



Educational Model for Children and Adolescents in Care and Treatment

Establishing a replicable schooling model for youth receiving psychiatric services in hospital and partial hospital settings

Todd Archbold, LSW, MBA

Each year over 680,000 youth in the United States are hospitalized for psychiatric treatment. These hospitalizations may last anywhere from a few days to several weeks.¹ This can create significant disruption to educational development both academically and socially and erode resiliency. Intermediate District 287 has developed an educational model for psychiatric care and treatment settings based on extensive research, consultations from the University of Minnesota and trials that optimize learning and mitigate the disruption to educational progress.

This paper explores how PrairieCare and Intermediate District 287 have partnered to establish a progressive and research-based model to deliver both critical psychiatric treatment (in the form of hospital services) and educational services to mitigate disruption to social and emotional development.

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2011*. Rockville, Maryland: U.S. Department of Health and Human Services, 2011.



PrairieCare and Intermediate District 287 formed a partnership in 2011 to provide the educational services for students receiving care in PrairieCare's inpatient hospital and partial hospital programs. Upon admission patients are temporarily enrolled in District 287 while curriculum and instruction are provided by licensed teachers through District 287. PrairieCare manages the clinical treatment plan and District 287 manages the academic instruction. While in treatment each patient's health information remains protected through HIPAA and educational information is protected through FERPA. Releases of Information (ROI) are requested upon admission so pertinent information can be shared among parties. However, information can only be shared when explicitly authorized by the parent/guardian.

The Twin Cities metropolitan area boasts a population of nearly 2.82 million residents, of which research shows more than 564,000 may suffer from a diagnosable mental illness in their lifetime. More than 136,000 of these residents are school-aged. It is estimated that nearly 27,000 school-aged youth in the Twin Cities could develop symptoms that require intensive treatment if not identified and addressed early. Recent local research has shown that many youth suffer in silence from psychiatric disorders; only 1 in 4 or 5 will receive treatment.² Researchers at the National Institute of Mental Health have found that half of all lifetime cases of mental illness present before the age of 14.³ It is widely recognized that early intervention is critical to decreasing the severity and duration of symptoms and morbidity related to psychiatric disorders.

Background of PrairieCare Inpatient and Partial Hospital Programs

Despite the dense population of the Twin Cities, the area has been recognized as under bedded and underserved in terms of inpatient psychiatric services. PrairieCare has been the driving force behind the expansion of intensive psychiatric services for children and adolescents since 2006. PrairieCare is the only free-standing specialty psychiatric hospital in Minnesota, which hosts 20-inpatient beds for ages 21 and under. PrairieCare also operates two partial hospital programs which provide a slightly less intensive level of acute care services as the hospital, and on an outpatient basis (Monday through Friday from

² Archbold, T., Jensen, P., Setterberg, S. (2008). Diagnostic Predictive Scales: Increasing the Effectiveness of School Counselors.

³ National Institute for Mental Health (NIMH). (2005). Retrieved April 23, 2013 from: <http://www.nimh.nih.gov/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>



9:00 am to 3:45 pm). Inpatient and PHP are very similar; with the exception that inpatient provides overnight boarding for intensive assessment and stabilization. The clinical programming (groups and services) are very similar.

Psychiatric inpatient hospitalization is aimed at individuals who may be an immediate harm to themselves or another and require 24/7 monitoring and observation to work towards stabilization. These individual may report suicidal ideation, severe aggression, impulsivity or psychotic features that require intensive treatment. The primary goals of inpatient hospitalization are safety and stabilization. An average length of stay (ALOS) in the inpatient hospital may be 7 to 10 days. Inpatient hospital services are provided by psychiatrists, nurses, psychologists, psychotherapists, AT/RT/OT, social work and more.

