physical space provided for sbmh services, to review the partnership relationship and implementation of network standards. The consultant provides feedback and assistance on program implementation.

7.03.02 **Program Site Visit:** The *Program Site Visit* is conducted after the program has been established for a period of nine (9) to twelve (12) months. This visit mirrors an accreditation review comparable to visits conducted by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), CARF, or APS. Program components are reviewed in detail that includes reviews of administrative policies, network standard compliance, clinical records, physical plant and staff interviews. The purpose of the site visit is to prepare the program for review by any accrediting body, to evaluate program adherence to network standards and to provide feedback about program quality.
SBMH Network members will utilize a number of resources to document program effectiveness and outcomes. The basic purpose of program evaluation within the SBMH Network is to systematically collect data to provide stakeholders with the information they need to make decisions about the program. Evaluation is an essential component within the SBMH Network in order to document that services are effective and that scarce resources are not being wasted, in order to garner support from stakeholders (e.g., students, families, school personnel, community agencies, policy makers) and thus ensure program sustainability. Specific objectives of evaluation efforts are as follows:

### 8.01  Program Evaluation Purpose:

The major objectives of evaluation efforts within the SBMH Network are as follows:

- **8.01.1** To enhance the technical capacity of ADE staff and consultants as well as network program personnel to evaluate the processes and outcomes of SBMH programs.

- **8.01.2** To increase the impact of SBMH programs by facilitating the improvement of service delivery mechanisms as well as quality of care.

- **8.01.3** To provide specific deliverables designed to meet the needs of SBMH Network personnel.

- **8.01.4** Additionally, evaluation efforts will assist network member programs in obtaining grant funding to support the services they provide and to assist ADE in identifying targeted training needs of SBMH program staff as well as school personnel (e.g., special education teachers) who work day-to-day with students with disabilities.

### 8.02  Expected Outcomes:

ADE will provide a Program Evaluation report at the end of each fiscal year. SBMH Network consultants will present the evaluation plan as well as provide training and technical assistance to Network members regarding application of the program evaluation framework. Each member within the SBMH Network will:

- **8.02.1** Ensure that each program personnel and participant partakes in program evaluation efforts as required by ADE and indicated in personnel role descriptions.
8.02.2 Maintain an adequate data system to document program trends, make informed decisions, and address educational challenges facing the program in order to meet the goals of students and the stakeholders’ needs.

8.02.3 Develop and utilize information to strengthen programs, promote access, and ensure efficient utilization of resources.

**8.03 Program Evaluation Framework**

The SBMH Network Program Evaluation Standards are based on the Program Evaluation Standards proposed by the Joint Committee on Standards for Educational Evaluation (1994). The framework used in developing the SBMH Network Program Evaluation standards includes the following three components:

8.03.1 **Structure Evaluation**—Concerns the organizational characteristics of the program: its human, physical, and financial resources. Structure evaluation standards include, but are not limited to:

A. Evaluation Team.
B. Stakeholders.
C. Mission, Goals, and Objectives.
D. Student Outcomes (e.g., Educational, Mental Health).
E. Program Outcomes.
F. School Outcomes.
G. District Outcomes.
H. Community Outcomes.
I. Target Population Characteristics (e.g., demographic, educational, clinical).
J. Services Offered (e.g., type, modality, intensity, specific interventions).
K. Service Delivery Methods (e.g., referral mechanisms and processes, service settings, service providers, service support resources).
L. Service Delivery Context (e.g., school, district, community characteristics).
M. Outcomes Measurement Methods (e.g., data sources, informants, instruments, measurement and follow-up periods).

8.03.2 **Process Evaluation**—Concerns implementation of the program, barriers and facilitators to implementation, population served, and services utilized. Process evaluation standards include, but are not limited to:

A. Implementation.
B. Barriers and Facilitators to Implementation.
C. Program Modifications.
D. Population Served (e.g., demographic, educational, clinical characteristics).
E. Penetration.
F. Services Utilized (e.g., type, modality, intensity, specific interventions).

8.03.3 Outcome Evaluation—Concerns the value of the program, achievement of objectives, positive and negative effects aside from its stated objectives, cost-effectiveness and sustainability. Outcome evaluation standards include, but are not limited to:

A. Program Effectiveness.
B. Program Impact (positive and negative)
C. Cost-Effectiveness.
D. Sustainability.

8.04 Application of Program Evaluation Standards

SBMH Network members will apply the Program Evaluation Standards and Framework and participate in data collection efforts with ADE. The Program Evaluation Standards are a minimum set of standards that SBMH Network members will apply to the particular populations, settings, and services characteristic of the program being evaluated. Users are encouraged to become involved in refinement of the standards by assessing and reporting on the adequacy of the standards when applied in program evaluations. The following methods of data collection include, but are not limited to the following:

8.04.1 Document review (e.g., SBMH application, site visit(s) with SBMH Network consultants, conference presentations, school district performance reports).

8.04.2 Interviews between SBMH Network consultant(s) and SBMH Network participants.

8.04.3 SBMH Network Demographics Questionnaire.

8.04.4 SBMH Network Fidelity Scale.

8.04.5 SBMH Network Services Provided Questionnaire.

8.04.6 Arkansas Public School Computer Network (APSCN) and Student Assessment and Referral Application (SARA).

8.04.7 Individual Outcomes Measures (e.g., Clinical, Behavioral).

8.04.8 Consumer Satisfaction Surveys (e.g., Administrator, Youth, and Family).
Attachment A

School-Based Mental Health: Who We Are
School-Based Mental Health Network
Who We Are:

THE ARKANSAS SCHOOL-BASED MENTAL HEALTH NETWORK: WHO WE ARE

OUR MANDATE

- **Schools + Mental Health = Success**
  The mission of schools is to educate all students. The mental health of a student underlines how successful he/she will be in school. Students with mental health problems that are not adequately addressed have higher failure rates.

