

Ravenswood Wellness Partnership Training Consortium  
Community Mental Health Practicum Program  
Academic Year 2026-27

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## **Overview of the Ravenswood Wellness Partnership**

Inspired by trusting partnerships, the Ravenswood Wellness Partnership (RWP) was formed in 2018 to work together with community partners to increase capacity and access to culturally relevant and responsive mental health and wellness services for children and families in East Palo Alto and East Menlo Park. The RWP collaborative group's initial membership included 12 nonprofit, government, and philanthropic organizations serving children and families in East Palo Alto and East Menlo Park with the shared goal of substantially improving the mental health system of care and working toward a future where no child falls through the cracks--supporting the whole child and leading to earlier intervention and better outcomes for Ravenswood youth. Founding members of the RWP include: Children's Health Council (CHC), Ravenswood City School District (RCSD), Counseling and Support Services for Youth (CASSY), One East Palo Alto, Stanford School of Medicine, San Mateo County Behavioral Health, Ravenswood Education Foundation, Boys and Girls Clubs of the Peninsula, Child Mind Institute (CMI), The Primary School, Ravenswood Family Health Center, California Children's Trust.

The RWP conducted a detailed Needs Assessment in 2018, including 150 hours of research and 40+ interviews with schools, organizations community leaders and families in East Palo Alto and East Menlo Park. Validated findings revealed potential opportunities to increase service capacity, access and system coordination in Ravenswood. Since COVID, the Ravenswood Wellness Partnership team of providers have continued to work closely to address gaps in capacity, access, coordination and data. The current priorities and actions include:

- Increasing Service Capacity: Develop and advance a Ravenswood Clinical Training program to increase the number of qualified, bilingual clinicians in East Palo Alto and eastern Menlo Park.
- Increasing Access to Services: Outreach by CHC Ravenswood's Community Family Partners are leading to more referrals from RCSD and other organizations to connect with new families in need of support.
- Improving System Coordination across all RWP Partners: All partners attend monthly Ravenswood Wellness Partnership (RWP) meetings and any other subcommittee and clinical support meetings as appropriate, with the common goal of increasing capacity and access to youth mental health services in Ravenswood.
- Investing in Data and Precision Medicine: With a focus on prevention and early intervention, as much as intervention and crisis intervention (inclusion), RWP providers are partnering with Ravenswood schools to take steps toward utilizing a Multi-Tiered System of Support (MTSS) approach using screening tools to allow for a "precision medicine approach" to 1. Identify students who are struggling, 2. Identify the severity of student struggle, 3. ensure that students who have moderate to severe struggles are triaged to the correct providers for interventions and also ensure that students who present with mild to moderate struggles are triaged to the correct providers for prevention and early intervention services, and 4. Evaluate student mental health outcomes by utilizing a beginning of the year and end of the year measure.

## **Data Driving the Need for a RWP Clinical Training Program**

Ravenswood City School District (RCSD) serves 2,000 TK-8<sup>th</sup> grade students in East Palo Alto and east Menlo Park (Belle Haven). District data reports that 89% of students are from low-income families and 55% are homeless or housing insecure. Of the nearly 30,000 residents in East Palo Alto, 61% are Latino, 16% are Black, 11% are Pacific Islander—60% of residents speak Spanish as their first language. According to the recent Existing Conditions Report, “In all of San Mateo County and Santa Clara counties, only East Palo Alto and a small portion of Menlo Park and Redwood City are designated as Health Professional Shortage Areas, lacking access to primary and specialty health care services [including mental health]. This means most East Palo Alto residents must travel outside of the city to receive medical care, and some may not receive it at all.” In addition to a shortage of bilingual mental health providers, this demographically and ethnically diverse community suffers from poor mental health literacy due to stigma and language barriers, as well as other barriers to accessing care like transportation, technology, work, and cost.

In December 2021, the US Surgeon General's urgent youth mental health advisory reported that “rates of psychological distress among young people, including symptoms of anxiety, depression, and other mental health disorders, have increased” and that “socioeconomically disadvantaged children and adolescents—for instance, those growing up in poverty—are two to three times more likely to develop mental health conditions than peers with higher socioeconomic status.” Another consideration for why increasing the number of trained bilingual, bicultural clinicians is so critical is discrimination in the health care system. According to the Advisory: “Some groups of youth and their families, such as people of color, immigrants, LGBTQ+ people, and people with disabilities, may be more hesitant to engage with the health care system (including mental health services) due to current and past experiences with discrimination.”

## **General Description of the RWP Consortium Training Program**

The RWP Consortium Training Program offers a one-year, practicum in clinical mental health service with a training focus on child/family psychology, trauma-informed care and community-based mental health.

Practicum students are involved in various clinical activities at RWP agency services delivered in East Palo Alto and eastern Menlo Park. The consortium training program provides intensive training in the treatment of children, adolescents and families in a robust community-based, interdisciplinary setting. The client population served by the RWP is primarily low-income children, adolescents and parents living in an under-resourced community experiencing high rates of stress, trauma, and adversity; culturally-diverse clientele primarily Latine (70%) as well

as Pacific Islander and African American; large immigrant and 1st generation population. Practicum students work in truly diverse community- and school-based settings with specialized training and focus on working with culturally and ethnically diverse families, children and families experiencing poverty, homelessness and trauma, as well as a diverse range of clinical and psychosocial challenges.

The consortium training program combines the clinical experiences and resources of CHC, Stanford Children's Health, CASSY and CMI, thus providing a unique opportunity to gain experience with community outpatient and school-based work from local experts in the field. The program is jointly administered by the agencies in order to ensure appropriate oversight and coordination of the program's clinical activities and functions.

### **Philosophy and Goals of the Program**

The goal of the RWP Training Consortium is to train child therapists and mental health professionals and prepare them for enriching and rewarding work in community mental health. Given the shortage of mental health professionals and the disproportionate shortage of mental health professionals in historically marginalized communities, our program aims to increase equity of mental health access by training students in community mental health, trauma and child psychology. We aim to prepare students to have a full appreciation and value of community mental health work in the hopes of becoming leaders in the field of who will be engaged in clinical practice with diverse communities and contribute to the equity and inclusion of behavioral health to ensure all communities enriched and resourced with mental health providers.

In addition, we've heard from community members in East Palo Alto and east Menlo Park that many students and early career professionals who are from the community have limited opportunities to return home and contribute through training in their home community. Our training consortium seeks to expand opportunities for students from the community to train and practice in their own community and give back richly to their community that they are acutely aware lacks sufficient resources for mental health care.

More broadly, the goal of the RWP training consortium is accomplished in a broad-based community mental health program where practicum students gain experience with BIPOC and historically underserved and low-income communities, and with a diversity of clinical challenges and treatment modalities in a rich community-based setting. The program's extensive opportunities for the assessment and treatment of children and families experiencing a wide range of difficulties in various community based settings provides a fertile basis for the development of highly skilled and culturally sensitive therapists.

The program provides students with clinical experiences informed and enriched by exposure to supportive supervision and robust didactics related to community mental health. In addition,

the program highlights a developmental orientation that emphasizes the integral contribution of cognition, emotion, behavior, physical development and interpersonal relationships toward the functioning of the child. As such, cognitive-behavioral, systemic, dynamic, and interpersonal perspectives are integrated into the conceptual and treatment frameworks with children and their families. The family's manner of relating to its larger ecosystem is frequently addressed through ongoing consultation with schools and other agencies. A critical focus of training is the development of cultural humility that guide students in considering cultural, community and other diversity factors that may impact a client's presentation and inform the treatment process. These orientations are reflected in a rich supervisory pool of clinicians from multiple local agencies who represent a range of empirically-supported theoretical perspectives and seek to honor clients' cultural values during the consultation, assessment, and treatment processes.

In summary, the program seeks to train reflective, highly skilled and culturally and community sensitive clinicians capable of functioning in a community- and school-based clinical settings with a wide range of child and family issues and challenges. As the capstone of our training, our practicum consortium provides a wealth of supervised clinical experiences, supervision and didactic training in community mental health so students may contribute to the equitable and inclusive delivery of care in historically under-resourced communities.

### **Structure of the RWP Training Consortium**

The RWP training consortium provides a year-long practicum experience in school and community-based mental health. Practicum students have the opportunity to learn from the local organizations and their related expertise through clinical work, supervision and didactic trainings

Practicum students are expected to work and commit 20 hours per week working on-site in the community through the training consortium. A minimum of 10 hours per week (50% of total time) are expected to be focused on the provision of direct clinical care to children, teens and their families.

Practicum students engage in concurrent training and practice rotations across two core settings, including school-based clinical work at the Ravenswood City School District (serving students from pre-K through 8<sup>th</sup> grade) and CHC's outpatient community mental health clinic at 1765 East Bayshore Road in East Palo Alto (serving youth up to age 25, and their families).

