



# **School Collaboration and Treatment/Services Integration**

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**NADD North Carolina 4-Part Webinar Series**

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# Goals for today

- Learn about the structure and development of a collaborative mental health/school program in Aurora, Colorado.
- Discover how schools fit into a system of care group for youth who have a dual diagnosis.
- Learn what vested interests schools have in collaborating with mental health clinicians and other community partners.
- Explore ways in which mental health clinicians can coordinate care with school based services.
- Identify ways to start school and community collaborations in your community.

# Intercept Center

- Collaborative program
  - Aurora Mental Health Center
  - Aurora Public Schools
- 10 children in therapeutic school
- 250 families served outpatient
- Individual, family, group therapy
- Psychiatric services
- Case management

# Intercept Center

- Staff
  - 1 Director/Clinician
  - Part time Psychologist
  - 2 LSW Clinicians
  - 2 LPC Clinicians, one bi-lingual (Spanish)
  - 2 psychiatrists (16 hours a week)
  - 1 Special Education Teacher
  - 2 Paraeducators
  - 1 Office Manager
  - Auxiliary Special Education staff
  - Interns

# Intercept Center Day Treatment/Outpatient Services



Virtually all children served at Intercept have developmental disabilities, mental health diagnoses, and trauma histories



# Intercept Program Goals

- Teach coping and adaptive skills so that the child and family can function adequately
- Help children in Day Treatment transition back to public school special education classrooms
- Provide a structured environment for behavioral change while maintaining a supportive and challenging academic curriculum
- Decrease the need for inpatient psychiatric hospitalizations



# Intercept Program Goals

- Stabilize children taking psychotropic medication and maintain them on a minimal effective dose
- Help to empower parents so that they may assist in providing therapeutic change
- Serve as a mental health representative on interdisciplinary teams and coordinate involvement of all community agencies required for the child's treatment
- Provide support services and linkage for parents and foster parents



# Definition: Collaborate

Merriam – Webster:

1. To work jointly with others or together especially in an intellectual endeavor.
2. To cooperate with an agency or instrumentally with which one is not immediately connected.
3. To cooperate or willingly assist an enemy of one's country and especially an occupying force.





# Creation of Intercept Center

A Collaborative Process for a  
Collaborative Program  
(1995 – today)

Recognition of Community  
Needs and Resources



# Creation of Intercept Center (Community Mental Health)

## Need/Vested Interest

- 8 dually diagnosed children with frequent or prolonged inpatient hospital stays
- Day treatment programs not appropriate for children with cognitive disabilities

## Resources/Opportunities

- 1995 Change to Medicaid Capitation
- Medicaid wraparound funds
- Reallocated funds from inpatient costs
- Forward thinking of key community leaders



# Creation of Intercept Center (Special Education)

## Need/Vested Interest

- Costly out of district placements
  - Lack of psychiatric care
  - Lack of family therapy/support
  - Lacking case management
  - Less push for recovery and transition back to less restrictive setting
  - Federal requirement to provide a free and appropriate education



# Creation of Intercept Center (Special Education)

## Resources/Opportunities

- Small space available
- Available itinerant staff
- Funds reallocated from out of district placement costs
- Initiative of key community leaders



# Creation of Intercept (Dept. of Soc. Services/Child Protection)

## Need/Vested Interest

- Costly residential placement or therapeutic foster homes
- High rate of failed foster placements

## Resources/Opportunities

- Specially assigned specialist case workers knowledgeable of dev. disabled children.
- Funds for respite and other wraparound services

# Creation of Intercept (ARC of Aurora)

## Need/Vested Interest

- Families in need of quality mental health care for their child
  - Constant denials for services due to over attribution of symptoms to disability.
- Children in need of challenging academic curriculum
- Families in need of safe therapeutic environments for dually diagnosed children outside of hospital



# Creation of Intercept (ARC of Aurora)

## Resources/Opportunities

- Parent support
- Client/Family perspective
- Community resource information
- Grant – Project support
- Public endorsement



# Creation of Intercept (Dev. Disability Services)

## Resources/Opportunities

- Children's Extensive Services (CES) Medicaid Waiver
- CHRP Waiver
- Respite Providers
- Resource Coordinators
  - Community resource links
  - Family support links





