

Effective and Collaborative Mental Health Supports in Schools for General Education and Beyond. A Framework for School Psychologists

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Remaking Mental Health In Schools

- Creating a mental health model that is proactive and invests in intervening before a student ends up in SPED.
- This model being performed by school psychologists in an ethical and cost effective way.

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HOW???

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### Mt. Diablo Demographics

- Mt. Diablo Unified School District (MDUSD) is located in Contra Costa County in the San Francisco Bay Area
- Single district SELPA
- Student population over 36,000
- 29 Elementary, 9 Middle, 5 High, 7 Alternative Schools
- Approximately 4,000 Special Education students

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### A Little History of Mt. Diablo Unified

#### *Before*

- Existing programs in 1999:
- Sunrise, a self contained elementary school
- Delta, a middle and high school self contained program
- Families First, an Intensive Day treatment which was a County Mental Health directed program

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### Creation and Evolution of District Based Mental Health

- MDUSD, in conjunction with Contra Costa County Mental Health (CMH) and several mental health agencies, designed an array of service delivery models in our schools for Special and **General Education** students.
- The goal is to provide services to students in the Least Restrictive Environment (LRE) and reduce Nonpublic School (NPS) placements.

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### MH Programs in 1999

- Sunrise, a self contained elementary school
- Delta, a middle and high school self contained program
- Families First, an Intensive Day treatment which was a County Mental Health directed program

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### Getting Started with the Collaborative Process

- In 1999 moved Delta, renamed Alliance, to the Olympic Continuation High School campus
- Assistant Sup of SPED worked with Chief of Children's Mental Health
- Large collaborative meetings held for a year
- Worked with Fred Finch as the mental health agency and started Riverview Day Treatment in 9/2000
- Added School-wide therapist at Mt Diablo High and Riverview Middle

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### Collaboration: The ongoing Conversation

- Shared vision
- Role clarification
- Building trust
- Ownership of students and of program
- Who directs the program?
- Sharing space
- Define and redefine population
- Lines of responsibility
- Sharing information
- Role of the IEP
- The whole is greater than the sum of individual parts.

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### Mental Health Collaborative (MHC) Process

- Students in Mt. Diablo Unified School District
- A team approach integrating special education and mental health services in the least restrictive setting
- Shared partnership:
  - MDUSD, Contra Costa County Mental Health
  - Non profit Agencies

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### Evolution of the Mental Health Collaborative (MHC)

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### Evolution of the MHC

- Year 0: Sunrise, Delta, Families First Day Treatment moved to MDHS
- Year 1: 99-00 Delta split into 2- Alliance High school (up to 30 students), Pleasant Hill Middle (up to 15 students)
- Year 2: 00-01 Add Riverview Day Treatment 2 classes, School-wide therapist at Riverview Middle and Mt. Diablo High. Parent Project class first offered.

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### Evolution of the MHC

- Year 3: 01-02
  - Add 1 more Riverview MH Collaborative class, add 1 more Pleasant Hill MH Collaborative class and add Fred Finch services to Pleasant Hill, Start Wraparound clinic.
- Year 4: 02-03
  - Add Mt. D. Collaborative class with Families First, Inc. , bring in Seneca Center for Riverview

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### Evolution of the MHC

- Year 5: 03-04 Ed/MH Triage Team was established.
  - Triage Team was a model county-wide collaborative process with all 3 SELPAS and CCC Children's Mental Health.
  - Using collaborative decision making process
  - Education meets first, brings forward appropriate referrals for Ed/MH Collaborative Meetings
  - Ed/MH Collaborative Consultation Meeting -Review all referrals for mental health services, review process, review ongoing cases.
  - May agree to complete AB3632 assessment

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### Evolution of the MHC

- Year 5: 03-04
  - Wraparound Clinic opened, Medi-Cal funded with 4 Psychs
- Year 6: 04-05
  - Add Counseling services by school psychologists now MDUSD Counseling and Wrap Clinic.
  - Added 3<sup>rd</sup> MHC class at Riverview
  - Sunrise added Fred Finch social workers
  - 2 Counseling Enriched (CEP) classes were added with dedicated psychologist

