



Shenendehowa
Central Schools

Everything You Need to Know
About Creating a Mental Health
Program in Your District



WHY MENTAL HEALTH SERVICES AT SHENENDEHOWA?

Video

<https://www.youtube.com/watch?v=wziaKWe9oZ4>

**What was the motivation behind the development of a
School-Based Mental Health Program?**



Why Student Mental Health Services are Vital?

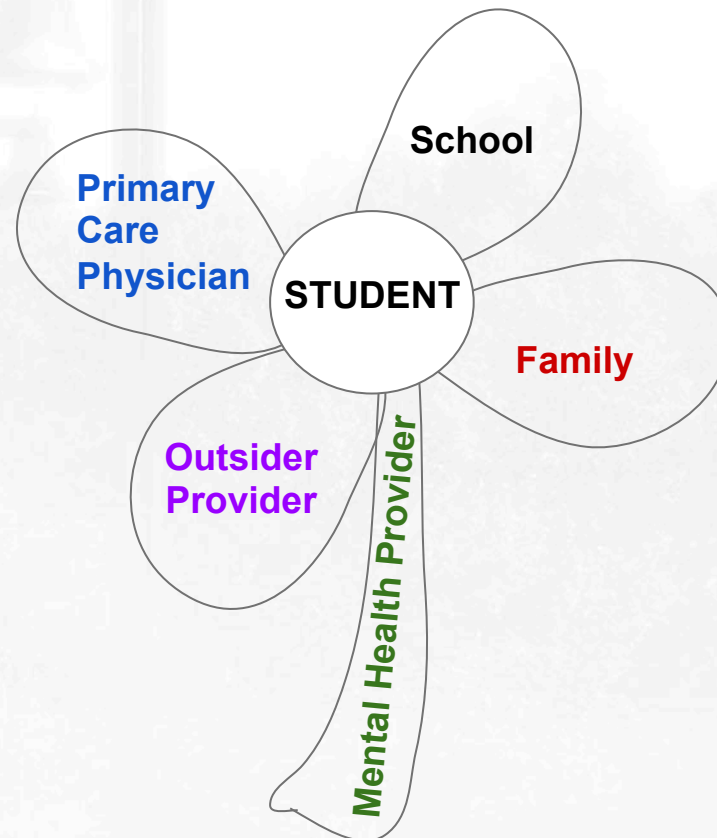
Background

- Approximately 1 in 5 school-aged children in the US may be suffering from a mental health disorder (Hanover Research, March 2017).
- 2013 the Federal Center for Disease Control and Prevention found 13-20% of American children experience a mental disorder in a given year.
- During the 13-14 school year, the High School East nurse's office experienced over 500 student visits as a result of anxiety, mental distress or emotional needs.



What is Student Empowerment Services at Shenendehowa?

Shenendehowa Central Schools and Saratoga Center for the Family (SCFF) are collaborating to offer comprehensive mental health services in the school setting.





Why a School Based Mental Health Program?

Increased capacity to access school-based services can accomplish the following:

- Facilitate early identification of mental health disorders by providing screening, assessment and follow-up;
- Afford improved access to mental health services especially when students are unable to receive needed mental health care due to lack of transportation or parental time constraints;
- Improve efficiency and coordination of services among school-based professionals, clinic professionals, and community service providers;
- Maximize utilization of staff by sharing critical functions, knowledge, skills and information;
- Ensure more students' and families' consistent participation in treatment through linkages with the school's wellness programs; and
- Reduce the stigma associated with mental health treatment by having clinics in environments where children are located.



WHAT ARE THE DESIRED OUTCOMES?

DISTRICT

- Increased student achievement over time
- Increased Student Attendance
- Decreased out-of-school and in-school-suspension
- Decreased Home Tutoring Services
- Increased positive coping skills
- Increased access to mental health services

SARATOGA CENTER FOR THE FAMILY

- Individual Therapy
- Referral for Psychiatric Medication Consultation
- Home Services
- Family Therapy



AGENCY RESPONSIBILITIES

- **Provide master's level clinicians with one or more of the following certifications: LCSW- R, LMHC (Licensed Mental Health Counselor)**
- **Maintain at each school, a regular schedule for agency presence at the school**
- **Work collaboratively with teachers and staff who support agency students**
- **Attend individual student meetings upon invitation when possible**
- **Maintain contact with the student and school when a student is placed in juvenile detention/jail, PRTF, partial hospital, or day treatment program**
- **Provide consultation and education for school and District level staff on the topic of mental health**



Staffing - Counselors – LCSW-R or LMHC (Licensed Mental Health Counselor) who specializes in mental health issues.

Location of Services: Arongen/Shatekon, HSE

Hours: School Hours (Flexible)

Capacity

Increase capacity by using:

- Structured assessment tools: Staff will use these tools to differentiate students who have social and emotional problems (the majority) from those who have diagnosable mental illness.
- Short-term individual therapy: Individual therapy is limited to students most likely to benefit from it, using evidence-based, time-limited methods with demonstrated effectiveness in adolescents.
- Supportive management in groups: A variety of groups and workshops, and a drop-in center, are the primary treatment for most students.
- Prearranged referrals to community providers: Patients whose diagnoses require more specialized and time-consuming treatment will be referred to specialty providers (psychiatrist or psychiatric nurse practitioner).



AGENCY SERVICE EFFECTIVENESS MEASURES

Agency provided Comprehensive Treatment Plans for goal monitoring

The Clinical Director will review treatment plans on a regular basis as part of quality assurance. Treatment plans will be evaluated at random as part of the agency effectiveness review.

