Office of Policy & Community Development
5 Chelsea Place
Clifton Park, NY 12065
Phone: (518) 881-0611
Fax: (518) 881-0616

Student Empowerment Services at Shenendehowa

Shenendehowa's mission is to work continuously and in partnership with the community to ensure that all students demonstrate the knowledge, skills, abilities and character needed to live useful, productive and rewarding lives. Our goal is to have Shenendehowa offer a range of mental health services that provide effective treatments and supports to help identified students and families. These supplemental services will be rendered at schools, clinics and through various programs outside of the school. These supplemental services include but are not limited to:

- Consultation with classroom teachers on mental health interventions for individual students
- Mental health promotion, awareness and education
- Stress and Coping: Promoting Staff & Student Resiliency During Difficult Times
- Crisis Prevention, Intervention and Treatment
- Suicide Prevention, Intervention and Treatment
- Education and Awareness regarding Self Injury
- Personal Safety
- Grief and loss support
- Treatment of depression
- Individual, group and family counseling
- Medication support and management
- Parent education & training
- Psychiatric support and re-entry planning
- Educationally Related Mental Health Services

Shenendehowa is one of the largest central schools in the area covering approximately 86 square miles, serving families from the communities of Clifton Park, Halfmoon, Ballston Lake, Round Lake, Malta and parts of Waterford, Rexford, Mechanicville and Stillwater. Approximately 9,850 students attend eight elementary schools (gr. K-5), three middle schools (gr. 6-8) and a high school (gr. 9-12). There are about 38,927 households in this area with a median household income of $62,311.00. Demographically our community is 86.4 % Caucasian, 3.0% Asian, 4.8% Hispanic, and 5.8% Black. Shen is predominately a suburban, bedroom community of the capital of New York State, Albany. Outlying sectors of the community are rural and relatively isolated. Much of the community life takes place in a small centralized area surrounding the main school campus, the local mall, Clifton Common athletic facility, library and YMCA. We lack public transportation, thus youth in outlying areas have limited access to this area and tend to choose to remain in the central area after school so they can participate in programs or be with friends.

Shenendehowa is experiencing an influx of students struggling with mental health issues at the elementary level. Some of these students require daily intervention by the school psychologist, counselor and principal. Some of these students exhibit violent behaviors that are unsafe and disruptive.

Currently, the schools are not equipped to deal with the unique needs of these students in regard to behavioral therapy and assistance with medication regulations. Furthermore during the 2013-2014 school years our High School has experienced over 500 visits to the nurse as a result of anxiety, mental distress and emotional needs. Data collected from Shenendehowa students found that at least 25% of our student population felt picked on or bullied at least once at school in the past year, 23% feel sometimes life is not worth it, 36% think at times they are no good at all, 27% felt depressed or sad most days and 20% said their parents do not help with personal problems. Captain Youth and Family Services, an agency that provides services in the same geographic area served by the district, has experienced an incline in mental health needs of their population served. One example, their Runaway and Emergency Youth Shelter, served 111 children ages 13 – 17, of which over 65% had a mental health diagnosis and were being prescribed medications to help control the symptoms. Of these youth, 26% presented with severe mental health issues and 12% were coming to this program from a psychiatric hospitalization or evaluation.

The Shenendehowa Central School District is committed to helping all students reach their academic potential. Students' well-being and mental health are imperative to their success. The Shenendehowa Central School District School-based Mental Health Center offers all students access to mental health services to encourage and support student learning and academic engagement.

Community Health Clinic

Not long ago, it was thought that many brain disorders such as anxiety disorders, depression, and bipolar disorder began only after childhood. We now know they can begin in early childhood. An estimated 1 in 10 children and adolescents in the United States suffers from mental illness severe enough to cause some level of impairment. Fewer than 1 in 5 of these ill children receives treatment. Schools play a critical role in ensuring that behavioral problems are identified early so that young people can grow and thrive in a healthy environment. Schools can lead coordination efforts in bringing youth-serving agencies together to guarantee that children, youth, and families can easily access services that are community based, child centered, family focused, and culturally and linguistically competent. Left untreated, childhood mental and emotional disorders can lead to poor outcomes in school, limited employment opportunities, and other negative economic impacts in adulthood.

