

REPORT OF THE SOCIAL SERVICES & MENTAL HEALTH COMMITTEE

EXECUTIVE SUMMARY

Background

Wellesley offers various social and mental health services and programs to residents of all ages through several Town departments. The Town's most vulnerable residents are often identified by Wellesley's public health nurses, Police officers and Fire first responders in coordination with hospital emergency and discharge departments and the Wellesley Housing Authority. Wellesley Police and Fire first responders coordinate with the Health Department to follow up on individuals identified through emergency calls. School nurses, psychologists, counselors, teachers and Youth Commission services staff in addition to their general educational and recreation guidance responsibilities, often identify, triage and refer children and their families to mental health and social worker counseling services. The 60 year and older population is served by the Council on Aging, which coordinates with other Town departments dependent upon the needs of the case.

Overall, Wellesley town services provide a safety net not only to stabilize crisis situations whether it be for an individual, group or catastrophic event, but also to meet the social service and mental health needs of individual residents when private agency and clinical services are not readily available, accessible nor affordable. Furthermore, there are always certain situations where Town services are the most effective response to an individual or family in need.

During the development of the FY19 budget, questions arose as to how these services are provided. There was general awareness amongst Town decision makers that social services are provided by a number of Town departments, but not how those services are delivered, what coordination exists between them, and whether the services provided are meeting the needs of the Town's residents. The purpose of this report is to give all Boards a thorough overview of this issue, and to use as a basis for discussing what changes should be considered in the future.

Key Findings

Overall, there is a strong sense across departments that although they are doing their best to keep up with their current caseloads and help residents obtain support and resolve issues the needs of residents are escalating. The overwhelming message that each department brought forth is that simple statistics do not tell the complete story of the services being provided. Cases are more complex, take more time and coordination to try to support and treat, cases are recurrent and chronic, and the increase in these trends has significantly outstripped the supply of qualified and affordable mental health services. One cannot simply conclude that a social worker can successfully manage a certain number of cases, because the needs of each person are different. Perhaps this whole matter was summed up best by Rob Evans of HRS. With 45 years of experience in our community, he is very well positioned to provide commentary on what we are experiencing. He notes:

“For more than a decade now, we at HRS have faced a sustained rise in requests for counseling (up 35% in just the past five years), *and* in the severity of the conditions that need

treatment. There have been marked increases in anxiety, serious depression, and in behavior disorders, among other conditions, and starting at ever earlier ages. These trends are reported in all nearby towns and indeed nationwide. I consult in schools throughout the country and I hear about these issues everywhere; schools of all kinds must contend with a population that is harder to manage, motivate, and teach. Colleges including Tufts and Yale report that up to 25% of their students have sought counseling. In addition to all this, the suicide rate among young people has increased nationally. These trends have overtaxed the mental health system. Finding a clinician who can treat their child or teenager is now a real challenge for families. I'm pretty sure I also said at the very end that Wellesley is not doing worse than other towns in terms of funding support. The problem is that the need is mushrooming well beyond the current supports."

The critical issues identified by this group of professionals are the following:

- There is a significant rise in the number of cases requiring mental health and social work services that are complex and not easily resolved
- People are not necessarily willing to proactively ask for help or accept assistance
- Town social workers indicate that their biggest challenge is having sufficient time to follow up on cases and make sure that person/family is doing well or doesn't need additional help
- Vulnerable populations may need assistance that is more intense and longer, especially if they don't speak English or have difficulty comprehending and/or need to provide information to apply for and receive housing assistance, Medicaid, MassHealth and other support programs
- There is a growing population of non-English speaking Wellesley residents who might not have translators readily available to assist in a crisis (Mandarin, Russian, Somalian, Korean are some of the languages identified)
- There aren't an adequate number of mental health professionals to provide care in our area, and of those that do, many do not accept insurance so people may not get the help they need
- Insurance reimbursements for mental and social work services when available are limited
- During the summer, school staff is not available to follow up on cases. Board of Health addresses some of these cases while other cases go unserved
- The Town both coordinates and arranges care (social workers) and provides care (psychologists, contracts with Human Relation Services (HRS)). More often than not Town social work staff assist in finding appropriate resources – but it is up to that resident to access them.
- Some residents refuse assistance or need help over and over again for various reasons taking away from the availability of services to others
- Unknown cases – there are cases where we could help, but don't know about them
- Time of day when situations arise – while Police & Fire provide a 24/7 immediate response, there are cases that present on nights and weekends when mental and social worker staff is not available to help

Recommendations

The FY20 budget includes three requests that this group supports and recommends for funding:

- Schools – one full-time Adjustment Counselor, split between the Middle School and the High School. This position will provide social work services to this population
- Board of Health – 9 hours/week of additional social work services. The Board is seeking to increase the number of hours for three part-time staff from 26 to 35 hours/week to address community needs
- Board of Health – a 2.5% increase in the contract with Human Relations Service.

Other recommendations to support the community include:

- Continue to collaborate with Town houses of worship to both be aware of cases and obtain support for some situations
- Communicate with all Town departments to raise awareness of the services and agencies that are available to assist residents
- Continuously update and share among Town departments the list of available resources which is used to make referrals for residents

The group believes that the Town should be in a position to provide more outreach to our vulnerable residents; to better address the need in the community additional funding and resources is necessary. The opportunity to prevent situations or intervene before they become more complex is a far more effective strategy than responding once a resident is in crisis. Perhaps some situations can't be avoided, but hopefully they can be minimized. In addition, follow-up on cases to ensure clients are not reverting back into crisis and coordinating services to help maintain their improved situation would also be a key objective. To achieve this, the group would recommend that the Town, dependent upon available funding either hire or contract for three additional positions:

1. Licensed Independent Clinical Social Worker (LICSW) – the primary role of this position would be to provide direct services to residents and provide for case supervision for Town LCSWs and oversight for LSWs and LSWAs as required. In addition, approximately 10-20% of the time would be focused on coordination of care across all Town departments, ensuring that outreach and follow-up were organized on a town-wide basis. Filling this position would present an opportunity for the Town to attract social work interns who could provide services under the direction of the LICSW, thereby expanding services to residents at little or no cost. Additional expanded services for HRS is needed.
2. Licensed Social Worker (LCSW or LSW) – this position would work with the current LCSW and LSW's to follow up on cases and help meet the growing demand for services, particularly as experienced by the Board of Health.
3. Emergency services social worker – the group has identified gaps in times of day or times of year when a social worker is not available to follow up on a crisis situation. This type

of position might be best filled on a contractual basis with an agency that could respond 24/7 when needs arise. Police and Fire note that they have trouble obtaining adequate support for people with mental health issues on nights, weekends and holidays and the incidents requiring support are rising.

