

# **KILLINGLY PUBLIC SCHOOLS AND GENERATIONS FAMILY HEALTH CENTER IMPLEMENTATION PLAN FOR SCHOOL-BASED HEALTH CENTER**

## **ADMINISTRATIVE STEPS**

Once the Board of Education approves the implementation of the School-Based Health Center (SBHC), the following steps must occur:

- The formal agreement between the Killingly Public Schools (KPS) and Generations Family Health Centers (GFHC) must be executed.
- Both parties must exchange proof of liability coverage as stated in the agreement.
- GFHC must submit formal notification to the U. S. Dept. of Health and Human Services (DHHS) of the opening of the new School-Based Health Center. (Estimated 4 weeks for DHHS approval)
- GFHC must notify the State of CT Department of Children and Families about the extension of our Outpatient Psychiatric license for children to the new location.
- KPS and GFHC to finalize the physical set up of the two identified rooms for the SBHC at Killingly High School (KHS).
- KHS to notify all students and families about the availability of the new service.
- KHS and GFHC to collaborate on the public communications of the new SBHC at the school.
- GFHC to alter the current schedules of the Therapists at the Putnam SBHC to allow for their availability to be scheduled at the new Killingly SBHC. Simultaneously, GFHC will begin recruitment for a full-time therapist to be placed at the Killingly SBHC.
- A projected date to “go live” at the SBHC will be determined upon the approval of the Board of Education, estimated to launch 6 weeks after approval.

## **ENTRY TO CARE**

A student may come to the attention of Generations at the SBHC in a number of ways:

### **1. SCHOOL REFERRAL**

- a) Counseling/Clinical staff: KHS employees in the counseling, nursing or social work departments may identify a student who would benefit from more comprehensive mental health support. This may be determined by the KHS staff member due to the volume or acuity of the matters discussed with the student during interactions in the course of their work with the student, or it may be requested specifically by the student or the student’s parent/guardian in communication with the KHS staff member.
- b) If the above KHS staff member identifies such a need, he/she will discuss the details of such a referral with the student and the parent/guardian, and share the SBHC intake documents with the parents. The potential referral will be documented in the appropriate KHS system. If GFHC receives the written referral from KHS staff, GFHC staff will contact parent/guardian to schedule appointment and start process. If the parent/guardian declines a referral to the SBHC, then the KHS staff person will support the parent/guardian with identifying a preferred community mental health provider, and act accordingly once direction by the parent/guardian has been received.
- c) If an approved referral to the SBHC is received from the parent/guardian, the KHS staff member will forward the completed referral form to the GFHC SBHC office, and the parent/guardian or student will contact the SBHC office to make the appointment for the first assessment appointment.
- d) At the initial assessment appointment, the student and the parent will be engaged on past and present health history, current social and emotional concerns, available resources, strengths and

challenges, and how communication will be conducted moving forward, with both the family as well as the school, regarding the needs of the student.

- e) If the KHS staff person believes the student may have emergency mental health needs, he/she will follow the KHS protocol for contacting 211 for mobile crisis services or 911 for emergency assistance.

2. **PARENT REFERRAL**

- a) Parent/guardian contacts the SBHC directly to make an appointment for their child to have an assessment for care. Parent/guardian is asked to attend the appointment so they can be part of the assessment process, and is asked to complete required paperwork. If the appointment is made during school hours, then parent/guardian will be advised to follow existing school protocol for visiting the building.
- b) At the initial assessment appointment, the student and the parent will be engaged on past and present health history, current social and emotional concerns, available resources, strengths and challenges, and how communication will be conducted moving forward, with both the family as well as the school, regarding the needs of the student.