According to the 2013 Community Health Needs Assessment from the Saratoga Hospital, suicide rates in Saratoga County are higher than benchmarks across the State and are increasing. This is also true for self-inflicted injury. The report summarized the findings by stating, “These rates reflect comparatively high rates for adults and children with serious mental illness or emotional disorders”. According to the same report, based on analysis of the available health data, community surveys, input from stakeholders and discussions at the regional and local levels, the following have been identified as the top three significant health needs in Saratoga County and will be of major focus for the next three years; childhood obesity, substance abuse, and mental health issues.

Rationale:

Mental health disorders can greatly affect children’s and adolescents’ functioning at school, in the home, and in communities. Schools, in partnership with community-based mental health organizations, are among the largest providers of mental health services to children; additionally schools serve as a setting in which early mental health problems are often first identified. School sites offer the opportunity to identify youth at-risk for mental health problems and to provide linkage to services and supports.

However, K-12 schools often lack the resources to address the needs of students requiring more involved and intensive services. Partnerships and collaborative efforts are needed to provide expanded access to services and supports. There are over 1,900 School-Based Health Centers (K through 12) nationwide (44 states and the District of Columbia) which are often operated as a partnership between the school and a community health center, local health department, or hospital.

Community mental health clinics based in or linked to schools give children with serious emotional or behavioral issues and their families better access to providers, and vice versa. This means a greater likelihood for consistent treatment due to earlier identification as well as comprehensive and coordinated service plans. Increased capacity to access clinic services can accomplish the following:

- Enhance the ability for students to learn and stay in their natural environment;
- 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.

Mental Health Program

The Mental Health Program will be a comprehensive approach to implementing social/emotional services aimed at prevention, intervention, training, and evaluation of program effectiveness; with stakeholders' input to the design and ongoing progress of the Center. It will effectively address the social/emotional and mental health needs of students in grades K-12 and encompass developmentally appropriate screening, intervention, behavioral assistance, training and psychiatric services; all focused on serving student needs within the context of the school environment.

Desired District Outcomes

1. **Increased student achievement over time**

   Students with behavioral and emotional difficulties may display poor academic achievement. Achievement deficits may be related to low skills, but inevitably those difficulties are also connected to lost instruction due to disciplinary issues and difficulties attending to instruction related to poor coping skills. Through the receipt of mental health services, it is the District's expectation that over time, children's achievement will increase. Growth in academic skills and performance can be measured using:

   <u>Short-term growth</u>

   K-2: Reading Benchmark Assessment;Fountas & Pinnel

   K-2 Math Common Assessments

   3-8 New York State Math Assessment

   Grades 9-12: Final Exams and/or Regents Scores

2. Increased Student Attendance

Children with emotional and behavioral difficulties may have poor attendance. This can be related to psychiatric hospitalizations, fears and anxieties related to school, disciplinary actions leading to suspension, as well as incarceration amongst other reasons. Through the receipt of mental health services, it is the District's expectation that children's attendance will improve over time. Shenendehowa's Student Information System will be used to collect the following attendance data for students receiving school-based mental health services:

Period by period attendance
Number of absences in the school year prior to the start of mental health services
Number of absences in the school year(s) while receiving mental health services
Number of absences the school year following exit from mental health services

3. **Decreased out-of-school and in-school-suspension**

Children with emotional and behavioral difficulties who display externalizing behaviors may accumulate many days of out-of-school (OSS) and/or in-school suspension (ISS) over time. It is the District's expectation that due to an increase in coping skills, children receiving mental health therapy will receive fewer days of suspension during and post mental health services than pre-mental health services. Shenendehowa's Student Information System will be used to collect the following ISS and OSS data for students receiving school-based mental health services:

Number of ISS/OSS days in the school year prior to the start of mental health services
Number of ISS/OSS days in the school year(s) while receiving mental health services
Number of ISS/OSS days the school year following exit from mental health services

4. **Decreased Home Tutoring Services**

Students with chronic mental health issues tend to miss significant periods of school due to the inability to come to school:It is the District's expectations that, with an increase in coping skills and decrease in behaviors that interfere with school attendance, overtime home tutoring services would be decreased. Shenendehowa's Student Information System will be used to collect the following data for students receiving school-based mental health services:

Number of days of home tutoring in the school year prior to the start of mental health services
Number of days of home tutoring in the school year(s) while receiving mental health services
Number of days of home tutoring in the school year following exit from mental health services

5. **Increased positive coping skills**

Coping skills allow children to adapt in a way that helps them to meet environmental demands despite behavioral or emotional difficulties that could interfere. It is the expectation that children who receive school-based mental health services will increase their coping skills to the degree that they function better socially, behaviorally, and emotionally. Individual progress in this area will be measured by student achievement, attendance, and suspension rates as outlined above.

