### **Multnomah County School Transition Protocol**

This protocol packet was created by a multidisciplinary team composed of representatives from schools, County Mental Health, Child Welfare, Juvenile Justice, Multnomah Education Service District and providers acting at the direction of the Memorandum of Understanding (MOU) Operations Team.

The purpose of the protocol is to ensure the transfer of information needed for successful school placement of children with a significant mental health history that has impacted school behavior and/or performance; children exiting secure child and adolescent inpatient (SCIP/SAIP), psychiatric day, or residential programs; the Juvenile Justice system; Behavioral Rehabilitation Services; or anticipating a change in school districts or a move to a program outside the district they currently attend. This protocol applies to the exchange of information between the facility and/or care coordinator and the designated school district.

The process for completing the protocols is anticipated as part of the planned discharge process and will begin as early as 4-6 weeks prior to transition. In the event that a discharge is sudden, or the placement and consequently district isn't known until discharge, the protocols will still be completed to assist the receiving school district in making the best school placement possible.

#### **AGREEMENTS**

- 1. All parties to the protocols will observe legal mandates regarding sharing, storing and transferring the information covered by the protocols.
- 2. All releases will be signed prior to sharing the information covered by the protocols.
- 3. Only that information relevant to successful school and community placement will be transferred.
- 4. Behaviors noted within the last year are most relevant.
- 5. The discharging facilities will gather and facilitate the sharing of the information referenced in the protocols.
- 6. If youth has a Wraparound or ICC coordinator she/he will be responsible for ensuring that the protocol is used and information is gathered and shared with appropriate parties.
- 7. The information will be directly routed through the receiving school district's placement coordinator.
- 8. Advocates and case managers will assist in ensuring that the information is available to the receiving school before or, at the latest, when a student arrives for registration or services.
- 9. The school districts will designate placement coordinators to work with school staff, the student and family to ensure timely placement.
- 10. The school districts will outline and share the procedure for enrollment and delivery of services with all involved parties.

### STRENGTH-BASED PRACTICES

- 1. All parties to the protocols agree that children and their families are entitled to strength-based practices which:
  - a. Emphasize people's self-determination and strengths
  - b. View clients as resourceful and resilient in the face of adversity
  - c. Are client-led, with a focus on future outcomes and strengths that people bring to a problem or crisis
  - 2. Information shared between releasing facility and the receiving school district will include the child's strengths, assets, and family and community supports.

**MOU MISSION STATEMENT:** To design, implement, monitor, evaluate, and sustain an aligned service delivery model for a comprehensive and family centered system of care for children; to foster communication; to establish trust; and to empower change agents.

### **ACRONYMS**

**A&E:** Multnomah Assessment and Evaluation (A&E)

**BRS:** Behavioral Rehabilitation Services

**DELH:** Donald E Long Home (detention)

ICTS/Level D HBS: Intensive Community Based Treatment Services/ Level D Home Based Stabilization

**IEP:** Individualized Education Plan

LRE: Least Restrictive Environment

**PDTS:** Psychiatric Day Treatment Services

**PEP:** Personalized Education Plan

**PRTS:** Psychiatric Residential Treatment Services

**RAD:** Residential Addiction Treatment

**SAIP:** Secure Inpatient for Adolescents

**SCIP:** Secure Inpatient for Children

Most current forms found at: www.multco.us/mhas/mental-health

# Discharge Information Cover Sheet

Student's Legal Name:		Student ESIS Number:
DOB:		
Grade:		
Special Ed.? YES or NO	Sec. 504? YES or NO	General Education? YES or NO
Are IEP/Eligibility and/or PEP Cu	urrent? YES or NO (Attach copies of IE	P/PEP and eligibility paperwork)
School Site & LRE before admiss	on to current facility or prior placeme	ent:
Anticipated discharge date from	current facility:	
Plan for continuing care?		
Living Situation (home, foster, et	cc.):	
Parent/guardian name, address,	and phone number:	
Outpatient treatment team nam	e, agency, address, phone numbers:	
Name:		
Data		

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## Completion of form to be coordinated by the discharge planning team, including the facility-based education provider.

Involved Stakeholders					
Name	Agency/Role	Phone			
1.					
2.					
3.					
4.					
5.					
6.					
I grant permission for this information to be placed in my student's school file:					
Signature of Parent/Guardian	/ Date:				

### **BEHAVIOR CHECKLIST**

This form contains personal health information and is protected by CFR 160.103 *et.* seq. To be used as a prompt for information sharing in discharge planning where all required releases are in place.

Student's Legal Name:

STRENGTHS	COMMENTS
Family	
Friendships	
Frieilusiiips	
Social skills	
Listening	
Caring about others	
> Communication	
Problem-solving skills	
Academic strengths	
Involvement in Sports	
involvement in sports	
Involvement in Hobbies	
Involvement in Arts (music dance performing arts)	
Involvement in Arts (music, dance, performing arts)	
Working or playing with computers	
Live have not in faith annually.	
Involvement in faith community	
	1

Student's Legal Nam	າe:				Fill out only those co	lumns which apply
Behavior	N/A					Triggers: environmental,
(Within the last		Frequency & location	Duration	Description	Intervention – what has	interpersonal,
year)		(home, school, other)			worked?	anniversary effects
Anxiety						
Drug and Alcohol						
Encopresis/						
Enuresis						
Hyperactivity/Impul						
sivity						
Medication Effects						
Physical Aggression						
Property						
Destruction						
Running						
Self-Harm						
Sexual Behavior						
Stealing						
Suicidality: History						
&Tendency						
Verbal Aggression						
Withdrawal						
ADDITIONAL COMM		,		1		
Checklist completed	ı by:			/		

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Date

Name

Org.

