

**1. SCHOOL PROFILE**

**School District Name:** Cedar Ridge School District

**Superintendent:** Dr. Ann Webb

**Designated Grant Administrator (*must be core team member*):** Brittany Bennett

**Email address:** bbennett@crsd.k12.ar.us

**Address:** 1500 North Hill Street **City:** Newark **Zip Code:** 72562 **County:** Independence

**Phone Number:** 870-799-3714 **Fax Number:** 870-799-3702

**LEA School Name:** Cord-Charlotte Elementary School

**LEA #:** 3212 **Number of Students:** 875 **Grades:** Pre-K through 12<sup>th</sup> Grade

**Principal:** Susi Epperson

**Email address:** sepperson@crsd.k12.ar.us

**Address:** 225 School Road **City:** Charlotte **Zip Code:** 72522 **County:** Independence

**Phone Number:** 870-799-3714 **Fax Number:** 870-799-3225

**CSH Coordinator:** Susi Epperson **Phone Number:** 870-799-3714

**Email address:** sepperson@crsd.k12.ar.us **Fax number:** 870-799-3702

**Special Education Supervisor:** Janet Seay **Phone Number:** 870-799-3714

**School Nurse:** Christina Smith **Yrs Employed by District:** 4 **Lic #:** R090436

**Educational Service Cooperative Name:** Northcentral Educational Cooperative

**Legislative District:** 01 **Legislators:** Senator David Wyatt & State Rep James McLean

**Amount requested:** \$ 150,0000 **Amount of matching/additional funds:** District provided support detailed in grant.

**Name of Organization providing matching/additional funds:** Cedar Ridge School District & White River Health System & Life Strategies Counseling Inc.

The applicant certifies that the information in this application is correct and that the filing of this application is duly authorized by the governing body of this institution.

Dr. Ann Webb

**Typed Name of Superintendent**

**Superintendent**

**Title**

Original Signature of Superintendent

**March 5, 2014**

**Date**

Susi Epperson

**Typed Name of Principal**

**Principal**

**Title**

Original Signature of Principal

**March 5, 2014**

**Date**

## 2. TABLE OF CONTENTS

### SCHOOL-BASED HEALTH CENTERS

School Profile	Page	1
Table of Content	Page	2
	Page	<u>2</u>
District Level Demographics	Page	3
	Page	_____
LEA Demographics	Page	4
	Page	_____
Narrative	Page	5
Section I SBHC Summary	Page	5 - 7
Section II Physical Health Component	Page	7 - 15
Section III Mental Health Component	Page	15 - 23
Section IV Location & Integration of Services	Page	23-25
Section V Sustainability	Page	25
Appendix	Page	26
School-Based Mental Health Survey (A)	Page	27 - 32
School-Based Health Center Partner Profile (B)	Page	33 - 34
Work Plan (C)	Page	35
School-Based Health Center Staff Profile (D)	Page	36
Five Year Projected Budget (E)	Page	37
Year One Budget Justification (F)	Page	38 - 40
Certificate of Assurance (G)	Page	41

Six Letters of Support (H)	Page 42 - 47
SBHC Building Sketches and Campus Map (I)	Page 48 - 51
SBHC Organizational Chart (J)	Page 52

### 3. **DISTRICT DEMOGRAPHICS:**

Provide data as of **Oct. 1, 2013.**

**Total # of Students in District:** 875 **Total # of LEAs in District:** 3

**Pre-K:** 38 **Elementary:** CCES Elementary 137, & NES Elementary 278, Total Elementary 415 **Middle School:** 0 **High School:** 422

54% **Eligible for free meals**

15% **Eligible for reduced price meals**

84% **Graduation Rate**

2.4% **Dropout Rate**

52% **Medicaid Eligible**

47.2% **BMI Overweight/Obese**

#### Racial/Ethnic Composition

.96% **American Indian or Alaskan**

.48% **Asian or Pacific Islander**

1.43% **Black (not Hispanic)**

.12% **Hispanic or Latino**

96.77% **White (not Hispanic)**

.24% **Other**

\$75,915.24 **Total dollar amount received from any or all Medicaid billable services: vision, hearing, school-based mental health, personal care, and Arkansas Reimbursement Medicaid Administrative Claiming. (with the exception of speech, OT, PT). This data can be found in "School Profiles" at [www.arimits.org](http://www.arimits.org).**

**4. LEA DEMOGRAPHICS:**

Provide data as of **October 1, 2013** for the school campus building that will house the health center.

**Total Number of Students in this School:** 175

**Grade level range:** Pre- K-6

51 % **Eligible for free meals**

\_\_\_\_\_

15.5% **Eligible for reduced price meals**

51% **BMI Overweight/Obese**

\_\_\_\_\_

94% **Absentee rate**

**Racial/Ethnic Composition**

1% **American *Indian or Alaskan***

1% **Asian or Pacific Islander**

1% **Black (not Hispanic)**

1% **Hispanic or Latino**

97% **White (not Hispanic)**

0% **Other**

## **5. NARRATIVE**

### **I. SBHC Summary**

#### **A. Provide a brief overall summary of the proposed School-Based Health Center.**



The Cedar Ridge School District partnering with the White River Health System and the Life Strategies Counseling, Inc. propose a sustainable, consolidated and centralized wellness center to serve the community. The overall health of the community will benefit through physical and mental health services. The details of the proposed center described within the narrative reflects what the partnering organizations are projecting to provide for the community, based on ongoing conversations and meetings between the school district and the White River Health System and the Life Strategies Counseling, Inc. The scope of the wellness center is broad in two ways: the services offered and the people who can be served by the center.

The scope of the wellness center will be widespread to lead to a more substantial impact overall health and wellbeing of the community. Through the diverse set of services provided, the scope will include all varieties of physical health as well as mental health. Students, staff, and

community members will have access to the services of the wellness center. The Cedar Ridge School District along with these partners commit to all the guidelines set forth in this application.

**B. Provide an outline of where the physical health and mental health staff fit within the organizational chart clearly identifying leadership and decision making hierarchy.**

**School  
Board**



**Cedar Ridge School District**

Building/House/Facility Including Utilities  
Security, Legal Services  
Appointment Scheduling  
Transportation Including Driver, Vehicle, Fuel, Insurance, and Maintenance  
Community Relations Including Marketing  
Janitorial Services  
Office Supplies, Phone & Internet, & All Utilities  
Registered School Nurse & Coordinated School Health Coordinator  
SBHC Coordinator (with grant funds)



**Licensed Medical Provider/White  
River Health Center**

Nurse Practitioner, LPN  
& Billing Secretary  
Medical Supplies  
Pharmaceuticals, Waste Disposal  
Malpractice Insurance  
Medical Records  
Laboratory Testing  
Medicaid/CHP & Application  
Assistance  
Financial Services  
(Accounting/Billing)  
Data Collection & Reporting  
Specialty Referrals  
Standard of Care Protocols



**Licensed Mental Health  
Provider/Life Strategies Counseling  
Inc.**

LMHP contracted outside provider  
Malpractice Insurance  
Medical Records  
Medicaid/CHP & Application  
Assistance  
Financial Services (Accounting/Billing)  
Data Collection & Reporting  
Specialty Referrals

**C. A description of the proposed health center location, highlighting medical and mental health service space in proximity to the primary location of students to be served.**

The proposed location of the SBHC will be conveniently located on the Cord-Charlotte Elementary & Preschool Campus. The building, a district owned house that is currently not being utilized, was formerly the superintendent/central office before Cord-Charlotte was consolidated into the Cedar Ridge School District. The house is separate from the school buildings and is just off the main road with plenty of area for parking. Please find attached within the appendix a sketch of the house that was drafted by the district facilities supervisor, Appendix I, Pages 48-50. Through grant funding, renovations will be made to the house to accommodate SBHC needs/requirements. The closest health center including medical & mental health services to the proposed location is 20 miles. Clearly, such services are needed in our area. 179 students are housed on the same campus as the proposed wellness center. 278 students at Newark Elementary will be 7.2 miles from this location. 422 students at Cedar Ridge High School will be 6.7 miles from this location. The district will provide transportation at no cost to the grant. A district owned van for the coordinator to transport students will be provided as well as all associated costs such as fuel/maintenance/insurance.