6. **Increased access to mental health services**
With the expansion of agency provided mental health services, it is expected that student access to mental health services will increase. Specifically, the increased availability of agency therapists should allow district staff to provide more direct service hours to a larger number of students with less severe needs while increasing the amount of direct service time provided to students with more significant needs via agency provided services.

Baselines will be established using school staff service logs for the school year prior to the start of agency services. Agency service hours and numbers of students served will be provided to the Director of Policy and Community Development.

Desired Agency Services
The District's ultimate goal is to provide agency services to all 13 schools. For the 2015-2016 school-year central locations will be at High School East and Shatekon and Arongen. All students will have the opportunity to access services at these two locations.

Individual Therapy
School support staff will continue to provide counseling and behavioral interventions for individual students who require direct skill instruction to function in school. It is the expectation that the agency will provide individual therapy for referred students who exhibit a need for extensive support in multiple settings (i.e., home and community) and for those students who require clinical mental health services.

Psychiatric Medication Consultation
The agency's therapist should refer students to the agency's medical doctor and/or psychiatric nurse practitioner when there is an identified need for medication intervention. In addition to supporting the family in undergoing a psychiatric evaluation, it is expected that the agency will provide ongoing medication consultation for the family and student. Additionally, the agency therapist will consult with school staff for information about potential behavioral/emotional changes related to medication management, and communicate that information to the treating physician.

Home Services
In addition to school-based mental health services, agency staff will offer home visits for identified students. Research demonstrates that individual therapy alone may be insufficient for children with complicated ecosystems. In-home service provides team intervention for children and families in the home setting and aims to reduce psychiatric and substance abuse problems, defuse current crisis, provide wraparound support, and prevent out of home placement for students. The District has a vested interest in children remaining in their homes whenever feasible and in the student's best interest. This allows students more consistent educational access, which is related to higher achievement.

Family Therapy
Students in the program should receive services 12 months a year. In addition to serving referred students, it is expected that the agency will seek to provide family therapy when it is deemed necessary to support students in meeting therapy goals.

Agency services will be required to provide services 12 months a year including school recesses for select students. Agency services will be offered to the families during the summer months at the school and in the home. Parents will be expected to bring their child to the school for individual therapy

appointments. Some families may elect to discharge from services during the summer months due to vacations, etc. However, it would be most beneficial for a child to remain in therapy during the summer months to help with continuity of care to maximize the benefits of treatment and for the clients to remain engaged with the therapist. It would be imperative to keep high risk students engaged in services during the summer for continued risk assessment.

Agency Responsibilities

Provide master's level clinicians with one or more of the following certifications: LCSW- R, LMHC (Licensed Mental Health Counselor)

School-based therapists must be master's level clinicians who are licensed clinical social workers or licensed mental health counselors. The agency must provide regular individual and group clinical supervision and case consultation for their school-based therapists. All employees have a 90 day probationary period. Feedback will be solicited from school personnel prior to the end of the probationary period and then again at the end of 6 months and annually thereafter.

Maintain at each school, a regular schedule for agency presence at the school

For the good of the school-agency relationship and coordination of office space, the agency must maintain a regular schedule at each assigned school. It is understood that at times, the agency therapist may need to alter the schedule to attend important meetings at other school sites. In such situations, it is necessary that clear and consistent communication be provided to the school contact person(s). This promotes agency staff accountability to the schools and students they serve.

Work collaboratively with teachers and staff who support agency students

In addition to providing individual therapy, the therapist will provide general support for their students in the school setting. This includes but is not limited to teacher consultation, classroom observation, attending meetings (IST) and feedback to teachers, support staff, and administrators about individual students, crisis support, and attendance at relevant meetings.

Attend individual student meetings upon invitation when possible

When meeting topics are pertinent, school staff will invite the therapist to student meetings. Agency staff will attend these meetings when possible for the purpose of gaining new information about the student to support therapy as well as sharing information with the team to support instruction. In cases where the focal student is not currently a client but a referral may be made, parent permission will be obtained for the therapist to attend, and the therapist will be available to provide information about the continuum of services available through the agency.

Maintain contact with the student and school when a student is placed in juvenile detention/jail, PRTF, partial hospital, or day treatment program

When students are not attending school due to placement in a higher level facility, including jail, the agency will maintain contact with the student and/or the family and the school-based therapist will have access to this information. The therapist will actively update school support staff on the student's status and any available discharge information. Using this information, the therapist will collaborate with school staff to plan for the student's return to school and support the student's transition upon return to the school campus.