OUR MANDATE

- **Appropriate Referrals**
  SBMH allows mental health professionals to examine students more accurately by observing them in different settings and over longer periods of time, which leads to students being appropriately referred. It also allows problems to be eliminated faster or before they occur.

OUR MANDATE

- **Student/Parent Access**
  Students spend most of their day in school. Therefore, SBMH programs are more effective and allow students as well as parents to have convenient access to these services.
WHY SPECIAL EDUCATION IS THE LEADER IN ARKANSAS SCHOOLS IN SCHOOL-BASED MENTAL HEALTH

- **FACT:** The Individuals with Disabilities Education Act (IDEA) requires goals and objectives in the Individualized Education Program (IEP) of a child whose behavior impedes his or her learning or that of others
- **FACT:** Local Education Agencies must consider IEP services, including positive behavioral interventions, strategies, and supports to address this behavior

WHY SPECIAL EDUCATION LEADS ARKANSAS SBMH IN SCHOOLS

- **FACT:** IDEA specifically provides for the development and implementation of inter-agency strategies for the provision of mental health services
- **FACT:** $10 million in Federal special education funds have been expanded for school mental health services and student behavioral programs since FY 2000

WHY SPECIAL EDUCATION LEADS ARKANSAS SBMH IN SCHOOLS

- **FACT:** In school districts with established and effective SBMH programs, the driving force has been the local special education director and/or therapeutic staff with special education backgrounds
- **FACT:** Local special education staffs are expert negotiators and brokers for services targeted toward improving student educational outcomes

PARTICIPATING DISTRICTS

- Berryville
- Conway
- Fayetteville
- Green Co Tech
- Nashville
- Sheridan
- Valley Springs
- Bryant
- Cotter
- Greenwood
- Kingston
- Omaha
- Shirley
- Yellville
- Clinton
- Eureka Springs
- Lakeside
- Scotland
- Southside

PARTICIPATING PROVIDERS

- Baptist Health of Little Rock
- Community Counseling Services, Inc. (Hot Springs)
- Counseling Associates, Inc. (Conway)
- Methodist Family Health (Maumelle)
- Ozark Counseling Services, Inc. (Cotter, Yellville)
- Ozark Guidance Center (Berryville, Eureka Springs, Fayetteville)
- Rural Community Mental Health Center (Nashville)
- Private Practitioners: Joe Heard, LPC Vivian Mack, LAC, Kathy McKee, LAC, Sharon Collar, LAC (Bryant) and Scherry Levy, PhD/LCSW (OUR CoOp)
SELECTED PROGRAM DESCRIPTIONS

Bryant School District & Independent Partners

The Connection Company

- 10 Buildings - 6500 Students - 6 Staff - Mental Health Center Program
- Coordinator has background in Special Ed and is an LPC employed by the district

Bryant School District & Independent Partners

- 4 LPC Contract with the District and are on Campus 3-5 Days per Week
- Excellent Policy and Procedure Manual which Integrates Academic and Mental Health Components
- Treatment Plans mirror IEP forms for easy translation and sharing of information as needed

Fayetteville District & Ozark Guidance Center

- 5 Year Partnership
- 15 Bldgs – 8,200 students - 9 Staff
- Excellent integration between district and clinical staff
- FT Clinicians serve 1-2 Schools
- Day Treatment Component off site
- Participation with UA to support SBMH

Clinton School District

- 4 Buildings - 1200 Students - 6 Staff
- PhD, LCSW, LPE, 2 PhD Interns, Medicaid Manager employed by the district
- Lunch Bunch Group w/ Positive Outcomes
- Parenting Center
- Crisis Response to Community
- Serving 3 Additional Districts (increasing program to serve 12 Bldgs and 2450 students)

Greenwood School District

- 5 bldgs - 3400 Students - 5 Staff
- First District to Develop School-Based Mental Health Program
- Excellent Administrative Support
- Model for TEAMWORK & Commitment
- LPE, LCSW, LSW, School Psychology Specialist, LEA/LPC
- Creative Programming – Rodeo Week and Summer Programs
### Nashville School District & Rural Community Mental Health
- 4 Bldgs - 1800 Students - 8 Staff
- PhD, LAC, LMSW, 3 Case Managers, LEA, Special Ed Teacher
- Genesis Day Treatment Program
- Administrative Support – School Board
- Parental Involvement
- Partner involved in Promotion of Network

### O.U.R. Co Op & Ozark Counseling; Ozark Guidance and Dr. Scherry Levy
- Only Co Op in the state to participate
- 20 School Districts with multiple provider relationships integrated within schools
- Central Coordinator via Co Op
- Superintendent Support throughout the Co Op Districts
- Remarkable improvements in student behaviors and academic functioning
- Rapid Growth due to Success of Programs
- Mentoring new programs

### Sheridan School District & Baptist Health
- 8 Bldgs - 4141 Students - 10 Staff
- LPE, 3 Special Ed Teachers, 3 Para Professionals, LMSW, LCSW, LEA
- Model Day Treatment on Site – 3 Classrooms, Team Approach to Interventions
- Individual and Group - Centers for Youth & Families
- Received Grant for Adventure Summer Program

### COMMON CHARACTERISTICS
- All programs promote PARTNERSHIPS, between schools and mental health
- Integrated treatment plans: addressing academic, social, family functioning
- Sharing information to coordinate care and promote TEAM approach to treatment interventions
- Systems Approach to Interventions
- Positive Outcomes and Success Built into Programs

### OUTSIDE REVIEWER RECOMMENDATIONS

### RECOMMENDATION #1: Best Practices
- 1 Therapist/School Bldg.
- Number of Students in District
- Number of Buildings in District
- Partnerships: providers, community businesses
**Best Practices**

