WELCOME!

ALLYSON HEADRICK, SAFETY SOCIAL WORKER
RUSS UHING, DIRECTOR OF STUDENT SERVICES

Interlocal Agreement

Summary of Mental Health Supports funded:

- Threat Assessment
- Community Mental Health Therapy

Safety Social Worker
Allyson Headrick, LCSW

- Threat Assessment team member:
  - case management
  - monitoring
  - safety planning

- Coordination of additional mental health services

- Assist with safety planning and managing safety concerns.

Threat Assessment Team Behavioral Health Support

Blue Valley
Behavioral Health

- Specialization in violence prevention and management of targeted violence.
- Eliminate barriers for behavioral health supports for students with safety concerns.
- Ongoing therapy, Evaluations, Crisis Response and follow up, and Youth Assistance Process at Student Support Program.

Threat Assessment Team

- Primary function: assess and manage targeted violence risk
- Help students and families to maintain community safety
- Support students, families, and school staff:
  - Creating safety plans
  - Engaging families in services
  - Aligning school supports
  - Continuity of care
- Partnership with Lincoln Police Department
- Aligned with national standards on targeted violence management
- Value professional networking and professional development

Crisis Case Study Example

- New student to Lincoln Public Schools
- Positive transition into LPS
- Mom reports concerns at home
- MTSS-B, School Social Worker, Threat Assessment Consult
- Safety Planning
- Barriers and concerns
- Referral to Threat Assessment therapist

Crisis Case Management

- Team evaluates the safety concern for targeted violence risk.
- In all situations we are approached with we assist with support plan.
- Threat Assessment Team partnership with School Team
- Continuity of Care is emphasized
- Therapy services are provided at no cost to family
- Privacy and Confidentiality maintained
- Communication is the “glue” in a successful case management plan.

Safe to Say

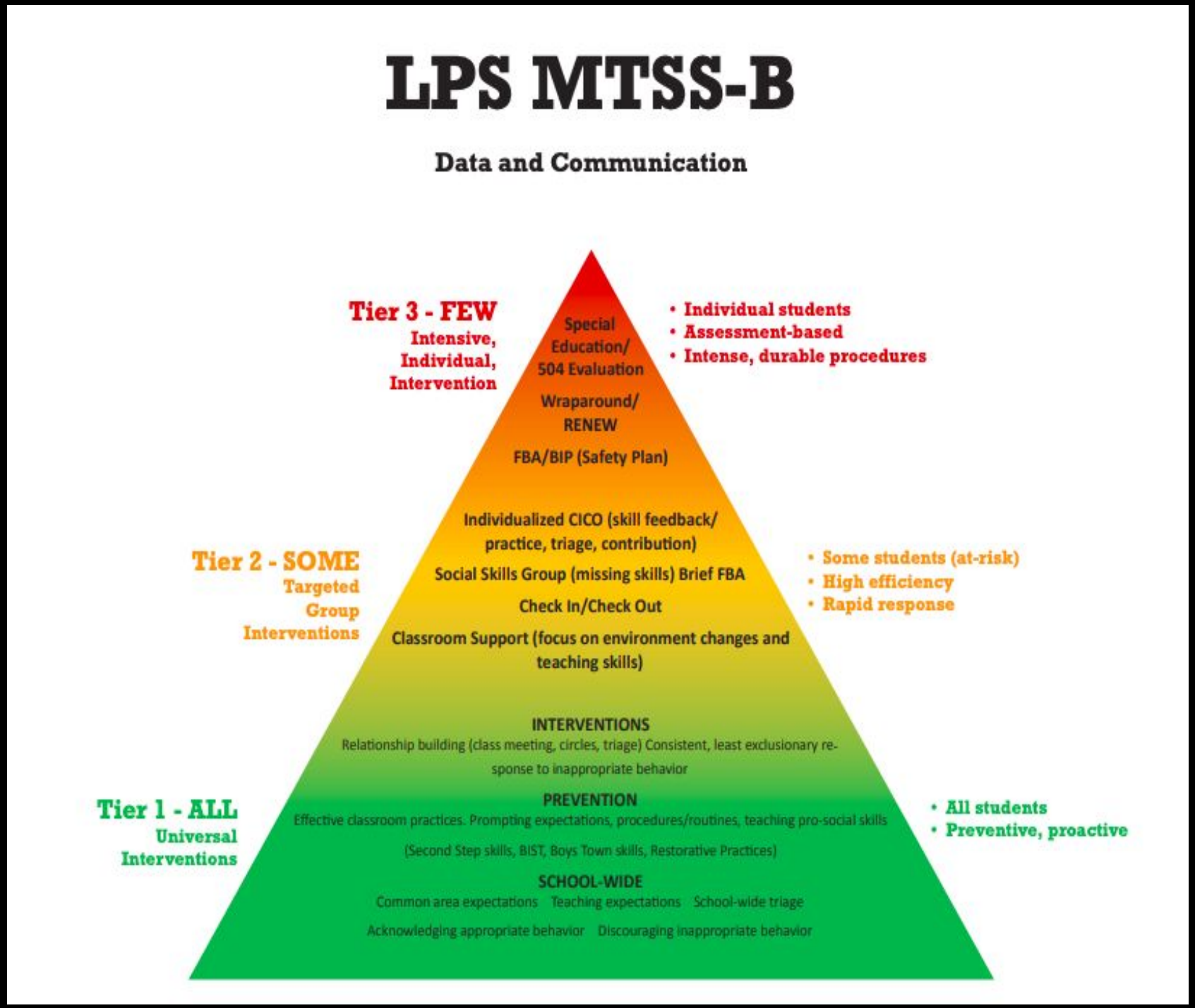
Safe to Say
Report a Safety Concern or Tip