### **Critical Information for School Placement Checklist**

Student's Legal Name:	
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This checklist should be completed by the residential therapist and DELH teacher/facility education provider

Туре	Information	Provided By	Date Provided
Demographic Information	<ul><li>O Discharge Information</li><li>Cover Sheet</li><li>O Releases of Information</li></ul>	Provider with updates	0
Student Safety Information	<ul> <li>O Behavioral Checklist         (attached)</li> <li>O Crisis and Safety Plan (if needed)</li> <li>O Parole and Probation safety plan (if needed)</li> </ul>	Provider with updates Mental Health Provider Probation/Parole Officer DELH Teacher	0 0 0
Physical/Mental Health	<ul> <li>Medication/medical management</li> <li>Health Conditions and allergies</li> <li>Needs         <ul> <li>Emotional regulation</li> <li>Continuing outpatient treatment provider</li> </ul> </li> <li>Treatment goals and status completion</li> </ul>	Provider	<ul><li>0</li><li>0</li><li>0</li><li>0</li><li>0</li><li>0</li></ul>
Education	O IEP from Facility (attach form) O Eligibility (attach form) O Withdrawal form/transcript (attach forms) O 504 Plan/PEP (attach form)	Facility Educational Provider	0 0 0

### SCHOOL DISTRICT PLACEMENT CONTACT LIST JANUARY 2017

### Unless otherwise noted, contact the Student Service Directors in summer months

**Centennial** 

Main number <u>503.760.7990</u>

Director of Student Services: Lori Silverman

503.762.3630
Patrick O'Brien

503.762.3700

lori\_silverman@csd28j.org
patrick obrien@csd28j.org

Corbett

Main number 503.261.4226

Director of Student Services: Dee Dee Hanes 503.261.4245 dhanes@corbett.k12.or.us

**David Douglas** 

Main number: <u>503.252.2900</u>

Director of Student Services: Barbara Kienle; 503.261.8209 barbara\_kienle@ddsd40.org

 Sandy Jackman:
 503.256.6549
 sandy\_jackman@ddsd40.org

 Erin Garvin:
 503.256.6500
 erin\_garvin@ddsd40.org

 Ed Knowles:
 503.256.6549
 ed knowles@ddsd40.org

**Gresham-Barlow** 

Main number 503.261.4550

Exec. Dir. of Student Services: John Koch 503.261.4651 koch@gresham.k12.or.us

Intake: <u>503.261.4650</u>

Shelley Nurre, Structured Skills Center, Early Childhood

James Charles, High Schools

Stephanie McMillan, Middle Schools

Donna Ravenberg, Elementary Schools

nurre@gresham.k12.or.us
charles8@gresham.k12.or.us
mcmillan4@gresham.k12.or.us
ravenberg@gresham.k12.or.us

**Parkrose** 

Main number 503.408.2100

Dir. of Student Services: Kathy Keim-Robinson 503.408.2118 <u>kathy\_keimrob@parkrose.k12.or.us</u>

Portland Public Schools (PPS)
Main number 503.916.2000
For students with an IEP

During the school year: Special Education Placement Coordinator/Peggy Van Duyne 503.916.3075

During the summer: Special Education 503.916.3152

For general education students without an IEP

During the school year: Student Services/Amy Ruona 503.916.3349 or 503.916.5460

During the summer: Student Services 503.916.5460

Student Services <u>503.916.5460</u> Special Education <u>503.916.3297</u>

Reynolds

Main number 503.661.7200

Director of Student Services: Michelle Murer 503.661.7200 mmurer@rsd7.net

Deb Miller, Student Svcs. Prog. Administrator 503.661.7200 x3216 dgmiller@rsd7.net

<u>Riverdale</u>

Main number: 503.262.4840

Special Education Director. Sue Jonson 503.262.4842 sjonson@riverdale.k12.or.us

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<u>Treatment Provider</u> <u>Contact Phone</u>

Albertina Kerr ICTS 503.408.4704
Albertina Kerr Subacute 503.239.8101

Cascadia <u>503. 238.0705</u>

DePaul Youth A&D Residential Treatment 503.535.1151

Lifeworks Nickerson Day Tx 503.849.4333 Nickerson - 503.282.3296 x6821 Tigard Day TX 503.684.1424

Lifeworks ICTS <u>503.442.5319</u> Lifeworks White Shield <u>503.317.1744</u>

Morrison Hand in Hand Day Tx 503.258.4359 503.736.6514

Options <u>503.504.0907</u>

Serendipity Therapeutic School 503.595.2765

Trillium ICTS & OP <u>503.813.7769</u> or <u>503.813.7760</u>

Trillium Res & Day Tx: Metro 503.205.0196 Parry Center 503.234.9591 / day tx 503.963.4920

Trillium Children's Farm Home 541.758.5903 Farm Home reception 541.757.1852

Farm Home school program reception <u>541.757.5965</u>

Catholic Community Services 503.943.4993

**BRS Providers** 

Albertina Kerr <u>503.445.0751</u>

Morrison Child and Family 503.736.6510

Services

St Mary's Home for Boys <u>503.259.3111</u>

White Shield Center 503.731.3970

Multnomah Assessment and

Evaluation (A&E)

503.988.6710

OYA <u>503. 731.4891</u>

SAGE <u>503.258.4696</u>