- Regional Advisory Councils with Original Network acting as Mentors to New Programs
- Leaders from Stakeholders, not State Agencies
- Promote Program Objectives, Fidelity to Model, Networking between Program Staff, Partnerships

**Best Practices**

- Build Quality Programs slowly and methodically with sufficient staff to meet needs of a small number of schools = sustainability
- Build upon success
- Utilize master and doctoral level interns to augment school efforts to provide primary prevention, early intervention, and non-billable services

**Best Practices**

- Research: Focus Groups
  - Program Outcomes yr 1-3.
  - Functional Outcomes yr. 3-5
- Twice a year meetings for all sites to provide training, encourage best practice and development of programs.
- Provide Cross Training on school-based programs between professional groups
- Train sites on sustainability and blended funding between partners and streamline billing process
- Build Community Partnerships

**Best Practices**

- Always create opportunities for success. Partner only with districts and agencies that share the vision of school-based mental health model.
- Fund only communities that adhere to the model and meet standards of best practice and those dedicated to work toward best practice.
- Media Promotion of Programs to increase community awareness and support

**OUTSIDE RECOMMENDATION: Program Sustainability**

- 70% Clinical Hours, 30 % Prevention
- Districts contribute $25,000/therapist/yr.
- MH Providers must realize efficacy of program and buy in by taking risk
- Solicit Community Partnerships with businesses, Foundations, Juvenile Justice Programs, other sources for funding alternatives.

**THE NETWORK’S STRATEGIC DIRECTION**

- Program Evaluation
- SARA
- Targeted Training
- During FY 2004-05, 50 School Districts, 200 Buildings
- Standard Funding Model
- State/Regional Role Delineation
Attachment B

SBMH Application for ADE
Application for School-Based Mental Health Service Providers

Each school district and prospective mental health partner must complete this application in its entirety in order to be considered for the School-Based Mental Health Network. This application will precede the school district application to Arkansas Medicaid. Medicaid will not approve a provider number to a school district without a letter of approval from the Arkansas Department of Education. This application must be submitted to the ADE regardless of the school district’s intention to bill for Medicaid-related school-based mental health services.

The 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. Consideration will not be given to incomplete applications and each must include original signature and dates.

1. Identifying Information

A. District/Education Services Cooperative

Name: ___________________________________________________________

Address: __________________________ City: _______________ Zip: ______

Phone: ______________ Fax: ______________ E-mail: ____________________

B. LEA Supervisor

Name: ___________________________________________________________

Address: __________________________ City: _______________ Zip: ______

Phone: ____________ Fax: ____________ E-mail: ____________________

C. Mental Health Licensed Practitioner (If more than one, list all on a separate sheet with the requested information and attach to application.)

Name: ___________________________________________________________

Address: __________________________ City: _______________ Zip: ______

Phone: ____________ Fax: ____________ E-mail: ____________________
D. Contact Person for Program (If not the LEA Supervisor)

Name: ___________________________________________________________

Address: __________________________ City: _______________ Zip: ______

Phone: ______________ Fax: ______________ E-mail: ____________________

2. Signed Statement of Assurances/Agreement

(Copy Attached)

3. Description of Caseload to be Served:  (Include description of district and community and specific issues/problems identified)

4. Service Delivery Plan to include:

A. Location for services to be provided
B. Anticipated frequency of service (hours of service delivery)
C. Provision for emergency service consistent with Medicaid Manual, Section 202.110 (24 hours, 7 days, 12 months)
D. Responsible party for billing SBMH Medicaid-related services.
E. Include referral and treatment procedures for ALE and PreK, when applicable.
5. Training Plan aimed at assuring that the licensed Mental Health Practitioners possess the competencies to conduct the tasks described.

6. Supervision Plan describing both direct and indirect supervision of Mental Health Practitioner. *(Include district point person)*

7. Describe procedures for referral of clients requiring medication.
Job Description for School Based Mental Health Services Practitioner
(Provide for each position – therapist, case manager)

Position Title: _______________________________________________________________

Responsible to: ____________________________________________________________

Qualifications:

Specific Tasks:

Evaluation:
STATEMENT OF ASSURANCES

The undersigned public education agency (school district/Education Service Cooperative) or RSPMI provider, as a provider of School-Based Mental Health (SBMH) services approved to receive Medicaid reimbursement for services provided to the under age 21 Medicaid population, agrees to the following assurances in order to ensure quality and continuity of care:

PROVIDER STAFF OR CONTRACTED PROFESSIONALS: Employees or contractors engaged as Licensed School-Based Mental Health Practitioners will meet specific qualification for their services. Further, such practitioners will provide services only in those areas in which they are licensed or credentialed.

SERVICES: As a provider of SBMH services, the public education agency, agrees to provide, either through employees or contractors, mental health services in a manner consistent with Section 202.110 of the Arkansas Medicaid Manual for SBMH services.

LIABILITY INSURANCE: Each practitioner will be covered by liability insurance.

CONTINUITY OF CARE/SERVICES: As a public education agency or RSPMI provider, we agree to work cooperatively with other providers of services to children and youth. Parental consent will be obtained, either by the public education agency or the RSPMI provider prior to providing SBMH services. We further agree to work collaboratively to coordinate delivery of mental health services with other sources of similar services and care. We will make appropriate disclosure consistent with privacy and confidentiality rights of the treatment plan to all parties involved. This includes the sharing of “need to know” information between the public education agency and mental health provider, which may contain, but is not limited to the student’s diagnosis, social and behavioral functioning information, testing results, and familial information.