### **School-Based Services at the Ravenswood City School District (RCSD):**

Practicum students receive training and practice experiences spanning various levels of prevention and intervention supports within the District's Multi-Tiered Systems of Support model, including:

- **Individual School-Based Therapy.** Under the direction and support of CASSY, practicum students will take on individual therapy cases and provide school-based therapy at a middle or elementary school site at the RCSD. Students will receive experience and training in providing psychotherapy in a school-based milieu. Students will be training in school-based therapy and will learn how to work collaboratively with school personnel and other agencies to provide the best care possible. School-based therapy services are traditionally shorter-term and require considerable case management to ensure successful outcomes. Practicum students are responsible for a caseload of approximately 3-5 individual treatment cases.
  
- **Group School-Based Therapy.** Under the direction of CMI, practicum students have opportunities to co-deliver any of three group services in RCSD schools, typically facilitating one group at-a-time under a 2-3 hour weekly time commitment. CMI school-based group services include:
  - **Mental Health Skill Building (MHSB)** is a Tier 1 universal prevention program that entails a mental health skill-building curriculum. This workshop series is designed to teach students a set of evidence-based coping skills, enabling them to regulate their emotions, manage difficult thoughts and behaviors, interact effectively with others, and engage in relaxation and mindfulness practices to navigate stressful situations. The curriculum consists of six modules adapted for grades K through 12 and is delivered at the full classroom level.
  - **Trauma Treatment Groups in Schools (TTGS)** is a Tier 2 Targeted Intervention utilizing an evidence-based treatment for students between the ages of 8 and 18 who have experienced a traumatic event. The TTGS program teaches children skills to cope with various difficulties that arise from trauma exposure and provides a supportive environment for them to talk about their experiences. Groups consist of 5-6 students engaging in 10 group sessions (once per week) that focus on evidence based coping skills and trauma processing to address symptoms of traumatic stress.
  - **Enhancing Emotion Regulation** is a Tier 2, small-group intervention that supports students in understanding and managing their emotions and navigating stress skillfully. Through interactive activities and guided discussions, students learn core DBT skills—including Mindfulness, Distress Tolerance, and Emotion Regulation. The curriculum is adapted from DBT Skills in Schools: Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A), an evidence-based program designed for school settings. The group is delivered once weekly over approximately 11 sessions, with flexibility in implementation to align with school

schedules and student needs, including tailoring to students' lived experiences and personal identities.

### **Outpatient Based Community Mental Health:**

Under the direction of CHC, students will provide individual and family services to children and families in a traditional outpatient community mental health clinic. Practicum students will have the opportunity to provide long-term treatment to children, adolescents and families in the community. Referrals come from various agencies and support networks in the local community. Practicum students are responsible for a caseload of approximately 3-5 treatment cases, consisting of individual, parent, and family modalities.

Emphasis is placed upon the full consideration and integration of elements of diversity, equity and inclusion in the delivery of clinical services. Students will have experience and training in successfully engaging young people and their families in the process of culturally sensitive intake assessments, collaborative development of treatment plans and trauma-informed interventions and care. Students will have robust experience and training in working collaboratively with local agencies and support systems to provide a systemic approach to serving families in the community.

### **Didactic Training Seminars**

Organized and facilitated by Stanford Children's Health, a series of weekly one-hour seminars are held throughout the year and focus on topics related to child, adolescent, and family assessment and treatment approaches, community-mental health practices, inclusive clinical practice, trauma-informed care, legal and ethical issues, and evidence-based treatment interventions. Treatment approaches covered in didactics include (but are not limited to) cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), trauma-focused therapy (e.g., Cue Centered Therapy), interpersonal psychotherapy (IPT), psychodynamic therapy, dialectical behavioral therapy (DBT), and emotion-focused therapy (EFT). Additional topics and content covered in didactic training include trauma-informed mandated reporting, risk assessment and safety planning, navigating legal and ethical issues, social responsiveness and cultural humility in therapy, caregiver support and parenting intervention, substance abuse prevention and intervention, and considerations for clinical work with special populations (e.g., immigrant, LGBTQI+, and twice exceptional communities). Didactics are complemented by a weekly 1-hour case conference incorporating practicum student case presentation, discussion, and team consultation.

### **Access to Agency Trainings**

Practicum students have free access to all RWP consortium training agency continuing education classes and attendance at these trainings are optional. Training opportunities made available to practicum students include CHC's Continuing Education Classes (APA credentialed for continuing education), CMI's Visiting Professor Lecture Series, and Stanford University's Department of Psychiatry and Behavioral Sciences Grand Rounds. The above training offerings are credentialed for continuing education credits via APA or CME. Additional trainings are offered to practicum students each year, based on need, interest, and availability.