# Creation of Intercept Day Treatment (Piecemeal Program)

- Shared space with Alternative Middle School
- Teacher/paraeducators hired
- Therapist from adult intensive services program and case manager hired
- On site Program Director appointed
- Furniture supplied from warehouses
- Copy machine from school district
- Fax machine from mental health center
- Donations from all stakeholders



# Intercept Day Treatment Interventions

- Structured behavioral programming
- Adapted CBT therapy
- Family support
- Aggressive psychiatric support
- Intensive case management
- Challenging academic curriculum
- Coordination between Intercept, caregivers, and affiliated service agencies
- Tight and committed relationship between school and M.H. administration



# Intercept Day Treatment Results

Expectations Exceeded!

- Client stabilization
- Transitioned clients back to self-contained special education classroom in home school
- Creation of outpatient program
- Expansion of program to encompass building
- Continued relationship building with new community partners

# Estimated Intercept Cost Savings Mental Health (Medicaid)

\* First two years

8 kids x \$700 inpatient x 90 day avg. = **\$504,000**

\$35,000 director

\$25,300 therapist

\$23,000 case manager

\$23,000 support staff

\$35,000 psychiatry

\$10,000 overhead/operations

\$144,000 inpatient stays (75% reduction)

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**\$295,300**

# Estimated Intercept Cost Savings School District

\* First two years

8 kids x \$2,900 monthly tuition = **\$278,400**

\$33,000 teacher

\$22,000 paraeducator

\$22,000 paraeducator

\$15,000 Itinerant staff costs

\$10,000 overhead/operations

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**\$102,000**

\* Does not include transportation cost savings



# Other Positive Outcomes

- Outpatient services resulted in shorter lengths of stay in alternative school placements
- CBT skills have more long term effects than traditional behavioral programming alone
- Family work resulted in longer term family stabilization
- Weekly feedback on day treatment clients to psychiatrist
- Less territorial resistance from educators in district
- Day treatment therapists could continue as outpatient therapists for continuity of care



# New Building – 2006 Bond Project

- Intercept and Transition Center moved from old elementary school annex buildings
- Expanded day treatment classroom space to address capacity issues
- Allows for closer collaboration and support in transition services
- Provides district “Center” for special education/mental health training and consultation



# New Building – 2008 Construction







# Challenges/Barriers

## (The Dark Side of Collaboration)

- Competing priorities & competing authority
  - Intake and capacity
  - Physical space
  - Staff supervision
- Increased bureaucracy
  - Duplicate paperwork
  - Overlapping policy and procedure
- Cost shifting struggles
  - Copying materials
  - Transportation
  - Community access money



# Collaboration in Treatment

- Initial family assessment of community supports and linkage
- Build relationships with affiliated service providers with goal of mutual benefit and support
- Schedule monthly team meetings
  - Proactive planning for short and long term
  - Relationship building
- Inclusion of team members in therapy and psychiatric appointments
- Discharge staffing from psychiatric hospitals

# Collaboration in Treatment

- School based individual and group therapy and teacher consultation
  - Respect teacher's needs for structure and schedules
  - Reassure teachers of long term behavioral gains and family involvement
- Extensive case management and phone contacts
  - Use of all communication technology
    - Phone – voice mail
    - Email
    - Text messaging



# Collaboration in Treatment

- “Wraparound” Philosophy
  - Family has a treatment team
  - Family’s basic needs addressed first
  - Client and family drive treatment
  - Services are delivered where they are needed
- MST approach
  - Child, family, peers, school, community
  - Positive strength based empowerment
  - Short and long term goals
  - Individualized



# Collaboration in Treatment

- Coordinate treatment planning between home/school/therapy
- Provide consistent language, interventions, skill-building between environments for better retention and generalization
- Decrease “splitting” in treatment and co-parenting
- Reduce crisis management – provide stability
- Reduce duplication of services
- Define roles of treatment team members
- Effective time management



