

Miami Valley Career Technology Center
Samaritan Behavioral Health
Student Wellness Center

MENTAL HEALTH SERVICES

Table of Contents

Purpose Statement.....	p.2
Mental Health Service Philosophy.....	p. 2
Description of Services	p. 2
Mental Health Service Goals.....	p. 2
Service Objectives	p. 2
Eligibility.....	p. 3
Referral Procedure	p. 3
Prevention / Intervention	p.4
Student Episode Form	p. 5-6

Miami Valley Career Technology Center STUDENT WELLNESS CENTER

Purpose Statement

The purpose of the Student Wellness Center (SWC) mental health services is to provide students with short-term counseling; and if needed, with parent / guardian permission continued services, or needed referral to alternate providers; and to provide prevention education to students and faculty.

Mental Health Service Philosophy

The SWC mental health service philosophy is based on a belief that the emotional, behavioral and relational aspects of a student contributes or detracts from their academic, vocational and social success.

Description of Services

The Miami Valley Career Technology Center (MVCTC)'s Student Wellness Center mental health services are for all students interested in counseling services that display a wide array of problems that may be impacting their academic performance and social relationships. The SWC's mental health services offer an opportunity for students to learn skills to solve problems and manage emotions that may be impacting their life.

Samaritan Behavioral Health provides CrisisCare, short-term counseling, and prevention education. Services might include a screening to determine specific needs of the student. Individual, group and family intervention services may be offered. Linkages with Community services will be recommended as needed.

The mental health services are designed to help students cope with problems that can challenge students from being successful in school. Daily communication with school personnel is facilitated in order to assure success of the student and the continuity of care. Educational modules to enhance mental health such as depression awareness, conflict resolution, bullying prevention may be offered.

There is no cost to the parent for these short-term counseling services provided at MVCTC. Additional counseling is available with parental permission based on insurance approval or referral to an approved provider.

Mental Health Service Goals

The goal of the SWC mental health services is to assist students academically and behaviorally for a successful transition into adulthood.

Service Objectives

The objectives of the SWC mental health services are to:

1. Implement a mental health intervention component with a licensed therapist.
2. Address the emotional, behavioral and relational needs of the student.

3. Assure communication with the MVCTC faculty with administrative approval by attending meetings, email, and conferences as needed.
4. Reduce the frequency or severity of the identified problem by providing individuals with short-term counseling services and by developing prevention education for the school at large.
5. When requested, support the student by providing family members with updated communication, problem solving, and coping skills.
6. This service offers a range of appropriate crisis and brief mental health interventions, and referrals with community agencies when necessary.

Eligibility

All students are eligible upon referral from the school counselor, nurse or Director of Student Services. These are some examples of the types of problems:

- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general, constant mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.
- Reaction to a life trauma.
- Anxiety
- ADHD
- Family conflicts that manifest in the school setting
- Poor anger management
- Oppositional defiant behavior
- Bullying

** Eligibility is not limited to the above-mentioned behaviors. **

Referral Procedure

1. When more than the MVCTC's typical educational involvements with student behaviors are determined, the educator may refer the student to the school counselor, nurse, or Director of Student Services.
2. A school counselor, nurse or Director of Student Services identifies a student who demonstrates behaviors that adversely affect his/her education performance. With a chronic or repeat issue, the school counselor collects documentation of interventions tried and the results of those interventions.
3. When a student is eligible for the SBHI mental health services, the therapist will complete the screening and informational packet.
4. The SBHI therapist will consult with the school counselor, nurse or Director of Student Services regarding the student and the reported behaviors or concerns. This provides the opportunity for the MVCTC staff to become involved in the process as necessary.

5. If needed, the school counselor will contact the therapist to request a classroom observation of student(s).
6. The SBHI therapist will develop behavioral interventions and arrange with the school counselor, nurse, or Director of Student Services follow-up dates to assess progress.
7. The therapist discusses with the student any needed resources or supports to help the student experience success.
8. According to the Ohio Revised Code 5122.04, a mental health professional may provide outpatient mental health services to a minor 14 years of age or older for not more than 6 sessions or 30 days, whichever occurs sooner.
9. If there is a need for referral, the SBHI therapist will contact the family and arrange for services in the student's county of residence.

Prevention / Intervention

In collaboration with MVCTC staff, prevention-education seminars may be designed for groups of students or faculty, such as:

- Learning to handle stressful situations
- Providing support for relationship issues
- Bullying prevention and intervention
- Developing time management skills
- Coping with depression

STUDENT EPISODE FORM

Student Name _____ Grade _____

Date of Episode _____

Location and time of episode _____

What identified antecedents were there to the episode?

What specifically precipitated the episode?

What physical signs (escalation cues) did the student demonstrate as the behavior accelerated?

Describe the behavior and actions of the student.

Use back of sheet for further explanation.

Describe the actions taken by staff to assist the student.

Describe parental contact regarding episode – when, who, how, response

Episode Severity Scale: Use a scale minimum of 1 to maximum of 5 to answer the following questions:

Level of Inappropriate Behavior (Ex: inappropriate language 1, high risk of physical harm to self or others 5)	1	2	3	4	5	N/A			
Ability of Student to Control Behavior			1	2	3	4	5	N/A	
Teacher Involvement in De-escalation	1	2	3	4	5	N/A			
Utilization of CPI (Ex: de-escalate verbally or need to physically restrain)			1	2	3	4	5	N/A	
Use of restraint (Ex: amount of restraint used and for how long)				1	2	3	4	5	N/A

Other Notations:
