

If you have any questions, call Policy Services at (602) 254-1100. Ask for Nick Buzan, Director of Legal and Policy Services; Steve Highlen, Senior Policy Consultant; Dr. Charlotte Patterson, Policy Consultant; or Lynne Bondi, Policy Consultant. Our e-mail addresses are, respectively, [nbuzan@azsba.org], [shighlen@azsba.org], [cpatterson@azsba.org] and [lbondi@azsba.org]. You may also fax information to (602) 254-1177.

***Note:* This material is written for informational purposes only, and not as legal advice. You may wish to review the policy references and consult an attorney for further explanation**

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REFERRALS TO OTHER AGENCIES

The Superintendent is authorized, at his or her discretion, to make school-based referrals to community based behavioral health providers in compliance with A.R.S. §36-3436.01.

If the Superintendent elects to provide school-based referrals for behavioral health services to a contracted behavioral health services provider pursuant to the children's behavioral health services fund established by section A.R.S. §36-3436 or for services provided through the Arizona health care cost containment system, then the Superintendent shall:

- A. Create a process to allow parents to annually opt-in to school-based referrals. (See JLDAB-R).
- B. Create a process to conduct a survey of parents whose children were referred to and received behavioral health services pursuant to A.R.S. §36-3436.01. The survey must meet the requirements of A.R.S. §36-3436.01(2). (See JLDAB-E)
- C. Post a list of behavioral health services providers with whom the school contracts on the school's website.
- D. Post this policy on the applicable school website.
- E. At the end of each school year, report to the Arizona health care cost containment system administration the school survey results. (See JLDAB-E)

Adopted: <-- z2AdoptionDate -->

LEGAL REF.:
A.R.S.
36-3436.01

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REGULATION

REERRALS TO OTHER AGENCIES

**(Community Based Behavioral Health Providers -
Parental Consent and Surveys)**

Parental Consent

Annually, at student enrollment, the Superintendent will provide parents an opportunity to opt- in to school based behavioral health referrals.

Surveys

By statute, school districts are required to have a process for conducting a survey and reporting the results to Arizona Health Care Cost Containment System (AHCCCS). The Superintendent may rely on the AHCCCS generated survey, found here: <https://forms.gle/siXH3bgmn3xfw9qk9>. (See JLDAB-E). This survey reports the required data to AHCCCS in real time eliminating the need for end of the year reporting.

The Superintendent may develop a process which includes the AHCCCS survey being administered by partnering community based behavioral health providers. If the Superintendent chooses to conduct their own survey, they must report it to Arizona Health Care Cost Containment System as required by law, report to BHschools@azahcccs.gov.

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EXHIBIT

**REERRALS TO OTHER AGENCIES
SURVEY**

Surveys

The following survey was created by the Arizona health care cost containment system. It can be found at: <https://forms.gle/siXH3bgmn3xfw9qk9>. The results will be recorded by AHCCCS and sent to the Governor annually. This survey meets the requirement of statute.

**Behavioral Health
Services Survey**

You are being invited to complete this survey as a parent/guardian whose child/children were referred for behavioral health services through their school. This information will be used to improve the process for referrals and use of behavioral health services through schools. Unless you choose to include your personal information, your responses are anonymous.

Some definitions to consider: behavioral health services means treatment for the connection between the health and well-being of the body and the mind including mental and substance use issues; referral means direction for services from the school to a provider.

Interpretation services can be provided at no cost, if needed. For interpretation services, or any other questions, please ask your provider for assistance in completing the survey.

*** *Required***

What is your child's age? * _____

What school does your child attend? * _____

What grade is your child in? * _____

What is your child's gender? * _____

What is your child's race? * _____

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.

How happy were you with the way in which you were asked about consenting to, or opting-in, for your child to be referred for behavioral health services? *

Very Unhappy 😞

- 1
- 2
- 3
- 4
- 5

Very Happy 😊

How happy were you with the way you were notified of your child being referred for behavioral health services? *

Very Unhappy 😞

- 1
- 2
- 3
- 4
- 5

Very Happy 😊

How happy were you with the behavioral health services that your student received? *

Very Unhappy 😞

- 1
- 2
- 3
- 4
- 5

Very Happy 😊

How happy were you with the choice of behavioral health service providers? *

Very Unhappy 😞

- 1
- 2
- 3
- 4
- 5

Very Happy 😊

If needed again in the future, would you consent to, or opt-in to, a referral for behavioral health services through your student's school? *

___ Yes

___ No

If you would like to give any additional comments, please add here.