# Collaborators in Treatment

- Local Mental Health Provider
- Public School Systems
- Child Protective Services
  - Case Workers
  - Foster Parents/Group Homes/CPA's
  - GAL's
- Developmental Disability Services
- Advocacy Groups
- Local Hospitals
  - Psychiatric Units
  - Genetics
  - Developmental Pediatrics
  - Neurology
- Primary Care Physicians
- Local Parks and Recreation
- Occupational Therapists
- Speech/Language Therapists
- Adaptive Technology/Communication Specialists
- School Transition Programs
- Department of Vocational Rehabilitation



# Developmental Disability Interagency Resource Team (D.D.I.R.T.)

- Ongoing workgroup formed from the community members involved in creation of Intercept
- Included representatives from
  - Two Aurora school districts
  - Aurora Mental Health Center
  - ARC of Aurora
  - Arapahoe/Adams County Social Services
  - Developmental disability services



# Developmental Disability Interagency Resource Team (D.D.I.R.T.)

- Met once a month
- Conducted difficult case reviews and addressed systemic issues related local service delivery
- Addressed continuity of care issues for shared clients/students
- Prepared for transition of children to adult services
- Operated for 5 years until key organizers retired



# Denver Metro System of Care

- Formed from Aurora Mental Health's Nurturing Parent Program grant
- Aimed at addressing systemic gaps in service delivery for dually diagnosed children
- To include representatives from state departments and state-wide providers
- Goal is to be a true "System of Care" including consumers who provide direction

# Denver Metro System of Care

- Initial meeting(s)
  - Invitations sent to decision makers by NPP staff via email
  - Introductions
  - Creating a safe environment
    - Acknowledgement of benefits and risks of participation
    - Participant dedication to respect of each other's priorities
  - Volunteering and selection of leadership positions



# Denver Metro System of Care

- The logistics of creating momentum
  - Set a consistent meeting time & place (use online meeting wizards)
  - Create a mission statement with participant's signatures
  - Ask participants to send representatives when they can't attend
  - Build and disseminate group email database
  - Send minutes from each meeting with reminders for next meeting
  - Tabletop nameplates

# Denver Metro System of Care

<u>Dual Diagnosis Systems of Care Group</u>		
<u>AGENCY AND CONTACT NAMES</u>	<u>CONTACT INFO:</u>	
Arapahoe County Human Services – Monika Evanson, Todd Hyman, Angela Lytle	Mevanson@co.arapahoe.co.us	Thyman@co.arapahoe.co.us
Arapahoe Douglas Mental Health – Laurie Elliot, Barb Becker	bbecker@admhn.org	lelliot@admhn.org
Arc of Arapahoe and Douglas – CG Lascalla	cglascale@msn.com	
Arc of Aurora - Nancy Bowden, Darla Steward	nbarcaurora@aol.com	dsarcaurora@aol.com
Aurora Mental Health – Brian Tallant, Kathie Snell	BrianTallant@aumhc.org	KathieSnell@aumhc.org
Aurora Public Schools – Tim Cowan	jtcowan@aps.k12.co.us	
Autism Society of Colorado – Betty Lehman and Lorri Park	betty@autismcolorado.org	lorri@autismcolorado.org
BHI -Jennifer Koberstein, Julie Holtz	jenifer_koberstein@bhiinc.org	Julie_holtz@bhiinc.org
Cherry Creek SD - Dixie Periman, Karen McAvoy	dperiman@cherrycreekschools.org	kmacovy@cherrycreekschools.org
Children's Hospital - Robin Gabriels, Psy.D, Mary Morrow	morrow.mary@tchden.org	
Developmental Disabilities Consultants - Sharon cohen, Dr. Paul Sprague	info@ddconsultants.org	
Developmental Pathways – Marsha Meyer	marshameyer@developmentalpathways.org	
Douglas County Human Services – Sharon Svendsen and Pat Sweeney	SSvendsen@douglas.co.us	PSweeney@douglas.co.us
Douglas County School District – Don Bell	Don.Bell@dcsdk12.org	
Dungarvin - Scott Anderson	info@dungarvin.com	
Fort Logan - Keith Lagrande	Sheridan.Garcia@state.co.us	
JFK Partners - Judy Reavan, Cordelia Robinson	cordelia.rosenberg@uchsc.edu	judy.reaven@uchsc.edu
Joilette Center - Joe Miller	jmillier@cherrycreekschools.org	
Laradon - Joanne Wohl or Rachel Robertson	720-974-6884	
MapleStar - Debbie Grebenik	dgrebenik@maplestar.net	
Plum Creek Academy at DCSD - Dale Jenkins	dale.jenkins@dcsdk12.org	
Round Up - Carolyn Ajie	cdemong@rup.org	
Serenity - Terry Smith	3-699-1060 or 720-331-462	
The Legal Center - Angie Garbartina	tlcmail@thelegalcenter.org	
Univ of Colorado Health Science Center - Carol Beresford	carol.beresford@uchsc.edu	
University of Colorado, Denver, School of Medicine/JFK Partners	Kay.Teel@ucdenver.edu	

# Denver Metro System of Care

**Subject:** Meeting reminder: Join the Denver Metro Systems of Care Group

This May 19<sup>th</sup>, please join the Denver Metro Systems of Care Group for an informational meeting with special guest speaker:

Dr. Robin Gabriels, Director of the Neuropsychiatric Special Care (NSC) Program at Children's Hospital

Dr. Gabriel's program provides *short-term* inpatient and intensive day treatment care for children and adolescents with an autism spectrum disorder and/or an intellectual disability ages four through 17 years with co-morbid conditions (medical and/or psychiatric). For more information: <http://www.thechildrenshospital.org/conditions/psych/neuropsych.aspx/>

**Please invite others who may be interested! We have plenty of room and would love to have a full audience for our special guest speaker.**

- Tuesday, May 19<sup>th</sup>, 2009, 1-3pm

- Aurora Mental Health, Viewpoint Plaza Center, 11059 E. Bethany Drive, Suite 200, Aurora, CO 80014, 2<sup>nd</sup> Floor Board Room

- RSVP – Marsha Alston, 303-858-2390 or by email

The Denver Metro Systems of Care Group - representatives from mental health, local CCB's, advocacy agencies, school districts, and County Human Services - invites you to a meeting to discuss how we provide support to children with developmental disabilities combined with severe behaviors. How do we support those who are at risk of being removed from their homes or their community schools? The Denver Metro Systems of Care Group began meeting in early 2008 to discuss the above population. Specifically, we have been looking at the treatment of 0-21 year-olds with cognitive intellectual disorders and significant behavioral issues.

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Marsha Alston (formerly Meyer)

Associate Director for Client and Family Relations

Direct line: 303-858-2390

Cell: 720-317-9614

[marshameyer@developmentalpathways.org](mailto:marshameyer@developmentalpathways.org)

Developmental Pathways administrative office hours are Monday - Thursday, 8:00 a.m. to 6:00 p.m.



# Denver Metro System of Care (Other Considerations)

- Interface with and invite other focus groups/task forces
- Guest speakers
- Difficult case review
- Confidentiality agreement – sign in sheet
- Email submission of meeting agenda items
- Meeting agenda printed in preparation of meeting



# Denver Metro System of Care

METRO DENVER					
SYSTEMS OF CARE GROUP (SOC)					
SIGN IN SHEET AND CONFIDENTIALITY AGREEMENT					
We, the undersigned, agree that the information presented and discussed at SOC monthly meetings are of a confidential nature and will be treated as such. This confidentiality agreement does not prevent members from commenting publicly about general trends.					
DATE: 5.19.09					
NAME:	AGENCY:	SIGNATURE:	NAME:	AGENCY:	SIGN.
1 Marsha Alston	Developmental Pathways	<i>Marsha Alston</i>	19		
2 Crystal Christensen	Maple Star	<i>Crystal Christensen</i>	20		
3 Debi Grebenik	Maple Star	<i>Debi Grebenik</i>	21		
4 Melanie Wootley	Developmental Pathways	<i>Melanie Wootley</i>	22		
5 Bob Ward	"	<i>Bob Ward</i>	23		
6 Connie Frissen	Colo. Dept. Human Services	<i>Connie Frissen</i>	24		
7 James Nijon	Developmental Pathways	<i>James Nijon</i>	25		
8 Janet Gonsky	INNET	<i>Janet Gonsky</i>	26		
9 Barbara Becker	ADMHU	<i>Barbara Becker</i>	27		
10 Todd Hyman	ACDH	<i>Todd Hyman</i>	28		
11 Sheila Michaels	Arc of Aurora	<i>Sheila Michaels</i>	29		
12 Cj LaScala	Arc of Aurora - Douglas	<i>Cj LaScala</i>	30		
13 Sherry Hansen	DCDH	<i>Sherry Hansen</i>			
14 Sharon Sverdrup	Douglas Thruway Soc	<i>Sharon Sverdrup</i>			
15 BRIDGET CESSAN	AUTISM SOCIETY OF CO	<i>Bridget Cessan</i>			
16 LORRI PARK	Autism Soc of CO	<i>Lorri Park</i>			
17 Brian Tallant	Aurora Mental Health	<i>Brian Tallant</i>			
18 Robin Galone	Children's Hospital	<i>Robin Galone</i>			