NON REFUSAL REQUIREMENT: As a provider of SBMH services, we will not refuse services to a Medicaid eligible recipient under age 21 in a school setting unless, based upon the primary mental health diagnosis, the provider does not possess the services or program to adequately treat the recipient’s mental health needs. SBMH services are available to any student in need regardless of Medicaid or third party eligibility.

PHYSICIAN REFERRAL: Recipients of services will be referred verbally or in writing for SBMH services by a Medicaid enrolled physician. It is understood that the referral must establish that services are medically necessary.

COMPREHENSIVE ASSESSMENT: Recipients of SBMH services will receive a documented comprehensive assessment before services are begun.

TREATMENT PLAN: Recipients of SBMH services will have an individualized, written treatment plan to be included in the recipient’s medical record. For a public education agency billing Medicaid for SBMH services, an Individualized Education Program (IEP) reflecting mental health services may substitute for the treatment plan.
PLACE OF SERVICE: SBMH services will be provided in a school setting, to include an area on or off-site based on accessibility for the child, or at the home of the child when it is the educational setting for a child enrolled in the public schools. Initiation of SBMH services are contingent upon a referral from school staff.

RECORD KEEPING: All medical records which support the provision of medical services billed to Medicaid will be completed promptly, filed and retained by the public education agency in which the child attends school or RSPMI agency contracting with the stated public education agency. These records will be made available for audits by Arkansas Department of Education, Division of Behavioral Health, and/or Arkansas Division of Medical Services (Medicaid).

CONFIDENTIALITY: All aspects of the SBMH services will comply with regulations regarding client privacy and confidentiality. Space for the delivery of personal client services will be guaranteed privacy and confidentiality. Records of all SBMH clients will be maintained in locked files and access will be regulated in accordance with confidentiality requirements.

DOCUMENTATION: The public education agency and/ or contracted RSPMI agency will properly maintain prescribed written records for each child receiving SBMH services.

RECIPIENT APPEAL PROCESS: Upon receipt of an adverse decision, the recipient may request a fair hearing of the denial decision.

BILLING PROCEDURES: When billing for SBMH services, the student or family will not be responsible for fees related to the service(s) provided. The public education agency will be billed for services not reimbursed by Medicaid or other third party insurance.

_________________________________________  __________________________  
School District/ESC Chief Administrative Official     Date

_________________________________________  __________________________  
Practitioner of School-based Mental Health Services (Agency Director or Independent Provider)     Date

_________________________________________  __________________________  
LEA Supervisor/EC Coordinator     Date
Practitioner Checklist

Section II

Note: This is to be completed by the licensed Mental Health Practitioner (Therapist and Case Managers)

The following items must be submitted in order to complete the Application to become a school based mental health practitioner. Please return all of these documents with the Provider Application.

- **Current Resume of Practitioner** – must include month and year. Any lapse in continuous employment for work history since graduation from your graduate degree program must be fully explained on a separate sheet.
- **Copy of Practitioner’s Current State License/Certification (showing expiration date)**
- **Practitioner’s Board Certifications** (If applicable)
- **Copy of Practitioner’s Diploma**
- **If Applicable, Current Professional Liability Face sheet** (must indicate applicant as the insured, policy period and coverage amounts with minimum limits of $1,000,000.)
- **Practitioner Profile**
- **Explanation of any malpractice suits or licensing boards actions**
Practitioner Profile

Name: _________________________________________________________________

Address: __________________________ City: __________________ Zip: _________

Phone: _______________ Fax: ______________ E-mail: ________________________

NOTE: If “YES” is checked, please explain fully on a separate sheet. Documentation is required if you have malpractice claims pending or settled in the past five (5) years (include any settlements/adjudications, original complaint and final disposition.

1. **Health Status:** Do you currently have any physical, mental, or emotional conditions which may impair your ability to render the professional services which are the subject of this application? □YES □NO
   a. Do you currently use illegal drugs or abuse drugs or alcohol? □YES □NO

2. **Insurance Coverage:** Have you ever been denied professional liability insurance or initially refused upon application? □YES □NO

3. **License/Certification:** Has your professional license/certification in any state ever been revoked, suspended, placed on probation, conditional status, or limited? □YES □NO
   a. Have you ever voluntarily surrendered your license/certification? □YES □NO
   b. Are formal charges pending against you at this time? □YES □NO

4. **If Applicable: Hospital Privileges:** Has any hospital ever dismissed you from its staff? □YES □NO
   a. Has any hospital ever revoked, suspended, or limited your privileges? □YES □NO
   b. Has any hospital initiated either type of aforementioned action by formal notice to you? □YES □NO
   c. Has any hospital refused or denied you privileges? □YES □NO
   d. Have you ever voluntarily surrendered your hospital privileges? □YES □NO
5. **If Applicable: Hospital Sanctions:** Have you ever surrendered your clinical privileges upon threat of censure, restriction, suspension or revocation of such privileges? □YES □NO

6. **Professional Membership(s):** Has your membership in any professional society or association ever been canceled, revoked, or censured? □YES □NO

7. **Medicare/Medicaid:** Have you ever been fined, had an arrangement suspended, been expelled from participation or had criminal charges brought against you by Medicare or Medicaid? □YES □NO

8. **Criminal Offences:** Have you ever been convicted of a felony or involved in charges relating to moral or ethical turpitude? □YES □NO
   
   a. Have you ever been named as a defendant in any criminal proceedings?
      □YES □NO

9. **Board Discipline:** Have you ever been the subject of disciplinary proceedings by any professional association or organization (i.e., state licensing board, certification board, county, local school board, state or national professional society, hospital medical or clinical staff)? □YES □NO

10. **Malpractice Action:** Has any malpractice action against you been brought or settled in the past 5 years or has there been any unfavorable judgement(s) against you in a malpractice action? □YES □NO
   
   a. To your knowledge, is any malpractice action against you currently pending?
      □YES □NO

   b. Have you ever been a defendant in any lawsuit involving your practice where there has been an award or payment of $50,000 or more? □YES □NO
Attestation/Participation Statement

I fully understand that if any matter stated in this application is or becomes false, (district) will be entitled to terminate my employment as a School Based Mental Health Practitioner. All information that is being submitted by me in this application is warranted to be true, correct and complete.