Provide consultation and education for school and District level staff on the topic of mental health

In addition to working with individual students, the agency therapist is available to provide consultation and professional development for school and District staff. The therapist may also provide general consultation about behavior and mental health to school District support staff including counselors, psychologists, social workers, and behavior management technicians. Upon request, the agency therapist may provide presentations at staff meetings or department meetings about matters that fall into their areas of expertise. This may include, for example, understanding how mental health disorders manifest in the school setting, how to teach students with mental health needs, minimizing anxiety in school etc.

Collaboration with other mental health providers, child/adolescent psychiatric hospitals (5 day follow-up provided to students following discharge from hospital), medication management providers, local social services (CPS, DSS, Probation, PINS, etc.), law enforcement providers (including DA's office), etc. – Parents will sign a release of information therefore the therapist can collaborate and exchange information with providers.

Staff
Counselors – LCSW-R or LMHC (Licensed Mental Health Counselor) who specializes in mental health issues. Provide comprehensive assessment, treatment planning, evidenced based treatment (individual, group and family therapy) and case management to students who present with mental health issues. Consult and collaborate with school administration, personnel and outside providers.

Child/Adolescent Psychiatrist or Psychiatric Nurse Practitioner will rotate among schools to provide onsite evaluations, medication treatment (when needed) and consultation with, administration, staff and parents. This position would rotate between levels as needed.

Location of Services:
High School East – for the 2015-2016 school-year; to expand in following year to the middle school
Shatekon/Arongen elementary – services would be accessible for students at the elementary level

Hours:
High School - 7:45 am – 4:00 pm; *with flexibility for late appointments to accommodate family/in-home sessions*
Elementary – 7:45 am – 3:00 pm; *with flexibility for late appointments to accommodate family/in-home sessions*
Summer – Continued services through the summer will be determined on a case-by-case basis.

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 agency will develop and monitor student treatment plans on a monthly basis. Treatment plans are a plan developed by the consumer, their family, friends, and other supports to establish goals for the year, determine skills and knowledge necessary to work towards the desired outcomes, and identify practical steps to achievement of the goals. The Clinical Director from the agency will review treatment plans on a regular basis as part of quality assurance. Treatment plans will be evaluated by the agency at random as part of the agency effectiveness review.

Documentation of student contacts with agency

The agency will document each service contact and number of contact hours for all students, including pro bono students. This information will be provided to the Director of Policy and Community Development. Consistency of student contacts in accordance with the treatment plan and evidence of collaborative efforts will be used as part of the agency effectiveness review.

Parent rating of agency services

Annually or at the time of discharge from school-based services, the agency will ask all parents to complete an agency rating scale. The rating form will be provided by the agency. Parent ratings will be a factor in the agency effectiveness review. The therapist will provide the parent rating form requesting they complete it and return to the District staff member designated to oversee the program.

School rating of agency services

Annually, the District staff member designated to oversee the program will complete an evaluation survey in collaboration with the agency.

District Responsibilities

Clearly define roles and responsibilities
All schools have school counseling and school psychological services. District staff provides a range of services including classroom and comprehensive guidance, individual and group counseling, teacher and administrator consultation for individuals, classes, and school level needs, attendance support, psycho-educational evaluations, behavior intervention support, and referrals to community agencies. The mental health agency will supplement Shenendehowa's services though the provision of long-term therapy and treatment, collaboration with school staff and the provision of behavioral health services that fall outside the scope of school district services.

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. At times, educational needs and treatment needs may appear to be in conflict with one another. Positive, collaborative relationships between the agency and schools require that agency staff have a clear understanding of school culture, practices, professional roles, guidelines under which school staff operate, as well as how to navigate within school buildings. The District will provide training and guidance for agency staff to support their transition into school-based service delivery. In addition, the District will provide schools with guidelines to promote consistent practices for orienting agency therapists to their school sites.

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. Shenendehowa staff will also work with the provider agency to support the development of an understanding of each school's culture as it relates to how agency staff works within that school setting.

Establish a consistent referral process for all schools
One Shenendehowa staff member in each building will be designated as the point of contact (psychologists, social workers, counselors) for referrals to the school-based mental health agency. His or her role is to make formal referrals to the agency therapist, maintain awareness of referred students and current cases, and have regular dialogue with the therapist about student cases. The full referral process is outlined at the end of this document.