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### Evolution of the MHC

- Year 7: 05-06
  - PH MHC, Seneca contracted to provide Day Treatment at Riverview and full time outpatient therapist for Medi-Cal students
- Year 8: 06-07
  - MDUSD Counseling and Wrap Clinic grew-5.4 FTE: 5 part time Psychs for wrap, 5 part time Psychs for counseling.
  - Riverview changed to -4 Intensive Day Treatment (Tx) and Pleasant Hill- 3 Rehabilitative Day Tx

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### Evolution of the MHC

- Year 9: 07-08
  - Add 1 Medi-Cal therapist at MDHS.
- Year 10: 08-09
  - MDUSD Wrap and Counseling clinic increased to 7.4 FTE
- Year 11: 09-10
  - AB3632 is ending and the transition begins. District increases capacity for providing mental health services. Added new district created positions called Behavioral Health Specialists (BHSs) replacing Fred Finch services at Alliance and Sunrise, increasing support to every class.

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### Continued Evolution of the MHC

- Year 11:
  - 16 BHSs hired for Alliance and 12 BHSs hired for Sunrise replacing contracted staff.
- Year 12: 10-11
  - Wrap and Counseling clinic now 10.0 FTE, 16 part time psychologists.

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### Continued Evolution of the MHC

- Year 15-18:
  - Increased Sunrise capacity to include 1 class for students on spectrum and mental health and added middle school class for students not ready to transition.
  - Added dedicated Autism/Mental Health class at Pleasant Hill Middle School.
  - Removed outside vendor for SDC high school program. Designed for students that need small high school experience and accommodate students on the spectrum with mental health needs.
  - Added middle school CEP class

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### Moving Away from Agencies and Creating Our Own

- Vendors create variety of accountability problems, absences with no replacement, lack of shared vision or program design,
- District can create own mental health providers
- Define the roles and responsibilities
- Higher level of accountability
- Report to education administration
- Supervise and evaluate our own staff
- Provide substitutes

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### Moving Away from Agencies and Creating Our Own

- Behavioral Health Specialist position created
- Blend myriad of positions, psychologist, MFT, LCSW, all have PPS
  - ERMHS law only requires a PPS in School Psychology, Social Work, School Counseling
  - **Do not need to be clinically licensed.**

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Standard SPED Tiers

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TIER I Intervention

Gen Ed

- Groups (Psych interns/School Counselors)
- Consultation
- Classroom based learning

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Tier II

SPED

- RS
- DIS Services 30 minutes
  - Individual
  - Group

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Tier III/Tier IV

- SDC
- ERMHS
- NPS

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How to Serve Gen Ed  
With SPED Staff

Necessary if we keep kids out of SPED

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General Education Interventions

- Coordinated CARE Team
- Positive Behavior Team
- Counseling Enriched Program
- Counseling and Wrap Clinic

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### Coordinated CARE Team

- C: Cares about both the individual and the system
- A: Assesses by gathering information, discussing, and planning
- R: Responds by following through with interventions
- E: Evaluates the effectiveness of interventions and determines the need to reassess

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### CCT

- Employ a school-wide referral system to address educational, health, mental health, and other concerns that reduce student achievement.
- Meet weekly to discuss students of concern, develop intervention plans, and review progress.
- Anyone can refer a case to the CCT

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### CCT

- |                                     |  |
|-------------------------------------|--|
| • Principal and Co-administrator(s) | • After-school Program Staff   |
| • Teachers (SPED & Gen Ed)          | • Social Worker / Psychology Interns   |
| • School Psychologist               | • Staff members of county and community-based agencies with whom the District has formed partnerships. |
| • School Nurse                      |  |
| • CWA                               |  |
| • Registrar / Secretary             |  |

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### CCT

- Small referral sheet includes info of student and concern.
- Team discusses referral
- Someone on the team case manages the issue
- Status updates kept in binder in office so team members can keep track of progress
- The CCT meets every week!

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### CCT

- CCTs ensure that school-based programs are not used in a fragmented way.
- Bring students to the attention of multiple service providers when problems start instead of when they have worsened.
- Manage and coordinate all efforts to address concerns
- Track intervention plans.
- Save time and increase effectiveness

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### CCT vs. SST

- The CCT deliver and coordinate all student services and support at school sites.
- CCT allows for early interventions using site and community resources.
- CCT require less time than addressing all concerns through SST
- SSTs are utilized as one strategy to intervene with students when appropriate; CCTs also utilize the SART, SARB, IEPs and referrals to site-based and community programs and resources.