**II. Physical Health Component**

**A. Needs Assessment**

**i. Discuss the need for a school-based health center specifically physical health services (provide detailed information with data). Provide a detailed account of physical health services currently in the community, as well as services that will be offered in this proposal.**





This proposal for a School-Based Health Center will actively address multiple needs of individuals in Cedar Ridge School District (CRSD) in rural North Central Arkansas. A number of socioeconomic factors combine to create unfavorable conditions, which serve to limit students. The district free/reduced rate is at 69%. Currently, in comparison with the state, CRSD has a higher free/reduced lunch rate, a higher unemployment rate, and a lower median household income. 23% of the area lives in poverty.

The Cedar Ridge School District is one of a kind. It covers more square miles than any other district in the entire state. The consolidated district was formed from three separate rural school districts, Oil Trough School District, Newark School District and Cord-Charlotte School District. It is primarily made up of farming communities with many ranches and poultry houses covering nearly 250 square miles. Other working patrons have a forty-mile round trip to work at city factories due to limited local opportunities. Obviously, densely populated areas have limited resources and need specific strategies to reach such needs. The district's community is underserved medically. With limited access to healthcare facilities, health disparities continue to manifest themselves among community members. In the most recent county health data, Independence County was ranked 72 out of 75 counties in lack of access to recreational facilities and healthful foods. According to the Arkansas Center for Health Statistics, 67% of all county residents are overweight and/or obese, and 32% indicate they participate in no physical activity. These percentages are higher than the state average. Mortality rates for the county exceed the statewide averages for those categories directly related to obesity as well, including heart disease and diabetes. Unfortunately, the districts' statistics fare no better. Student fitness scores reveal that only 60% of students demonstrate performance in the "healthy fitness zone" as indicated by the latest state physical fitness testing. Other data shows 52% of the school districts' students in

grades K-12 do not engage in physical activity outside of the school day, and 47.2 % have been classified as overweight or obese according to BMI data. Students who are overweight or obese are at a high risk for diabetes and heart disease later in life unless intervention occurs. Childhood obesity rates are soaring throughout our nation, and clearly, our community is no exception.

Cedar Ridge School District, which is a Coordinated School Health School, was the recipient of the Arkansas Department of Education, Office of CSH's Healthy School Board Award, twice in the past three years. Cedar Ridge has received many Joint Use Agreement grants from CSH as well. The district secured funding for a Community Nature Walking Trail and a Community Garden as well as funds to renovate an unused gymnasium to utilize as a Community Fitness Center. Cedar Ridge is part of the county-wide Eat Well, Play Hard, Make it Balance initiative, which offers the community free aerobics and weight management classes that are affordable and accessible. Other health programs implemented by the district include: SPARK, which provides professional development training, equipment and curriculum aligned to state frameworks, was adopted by the school board. The Fresh Fruits & Vegetables program provides all K-6 elementary students, with a fresh fruit or vegetable each day as an afternoon snack. This allows students to try foods they may not have been exposed to previously and increases their consumption healthy foods. A Walk/Run program was established this year for the K-6 schools. Now students are walking/running instead of sitting or standing and waiting on their school bus at the end of the day. To date, students have logged over 3,000 miles.

Although the district has a registered nurse on each campus, their services are limited. They are unable to write prescriptions when students need them to get well. They are unable to conduct blood/lab work to diagnose students effectively. The school-based health center will give students the opportunity to be served by an advanced nurse practitioner (ANP), who will be

able to write prescriptions based on their symptoms/conditions/needs and conduct blood/lab work to better diagnose students. Not only will the quality of care be improved, the convenience/accessibility of care will be improved. Currently, there is no physical health provider in the area. The closest is a 20 mile drive (40 mile roundtrip) to Batesville.

**ii. Discuss the barriers that exist in the community (medical community, parents, etc.) which have prevented addressing this need in the past.**

It's been a three year process to secure all the key components needed for the school based health center grant application. It's not the type of project that can be devised overnight. When the idea of a SBHC was brought to the wellness committee in 2011, coordinated school health was just in the beginning stages of being implemented into the school. The district expressed a need but didn't have the outside connections/stakeholder buy-in needed. In 2012, connections/stakeholder buy-in was established. However, the facility the school could provide was not adequate. This year the district feels it has that missing piece with the availability of a district owned house. The medical community has not been a barrier, because there are no medical providers to compete with in the area. The closest provider is White River Health Systems which is 20 miles away. They are our partner in this application. Parents have been nothing but supportive over the past three years. They are looking forward to the possibility of this service and the benefits they would reap from such an asset.

**B. Partnerships & Stakeholders**

**i. Provide a detailed account of the events and involved stakeholders that brought the school to the current application stage. Specifically outline medical partnership and their stake in the overall project.**

The district CSH Coordinator initiated a conversation about school based health centers

with the district wellness committee in 2011. The coordinator had been given information regarding the grant and asked for supportive data from district staff to be shared with the wellness committee to clarify the need. The nurse presented the alarming school BMI percentages. The nurse also shared the percentage of students who qualify for Medicaid. She followed it up with documentation from her office that showed although students had insurance, they still didn't go to the doctor/dentist office for problems she felt were visit worthy. All district principals showed high absentee rates due to doctor/health related appointments. At that time, CSH had just begun to be implemented within the district. Although the need had been established, the district wasn't prepared to apply. The district lacked outside stakeholder support and connections. The superintendent requested the coordinator contact a school with a SBHC and ask to visit the facility and bring back information to the wellness committee. After the coordinator visited the Cross County School District SBHC and shared their successes with the wellness committee and presented the information in the first community/stakeholder forum, the superintendent received board approval to apply the following year.

The next school year, the "gut" work was done. The coordinator joined the county hometown wellness coalition. Through these connections, the coordinator successfully established a partnership with a physical health provider. The coordinator surveyed the students, staff and community to identify needs and recruit key stakeholders. The coordinator presented this information along with an overview of school based health centers in the second community/stakeholder forum. Although much progress was made in 2012, the school district did not apply. Something was missing. Contractors felt the facility the school could provide at that time needed more renovations than the grant provided and the fire department was uneasy about the quality of the building meeting inspection once renovations were made.

This year that all changed! A district owned house (formerly the superintendent's office/central office) that sits on the district's campus became available. The facility was the missing link. Although the district could have rented the house, the board decided that providing a SBHC for students, staff and community was priceless. The existing partners made a site visit to the new location/house and re-committed to all the grant partnership requirements.

**ii. Describe each planned medical partner, detailing the partnership, role, and resources provided within the SBHC.**

White River Health System will serve as the provider of all of the following services: 1). Advance Nurse Practitioner will be on-site a minimum of 12 hours per week; 2). An LPN will be on-site a minimum of 12 hours per week. 3). And a support staff person will be on campus to aid in billing and general administrative tasks on campus a minimum of 12 hours per week. Cedar Ridge School District will provide the facility and all utilities. The district will provide all transportation including all related costs. The district will also employ the CSH Coordinator and School Nurse to lead in the collaboration with White River implementation of services. The district maintains responsibility to publicize the center and seek out students in need of services.

**iii. Include, as part of the six necessary letters of support, at least one from the physical health service provider. (Include as Appendix H)**

Attached Appendix H, Page # 43.