3. **COMMUNITY PARTNER REFERRAL**

- a) If a community organization or health care provider contacts the SBHC to schedule an appointment (for example pediatrician, psychiatrist, etc.) for the student, the parent/guardian will be contacted and informed of the referral, and an assessment appointment will be offered. The parent/guardian will be asked to attend the assessment appointment to be part of the initial assessment and complete necessary paperwork.
- b) At the initial assessment appointment, the student and the parent will be engaged on past and present health history, current social and emotional concerns, available resources, strengths and challenges, and how communication will be conducted moving forward, with both the family as well as the school, regarding the needs of the student.
- c) If the parent/guardian indicates they had no knowledge of the referral being made by the community partner, the SBHC staff will ask the parent/guardian to contact the community partner for clarification about the referral, and will await further instruction from the parent/guardian. No appointment will proceed without direct confirmation from the parent/guardian about the referral and need for appointment.

4. **GENERATIONS PROVIDER REFERRAL**

- a) If the student is already a patient at another site or department of Generations, a referral may be made from that department to the SBHC for the student to be seen there for mental health treatment. The GFHC provider making the referral will confirm with the parent/guardian first before making such referral. For exceptions, please refer to section “Student Self-Referral”.
- b) At the initial assessment appointment, the student and the parent will be engaged on past and present health history, current social and emotional concerns, available resources, strengths and challenges, and how communication will be conducted moving forward, with both the family as well as the school, regarding the needs of the student.

5. **STUDENT SELF-REFERRAL**

- a) The student may contact the SBHC receptionist directly to schedule an appointment for an assessment or to ask questions about the services available at the SBHC. If a student is asking for an appointment, SBHC staff will discuss the involvement of the student’s parent/guardian in the appointment. If the student agrees to have the parent/guardian at the appointment, then the parent/guardian is contacted and asked to attend in order to be part of the assessment and complete paperwork.

- b) At the initial assessment appointment, the student and the parent will be engaged on past and present health history, current social and emotional concerns, available resources, strengths and challenges, and how communication will be conducted moving forward, with both the family as well as the school, regarding the needs of the student.
- c) If the student does not agree to have parent/guardian attend the appointment with him/her, then the receptionist will have a therapist speak with the student, before an appointment is scheduled, to discuss his/her concern with having the involvement of the parent/guardian. The student will be encouraged to see the benefit of having the parent/guardian involved in care, and if it is agreed upon, then the parent/guardian will be contacted to be asked to attend the assessment appointment and complete necessary paperwork. If it is not agreed upon and no immediate threat to safety is identified, the therapist will offer advice on how the student can prepare to speak with the parent/guardian in order to successfully engage in consent for treatment, and plan to discuss engagement in care at another time.
- d) If the student continues to disagree with parent/guardian involvement, an assessment appointment will be scheduled, and the therapist will include discussion of parent/guardian involvement during that initial assessment session and in any further appointments.

➤ **State of CT Regulations regarding Psychiatric Treatment of Minors (Public Act No. 21-46)**

Per the current State of CT laws regarding outpatient mental health treatment of a minor, a GFHC therapist may provide treatment of the minor without parental consent, at the request of that minor, if:

- 1) Requiring the consent or notification of a parent/guardian would cause the minor to reject such treatment;
- 2) The provision of such treatment is clinically indicated;
- 3) The failure to provide such treatment would be seriously detrimental to the minor's well-being;
- 4) The minor has knowingly and voluntarily sought such treatment; and
- 5) In the opinion of the provider of treatment, the minor is mature enough to participate in treatment productively.

The provider of such treatment shall document the reasons for any determination (as stated above) made to treat a minor without the consent or notification of a parent/guardian and shall include such documentation in the minor's clinical record, along with a written statement signed by the minor stating that:

- 1) The minor is voluntarily seeking such treatment;
- 2) The minor has discussed with the provider the possibility of involving his/her parent/guardian in the decision to pursue such treatment;
- 3) The minor has determined it is not in his/her best interest to involve his/her parent/guardian in such decision; and
- 4) The minor has been given adequate opportunity to ask the provider questions about the course of his/her treatment.