Documentation of student contacts with agency

Agencies will document each service contact and number of contact hours for all students, including pro bono students.

Parent rating of agency services

Annually or at the time of discharge from school-based services, Saratoga Center for the Family will ask all parents to complete an agency rating scale. The rating form will be provided by the agency.

School rating of agency services

Annually, the District staff member designated to oversee the program will complete an evaluation survey in collaboration with principals, psychologists and counselors. The evaluation form will be developed by the District.



DISTRICT RESPONSIBILITIES

Clearly define roles and responsibilities

All schools have school counseling and school psychological services. Defining the roles of school staff and agency staff is critical.

Train agency staff on school culture, roles, and practices

The District recognizes that there are significant differences in the culture of schools in comparison to the private mental health industry. The primary difference is that the District's mission is to educate all children; the agency's mission focuses on mental wellness.

Work collaboratively with provider agency management

Shenendehowa staff will work with agency directors to disseminate information, address system level concerns, and agency personnel concerns at individual school buildings

Establish a consistent referral process for all schools

Use data to make decisions about continuation of individual agency services

Shenendehowa will review agency effectiveness data and identified District data annually to determine whether or not agencies continue to meet the District standards of service as outlined in this document.



INDIVIDUAL SCHOOL RESPONSIBILITIES

Provide use of space and facilities

Schools must have a private space available for agency service delivery. The SBMH Program staff will ensure that each school site has an appropriate space available before assigning an agency to a school.





INDIVIDUAL SCHOOL RESPONSIBILITIES

Work collaboratively with agency staff

Schools receiving agency mental health services will designate one administrator and a school counselor or psychologist as the primary points of contact for the agency therapist. These school staff members will support the therapist in working collaboratively within the school.

Administrator and support staff inform parents and instructional staff of the agency as a resource

In order for a school to maintain agency services, the agency must have a sufficient number of cases. It is critical that administrators and support staff publicize the agency services to teachers and parents.



INDIVIDUAL SCHOOL RESPONSIBILITIES

Invite agency staff to pertinent planning and intervention meetings

Whenever possible, school staff will invite the agency therapist to pertinent meetings that will promote the delivery of agency services and support the welfare of individual students

Obtain parent permission for agency presence at pertinent student meetings

Because agency therapists are not Shenendehowa employees, parent permission must be obtained for agency personnel to attend meetings where individual students will be discussed

Make referrals to the mental health agency

Sustainability of agency services relies heavily upon student referral numbers



INDIVIDUAL SCHOOL RESPONSIBILITIES

Support the provision of agency services within the school

In order to serve the needs of students, schools must be flexible about when the agency therapist can meet with students. Given caseload volumes, it is not always possible that all students can be seen during electives/specials and before or after school

Designate a staff person to manage agency protocol within the school

In addition to the school administrator, each school will have a staff member (psychologist, counselor, social worker) who acts as the single point of referral and primary point of contact for the agency therapist.

Conduct regular check-point meetings with agency to get status and progress update from agency on referred students

The designated school-based Student Services staff member will conduct monthly meetings with the agency therapist to attain progress updates on current students, update the therapist with student-specific information, and provide information about pending referrals.



COLLABORATIVE RESPONSIBILITIES

Obtain parent permission for agency services

A “warm hand-off” is the recommended means of obtaining parent permission for agency services.

Crisis Intervention

When agency students have a need for a school-based crisis plan, the agency therapist should participate in the development of that plan, or at a minimum have an awareness of the plan

Share information about student performance and progress

All agencies will obtain a release of information to share information with the school as part of the referral process

Bi-directional information flow regarding Child and Family Team meetings

School staff will work to inform the agency therapist of student meetings in a timely manner when agency presence is desired. Whenever possible, such meetings will be scheduled on days when the therapist is typically at the school site.



COLLABORATIVE RESPONSIBILITIES

Discharge

Each student will have individual treatment goals. Once a student is close to meeting their treatment goals, a plan will be developed for the student to end treatment.

Confidentiality

Releases of Information must be signed by a parent/guardian to allow the School Based Therapists to speak with school personnel. Parents/Guardians are allowed to restrict what information is shared per HIPAA guidelines.



REFERRAL SYSTEM

Teacher identifies student that needs counseling- Goes to School Counselor



Student is identified as a potential candidate Student Empowerment Services and it is determined that all appropriate services through the school have been exhausted initially (May be referred by parent, psychologist, school counselor, social worker, CST, nurse, behavior specialist, building administrator, or self)



Referral Form is completed & Parent Consent Obtained

(Referral is completed by school staff member; consent from parent must be obtained for students under 16. **Referrals will not accepted without consent from parent**)



Referral is given to Intake Coordinator at SCFF



SCFF then follows their process for new intakes and Counseling Begins



CONTINUUM OF CARE

School-Based Service Provider	Primary Referral Needed			
	Individual Support	Group Support	Family Support	Community Based Support
Student Services	Consultation with school staff and/or student*	Classroom Guidance	Parent Conference	Referral to or utilization of community resources+
	Mentorship Opportunities		Home Visit	
	Short-term counseling (6 or > sessions)	Short-term group counseling	Family Assessment	Community Agency coordination
	Long-term counseling^ (6 or < sessions)	Long-term counseling	Parent Consultation	
	Behavior intervention plans		Parent Training	
	Check -n- Connect			
School-based Mental Health Agency Services	Individual Therapy	Group Therapy	Family therapy	Referral to day treatment or inpatient behavioral health facility
	Medication evaluation/Medication monitoring		Family Support Services	



QUESTIONS