**C. Community & School Impact**

**i. Discuss the expected school/community impact from this project. Include expected measurable outcomes from physical services being offered within this campus (i.e. reduced absenteeism, increase prevention services, decrease discipline referrals).**

The district's community is underserved medically. With limited healthcare facilities, health disparities continue to manifest themselves among community members. The impact of this project in our isolated rural area is immeasurable. Due to the rural nature of the community and high socioeconomic need, students and parents alike are not receiving the necessary medical health services that they need. The lack of health services has led to a noticeable void in the community. This initiative would bring positive growth. In one of the forums to gain community support, the stakeholder's perceptions of the reasons our school/community would be receptive are: 1). Improved health. Better care for our students and community. 2). Reductions in time/wages lost from work. 3). Convenience. 4). Personal approach to care. 5). Improved access. 6). Cost efficient. No transportation costs. No reductions in parent/guardian loss of work time and wages. 7). Time-efficient. Speed of care. 8). Provide continuity in care. 9). Patient-physician trust will increase use of services. 10). Educational advantages. Healthier children means the more time they have to learn, reductions in absenteeism and discipline. APSCN reports of the schools in the district point to a growing concern among school principals about the health of their student population. Too many students are missing school for appointments. Currently, doctor appointments are an all day trip due to the location of the school and long waiting room times.

**ii. Describe current and future efforts in educating and engaging the community, staff, and parents in SBHC initiative specifically the physical health component.**

In 2011, the district wellness committee had the first community/stakeholder forum to present school based health center basics and share success from another Arkansas school district. 32 people attended. In 2012, the district wellness committee hosted two community/stakeholder forums. The purpose of the first forum was to share the initial results

from the school/community surveys and the data supporting the need for the school based health center. 48 people attended. The second forum that year was to collect parent-led community input. The forum participants identified 10 reasons they felt the school/community should be receptive to a SBHC. These were the words put on the chart paper: 1). Improved health. 2). Reductions in time/wages lost from work. 3). Convenience. 4). Personal approach to care. 5). Improved access. 6). Cost efficient. No transportation costs. No reductions in parent/guardian loss of work time and wages. 7). Time-efficient. Speed of care. 8). Provide continuity in care. Student will have consistency. 9). Patient-physician trust will increase use of services. 10). Educational advantages. Healthier children means the more time they have to learn, reductions in absenteeism and discipline. 51 people attended. In 2013, a community/stakeholder forum was held again. The wellness center proposed two locations to house the SBHC. Pros and cons for both locations were stated. 42 people attended. The coordinator took their votes/suggestions /comments to the superintendent who presented this information to the school board. It was a unanimous decision. In addition to these four community/stakeholder forums, the district wellness meets monthly. Since the SBHC grant was mentioned in 2011, it has been a line item on the agenda each month. The district wellness committee established a school based health center sub-committee in 2012. This group meets immediately following the regular district wellness committee meeting to continually gather information needed for the SBHC application.

#### **D. Evaluation**

##### **i. Describe a detailed plan to evaluate progress relative to physical services on campus.**

All physical health baseline data will be collected before the SBHC opens. At the end of each program year, post data will be collected and compared to baseline data. All data from the end of each year will be collected and compared to monitor progress.

**ii. Discuss specific tools that will be used in the evaluation process.**

Data from a variety of sources will be collected including body mass index, APSCN discipline/behavior reports and APSCN attendance reports including graduation rates. State testing data will be used. County health data available from the county health statistics will be used. All SBHC data including number of visits, number of wellness checks provided, etc will be collected as well.

**iii. Outline possible strategies that can be used to modify the work plan to account for positive or negative data trends from the evaluation information relative to physical health services.**

Work Plan progress and data will be reviewed by the SBHC committee each month as part of their monthly meeting. Under their supervision and guidance the work plan will be revised to accommodate needs as they arise.

**III. Mental Health Component**

**A. Needs Assessment**

**i. Discuss the need for implementation/expansion of mental health services within a school-based health center (provide detailed information with data). Provide a detailed account of mental health services currently in the community and expansion of services that will be offered through the SBHC.**

Cedar Ridge School District is located in Independence County, which has one of the highest rates of suicide in the state and the highest rate of teen suicide in the state. That's not all that makes the district unique. Cedar Ridge School District has 24 students enrolled who live at the New Life Children's Home. The children's home provides a home for students whose parents are incarcerated or in a drug rehab facility. The district provides the building/facilities for the



children's home on the old Oil Trough School District campus, which consolidated into the district. The counselor has discussed the issue of having 24 students in the district who lived at the home and their mental/behavioral health issues and need for more in-depth counseling.

The Arkansas Prevention Needs Assessment (APNA) student survey allows schools to monitor alcohol, tobacco and drug use and rates of antisocial behavior. It indicates a high need for tobacco and alcohol abuse reduction among district students considering 45% of eighth graders have used alcohol and 37% have used tobacco. Other risky behaviors identified in this survey include attacking to inflict harm, binge drinking and being suspended from school. These behaviors are confirmed with the Arkansas Public School Computer Network (APSCN), a school data collection system that tracks discipline referrals and records.

**Alcohol-** 1 in 4 12<sup>th</sup> grade students have used alcohol in the past 30 days. 18% of 12<sup>th</sup> grade students have engaged in binge drinking, and 16.2% of them have been drunk or high at school.

**Most alarming, 73.6% reported that the location of use is their home or someone else's home and 12.7% reported that they drink alcohol with parents' permission.**

**Tobacco-** 1 in 4 12<sup>th</sup> grade students have used cigarettes in the past 30 days. 10.8% of 12<sup>th</sup> grade students report that there are no rules about smoking inside their home. **Most alarming, of the combined grades, only 32.7% of students said that they were not taught in any of their classes about the dangers of tobacco use and only 36.9% reported to have participated in any community activities to discourage people their age from using cigarettes.**

Substance abuse begins early in our area. The average age of first alcohol use is 12.8 and the average age of first tobacco use is 12.3. Combined grade report rates are higher than their statewide counterparts for past 30-day use of alcohol and cigarettes. Consequences of early substance use are well-documented, and include increased tendency toward addiction, and

permanent damage to the developing brain. Students' reported use rates are validated in review of school-based infractions for violation of alcohol and drug policies. Students in elementary, middle, and high school grades exhibit school drug infraction rates higher than the state averages. Arkansas Public School Computer Network (APSCN) data showed 12.5% average of total discipline referrals were related to the use of alcohol, drugs, tobacco and prescription drugs. In addition to the personal consequences of adolescent alcohol use (damage to the developing brain, and increased likelihood of engaging in other risky behaviors such as unprotected sex), Independence County has, as a community, experienced the results of drinking and driving.

**According to the Arkansas' 2010 Traffic Crash Statistics (most recent available), out of the 10 total car crash fatalities in Independence County, 5 were alcohol related.**

To address these concerns, the Cedar Ridge Youth Coalition was created. These students were trained in Lead and Seed and provide activities to combat tobacco and other drugs throughout the entire district. A comprehensive tobacco policy was adopted by the school board. Although the district provides a school counselor at each campus and some students receive on-site counseling from an outside provider, it is not the quality of service needed to meet the needs of our students. With the addition of the SBHC and the partnership with Life Strategies Counseling, Inc., a mental health provider will be available and have the facility to provide more in-depth services including group./family counseling to better serve students and their families.

**ii. Discuss the barriers that exist in the community (mental health community, parents, etc.) which have prevented addressing this need in the past.**

It's been a three year process to secure all the key components needed for the SBHC application. It's not the type of project that can be devised overnight. When the idea of a SBHC was brought to the wellness committee in 2011, coordinated school health was just in the

beginning stages of being implemented into the school. The district expressed a need but didn't have the outside connections/partnerships/stakeholder buy-in needed. In 2012, connections/partnerships/stakeholder buy-in was established. A licensed mental health provider committed to partnering with the school. However, the facility the school could provide was not adequate. This year the district feels it has that missing piece with the availability of a district owned house located on one of the elementary campuses. The mental health community have not been a barrier, because there are no mental health providers to compete with in the area. The closest providers are Life Strategies Counseling, Inc. which is 20 miles away. They are our partner in this application. Parents have been nothing but supportive over the past three years. They are looking forward to the possibility of this service and the benefits they would reap from such an asset.