I authorize (district) to consult with the State licensing board(s), educational institutions, specialty boards, malpractice insurance carriers, hospitals, professional references from whom information may be needed to complete the credentialing process or to obtain and verify information concerning my membership, professional competence, character, and moral and ethical qualifications, and I also authorize all of them to release such information to (district). I release (district) and its employees and agents and all those whom (district) contacts from any and all liability for their acts performed in good faith and without malice in obtaining and verifying such information and in evaluating my application to provide school based mental health services.

_________________________________________  _______________________
Signature                                     Date

_________________________________________
Name (Please Print)
For assistance with Individual Practitioner Application contact:

Ruth Fissel, LCSW
415 N. McKinley Suite 1060
Little Rock, AR. 72205
Phone: 501-537-2200
Fax: 501-537-2202
E-mail: ruthfissel@aristotle.net

For assistance with District Provider Application contact:

Tony Boaz, LCSW
2402 Wildwood Avenue
Wildwood Centre, Suite 170
Sherwood, AR. 72120
Phone: 501-835-2093
Fax: 501-835-8412
E-mail: tboaz@arkedu.k12.ar.us

Please mail completed application to:

Tony Boaz, LCSW
Lead Consultant
Medicaid In The Schools (MITS)
Arkansas Department of Education,
Special Education
2402 Wildwood Avenue
Wildwood Centre, Suite 170
Sherwood, AR. 72120
Attachment C

Site Visit Materials

- Application Visit Checklist
- Site Visit Checklist
- Site Visit Summary
- Site Review List
Arkansas Department of Education, Special Education Unit
School-Based Mental Health Network

Application Check List (Applications must contain all required information in order to be approved by ADE, SEU).

Applicant: __________________________________________________

Section 1. Identifying Information
A. District
B. LEA
C. MH Provider
D. Program Contact

Section 2. Assurances
A. Signatures

Section 3. Caseload Description
A. Demographics of Student Body
B. Community Demographics
C. Identified Problems/Diagnosis/Placements

Section 4. Service Delivery Plan
A. Location
B. Service Delivery-frequency, hours of operation
C. Provision of Emergency Services

Section 5. Training Plan – Description of Training for Staff

Section 6. Supervision Plan
A. Onsite Supervision
B. Professional Supervision

Section 7. Medication Management
A. Agreements with MD/Agencies/Facilities

Section 8. Job Description
A. Qualifications
B. Specific Tasks
C. Evaluation

Section 9. Practitioner Profile
A. Resume
B. Licensure
C. Liability Insurance
D. Attestation Statement

Reviewed By: ____________________________ Date: _____________

Recommendation: _____ Approve _____ Return
Site Visit Check List

(To be completed on site after submission and approval of Network Application)

Applicant(s):___________________________________________________

School District and Provider

1. Review of Contracts, MOUs, Agreements (Specifics regarding sharing of confidential materials, fiduciary responsibilities, records, hours of operation, services etc should be addressed)
   a. HIPAA/FERPA _______
   b. Record Keeping _______
   c. Billing _______
   d. Payments _______
   e. Service Delivery Plan _______
   f. On Call Plan _______

2. Tour of Facility (Counseling space, records, etc)
   a. Space Committed for Services _______
   b. Confidential Environment _______
   c. Records on Grounds? _______
      1. Fire Proof File Cabinet _______
      2. Locked Files _______
      3. Two Locked Doors _______
      4. Access Limits (FERPA/HIPAA) _______

3. Interview with Staff Partnership (District and Provider)
   a. Administrative Commitment _______
   b. Administrative Understanding _______
   c. Administrative Cooperation _______
   e. Provider Commitment _______
   f. Provider Understanding _______
   g. Provider Cooperation _______

4. Observation of Partnership Interaction
   a. Open Communication _______
   b. Problem Solving Approach _______

5. Partnership Integration
   a. Assigned Staff _______
   b. Multidisciplinary Staffings _______
   c. Shared In-Services _______
   d. Conference Attendance _______

6. Best Practices
   a. One FT Therapist/Building _______
   b. School-Based vs Linked _______
# SBMH Network Site Visit Summary

- **Date**: _______________________

- **District/Partner**: _______________________

- **Attendees**: ___________________________________________________________
  
  ___________________________________________________________
  
  ___________________________________________________________

- **Program Review**: _______________________

- **Chart Review**: _______________________

- **Medicaid Billing**: _______________________

- **Strengths**: ___________________________________________________________
  
  ___________________________________________________________

- **Needs**:    ___________________________________________________________
  
  ___________________________________________________________

- **Areas for Improvement**: _______________________________________________
  
  ___________________________________________________________

- **Recommendations**:    _______________________________________________
  
  ___________________________________________________________
# Site Review List

<table>
<thead>
<tr>
<th>School:</th>
<th>LEA:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid #:</td>
<td>Reviewer:</td>
<td></td>
</tr>
</tbody>
</table>

## Program Components (circle those offered)
- Individual Tx
- Group Tx
- Family Tx
- Med Clinic
- Parenting Education
- Targeted Case Management
- Environmental Intervention
- Crisis Intervention
- Other

## Data Source for Review (circle those used)
- Policy & Procedure Manual
- Interviews with Administrators
- Interviews with Staff
- Interviews w/ Clinicians
- Treatment Record Review
- Case Management Record Review
- Tour of Facility
- Review of Safety Procedures
- Attendance at Staffing/Mtgs

Answer each item by placing check in the YES cell if the indicator is satisfied – if it is not satisfied, leave the cell blank. If not applicable, mark the box with “N/A”.