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### CCT Referral

- Administrators, staff, parents, community partners may refer a student directly by completing a "Care Team Referral Form."
- Keeping referral forms in easily accessed and advertised areas increases their use.
  - Office
  - Staff lounge
  - Community areas

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### CCT Meeting

- Weekly agendas are created based on the referrals received.
- Intervention plans are developed and a point person is assigned to coordinate the intervention.
- Health, mental health, and culturally appropriate community resources that may be needed are identified during the meeting.
- The team may initiate a referral to other processes if appropriate.

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### CCT Meeting

- Cases are brought back to the CCT for review.
- School sites adapt the CCT process to best meet student needs.
- Team members may share the documentation requirements during the meeting or clerical support can be provided by available staff.
- Intervention plans are documented and reply forms are filled out and sent to the referring party, appropriate support staff, and collaborating service providers.

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### CCT Meeting

- Reply forms do not include sensitive confidential information.
- A feedback system and direct communication among team members is essential.
- Because multiple students are discussed at CCT meetings, students and caregivers do not attend.
- All information exchanged at Care Team meetings is confidential; documentation is secured according to State and district regulations.

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### CCT

#### Training Areas

- Systems approach to schools and families
- The continuum of childhood mental health disorders
- How to respond to difficult families
- Discipline and classroom management strategies
- Ethical and professional concerns that impact the team

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### CARE Team Members

- Improved attendance rates.
- Reduced disciplinary rates.
- Improved educational success.
- Support for teachers and administrators.
- Culturally competent service delivery.
- Enhanced communication among staff.
- Strengthened link between home, school and the community.
- Members learn up-to-date information about resources in the community.

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### Positive Behavior Team

- A district-level intervention for students who commit chronic violations or whose severe behavioral difficulties require additional support.
- The panel functions under the guidelines of Education Code Section 48263 and 48320 and addresses behavioral issues which interfere with students' educational success.
- The panel the panel considers school placement and needed support services.

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### PBT Members

- Chaired by an administrator from Student Services Department or Special Education, a school psychologist, and the referring administrator.
- Additional panel members may include a behaviorist and/or a school social worker.
- The referred student and his/her parent or guardian attend and participate in the meetings.

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### PBT

- An intervention for students exhibiting chronic behavioral difficulties or when the severity of a single act warrants district intervention as an alternative to expulsion.
- When site interventions have failed to bring about changes in behavior
- Assists school site administrators and their staff in addressing student behavior that interferes with the learning during the school day.

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### Who is Referred to PBT

- Students with 5 or more days of cumulative suspensions may be referred to the District Positive Behavior Team (this requirement is waived for elementary school students).
- School administrators may also refer a student who commits an expellable offense, but who does not meet the requirements for expulsion i.e., dual findings, manifestation determination.

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### PBT Referral Process

- The referring school administrator completes the one-page referral form and attaches the required supporting documentation.
- PBT member reviews referral and contacts the referring school administrator and schedules meeting.
- Both the referring administrator and the PBT secretary inform the parent/guardian of the meeting date and time.

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### Role of School Admin on PBT

- The referring admin completes the referral packet, attends the PBT meeting during which he/she presents the reason for the referral and previous interventions provided at the school site.
- Brings school information to present at the meeting including the cum, attendance and discipline records, and site-based interventions.
- Works with the team to develop intervention plans

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### Parent Contact for PBT

- The PBT office will notify the parent/guardian by mail of the referral and the date and location of the meeting.
- A District PBT staff member will contact the parent/guardian by phone prior to the meeting to emphasize that this is not punitive, but a collaborative planning meeting to avoid further disciplinary actions.
- School admin will confirm the meeting date/time with the parent/guardian several days before the meeting.

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### After the PBT Meeting

- At the meeting an intervention plan will be developed which will be implemented at school, home and in the community.
- The team will reconvene within 6-8 weeks to review the student's progress and make a determination if further intervention or disciplinary action is needed.