- **Non-Emergency Safety Concern or Tip**
- Collaboration with Student Services and Security Departments.
- Students, parents/guardians, staff or community members
- Anonymous reporting available.
- On all student chromebooks and on LPS homepage

LPS - Community Agency Therapists' Collaboration

MTSS-B is a Multi-Tiered System of Support for Behavior

Therapy is a Tier 2 and Tier 3 Intervention



LPS Mental Health Supports

- **School Counselors**
- **School Social Workers**
- **School Psychologists**

Candidates for School-Based Therapy

- Attempted previous interventions
- Significant stressor
- Mental health signs/symptoms
- Disruption in multiple life domains due to stressors
- Willing to participate
- Barriers to participation outside of school

Integrating Community Mental Health Supports with LPS

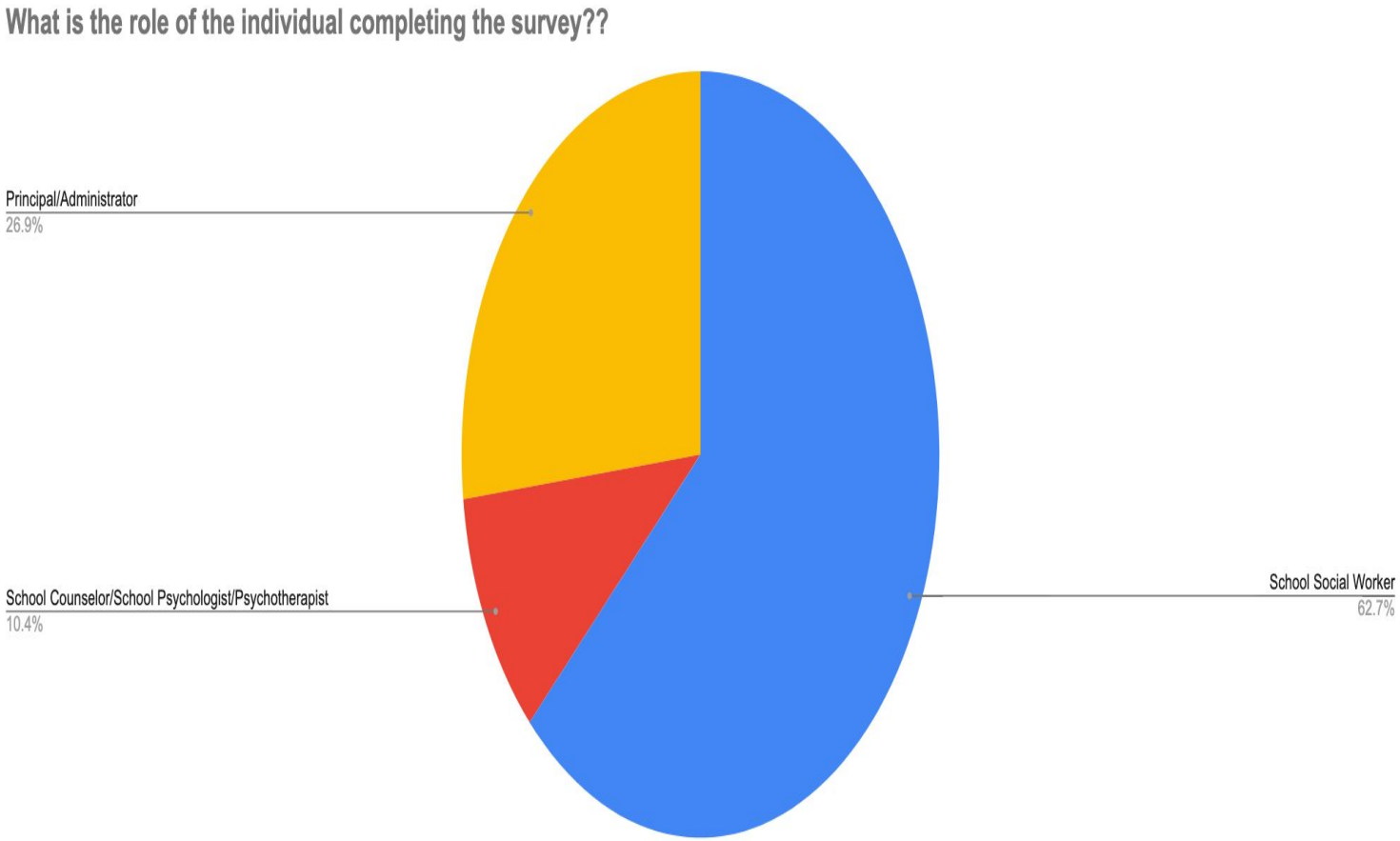
- Multi-disciplinary training sessions
- Use of school social worker enhances consistency among schools
- Part of our continuum of supports
- Ongoing communication