- Are emergency services available on-site or by referral 24 hours/day, 7 days/wk? YES
- Are routine appointments available within 7 days? 
- Are urgent appointments available within 48 hours? 
- Are appointments for life-threatening emergencies available immediately? 
- Does the program have policies and procedures for outside provider access? 
- Does the program document staff education, licensure, and CEUs? 
- Does the program retain a copy of license and resumes for mental health staff? 
- Do formal procedures exist for diagnosis of problems, tracking resolution, and monitoring for improvement? 
- Is student, parent/family, teacher satisfaction evaluated and reported on an ongoing basis? 
- Are there regular meetings with clinical staff, school staff and administration to review administrative and clinical policies, procedures and other issues? 
- Are there program specific criteria in place for referrals, treatment and discharge? 
- Does a multidisciplinary team provide assessment, treatment and support services? 
- If multiple agencies are involved with the student, is there documentation of multi-agency service coordination or a multi-agency service plan? 
- Do these agencies meet for case planning on a regular basis? Monthly or Quarterly? 
- Are admission and treatment criteria consistent with interventions provided? 
- Are student and family interviews conducted and documented? 
- Is a comprehensive treatment plan completed within appropriate time frame for level of intervention? 
- Is there evidence of active participation by students in treatment planning when possible? 
- Does a formal system exist to assure follow-through on transition out of the program? 
- Are treatment plans and progress reviewed every 90 days? 
- Are support services provided and documented? 
- Does the mental health program inform students and family of rights and responsibilities and grievance procedures? YES
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do suicide prevention/precaution protocols exist?</td>
<td></td>
</tr>
<tr>
<td>Does the program have a policy addressing confidentiality and Notice of Privacy in accordance with HIPAA regulations?</td>
<td></td>
</tr>
<tr>
<td>Are files containing any clinical information maintained in a locked and safe setting, in accordance with medical record privacy standards?</td>
<td></td>
</tr>
<tr>
<td>Are treatment records up to date regarding signatures, releases and consents for participation?</td>
<td></td>
</tr>
<tr>
<td>Are Medicaid Billing procedures followed consistently?</td>
<td></td>
</tr>
<tr>
<td>Are areas where students are seen for counseling free from physical furnishings or equipment that represent a risk/safety hazard</td>
<td></td>
</tr>
<tr>
<td>Does the program demonstrate the incorporation of cultural sensitivities into its treatment program?</td>
<td></td>
</tr>
<tr>
<td>Is there a mechanism in place to gather data regarding school performance and mental health outcomes?</td>
<td></td>
</tr>
<tr>
<td>Is there evidence of a summer program via protocol, attendance records etc.?</td>
<td></td>
</tr>
<tr>
<td>Is there evidence of a parenting program via protocol, attendance records etc.?</td>
<td></td>
</tr>
<tr>
<td>Does the partnership participate in Network Conferences and training opportunities? (Both school and mental health staff)</td>
<td></td>
</tr>
</tbody>
</table>
Attachment D

SARA User Registration Form
School-Based Mental Health Network
SARA User Registration Form

This SARA username and password will allow your district to access all SBMH online reporting applications.

The password you choose must:
- Be unique (districts cannot have same password).
- Consists of at least eight alphanumeric characters (letters and/or numbers
- Have at lease one number
- Be all lower case
- Be unrelated to Special Ed Pass Word

Please complete all fields and fax to Tony Boaz at Arkansas Department of Education, Special Education, Grants and Data Management. The fax number is 501-682-4313.

LEA ID (4 digit username)___ ___ ___ ___
Name: ______________________ __________________________
SARA Password: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Password Hint: ______________________________________________
Program Type:  School-Based Mental Health

LEA Supervisor (print): _____________________________________
LEA Supervisor (signature): __________________________________
Superintendent (print): _____________________________________
Superintendent (signature): __________________________________
Contact E – mail Address: ___________________________________
Authorized staff to use SARA: __________________________
(others than LEA Supervisor) __________________________

Please retain a copy of this form for your records
Attachment E

SARA User’s Guide
Arkansas School Based Mental Health
Student Assessment and Referral Application
(SARA)

USER’S GUIDE

September 2005
SARA OVERVIEW

The Student Assessment and Referral Application (SARA) is designed to be a universal system for all student referrals to the school based mental health programs within the Arkansas Department of Education School Based Mental Health (SBMH) network. It was developed and is maintained centrally by the Arkansas Department of Education Special Education Unit.

Data entered in SARA will be used in the following ways:
- Individual case tracking by SBMH network programs
- Student level data matching with other student databases such as SEASWeb and APSCN SIS
- Aggregated review and analysis of Post Treatment Outcomes for SBMH Network program evaluation by the SBMH Program Evaluator

SARA assesses student functioning **at the time of referral** across eight areas which are displayed as the following screen titles: *Student Demographics and Referral Information, Evaluations, Interventions, and Outcomes, Educational Functioning, Behavioral, Emotional, Social, and Family Functioning, Medical and Developmental History, Diagnosis and Clinical Impressions, and Requested/Recommended Services or Interventions.* The *Post Treatment Outcomes* screen is to be completed for each student **at the time of discharge** from SBMH services.

