San Mateo
County
SELPA

Educationally Related Mental Health Procedures

San Mateo County SELPA
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Special Education Local Plan Area (SELPA)

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Educationally Related Mental Health Services Procedures

History

Both education and mental health systems have a long history of providing mental health services to students. Sometimes these services are delivered collaboratively between the two systems, but more often, the services work in parallel fashion with each other or do not operate effectively at all in either system (Kutash, Duchnowski, & Lynn, 2006). California utilized the legislative process to define the relationship between the public school system and county mental health. In 1984, Assembly Bill 3632 statutorily required a partnership between school districts and county mental health agencies to deliver mental health services to students with individualized education programs (IEPs). In 2011, the California Legislature passed Assembly Bill 114, which repealed the state mandate on special education and county mental health agencies and eliminated related references to mental health services in California statute. As a result of this new legislation, school districts are solely responsible for ensuring that students with disabilities receive special education and related services to meet their needs according to the Individuals with Disabilities Education Act (IDEA) of 2004.

Mental health as a related service is identified as mental health services necessary for a student to benefit from their special education program. Within the educational environment these can include assessment of needs for mental health services, crisis intervention within the educational setting, outpatient counseling, day treatment placement, case management, parent consultation, and/or residential placement recommendations. Please note that *medication management* is not included among these services since federal guidelines consider it a medically necessary and not an educationally necessary service. The term, "mental health as a related service", is currently utilized in place of "AB3632" or "26.5 services". Mental health a related service and Educationally Related Mental Health Services (ERMHS) can be used interchangeably.

Such significant reform requires intensive action sustained over several years. It involves not only putting into place the latest policy but also changing the cultures of classrooms, schools, and districts (Fullan, 1991). Parents, schools, and communities all have a role to play in making sure children develop in a healthy way. Creating nurturing environments for children promotes healthy development. The Preventing Mental, Emotional and Behavioral Disorders among Young People brochure (National Academies Press, 2009) indicates:

- Healthy children feel good about themselves and their abilities. They make friends, get along with their peers, and can cope with life's stresses. Healthy children learn and behave appropriately at school.
- Healthy families are nurturing and positive, provide stimulating activities, engage in positive communication, and provide support for their children, especially during times of stress.
- Healthy schools expect children to do well academically, have teachers who manage their classrooms well, and offer opportunities for partnerships with parents.

- Healthy communities offer high-quality child care and learning opportunities for young children. They provide support services to children and their families and opportunities for children to build skills and explore in work and school.

Mental health issues also range along a continuum. Mental health and mental illness are not mutually exclusive categories but are points on a continuum ranging from positive mental health through mental health problems to mental illnesses (Surgeon General, 2007):

- Mental Health – a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity.
- Mental Health Problems – signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder. Mental health problems may warrant active efforts in health promotion, prevention, and treatment.
- Mental Illnesses – all diagnosable mental disorders, health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.

Unfortunately, about 20% of children in the United States experience mental, emotional, and/or behavioral problems (National Academies Press, 2009). This means that almost one in five young people have a diagnosable mental, emotional, or behavioral disorder. Many of these disorders have lifelong effects that include high psychosocial and economic costs, not only for the child but also for their families, schools and communities. Children and adolescents with social- emotional-behavioral difficulties may exhibit chronic and diverse academic, emotional, behavioral, and/or medical difficulties that pose significant challenges for their performance in schools. While the number of children who experience mental, emotional, and/or behavioral problems is relatively high, not all of them qualify as having a mental disorder or emotional disturbance – so they may or may not be supported by a mental health agency or special education. Given this, it is important to look at how education can assume not only the responsibilities delegated under AB 114 but also meet the needs of all students in need of mental health supports. This document is written to assist local educational agencies (LEAs) in the development and implementation of mental health services in schools. It is designed as a resource for school personnel to work through the change process, which includes the stages of initiation, design and development, implementation, evaluation, and continuation. Initiation includes responding to changes by identifying leaders for the team and mobilizing people to move forward to adoption of a plan. Design and development leads the members to making decisions and experiencing beginning steps of putting their plan into action. Implementation provides the means to achieve both the desired process and outcomes. Evaluation provides continuous interaction across the stages and can serve as feedback to possibly alter decisions and plans. Continuation occurs when new practices become routine and are incorporated as the norm within an institution. Organizational change is a process, not a linear event, and the total time frame from initiation to institutionalization can take multiple years (Fullan, 1991).