Use data to make decisions about continuation of agency services
Shenendehowa will review agency effectiveness data and identified District data annually to determine whether or not the agency continues 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. Student Empowerment Services staff will ensure that each school site has an appropriate space available for the agency staff. The space may be shared by other personnel, but must be dedicated to the agency on therapist days at the school. It should contain at least two chairs and a table. The ideal space will include a live phone line so that agency staff can complete record keeping responsibilities in a timely manner. Because the space may be accessed by other personnel on non-agency days, confidential records will be stored at the appropriate building.

Work collaboratively with agency staff
Schools 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. The designated staff members will receive training about agency services and consistent District-wide practices in relation to the agency.

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. They must be made aware of the referral process and service delivery model. For example, teachers should know that all referrals are made through the counselor, school social worker or school psychologist contact person and that students will at times miss instruction for therapy. Supporting the service may include allowing the agency therapist opportunities to speak at staff meetings, grade level planning, as well as providing in-service trainings on relevant topics such as ADHD and other psychological disorders. The District will provide guidelines to support consistent information sharing in this area.

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. Such meetings include parent-teacher conferences, administrator-parent meetings, IST meetings and IEP team meetings where the focal student receives agency provided therapy or may be referred for agency services.

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. If the child is not an agency student but the parent is present, informal permission is sufficient. If the parent will not be present and the student is not currently under agency care, school staff will obtain written permission for the agency therapist to be present. In cases where the student is already an agency student, parent permission would have already been obtained through the signing of a consent for release of information at the inception of agency services.

Making referrals to Student Empowerment Services
Following the District's standard referral process, school support staff will collaborate with the agency to conduct referral to services meetings with the agency therapist and parent(s) present. This "warm hand-off" practice (face to face between the school, the parent and the mental health therapist) helps ensure that the parent understands the connection between the school and the agency, as well as the child's behavioral/emotional needs relative to the school and agency services.

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. As such, school-based support staff will help the therapist to understand grade level schedules and the learning weaknesses of individual students so that regular or rotating appointment times can be created that both minimize lost instruction and allow the therapist to see all caseload students in a time efficient manner. For students with Individualized Education Plans (IEP), the case manager will identify times when the students may receive therapy so as not to violate IEP time requirements.

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. This person and/or the administrator will orient therapist to the school facility. The therapist will also need support understanding school protocol, such as staff sign-in expectations, cell phone usage within the building, how to book meeting space, appropriate classroom observation methods, etc. The District will provide guidelines to support consistent practices in this area.

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. The agency therapist will also provide information about referrals that are in progress and any issues of concern. This meeting may take place as part of an already existing Student Services, administrative, or positive behavior support team meeting; however detailed or highly confidential information will only be provided to pertinent staff and on a need-to-know basis.

<u>Collaborative Responsibilities</u>

Obtain parent permission for agency services
A "warm hand-off" is the recommended means of obtaining parent permission for agency services. This requires that the parent, agency therapist, and school staff meet to discuss the reason for the referral, how the referral is processed, what services the agency may provide, how the school, agency, and parent will collaborate to support the student, and next steps once the student is approved for 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. If an agency student has a crisis while the therapist is at the school, the therapist will be called upon to support the student and

staff during the crisis. If the therapist is not on campus, the school *may* ask the therapist to come to the school to provide support if he or she is available. If the Agency therapist is not available to attend to a crisis of one of their students, the District staff will support the student. All interventions and outcomes will be communicated to the Agency therapist.

Share information about student performance and progress
The agency will obtain a release of information to share information with the school as part of the referral process. A bi-directional exchange of information will occur on an ongoing basis between the school and the agency. The focus of the information exchange includes but is not limited to: Academic performance, behavior, disciplinary action, school observations, progress towards school plan goals, matters related to safety, medication-related issues, pertinent family issues, progress towards therapeutic goals, treatment plans, discharge summaries, termination of services etc.

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. The agency therapist will inform school staff of meetings held with individual families at school. If school staff is unable to be present for a CFT, the agency staff will obtain input from school staff prior to the meeting and share information with school staff following the meeting. This may take place at the regularly scheduled check-point meeting, or at another designated time depending upon the nature of the information that needs to be shared.

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. This occurs gradually over multiple sessions and in consultation with the school staff and family. Students may also be discharged for repeatedly missing appointments or lack of involvement in their treatment plan. In the rare circumstance that the therapist and student are not a good match, other arrangements for treatment will be considered.