Hospital / Partial Hospital Care and Treatment Schedule

8:30	Check-in / Goals
9:00	Psychoeducation
10:00	Activity Therapy
11:00	Group Therapy
12:00	Lunch
12:30	School
2:30	Social Skills
3:30	Wrap-up

Partial Hospital Program (PHP) provides a similar level of intensive psychiatric supports and treatment but can be offered for a longer duration. The primary goals of PHP are stabilization and assessment to create a platform for continued healing in a less intensive setting. The ALOS for PHP may be anywhere from 3 to 5 weeks and is often used as a step-down level of care after inpatient hospitalization. Rarely is a patient stable enough to transition directly from inpatient hospitalization back to their daily routine without the risk of decompensating. PHP services are commonly offered by the same staff as inpatient.

The expansion of inpatient and partial hospital services has allowed PrairieCare to provide potentially life-saving treatment to more than 1,800 children and adolescents annually. PrairieCare’s expansions and high standard of care were cited in the 2012 Minneapolis/St. Paul Business Journal as an influence on the increase of spending on better mental health facilities in Minnesota. The reputation for quality care and the affiliation with the University of Minnesota Medical School have allowed PrairieCare to create higher standards of care for the treatment of psychiatric disorders.



Background of Intermediate District 287

Intermediate District 287 is a consortium of 12 west metro school districts offering more than 129 programs and services specially designed to help meet the unique learning needs of member district students. For our many programs listed below, students are referred by their district of residence.

In addition to student services, District 287 offers other educational support services including: staff development; conference center; legal services; testing and assessment services; and student accounting and billing services. The district provides services to over 13,000 students in the Twin Cities serving more than 160 districts at over 20 locations (including the 12 member districts).⁴

Intermediate District 287 is the state's largest intermediate district and has been pioneering innovation in education through research and technology. Many of the district settings incorporate cutting-edge curriculum, smart boards, tablets, rooms with specialized lighting, sounds and aesthetics. The district has established further partnerships with programs like Mind-Up, the University of Minnesota and Hanover Research.

Administrators and educators at District 287 are regarded as some of the most specialized and compassionate around. They have recognized that socially and emotionally competent classrooms and schools are at the core of effective learning.⁵

Requirements of Education in Care and Treatment

While care and treatment centers themselves are not obligated to provide educational services, the local school district is required to make services available. This is often done by hosting a classroom within a care and treatment center, providing tutoring services, home-based instruction or online. There are a total of seven Minnesota Statutes and Rules that collectively address the requirements for education in the care and treatment setting. Most notably, MN

⁴ Intermediate District 287 website. Retrieved on April 25, 2013 from:
http://www.district287.org/index.php?submenu=About_287&src=gendocs&ref=About287&category=Main

⁵ Kress, J., Norris, J., Schoeholz, D., Elias, J. & Seigle, P. (2004). Bringing together educational standards and social and emotional learning. Making the case for educators. *American Journal of Education*, 111, 68-89.



State Statute 125A.15 and MN Rule 3525.2325. These statutes and rules dictate the following requirements:

- Care and treatment is considered to be: chemical dependency or substance abuse treatment centers, shelters, home (due to accident or illness), hospital, day treatment centers, correctional facilities, residential treatment centers, or partial hospital program.⁶
- The district in which the [care and treatment] facility resides is responsible to provide regular education, special education, or both, to a pupil kindergarten through grade 12 placed in care and treatment.⁷
- When a student is placed in care and treatment, the district in which the student's parent/guardian resides is considered the student's "resident district".⁸

While most students and families choose to enroll in the school district responsible for providing education in the care and treatment setting, some choose to be home-schooled, tutored, or earn credits online. While this method of schooling can achieve the basic objective of credit retention, there may be further detriments to be excluded from the educational services offered within the care and treatment setting.

Description of Educational Services at PrairieCare Hospital and Partial Hospital

Intermediate School District 287 provides the educational services at PrairieCare on behalf of school district where the program resides. Upon admission to inpatient or PHP, students and families complete a release of information (ROI) so the clinicians and educators at PrairieCare and District 287 can communicate with the clinicians and educators at the student's resident district. Patients at PrairieCare have come from over 50 different school districts in four different states. Educational services are offered for two hours each day while patients receive intensive psychiatric treatments including: psychotherapy, medication management, psychological evaluation, psycho-education, goal setting, coping skills, and more. PrairieCare clinical staff and District 287

⁶ MN Rule 3525.2325, subp 1; MN Statute 125A.17

⁷ MN Rule 3525.2325

⁸ MN Rule 3525.0210, Subp 39; MN Statute 125.15; MN Statute 125.51



educational staff communicates intensively on each case. Educational staff attends weekly treatment rounds to discuss symptoms, behaviors and overall functioning in the classroom as it pertains to treatment goals.