After the sixth session of outpatient mental health treatment provided to a minor without parental/guardian consent, the provider of such treatment shall notify the minor that the consent, notification or involvement of a parent/guardian is required to continue treatment, unless such would be seriously detrimental to the minor's well-being.

- If the provider determines it would be seriously detrimental to the minor's well-being, he/she shall document such determination in the minor's clinical record,

review such determination every sixth session thereafter, and document each review.

- If the provider determines it would not be seriously detrimental to the minor's well-being, he/she shall require the consent, notification or involvement of a parent/guardian as a condition of continuing treatment.
- **EXCEPTION:** A GFHC therapist may notify a parent/guardian of treatment provided, or disclose certain information concerning such treatment, without the consent of the minor who receives such treatment, provided:
  - 1) The provider determines notification or disclosure is necessary for the minor's well-being;
  - 2) The treatment provided to the minor is solely for mental health and not for a substance use disorder;
  - 3) The minor is provided the opportunity to express any objection to the notification or disclosure.

The provider must document his/her determination concerning the notification or disclosure to the parent/guardian, and any objections expressed by the minor in the clinical record. If the provider does make notification or disclosure, it may include the following:

- 1) Diagnosis;
- 2) Treatment plan and progress in treatment;
- 3) Recommended medications, including risks, benefits, side effects, efficacy, dose and schedule;
- 4) Psychoeducation about the minor's mental health;
- 5) Referrals to community resources;
- 6) Coaching on parenting or behavioral management strategies; and
- 7) Crisis prevention planning and safety planning.

## **DAILY OPERATION OF SBHC**

### **1. HOURS**

- a) The initial plan for the operating hours of the SBHC are to be open three days per week, for the hours of 7:30 a.m.- 4:00 p.m. This plan includes part-time hours until the volume of patients is such that a full-time operation of the clinic is necessary to meet the need.
- b) In preparation for the opening of the SBHC, KHS counseling/social work staff will begin to identify students and contact parents for consent to refer, as per the above section. These referrals may be made as soon as the clinic is open and available to schedule appointments.
- c) If the number of students to be referred exceeds the proposed hours for the SBHC, Generations will immediately plan on increasing available hours at the SBHC as soon as possible.
- d) The SBHC operating hours will never exceed the hours which the school is open. If the school administration deems it feasible to allow access to the SBHC during school breaks or summer hours, then this additional service will be added to the scope of the organizational agreement.
- e) SBHC staff will notify the school main office each of expected guests such as parents/guardians planned to arrive for SBHC appointments.

### **2. STAFFING**

- a) Generations has identified two Therapists from the Putnam School System SBHC, who have availability to work at the Killingly High School SBHC. They are Licensed Clinical Social Workers (LCSW), and can both provide the range of behavioral health services intended at the SBHC. They have also worked at the existing SBHC for many years, and are very experienced

with how to work successfully and collaboratively with the school's administration, teachers, nurses, counseling staff and families.

- b) While the two therapists launch treatment at the SBHC, a full-time therapist will be recruited for to be placed at the SBHC upon hire.

### 3. **LOCATION**

- a) The SBHC will be located on the third floor, in the Arts section of Killingly High School. There will be two rooms utilized by the SBHC, one for the reception area and one for the therapist's office.
- b) The SBHC will have the phone number and operating hours posted on the reception door, and emergency assistance is available 24 hours a day/7 days a week, regardless of whether the SBHC is open. All patients treated at the SBHC (and parents/guardians) will be given the information on how to seek emergency care at all hours.
- c) Students who need to go to the SBHC for an appointment during the school day will utilize the same "pass" method they use for any other movement throughout the day. SBHC staff will comply with all school requirements for authorized movement of students throughout the building.
- d) For existing patients of the SBHC, if a student is being sent per the "Urgent Treatment protocol listed down below, then the student will be escorted to the SBHC, either by KHS or SBHC staff, to ensure their safety at all times.
- e) The SBHC is located by the elevator in the building, to support easy access by an ambulance if one is necessary for emergency transport to the hospital. (See "URGENT TREATMENT" down below.)
- f) The SBHC staff will be responsible for securing the SBHC offices each night when closing. A sign will be posted on the entry door which clearly states how to contact Generations for assistance when the SBHC is closed.

### 4. **MAINTENANCE OF SBHC**

- a) The proposed SBHC is utilizing space which already existed at Killingly High School, and was already maintained by the school facilities staff. Therefore, there are no additional duties being incurred by the SBHC operation in terms of maintenance needs.
- b) KHS has offered the use of existing furniture in the identified offices to the SBHC staff, for which Generations is grateful. If this furniture is needed elsewhere in the school, then GFHC will replace the items in the SBHC and the cost will be absorbed by the health center.
- c) The SBHC staff will use their own office and patient care equipment and supplies, and KHS has generously offered to provide access to electricity and WIFI since it was already in existence in the identified rooms. Generations is grateful for this offer, and is happy to consider payment of any future costs for these utilities if it is deemed necessary.
- d) The KHS facilities staff will remove the garbage from the SBHC rooms as per their existing practices of removing garbage from these rooms. Access to the SBHC space will not compromise any patient privacy as no protected health information will be accessible in the SBHC space when staff are not present.
- e) Any maintenance needs inside the SBHC will be addressed by GFHC staff and KHS Facilities staff will be notified/consulted.

### 5. **TREATMENT AT SBHC**

- a) All treatment provided to students at the SBHC is documented in the electronic health record maintained by Generations Family Health Center, and is secured by the SBHC staff.
- b) If, during the course of treatment, the student and family wish to share any of the protected health information included during treatment with the Killingly High School staff or any

- other party, the matter will be discussed with the student and family and an appropriate HIPAA release of information form will be completed to support the sharing of information.
- c) The SBHC therapists are available to participate in IEP team meetings, if invited by KHS staff or parent/guardian, and parent/guardian approves.
  - d) Once a student begins treatment at the SBHC, an important factor for comprehensive care is to collaborate with other healthcare providers existing in the life of the student. When appropriate, parental permission will be sought to collaborate with any necessary healthcare providers in order to reduce duplication and/or confusion about treatment planning.
  - e) SBHC appointments are scheduled for the student in a manner that aligns with his/her school schedule, to ensure the least amount of disruption with academic needs.
  - f) If at any point during treatment it is determined that medications may be useful in the treatment of the student, the matter will be discussed fully with the student's parent/guardian prior to any action being taken. No medications will be prescribed to a KHS student by Generations without the consent of the student's parent/guardian. Any student needing a medication assessment will be seen, with the parent/guardian, at the Putnam or Willimantic facilities of Generations where Psychiatric prescribers are located. Any relevant information from the student's primary care provider or other existing prescribers will be integrated into the new medication plan.
  - g) No medications will be kept on site at the SBHC at any time, as the therapists on staff there are not licensed to prescribe nor to maintain prescriptions on site.
  - h) If any new psychiatric medications are prescribed by Generations for a student seen at the SBHC, and the medication must be taken during the school day, the matter will be discussed with the school nurse and treated the same as any other situation where a student needs to have access to medications during the school day.
  - i) "Treatment plans" are completed and reviewed throughout care, and must be signed by the patient or parent/guardian. Therapist, student and parent/guardian all sign the treatment plan indicating agreement on goals. Goals for treatment planning are person-centered with the expectation there is minimally one goal that focuses on the role of the student within the context of the family.
  - j) Appointments may be attended either in person or through Telehealth. For parent/guardian attendance the minimum requirement is to attend visits when treatment plans are being reviewed and signed. This is to support agreement on the course of care, but also to participate in supporting the work their child is doing in treatment and the therapist needs to know the parent/guardian's assessment of progress in care.
  - k) The following identified concerns can be addressed via the SBHC: depression, anxiety, substance use disorders, behavioral concerns either at school or home, trauma, transitions/changes at home from divorce, grief and loss, bullying, ADHD and many others.
  - l) Therapeutic approaches/interventions used include but are not limited to Cognitive Behavioral Therapy, Insight-based approaches, Motivational Interviewing, Play Therapy, Dialectical Behavioral Therapy, Trauma Informed Care (trained in specific models), Family Therapy (as needed), Coping/Regulation Skills, Communication Skills, Conflict Resolution Skills, Self-Confidence/Self Esteem Building, Stress Management, and Crisis Intervention.
  - m) Family members involved in care can always contact that clinician as needed, at any time. The clinician will reach out when needed as well, sometimes outside of sessions or sometimes as part of a session with client (phone call). The primary focus in the beginning stage of treatment is building a trusted working relationship with the student and/or family/guardian as the foundation for the rest of the work.

