Collaboration Among Mental Health Providers and Educators

Seven Counties: School Based & Western Day Treatment
Seven Counties Services, Inc.

- The largest community mental health organization in Kentucky serving the six counties surrounding Jefferson County
  - Shelby
  - Henry
  - Oldham
  - Trimble
  - Bullitt
  - Spencer
School Based Nuts & Bolts

- Provide services to 135 schools within Jefferson, Spencer & Bullitt Counties—students are struggling emotionally & behaviorally in the classroom thus impedes their learning (depression, opposition, anxiety, RAD, TRAUMA)
- Individual, family & group therapy
- Collateral Services
- Psychiatric Services
- KY Impact Coordination
Non Negotiables

- **Confidential**
  - Professional services warrant confidential space

- **Consistent**
  - Staff shouldn’t have to hunt for a room to see students every day they come to a school
  - The school served should know the schedule of the mental health professional and expect consistency

- **Clean**
  - Some spaces are alright (like large closets) but must be put on the regular building maintenance schedule

- **Safe**
  - Safety for children and staff. May include phone access and review of the school procedure for children that become physical
Supports

- Problem Solving – issues will arise
  - Space issues: For example, if the space is small it may not be conducive to running groups
  - Communication between mental health professional and school staff (Principal, referring teacher, counselor, resource coordinator, etc.) What level of information is needed?

- You are not alone – part of the school but not part of the school
  - How do outside professionals participate in school events?
  - What are appropriate boundaries? (for lunchroom, hallway, afterschool, etc.)
Partnering with your school

- Teacher/staff input—ask for it
- Develop common goals—match IEP/FBA’s
- Agree on what you will see when goals are achieved—what does this look like
- Feedback to staff—immediate
- When are you done?—carryover from year to year
Customer Service

- Who is your customer?
  - The School Staff
  - The student
  - The student’s family

- Do you have a formal way of capturing input from all three levels? Attendance in meetings

- How will you use the data to improve next year? End of the year surveys
Seven Counties Western Day Treatment

- Collaborative program between Seven Counties Services, Inc. and the Jefferson County Public School System
  - Which falls under the umbrella of State Agency Schools
- Serve K–5th grade referred by community psychiatrist(s); maximum capacity is 32 students
  - Average treatment stay is 6 months to 1 year
- 4 Classrooms
  - Each classroom is served by a teacher, teaching assistant, therapist, with psychiatrist, nurse, and other community partners as needed on site
Our Mission

- Western Day Treatment Program strives to provide intensive therapeutic services to children with severe emotional disturbances.

- By providing intensive therapeutic and academic services, our goal is to keep children in the least restrictive environment as possible, thus reducing the amount of multiple placements (i.e. hospitalization, residential care, family disruption, etc.)
Services Provided

- Academic Instruction
- Individual Therapy
- Group Therapy
- Family Therapy
- Collateral Therapy
- Psychiatric/Medication Management
- KY Impact Service Coordination
- Various Assessment Measures
- Transition services to new school
Collaborative Team Members

Seven Counties Services, Inc. (SCS)
- Therapists
- Psychiatrist
- Nurse
- Service Coordinator(s)
- Administrative Staff
  - Division Director
  - Unit Manager
  - Clinical Supervisor

Jefferson County Public Schools (JCPS)
- Principal
- Head Teacher/Asst Prin
- Teachers
- Teaching Assistants
- Administration
Collaboration in Action

- Provide necessary assessments for academic and mental health functioning
- Design, provide, and reassess classroom and mental health interventions weekly
- Utilize monthly meetings between JCPS and SCS to examine treatment plans, Daily Living Activities Scale (DLA), IEPs, BIPs, FBAs, and daily point sheets
- Cross-training, collaboration, and consultation between both systems
Collaboration in Action

- Discharge plan includes integrating students into less restrictive environments with necessary services and supports to encourage successful transition
  - Discharge planning includes Western Day Treatment Team, Placement Specialist, new school administration, student, and family
- Aftercare includes ongoing therapeutic services via home and school visits with transition to less intensive community based services
Outcome Evaluations

- Success Maker
  - Reading
  - Math
  - Spelling
- Daily Living Activities Scale (DLA)
- Measurable Treatment Plan Goals and Objectives
- Daily Point Sheets
- Vanderbilts
WDT Daily Point Sheet

- Process of collaboration between SCS and JCPS Western Day Treatment Staff, JCPS psychologist

- Symbol, product, and tool of collaboration
**WDT Daily Point Sheet**

Name/ID #: _______________________  Date: ____________

Goal 1:

Goal 2 (*if necessary):

**Other Behavioral Focus:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Academic Goal 1</th>
<th>Academic Goal 2</th>
<th>Individual Behavior</th>
<th>Individual Behavior</th>
<th>Individual Behavior</th>
<th>NOTES</th>
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</thead>
<tbody>
<tr>
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This section (below) is to be completed by teaching staff, rating child's ability to meet the goals specified below over the course of the entire school day (mark the box area deemed most appropriate based on child's exhibited behaviors).

<table>
<thead>
<tr>
<th>General Daily Goals</th>
<th>Did Not Meet Goal (2 points)</th>
<th>Needed Less Than 3 Redirects (1 point)</th>
<th>Met Goal (2 points)</th>
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</thead>
<tbody>
<tr>
<td>Stay On Task</td>
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<tr>
<td>Follow Directions</td>
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<td>Stay In Area</td>
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<td>Keep Hands, Feet, and Objects to Self</td>
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<td>Use Respectful Language</td>
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NOTES (i.e. identified triggers of problem behaviors, consequences of behavior, variables to consider, significant intervention strategies that worked, positive behaviors exhibited, etc.)

__________________________

__________________________

__________________________

__________________________

Total out of 400(20/2): ____________
Why provide mental health services in a school

- Less stigma
- Greater access to family and teachers
  - Systems approach (rather than individual approach); gets family involved at the school if involved in treatment
- Naturalistic Observation—we can see the behavior where it’s occurring; therapy proven to be more effective in this situation
- Greater coordination of care; if therapy not working can make quick changes & be collaborative
- Improved follow-up; improved bxs—kids feel successful
- Prevention, early detection and early intervention
Formula for Success

- Shared Outcomes or Common Goals
  - Removing Barriers
- Focus on Academics
  - Maximize learning potential
- Collaborative Screening of Referrals
  - Working together with key point person at the school—identify that person from beginning
- Follow-up
  - Principal, Assistant Principal, Teacher, Counselor, FRYSC as appropriate
Discussion

Questions, Comments, Feedback?