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Increasing Access to Intervention Services at Rancho San Juan High School

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Abstract

The United States is experiencing an increasing number of youth suffering from high levels of stress. This capstone project was implemented at Rancho San Juan High School (RSJHS). This newly built public high school is located in the far northside of Salinas, CA. The purpose of the capstone project was to support RSJHS' Wellness Center to provide students with counseling services that can help them academically, emotionally, and socio-economically by addressing barriers of inefficiencies in access to services. Specifically, the project consisted of the development of a standardized intake process for the intervention specialist. A standardized intake form was created and implemented. The form is the foundation for a standardized intake process. The expected outcome of this project is to create organization within all the intervention specialists on campus. The assessment results suggest that form was in fact a big asset for the intervention specialists, and was the start of creating structure within the agency. The next steps the agency can take is to propose this new process at a district level, to ensure all intervention specialists have the same process.

Keywords: *Wellness center, Highschool mental health, Intake form, case management, organizational systems*

Agency Description

Rancho San Juan High School (RSJHS) is a newly built public high school that is located in the far northside of Salinas, CA. It took over twenty years to plan, and in 2019 the school was officially open (Linville, 2019). According to the National League of Cities (2021) this agency is categorized as a local government organization that is an independent system. Meaning, it is a local entity providing public school for which state law determines they have sufficient administration and fiscal autonomy to qualify as separate governments (National League of Cities, 2021). The mission of RSJHS is to establish a thriving learning community where compassion, courage, and perseverance are valued and practiced by all (Rancho San Juan High School, 2021). The agency does this by encouraging students and teachers to explore different approaches to learning with an eye on outcome instead of just process. While also being compassionate and understanding that each student has a different background and support system.

The school offers different types of programs for the students such as sports, AVID, Advanced Placement courses, Associated Student Body (ASB), band & choir, and Regional Occupational Program classes. More specifically, the branch I intern for is the Wellness Center. The programs they offer are Tier and Tier 3 levels of Positive Behavioral Interventions and Support. The Tier 2 level supports students on their academics and provides mild socio-emotional interventions. The Tier 3 level involves deeper counseling regarding personal issues or things that require more in depth interventions. These programs are more or so individualized interventions that support the student in their specific need, whether it may be academically or socioeconomically.

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Populations Served

According to the California School Dashboard (2020), RSJHS serves approximately 883 total students. Compared to the County's total number of 30,228, you can see that this school represents a very small percentage of students (Census Reporter, 2019). Keep in mind that the school is about three years old. The student demographics are diverse. A majority of the population identify as Hispanic representing 87.1% of the students (California School Dashboard, 2020). 8.6% of the students are White, 1.5% are Filipino, 0.7% are African American, 1.2% are Asian, 0.2% are Pacific Islander, and lastly 0.6 identified as two or more races (California School Dashboard, 2020). A majority of the students are Freshmen and Sophomores, as there are only four Juniors & nine Seniors. The school was able to identify that 71.7% of the students are socioeconomically disadvantaged, 20.8% of the students are English learners, 13.3% are students with disabilities, and 0.2% are foster youth (California School Dashboard, 2020).

Problem Description

In the most recent news, coronavirus has affected the lives of youth throughout the nation and the world. A non profit organization supporting mental health, Active Minds, conducted a survey and found that, "80% of students have experienced some negative impact to their mental health due to the pandemic and 20% say their mental health has significantly worsened," (Gaffney, 2020). This was an effect of children being isolated away from their peers enforced by the stay-at-home order. Not only are students facing effects of the stay at home order, they are also experiencing high levels of stress and anxiety to return back to campus. A senior at John L. Miller Great Neck North High School in Great Neck, NY, is concerned about returning to school

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safely this last fall. She stated, “I hope students understand the gravity of the situation, and how we all have to work together to make sure that we’re able to learn in a safe environment,” (Gaffney, 2020). These hardships have been voiced predominantly on the campus of Rancho San Juan.

The socio-economic disadvantages children face have taken a toll on their behavior towards school, and their academic performance. Research shows that children from low socioeconomic status households and communities develop academic skills slower than children from higher socioeconomic status groups (Morgan, Farkas, Hillemeier, & Maczuga, 2009). RSJHS has over 70% of their students identified as facing socioeconomic disadvantages. There is a high need for students to address these disadvantages. Toxic stress in early childhood leads to lasting impacts on learning, behavior, and health (Committee on Psychosocial Aspects of Child and Family Health et al., 2012). It is important for students to address their expressed concerns or it can have a long term effect on their lives.

RSJHS is committed to provide the necessary counseling and intervention needed for students to succeed academically and in their future endeavors. However, there is a barrier to providing effective service to students. Studies have shown that school systems in low socioeconomic status communities are often under-resourced, negatively affecting students’ academic progress and outcomes (Aikens & Barbarin, 2008). RSJHS has a significantly low number of staff personnel in their Tier $\frac{2}{3}$ PBIS. Low number of staffing calls for a bigger caseload, and studies have shown that big caseloads can cause high levels of stress for the staff member (Camus, 2020). The intervention specialist at RSJHS has also had to create her own personal intake forms for students referred to her due to a lack of the school’s organization. This can create a flaw in the way she provides services to the students. A lack of providing resources

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and proper forms for staff can emphasize the school’s ability to provide adequate services to their students. It was also expressed that there is a lack of standardized intake throughout the district when it comes to student’s intakes. The intervention specialist has stated if a student were to transfer to a different school within the district, another intake would need to be conducted due to the lack of linear intake processes. This is an issue due to students having to repeat or relive trauma they have expressed already to past intervention specialists. Table 1 presents a summary of the problem description previously stated.

Figure 1.

CAUSES TO AGENCY PROBLEM	AGENCY-SPECIFIC “MICRO-LEVEL” PROBLEM ADDRESSED BY PROJECT	CONSEQUENCES TO AGENCY
Lack of personnel Lack of organization Lack of resources/tools	Staff members are not equipped with the right resources/tools needed for intake	Staff members have a big caseload Student records aren’t linear across the district, intake differs depending on school location. Staff members are to create their own forms for intake and counseling
CAUSES/RISK FACTORS TO BROADER HEALTH PROBLEM	BROADER “MACRO-LEVEL” HEALTH/SOCIAL PROBLEM	CONSEQUENCES TO SOCIETY
COVID-19 Socio-economic disadvantages	An increasing number of youth are experiencing high levels of stress	Affecting student’s mental health and overall well being Affects student’s academic performance and behavior

Capstone Project

Considering the factors that have been expressed by the intervention specialist, the goal of this project is to create a mild change of the intake process for the intervention specialist and create a new protocol for current and future intervention specialists to come. As stated before the intervention specialist did not have a procedure in place that was provided by the school. Instead,

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they had to create their own intake process, including all required documents. This project addressed the lack of organization of the school and created a new resource that will be beneficial to the intervention specialist.

The project consisted of creating a standardized intake form that was implemented and used by the intervention specialist. This required an extensive amount of research on intake forms to ensure the right questions would be asked, and effectively. It also required collaboration between the intervention specialist and myself, the purpose being the form had to be beneficial if it was going to be implemented long term. The form had gone through various amounts of revisions and drafts before it reached its final form. The intake form consisted of information that will be useful for the intervention specialist to obtain when having their first initial meeting with the student. The areas covered on the form include: primary concern or problem of the student, time length the problem has occurred, any previous counseling the student has gotten, any physical issues or medications the student may be prescribe related to the issue, a grade check, a description of the student's academic performance, if the student has had any past academic interventions, and a section for a SMART goal on the final form.

The form had to go through trial and error so it could get to its final draft. The intervention specialist was able to use the form on twelve new students that were referred to them. Through those intakes, decisions were made to revise the form and create its final version so it can be a new resource. The overall goal of the project was to be the base foundation of a new intake process for the intervention specialist at Rancho San Juan High School.

Project Implementation

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This project was challenging and complex and required an extensive amount of research to be done in order for it to be implemented at the school. Before it was to be used, the form had to be reviewed from the intervention specialist as well as the district's Positive and Behavioral Interventions and Supports Coordinator.

Phase 1. Research and Preparation

In the first steps of the intake form, research was conducted. There was research on different ways of intake, different questions that would be asked during intake for student counseling, and research on how an intake should be structured. This process took approximately three months to gather all the data and evidence needed to conduct the first draft.

Phase 2. Creating the First Draft

In the first attempt, which you can find on the Appendix Model A, the first draft was completed. This was completed in December of 2021. When the first intake was completed, this opened the discussion for collaboration between the intervention specialist and myself. Here feedback was given so revisions could be made to make the form look better and more effective for their services being provided.

Phase 3. Intake Form is Implemented

In January of 2022, the new intake form, Appendix Model B, was implemented into the intervention specialist's intake process. The form was used approximately four times with new students that were referred. It was after those four times that the intervention specialist recommended one last final revision to the form. This is when the SMART goal section of the form was added. The intervention specialist stated this section would be beneficial for intake since it creates a goal for the student and the service they are seeking

Phase 4. Final Form is Created

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The final edits were made to the form, which you can find on Appendix Model C, and the form is continued to be used. The form was used approximately eight more times before it was assessed for effectiveness.

Challenges

With all new procedures comes trial and error. There were a couple of challenges creating this intake form. One of them being, in the beginning phases the questions on the form were too intensive for the responsibilities of the intervention specialists. They would only help students academically and mild cases of socio-emotional support. The questions on the first draft were too in depth with issues or concerns that were out of their duties. Another challenge faced was it being used enough to be able to get feedback. The intervention specialist was only able to use the form on new students being referred, not previous. At first not that many students were being referred for new services, however we were able to get enough done for the assessment.

Scope of Work and Timeline

All of the preparation of the form took between the months of October of 2021 through the end of December of that year. Most of the deliverables were conducted starting January 2022 to find if the form was effective and useful. Table 1 describes the timeline of implementation.

Table 1. Scope of Work and Timeline

Scope of Work					
Phases		Activities		Deliverables	Timeline
1	Select capstone project	1.1	Discuss capstone project ideas with mentor and agency staff	Generate a list of capstone project ideas.	Sept 2021
		1.2	Discuss capstone project ideas with mentor and agency staff	Submit a list of ideas and final project option to mentor for review/approval	Oct 2021
2	Plan project	2.1	Research information in regards to	Create a draft of Intake Form. Final form will be finalized at the end of the semester.	Dec 2021

Scope of Work					
			creating/designing the Intake form.		
		2.2	Finalizing of Final Intake Form	Final draft will be submitted to PBIS coordinator to see if it can be implemented	End Feb 2022
3	Implement project	3.1.	First Draft of the intake form was created	Mentor suggested changes to the form after it was used on students	Jan 2022
		3.2.	Second Draft was created	Mentor suggested a few questions to add on to make it flow	Feb 2022
		3.4.	Last draft was created	Last draft was created and added a SMART GOAL section to the intake.	Beginning of March 2022
		3.2	Intervention Support Plan	Mentor creates plan that determines how long intervention will take place and the goals for the student in need	End of March 2022
4	Assess project	4.1	Interview Intervention Specialist & School Social Worker	Interviewing both staff members about the form to see if it was effective and/or still needed changes to it	End March 2020
		4.2	Propose the new Intervention Specialist Intake form to the PBIS Coordinator	Meeting will be help to propose the new intake form to the coordinator to see if it can be implemented for all Intervention Specialist throughout the district	May 2022
5	Report on project findings	5.1	Prepare capstone presentation in selected format	Present at Dress Rehearsal for grading	April 2022
		5.2	Final preparation for Capstone Festival	Final Capstone Festival presentation!	May 2022
		5.3	Complete reporting requirements	Final agency and capstone reports	May 2022

Conclusions

A lack of organization and resources for the intervention specialist can create barriers in providing exceptional services to its students. It is the responsibility of the school to have procedures in place to help their staff members succeed in their duties, and so students are provided with services that are effective. This project aims to be the first step of change, and creating the foundation the intervention needs in order to provide services efficiently.

Project Assessment

Expected Outcome

There are two expected outcomes of this project. The first being addressing the lack of resources being provided for the intervention specialist to succeed. This new intake form will create the official intake form for them, and place a new procedure for future ones to come. They will now have this form as a tool to succeed in their position. The second outcome of the project will be to open up a discussion throughout the district to make intake linear throughout all schools. If all intervention specialists used the same process student files can be easily transferred, and there won't be any repetitive steps. It can also avoid students repeating past traumas if the process is linear district wide.

The project was assessed through a thorough interview conducted with the intervention specialist. In this interview, questions were asked regarding the effectiveness of the form and how it has impacted their work.

Results of Assessment

The intake form was deemed to be successful, and will now be the official form the intervention specialist will be using. The results will be formatted in question and answer down below that highlight the success of the intake form.

Did you find that the form was useful for your intake? Did the questions flow well together? Were the questions clear and relatable to the type of services you provide?

“Yes, I needed the form to be able to keep proper documentation when I first checked in with students to gather information after the teacher/counselor submitted an intervention referral request for services. It helps to be able to keep record of the issues/concerns directly from the

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student and their direct perspective. I did not have an intake form when, first started 3 years ago. This was the first step to having proper documentation,”

Do you believe this form is a good starting point to create a basic intake form that can be used at RSJHS?

“ I agree that the form is a good starting point in creating intake for the intervention specialist, it was needed deeply. Step 1 is to have the form only for RSJ. Step 2 would be to present it to the district PBIS Coordinator and other intervention specialists to see if the form can be helpful for all parties. I would like for all intervention specialists to get on the same page.”

Do you see yourself using the form in the future? This also includes if you modify it. What plans do you have, if any, with the form?