The classroom is embedded in the treatment setting and is run by licensed teachers and educational support professionals. Teachers are either licensed in special education, core content areas or hold dual licensure. Although there is a clear distinction between “treatment” and “education” (in the sense of academic schooling), clinicians and teachers work closely together to incorporate a holistic model of care. Teachers provide engaging direct instructional services to each classroom, backed by planned curriculum and evidenced-based lessons. On the occasion that a student requires advanced curricula, staff coordinates intermediate instruction with the home school or parents outside of the care and treatment education setting. The following team accord is recognized:

Respecting Educational Expertise

Minnesota’s teachers and school administrators lead the country in providing the most up-to-date and specialized learning strategies to accommodate the needs of our students. They possess an educational perspective that allows them to understand the most successful approaches to learning both on an individual and whole student-body basis. These experts will have the best knowledge and ideas of accommodations that can be made to help our patient’s succeed. They understand the fundamental elements necessary for academic and social success in school.

Protecting the Patient-Clinician Relationship

PrairieCare practitioners practice evidence-based treatment approaches geared towards stabilization and assessment of psychiatric conditions. These interventions are often short-term, yet intensive, and applied in a controlled treatment environment under medical supervision. Often times these approaches are not easily translatable to a school environment without modifications. Patients and families may participate in therapeutic exercises with staff that they may not choose to discuss outside of PrairieCare, or may not be appropriate to share. In these events, it is important to respect their wish for privacy.

PrairieCare and District 287 have worked collaboratively in delivering combined services to best meet the need of youth while outside of their regular educational setting and receiving care. While significant amounts of data exist surrounding the delivery of education to those with special needs, little has been done with regard to how to best delivery those services within a short-term care and treatment setting (less than 30 days). An average length of stay (ALOS) in hospital and partial hospital can average anywhere from five to forty days combined. This ALOS and rapid admission process pose unique challenges to managing a classroom within care and treatment. Below are some further challenges to the educational mode:

1. The short duration requires quick enrollment and un-enrollment between the resident district and providing districts educational program.
2. Due to the patients' necessity for acute care psychiatric services, admission to inpatient or PHP can happen within 1-2 days of initial assessment. This often leaves little time to plan a transition and adequately notify all caregivers/stakeholders (teachers, counselors, therapists, pediatricians, etc.) until after admission.
3. The need for prompt, succinct and accurate communication among caregivers/stakeholders during a time of ongoing change.
4. Severe psychiatric symptoms that impede on an individual's ability to be a learner. Given the acute care nature of these disorders, psychiatric treatment is usually a priority over educational services. Unstable mental health can impede an individual's capability to learn in the classroom setting.

Innovation and Collaboration between Health Care and Education

A 2003 report from the New Freedom Commission on Mental Health illustrated the importance of collaboration between educators and mental health providers. Because of the important interplay between emotional health and school success, the educational environment must be an active partner in the



mental health care of our children.⁹ This is especially true when a child is actively being treated for acute psychiatric symptoms in a setting such as PrairieCare.

Intermediate District 287 has spearheaded extensive efforts to establish a world-class educational model within care and treatment that goes beyond just teaching. Administrators have recognized that the learning process is closely linked to the students' social and emotional needs, as well as the context of their learning environment.¹⁰ Individuals receiving care in hospital settings are removed from their normal environment, which is significantly hosted in the school setting. This setting creates structure, opportunities for social interaction with peers and adults, as well as intellectual stimulation and situations that require problem solving.