This report has been compiled by representatives of all of the departments listed who have contributed their time and expertise to creating a better understanding of the services we provide to our residents. In alphabetical order our Town staff consisted of:

Kate Burnham, COA Health & Social Services Administrator
Leonard Izzo, Director – Board of Health
David Lussier, Superintendent of Schools
Jeff Peterson, Assistant Fire
Maura Renzella, Youth Services and WHA
Blythe Robinson, Executive Director
Brian Spencer, Police
Gayle Thieme, COA Director
Scott Whittemore, Deputy Police Chief

We were also supported by:

Ellen F. Gibbs, Board of Selectmen
Elizabeth Sullivan Woods, Board of Selectmen
Shepard Cohen – Board of Health Chair
Marcia Testa Simonson, Board of Health
Lloyd Tarlin, Board of Health

The full report can be obtained from the Board of Selectmen's office.

DETAILED FINDINGS

THE SOCIAL AND MENTAL HEALTH SERVICES WORKFORCE

The social and mental health workforce described in this report includes professionals with specialization, training, certification and licensing in a number of different areas. To assist in describing their functions as they relate to the delivery of social and mental health services, they can be categorized into three groups.

- The first group is composed of mental health individual care workers, such as psychiatrists, psychiatric nurses, psychologists, mental health social workers (LCSW)¹, and occupational therapists. All of these individuals are licensed by the state to deliver individual specialized mental health clinical care and treatment.
- The second group is formed of more general health professionals including general practice physicians, nurses, LCSW, LCSW, LSW and LSWA social workers¹, community health and public health professionals.
- In the third group, other professionals specializing in related areas primarily for social and mental health identification and triage functions include police and fire first responders, emergency medical services (paramedics and EMT's), teachers, educational psychologists, youth and education counselors, and community-level non- health social service workers.

To help the distinguish among the roles, responsibilities and services delivered by these distinct, but interrelated professionals, we have provided a glossary of terms in Appendix 1 describing the various occupations and subspecialties of licensed professionals providing social and mental health services.

SERVICE NEEDS AND DELIVERY CHALLENGES

There is a strong sense across departments that although they are doing their best to keep up with their current caseloads and help residents obtain support and resolve issues the needs of residents are escalating. The overwhelming message that each department brought forth is that simple statistics do not tell the complete story of the services being provided. Cases are more complex, take more time and coordination to try to support and treat, cases are recurrent and chronic, and the increase in these trends has significantly outstripped the supply of qualified and affordable mental health services. One cannot simply conclude that a social worker can successfully manage a certain number of cases, because the needs of each person are different. Perhaps this whole matter was summed up best by Rob Evans of HRS. With 45 years of experience in our

¹ The Board of Registration of Social Work protects the public through regulation of the practice in the Commonwealth of Massachusetts. It determines eligibility for admission to examinations for social work, conducts examinations and licenses qualified individuals at one of four levels of licensure (Licensed Independent Clinical Social Worker, LCSW; Licensed Certified Social Worker, LCSW; Licensed Social Worker, LSW; Licensed Social Work Assistant , LSWA). Social workers provide services to consumers as defined by the statutes and described in the regulations. Social workers provide services to consumers as defined by the statutes and described in the regulations. Generally, social work professionals provide services to individuals, couples, families, groups, and communities directed towards specific goals.

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The challenges the group believes we face include:

- There is a significant rise in the number of cases that are complex and not easily resolved
- People are not necessarily willing to ask for help or accept assistance
- Town Social Workers indicate that their biggest challenge is having the time to follow up on cases and make sure that person/family is doing well or doesn’t need additional help
- Vulnerable populations may need more intense assistance or for a longer period if they don’t speak the language, or have difficulty comprehending or providing information needed to submit to receive housing assistance, Medicaid, MassHealth and other programs
- There is a growing population of non-English speakers for which we do not necessarily have translators readily available to assist in a crisis (Mandarin, Russian, Somalian, Korean are some of the languages identified)
- There aren’t enough mental health professionals to provide care in our area, and many of those do not accept insurance so people may not get the help they need
- Insurance reimbursements where available are limited
- During the summer, school staff is not available to follow up on cases. Board of Health addresses some of these, others may go unserved
- The Town both coordinates care (Social Workers and provides care (psychologists, contracts with HRS). More often than not we assist in finding appropriate resources – but it is up to that person to access them.
- Some residents refuse assistance or need help over and over again for various reasons, these take away from services to others
- Unknown cases – there are certainly cases where we could help, but don’t know about them
- Time of day when situations arise – while Police & Fire provide a 24/7 response, there may be cases that come up at nights or weekends when staff is not available to help

Social services connecting and triaging vulnerable adult populations to local and state programs supporting mental health treatment and counseling, housing, transportation, child care, nutrition,

legal, addiction prevention, financial assistance, health insurance and employment are provided primarily by the Wellesley Health Department and the Council on Aging. The Police and Fire Departments respond to 911 calls for service and are often in a position to be the first to interact with a resident at risk. They may transport a resident to a medical facility or refer a case to the Board of Health or Council on Aging for next steps. Human Relation Service (HRS), a private, non-profit mental health agency provides Wellesley families and children a broad range of outpatient diagnosis and treatment to residents and sliding-scale self-pay fees through contracted town services. HRS also provides consultation and an outreach worker to Wellesley Public Schools. The School Department provides a social worker to assist children whose social and behavioral problems interfere with learning and education. Moreover, while there are many mental health and social service resources available at the state level, navigating and accessing those services is usually most optimally accomplished with the assistance of local town agencies and staff. In the next section of this report, we have provided an overview of the responsibilities of each department, how they interact with others, and what gaps they see in that service delivery.

DEPARTMENT OVERVIEWS

Board of Health (BOH):

The BOH social services staff includes 26 hours/week (non-benefitted hours totaling \$37,153) for delivery of social and counseling services provided by three part-time or per diem social workers. Currently, these hours are filled by one LSWA at 19 hours per week and one LCSW at 7 hours (1 day) per week. While the BOH serves residents of all ages as required by its jurisdictional authority under M.G.L., these 26 hours are targeted to adult residents *not already served* by the social workers at the COA that focuses on individuals aged 60 years and older or the School Department that focuses on children enrolled in Wellesley public schools. As such, BOH staff regularly partner and coordinate services with the COA and the School Department. Moreover, during school vacations including summers, the Health Department assumes responsibility for the case load of the School Department. In addition, referrals are received from other town departments (e.g. Police, Fire, COA, Schools, Housing Authority, Library, DPW) and local agencies and providers (e.g., Wellesley Friendly Aid, the Food Pantry, houses of worship, local colleges etc.). The types of issues that are commonly seen by the BOH include:

- Assessments and interventions
- Referrals for mental health treatment
- Addiction treatment referral
- Assistance with short- and long-term housing, including rental assistance programs
- Assistance with preventing utility shut offs
- Fuel and food assistance
- Homelessness
- Home visits and well-being checks
- Connecting and referring to community health and human services agencies (Federal and state-provided legal aid, housing assistance, food stamps and nutrition programs, unemployment and disability, Massachusetts Department of Mental Health services, medical care providers, etc.)

