

**DIVISION OF BEHAVIORAL HEALTH SERVICES
RSPMI SERVICES AND RESOURCE SUMMARY
State Fiscal Year 2008: 7/01/2008 Through 6/30/2009**

AGENCY NAME :
ADDRESS:

PHONE NUMBER:
Email:

FAX NUMBER:

Corporate Compliance Officer (or equivalent): _____

Provider Type: _____ Private Non-Profit _____ Private For Profit _____ Public Entity

Other (Specify): _____

Executive Director Certification: By my signature I certify that I have reviewed this report and attachments and to the best of my knowledge it represents an accurate report of agency services and resources.

Executive Director _____ Date _____

<u>PERSONNEL RESOURCES</u> (as of the date this report is submitted, whole numbers or rounded to nearest tenth)	SFY 08
1. Total FTE Mental Health Professional (MHP) Psychiatrists	
2. Total FTE MHP non-psychiatrist Physicians	
3. Total FTE MHP Psychologists	
4. Total FTE MHP Psychological Examiners	
5. Total FTE MHP Psychological Examiners, Independent	
6. Total FTE MHP Master of Social Work	
7. Total FTE MHP Registered Nurses	
8. Total FTE MHP Licensed Professional Counselors	
9. Total FTE MHP in Related Professions	
10. Total FTE Mental Health Professionals (Sum of lines 1 through 9)	
11. Total FTE Mental Health Paraprofessionals	
12. Total FTE all other staff not included above	
13. Total FTE staff (Sum of lines 9, 10 and 12)	
14. Total FTE mental health professional case managers	
15. Total FTE mental health paraprofessional case managers	
16. Total FTE providing employment services (Other than assessment as part of routine evaluations)	
17. Total FTE providing psychosocial rehabilitative day services	
18. Total FTE providing acute day treatment services	
<u>PROGRAM RESOURCES</u> (round to nearest whole number)	
19. Number of counties in service area	
20. Number of counties in service area in which agency operates a service site	

21. Total number of service sites operated by Agency		
22. Number of sites at which a psychosocial rehabilitative day program is operated		
23. Total daily capacity of all psychosocial rehabilitative day programs combined		
24. Total projected daily average attendance at all psychosocial day sites combined		
25. Number of sites at which acute day treatment/partial hospital program is operated		
26. Total daily capacity of all day treatment/partial hospital sites combined		
27. Total projected daily average attendance at all day treatment/partial hospital sites		
28. Number of School Based Mental Health Programs run by agency		
29. Please list other mental health services provided by the organization and provide capacity information, as appropriate (i.e. residential beds, crisis beds, inpatient beds, housing, therapeutic foster care, etc.)		
29.A.		
29.B.		
29.C		
29.D		
If more room is needed, please list on a separate page and attach to this report.		
FINANCIAL RESOURCES – PROJECTED MEDICAID/MEDICARE INCOME		
	SFY08	SFY09
29. Total Medicaid revenues		
30. Total Medicare revenues		
CONTACT INFORMATION		
31. Contact person regarding this report		
32. Telephone number of contact person for this report		
33. E-mail address of contact person for this report		

PERSONNEL QUALIFICATIONS & RESOURCES

1. Attach organizational chart for agency making certification application.
2. Attach policy and procedures related to Code of Ethics and Client Grievance Procedures.
3. Attach licenses or certifications and resumes of all administrators, medical director and consulting psychiatrist if medical director is not a psychiatrist.
4. Attach all contracts with consulting professionals.
5. Explain how psychological testing services are delivered.
6. Attach all existing contracts the agency has with other providers or agencies to provide RSPMI services.
7. Attach one job description for Licensed Mental Health Professionals and one for Certified Mental Health Para Professional personnel.
8. Attach plan for staff training and supervision of those staff whose licensure or certification require professional supervision.

PHYSICAL PLANTS

1. Attach a list of all service delivery sites including each site’s address (street, city & county), telephone number, fax number, the name of the designated contact person for each site and that person’s email address, the geographic area served by each site and the RSPMI services available at each site.

DBHS Form 2

2. Submit website if available.
3. Attach a photograph of each service delivery site.
4. Describe any projected plan for expansion of the physical plant post RSPMI certification. Please include time frames for the expansions.

SERVICE DELIVERY PLAN CURRENTLY IN PLACE FOR EACH SITE

In a narrative report, describe the agency's plan for the provision of services including all requested information in compliance with RSPMI Certification Policy, June 1, 2008 and RSPMI Medicaid Manual. Please utilize the following format:

I. Type of services available at each site, hours of operation and type of clients served (i.e. children, adults, Seriously Mentally Ill, Seriously Emotionally Disturbed, Juvenile Justice population, school based sites etc.)

II. Description of agency's crisis services plan that is available at each site including policy and procedures for provision of crisis services 24 hours a day; 7 days a week.

III. Describe any plans for expansion or reduction in services, as described above, for SFY 08 or SFY09.

IV. Treatment Process:

A. Briefly describe the following:

(This item must include a description of the resources and procedures used to ensure the timely delivery of services and the policy addressing family involvement in treatment.)

1. How a client accesses treatment/services
2. Intake/diagnostic process
3. Treatment planning and review process

B. Describe the agency's process for assessing, and criteria used to determine, which clients would benefit from case management services provided by mental health paraprofessionals. Briefly state the Center's definition of case management and how paraprofessionals will be utilized in service delivery including coordination/supervision with clinical staff.

V. Substance Abuse Services: Describe in detail substance abuse services provided by the Center, including services for co-occurring disorders.

VI. Submit plans and activities to overcome cultural and linguistic barriers to treatment.

VII. Quality Assurance & Improvement Efforts:

A. Submit the policy and procedures for the agency's quality assurance committee. Include committee make up, schedules for meetings and procedural activities.

B. Describe at least three significant quality improvement efforts the agency has initiated or plans to undertake during this fiscal year (2008 -2009). Describe the outcomes expected and the methods by which these outcomes will be monitored.

This RSPMI Service Resource Summary and Plan of Services covers SFY 08. If you have any questions, please contact Charlotte Carlson, Director of Policy and Certification, Division of Behavioral Health at (501) 683-6903 or e-mail charlotte.carlson@arkansas.gov.

Please send this form with your application to be certified by DBHS as an RSPMI Provider to the following address:

Attn. Charlotte Carlson
Division of Behavioral Health Services
305 South Palm
Little Rock, AR 72205

Effective: 10/01/08