<table>
<thead>
<tr>
<th>Screens</th>
<th>Print</th>
<th>Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Student Demographics, Referral Info.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Evaluations, Interventions, and Outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Educational Functioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Behavioral and Family Functioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Medical and Developmental History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Diagnosis and Clinical Impressions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Requested/Recommended Services or Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Post Treatment Outcomes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** The SARA Data Dictionary should be consulted frequently for specific definitions and additional information for each of the fields within the application.
READ FIRST

• To move between fields, the user may use the TAB key or click on each individual field. Throughout the application, the user may notice that the screen refreshes after editing some of the fields. This may require the user to manually set the cursor in the next field using the mouse. It is recommended the user complete the fields going left-to-right throughout the application.

• The “MESSAGE” located near the top of each screen under “LEA” lets the user know if the information has been saved or if an error has been encountered. If the user fails to enter mandatory information required in that screen, and clicks Save, a message will appear in red letters explaining what specific field(s) must be entered.

• It is not necessary to enter “N/A” or “None” in such instances where the information is not relevant to the student. For example, the Other Guardian Relationship and/or Additional Comments fields may not apply to a particular student. In such instances, you may leave the field blank.

• The Additional Comments fields located throughout the application are limited to a maximum of 8000 characters. Users are requested to give short, descriptive answers for these fields.

• You may print one screen at a time by using your browser print option or you may print all screens together by clicking on the “Print” button located at the top of the application.

• You may click on the “Exit” button at the top of the application to exit SARA at anytime. This will return you back to the School-Based Mental Health web page.
GETTING STARTED

To begin using the Student Assessment and Referral Application (SARA) go to the Arkansas Department of Education, Special Education website at http://arksped.k12.ar.us. Click on the section titled Technical Assistance for Teachers and Schools, then click on the Arkansas Department of Education School Based Mental Health icon. After reaching the School Based Mental Health webpage scroll to the bottom of the page to the heading “Web Applications.” Click on Student Assessment and Referral Application (SARA.)

This will bring up the following screen:

![Student Assessment and Referral Application](image)

Enter the LEA number and password and click the “Log In” button. The user will be taken to the Student Information screen.
ENTERING INFORMATION

The Student Information Screen

The Student Information screen allows the user to enter the student’s identification number to begin a new or edit a previous record. Three blue boxes sit at the top of this screen offering a choice for the user. The “Support” option allows the user to access the SARA User Guide and the SARA Data Dictionary. The “New Record” option allows the user to begin a new student record.

To begin a new record enter the nine digit Student Identification Number in the “Student ID” field and click on the “Get Student Data” button.

Upon clicking this button “New Service Entry” will appear. To begin a student record, click “New Service Entry”. This will take you to the Student Demographic, Referral Information Screen.

*If any previous student record exists it will appear under this section with the option to edit or delete.
Student Demographics, Referral Information Screen

The nine digit Student ID will be automatically displayed. Key in all applicable fields. The following fields are mandatory: *Service Begin Date, First Name, Last Name, and Date of Birth.* When you have finished keying in the fields on this screen, make sure you save your information by clicking the “Save” button at the bottom of the screen. **If you do not click the “Save” button before exiting a screen, your information will not be saved.**

After completing and saving the information on this screen, place the cursor over “Screens”. The drop down menu will display. Select the second screen (Evaluation, Interventions and Outcomes).
Evaluations, Interventions and Outcomes Screen

Each evaluation type requires a set of interventions and outcomes. Select “Yes” or “No” to indicate whether a student has participated in each type of evaluation. In order to choose an intervention, you must select “Yes” to enable the fields. In the “Comments” field attached to each evaluation type include any additional comments related to the student’s history of evaluations, interventions, and outcomes. Comments may still be entered if “No” is selected.

After entering information on the Evaluation, Intervention, and Outcomes screen, click the Save button at the bottom of the screen. **If you do not click “Save” before exiting this screen, any information that was not saved will be erased.**

After completing and saving the information on this screen, place the cursor over “Screens”. The drop down menu will display. Select the third screen (Educational Functioning).
Educational Functioning Screen

Key in all applicable fields. If you select “Yes” for the Special Education field (i.e., that the student is currently receiving special education services), the Primary Disability and Education Placement fields will become enabled, thus mandatory.

After entering information on the Educational Functioning screen, click the Save button at the bottom of the screen. If you do not click “Save” before exiting this screen, any information that was not saved will be erased.

After completing and saving the information on this screen, place the cursor over “Screens”. The drop down menu will display. Select the fourth screen (Behavioral, Emotional, Social Functioning, and Family Functioning).
Behavioral and Family Functioning Screen

Key in all applicable fields. There are no mandatory fields on the Behavioral and Family Functioning screen.

After entering information on the Behavioral and Family Functioning screen, click the Save button at the bottom of the screen. **If you do not click “Save” before exiting this screen, any information that was not saved will be erased.**

After completing and saving the information on this screen, place the cursor over “Screens”. The drop down menu will display. Select the fifth screen (Medical and Developmental History).

![Behavioral and Family Functioning Screen](image-url)

<table>
<thead>
<tr>
<th>SCREEN: Behavioral and Family Functioning</th>
<th>FISCAL YEAR: 2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEA:</td>
<td>STUDENT ID:</td>
</tr>
<tr>
<td>MESSAGE:</td>
<td>DATE:</td>
</tr>
</tbody>
</table>

**Behavioral, Emotional, and Social Functioning:**

- **Discipline Violations/Infractions (#)**
- **Out-of-School Suspension (#)**
- **Expulsion**
- **Legal Problems and Consequences**
- **Agency Involvement**
- **Other Agency Involvement -- Specify**
- **Student Strengths**
- **Additional Comments:**
  - (Behavioral, Emotional & Social Functioning)

**Family Functioning:**

- **Current Living Arrangement**
- **Family Interactions**
- **Family Motivation for Treatment**
- **Relevant Family History**
  - (include mental health and substance abuse history)

[Save button]
**Medical and Developmental History Screen**

Key in all applicable fields. There are no mandatory fields on the *Medical and Developmental History* screen.

