

Transition Protocols

This protocol packet was created by a multi-disciplinary 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 MOU Operations Team.

The purpose of the protocols is to ensure the transfer of information needed for successful placement for children with a significant mental health history that has impacted school behavior and/or performance. Children may be coming out of psychiatric day and residential programs; the Juvenile Justice system; anticipating a change in school districts; or a move to a program outside the district they currently attend.

The information covered by the protocols is subject to federal privacy laws and assumes that all required releases have been signed and that the information is shared, stored and transferred pursuant to the governing statutes.

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. The information will be directly routed through the placement coordinator for the receiving school district.
7. Advocates, care coordinators and case managers will assist in ensuring that the information is available to the schools when or before a student arrives for registration or services.
8. The school districts will designate placement coordinators to work with staff, the student and family to ensure that placement is timely.
9. The school districts will outline and share the procedure for enrollment and delivery of services.

STRENGTH-BASED PRACTICES

1. All parties to the protocols agree that children and their families are entitled to strength-based practices.
2. Information shared will include the child's strengths, assets, and family and community supports.

ACRONYMS

IEP: Individualized Education Plan
LRE: Least Restrictive Environment
PEP: Personalized Education Plan
RAD: Residential Alcohol and Drug
SRTP: Secure Residential Treatment Program

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Discharge Information Cover Sheet

Student's Legal Name: _____ DOB: _____ Student ESIS Number: _____

Grade: ____ **Special Ed.?:** YES or NO **Sec. 504?** YES or NO

Are IEP/Eligibility and/or PEP Current? YES or NO (Attach copies of IEP/PEP and Eligibility paperwork)

School Site & LRE Before admission to RAD/SRTP/PRTS/PDTS or prior placement: _____

Discharge Date from RAD/SRTP/PRTS/PDTS: _____

Criteria for Discharge? Plan for continuing care?

Living Situation (home, foster, etc.):

Parent/guardian name, address, and phone number:

Outpatient treatment team name, agency, address, phone numbers:

Name: _____

Date: _____

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.		

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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	
Social skills <ul style="list-style-type: none">➤ Listening➤ Caring about others➤ Communication	
Problem-solving skills	
Academic strengths	
Involvement in Sports	
Involvement in Hobbies	
Involvement in Arts (music, dance, performing arts)	
Working or playing with computers	
Involvement in faith community	

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Student's Legal Name: _____

Fill out only those columns which apply

Behavior (within the last year)	N/A	Frequency	Duration	Description	Intervention – what has worked?	Triggers: environmental, interpersonal, anniversary effects
Anxiety						
Drug and Alcohol						
Encopresis/Enuresis						
Hyperactivity/Impulsivity						
Medication Effects						
Physical Aggression						
Property Destruction						
Running						
Self-Harm						
Sexual Behavior						
Stealing						
Suicidality: History and Tendency						
Verbal Aggression						
Withdrawal						

ADDITIONAL COMMENTS:

Checklist completed by: _____ / _____ / _____ - _____ / _____ / _____
 Name Org. Date Name Org. Date

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**CRITICAL INFORMATION FOR SCHOOL PLACEMENT
CHECKLIST**

Student's Legal Name: _____

- This check list should be completed by the residential therapist and DELH teacher/facility education provider

Type	Information	Provided By	Date Provided
Demographic Information	<ul style="list-style-type: none"> ○ Discharge Information Cover Sheet ○ Releases of Information 	Provider with updates	<ul style="list-style-type: none"> ○ _____ ○ _____
Student Safety Information	<ul style="list-style-type: none"> ○ Behavioral Checklist (attached) ○ Crisis and Safety Plan (if needed) ○ Parole and Probation safety plan (if needed) 	Provider with updates Mental Health Provider Probation/Parole Officer DELH Teacher	<ul style="list-style-type: none"> ○ _____ ○ _____ ○ _____
Physical/Mental Health	<ul style="list-style-type: none"> ○ Medication/medical management ○ Health Conditions and allergies ○ Needs <ul style="list-style-type: none"> ▪ Emotional regulation ▪ Continuing outpatient treatment provider ○ Treatment goals and status completion 	Provider	<ul style="list-style-type: none"> ○ _____ ○ _____ ○ _____ ○ _____ ○ _____ ○ _____ ○ _____ ○ _____
Education	<ul style="list-style-type: none"> ○ IEP from Facility (attach form) ○ Eligibility (attach form) ○ Withdrawal form/transcript (attach forms) ○ 504 Plan/PEP (attach form) 	Facility Educational Provider	<ul style="list-style-type: none"> ○ _____ ○ _____ ○ _____ ○ _____ ○ _____