“ I plan to use the form as my official intake document. I Plan to modify it up until the end of this school year so I can start using it officially starting in August.”

The form has met its goal in creating a new intake process for the intervention specialist, and also providing a tool for future ones to come. It is rewarding to hear that the form will continue to be used even after my time at Rancho San Juan. The biggest challenge of this process was creating the forms with the right questions, and if it would be used enough to provide the feedback needed to make changes.

Recommendations

After the interview with my mentor, I recommended that they continue to open discussion with the PBIS Coordinator and other intervention specialists to use the same intake process. If they collaborate and create an intake process together it can be beneficial for all parties involved. Having a linear process district wide would create a new database that has

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student files, and there wouldn't be a need to repeat procedures that have already been done previously. The files would be easily accessible and transferred. I also recommended that my mentor use this form as a starting point in creating a manual for future intervention specialists to come. This would be a beneficial tool, and would prevent future intervention specialists from being in her position where she was not provided one.

In a macro level scale, this intake form was able to address the effectiveness of the services provided. It is important to prepare and provide the resources needed to staff members so they are able to carry their responsibilities in their position. The need for support at Rancho San Juan is high, and the support given to the students should be effective and efficient.

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Appendix

Model A

Referral Form

Name: Preferred Name: Student ID:
Grade: Referred By: Phone Number:

Reason for referral: (select all that apply)

- | Academic | Behavioral | Personal | Other |
|---------------------|-------------------------|----------------------|-------|
| -Low Grades/Failing | -Self-esteem/Confidence | -Family issues | |
| -Performance | - Chronic Sadness | - Grief | |
| -Lack of Motivation | -Angry/Hostile | -Issues with friends | |
| -Low attendance | | | |

Briefly describe the primary problem/concern:

Has the problem/concern been discussed at home?
Has the problem/concern been discussed with a teacher?

When did the problem begin?
Within: ____ 24 hours ____ 2 days ____ 1 week ____ 2 weeks ____ 1 month
If longer, please specify:

Any physical concerns or medications related to the issue?

Additional Comments

Model B

Intervention Specialist Intake Form

Name: _____ Preferred Name: _____

Grade: _____ Academic Counselor: _____

Student ID: _____

Areas of the concern/problems: (Check all that apply)

Academics: Low Grades/Failing Lack of Motivation Performance Low Attendance

Describe briefly the student's academic performance

Grade Check:

Period 1	
Period 2	
Period 3	
Period 4	
Period 5	
Period 6	

Does the student attend any academic support services? (Trail Center, Teacher Office Hours, etc)

Behavioral: Self-Esteem/Confidence Chronic Sadness/Depressed Angry/Hostile

Describe the student's expression more in depth

Personal: Family Issues Issues with Friends Grief/Loss Mental Health

Describe briefly the situation at hand

Describe the primary problem/concern:

Has the student had counseling and/or therapy related to the issue? _____

If so, when and how long?

When did the problem/concern begin?

___ 24 hours ago ___ 2 days ago ___ 1 week ago ___ 2 weeks ago ___ 1 month ago

If longer, please specify: _____

Any physical concerns or medications related to the issue?:

Additional Comments:

RSJHS Intake Form

Student Name: Student ID: Student Grade: Academic Counselor: Parent Contact Information:	Referral Date: Initial Check-in-Date: Meeting Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
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Main Focus: <input type="checkbox"/> Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Social-Emotional <input type="checkbox"/> Behavior
--

# of sessions	Start Date	End Date
<input type="checkbox"/> 4 sessions <input type="checkbox"/> 6 sessions <input type="checkbox"/> 8 sessions		

Describe the primary problem/concern: Academics Behavioral Personal Other

Has the student had counseling and/or therapy related to the issue? _____

If so, when and how long?

When did the problem/concern begin?

24 hours ago 2 days ago 1 week ago 2 weeks ago 1 month ago

If longer, please specify: _____

Any physical concerns or medications related to the issue?:

Grade Check:

Fall		Spring	
Period 1		Period 1	
Period 2		Period 2	
Period 3		Period 3	

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Period 4		Period 4	
Period 5		Period 5	
Period 6		Period 6	

Describe briefly the student's academic performance

Does the student attend any academic support services? (Trail Center, Teacher Office Hours, etc)

SMART Goal

Specific: *What exactly will you accomplish?*

Measurable: *How will you know when you have reached this goal?*

Achievable: *Is achieving this goal realistic with effort and commitment? Have you got the resources to achieve this goal? If not, how will you get them?*

Relevant: *Why is this goal significant to your life?*

Timely: *When will you achieve this goal?*