Establishing a Continuum of School-based Mental Health Services

EC Conference
School-based Services in Buncombe Co.

- Accessible
- Referral directly to the provider
- Part of school-based problem solving: CHAPS/ RtI/ PBIS
- Tier 2 intervention
- Graduation Initiative purpose, i.e. dropout prevention
A Work in Progress

• Began in 1986 with day treatment model in a local church
• Privatization (reform) change the model and provider
• School-based therapy added in 1994
• Public/private partnerships with 2 to 4 school-based providers and 1 day treatment provider
Request for Proposal Process

- System describes need for services
- Invites multiple providers to develop model for meeting need
- Includes MCO input
- Utilizes multiple personnel to evaluate proposals

Buncombe RFP 5.6.13.doc
Memorandum of Agreement

- Defines the services provided
- Defines the role of each partner
- Establishes parameters of responsibility, confidentiality, and liability
- Establishes conflict resolution process
- Defines termination process

Buncombe Day TX MOA 2013.docm
- Scoring Criteria for Day Treatment Proposals.docx
Who We Are

• Public/Private Partnership between LEA and local mental health provider

• Buncombe County Schools (BCS) – Over 26,000 students and 41 referring schools

• A Caring Alternative (ACA) – A CABHA providing a comprehensive menu of services to children and adults in WNC
Who We Are

- 3 program sites (K-5, 6-8, 9-12)
- Each site (classroom) is licensed to serve 18 students
- Sites are housed within a BCS school
- Sites are also licensed through DHSR, DMA and MCO
Who We Are

• Each classroom has a dedicated staff of 2 teachers, 4 mental health QPS & 1 therapist

• BCS staff also include transition support specialists and day treatment liaison

• ACA staff include a day treatment program director
BCS Contributions

- Facilities
- Transportation
- Disability Services
- Child Nutrition Services
- ESL and Interpreter Services
- Common Core curriculum and instruction
- Standardized assessments
- Fully transferable high school credits
How It Works

Referrals
Referrals

- School based teams are the primary source of referrals
- Mental Health providers, Departments of Juvenile Justice, Departments of Social Services and consumers also make referrals
School Referrals

- Structured process in which staff receive training
- Identified school based point person (SSW)
- Coordination with PBIS interventions, IEP teams, 504 teams and existing Child and Family teams
- Conversation and consent of parent/guardian
Referral for Oasis/New Beginnings/PASS Day Tx Program
**To be completed with School Social Worker/Student Support Specialist**

Student Name: ____________________________________  School: ____________________  Grade:___

504 Plan / IEP (circle one)  Date of Functional Behavioral Assessment: ____________________________

1. What are the student’s strengths? What does he/she do well? What do others like about him/her?

2. What behaviors are interfering with the student’s success in his/her current setting?

___ Disruption of an educational setting  ___ Shy or withdrawn
___ Refuses to comply with authority/follow directions  ___ Destroys property
___ Takes others’ belongings  ___ Self injurious behaviors
___ Fighting  ___ Disorganized
___ Argues  ___ Frequent Lying
___ Leaves school property  ___ Issues with self esteem
___ Leaves class  ___ SRO Involvement
___ Tantrums or shuts down (please circle)  ___ Anxious or frequently worried
___ Aggression toward peers (circle: verbal/sexual/physical)
___ Aggression toward adults (circle: verbal/sexual/physical)

3. What strategies, interventions, and/or plans are currently being used to help student be more successful?

4. Please list any current mental health diagnoses the student has and name(s) of any current mental provider(s)

5. For this school year please provide the following data:
   # of Absences: _____  # of OSS days: _____  # of ISS days:_____  Total # of Discipline referrals: _____

Please Attach Copies of:  ____ Release to Families Together  ____ Release to other Mental Provider (if applicable)

A preservice meeting is scheduled, please have 2 copies of current attendance, discipline report, IEP or 504 plan
and FBA available at that meeting.

Thank you for your time. Please return to Shanon Martin, Day Treatment Liaison via courier to Special Services or
fax to 828-255-5986. Please call Shanon at 828-776-1505 or email shanon.martin@bcemail.org with questions.

Date received: ______________
ACA Contributions

- Clinical Assessments
- PCP development
- MCO authorization requests
- Medication management as needed
- Linkage to additional services

- Crisis services
- Pro Bono services
- Evidence Based Practices
  - Skill Streaming
  - CBT and TFCBT
  - Positive Peer Culture
  - Circle of Courage
Referrals

- SSW contacts Day Treatment Liaison

- Referral form is reviewed and additional information may be requested

- Preservice Child and Family Team is scheduled
Referral

- Preservice meeting = Child & Family Team
- Includes student, family, school staff, other stakeholders, day treatment staff and other natural supports
- Follows Systems of Care protocols and meets MCO requirements
Referral

• Preservice meeting runs from a strengths focused agenda
• Detailed overview of the program with time for questions
• Data collection on behaviors and skill deficits to guide treatment goal creation
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Referral - Next Steps