Purpose

With everything else educators are responsible for, some may ask why we now have to take on mental health supports. Focusing on healthy development helps children master the skills necessary to succeed in life and provides opportunities to step in before problems occur. From birth to age five, children change more than during any other stage of their lives and helps develop a firm foundation for the rest of their lives. Important developmental foundations of social-emotional competence begin at birth (Yates, Ostrosky, Cheatham, Fettig, Shaffer, & Santos, 2008). Early experiences influence how infants, toddlers, and young children begin to understand, control, and master their world and how they form perceptions of self. For 4 example, infants initially express their wants and needs by crying, smiling, and turning toward or away from what they like or dislike. When

these needs are consistently and lovingly met, infants are more easily comforted, pay more attention to what is going on around them, are more open to exploring their environments, are better able to calm themselves and regulate their emotions, learn that they can affect others through their actions, and begin to develop secure attachments to their caregivers. In addition to feeling safe, comfortable, and close to their parents, children must learn to focus their attention and express and manage their feelings so they can get along with others. They also begin to make friends and relate to peers. The emergence of these social emotional skills helps children feel more confident and competent in developing relationships, building friendships, resolving conflicts, persisting when faced with challenges, coping with anger and frustration, and managing emotions. During middle childhood, children begin to attend school and develop academically. They learn to follow rules, develop positive relationships with friends and school mates, and learn to adapt to life's stresses. A young child who is able to relate to others, is motivated to learn, and can calm him or herself or be calmed by others will be ready to learn and experience success in school and in life. During adolescence teenagers must develop the skills necessary to carry them into adulthood – establish good health habits, critical thinking and problem solving skills, and a sense of being individuals who are well connected to friends, family, and the community. While California's recent legislation transition of responsibility for provision of mental health services to schools was primarily motivated by funding issues, it is supported by Frankford's (2007) assertion that schools are strategically placed to implement comprehensive prevention and intervention programs for children. School personnel see the full continuum of young people's mental health needs, from children at risk to those with serious emotional and/or behavioral disorders. Per Frankford:

- A major set of protective factors for high-risk youth has to do with school, including development of the child's cognitive skills, interactions with peers and adults with prosocial values, and connectedness to school.
- More than three fourths of children who receive any mental health services are seen in the education system; for many, this is the sole source of care.
- The longer adolescents stay in school and the more successful they are in school, the more likely it is that they will not be involved in substance abuse and will not experience mental health problems. The less successful students are in school, the more at risk they are for conduct disorders, substance abuse, and engagement in risky behaviors with regard to their health.

For children, mental health is not seen as residing solely within the child, but within the web of interactions among the individual child; the family; the school; health; other child service systems; the neighborhoods and communities in which the child lives (SAMHSA, 2007). In particular, neighborhood characteristics and family income can be risk factors that impact young children's social-emotional health and development:

- Young children in low-income neighborhoods are more likely to experience behavioral problems than children living in moderate or affluent neighborhoods.
- Young children from households with lower levels of family income are more likely to experience behavioral problems that negatively impact their development.
- Family risk factors, particularly maternal risk factors such as substance use, mental health conditions and domestic violence exposure, can impact parents' ability to support children's development, and may contribute to behavioral problems among young 5 children as early as age.
- Young children with these family risks factors have been found to be two to three times more likely than children without these family risk factors to experience problems with aggression (19% vs. 7%), anxiety and depression (27% vs. 9%), and hyperactivity (19% vs. 7%) (National Center for Children in Poverty, www.nccp.org).

Attention to mental health issues that arise within the school environment are important for other reasons as well. Children at risk of developing mental, emotional, and/or behavioral health problems can be identified early (The National Academies, 2009). Doing so can prevent some problems before they ever happen and treat others when

symptoms first appear. Research also suggests that greater and more long-term benefits accrue when programs begin early in the lives of children. Mental health problems often are precursors to delinquency, substance abuse, health-risking sexual behaviors, and school failure (see SAMHSA, 2007). Conclusions drawn from some of the cited studies are that:

- Children in first grade with the combination of hyperactivity and social problem-solving deficits have been found to have a greatly increased rate of drug and alcohol use when they are between 11 and 12 years old.
- Children in first grade with conduct problems, anxiety or depression, or attention deficit– hyperactivity disorder have approximately twice the risk of first tobacco use during fourth through seventh grade than do children without these early emotional disorders.
- Social impairment in childhood is a critical predictor for later substance abuse disorders. Conduct problems predict the initiation of alcohol use as well as greater escalations of alcohol use over time.
- Children who lack prosocial behavior skills are likely to be rejected by their peers and to gravitate toward other rejected children. These socially isolated peer groups, in turn, promote substance abuse and involvement in antisocial activities.