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### Role of School Psych on PBT

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|--|---|
| <p><u>Before, During, &amp;After</u></p> <ul style="list-style-type: none"> <li>• Speak with site psych</li> <li>• Contact other service providers</li> <li>• Read cum and explore all possible relevant information</li> <li>• Look for appropriate interventions and fidelity to implementation</li> </ul> | <ul style="list-style-type: none"> <li>• Consult on possible learning, health, and mental health issues</li> <li>• Works with parent to access resources</li> <li>• Follows up with family</li> </ul> |
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### PBT Interventions

- Behaviorist support
- Counseling Referral
  - Outside Community Agency
  - District Counseling Clinic
- SPED Referral
- Change of placement
  - Alternative Ed School
  - Counseling Enriched Program

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### Counseling Enriched Program (Elementary)

- On a comprehensive site
- Serves grades 1-5 Gen Ed and SPED students with behavioral needs- 11 stud. max/class.
- Classes are taught by a teacher with a SPED and Gen Ed credential
- Two instructional assistants per class.
- 3 classes (1-2), (3-4), (4-5)

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### CEP

- One full time school psychologist,
- Half-time behaviorist
- Half-time parent liasion.
- The program currently serves up to as many as 33 students.

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### Foundations of CEP

- Students are on a daily level system and they earn privileges based on the amount of points earned throughout the school day.
- The more points earned, the higher the level they achieve which results in access to more desirable privileges.
- Students can earn school money during each period for demonstrating acceptable behavior and completing academic tasks (caught being good)

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### Foundations of CEP

- Every student receives a color rating based on the number of points they earned that day.
- Green (outstanding), Blue (good), Yellow (some problems), and Red (poor day).
- The daily point chart is sent home every day for parents to review with their child, sign, and have their child return the next morning.
- Students earn incentives for returning their chart

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### Daily Support Structure

- Community Time at the beginning and at the end of each school day.
- Community time is a time devoted to discussing the daily schedule, personal goals, how to obtain a green day and have success, how to support one another as a community, and how to resolve any conflicts or problematic issues.
- At the end of the school day, students self-monitor and discuss their reflections of how they performed behaviorally over the course of the day.

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### Additional Support Services

- Group and/or individual counseling based on their needs.
- Counseling focuses on social skill development, friendship building, conflict resolution, self-esteem enhancement, and anger management.
- These services are provided by the CEP school psychologist.

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### CEP Staff Role

- Aides are utilized to provide academic support but also help students manage stressors appropriately
- Behaviorist creates behavior plans for each student in line with level system and modifies based on student's specific needs.

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### CEP Parent Liaison

- Collaborate with the families and the CEP staff to better support the student.
- Facilitate communication between families and school staff to maintain the home-school connection.
- Help families during times of high stress, transition, crisis, and/or when in need of finding resources in the community.
- Work with families to create a goal for the child to help them improve in their home and school environments.

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### CEP School Psychologist Role

- Works as liaison for program with District
- Observes prospective students for fit
- Oversees all aspect of the program
- Provides all counseling and crisis support
- Targeted small group counseling
- Large group class counseling
- Facilitating restorative circles in class

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### Referral for CEP

- General Ed students must go through the PBT
- SPED students go through Triage (later)

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### CEP Outcomes

- About 50% of Gen Ed students exit the program still in Gen Ed
- Roughly 40% of 5<sup>th</sup> grade students become eligible for SPED and enter a RS or SDC (LH)
- Roughly 10% become eligible for SPED and transition into a District mental health program.

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### MDUSD Wraparound and Counseling Clinic

- Started in 2001 to allow District staff (school psychologists) to provide support and intervention to some of our neediest students (students and families with Medi-Cal, students have significant mental health needs).
- MDUSD was vanderized by County Mental Health to access EPSDT funding
- Cost MDUSD \$0 because School Psychs bill Medi-Cal for all direct services provided. This includes clerical support.

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### MDUSD Wraparound and Counseling Clinic

- School Psychs are mobile and provide services at school sites, in clients homes, and in the community.
- Can see students that would not be able to get to CMH or other mental health providers offices.
- School psychologists receive clinical supervision, Medi-Cal regulation compliance and billing support from CMH. This position is funded through clinic billing.
- The Clinic began in 2001 with a 0.5 FTE School Psychologist, it is now 10 FTE.

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### Who Can Be Seen

- Must have Medi-Cal
- K-12
- Gen Ed or SPED
- Presentation is likely the result of a mental health disorder and can be diagnosed with DSM-V criteria
- Issue is not required to impact the student in the educational environment (unlike DIS counseling).