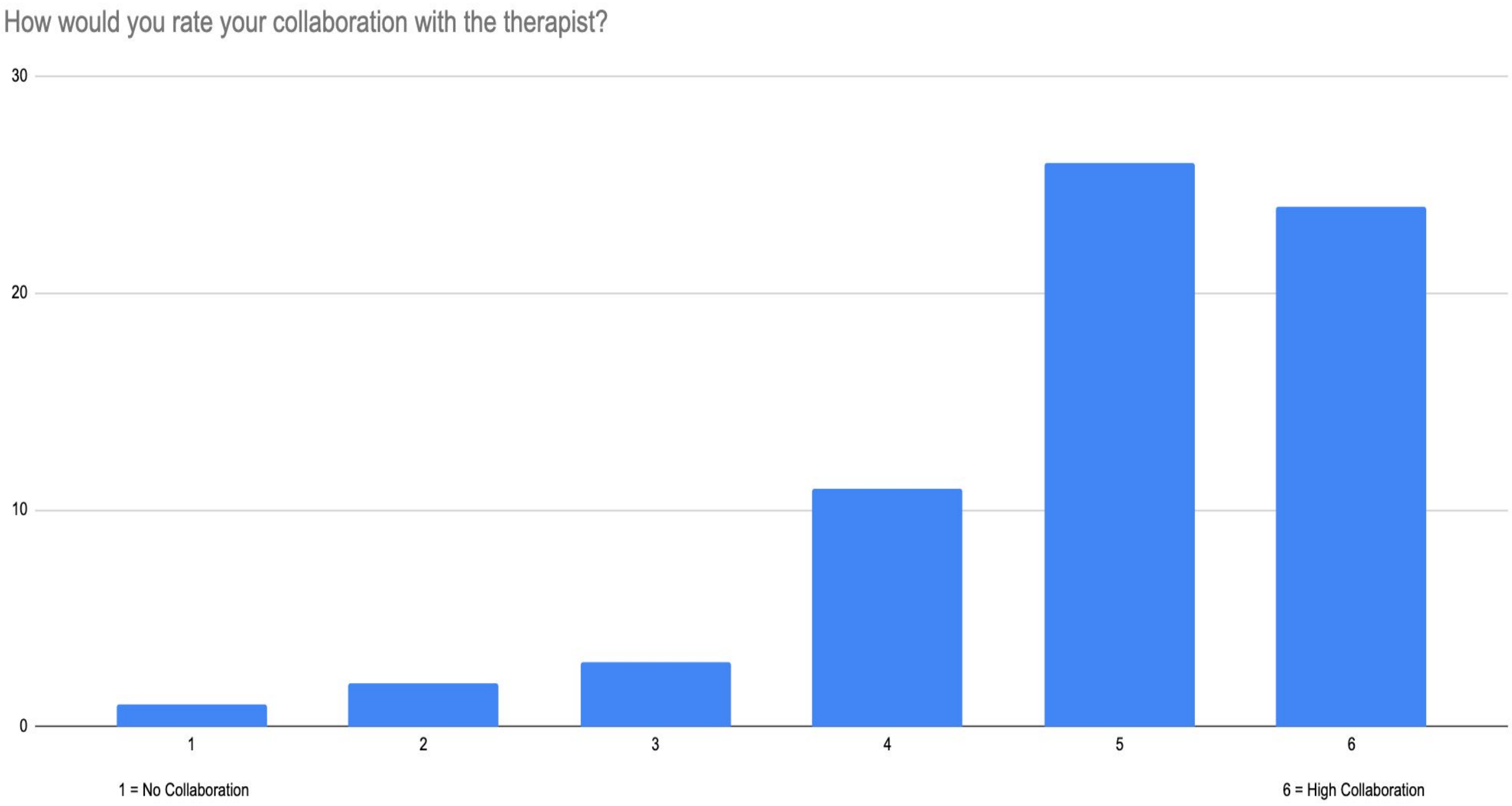
COVID Challenges

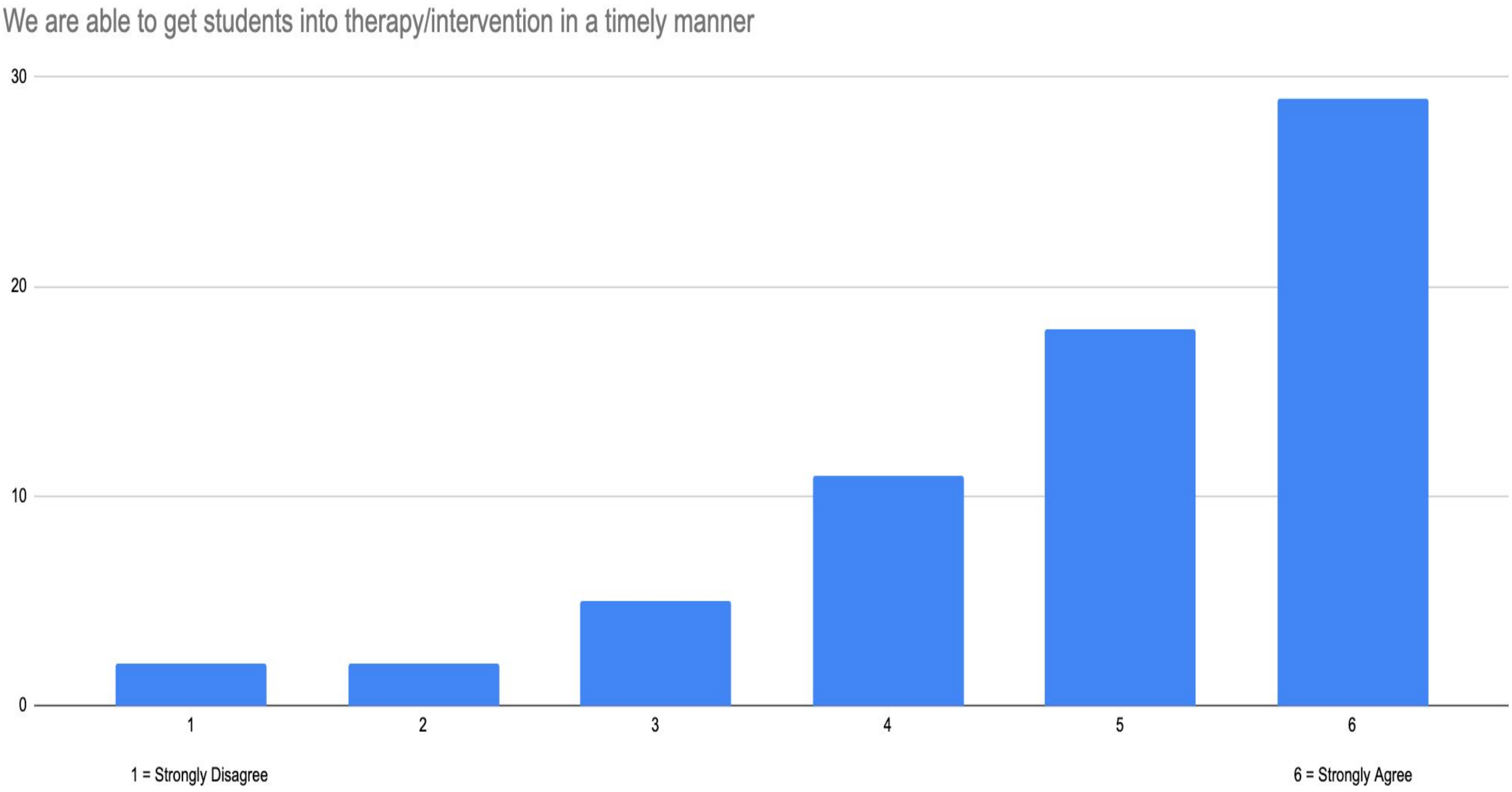
- Remote learning students
- High School 50/50
- Increased mental health needs
- COVID absences (students and therapists)
- Therapists shortage