**iii. Use data from the School-Based Mental Health Survey (Appendix A) to support statements made about need.**

According to the School Based Mental Health Survey, all three counselors in the school district are "not satisfied" with the current services being provided. Currently, mental health services are provided by outside providers on site to individual students. The majority of those students who are receiving services are only seen every other week. The counselors from all three campuses commented in the survey about the 24 students who are enrolled in the New Life Children's Home, whose parents are incarcerated or in a drug rehab facility, needing more in-depth services than the school can provide. They have worked very hard in collaboration with the staff at New Life Children's Home to reach student needs including providing a certified teacher to travel to the home afterschool hours to act as a tutor/mentor. Even with these efforts, students still need more. One of the elementary school counselor's stated "it's most disheartening to see a

child who is physically and academically successful lack control of their emotions.” The counselor noted feeling frustrated to not have time to help them. The counselors from all three campuses stated the need for family counseling. Currently, mental health services are provided on site to individuals. Although all three counselors are “satisfied” with the current mental health provider, the counselors feel that it’s not provided often enough. One of the elementary counselor’s commented “I love Travis (current mental health provider) , I just wished he could be here every day or clone himself for each campus”. They also feel that if the families received services with the individual students that more progress would be made. The high school counselor said “what we lack is family involvement”, and “families need to be part of the counseling for real progress to be made”.

## **B. Partnerships & Stakeholders**

**i. Provide a detailed account of the events and involved stakeholders that brought the school to the current application stage. Specifically outline mental health partnerships and their stake in the overall project.**

The district CSH coordinator initiated a conversation about school based health centers with the wellness committee in 2011. The coordinator had been given information regarding the grant and asked for supportive data from district staff to be shared with the wellness committee to clarify the need. The counselor presented the Arkansas Prevention Needs Assessment (APNA) data. The counselor also discussed the issue of having 24 students in the district who lived at New Life Children’s Home (a home for children whose parents are incarcerated or in a drug rehab facility), and their mental/behavioral health issues and need for more in-depth counseling. At that time, CSH had just begun to be implemented within the district. Although the need had been established, the district wasn’t prepared to apply. The district lacked outside stakeholder

support and connections. The superintendent requested the coordinator contact a school with a SBHC and ask to visit the facility and bring back information to the wellness committee. After the coordinator visited the Cross County School District SBHC and shared their successes with the wellness committee and presented the information in the first community/stakeholder forum, the board approved the school district to apply in the next release of applications.

The next school year, the “gut” work was done. The coordinator joined the county hometown wellness coalition. Through these connections, the coordinator successfully established a partnership with a mental health provider. The coordinator surveyed the students, staff and community to identify needs and recruit key stakeholders. The coordinator presented this information along with an overview of school based health centers in the second community/stakeholder forum. Although much progress was made in 2012, the school district did not apply. Something was missing. Contractors felt the facility the school could provide at that time needed more renovations than the grant provided and the fire department was uneasy about the quality of the building meeting inspection once renovations were made.

This year that all changed! A district owned house (formerly the superintendent’s office/central office) that sits on the district’s campus became available. The facility was the missing link. Although the district could have rented the house, the board decided that providing a SBHC for students, staff and community was priceless. The existing partners made a site visit to the new location/house and re-committed to all the grant partnership requirements.

**ii. Give a detailed account of mental health partnerships expected within this endeavor and what role each partner will have within the SBHC.**

Life Strategies Counseling, Inc will serve as the provider of all of the following services:

1). A mental health provider will be on campus five days a week. Cedar Ridge School District will provide the facility and all utilities. The district will provide all transportation including all related costs. The district will also employ the CSH Coordinator and School Nurse to lead in the collaboration with Life Strategies implementation of services. The district maintains responsibility to publicize the center and seek out students in need of services.

**iii. Include as part of the six necessary letters of support at least one from the mental health service provider. (Include as Appendix H)**

Attached Appendix H, Page # 44.

### **C. Community & School Impact**

**i. Discuss the expected school/community impact from this project. Include expected measureable outcomes from mental health services being offered within this campus (i.e. reduced absenteeism, increase prevention services, decrease discipline referrals). This narrative detail should align with the work plan (Appendix C).**

The district's community is underserved in mental health services. The impact of this project in our isolated rural area is immeasurable. Due to the rural nature of the community and high socioeconomic need, students and parents alike are not receiving the necessary mental health services they need. In one of the forums to gain community support, the stakeholder's perceptions of the reasons our school/community would be receptive to increased services: On chart paper they stated: 1). Improved health. 2). Reductions in time/wages lost from work. 3). Convenience. 4). Personal approach to care. 5). Improved access. 6). Cost efficient. No transportation costs. No reductions in parent/guardian loss of work time and wages. 7). Time-efficient. Speed of care. 8). Provide continuity in care. 9). Patient-physician trust will increase use of services. 10). Educational advantages. Healthier children means the more time they have to

learn, reductions in absenteeism and discipline. APSCN reports of the schools in the district point to a growing concern among school principals is student behavior. They feel students aren't be diagnosed as they should for depressive, anti-social, disruptive and violent behaviors and attitudes. Currently, counseling is done on site, but not in-depth that includes families or more than once a week.

**ii. Describe current and future efforts in educating and engaging the community, staff, and parents in SBHC initiative specifically the mental health component.**

In 2011, the district wellness committee had the first community/stakeholder forum to present school based health center basics and share success from another Arkansas school district. 32 people attended. In 2012, the district wellness committee hosted two community/stakeholder forums. The purpose of the first forum was to share the initial results from the school/community surveys and the data supporting the need for the school based health center. 48 people attended. The second forum that year was to collect parent-led community input. The forum participants identified 10 reasons they felt the school/community should be receptive to a school based health center. 51 people attended. In 2013, a community/stakeholder forum was held again. The district wellness center proposed two locations to house the school based wellness center. Pros and cons for both locations were stated. 42 people attended. The coordinator took their votes/suggestions/comments to the superintendent who presented this information to the school board. It was a unanimous decision. In addition to these four community/stakeholder forums, the wellness committee meets monthly. Since the SBHC was mentioned in 2011, it has been a line item on the agenda each month. The wellness committee established a school based health center sub-committee in 2012. This group meets immediately following the regular wellness committee meeting to continually gather information needed for

the SBHC application. The SBHC coordinator will educate the community on the services provided as well as continually promote and communicate services to the community.

#### **D. Evaluation**

##### **i. Describe a detailed plan to evaluate progress relative to mental health services on campus.**

All mental health baseline data will be collected before the SBHC opens. At the end of each program year, post data will be collected and compared to baseline data. All data from the end of each year will be collected and compared to monitor progress.

##### **ii. Discuss specific tools that will be used in the evaluation process.**

Data from a variety of sources will be collected including the Arkansas Prevention Needs Assessment (APNA) data and APSCN behavior/discipline reports. County health data available from the county health statistics will be used. All SBHC data including number of visits, number of mental health services provided, etc will be collected as well.

##### **iii. Outline possible strategies that can be used to modify the work plan to account for positive or negative data trends from the evaluation information relative to mental health services.**

Work Plan progress and data will be reviewed by the SBHC committee each month as part of their monthly meeting. Under their supervision and guidance the work plan will be revised to accommodate needs as they arise.

#### **IV. Location and Integration of Services**

##### **A. Staff and Collaboration**



**i. Provide detailed information regarding SBHC staff including how all components will work collaboratively together. Highlight the role of the physical health and mental health staff and services within this collaboration.**

A SBHC Coordinator will be hired to act as a liaison between the school staff and the physical health and mental health staff. The SBHC Coordinator will coordinate all activities, appointments, transportation and communication between the school and providers. The SBHC Coordinator will collect all required legal documents for students to receive services on campus such as transportation, insurance, parental consent, etc. forms to assist both providers. The Advance Nurse Practitioner from physical health staff will provide the medical services, have a licensed practicing nurse to assist in those medical services and have a support staff for billing. The mental health will provide a licensed mental health provider who will provide services and collect paperwork for their off site location to process the billing. The SBHC Coordinator will also collaborate with the district nurse and CSH Coordinator to best utilize the SBHC.

**B. School Integration**

**i. Describe the integration of the school-based health center into the school environment and culture.**

The environment of the Cedar Ridge School District is as most small rural schools “homey”. The majority of students eat breakfast at school, lunch and some even attend the afterschool program where they are given a snack and a light supper. Students feel comfortable at school, because they spend the majority of their time there. 85% of students ride the bus. These are long commutes considering the district covers more ground than any other in the state. At this point, the district is doing the best they can do to incorporate CSH and provide physical and mental

health services. The school based health center will improve and be an extension of the services the district already offers.