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SCHOOL DISTRICT PLACEMENT COORDINATORS
CONTACT LIST: JULY 1, 2008

CENTENNIAL

K-8: Nancy De Graw; 503.762.6103
nancy_degraw@centennial.k12.or.us

9th grade - 21 yrs: Patrick O'Brien; 503.762.6150
patrick_obrien@centennial.k12.or.us

Director of Student Services: Lori Silverman; 503.760.7990
lori_silverman@centennial.k12.or.us

CORBETT

Director of Student Services: Sheri Dunton; 503.695.3631
sdunton@corbett.k12.or.us
503.695.3631

DAVID DOUGLAS

Sandy Jackman: 503.256.6549
sandy_jackman@ddouglas.k12.or.us

Director of Student Services: Barbara Kienle; 503.261.8209
barbara_kienle@ddouglas.k12.or.us

GRESHAM-BARLOW

High School and post High School, Jason Bhear: 503.465.1309
jason_bhear@gbsd.gresham.k12.or.us

Middle School, Christianne Hughes: 503. 465.1309
christianne_hughes@gbsd.gresham.k12.or.us

Elementary and Kindergarten transfer; Elizabeth Perini: 503. 465.1309
elizabeth_perini@gbsd.gresham.k12.or.us

Director of Student Services: Janell Black; 503. 465.1309 janell_black@gbsd.gresham.k12.or.us

PARKROSE

Director of Student Services: Kathy Keim-Robinson; 503.408.2100
kathy_keimrob@parkrose.k12.or.us

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PORTLAND PUBLIC SCHOOLS

Direction Services Department Central Intake: 503-916-3956

REYNOLDS

Amy Hanlon; 503.661.7200

amy_hanlon@reynolds.k12.or.us

Director of Student Services: Jeanne Zuniga; 503.661.7200

jeanne_zuniga@reynolds.k12.or.us

RIVERDALE

Special Education Coordinator: Sue Jonson; 503.636.4511

sjonson@riverdale.k12.or.us

<u>Treatment Provider</u>	<u>Contact Name</u>	<u>Email</u>	<u>Phone</u>
Albertina Kerr Day Tx & ICTS Albertina Kerr Subacute Albertina KEIP	Jennifer Woods Beth Putz Holly Hermes	jenniferw@AlbertinaKerr.org bethp@albertinakerr.org hollyh@albertinakerr.org	503-408-4732 503-408-5087 503- 778-0802
ChristieCare	Kit Kryger	k.kryger@christiecare.org	503-675-2234 x 234
Lifeworks Nickerson Day Tx Lifeworks ICTS	Cory Grose Jean Daniels	coryg@lifeworksnw.org jeand@lifeworksnw.org	503-548-4922 x 6808 971-255-7697
Morrison Edgefield Day Tx Morrison Hand in Hand Day Tx Morrison ICTS	Monica Ford Monica Ford Kitty Church	monica.ford@morrisonkids.org monica.ford@morrisonkids.org Kitty.Church@morrisonkids.org	503-256-3040 503-256-3040 503-258-4408
Options	Michelle Fitz	michellef@options.org	503- 504-0907
Serendipity Therapeutic School	Belinda Marier	belindam@serendipitycenter.org	503-761-7139 x 153
Trillium ICTS Trillium Residential and Day Tx Trillium Childrens Farm Home	Jamie Vandergon Whitney Vail Phillip Blea	jvandergon@trilliumfamily.org wwail@trilliumfamily.org pblea@trilliumfamily.org	503-813-7769 503-205-4344 541-750-1110
Family Care has contract w/ CCSWW			
Catholic Community Services of SW Washington	Heather Gasser	HeatherG@ccsw.org	503-758-9146

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