Identifying the Who

A tiered approach to interventions is a means to provide mental health services in schools that focus on promoting positive mental health/social and emotional development; addressing mental health problems as they present barriers to learning; providing linkages to community agencies and resources; and mental health resources delivered within or linked to school settings. By using a variety of funding sources to connect programs and services, schools and communities can provide students with a seamless system of prevention, early intervention, and intensive services. Setting up tiers of support services based upon an intensity of need model provides the means for schools to provide appropriate levels of interventions before recommending a more restrictive setting. In a multi-tiered model, it is conceivable that a variety of personnel will provide supports at the identified levels of intervention.

If maximum effectiveness is to be achieved, then developing working relationships is an essential ingredient. No matter which job description applies to an individual, there are a generalized set of skills, abilities, work activities, and work styles needed for success in the public school environment. Communication is vital in this field, so personnel must be able to communicate effectively with children, adolescents, parents and other persons involved with the child. She also needs interpersonal and self-awareness attributes, and should have a strong sense of wanting to help and work with children. The joy of working with students, experience in working with children who have emotional disabilities and the ability to deal effectively with attitudes and behaviors of children is highly desirable. One must establish and maintain effective and cooperative working relations with parents, students, and teachers; work 6 independently and as a team player; maintain flexibility and utilize sound judgment; and maintain strict confidentiality. In addition, often one must be able to concentrate on multiple tasks in an active, busy environment; utilize various technological machines and computers; maintain regular, steady attendance; demonstrate integrity; adaptability, flexibility, good judgment, dependability; and have the ability to work effectively and efficiently under pressure.

Leadership and coordination of efforts is critical. Because people who work with students with emotional challenges and their families often come from varied training programs, bringing all people involved together for staff development activities is an essential concept for success. It is also important to —foster genuine working relationships with parents based on mutual understanding, shared vocabulary, and respect (Work Group, 1991, p. 9). The successful implementation of Tier I school-wide supports requires buy in from administration, classified personnel, teachers, and support personnel. For example, since behavior is the reason so many students get

referred for special education, efforts that empower teachers to manage a diversity of behavior enhances the self-esteem of both students and teachers, adds to the acceptance of cultural differences, and opens doors for collaboration between teachers and specialists (Work Group, 1991).

Tier II targeted interventions typically involved many of these staff members plus expanded team members such as a school psychologist, school nurse, behavior specialist, special education teachers, licensed professional clinical counselor (LPCC), or intern. Tier III intensive mental health supports are typically provided by specially trained personnel such as marriage family therapist intern (MFTI), licensed MFT (LMFT), licensed clinical social worker (LCSW), clinical therapist, mental health case manager, and/or even a psychiatrist. Administrative support may be provided by a variety of personnel (i.e., program specialist, coordinator, director, assistant principal, principal, assistant superintendent, superintendent) and across multiple divisions (i.e., administrative services, educational services, business services, maintenance and operations).

The California Department of Education (CDE) published an advisory on September 13, 2011 regarding the requirements for securing the services of mental health professionals to provide related services to special education students. LEAs have the option to directly employ mental health professionals and/or contract for community-based mental health professionals to provide related services. Such professionals are broadly defined as any individuals licensed and self-employed, employed by a private agency, or employed by a public agency such as County Mental Health. Individuals and entities that are employees, contractors or vendors of these public agencies are authorized to provide the specific services to which they have been assigned and that authorization qualifies them to contract directly with LEAs to provide those same services. Individuals and entities that are not current contractors or vendors of the public agencies must hold a Nonpublic School or Nonpublic Agency (NPS/A) certification in order to be eligible to provide related services. Community-based mental health professionals must be supervised in their school-based activities by an individual possessing a Pupil Personnel Services (PPS) credential. Per CDE, the term —supervised in this context means that the PPS credential holder has oversight of the school-based activities undertaken by a community-based mental health provider for the purpose of ensuring that these services are consistent with the needs of students served and are coordinated with other student services to allow for the provision of an efficient and comprehensive PPS program. Issues of certification and supervision must also be considered.

