

# OJJDP CYVP Convening

El Rancho Unified School District  
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# Acknowledgement/Disclaimer

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This project is supported by Grant #2019-MU-MU-K011 awarded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.



# ERUSD Mental Health Program Goals

- **Increase Mental Health Services by 20% annually**
  - **Outcomes:**
    - **Access Referral**
    - **Increase in School-Based Staff**
    - **Development of Mental Health Internship Program**
    - **Implementation of Telehealth Services**
- **Increase Student Referral to Community Agencies by 10% annually**
  - **Development of Community-Based Partnerships**
  - **Development of Universal Intake Form**
- **Reduce Mental Health Stigma**
  - **Marketing Campaign**
  - **Text-A-Tip Promoting student safety**

# Mental Health Partnerships

**Mental Health Agency Partners: Providing consistent referrals and improving case management**

- **Alma Family Services**
  - Partnership since 2009
- **Enki Health Services**
  - Partnership since 2011
- **Pacific Clinics**
  - Partnership since 2012
- **Hillsides**
  - Partnership since 2014

**13 University Partnerships for Multidisciplinary Mental Health Internship Program**

- **8 Master of Social Work programs**
  - CSULB, CSULA, USC, UCLA, CSUN, CSUDH, CSUF, APU
- **3 Marriage Family Therapy Programs**
  - Hope International, APU, CSULA
- **2 School Counseling Programs**
  - USC, CSULA

# ● The Need

- Pico Rivera identified as an underserved area for mental health services
  - In 2012, less than 100 students in the district received mental health services
- From 2013-2021, an average of 1,258 average students annually were served
  - From 2013-2021
    - 348 average community mental health agency referrals
    - An average of 910 students served annually by ERUSD MH Counselors/Interns
- Crisis Response: An average of 105/year Risk Assessments completed between 2017-2020
  - 55 Total Risk Assessments were virtually completed in 2020-21
- Districtwide Online Referrals: Online forms available on all school websites

# Mental Health Screeners to Identify Students with ACEs

- **Opt-Out Form**
- **Elementary Screener**
- **Secondary Screener**

# Follow-Up

- **Mental Health Counselors and Mental Health Interns meet with students to assess for need**
  - **Assessment for suicidal/homicidal ideation**
  - **Assessment and Treatment Plan developed**
    - **Assess for ACES**
  - **Students with Medi-Cal linked to community mental health agencies**
  - **Collaborate with teaching staff and/or support staff (behavior technicians, school psychologists, etc.)**
    - **Behavior Plans**
  - **Connect with individual or group counseling services, as needed**

# Assessment Form Examples

## ACES Questions:

1. Physical abuse
2. Sexual abuse
3. Verbal abuse
4. Physical neglect
5. Emotional neglect
6. A family member who is depressed or diagnosed with other mental illness
7. A family member who is addicted to alcohol or another substance
8. A family member who is in prison
9. Witnessing a mother being abused
10. Losing a parent to separation, divorce or death




**El Rancho Unified School District**  
**MENTAL HEALTH ACCESS REFERRAL**

Fax or scan and email ACCESS referral and other referral documents to (562) 801-7385 ATTN: Jeff Middleton or Santa Cuevara

**PART II: TO BE COMPLETED BY ERUSD STAFF**

<b>Student Name:</b> _____		
<b>Counseling History (To be completed by ERUSD staff):</b>		
Has the student received previous counseling services? If yes, with whom and what was the outcome? _____		
Describe what parent/guardian and/or school has already tried to address the problem: _____		
<b>Service Requested (Please check all that apply):</b>		
<input type="checkbox"/> Group Counseling <input type="checkbox"/> Social Skills <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Children in Change <input type="checkbox"/> Self-Regulation <input type="checkbox"/> Expressive Arts <input type="checkbox"/> Other Groups: _____ <input type="checkbox"/> Informal Probation/P.R.O.M.I.S.E. (Middle School Only) <input type="checkbox"/> Intern Case Management <input type="checkbox"/> MediCal Agency Linkage <input type="checkbox"/> Substance Abuse Counseling <input type="checkbox"/> Classroom Behavior Plan <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Other: _____ <input type="checkbox"/> Individual Counseling: Reason- _____		
Do other children in the home need services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete separate ACCESS referral for each child)		
<b>Does the Child Demonstrate Any of the Following:</b>		
<input type="checkbox"/> Appears sad /depressed <input type="checkbox"/> Withdrawn / isolates self <input type="checkbox"/> Eating problems <input type="checkbox"/> Sleeping problems <input type="checkbox"/> Cries easily and/or often <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Self-harm <input type="checkbox"/> Difficulties with attention/concentration <input type="checkbox"/> Disorganized/irritation/temper-tantrums/cries	<input type="checkbox"/> Difficulties with learning <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Struggles with social skills <input type="checkbox"/> Angers easily <input type="checkbox"/> Aggressive behavior <input type="checkbox"/> Bullying (Target/Aggressor) <input type="checkbox"/> Defiance towards authority <input type="checkbox"/> Hallucinations/Delusions	<b>Additional Information (Optional):</b> <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Involvement/Citations <input type="checkbox"/> Probation <input type="checkbox"/> Incarceration <input type="checkbox"/> Gang affiliation/tugging crew <input type="checkbox"/> Drugs/alcohol <input type="checkbox"/> Sexualized behavior
<b>Medical issues:</b> Any significant medical problems (e.g. vision, hearing, sleep issues, enuresis, trips to hospital, etc.): _____		
<b>Exposure to Trauma or Significant Negative Environmental Events:</b>		
<input type="checkbox"/> In utero exposure to substances/high stress: _____ <input type="checkbox"/> Early significant childhood injury (e.g. brain trauma) _____ <input type="checkbox"/> Death / significant loss (person, pet): _____ <input type="checkbox"/> Divorce / separation: _____ <input type="checkbox"/> Exposure to child abuse / neglect _____ <input type="checkbox"/> DCF's involvement _____ <input type="checkbox"/> Community violence: _____ <input type="checkbox"/> Domestic violence: _____ <input type="checkbox"/> Family drug and/or alcohol abuse _____ <input type="checkbox"/> Homelessness/Displacement: _____ Referral to McKinney Vento? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Referral Notes:</b>		



# Types of Counseling Groups

- **Grief/Loss**
- **Social Skills Groups**
- **Anxiety/Depression**
- **Children in Change**
- **Expressive Arts (Trauma-Focused)**
- **Self-Regulation (Zones of Regulation)**

# California School Boards Association, Golden Bell Award Recipient 2021

- Outstanding Program in the Student Support Services Category for our Mental Health Program
- This awards program highlights best practices in education in all areas of operations, instruction and support services
- El Rancho USD developed the mental health program to meet the needs of the community through the development and support of school-based services, the development of an intake system, reporting opportunities to prevent at-risk behavior, and collaboration with community organizations and stakeholders



# Social Emotional Learning



- Implementation of Second Step Curriculum at all Elementary & Middle School Sites
- Implementation of Character Strong at High Schools
- Weekly Lessons and supplemental activities

Grade Level	Total Lessons	Weekly Lesson	Daily Practice Activities
K-1	20	15-20 minutes	7-10 minutes
2-5	20	25-30 minutes	7-10 minutes

Grade Level	Total Lessons	Weekly Lesson
6-7	26	25 minutes
8	27	25 minutes