**C. Location of services (include as Appendix I)**

**i. Provide a blue print sketch of the proposed location in its current state**

Attached Appendix I, Page # 48.

**ii. Provide a blue print sketch of the SBHC after planned renovation**

Attached Appendix I, Page # 49.

**iii. Provide an aerial campus photo or campus map illustrating the school-based health center (including location of all services) and primary location of students to be served.**

Attached Appendix I, Page # 50.

**V. Sustainability Plan**

**A. Provide a detailed plan for sustainability including funding staff and operations.**

**Include with this plan a letter of support from the school Superintendent stating his/her willingness to analyze and maximize use of existing funding for the purpose of the health center.**

The district will consult Arkansas Medicaid in the Schools (ARMITS) to maximize Medicaid reimbursement. This includes administrative and direct service claiming. The Superintendent has provided a letter of support stating her willingness to analyze and maximize use of existing funding for the purpose of the health center. The district will continue to research grants and donations to continue to improve and sustain the school based health center. The SBHC Coordinator will work with the district to utilize the SBHC in every possible way to ensure the SBHC is receiving the revenue it needs to not only be sustainable but grow and increase services year to year. Superintendent's Letter of Support Attached Appendix H, Page # 42.

## 6. APPENDIX

APPENDIX A: SCHOOL-BASED MENTAL HEALTH SURVEY	Page 27-32
APPENDIX B: SCHOOL-BASED HEALTH CENTER PARTNER PROFILE	Page 33-34
APPENDIX C: WORK PLAN	Page 35
APPENDIX D: SCHOOL-BASED HEALTH CENTER STAFF PROFILE	Page 36
APPENDIX E: PROJECTED BUDGET	Page 37
APPENDIX F: YEAR ONE BUDGET JUSTIFICATION	Page 38-40
APPENDIX G: CERTIFICATE OF ASSURANCE	Page 41
APPENDIX H: SIX LETTERS OF SUPPORT	Page 42-47
APPENDIX I: SBHC BUILDING SKETCH & CAMPUS MAP	Page 48-51
APPENDIX J: SBHC ORGANIZATIONAL CHART	Page 52

APPENDIX A

SCHOOL-BASED MENTAL HEALTH SURVEY : CORD-CHARLOTTE ELEMENTARY

Arkansas Department of Education  
SCHOOL-BASED MENTAL HEALTH

**INITIAL SURVEY TO ESTABLISH SERVICE BASELINE**  
(Survey to be completed by the school counselor on each campus)

**School District:** Cedar Ridge School District **LEA #:** 3212-027 **Date:** 2/14/14

Susi Epperson  
**CSH Coordinator/ LEA Supervisor:**

Jeanne Waggoner/Cord-Charlotte Elementary Counselor  
**Individual Completing Survey/Title:**

Cord-Charlotte Elementary School  
**Building:**

---

**Does your district currently have School-Based Mental Health services? X Yes**  
***If yes, please name your provider(s):***

Yes, we work with Life Strategies Counseling, Incorporated. They are an outside provider that provide services on our site.

**Check the type of relationship your district has with your provider: \_\_\_\_\_ They are a school employee OR X They are on a purchase service agreement**  
**Purchase Service Contract is with an: \_\_\_\_\_ Individual X Agency \_\_\_\_\_ Other:**

**What services are provided? (Check all that apply)**

- ☒ **Individual Therapy**
- ☐ **Group Therapy**
- ☐ **Family Therapy**
- ☒ **Case Management**
- ☐ **Parenting Education**
- ☐ **Other \_\_\_\_\_ Please List:**

**How often are services provided?**

☐ **Daily**

☐ **Weekly**

☒ **Other** I usually see them once a week, sometimes just every other week.

**Is there a research component to the current program? Yes/ No/ Not Sure**

*If yes, name the instrument being used:*

**How satisfied are you with the current services being provided? Not Satisfied/ **Satisfied**/ **Very Satisfied****

The kids from the children's home need more in-depth services. Students need counseling in collaboration with their families for it to be better. Now, if families are involved, they have to drive into town to meet at the outside provider's location. It's inconvenient for families who work or don't have the resources to get there. Then the student suffers.

**How satisfied are you with your mental health provider? Not Satisfied/ Satisfied/ **Very Satisfied****

I love Travis. I just wished he could be here every day or clone himself for each campus. I think he is really good with the kids, but they need to see him more often and in combination with their family support. He is from Life Strategies.

**Please list other providers (as appropriate) that are present on your campus:**

I know our school has other outside providers who come on-site to provide physical therapy and language therapy. I think they are individuals and not organizations.

**Are you interested in or in need of training on mental health problems and interventions?**

Yes/ No

*If yes, please identify areas of need: Any*

**Are you interested in best practices school mental health services? Yes/ No**

APPENDIX A

SCHOOL-BASED MENTAL HEALTH SURVEY : NEWARK ELEMENTARY

Arkansas Department of Education  
SCHOOL-BASED MENTAL HEALTH

**INITIAL SURVEY TO ESTABLISH SERVICE BASELINE**  
(Survey to be completed by the school counselor on each campus)

School District: Cedar Ridge School District LEA #: 3212-026 Date: 2/14/14

Susi Epperson  
CSH Coordinator/ LEA Supervisor:

Rita Wycough/Newark Elementary Counselor  
Individual Completing Survey/Title:

Newark Elementary School  
Building:

Does your district currently have School-Based Mental Health services? ☒ Yes  
If yes, please name your provider(s):

The main one is Life Strategies Counseling. Others include The Point, Health Resources and Arkansas Counseling.

They are all outside organizations that provide services at our school.

Check the type of relationship your district has with your provider: \_\_\_\_\_ They are a school employee OR ☒ They are on a purchase service agreement  
Purchase Service Contract is with an: \_\_\_\_\_ Individual ☒ Agency \_\_\_\_\_ Other:

What services are provided? (Check all that apply)

- ☒ Individual Therapy
- ☐ Group Therapy
- ☐ Family Therapy , (I think the families meet in town if requested during session).
- ☐ Case Management
- ☐ Parenting Education

☐ Other \_\_\_\_\_ Please List:

**How often are services provided?**

☐ Daily

☒ Weekly

☒ Other , (It depends on the students needs. Most meet a few times a month).

**Is there a research component to the current program? Yes/ No/ Not Sure**

*If yes, name the instrument being used:*

**How satisfied are you with the current services being provided? Not Satisfied/ Satisfied/ Very Satisfied**

I'm proud of what we do with our kids. I think we do as much as we can, but we have students who really would benefit and need more services than we can provide at the school level.

For example, we have kids whose parents are incarcerated or in a drug rehab facility that live parentless at the New Life Children's Home. There are over twenty kids there. They miss school a lot for appointments, because we don't offer the mental health providers/services they need here at school.

It's most disheartening to see a child who is physically and academically successful but lack control of their emotions. As their school counselor, I get frustrated because even though I want to help them I just don't have the time they need me to devote to them for them to show progress.

**How satisfied are you with your mental health provider? Not Satisfied/ Satisfied/ Very Satisfied**

The main one is Life Strategies Counseling. Others include The Point, Health Resources and Arkansas Counseling.

I appreciate the work they do. We just need them more often.