It is critical that the learning environment at PrairieCare mimic a normal school environment while attending to the unique emotional needs to the group of students. *This creates an opportunity for patients to practice being students.* This can also help replicate a traditional school day which can facilitate a students' reentry into their home school upon discharge. This is largely done through maintaining a direct instruction model to a group of socially and academically diverse students. This invites opportunities for positive educational experiences and individualized support from both educators and clinicians. Extensive research on how to best engage this unique classroom indicates that the maintenance of student engagement is a crucial component of instruction for this population.¹¹ This would indicate that a self-study or tutoring model may detract from the routine and engagement required to help these students learn.

District 287 contracted with Hanover Research to help provide consultation on how to best manage a classroom within PrairieCare. Hanover Research benchmarked several local and national treatment programs (day treatment, hospitals, chemical health treatment centers). Responses indicated a lack of relevant educational programming within these care and treatment centers. Those results in themselves make it apparent that the commitment to the collaboration between District 287 and PrairieCare creates a superior model to

⁹ New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America, Final Report*. (DHHS Publication No. SMA-03-3832). Rockville, MD.

¹⁰ Brandt. R. (2003). How new knowledge about the brain applies to social and emotional learning. *EQ + IQ = best leadership practices for caring and successful schools* (pp. 57-70). Thousand Oaks, CA: Corwin Press

¹¹ Hanover Research report (February, 2013). District Administration Practice

many counterparts. However, a few samples of treatment centers and other data helped Hanover Research identify key findings.

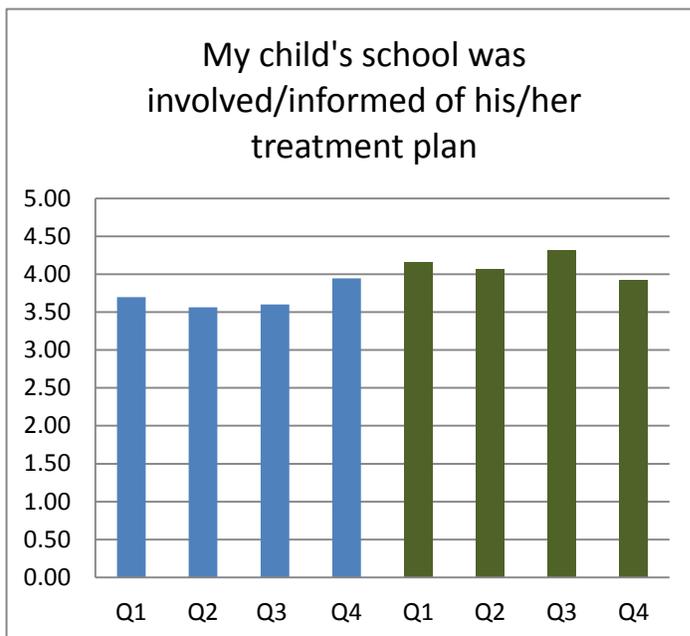
Hanover Research detailed strategies to help the educators in care and treatment target optimal teaching strategies. The report that District 287 has followed since school year 2012-2013 are below:

- **Strengthen efforts to engage and motivate students**
 - Get to know new students as quickly as possible and help them think of themselves as learners
 - Establish and maintain a positive learning environment that demonstrates high expectations and encourages students to take an active role in their learning
 - Make learning experiences relevant to students' expressed interests, to universal themes, or to important current events
 - Structure classroom interactions so that students interact with and learn from one another
 - Give students some choices regarding what they read and how they express themselves

- **Integrate explicit instruction into content-area teaching to strengthen students' vocabulary and comprehension skills and strategies**
 - Dedicate a portion of the regular class session to explicit vocabulary instruction
 - Teach students to attend to the structure of their content-area texts
 - Teach other comprehension strategies explicitly as part of content-area instruction
 - Provide students with guides and external organizers to help them improve their comprehension and memory of text
 - Reinforce explicit instruction to ensure that students understand and can use the vocabulary and comprehension strategies that have been explained and modeled
 - Give students opportunities to write in order to support their reading and to build skills in a risk-free environment