Getting to the HOW

A tiered approach to interventions is a means to move students from universal, to select targeted, to intensive treatment interventions (and vice versa as appropriate).

> *"Deliberate, considered utilization of the full continuum of programs and service options enhances the appropriateness of interventions for any individual at any time. It [a continuum of mental health interventions] provides the opportunity for change to occur in either direction as the needs of the student change. (Work Group, 1991, p. 3)."*

Students and parents generally feel safe in the school environment and are more comfortable with the family orientation provided by service providers who work together in the same building. The increase in family cooperation and enhanced exchange of information among providers has been shown to assist team efforts at intervention. Embedding a values-based system of care model requires adapting and building upon the following principles identified by

- Multi-year programs are more likely to foster enduring benefits than short-term project.

- Preventive interventions are best directed at risk and protective factors rather than at categorical problem behavior. It is both feasible and cost-effective to target multiple negative outcomes in the context of a coordinated set of programs.
- Interventions should be aimed at multiple domains, changing institutions and environments as well as individuals.
- Prevention programs that focus independently on the adolescent are not as effective as those that simultaneously ―educate‖ the adolescent and create positive changes in both the school and home environments.
- There is no single program component that can prevent multiple high-risk behaviors. A package of coordinated, collaborative strategies and programs is required in each community.
- Prevention programs need to be integrated with treatment systems to enhance linkages and sustainability.
- Schools, in collaboration with community providers, are potential settings for the creation of such fully integrated models (Greenberg, Domitrovich, & Bumbarger, 1999; cited in Frankford, 2007).

Determination of Need for Mental Health Related Services

While there is a continuum of mental health services available within a SELPA, the focus for IEP teams is the determination of need for educationally related mental health services (ERMHS) as a related service based upon IDEA regulation and Education Code § 56363. Students do not need to have a specific disability to receive ERMHS services. School personnel look at concrete data (grades, progress on goals, behavior at school, office referrals, discipline patterns) to see if there are functional impairments getting in the way of the student's education (how the behaviors are impeding the educational process, including, but not limited to, academic success). As such, the question becomes more than would the student benefit from services; rather, does the student require ERMHS to access their academic environment?

Focus on the educational impact of the student's disability is distinctly different from a medical model. Having a mental health diagnosis and being on medications does not dictate educational need or indicate higher level of care. However, factors such as a student's responsiveness to physical healthcare treatment alone, ability to access education in the least restrictive environment, and/or failure to demonstrate progress in educational performance may be considered as strong indicators of the student's amenability to the intervention currently being employed. Clinical significance may also be seen in impeded ability to accomplish IEP goals, including therapy planned goals.

Remember – to determine educational necessity for mental health related services, the student's identified disability must adversely impact educational performance. If the team follows all policy and procedure to get to this step, it is recommended that the school psychologist or case manager initiate an Assessment Plan/Prior Written Notice to gather more information about the student's social-emotional functioning in school. In some cases the evaluation may need to be expedited (i.e., potential expulsion or other change in placement). In most cases it is important to provide intervention during the time an evaluation is being conducted and incorporate the student's response to intervention data into the evaluation process and report. Typically the LEA uses its standard assessment report format, with a focus on the impact of the student's social emotional functioning on his or her school performance.

Educationally Related Mental Health Services:

Educationally related mental health services are mental health services that are provided to students receiving special education services. These services are provided when students have significant socio-emotional or socio-

behavioral needs that impede their ability to benefit from their special education services. There must be a direct relationship between the emotional/behavioral characteristics and the lack of educational benefit from special education services. A referral is appropriate when these concerns are determined to be associated with a condition that can not be described solely as a temporary adjustment problem that can be resolved with less than three months of school based counseling. Students eligible for mental health services are not just those identified as Emotionally Disturbed but can be those of any disability category. The services will be regularly monitored for efficacy and due diligence. Adjustments in the level of service will be made as appropriate. An IEP will be held and the service will be discontinued when the mental health goals are met signaling that the service(s) are no longer needed for the student to benefit from educationally related mental health services.

Operating Principles

Every individual with disabilities is entitled to a Free and Appropriate Education within the least restrictive environment. A unique Individualized Education Plan is developed for each student from a continuum of services. The ERMHS program strives to provide the appropriate mental health service at the level indicated by each student's need in order to achieve educational progress. The service array/menu is based upon a tiered-level approach and includes prevention, brief intervention, or intensive and individualized interventions. * Please note that the Tier's below are meant for our Special Education Students. Students in the school setting may be on Tier 3 but not eligible for Special Education.