- Matters involving children and their families during school breaks and summer months that would have otherwise been handled by the schools
- Issues involving tenants of the Wellesley Housing Authority
- Issues involving other large housing units and living conditions

In addition to the Health Department staffing described above, the BOH budget also includes funds for contracts with two local agencies that provide mental health services directly to the community. In FY19 these include:

- Charles River Association for Retarded Citizens - \$3,000.00
- Human Relations Service - \$234,884.00 (*for more details see HRS description below*)
 - 40% (\$93,953) is allocated to School Outreach Workers: HRS provides skilled outreach clinicians who work in Wellesley public schools alongside their staff to help middle school and high school students who need extra assistance with social-emotional issues
 - 60% (\$140,930) is allocated to general town mental health clinical counseling, treatment and referral services for residents of all ages.

Council on Aging:

The Council on Aging's full-time social worker on staff is Kate Burnham, LCSW whose official title is Health and Social Services Administrator addresses the needs of Wellesley seniors aged 60 years and older, as well as caregivers and families that support this population. This work includes the following:

- Responds to requests by seniors, family members of such or caregivers seeking information about elder services and programs
- Makes frequent referrals to Springwell (area agency on aging) and/or private social service or elder service organizations
- Responds to referrals from families, police, fire, health and elder care professionals. Offers Home visits to assess elder situations
- Advocates for seniors on issues facing the community
- Participates in monthly meetings with Police and Fire personnel on cases they have identified from public safety activities
- Develops and manages programs such as support groups and informational sessions on issues important to this population

It is difficult to quantify the work performed in this role because each client's situation is unique, and the level of staff involvement varies from brief interactions to intensive case management. The Health and Social Services Administrator is often assisting seniors and families through complex situations who, at times, are in the midst of crisis. Common issues include mental health, cognitive impairments, caregiver stress, and elder abuse or neglect. There is no question that the opening of the Tolles Parsons Center (TPC) has raised awareness that this type of town support is available. Referrals to the outreach program come from residents of all ages – often younger residents looking for guidance for parents or loved ones who reside outside of Wellesley – a perfect example of how the COA is as a rich resource to the community at large.

Fire Department

The Fire Department's primarily role is to respond to 911 emergency calls for fire or ambulance service, or other types of emergencies for which a resident needs immediate service. As first responders they are likely to encounter residents with addictions, mental health problems, and living conditions that indicate that there are underlying problems that may need to be addressed. While keeping in mind HIPPA privacy protections, department personnel are in a good position to alert other town departments and agencies of situations that are of concern, and which department may be best able to follow up and seek to provide support. The sorts of issues that are commonly seen by the Firefighters and Medics include:

- Well-being checks are common, staff gain entrance to the home to identify the resident is safe. While in the home the firefighters may at that time identify a variety of issues. Any issues that require additional action are referred to the appropriate service provider.
- Administering Narcan has been minimal, however any incident involving a repeat patient, both patient and family would be encouraged to seek additional services.
- Medics transport the patient to the hospital for a mental health evaluation, then released, and continue to call 911 for the same issues and are offered HRS referrals.
- An elderly resident might call on a miscellaneous issue and the firefighters will address any number of concerns they observe (failing health or dementia, hoarding, poor hygiene, lack of adequate heat or food). Any issue of immediate threat is immediately addressed or connected to appropriate community service provider.
- Any safety issues are identified such as issues with egress access, detectors or any other potentially hazardous conditions are addressed by the engine company or referred to the Fire Prevention Office for follow up.

Police Department

Like the Fire Department, Police are often first responders to calls for service or situations that indicate a resident is in need. Whether on their own or in concert with the Fire Department or ambulance service they respond to calls in the community. A growing issue in recent years are situations where they may provide a service, only to find that in the days or weeks to come they may repeatedly be called back for similar services. The resident is still in need but refuses care or follow-up to address the underlying situation. Situations they experience include:

- Administering Narcan to an overdose victim on several occasions
- Transporting someone to the hospital for a mental health evaluation after which they are quickly released, yet there are follow up 911 calls for the same problem
- An elderly resident might call to report a missing item in their home and suspect a crime, when there has been no crime. Similar calls by that resident over the ensuing days or weeks points to issues such as failing health or dementia

Earlier this year the department launched a "Community Crisis Intervention Team" in response to the growing demand for services for these types of cases. The team is made up of police, fire,

health department and COA staff. Also included are regional agencies such as Springwell and Riverside Community Health, the State departments of mental health and Division of Families and Services, and local clergy. This group meets quarterly to discuss cases and work together to determine the best course of action and which agency or office should follow up. The goal being to link the resident with services that can address their situation. Additionally, all CIT trained officers meet monthly to discuss ongoing cases. This group is led by Sergeant Brian Spencer, Community Affairs Division. The Department also became one of approximately 40 communities nationwide to adopt the “One Mind Campaign” spearheaded by the International Association of Police Chiefs. This campaign “seeks to ensure successful interactions between police officers and persons affected by mental illness” and unite communities, public safety, and mental health organizations to become “of one mind” to establish a partnership of these three groups to improve response to mental health issues. The department has met the training requirements and developed a policy required to implement the campaign.

School Department

Among all Town departments, Wellesley Schools has the largest number of FTE’s involved in providing social and emotional support services for the school-age population. It is important to note that the Schools serve children from age 3 through age 22 if they are found eligible for special education services. Presently the FTE count is broken down as follows:

- School Nurses – 12.6 FTE’s – 1 at each elementary school & PAWS, 2.2 and 2.4 at the Middle & High Schools
- Guidance Counselors – 16 FTE’s – seven at the Middle School, nine at High School
- School Psychologists – 16.1 FTE’s – .8 to 1.8 FTE’s at elementary schools, 3.5 at Middle School, 4.0 at High School and one Human Relations Service employee at High School
- Social Workers – total of 1.0 FTE located at the elementary level.

The Schools see a number of issues that are the result of individual emotional disabilities or ones that arise due to influences from their home life. Issues they support include:

- Students with disorders that require support and individualized education programs
- Students with mental health or substance abuse problems
- Anxiety and depression issues
- Problems in the home environment that impact the ability to learn
- Crises that occur at school that have an emotional origin
- Management of cases where students must be placed in specialized programs in or outside of the district

In the past, the typical school staffing model included school nurses at each campus, and guidance counselors at the Middle and High school level. As these issues have grown in number and complexity, the schools have added more guidance counselors at the higher-grade levels, school psychologists at every grade level, and a combination of staff and contracted social workers that respond and support cases across the district. Layered on to this is the separate contract with HRS to provide some direct counseling when needed, as well as consulting services to School staff as to how best to address cases they are managing separate from the

outreach worker provided through the Board of Health as discussed in more detail below. Even with the staffing schools have today to address the needs presented, they are experiencing the following issues:

- Student issues are more complex and take longer to resolve
- The number of students experiencing anxiety and depression has grown, especially among younger students
- Outside threats to the schools or the fear of such has impacted the learning environment
- Families may not follow up or ensure that students are receiving the treatment they need

Youth Services

Youth Services plays a small but important role in the Town providing programs and services to Wellesley's youth to ensure that they feel they are a valued part of the community. Their target audience is middle and high school age youth and their families. Through programs and interaction with other town departments the Youth Services Director is in a position to take note of issues that youth in this age group may be having and try to help ensure that follow up as needed is taken.

Human Relations Service (HRS)

HRS, located at Chapel Place in Wellesley is the first community mental health agency in the nation. It is a private, non-profit agency that serves families and children in Wellesley, Wayland and Weston. Its mission is to "heal lives and strengthen our community: to treat, reduce and prevent mental illness and to support the well-being of children, families and institutions in our towns". They are the principal provider of outpatient mental health services in these communities. Their staff includes psychologists, psychiatric social workers, social workers, post-doctoral fellows and support staff. They provide services regardless of the ability to pay. They assist clients who need additional services or services in other specialties with referrals to other agencies and clinicians.

The Town has two contracts through the Board of Health with HRS for clinical services as outlined below:

Mental Health

- Counseling services to residents focused on families and children
- Crisis intervention services as needed
- Prevention and community education services

School Outreach

- The two School Outreach Workers, mentioned above, are based in Wellesley High school and Middle School and provide counseling and crisis intervention to students who are not on special education plans, whose significant needs typically exceed what guidance counselors can meet, and who, for a variety of personal and family reasons, are unable or unlikely to participate in standard outpatient treatment.

Wellesley Schools Consultation – this contract, which totals \$42,000 in FY19 provides consultation services to our schools including:

- Regular meetings with teachers, guidance counselors and administrators to provide assistance working with students and enhance skills of school staff in the area of mental health
- Consultation and coaching for special education staff who work with the most challenging students, including students at risk for placement in special schools at potential great expense to the Town
- Immediate response to a crisis at a school
- Emergency evaluations and safety assessments for students deemed at potential risk of danger to self or others

Employee Assistance

- This contract, for \$68,400, provides up to 10 visits/employee/year short term counseling services, education programs, and coaching for managers on personnel and organizational issues.

Wellesley Housing Authority (WHA)

The WHA is a State and Federally funded public housing authority consisting of several properties and 246 rental units or housing opportunities. The WHA has a Resident Coordinator position which was created by the Authority to manage issues that arise among residents of low-income housing. This population, perhaps more than others, is among the most vulnerable in Wellesley. Over the years, the greatest number of issues have arisen from residents in the 88 units at the Barton Road location off of Route 9. Due to both turnover in the resident coordinator position as well as the abilities of the persons holding this position, their ability to support resident needs and resolve issues has been uneven. In fact, the BOH social worker position was added in part to help support the calls for service they were receiving from this population. Issues that have arisen from residents in WHA properties include:

- Mental health including substance abuse, anxiety and depression issues
- Inability to afford or obtain access to counseling services
- Residents with disabilities
- General social services including assistance with obtaining nutrition, health care, childcare, transportation, legal, housing, rental, and heating services and subsidies

RECOMMENDATIONS FOR THE FUTURE

The FY20 budget includes three requests that this group supports and recommends for funding:

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3. Emergency services social worker – the group has identified gaps in times of day or times of year when a social worker is not available to follow up on a crisis situation. This type of position might be best filled on a contractual basis with an agency that could respond 24/7 when needs arise. Police and Fire note that they have trouble obtaining adequate support for people with mental health issues on nights, weekends and holidays and the incidents requiring support are growing.

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CASE STUDIES

Sometimes the best way to understand human services is to share stories of what they respond to on any given day. Job descriptions, budgets and metrics are important, but they don't give a sense of how those services are delivered, and what a successful outcome or on-going challenge means. Below are a number of case studies from the perspective of each department that help tell those stories:

Council on Aging:

1. Mr. Smith, a 52-year-old Wellesley resident, contacted the Wellesley Council on Aging with concerns about his elderly neighbor Mr. D., who for legal reasons, had recently been forced to sell his family home and had not made a plan on finding a new place to live. Mr. Smith generously offered to provide temporary shelter for Mr. D in the basement of his home and requested I support Mr. D by sharing information and helping with applications for senior housing as well as linking him to other benefits and local resources.

Mr. D is 74 years old and has no family, no children and very limited supports. He suffers from depression, Chronic Obstructive Pulmonary Disease (COPD) and has limited mobility. I met with Mr. D and educated him on a wide variety of resources, and we discussed various housing options in the area. Mr. D explained he was no longer able to work due to his medical conditions but felt his social security income would meet his needs - if he could find an affordable place to live such as subsidized senior housing. After determining he was financially eligible, we completed an application to the Wellesley Housing Authority, an application for food stamps (SNAP) and the Wellesley Food Pantry. Within about a 4-month time frame, Mr. D. was offered a first-floor apartment in a subsidized senior housing building in Wellesley. Mr. D now has settled in to his new home, has a better quality of life and has maintained a friendship with his former neighbor.

2. Mr. B is an 87-year-old frail Wellesley resident who lives alone in his single-family home. He suffers from kidney disease, leukemia and cardiac issues and is followed closely by his medical team at Newton Wellesley Hospital. I received a call from the social worker at his Primary care doctor's office who expressed her concern about Mr. B's living situation. She described his home to be "filthy" and referred to Mr. B as a hoarder. She said that his son refuses to have any conversations with professionals about his father's medical care. This social worker shared concerns about the son controlling the elders in-home care and his finances.