- **Select materials carefully to reinforce and support student learning and provide opportunities for practice**
 - Identify and use content-area class materials that will supplement what standard textbooks offer

- Identify and use material that will support vocabulary and comprehension instruction
 - Select text materials that stimulate discussion
 - Provide varied materials for reading during students' free time
 - Recognize the potential of electronic sources for motivation, supplemental instructional material, and students' independent learning
- **Provide infrastructural changes, teacher support, and leadership that can facilitate literacy instruction**
 - Establish a literacy-focused culture that demonstrates to teachers and students the importance of reading and writing
 - Provide intensive interventions to address specific areas of weakness and build areas of strength
 - Provide professional development opportunities to strengthen teachers' strategies for teaching comprehension within their content areas, for classroom management, and for enhancing motivation and engagement
 - Encourage teachers to learn from one another about successful strategies to provide vocabulary and comprehension instruction and support student learning



While this education model is not only designed to increase engagement and learning, it is also a more efficient model in terms of classroom management and allows for more communication with the home school. During the time that District 287 has practiced the recommendations from Hanover Research and implement a direct instruction model, communication to the school about information on the treatment plan has also increased.



Parents at PrairieCare are given satisfaction surveys upon discharge. The blue bars represent reported satisfaction while the education model was focused on tutoring and credit retention. The green bars represent satisfaction after moving to the new model of direct instruction. While these scores are influenced by communication with social workers, and not always the teachers, it appears feasible that scores have a relationship to the apparent satisfaction of the new education model as well. There was an overall increase of 9% in this survey item after the direct instruction model was incorporated in 2012.

PrairieCare's Clinical Education Program

While we believe the adaptation of classroom philosophies has dramatically improved the delivery of schooling to patients, PrairieCare has made additional efforts to increase clinical education of school staff as well. PrairieCare has extended clinical knowledge outside of the treatment setting, and into classrooms and community.

PrairieCare collaborated with a local elementary school in 2011 to create a clinical education and support program aimed at increasing staff comfort and skills when dealing with students with psychiatric disorders and disruptive behaviors. Administrators and specialists worked to formulate a program that met the specific needs of the community and student population. This program lasted the duration of the school year and offered a combined total of over 35 hours of involvement. The program focus was on:

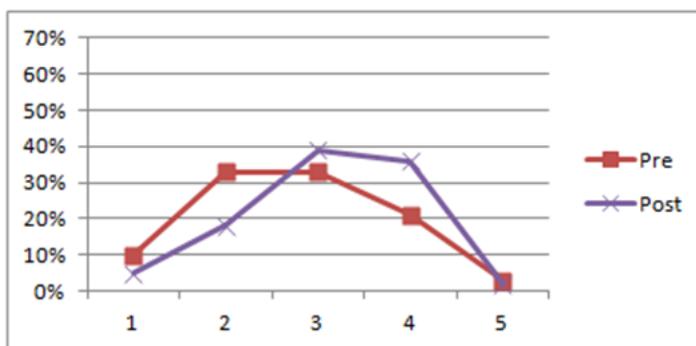
- Mindfulness in working with children and mental illness
- Behavioral intervention and de-escalation
- Diversity
- Managing stress and trauma

The presentations and trainings took place sequentially, yet with enough time for processing and 'experiencing' in between. Once the trainings began, the program also offered consultations with individual staff and teams. This program allowed for consistent and continuous exposure to some of the principles of Center for Mind-Body Medicine related to managing stress and trauma. The key critical success factors included: flexibility of both school staff and PrairieCare, a mutual investment in and prioritization of the program, ongoing communication and programmatic adaptation to the needs of staff.

Administrators at PrairieCare worked with school staff to gather feedback from the project and individual presentations. Pre-and post-surveys were done on a 5-point Likert scale to measure improvements in skills and comfort in working with these children. The average increase in score was 0.26, including the most significant increase below:

Please rate your level of comfort when dealing with families of kids with mental health disorders (1-5):

Pre	Post	Delta
2.72	3.14	0.42



The engagement of school staff and support from administration were enormous, both proving incredibly value to the success of the program, and also an attestation to the school’s nourishment of a culture of success and understanding of the impact of mental illness on a student and family.