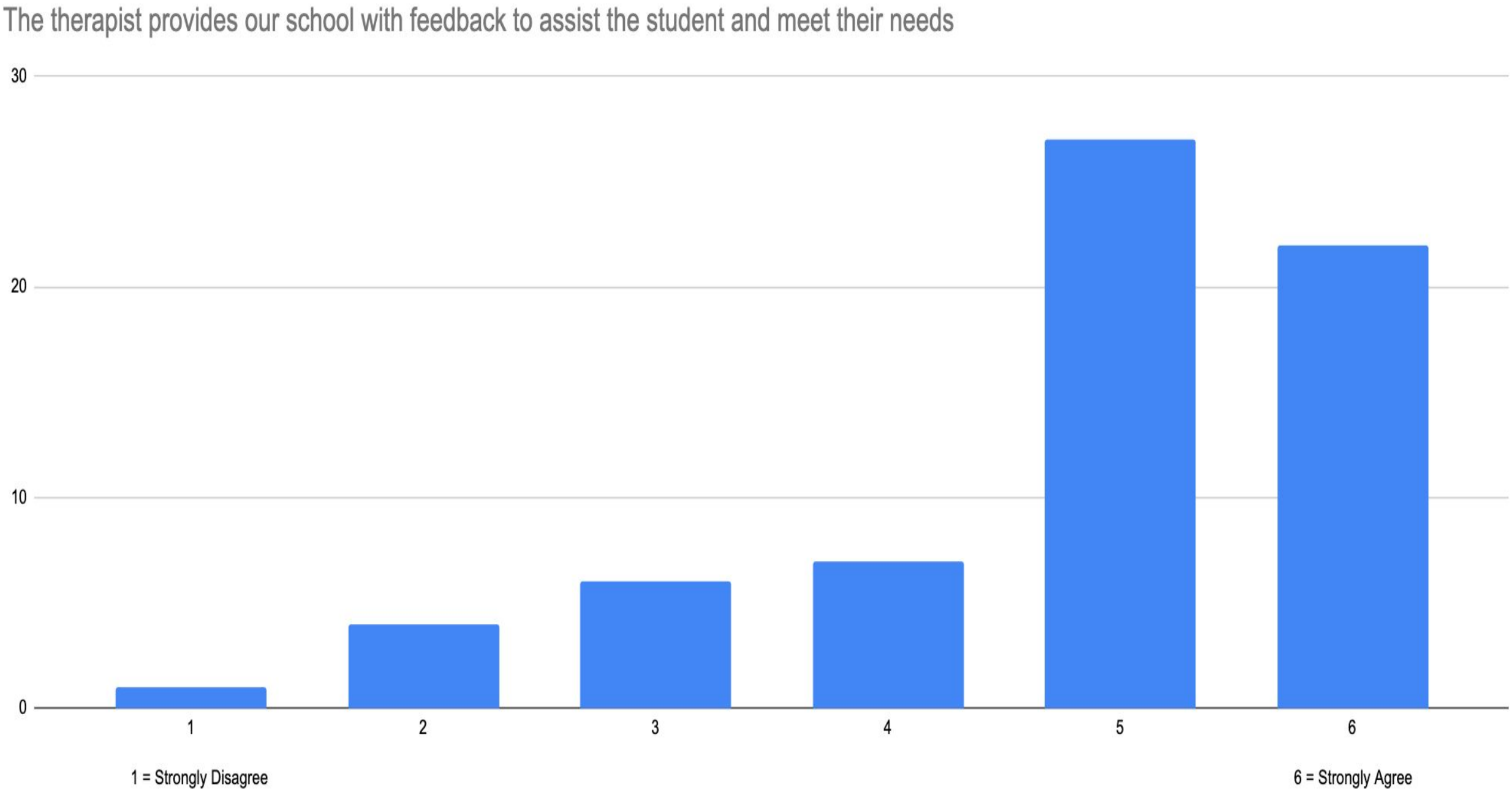
LPS Staff Survey of Community Mental Health Supports

2020-2021
School Year

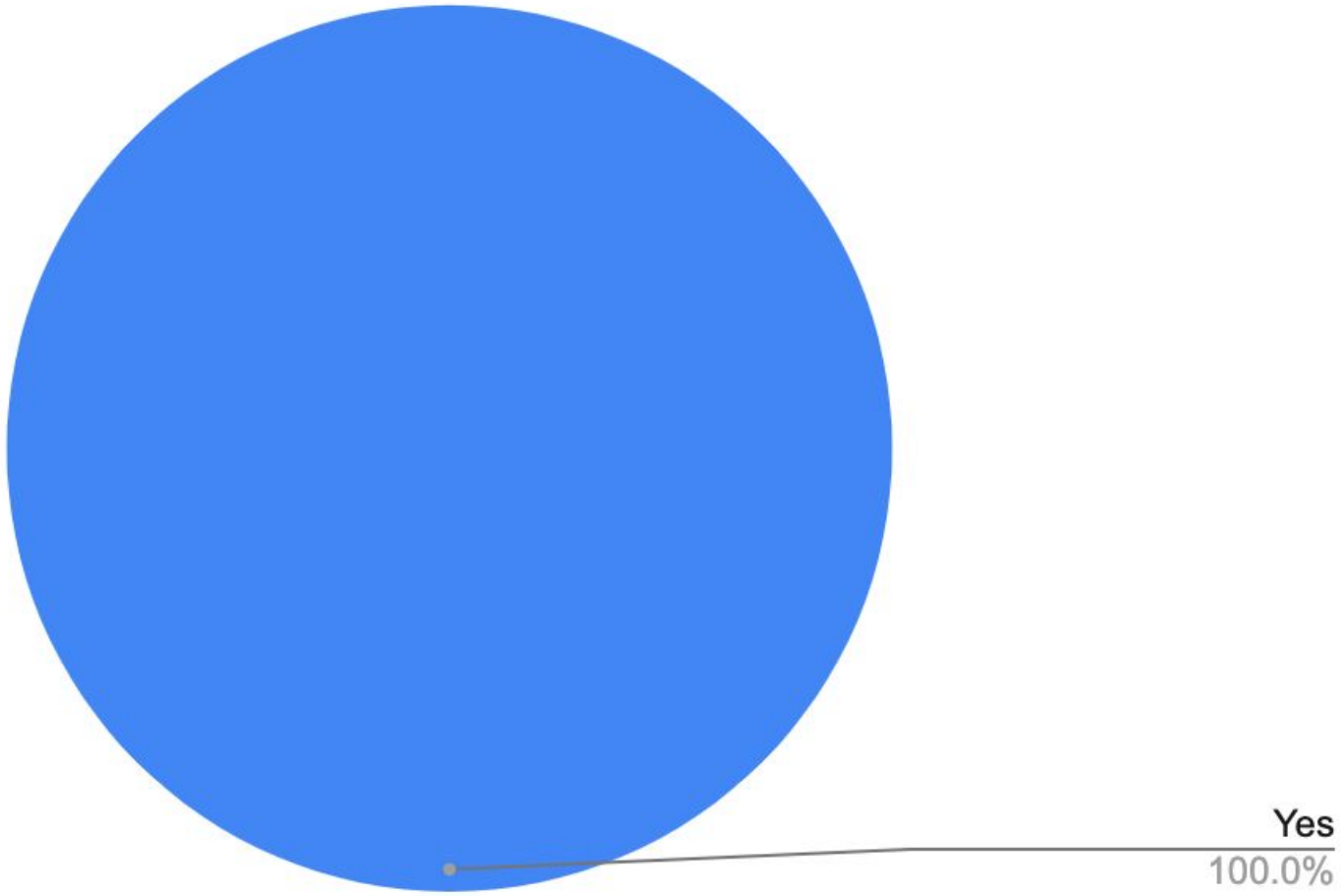



How would you rate your collaboration with the therapist?
30
20
10
0
1
2
3
4
5
6
1 = No Collaboration
6 = High Collaboration


We are able to get students into therapy/intervention in a timely manner
