



Service Delivery to Children with Special Needs in California

By Christopher DeLima

Service delivery to “special needs” children within the State of California are fairly standardized across Counties within the State (in other States within the United States, service delivery occurs at the State level, instead of the County). As a Clinical Social Worker for the County of Riverside, Department of Mental Health, I can relay some information that may be relevant to teachers and school counselors in Macau S.A.R..

Several years back, State legislation (Assembly bill 3632) was passed to insure that all children within the public education system have access to a fair and equitable education. This bill recognized that some children have exceptional needs (mental health issues that created barriers to succeeding in a traditional academic environment). These exceptional needs include classroom hyperactivity, children who were exposed to illegal drugs *en utero* and have subsequent learning disabilities and/or neurological damage, extreme behavior and conduct problems, and the full array of Child and Adolescent disorders

outlined in the current DSM-IV (Diagnostic and Statistics Manual for all mental disorders).

The process of identifying these children as outlined in A.B. 3632 involves a collaborative effort between California School District offices and County Departments of Mental Health. Specifically, children with problems in the classroom must undergo a standardized procedure to try and remedy the situation within the school site, before referral to mental health under A.B. 3632. Options at the school site to attempt to contain and address the problem behaviors include counseling on-site by the school counselor, and/or attempts to isolate the student and create a more conducive environment for learning by placing the student near the front of the class or pairing them with a more advanced peer who may be willing to help the struggling student.

When these remedial steps fail, teachers have the option of calling a “Student Study Team” (S.S.T.) meeting. This usually involves the teacher, parent, possibly the school principal, and possibly the school counselor. The child may



also be included depending on their ability to maintain self-control in such a meeting. Goals for academic and behavior are usually established at these meetings, formally documented, and a list of tasks designed to help the student meet the goals are established. It is not uncommon for several S.S.T.'s to be held before proceeding to the next step.

If S.S.T. interventions fail, either the school or parent can initiate Psycho-Educational testing with a School District Psychologist. School District Psychologists have 50 days upon receiving a request for testing to complete a battery of Psychological as well as Academic testing. Such testing is designed specifically to identify if the child has any type of learning disability (visual, auditory, processing, etc.) and/or if there are any overt mental health issues (suicidal thoughts, anxiety, etc.). If upon completion of such testing the student scores two standard deviations below the mean (which essentially denotes clinical significance) the child can be referred to County Mental Health for services.

A.B. 3632 (legislation subsequently has updated this bill to what is now A.B. 2726) sets forth legal mandates that both the School District and the Departments of Mental Health must abide by. Significant financial penalty can result for failure to abide by such regulations.

Upon receipt of an A.B. 3632 referral packet to the Department of Mental Health, the Children's Supervisor has 24 hours to review the packet for completeness. Packet contents would contain documentation of past S.S.T. meeting results, Psycho-Educational testing results, a Release of Information form signed by the parent, and other behavioral information. Assuming that all content is present, the Children's Supervisor has five days within which to assign the case to a therapist. That therapist has fifty days within which to schedule and complete a full Psycho-Social assessment of the child to determine their ability to benefit from therapy (which is essentially an insight-oriented process. Examples of cases that would be rejected would be Severe Mental Retardation,

Autism, and sever neurological damage). Once the determination is made that the child can benefit from the treatment process, the therapist must immediately notify the School District to hold a meeting that is called an "Individualized Educational Plan" (commonly referred to here as an "I.E.P."). The I.E.P. is a legal document. At the I.E.P. meeting, school officials, the District Psychologist who did the initial Psycho-Educational testing, the parent, and the Mental Health therapist who completed the Psycho-Social assessment (under A.B. 3632) are all present. They complete the I.E.P. document and create an individualized plan tailored to the student's needs. Also on the plan, the Mental Health therapist will commit to providing weekly therapy and/or group treatment at County Mental Health. I.E.P. meetings must be scheduled for any deviations to the original I.E.P. and all I.E.P. team members must agree to the changes before they can be made.

The vast majority of cases can be remedied at this level by County Mental Health and the provision of weekly therapy. However, very small percentages are not. These are the most serious cases, often involving children who are actively suicidal or homicidal. These children require a higher level of care than either a Public School or outpatient mental health treatment can provide. In such cases, the Department of Mental Health employs Children's Case Managers. These people have the sole responsibility of placing these children in residential treatment facilities around the State and Southwestern United States. Residential treatment facilities are self-contained environments in which living arrangements and schooling all occur on the same site. Psychiatric services are available there as well. This is a "last resort" measure, as removing children from their homes is traumatic. And only the Mental Health therapist can initiate the process after they have exhausted outpatient therapy and the services of our children's Psychiatrists (medication services).

Because the costs of out-patient therapy and particularly placement can be prohibitive, A.B. 3632 services are financially covered by the School District,



who receives state funding.

The Riverside County Department of Mental Health offers an array of services designed to prevent children from being placed in residential care. We offer weekly out-patient services, medication services from a Psychiatrist on site, group treatment using behavior modification techniques for younger children, group treatment for adolescents who are identified as "at risk", substance abuse counselors, etc. Newer and more specialized treatment approaches include Parent-Child Interaction Therapy and Wraparound.

Parent-Child Interactive Therapy (P.C.I.T.) involves the use of two rooms, separated by a one-way mirror. The intervention is designed for children under the age of six. Since we recognize that childhood problems at this young age often stem from poor parenting techniques, this intervention has been developed. In one room, the parent, child and a therapist are placed. In the other room, a therapist is watching through the one-way mirror as the parent and child interact. The therapist who is watching has a microphone, and the therapist in the room with the parent is wearing an ear-piece. The therapist working with the parent and child instruct the parent how to address issues as they come up, how to set and enforce limits, etc. The therapist who is watching can "suggest" interventions in the ear of

the therapist in the other room to try, since "four eyes are better than two". This intervention is proving to be effective and has been rigorously studied and found to be an evidence-based practice.

Wraparound is the program that I supervise. Currently, it is targeted at children who are just coming out of juvenile justice incarceration, or for those children who are being considered for placement under the above-mentioned A.B. 3632 program.

Wraparound services are delivered in the home of the client by a team of licensed therapists, behavioral health specialists, substance abuse counselors, and any other supportive person that the family can identify. It is a highly client-centered, strengths-based intervention offered on an intensive basis (staff are usually at the client's home three to four hours per session, several times per week). Appointments are scheduled at the convenience of the family (often in the evenings) and the families determine the goals they wish to achieve. The term "wraparound" was chosen because instead of utilizing individual services as listed above, the services are coordinated and "wrapped around" the client and their family. This too is an evidence-based program that is highly successful at helping the most difficult of clients.

So this is a brief overview of the services that the Department of Mental Health in Riverside County can offer to children with special needs. There are other more highly specialized approaches that are utilized, but are too many to list here. We continue to strive for evidence-based approaches that are truly innovative and effective as our world becomes increasingly complex and difficult for children to navigate. 🌱

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