### **Supervision and Evaluation**

All practicum students receive at least three hours of supervision per week. Each of the clinical services agencies (CHC, CASSY, CMI) provide at least one hour of individual or group supervision, based on respective placements and services. All clinical supervisors are licensed and meet California state board criteria to provide supervision to students in training. Additional supervision will be provided as needed in order to be in compliance with graduate school requirements and California state board requirements.

The supervisors in this training program primarily practice from researched, evidence-based practices and also represent a wide range of theoretical perspectives, such as developmental, cognitive behavioral, systems, and narrative viewpoints. We believe this diversity of perspectives enhances the quality of our training program. All supervisors are expected to discuss relevant scientific and empirical issues with students, and to review relevant ethical and diversity issues that arise with particular cases and/or within the context of the practicum student's judgments and performance. Supervision is viewed as an opportunity for the trainee not only to benefit from the supervisor's expertise, but also to develop increasing self-awareness of strengths, weaknesses, and therapeutic values and attitudes.

Practicum students are typically evaluated by their supervisors on a quarterly basis, and provided with feedback about clinical strengths as well as areas for improvement. Supervisors complete performance evaluation measures provided by various graduate programs. At the beginning of the practicum year, students provide their supervisors with a copy of the evaluation form that will be utilized and a collaborative, supervisor's discussion takes place regarding expectations and the process of evaluation. Students are also expected to engage in reciprocal feedback of supervisors and the training program. Practicum student feedback allows for greater individualization of supervision support and is viewed as vital to the ongoing refinement and updates of this training program.

In addition, as part of the CHC rotation, practicum students have the opportunity to participate in lateral peer supervision sessions with Lucile Packard Stanford-CHC doctoral psychology interns. The supervision structure is flexible and tailored to meet the practicum student's

individual needs, with intern supervisors providing 5 to 8 one-hour sessions on a weekly basis during designated 2-3 month periods. This activity is intended to provide practicum students with additional case consultation from advanced psychology interns, with direction and collaboration from the CHC Director of Training and practicum student's primary RWP supervisor.

### **Application Process and Requirements**

The RWP Training Consortium agencies are Equal Opportunity Employers. BIPOC and bilingual applicants of diverse backgrounds and experiences are strongly encouraged to apply. Special consideration will be given to applicants who: (1) are from or reside in the East Palo Alto or East Menlo Park communities, (2) have bilingual fluency in languages prevalent in the community (i.e., Spanish, Tongan, and Samoan).

Applicants must be graduate students currently enrolled in a doctoral- or master's-level clinical training program in psychology, social work, marriage and family therapy, or professional counseling. Applicants must be willing and able to travel regularly to the East Palo Alto and East Menlo Park communities for purposes of service delivery and training activities.

To apply, interested students must submit a cover letter of interest, curriculum vitae and at least 3 reference recommendations (including at least 2 letters of recommendation).

### ***Applications for the 2026-27 training year will be accepted on a rolling basis from January-March of 2026.***

For the 2026-27 training year, we anticipate offering training spots for 3 students; 2 of these spots will be reserved for clinical psychology doctoral practicum students applying through the [BAPIC](#) selection process, with 1 additional spot reserved for a practicum student or intern enrolled in a non-BAPIC doctoral- or masters-level clinical training program. *[Please note that for the 2026-27 year, we do not have supervisors with PPS or LCSW credentials.]* Selected applicants will be invited for virtual interviews with practicum program directors and supervisors. We plan to complete applicant selection and finalize our 2026-27 training cohort by April 30, 2026. We will notify you if we are no longer accepting applications at the time that we receive your application. The RWP training program will run from August 2026 through June 2027.

Any inquiries, as well as submission of application materials (outside of the BAPIC process), can be sent to:

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**Additional Requirements:** Please note that selected applicants must be TB tested and be COVID-19 vaccinated. In addition, California law requires that individuals having direct contact with children must be fingerprinted. Thus, as a pre-condition of beginning the practicum, students are required to be fingerprinted and must pass a criminal background check prior to the start of the training year. Fingerprint cards or reports from previous employers are not acceptable.

If you would like further information about the RWP Training Consortium Partners please refer to our respective websites below:

Children's Health Council: <http://www.chconline.org/>

Stanford Children's Health, Division of Child & Adolescent Psychiatry at Stanford:  
<http://med.stanford.edu/childpsychiatry.html>

CASSY: <https://cassybayarea.org/>

CMI: <https://childmind.org/>