After entering information on the *Medical and Developmental History* screen, click the Save button at the bottom of the screen. **If you do not click “Save” before exiting this screen, any information that was not saved will be erased.**

After completing and saving the information on this screen, place the cursor over “Screens”. The drop down menu will display. Select the sixth screen (Diagnosis and Clinical Impression).

---

**Medical and Developmental History**

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Medications</th>
<th>Primary Physician</th>
<th>Pregnancy/Birth Complications</th>
<th>Developmental Delays</th>
<th>Substance Abuse</th>
<th>Description of Substance Abuse</th>
<th>Other Health Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

---

**Student Assessment and Referral Application**

SCREEN: Medical and Developmental History  
LEA:  
MESSAGE:  
FISCAL YEAR: 2004/05  
STUDENT ID:  
DATE:  

---

---

---
Diagnosis and Clinical Impression Screen

Key in all applicable fields. There are no mandatory fields on the Diagnosis and Clinical Impression screen.

After entering information on the Diagnosis and Clinical Impression screen, click the Save button at the bottom of the screen. If you do not click “Save” before exiting this screen, any information that was not saved will be erased.

After completing and saving the information on this screen, place the cursor over “Screens”. The drop down menu will display. Select the seventh screen (Requested/Recommended services or Interventions).
### Diagnosis:

<table>
<thead>
<tr>
<th>Axis I</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis II</td>
<td></td>
</tr>
<tr>
<td>Axis III</td>
<td></td>
</tr>
<tr>
<td>Axis IV.</td>
<td></td>
</tr>
<tr>
<td>Axis V. GAP =</td>
<td></td>
</tr>
</tbody>
</table>

### Mental Status Examination:

- Appearance, Overt Behavior, Attitude
- Mood, Affect
- Thought Process and Content
- Orientation and Memory
- Impulsivity
- Judgement and Insight

### Discharge Planning:

- Projected Discharge Date
- Discharge Plan

[Save button]
Requested/Recommended Services or Interventions Screen

Key in all applicable fields. There are no mandatory fields on the Requested/Recommended Services or Interventions screen, but the fields should represent what interventions the student will be receiving while involved with the SBMH program.

If the user has entered all relevant data for the student in each of the first seven screens, then they can answer “Yes” to the Entry Completion Status field. By default this field is answered as “No”. Users are requested to ensure entries on all of the previous screens have been completed prior to selecting “Yes”. After the Entry Completion Status field is answered “Yes”, and the user clicks “Save”, then all screens except the Post Treatment Outcomes screen become disabled and no longer able to be edited. However, the user may still view the entries of all the six screens, but no changes can be made to the information. In case the user wishes to modify any of those entries, they can request ADE to unlock the status to bring the screens back to normal edit mode.

After entering information on the Requested/Recommended Services or Interventions screen, click the “Save” button at the bottom of the screen. If you do not click “Save” before exiting this screen, any information that was not saved will be erased.

Once the student has completed treatment and post treatment information is obtained, then you will be able to complete the eighth screen (Post Treatment Outcomes) of the student assessment.

**By selecting “YES”, you will disable the edit mode for ALL screens except “Post Treatment”. Users are requested to make sure they have completed all entries for this student prior to selecting “YES”**
Post Treatment Outcomes Screen

The Post Treatment Outcomes screen contains information about the final outcomes of a student during the time of discharge from SBMH services.

The mandatory field for the Post Treatment Outcomes screen is Education Placement. **NOTE:** The Education Placement field will only activate if the student was identified as receiving Special Education services at the time of referral for SBMH services.

If the user has entered all relevant data for the student in each of the six screens and clicked “Yes” on the entry “Entry Completion Status” field from the “Requested/Recommended Services or Interventions” screen, then they can answer “Yes” to the “Post Treatment Completion Status” field on the “Post Treatment Outcomes Screen.” “No” is selected by default. **After “Yes” has been selected for the “Post Treatment Completion Status” field, and you click “Save”, this screen will no longer be available for editing. The student record is now complete and no longer available for changes.** However, the user may still view and/or print the entries of all the seven screens, but no changes can be made to the information. In case the user wishes to modify any of those entries, they can request ADE to unlock the status to bring the screens back to normal edit mode.

If a student is transferred out of the school district or is referred for SBMH services again, then the user must properly close the SARA transaction of that student by selecting yes to the Entry Completion Status field, which is in the Request / Recommendation screen and the Post Treatment Status field, which is in the Post Treatment Outcomes screen.
Reports

The Reports section on the Student Information screen allows the user the option of running eight (8) multi-student reports at any given time.

The Monthly Service report allows the user to access all students enrolled in the SBMH program within a specified range of dates. This report includes the student identification number, first and last name of the student, service begin and end dates, name of clinician and/or case manager.

The Education Information report allows the user to access all students enrolled in the SBMH program with 504 or Special Education status.

The Diagnostic report allows the user to access student information related to diagnosis, name of clinician and/or case manager, and specific interventions received.

The Educational Outcomes report allows the user to access student information related to pre and post GPA, pre and post classes passed, pre and post classes failed, and pre and post days absent.

The Behavior Outcomes report allows the user to access student information related to pre and post discipline referrals, pre and post suspension, pre and post expulsion, pre and post ALE placement.

The Medicaid Eligibility report allows the user to access student information related to Medicaid eligibility, private insurance eligibility, and Special Education status.

The Important Dates report allows the user to access information related to all students enrolled in the SBMH program within a specified range of dates. This report includes the student identification number; first and last name of the student; next PCP referral date; Medicaid prior authorization date; indication if required documentation is in place; 90-, 180-, 270-, and 360-day review dates; and projected discharge date.

The Blank SARA Form allows the user to access a blank, printable version of the application.