The same social worker also contacted the Wellesley Health Department as the condition and safety of Mr. B's home was in question. The Health Department Public Health nurse and I had a consult to discuss our respective conversations and agreed that seeing Mr. B without an appointment would be a good plan as he would be less likely to refuse us. Together, we met Mr. B at his home for a "Well Being Check" on an August afternoon. The home had no air conditioners but there was a fan. Upon entering the home, we observed a strong odor of both human and cat urine. Mr. B was dressed in only a stained t-shirt and adult diaper and was sitting hunched on the edge of a twin bed in the middle of a

small living room watching TV. In this living room, there were multiple large couches and chairs filled high with bags, blankets, clothing, papers, and other clutter. The floor was not visible. The windows were covered with blankets, wall paper was peeling off walls, ice dam water damage on ceiling and black mold in the bathroom.

We asked Mr. B about his daily routine and he reported that he only sponge bathes so he does not disturb the mold growing in the shower. He has a clear pathway to the toilet and to the kitchen and he receives meals on wheels daily. We chatted about grandkids, local sports teams and old movies in attempts to build rapport. Mr. B explained that his son helps him make all decisions and he wasn't comfortable accepting any outside care or services unless his son was informed and agreeable. This presented a challenge as per the medical providers, his son has a long history of immediately shutting down any conversation with medical professionals and social workers and does not answer his phone or return voice mails.

Given the unique set of circumstances, I decided to contact the Social Worker I had spoken with at the doctor's office and asked to meet Mr. B's son while he was accompanying his father at the next scheduled appointment. (This happened to be scheduled for the following week.) The Doctor and Social Worker were receptive to this plan and agreed that it may be the only way to meet Mr. B's son in person and encourage him to work with us to coordinate care and assistance for his father. Knowing he would not accept support without his son's agreement, I was able to meet with Mr. B and his son in private, in the examination room. The son accepted my plan of clearing out his father's living room, getting Mr. B a lift chair recliner and moving the twin bed to the other side of the room. Son agreed to the plan and to the use of the Almira N. Simons Fund to pay for this. Upon hearing son's agreement, Mr. B appeared quite pleased and then remarked that he had always wanted a recliner.

A few weeks later, a team of strong professional "heavy duty" cleaners came in and moved out all of the clutter and old furniture. While the work was being done, I sat with Mr. B in his kitchen to provide reassurance as it was quite stressful for him; I warmed up his home delivered meal and got him water to stay hydrated. When the work was completed, he could not believe he was able to see his red shag carpet again, that the thick layer of dust was gone and that he now had space to enjoy his new recliner. As soon as the recliner was delivered, Mr. B sat down in it, turned on his TV, elevated his feet and was overjoyed. Mr. B could finally have comfort and dignity in his older years.

Board of Health:

Homeless female contacted the Wellesley Health Department seeking support and assistance. Client lives with a relative in Wellesley following eviction from her family's home after her elderly mother's death. Client stayed in two different shelter placements which she left due to safety concerns. Community Social Worker (CSW) has helped client complete housing application, referred to HRS, referred to local food pantry and to Dress for Success for appropriate work and interview attire, and provided a list of local churches. Client is actively seeking employment and attends employment readiness workshops in the Boston area. Client was her mother's primary caretaker and has been unemployed for several years. She connected with a local Catholic church where she attends mass, volunteers, and attends a weekly bereavement group. She participates in individual therapy every other week at HRS and finds it very helpful. Client goes to the food pantry monthly or as often as needed and receives additional supports offered through the Congregational Church. CSW meets client at different locations in the community usually every other week. Client also calls or emails CSW weekly with different needs or to simply provide an update. (age mid 50's)

Ongoing work with a Wellesley Housing Authority (WHA) female resident with various mental health needs, trauma and cognitive limitations in addition to chronic medical needs (diabetes and renal failure) and recent vision loss. The Wellesley Health Department has provided different types of support and assistance throughout the years including regular home visits and wellness checks, assistance with housing applications, referrals to different services and agencies as needed and regular communication with providers involved. The resident is currently working with new providers and new supports to help her learn how to safely navigate and live with recent vision loss. CSW has helped coordinate, and schedule team meetings involving all providers (WHD, Advocates, Mass Commission for the Blind, Department of Mental Health, and Wellesley Housing Authority) with all parties involved to ensure client's needs are met. CSW visits the client every other week or as needed. CSW has helped resident make phone calls, place orders for medical supply, and has assisted with scheduling appointments. CSW has advocated on behalf of the client and worked with other community resources and providers to help secure the necessary services and supports. (age: late 40's)

New Wellesley resident contacted the Health Department seeking support and assistance and referrals to community resources. Resident is a single mother of an adolescent daughter, and an adult daughter and toddler grandchild who also live in the home. The family has "section eight" and rents a three -bedroom apartment. The family recently moved to Wellesley from Bedford due to poor living conditions including mold in the previous home and as a result lost a number of personal belongings such as clothes, bedding and furniture. CSW connected the resident to the local food pantry, Wellesley Friendly Aid, referred to a furniture bank and provided gift cards to Roche Bros. CSW connected the family to medical and dental providers that accept MassHealth in the area. Additionally, the resident asked for help in addressing her daughter's school transportation. The family lives in a commercial and resident area and the school bus does not have a designated pick up in the area. CSW is currently in communication with Wellesley High School and the transportation company to discuss options and/or potential bus stop for the child in their area. CSW communicates with the resident regularly via email and/or phone calls in addition to home visits as needed.

Ongoing work with a **WHA female resident** and her young adult son with a number of mental health concerns and learning disabilities. The young man is connected to other agencies and supports such as Advocates, Department of Mental Health and Springwell. The resident is her son's legal guardian and has an extensive history with numerous community supports and state agencies. There is a history of trauma and complicated family dynamics. The mother is making efforts to ensure her son's mental health needs are met and that he is compliant with taking prescribed medication however her son is depressed and not motivated to interact, engage and participate in services. Additionally, the resident/mother has her own challenges and mental health needs as she is diagnosed with PTSD. The client feels lonely, isolated and frustrated and is considering having the courts appoint a new guardian for her son. The CSW visit the family as needed provides support, encouragement, and connects the family to any community supports they might need and communicates with providers involved. The resident/mother is interested in becoming involved with the Council on Aging and participate in the groups and activities offered to become more involved in the community and more active. CSW helped schedule a time to meet with the COA and accompanied the client. (ages: mother 60, son: 23)

For a **WHA resident single mother** with a young preschool three-year old son, CSW provides ongoing support and home visits as the resident struggles with mental health concerns. She is diagnosed with depression and anxiety and is isolated as she doesn't have healthy family support or friends in the community. CSW has helped with financial assistance and other community referrals as needed and encourages the resident to attend and participate in counseling services at HRS. The young child attends

PAWS, however, the school has reported concerning behaviors such as aggression. The child has witnessed altercations and arguments in the home involving young adult siblings in the past. The resident and young child currently live alone. (age: mother 30's)

WHA female resident single mother of three. Resident is having a very difficult time financially and has asked for assistance with household bills. She works part-time hours and pays a babysitter to care for her toddler daughter while she works. The client was living with her boyfriend and father of youngest child, but they recently separated which has caused great emotional and financial strain for the family. Client has expressed feeling depressed and overwhelmed. CSW connected the family to a dentist and medical provider in the area. CSW has arranged transportation (Veteran's taxi) for the family to get to medical and dental appointments. CSW encourages resident to attend and participate in therapy at HRS on a more regular basis to help address areas of concern. CSW makes referrals to community supports and resources as needed by the family. CSW communicates with the resident regularly and visit the home as needed. (ages: mother 30's, children 14, 8, 2)

Resident contacted the Wellesley Health Department asking for support and assistance. The resident, a married mother of two young adult sons, expressed great concern for her oldest son, a 23- year old recent college graduate. The younger son is away as a student at UMass Amherst. The resident is seeking professional help and guidance for her son who is very depressed, isolated and not productive or even functioning well. The mother expressed that her son is not motivated, engaging or interested in seeking employment or working and stays in his bedroom all day. The young man doesn't interact with his parents and has expressed delusional thoughts. The son meets with a therapist every other week at Harvard Vanguard, but his mother doesn't believe therapy has been helpful as she doesn't see any improvement in her son's behaviors. The resident expressed feeling anxious and overwhelmed about her son and family. She is currently the sole provider and breadwinner as her husband recently became ill and is unable to work. CSW meets with resident to offer support and connect her to community resources where she might receive support. CSW communicates with the son's therapist in an effort to find appropriate services or supports that would best help meet his mental health needs. (ages: parents 50's, sons: 20's)

Fire Department:

Assistant Chief Peterson provided a case that highlights the outstanding work that the COA does on a regular basis in spite of a workload that spreads resources way too thin. This case involves my neighbor who I have lived across from for close to 40 years. This individual has always been very active, gardening as well as a martial arts expert. Several years ago, his wife passed away and family contact with his children is sporadic at best. Several car accidents resulted in the loss of his driver's license. He began to show a change in mental status as well as a profound hearing loss. He did begin riding a bike to get around town for groceries, but that ended after a few months. The Fire and Police department have been to his house several times for lifeline activations. Early on, when I began to see a decline in his mental and physical health, I reached out to Kate Burnham to see if any help could be available. Kate immediately contacted my neighbor and assisted in getting him food as well as reaching out to family members for support. The Fire Department's last contact with my neighbor occurred on 12/20/18 when his daughter called for a well-being check. Police and Fire found him on the floor and got him back into bed. Subsequently, the next morning, we were called again for a well-being check and found him in distress on the floor where he had been possibly all night. He was brought to NWH. I notified Kate of the situation and she was in contact with the daughter who informed Kate that he was now in a nursing home and would most likely not be coming home. This situation is a great example of how involved our

folks at COA are with residents in spite of the fact the staff is saddled with more case load than it should be, especially as it relates to the Housing Authority. Anytime I talked to Kate regarding my neighbor, she took the time to hear my concerns and always was ready to reach out and try to come up with plans to make his life in his home as comfortable and safe as possible. I usually do not get to see a case from beginning to end, but this allowed me to see how well our various town entities from first responder to resident services are in synch with each other.

Police Department

The Wellesley Police Department handles calls with residents that range in age and for different mental health issues. It could be an emergency situation where the person needs to be brought to the hospital involuntarily, or just someone who is not in crisis but needs services from another agency.

Below are two examples of cases that WPD has responded to.

1. Subject

Male

Age late 20s

Renting apartment in Wellesley.

Family lives in nearby community

This person has heard voices telling him that people are out to get him. He has been under different Doctors care over the years and has been subscribed medication to help with his paranoia. He tends not to stay on his medication for long periods of time. Calls for service with him increase when he stops taking his medication. The Wellesley Police Department has had over 20 different calls for service with this individual since 2015. Most of the call we have received have involved him yelling at people and accusing them of harassing him. Wellesley Police Officers in the past have had to involuntarily section him to the hospital for being a danger to himself or others. He has also been sent a letter of trespass at different businesses for his out bursts.

The Community Crisis Intervention Team met about this individual this past October to discuss a strategy for the future plan to help this person. A Crisis Intervention Officer from the Wellesley Police Department has been assigned this case. The Officer has met with concerned family members, Department of Mental Health and Riverside Community Care Mental Health Emergency Service. A plan has been put in place for guardianship. The Officer has been checking in with this person regularly, this has dropped calls for service with him.

This will be an ongoing case for some time.

2. Subject

Female

Age early 80s

Lives in Wellesley by herself

Family lives nearby community.

This person has been diagnosed with Dementia. On different occasions officers have been called for her being in Wellesley Square and not knowing how to get home. Officers have brought her home and made sure she was safe. Officers have checked and the home was in good condition and the individual food in the refrigerator. Officers have reached out to family members and Springwell Elder Services because they felt her Dementia was getting worse. This person's photo and information was added to WPD data base.

The Elder Affairs Officer for WPD was forwarded this person information and the concern for the safety of the individual living home alone. The Elder Affairs Officer met with the Wellesley Council on Aging Health & Social Services Administrator Ms. Kate Burnham. They were able to work with the family and fine a safe living arraignment for this person.

This is only one example of WPD Elder Affair Officer working with Wellesley Council on Aging Health & Social Services Administrator Ms. Kate Burnham.

Wellesley Public Schools

D and Family

I began working with D and her family in September 2015. D was 24 at the time and had been a resident of WHA for a number of years, however prior to securing housing, D experienced significant trauma and homelessness. D suffered the loss of her mother when she was 17 years old and pregnant with her first child. D then entered the shelter system, was unable to complete high school, and remained homeless for years while trying to process the loss of her young mother and begin raising her two daughters. D's father was incarcerated for most of her life and her other family members were scattered across various states. The father of D's young children also moved out of state and she was left to find a way to survive on her own. She has battled severe depression and anxiety, inconsistently treated with medication and therapy over the years. D currently has two elementary aged children and a toddler at home. D has no driver's license or vehicle to get around. She has at times self-medicated her mental illness with marijuana and she has had at least one suicide attempt in recent years. D has faced ongoing issues with budgeting and making ends meet. She has fallen behind on rent, electricity and other bills consistently over the past several years. She has been threatened with eviction, electric shut-off, and has had her phone shut off numerous times. D has made decisions she felt she had to make in order to survive which have resulted in court involvement, a brief incarceration and probation. D's children undoubtedly are hugely impacted by her struggles with mental health, substance use, financial stress and limited education. Both of D's elementary aged children present with symptoms of depression and emotional dysregulation. They are bright students and they show great resilience; however, they require significant attention and social/emotional support from school staff. I meet for weekly counseling with the oldest child and check in frequently with the younger child. I also provide ongoing consultation to classroom teachers and collaboration with school staff to ensure all are familiar with the unique and complex needs of the family which make the students particularly vulnerable.

Over the past few years, I have supported D and her family in a number of ways in my role as Elementary Social Worker. I have provided frequent home visits and 1:1 support to D, offering parental guidance and support, clinical case management and crisis intervention. I have connected D with many resources to support basic needs such as food and transportation, ensuring she not only connects with a resource but is able to follow through (i.e. support in securing transportation to the food pantry, WIC office and other

vital appointments). I've helped her complete countless applications for resources, programs, etc. and have helped her prepare for important meetings and interviews. I have advocated with the WMLP and the WHA, as well as DTA and probation. I have gathered donations of baby items, children's clothing, winter gear and household items when urgent needs arise. I have responded at times of crisis and involved DCF or the police department if safety was uncertain. I have spent time understanding D and her history in order to develop a meaningful and trusting relationship where she has allowed me to support her and begin to empower her in self-advocating and working towards goals. In recent months, D has returned to school, obtained her driver's license, obtained part-time employment and successfully secured childcare for her toddler. Her older children have started after school programming and she is nearing completion of probation and has begun meeting with a therapist at HRS. As a result of this marked progress, at school we have begun to observe more stability and success in our students. They are presenting with increased emotional regulation, improved classroom engagement, higher energy levels and academic motivation.

L and Family

I met L in September 2016, shortly after she and her three young children moved into WHA. Prior to securing housing in Wellesley, L and her kids were living in a homeless shelter for nearly two years after fleeing an abusive relationship. L will describe the experience as "hard and traumatic" where they were frequently exposed to gun violence, substance abuse and unsanitary conditions. Prior to shelter, L was a victim of domestic violence and her two older children bore witness to the abuse. When L moved into housing, she became overwhelmed by the expectations of budgeting for rent and utilities. She quickly fell behind and found herself facing eviction just months after moving in. I spent time with L during this period, developing trust and helping her to navigate the system and advocate for her family. I supported her in developing communication with WHA staff and other agencies in order to achieve stability. Given L and her family were new to the community, I immediately connected them with resources such as the Wellesley Food Pantry, Wellesley Friendly Aid, after school and summer opportunities. I helped L obtain part-time employment and supported her with transportation needs given she has no driver's license or vehicle. Over the following months, I provided frequent home visits and connected L with additional resources such as local pediatricians, dentists and therapists. I spent a lot of time with L 1:1 offering parental guidance and support, clinical case management and crisis intervention as needed. It became evident rather quickly that L's middle child had very significant learning needs that could not be met in her initial school placement in Wellesley. I supported L and consulted with school staff in order to complete an evaluation, where the student would ultimately be placed in a specialized program. Mom felt overwhelmed by an added transition but with my support, was able to navigate the process, attend tours and meetings at the new school and confidently choose to help her daughter succeed. Soon after that transition was complete, concerns were raised about L's oldest child presenting with learning difficulties. I met with him weekly for counseling to support his emotional needs and he was subsequently evaluated and determined eligible for special education services. I again helped to walk L through this process, attended all meetings and supported her in getting this child ready for middle school.

Throughout the past few years of work, L has presented with significant symptoms of Depression and Anxiety. She has struggled to maintain part-time employment and financial stability. She has self-medicated at times with marijuana and has had difficulty keeping a clean and comfortable home when her symptoms are heightened. After working with L for over two years, she eventually agreed to a referral for therapy and psychiatry, however she has not been able to consistently engage in treatment. L has very limited family support and has essentially been on her own and raising her children since very young adulthood. L currently has a child in middle school, elementary school and a pre-school aged child. The older children have both presented with symptoms of Depression and Anxiety. I have worked closely with the middle school and the elementary school to provide wrap-around support to the family and ensure the children have their needs met. I provide consultation to school staff given the family's complex history and unique vulnerabilities. I continue to help L navigate the school and other systems and I am currently

supporting her in seeking out preschool opportunities and scholarships for her youngest child. I have worked with the schools and community agencies to ensure that not only the social emotional needs of the children are addressed, but that they have clothing, food, diapers and other basic needs fulfilled at all times. Once all three children are successfully stabilized in school, L hopes to more adequately address her own mental health needs, return to school and obtain more stable employment.

APPENDIX 1

Glossary of terms describing the different types of licensed social and mental health service professionals.

Psychiatrists: Psychiatrists are licensed medical doctors who have chosen psychiatry as their residency, or specialization. Psychiatrists mainly diagnose, treat, and help prevent mental, emotional, and behavioral disorders. They use psychiatric medicine, physical exams, and laboratory tests. A psychiatrist is a physician with either a Doctor of Medicine (MD) degree or a Doctor of Osteopathic Medicine (DO) degree. The Massachusetts Board of Registration in Medicine's ensures that only qualified and competent physicians of good moral character are licensed to practice in the Commonwealth of Massachusetts and that those physicians and health care institutions in which they practice provide to their patients a high standard of care and support an environment that maximizes the high quality of health care in Massachusetts. General practice doctors can also prescribe medications to help with mental and emotional problems. However, many people prefer to go to a psychiatrist for complicated disorders. Psychiatrists' specialties can include children and adolescents, forensic psychiatry and learning disabilities.

Psychologists: Psychologists observe, describe, evaluate, interpret, and modify human behavior by the application of psychological principles, methods, and procedures, in order to assess or change symptomatic, maladaptive, or undesired behavior. Psychologists may have a Ph.D., Psy.D. or Ed.D. Within the broader category of psychologists, there are many subspecialties including aviation, biopsychology, clinical, community, comparative, consumer, counseling, cross-cultural, developmental, educational, engineering, environmental, forensic, health, intra-organizational, military, personality, school and social psychologists. We describe below some of the most common types of psychologists employed in medicine, public health, education and public safety:

- **Clinical psychologists** assess, diagnose and treat individuals suffering from psychological distress and mental illness. They also perform psychotherapy and develop treatment plans. Counseling psychologists provide psychotherapy to people suffering from psychological disturbances, behavioral problems, emotional difficulties, stress, and related issues. These professionals share many commonalities with clinical psychologists. Clinical psychologists often work in hospitals, mental health clinics, and private practice. They are trained in a variety of treatment techniques but may specialize in treating certain disorders or working with certain populations. For example, a clinical psychologist might specialize in an area such as substance abuse treatment, child mental health, adult mental

health, or geriatric mental health. While clinical psychologists often work in medical settings, they are not physicians, and in most cases cannot prescribe medications.