• Agency
  – Schedules clinical assessment
  – Develops PCP
  – Submits Authorization Request

• School
  – Develops transportation plan
  – Plans for IEP/504 meeting post authorization
  – Continues to support student
Referral - Next Steps

- Classroom
  - Receives background, relevant documents and full update on student from program coordinator/day treatment liaison
  - Schedules and conducts orientation with student and family
  - Prepares for any additional academic or functional needs
Treatment

The Journey Begins
Treatment

- Students begin the program but remain students of their home school
- Each student works on individualized goals as well as general skills needed for a school and community success
- Programs are structured with both a positive peer culture and point/level system
Treatment

• Positive Peer Culture
  – Huddles
  – Group Accountability
  – Feedback skills

• Point & Level System
  – Based on skills and goals met
  – Increasing privileges
  – Maintaining highest level results in graduation from program
Treatment

• Academically, students receive grade level instruction with an emphasis on:
  – Collaborative learning groups
  – Hands-on experiential learning
  – Individualized remediation/acceleration
  – Analysis of academic and school environmental triggers
Treatment

Communication is critical to the student’s success
Treatment - Communication

• **Weekly**
  - 3-5 reviews daily of goals with students
  - 2-5 contacts with family (call, email, text, paper)
  - Contacts with stakeholders other providers

• **Monthly**
  - CFT meetings at home school
  - Student and staff present progress data and review goals
  - Team plans for discharge
Treatment - Communication

- Internally, classrooms must communicate effectively as well
  - Weekly staffings
  - Daily Debriefings
  - Debriefing logs
  - Staff huddles
  - Calls and emails to program director and liaison
Treatment

- **Crisis Happens**
  - Red Level Behaviors
  - Threat & Risk Assessment
  - IVC
  - Emergency CFT
  - Safety Planning
Discharge

Planning for a Successful Transition
Transition

- Planning begins at preservice and continues throughout treatment
- Barriers to success in home school are continuously reviewed
- Classroom staff work with student and team to build skills or accommodations
- Final two monthly CFT meetings focus on transition planning
Transition

**Agency**
- Develops discharge plan including step down services and natural supports
- Participates in development of behavior support accommodation plan

**School**
- IEP/504 plan update meeting
- Transition specialist provides direct support to student and staff first week at home school
- Scheduling/class assignment
Post Transition

• Periodic follow-up with student and home school

• Day treatment team remains available to problem solve with student, school and team

• PRC-29 support

• Data collection 90 days+ after discharge
Barriers and Solutions
Barriers

- Resistant families
- Competing system mandates
- Conflicts within the Child and Family Team
- Lack of resources
- Poor Communication
Remaining student focused helps the team navigate these challenges
Strategies and Solutions

- Build relationships and connections
- Have an awareness and acceptance of other systems
- Address conflicts when they are small – have difficult conversations
- Share resources
- Identify areas for negotiation as well as non-negotiables
Strategies for Positive Family Collaboration

- Purposefully increase positive communication
- Validate family’s point of view
- Build relationships whenever possible
- Respect preferences and boundaries whenever possible
- Allow families to have a giving role
Strategies for Positive Family Collaboration

• Be solution focused

• Offer support and assistance

• Be clear but non threatening in explaining consequences for lack of collaboration or compliance with treatment.
Data

Every step in the Day Treatment process is data driven
Data

- School teams must have data to measure progress of interventions prior to referral
  - PBIS progress monitoring
  - IEP goal progress
  - FBA and FBA updates
  - Behavior plan data
  - School wide discipline data
Data

• Day Treatment staff must have data to analyze interventions, assess progress and request additional authorizations
  – Self monitoring charts
  – Behavioral graphs
  – PCP and IEP goal updates
  – Child and Family Team Minutes
Data

• Child and Family Teams and Day Treatment Staff need data to assess individual and program success
  – Behavior Tracking Form at Preservice, Discharge and 90 Days Post-Service
  – Ohio Rating Scales at Preservice, Discharge and 90 Days Post-Service
  – Attendance and Discipline Data
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MCO Data

• MCO systems such as NCTOPPS and Alpha should allow for additional data on student outcomes and the ability to refine data based on specific criteria
Informal and Anecdotal Data

- Transitions to higher levels of care
- Consumer and Stakeholder satisfaction
- Successful completion of Juvenile Court involvement
Data Goals

- Better tracking of parent, school and student satisfaction with day treatment programs
- Review of all day treatment discharges for continued school enrollment and graduation outcomes
- Better review of data to make program improvements
New Beginnings 2011-2012

- Asymptomatic: 6
- Improved: 5
- Regressed: 2
- Total Positive outcomes: 11
Oasis 2011 - 2012

<table>
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<th>Improved 7</th>
<th>Regressed 4</th>
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Keys to Success

- Communication
- Relationship
- Collaboration
- Willingness to give and receive feedback
- Changes made jointly between LEA and Agency