30
20
10
0
1
2
3
4
5
6
1 = Strongly Disagree
6 = Strongly Agree

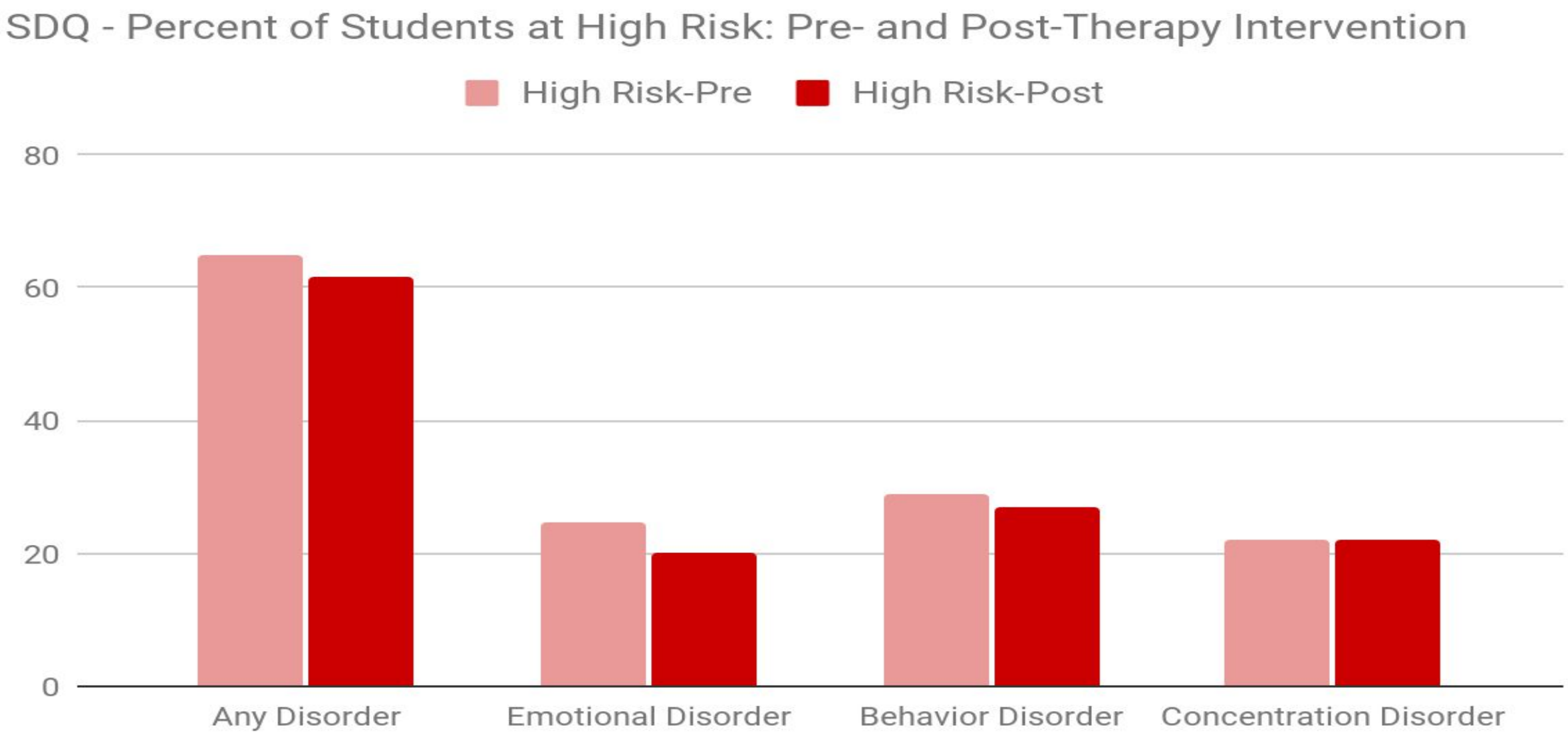

The therapist provides our school with feedback to assist the student and meet their needs
30
20
10
0
1
2
3
4
5
6
1 = Strongly Disagree
6 = Strongly Agree