- n) **URGENT TREATMENT:** If an existing SBHC patient has a mental health crisis during the school day, he/she may call or go to the SBHC for immediate attention. If called, the SBHC staff will direct the patient to either proceed to the SBHC for urgent care or attend an appointment at another time, if appropriate. If the student arrives directly at the SBHC, the SBHC staff will assess the situation and determine appropriate next steps. If the situation is acute and requires emergency treatment, the SBHC will contact 211 for mobile crisis services, or 911 for emergency transportation to the hospital and secure the student's safety until the ambulance has arrived. If either 211 or 911 are being contacted for further services, then, the SBHC will contact the parent/guardian to notify them of the need and to proceed to the location of the student. The SBHC will also notify the school administration of the student's departure from school and the arrival of the ambulance.
- If the SBHC is closed due to the initial part-time hours, the student will seek out urgent care at the school nurse's office or school counseling office, as per the existing school guidelines for healthcare treatment at the school. The school nurse or counselor will contact the parents regarding the presenting concerns, and discuss a plan for either immediate treatment of the student at the Putnam Generations office or for the student/family to schedule a follow up appointment at the SBHC another time. Once the school nurse or counselor appointment is complete, the nurse or school counselor will notify the SBHC of the presenting concerns or care provided. The SBHC will contact the student and arrange for appropriate follow up care.

## **FINANCIAL**

### **1. FUNDING**

- a) Generations Family Health Center receives no special funding to operate the SBHC at Killingly High School. The health center does receive CT Department of Public Health funding to support the operation of the SBHC in the Putnam School system, but does not for the proposed site at KHS.
- b) As a Federally Qualified Health Center, Generations receives federal funding which is a portion of the overall budget for the organization. Amongst other things, this funding is used to supplement the sliding fee scale provided to all patients seen at the health center. Based on the mission of the organization, no patient is denied care at Generations due to an inability to pay.
- c) Generations does not propose to charge the Killingly Public Schools or the Town of Killingly for any services provided at the SBHC, at any time.

### **2. INSURANCE BILLING**

- a) Generations accepts almost all private insurance plans, the Medicaid/Medicare plans, and all plans offered through the Access Health CT insurance exchange.
- b) Generations employs specific support staff who can assist families with eligibility screening and application assistance for insurance coverage, as well as facilitate access to numerous other community supports.
- c) At the SBHC, no students will be charged for services unless they are insured and the parent/guardian has consented to both the care being provided as well as the insurance being billed. In that case insurance will be billed, and payment plans will be arranged with parent/guardian for any remaining balances. The agency's sliding fee scale is available to all parents/guardians. Students seen without parental consent will not be charged for services.
- d) If the student is referred to the Putnam office of Generations for medication management as part of their Behavioral Health care, those services will be billed to the insurance of the parent/guardian as appropriate. Any services not covered by insurance will be put on the

sliding fee scale and a payment plan will be established with the family. No student will be denied access to medication management services based on an inability to pay.