# Intersection of Treatment & Education Service Delivery

- Outreach to district teachers, mental health team members, and/or administrators
  - Send releases of information and schedule phone or in-person meetings
  - Focus conversations on child's best interest and school's interest in improvements in child's behavior and functioning in school.
  - Discuss importance of coordinating care between psychiatric care, psychotherapy, ABA, OT, Speech/Language, Adaptive Tech, etc...
  - Convey respect for school structure, schedule, and educational focus.





# Intersection of Treatment & Education Service Delivery

- Focus conversations around the notion of “recovery” and dispel myths that children won't benefit from treatment.
  - Use NADD and research as evidence
- Maintain the understanding that recovery implies reduction in long-term school resource utilization
  - Day treatment and out of district costs
  - Utilization of I-I paraeducators and support staff
  - Mental health clinicians can be a free resource with clinical focus
- Dispel the myth that education funding and therapeutic funding can not be utilized simultaneously
- Understand that territorialism is the enemy of collaboration



# Trauma Informed Care

- Provide consultation and psychoeducation on trauma history, symptomology and treatment.
- Provide consultation on triggers or what Trauma Systems Therapy calls “cat hair.”
- Capitalize on relationships for Trauma Focused Cognitive Behavioral Therapy
  - Teachers and Paraeducators
  - Occupational or Speech Language Therapists
  - School Social Workers, Counselors & Psychologists



# Various Interventions

- School based individual therapy
- School based co-therapy
- School based groupwork
- Assist in risk evaluations/safety planning for suicidality or assaultive behavior
- Clinical Consultation
  - Teachers
  - OT/PT/SL other itinerate staff
  - Social Workers, Counselors & Psychologists



# Various Interventions

- Provide staff training
  - Diagnoses
  - Trauma
  - Therapy modalities
  - Medications
  - Behavioral Strategies for students
- Serve as resource for teachers/staff for phone consults
- Animal assisted therapy
- Include school staff in psychiatric appointments in person or by phone



# Use of Consultation

- Scheduling of consistent, monthly meetings
  - Can be interdisciplinary in nature
  - Preventative coordination of care as opposed to crisis driven contact
  - Psychoeducation around language and concepts used in therapy
  - Psychoeducation around psychiatry/medication management
  - Coordinating behavioral interventions between school and home
  - Prepare youth for transitions services and adult or vocational services



# The IEP Process

- Educate parents on IDEA and rights in the IEP process
- Educate parents on the benefits of integrated and coordinated care
- Educate parents on their rights to have external providers as a part of a child's IEP team
- Be aware of limitations as to what can be written into a child's IEP
- Link families to disability advocates to maintain neutrality with school staff

# Advocacy and Parent Education

[American Association on Intellectual and Developmental Disabilities](#) — The AAIDD provides information and advocacy on people with intellectual and developmental disabilities.

[National Autism Association](#) — A parent-run nonprofit founded in 2003 and leading voice on severe autism, regressive autism, autism safety, autism abuse and crisis prevention.

[National Autism Center](#) — Disseminates evidence-based information about the treatment of autism spectrum disorder (ASD) and promotes best practices.

[The Arc](#) — Promotes the human rights of people with intellectual and developmental disabilities and actively supports their full inclusion and participation in the community throughout their lifetimes.