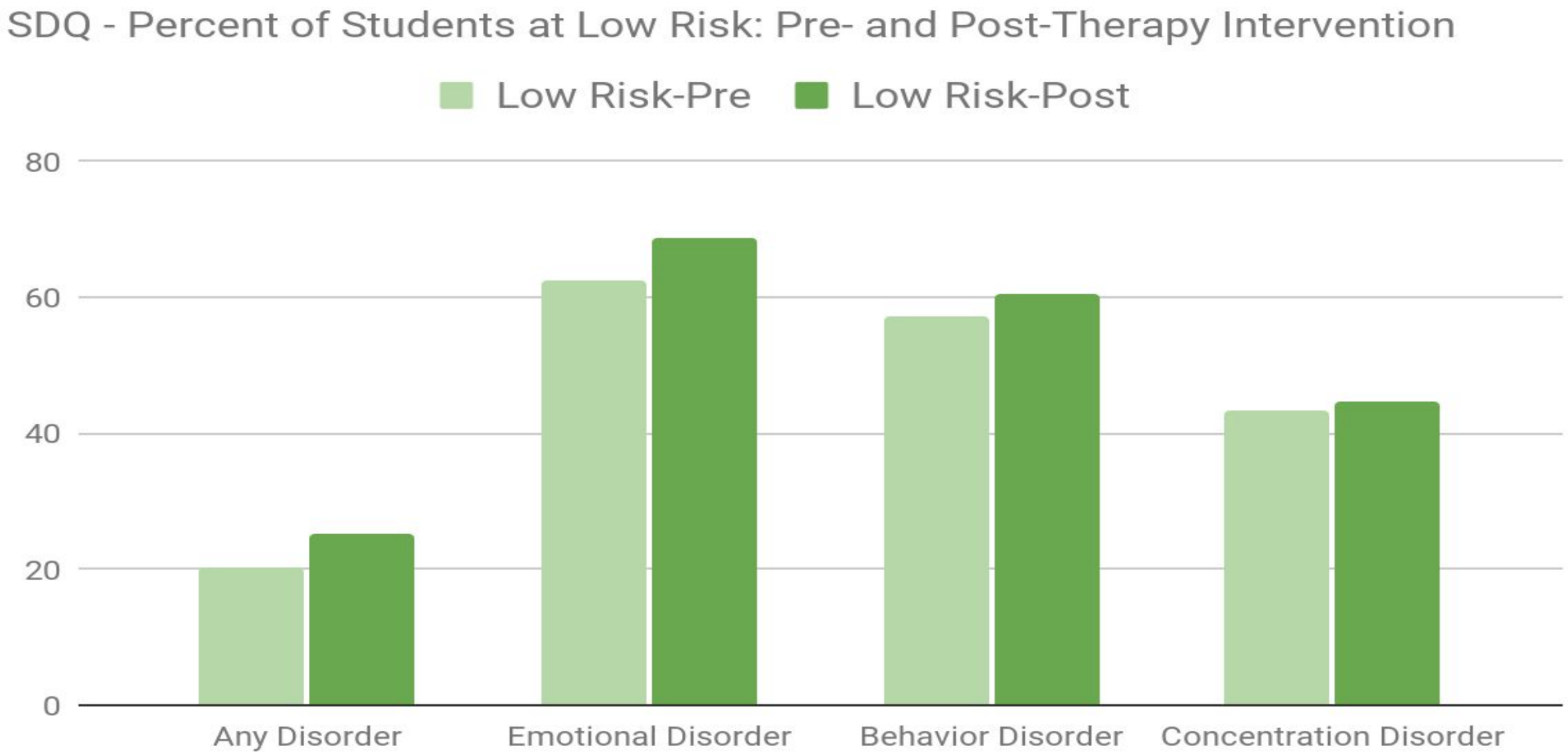
Would you like to have therapy services at your school next year?



Strengths and Difficulties Questionnaire

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example toys, treats, pencils	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐


SDQ - Percent of Students at High Risk: Pre- and Post-Therapy Intervention
High Risk-Pre
High Risk-Post
80
60
40
20
0
Any Disorder
Emotional Disorder
Behavior Disorder
Concentration Disorder


SDQ - Percent of Students at Low Risk: Pre- and Post-Therapy Intervention
Low Risk-Pre
Low Risk-Post
80
60
40
20
0
Any Disorder
Emotional Disorder
Behavior Disorder
Concentration Disorder

Blue Valley Behavioral Health

YAP

- 18 schools served
- Students Served- 230

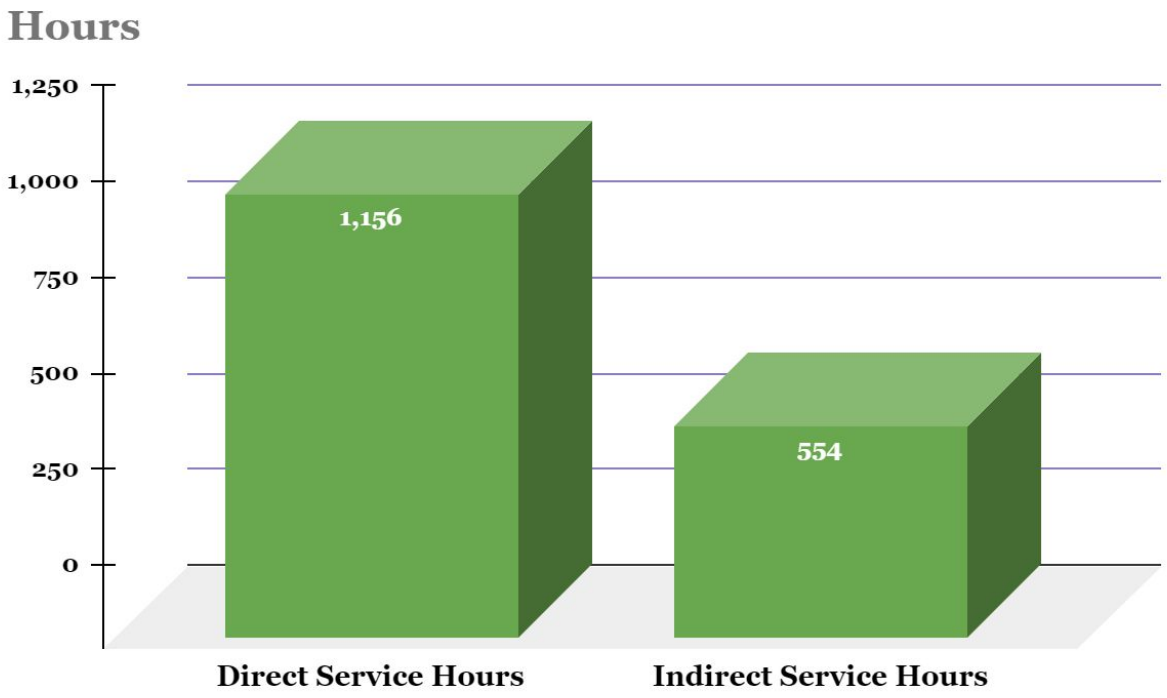
Threat Assessment/ Student Support

- Students Served- 15 (Therapist)

Blue Valley
Behavioral Health

Family Service

- 6 Schools Served through Interlocal Agreement
- Students Served- 143
- Direct Service Hours- 1,156
- Indirect Service Hours- 554



Family Service Goals

- School Goals
  - 60 out the 143 clients were closed with 92% successful completion.

HopeSpoke

- 4 schools served through Interlocal Agreement
- Students Served- 34
- Sessions- 565
- 65.6% increased or maintained clinical outcomes

HopeSpoke

Inspiring Children & Families to Move Forward

	Total Students Served				
	Blue Valley (YAP)	Blue Valley (Threat Assessment/ Student Support)	Family Service	HopeSpoke	Students Served
20-21	230	15	143	34	422
19-20	143	28	95	30	296
18-19	165	17	45	27	237

All agencies added TeleHealth in order to continue to provide therapy services

COVID-19 Response

Success Story

Client B was referred by the school due to refusal of coming to school, and having **anxiety attacks** to the point where client had to **go home or to the hospital** from school as well as **self harm**. Provider, mom, and client worked on a **safety plan** and processed why client had school refusal. Client was able to process school refusal and was able to go to school and like it after making friends. Provider and client worked on **communication skills** for client to make friends. Client and provider **discussed feelings** and where in the body client feels their feelings so they would know when an anxiety attack was about to happen. Client also **learned biofeedback techniques** such as belly breathing, square breathing, progressive relaxation, guided imagery, and safe space. Client **learned grounding techniques** as well when it comes to anxiety attacks and learned how to ask for help from family members. Client **learned better communication skills** with friends and family. Client since then has been able to **better manage their anxiety attacks**, has been able to open more about their feelings and intrusive thoughts, **has not self-harmed**, and has had **better communication with family and friends**.

Success Stories

- "Students show they can apply coping skills, are calm, and we see increased family involvement."

- "Students have shown great growth in their emotional regulation."

- "The therapy program at school creates many benefits, including, serving students who do not have transportation, serving students whose parents are unable to take them to therapy appointments, and being able to collaborate with our provider to best serve the students."

BROADER VISION

1. Improve integration between therapy & school supports

2. Improve student outcomes (school & behavioral health)

3. Increase professional development opportunities for Lincoln Public Schools staff in the areas of trauma and mental health