**Please list other providers (as appropriate) that are present on your campus:**

None

**Are you interested in or in need of training on mental health problems and interventions?**

Yes/ No

*If yes, please identify areas of need: I'd like something about poverty & mental health.*

**Are you interested in best practices school mental health services? Yes/ No**

APPENDIX A

SCHOOL-BASED MENTAL HEALTH SURVEY : CEDAR RIDGE HIGH SCHOOL

Arkansas Department of Education  
SCHOOL-BASED MENTAL HEALTH

**INITIAL SURVEY TO ESTABLISH SERVICE BASELINE**  
(Survey to be completed by the school counselor on each campus)

**School District:** Cedar Ridge School District **LEA #:** 3212 000 **Date:** 2/14/14

Susi Epperson  
**CSH Coordinator/ LEA Supervisor:**

Kathleen Holder/Cedar Ridge High School Counselor  
**Individual Completing Survey/Title:**

Cedar Ridge High School  
**Building:**

**Does your district currently have School-Based Mental Health services? X Yes**  
*If yes, please name your provider(s):*

**Check the type of relationship your district has with your provider:** \_\_\_\_\_ **They are a school employee OR** X **They are on a purchase service agreement**  
I'm not really sure if the school pays them or how that works.  
**Purchase Service Contract is with an:** \_\_\_\_\_ **Individual** X **Agency** \_\_\_\_\_ **Other:**

**What services are provided? (Check all that apply)**

- ☒ **Individual Therapy**
- ☐ **Group Therapy**
- ☐ **Family Therapy**
- ☐ **Case Management**
- ☐ **Parenting Education**
- ☐ **Other** \_\_\_\_\_ **Please List:**

**How often are services provided?**

- ☐ **Daily**
- ☒ **Weekly**



☐ Other

**Is there a research component to the current program? Yes/ No/ Not Sure**

***If yes, name the instrument being used:***

**How satisfied are you with the current services being provided? Not Satisfied/ Satisfied/ Very Satisfied**

What we lack is family involvement. Families need to be part of the counseling for real progress to be made.

**How satisfied are you with your mental health provider? Not Satisfied/ Satisfied/ Very Satisfied**

I like our providers. Just need them more often and in an environment where they can see families/parents/siblings together in group /family counseling.

**Please list other providers (as appropriate) that are present on your campus:**

Life Strategies Counseling, Inc.

**Are you interested in or in need of training on mental health problems and interventions?**

Yes/ No

***If yes, please identify areas of need:***

Interventions for Repeat Offenders in Substance Abuse & Assisting Kids Who Have Been Abandoned

**Are you interested in best practices school mental health services? Yes/ No**

**APPENDIX B :                      PHYSICAL HEALTH PROVIDER PROFILE**

**APPENDIX B**

**ARKANSAS DEPARTMENT OF EDUCATION  
SCHOOL-BASED HEALTH CENTER INITIATIVE (SBHC)  
PARTNER PROFILE**

*(Complete a partner profile form for each partner offering services to or through the health center)*

Organization Name: White River Health System

Type of Organization: Private ☐ Non-Profit ☒ Other ☐

Designated Agency Contact: Karen Coltharp

Email address: kcoltharp@wrhc.com

Address 1710 Harrison Street

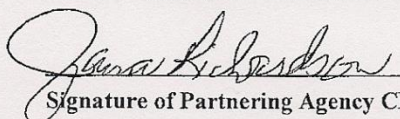
City: Batesville Zip Code: 72501 County: Independence

Phone Number: 870-262-1541 Fax Number: 870-262-3253

Does the partner plan to bill third-party reimbursement for services provided in the SBHC?  
☒ YES ☐ NO

Brief description of services provided by partner; include types of services provided and days/hours of service.

medical Services provided by Family Practice APRN. We  
will provide services a minimum of 12 hours per week -  
the exact times and days to be determined later.

  
Signature of Partnering Agency CFO

3/17/14  
Date

**DUPLICATE AS NEEDED**

*(Submit this form with the application and throughout the year as partnerships are established.  
Submit forms not in the application by facsimile to Tamara Baker at 870-285-2156)*

## APPENDIX B : MENTAL HEALTH PROVIDER PROFILE

### APPENDIX B : MENTAL HEALTH PROVIDER PROFILE

#### APPENDIX B ARKANSAS DEPARTMENT OF EDUCATION SCHOOL-BASED HEALTH CENTER INITIATIVE (SBHC) PARTNER PROFILE

*(Complete a partner profile form for each partner offering services to or through the health center)*

**Organization Name:** Life Strategies Counseling Inc.

**Type of Organization:** Private X Non-Profit      Other     

**Designated Agency Contact:** Dawn Mictchell

**Email address:** dawn.mitchell@lscihelp.com

**Address:** 1217 Stone Street

**City:** Jonesboro **Zip Code:** 72401 **County:** Craighead

**Phone Number:** 1-800-972-1268 **Fax Number:** 870-934-0847

**Does the partner plan to bill third-party reimbursement for services provided in the SBHC?**   X   YES      NO

**Brief description of services provided by partner; include types of services provided and days/hours of service.**

Our organization is an established licensed mental health provider, and our organization will be providing the following a licensed mental health provider to support this partnership and opportunity as needed five days a week. As well as malpractice insurance, medical records, financial application assistance, financial services (accounting & billing), data collection & reporting, and specialty referrals.

Dawn Mitchell

**Signature of Partnering Agency CFO**

3-14-14

**Date**

## APPENDIX C: WORK PLAN

<b><u>Objectives</u></b>	<b><u>Current Data</u> (To be completed Year 3)</b>	<b><u>Specific Activities</u></b>	<b><u>Time Frame</u></b>	<b><u>Person Responsible</u></b>	<b><u>Outcome/Impact</u></b>
Students enrolled in SBHC will attend at the same or better rate as ADE state average attendance rate.		Promote & Communicate SBHC Services	June 30, 2015	SBHC Coordinator/SBHC Core Team	Baseline data will improve.
75% of SBHC enrollment population will annually receive wellness checkups.		Educate On Importance of Check-Ups &	June 30, 2015	SBHC Coordinator/SBHC Core Team	At least 650 students receive wellness check-ups.
# of seniors enrolled in SBHC obtained high school diploma		Promote & Communicate SBHC Services	June 30, 2015	SBHC Coordinator/SBHC Core Team	Graduation Rate Improves
By end of program year 75% of SBHC participants who have been enrolled for six months will be promoted to next grade or obtain high school diploma (# of students enrolled in SBHC promoted to the next year)		Promote & Communicate SBHC Services	June 30, 2015	SBHC Coordinator/SBHC Core Team	75% of participants will be promoted to the next grade level.
100% of SBHC enrollment population with asthma diagnosis will have asthma action plan in place.		Develop action plan for students diagnosed with asthma.	June 30, 2015	Nurse/SBHC Core Team	All diagnosed with asthma will have an asthma plan in place.



## SCHOOL-BASED HEALTH CENTER STAFF PROFILE

### APPENDIX D: SCHOOL-BASED HEALTH CENTER STAFF PROFILE

<u>POSITION</u>	<u>FTE</u>	<u>QUALIFICATIONS</u>	<u>DUTIES</u>
SBHC Coordinator	.5	Preferably Bachelor's Degree	Coordinate All SBHC Activities/Appointments/Transportation/Communication/Liaison Between School & SBHC & All Partners
Coordinated School Health Coordinator	.5	Preferably Bachelor's Degree	Coordinate All Health Related School Programs & Align them with the SBHC Needs Assessment
Advanced Nurse Practitioner	12 Hours Per Week	Licensed Advanced Nurse Practitioner	Medical Health Provider
Licensed Practical Nurse	12 Hours Per Week	Licensed Practical Nurse	Assist Medical Health Provider
Billing Secretary	12 Hours Per Week	Associates Degree	Bill for Medical Health Provider
Licensed Mental Health Provider	As Needed 5 Days a Week	Licensed Mental Health Provider	Mental Health Provider

## APPENDIX E-Five Year Projected Budget

Using the distribution of grant funds table in the grant guidelines, complete the budget form based on estimated funds received.