[VOR](#) — A national, nonprofit organization advocating for high quality care and human rights for persons with intellectual and developmental disabilities. The organization positions itself as the only national advocacy organization that supports service choice, from small to large, expressly supporting the expansion of community-based supports while also opposing forced deinstitutionalization. It champions individual choice based on need, supporting individuals and their families as primary decision-makers. VOR has state coordinators in many states and members in all states.

[Down Syndrome Affiliates in Action](#) — A nonprofit trade association serving Down syndrome associations. DSAIA represents more than 1,000 leaders representing more than 80 organizations in the Down syndrome community. Members range from new start-ups to 40-year veteran organizations in the United States and abroad.

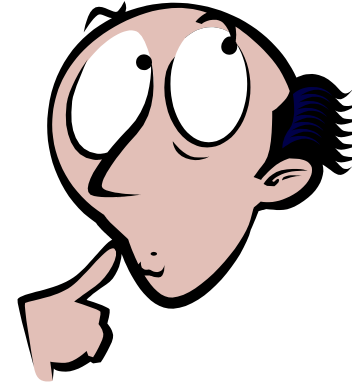
[Global Down Syndrome Foundation](#) — Supports research and medical care for people with Down Syndrome. Foundation also runs programs and fundraisers to improve life for anyone with Down Syndrome and their families.

[National Down Syndrome Congress](#) — Founded in 1973, a national resource of support and information for anyone touched by or seeking to learn about Down syndrome.

[National Down Syndrome Society](#) — Advocacy organization provides a helpful language guide and other research and facts on Down Syndrome.

# Community Collaboration

- The Successful Way
- The E.I.W.Y.G.Way



“Experience is What You Get, when you don’t get what you want!”





# Choose Unifying Issues

## The SUCCESSFUL Way:

Meet to discuss each potential coalition members' issues and subsequent prioritization of those issues. Determine from this which group should join the coalition. Groups can support an action without joining the coalition.

## The E.I.W.Y.G Way:

Call folks up and tell them what a great idea you have to share. Share the idea, and then ask them to help financially to impact the issue.

# Understand and Respect Each Group's Self-Interest

## The SUCCESSFUL Way:

Identify as a group each coalition member's "self-interest" in impacting the coalitions issue. Recognize both short and long term participation can be possible.

## The E.I.W.Y.G Way:

Believe that all coalition members have the same interest in impacting the coalitions issue.

# Honor Each Group's Internal Process

## The SUCCESSFUL Way:

Identify timelines that coalition team members will need to respond to proposed actions. Do this proactively, versus when a critical decision is necessary and a member is unable to participate or commit in that decision

## The E.I.W.Y.G Way:

Unilaterally change a proposed action at a meeting and request approval from all coalition members, immediately

# Agree to Disagree

## The SUCCESSFUL Way:

Structure a coalition to allow disagreements to be “parked” for a cooling off period, and then be re-opened for resolution.

## The E.I.W.Y.G Way:

Kick-out coalition members who don't agree with the majority

# Structure Decision Making Carefully

## The SUCCESSFUL Way:

Create a process for making and re-evaluating decisions. The best prepared plans will most likely change; so, make sure your decision making process allows for this likelihood

## The E.I.W.Y.G Way:

Make each decision for group action with only the members of group attending that meeting in which the action is discussed.

# Distribute Credit Fairly

## The SUCCESSFUL Way:

Identify to the public all coalition members/organization affiliation. Define how credit is distributed and when it is certain members versus the entire coalition

## The E.I.W.Y.G Way:

Only give out kudos for what your organization has done

# Develop a Work Plan

## The SUCCESSFUL Way:

Develop through consensus a solid work plan that defines everyone's role and contribution towards an effort. Contribution can be provided in many different ways. Be open to that idea. Work plan should focus on a deliverable project product.

## The E.I.W.Y.G Way:

Assume that everyone knows what is going on

# Formalize the Coalition

## The SUCCESSFUL Way:

Have each member  
identify in a  
Memorandum of  
Understanding scope  
of work, credit, and  
ownership

## The E.I.W.Y.G Way:

Have verbal  
agreements with staff  
who have no authority  
to make decisions



# How to Contact Me

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