In addition to the quantitative data illustrating a successful program, anecdotal feedback from school staff shows that not only was it effective, but also valued and appreciated. Staff remained engaged throughout the entire program and have requested an ongoing program for the following school year.

Survey comments:

- *“Increased by understanding of mental health issues in children so I can better help teachers construct appropriate interventions that will lead to social emotional success as well as academic success in school”*
- *“When an entire staff receives information and training in these areas, the students know that that all staff will treat them in a similar fashion. This creates a sense of security and predictability that is missing in the lives of many of our students”*
- *“Helps us as a staff to be more understanding and supportive of all students, knowing that they may be dealing with things beyond our knowledge. All students deserve to be treated with dignity and patience. This only helps to support the ability to do so”*

Conclusion

Research has shown that student involvement in structured and engaging learning environments is critical to social and academic growth. The learning process is closely linked to students' social and emotional needs, as well as the context of their learning environment.¹² This means that the physical space and atmosphere created by teachers impact learning. According to the Hanover Research report (2013), there is limited evidence-based research on students receiving short-term mental health treatment.

PrairieCare and Intermediate District 287 have designed an educational model for inpatient and partial hospital psychiatric patients which we believe provides engaging and effective academic support. This educational environment is woven into the treatment model to provide integrated academic support to patients during this vulnerable and fragile time. This helps maintain a level of normalcy that can mimic the familiar classroom setting, but is staged for a more supportive and positive experience. The goal of the classroom model is to create a foundation for establishing and building learning skills and enhancing academics. Anecdotal evidence and surveys pertaining to the overall treatment experience suggest that this educational model is ideal for patients in care and treatment. Some students will need advanced instruction for curricula outside the scope of this environment (i.e. foreign languages, college-prep courses) which should be arranged directly with the resident district and student and/or guardians.

This care and treatment education model can be replicated in other short-term psychiatric or behavioral health care settings. The critical success factors of this model include:

- Strong collaboration and communication between the education provider and care and treatment provider
- Teachers with training on mental health assessment and disorders
- Educational settings optimized to reach diverse student populations through direct instruction
- Teachers who possess engaging and adaptive instruction skill sets

¹² Brandt. R. (2003). How new knowledge about the brain applies to social and emotional learning. *EQ + IQ = best leadership practices for caring and successful schools* (pp. 57-70). Thousand Oaks, CA: Corwin Press



More about PrairieCare Programs and Services

The prevalence of mental illness is sure to affect every person in the world, either directly or indirectly. PrairieCare was founded on the expertise and compassion that it takes to accurately identify proven methods of intervention and treatment for affected persons. The services and programs offered at PrairieCare have been widely recognized as highly effective, comfortable, and affordable. Staff at PrairieCare is devoted to patient care and take their work very seriously. The inspiring mission of PrairieCare along with the excellent staff and care models have set PrairieCare programs apart from other treatment centers across the nation.

PrairieCare offers intensive psychiatric programs and services at three locations that cover the entire Minneapolis-St. Paul metro area. Each site is located within the medical community and is only minutes from a major hospital. A valued aspect of PrairieCare's locations is the comfortable atmosphere and calming environment. The physical spaces are very warm and well kept. This helps patients feel at ease and find support without the stigma of a large, sterile hospital surrounding. All locations are very spacious and include patient common areas as well as private offices.

PrairieCare has recognized the opportunities to expand current specialized services, create inpatient services, and lead the Twin Cities in psychiatric healthcare. PrairieCare received an exemption to the 1984 moratorium on hospital beds, which has allowed them to establish 20 inpatient beds for youth in western Hennepin County. The organization subsequently received legislative and gubernatorial support for adding 30 more inpatient beds, and plans to build a larger facility to host all 50 beds. PrairieCare is an affiliate of the University of Minnesota Medical School and a training site for physicians, social workers, therapists and nurses.