Budget Categories	Project Year 1 100%	Project Year 2 80%	Project Year 3 70%	Project Year 4 60%	Project Year 5 50%
<b>I. Personnel &amp; Benefits (61000-62000)</b>					
SBHC Coordinator	32,000	31,000	30,000	29,000	28,000
Benefits	8000	7750	7500	7250	7000
Licensed Mental Health Prof.	0	0	0	0	0
Benefits	0	0	0	0	0
CSH Coordinator	0	0	0	0	0
Benefits	0	0	0	0	0
Secretarial Staff	0	12000	11000	10000	9000
Benefits	0	3000	2750	2500	2250
<b>II. Purchased Services 63000</b>					
Training and Conference Fees					
Contracted Services	55000	25000	22050	15000	10000
<b>III. Property Services 65000</b>					
Operation Expenses (phone, Utilities, etc.)	5000	5000	5000	5000	5000
<b>IV. Travel 65800</b>					
In-State Travel	4000	4000	4000	4000	4000
Out-of-State Travel	8000	8000	8000	8000	8000
<b>V. Supplies and Materials 66000-67000</b>					
General Supplies (66100)	23000	24250	14700	9250	1750
Equipment (more than \$1000) 67300	15000				
<b>VI. Other Expenses 68000</b>					
Indirect Costs (restrictive Rate) 68400					
Miscellaneous 68900					
<b>TOTAL</b>	<b>150,000</b>	<b>120,000</b>	<b>105,000</b>	<b>90,000</b>	<b>75,000</b>

## APPENDIX F--Year One Budget Justification

Provide a detailed item justification that clarifies the cost of items for the proposed activities of the grant funds for year one only. May copy additional pages if necessary

Expenditure Categories	Justification/Description	Amount of Funds
<b>I. Personnel &amp; Benefits 61000-62000</b>		
FTE SBHC Coordinator Benefits	.5 SBHC Coordinator & .5 CSH Coordinator	<b>32000</b>
FTE Licensed Mental Health Professional Benefits	.25 Benefits	<b>8000</b>
CSH Coordinator Benefits		
Secretarial Staff Benefits		
<b>II Purchased Services 63300</b>		
Training and Conference Fees		<b>55,000</b>
Contracted Services	\$55,000 Estimated Renovations to Building, Restructure Layout, Paint, Floor, Wiring, Lighting, Built-in Storage	
<b>III. Property Services 64000</b>		<b>5000</b>
Operation Expenses	House Utilities	
<b>IV. Travel</b>		
In-State Travel	SBHC Core Team x 4, for required in- state meetings for hotels, meals, mileage . \$1000 per person.	<b>4000</b>

Out-of-state Travel	SBHC Core Team x 4, for required out of state conference for flight, mileage, hotels, meals, ground transportation & registration. \$2000 per person.	<b>8000</b>
<b>V. Supplies and Materials 66000-67000</b>		
General Supplies (66100)	<p>General Start-Up Office Supplies, pens, paper, organizers, folders, shredder, phones, stapler, etc. Allowance \$3000</p> <p>Printer/Ink, Allowance \$2000</p> <p>Smaller Medical Supplies for Clinic such as diagnostics, professional thermometer, blood pressure checks, medical instruments, etc. Allowance \$5000</p> <p>Promotional Items for SBHC, \$3000</p> <p>Waiting Room Seating, Side Tables, Lamps, Rug, Magazine Racks, Allowance \$3000</p> <p>Washer/Dryer, Allowance \$1000</p> <p>Office Desks, Office Chairs, Allowance \$2000</p> <p>General Cleaning Supplies, Office Vacuum, Mop, Broom, Dust Pan, ect. Allowance \$1000</p> <p>Media Announcements for SBHC, Initial Announcement \$600 &amp; \$200 Monthly x 12, Allowance \$3000</p>	<b>38,000</b>
Equipment (more than \$1000) 67300		



<p><b>VI. Other Expenses 68000</b></p> <p>Indirect Costs (Restrictive Rate) 68400</p> <p>Miscellaneous (68900) (Minimal-Only use when other codes do not apply)</p>	<p>Outdoor SBHC Center Signage for Building, Allowance \$2500</p> <p>Professional Printer/Copier, \$2500</p> <p>Professional Metal Filing Cabinets, 3000</p> <p>Start-Up Medical Equipment for Clinic: Treatment Table, Allowance \$2000</p> <p>Professional Scales, \$1000</p> <p>4 Desktop Computers, Secretary, SBHC Coordinator, Physician, and Nurse. \$1000 x 4 = \$4000</p> <p>None Requested</p>	
<p><b>TOTAL</b></p>		<p><b>\$150,000</b></p>

## **APPENDIX G:**

### **School-Based Health Center CERTIFICATE OF ASSURANCE**

**By signing the Certificate of Assurance, the authorized representative of the applicant certifies that the applicant will comply with the assurances pertinent to all applicants and to programs for which the applicant is applying, includes but is not limited to:**

1. An assurance that the program will take place in a safe and easily accessible facility.
2. An assurance that the proposed program was developed and will be carried out in an active collaboration with the community.
3. An assurance that funds under this grant will be used for the sole purpose of the grant, and in no case supplant federal, state, local, or non-federal mandate.
4. The applicant will comply with all health and safety regulations, which are applicable to this program.
5. The applicant will use fiscal control and fund accounting procedures that will ensure proper disbursement of, and account for, state funds paid to the applicant under the program and in the event of an audit exception, shall repay state funds upon completion of audit resolution.
6. The applicant agrees to provide all information as directed or as requested by the Arkansas Department of Education.
7. The applicant certifies that no funds have been or will be paid, by or on behalf of the applicant, to any person for influence or attempting to influence an officer or employee or any federal or state department of agency.
8. Equitable services will be offered by the recipients of the grant.
9. The applicant and collaborative partner will adhere to confidentiality guidelines of all student and family information.
10. The school-based health center will maintain a working relationship with the physician of a child's medical home, to ensure that individual patient health plans are executed effectively and efficiently.
11. The school will provide a comprehensive range of services that meet the specific physical and behavioral health needs of the young people in the community.
12. Require parents to sign written consents for their children to receive the full scope of services provided at the SBHC.
13. School/District will assure that the following statement appears on all publications, including reports, films, brochures, websites, and any project materials developed with funding from this program, must contain the following statement: "These materials were developed with funds allocated by the Arkansas Department of Education through Act 180 of 2009 Tobacco Excise Tax."