Confidentiality
Releases of Information must be signed by a parent/guardian to allow the School Based Therapists to speak with school personal. Parents/Guardians are allowed to restrict what information is shared per HIPAA guidelines. Therapists will always ensure they have proper release forms and when applicable direct consent of the student before discussing a case. Therapist will release only information that is relevant to a student's school-life issues and to support a student's health and promote their well-being. School based therapist must be prepared to not disclose any unnecessary information while still building trust, promoting collaboration and investing in the team work necessary to support the student. School personnel must be educated on HIPAA guidelines on a yearly basis so they clearly understand the boundaries of confidentiality and what the therapist is allowed to disclose to them.

Student Empowerment Services at Shenendehowa 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 accessed 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 Student Empowerment Services Therapist

School Based Therapist gives referral form to SCFF Clinical Director to determine the appropriateness of the referral

Clinical Director at SCFF gives referral to Billing Specialist to get insurance verified

Chart is made and they are entered into SCFF Billing System

Referral/Chart is given to Student Empowerment Services Therapist who will call family within 3 school days to schedule intake

Intake must be completed with parent present.
Therapist will follow SCFF No Show Policy regarding failed intake. Parents must sign a release of information for the school at this appointment which allows the Student Empowerment Services Therapist to communicate and coordinate treatment with the school. (This release may be modified by the parent about what information is allowed to be disclosed)
(for students under 16)

Therapy begins
(Therapist determines the frequency and schedules them in the SCFF scheduling system; family sessions will occur once a month)

Student Empowerment Services Therapist reports weekly to the SCFF for Clinical Supervision

Clinical Director at SCFF completes chart audit once a month at the school

Continuum of Care

This chart provides guidance for the delineation of support for students experiencing behavioral/emotional difficulties. This chart is not exhaustive.

<table>
<tr><th rowspan="2">School-Based Service Provider</th><th colspan="4">Primary Referral Needed</th></tr>
<tr><th>Individual Support</th><th>Group Support</th><th>Family Support</th><th>Community Based Support</th></tr>
<tr><td rowspan="6">Student Services</td><td>Consultation with school staff and/or student*</td><td>Classroom Guidance</td><td>Parent Conference</td><td rowspan="2">Referral to or utilization of community resources+</td></tr>
<tr><td>Mentorship Opportunities</td><td rowspan="2">Short-term group counseling</td><td>Home Visit</td></tr>
<tr><td>Short-term counseling (6 or > sessions)</td><td>Family Assessment</td><td rowspan="4">Community Agency coordination</td></tr>
<tr><td>Long-term counseling^ (6 or < sessions)</td><td rowspan="3">Long-term counseling</td><td>Parent Consultation</td></tr>
<tr><td>Behavior intervention plans</td><td rowspan="2">Parent Training</td></tr>
<tr><td>Check –n- Connect</td></tr>
<tr><td rowspan="2">School-based Mental Health Agency Services</td><td>Individual Therapy</td><td rowspan="2">Group Therapy</td><td>Family therapy</td><td rowspan="2">Referral to day treatment or inpatient behavioral health facility</td></tr>
<tr><td>Medication evaluation/Medication monitoring</td><td>Family Support Services</td></tr>
</table>

*Consultation refers to a formal or informal meeting with a Student Services staff member for student-related guidance or advice and may include peer mediation.

+Individual student/family referrals to nonprofits agencies such as Hospice, etc.

^Long-term counseling may only be provided by school psychologists and school social workers.

Student Empowerment Services at Shenendehowa Referral Information Sheet

Have appropriate services through the school been accessed before this referral has been made? Yes ☐ No ☐(if No, why)______________________________________

Referral Source Information	
School Name:	Referral Initiated by:
Date of Referral:	Referent Phone Number:
Received by agency on:	
Student Demographic Information	
Student Name:	Age & Date of Birth:
Grade:	Teacher Contact Name:
Male ☐ Female☐	
Student's Living Address:	
What are the best times during the day for this child to meet with the therapist?	
Legal Guardian/Caretaker Information	
Legal Guardian Name:	Relationship to Student:
Telephone Number:	Secondary Phone:
Legal Guardian's Address (if different from student):	
Caretaker Information (Complete if student does not live with legal guardian)	
Caretaker Name:	Relationship to Student:
Telephone Number:	Secondary Phone:
Insurance Information	
Insurance Co:	Insurance Co. Phone:
Insurance/Policy #:	
Name of Policy Holder:	
Policy Holder DOB:	
Parent/Legal Guardian permission to proceed with referral: Yes ☐ No☐	
Reason(s) for Referral	