- **Developmental psychologists** research human development across the entire lifespan. Some focus on a specific period such as early childhood, adolescence, adulthood, or old age. These professionals may perform tasks such as evaluating children who may have a developmental delay or disability, investigating issues associated with aging, and studying how language skills are acquired.
- **Educational psychologists** study how people learn and the educational process. This might involve developing instructional strategies and teaching techniques. Some educational psychologists study giftedness or learning disabilities.
- **Health psychologists** are centered on how psychology, biology, social groups, and behavior influence wellness, illness, and overall health. They work with clients to help maximize well-being and improve both mental and physical health. Some professionals in this field perform clinical work where they assess and treat clients who are seeking assistance with a variety of health issues. This might involve providing psychotherapy, administering different psychological assessments, teaching people about different coping techniques, and educating clients about healthy behaviors.
- **School psychologists** help children cope with emotional, academic, social, and behavior problems in school settings. Professionals who work in this field of psychology play a vital role in the educational system, typically collaborating with parents, teachers, students, and other school staff to ensure that the learning environment is healthy, safe, supportive, and productive. Children who are struggling with some sort of issue, whether it is behavioral, emotional, or academic in nature, can work with a school psychologist to come up with an effective plan to deal with the difficulty. School psychologists provide direct intervention or behavioral management when needed or may simply offer support and advice to students who need someone to talk to.
- **Social psychologists** study the behavior of groups including how people behave in social settings and how groups influence individual behavior. A social psychologist might investigate a wide range of topics including attitudes, prejudice, communication, interpersonal relationships, aggression, and persuasion. This type of psychologist looks at how social, cognitive, and emotional factors impact the learning process. Some professionals in this field specialize in identifying and dealing with potential problems that might interfere with how children learn.

The Board of Registration of Psychologists in Massachusetts is responsible for licensing qualified individuals to practice psychology and protect the public health and welfare through regulation of the practice of psychology as specified by Massachusetts Statutes and Regulations depending upon whether or not their subspecialty includes clinically treating individuals for mental health problems. They work in places such as private offices, hospitals, or schools. Psychologists treat a range of issues, from relationship problems to mental illnesses, through counseling. Psychologists cannot prescribe medication in most states.

Counselor: The professional term “Counselor” is applied to a number of different types of professionals including rehabilitation counselors, mental health counselors, marriage and family therapists and educational psychologists. In Massachusetts, the Board of Registration of Allied Mental Health and Human Services Professionals is responsible for licensing individuals in these

professions. Similar to psychologists, counselors cover a broad range of functions and responsibilities each requiring certification under different examinations and testing requirements, including:

- **Mental Health Counselors:** The National Board of Clinical Counselor's (NBCC) National Clinical Mental Health Counseling Exam (NCMHCE) is required for the LMHC.
- **Marriage and Family Therapists:** The Association of Marriage and Family Therapy Regulatory Boards' National Marital and Family Therapy Examination is required for the LMFT.
- **Rehabilitation Counselors:** The Rehabilitation Counselor examination is the national exam administered by the Commission for Rehabilitation Counselor Certification (CRCC).
- **Educational Psychologists:** The National School Psychology Examination of the National Association of School Psychologists (NASP) administered by Education Testing Service (ETS) is required for the LEP.

Social Worker: Social work is a broad profession that intersects with several disciplines. Social workers help people solve and cope with problems in their everyday lives. Clinical social workers also diagnose and treat mental, behavioral, and emotional issues. Social workers work in a variety of settings, including mental health clinics, schools, child welfare and human service agencies, hospitals, settlement houses, community development corporations, and private practices. Similar to psychologists, there are many subspecialties within the broader category of social work, including: case, child protection, forensic, medical, psychiatric, rehabilitation worker, school, welfare and clinical social workers. Schools of Social Work offer bachelors, masters and doctoral degrees. Specialized academic training and supervised practice are required in addition to academic credentials for licensing in each state. In Massachusetts, the Board of Registration of Social Workers protects the public through the regulation of the practice of social work. The Board licenses qualified individuals at one of *four levels of licensure*, depending on that candidate's level of education and experience including:

- Licensed Independent Clinical Social Worker, LICSW;
- Licensed Certified Social Worker, LCSW;
- Licensed Social Worker, LSW;
- Licensed Social Work Associate, LSWA).

Social Workers must have an undergraduate or graduate degree in social work or a related mental health field and are trained in psychotherapy and social work techniques to apply for licensure. Family therapists and employee assistance program counselors are often social workers. Social workers who work in private agencies or independent practice must hold state licenses from the Board of Registration of Social Workers requiring an L.I.C.S.W. (Licensed Independent Clinical Social Worker). These practitioners have master's degrees and additional supervised experiences. A L.C.S.W. (Licensed Certified Social Worker) or a L.S.W (Licensed Social Worker) may practice in an agency setting under proper supervision. Professional conduct is monitored by the Massachusetts Board of Registration of Social Workers. Generally, social work professionals provide services to individuals, couples, families, groups, and communities

directed towards specific goals. Independent of degree and licensure, there are many subspecialties. Some subspecialties such as clinical social work permit billing to insurance companies (LICSW). At the masters and doctoral level, social workers typically specialize in areas such as those listed below.

- Clinical Group Worker
- Family Practitioner
- School Social Worker
- Marriage and Family Therapist
- Medical Social Worker
- Clinical Social Worker
- Substance Abuse Social Worker
- Social Work Supervisor
- Program Director

Adjustment Counselor: The School Adjustment Counselor (SAC) is dedicated to addressing the mental health needs of students within a school. This role is intended to be a resource for all students at Wellesley Middle and High School by working both individually and in small groups to promote the social-emotional well-being of students in order to achieve academic success. Students often experience a difficult adjustment to middle and high school or may be experiencing some social or emotional upset and will see the school adjustment counselor to help them build skills and develop strategies to better access the curriculum and prevent barriers to learning.

The SAC may serve as a member of the Student Support Team working with administration to ensure a safe and positive school climate, can provide referrals to outside community services so ongoing therapeutic relationships can be established, and consults with families and school personnel to provide appropriate support services within the school setting. To serve in this capacity, a SAC must complete a master's degree in counseling to receive their initial license.