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### MDUSD Wraparound and Counseling Clinic

#### Clinic Clients

- Currently the clinic serves approximately 180 students evenly distributed across elementary, middle, and high school.
- Only 40% of the students seen in the Clinic have an IEP.
- 76% of the students seen in the clinic show significant growth in Grades, Attendance, Behavior, and/ or Overall Functioning.

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### Counseling Support

- The counseling support offered through the Counseling Clinic is for students/families where other attempts to address mental health or behavior-related concerns have not yet been successful.
- These counseling services are intended to address concerns that need support beyond what can be provided at the school site.
- Goals of the service: improved attendance, behavior, school success, and strengthen family and students together.

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### Counseling Services Provided in Clinic

- Individual therapy
- Family therapy
- Teacher and school staff consultation
- Family consultation

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### Wraparound

- Wraparound is a family centered process that builds a team and coordinates all members to brainstorm ways to help the child and the family create a more satisfying life
- The intent of the program is to help the family develop their own network of support through their community rather than develop a long-standing reliance upon formal services for intervention

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### Wraparound

- The emphasis is on the strengths of the team members, and particularly the family.
- The multidisciplinary team includes informal supports (neighbors, friends, relatives, church members, etc.) and professionals involved with the family (therapists, doctors, probation officers, social workers, CFS workers, etc.)

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### Wraparound

- Wraparound is a flexible, creative process that allows team members to generate ideas that match the needs of the family.
- The team is facilitated by a leader who will keep the group organized, on track, and maintain a focus on the teams' goals and agenda.

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### Who's a Good Fit

- Families must want help to improve their current situation
- Families must be willing to meet regularly and maintain contact with the wrap facilitator
- Families involved with multiple agencies, such as Social Services or Probation, often benefit from the program.

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### Frequency of Wrap Meetings

- Typically, meetings occur more frequently at the onset. Roughly every two weeks.
- As the family's situation becomes more stable, the team meetings are spaced out over a longer period of time often occurring every 3-4 weeks.
- The length of each meeting is typically 60-90 minutes.
- The specific time parameters are decided at the onset of the process by the team itself.

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### Frequency of Wrap Meetings

- The team itself also determines the location of the meetings.
- Ideally, the process is designed to meet in community settings such as the family's home or a school.
- However, the meetings may also occur in clinic settings, or any other setting determined to be appropriate by the team members.

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### Length of Services

- The length of the process varies depending upon the family's needs and active involvement in the process.
- Typically a family participates for 12-18 months.

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### Benefits of Wrap

- Increase family's awareness of community resources
- Supports family during crisis situations
- Supports the family in all life domains and/or environments
- Utilizes the unique strengths of family members and assesses their needs
- Works within cultural and/or religious values and traditions of the family
- Empowers family to drive the process
- Teaches family how to deal with systems and obtain resources
- Helps family to identify who to call and when to call

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### MDUSD Triage Team

- The beginning (2003-2004 school year)
- The Education/Mental Health Triage Team is designed to be a clearing-house for Mental Health services in the educational process for students in Mt. Diablo Unified School District (MDUSD). The team members have a broad understanding of the mental health and educational resources county-wide.

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### MDUSD Triage Team

- School psychologist and program specialist met to review Triage Referral Packets to determine if student's had received appropriate pre-intervention.
- Student's who met criteria were moved forward to the bi-monthly meeting with CMH.
- Additionally, level of services were discussed and assuming the student qualified for AB3632 an offer of FAPE was created.

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### MDUSD Triage Team 2.0

After AB114

- Pretty much the same process but with different team members.
- Except really much better because more control and collaboration with the ERMHS assessors.

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### MDUSD Triage Team 2.0

- Team meets every week.
- School psychologist and program specialist review Triage Packet Referrals to determine if student's have received appropriate pre-intervention.
- This first level ERMHS review will lead to return of packet with instructions of appropriate pre-interventions or the student will be moved forward for formal assessment.

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**MDUSD Triage Team 2.0**

- ERMHS assessors will conduct the assessment and return to the team.
- The Team and assessor will discuss the findings of the assessment and create an offer of FAPE.
- The site school psychologist will contact the parent to discuss outcome of the assessment
- Case manager schedules IEP to present offer of FAPE.

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