---

**Dr. Ann Webb/Signature of Superintendent**

**February 14, 2014**  
**Date**

APPENDIX H: SIX LETTERS OF SUPPORT: DISTRICT SUPERINTENDENT

APPENDIX H: SIX LETTERS OF SUPPORT: PHYSICAL HEALTH PROVIDER

APPENDIX H: SIX LETTERS OF SUPPORT: MENTAL HEALTH PROVIDER

APPENDIX H: SIX LETTERS OF SUPPORT: CITY SUPPORT/MAYOR

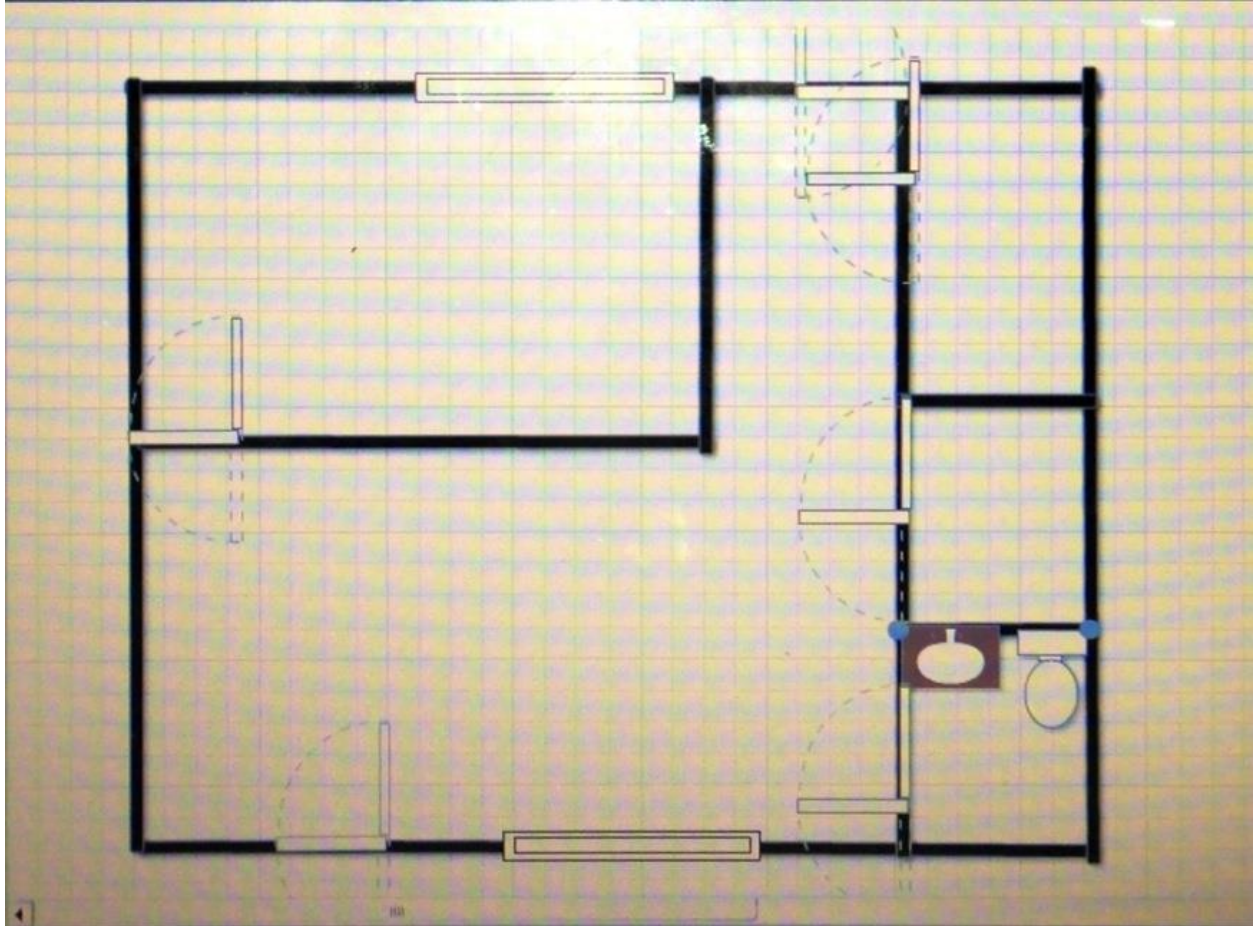
APPENDIX H: SIX LETTERS OF SUPPORT: COUNTY SUPPORT/HEALTH COALITION

APPENDIX H: SIX LETTERS OF SUPPORT:

COMMUNITY/ FAITH-BASED CHILDREN'S HOME SUPPORT

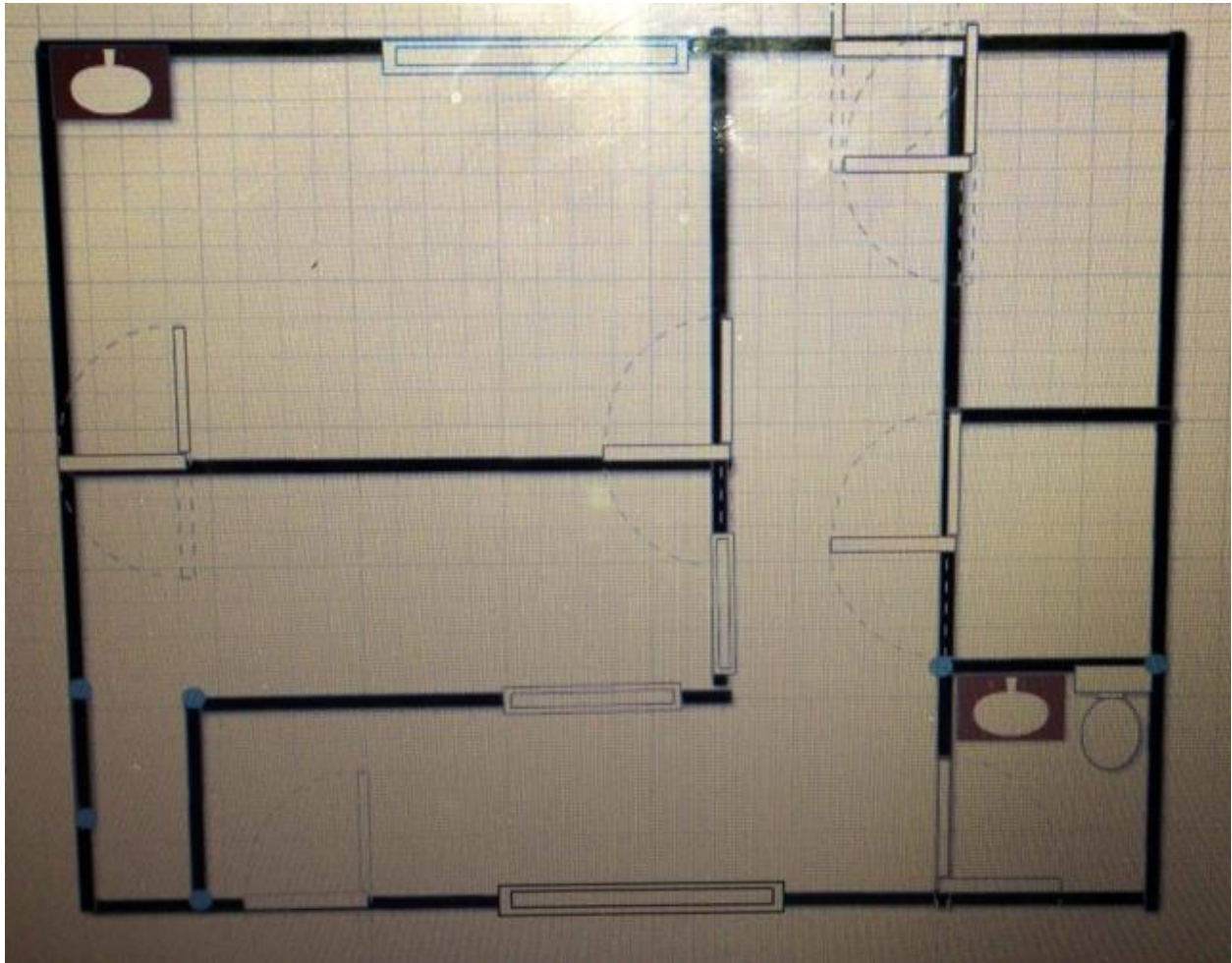
## APPENDIX I: SBHC BUILDING SKETCH & CAMPUS MAP

### SBHC BUILDING IN ITS' CURRENT STATE



## APPENDIX I: SBHC BUILDING SKETCH & CAMPUS MAP

### SBHC BUILDING AFTER RENOVATIONS





APPENDIX I: SBHC BUILDING SKETCH & CAMPUS MAP

SBHC AERIAL VIEW

SBHC BUILDING



APPENDIX I: SBHC BUILDING SKETCH & CAMPUS MAP (SNAPSHOTS OF HOUSE)



## APPENDIX J: SBHC ORGANIZATIONAL CHART



**School  
Board**



**Cedar Ridge School District**

Building/House/Facility Including Utilities  
Security, Legal Services  
Appointment Scheduling  
Transportation Including Driver, Vehicle, Fuel, Insurance, and Maintenance  
Community Relations Including Marketing  
Janitorial Services  
Office Supplies, Phone & Internet, & All Utilities  
Registered School Nurse & Coordinated School Health Coordinator  
SBHC Coordinator (with grant funds)



**Licensed Medical Provider/White  
River Health Center**

Nurse Practitioner, LPN  
& Billing Secretary  
Medical Supplies  
Pharmaceuticals, Waste Disposal  
Malpractice Insurance  
Medical Records  
Laboratory Testing  
Medicaid/CHP & Application  
Assistance  
Financial Services  
(Accounting/Billing)  
Data Collection & Reporting  
Specialty Referrals  
Standard of Care Protocols



**Licensed Mental Health  
Provider/Life Strategies Counseling  
Inc.**

LMHP contracted outside provider  
Malpractice Insurance  
Medical Records  
Medicaid/CHP & Application  
Assistance  
Financial Services (Accounting/Billing)  
Data Collection & Reporting  
Specialty Referrals