Tier I: Prevention- These are universal prevention activities available through school districts, San Mateo County Office of Education, or within community agencies and organizations. All students are eligible to access Tier I services and activities, and do not need to be eligible for Special Education to participate. Examples of these services/programs include counselors, Positive Behavior Intervention Program, Second Step, Bullying Prevention Program, School Safety Plans (which may include responding to a mental health crisis on campus), Developmental Assets, Student Study Teams, First Five counseling and parenting education.

Tier II: Identification and Brief Intervention- This tier service targets those non Special Education students, Special Education students, or those in the process of special education assessment who have an emerging socio-emotional problem, and who with brief support will be able to improve problem behaviors. Examples of these services include identification/screening by school psychologist as having socio-emotional problems and IEP has socio-emotional goals documented; Behavior Intervention Plans; School Psychologist services; counseling services; training for teachers/caregivers on behavior intervention; socio-emotional skill-building groups; possible mental health evaluation completed and these related services are documented on IEP; Short term Individual or Group therapy from mental health professionals; and short term Parent Coaching/consultation. If a crisis assessment raises lethality concerns, the ERMHS Clinician will be responsible for making arrangements to send the student for a 5150 assessment. In addition, the ERMHS Clinician will provide a written progress report for IEP meetings. ERMHS Tier III services will be focused primarily on helping the student meet their special education goals. Data from measureable goals will be used, when practical, to determine whether the services provided have contributed to improved educational success. The ERMHS Clinician will be responsible for complying with all confidentiality regulations.

Tier III: Intensive Individualized Intervention is the most intensive service array and targets both the General Education and the Special Education student with significant problems due to mental health disorders and will be done within an interdisciplinary team model. Less intensive services and short term

intervention has been attempted prior to referral for ERMHS Tier III services. Examples of services at this level include: mental health evaluation completed; Intensive/longer term Individual or Group therapy from mental health professionals; Parent Coaching; possible WRAP services in the home; a multidisciplinary team approach and communication with student's IEP Team; and the possibility of a nonpublic school placement or residential being the most restrictive option. The mental health clinician, which includes a credentialed education staff and licensed or license-waivered mental health therapists, or contractors, will be referred to as the ERMHS Clinician in the rest of this document. At this level, Behavior Health Recovery Services (BHRS) are often times the provider of the mental health services. At the Tier III Level, education-related mental health services ***MAY*** include screening and assessment, crisis intervention within the school setting, individual or group therapy, communication with the case manager, rehabilitation services, treatment plan development, collateral services for parent or caregivers, and consultations regarding appropriate educational placements. If a crisis assessment raises lethality concerns, the ERMHS Clinician will be responsible for making arrangements to send the student for a 5150 assessment. In addition, the ERMHS Clinician will provide a written progress report for IEP meetings. ERMHS Tier III services will be focused primarily on helping the student meet their special education goals. Data from measureable goals will be used, when practical, to determine whether the services provided have contributed to improved educational success. The ERMHS Clinician will be responsible for complying with all confidentiality regulations.

Pre-Referral Process

Prior to referring a student to be assessed for ERMHS the School Team must hold an Individual Education Plan (IEP) meeting and consider Positive Behavior Support Services. The team should consist of but not limited to the following members: the case manager, the student's parent(s), a general education teacher, a site administrator, the program coordinator(if applicable), school counselor if available, and the school psychologist. The pre-referral process includes: review of current data, collection of new data, and implementation of available supports:

- Gather information from the student's parents and teacher(s) regarding social emotional, behavioral, and academic performance.
- Review the observation data or reports provided by the site staff.
- Review available records of student's school attendance and discipline.
- Review data indicating the history of parent-school contact.
- Examine current supports available for the teacher and student at the school site.
- Reviewing IEP goals that pertain to behavior change.
- Collect data on positive school-wide behavior support system being used and intended to maximize the student's positive behavior on a daily basis.
- Collect data on positive classroom management systems and strategies being implemented to support the student's positive behavior on a daily basis.
- Collect data describing any previously attempted interventions and their relative effectiveness.
- Review data on an implemented behavior intervention plan including a functional behavioral assessment(if applicable), and a statement of the relative effectiveness of the plan.

IEP Team Initiation of Referral for Mental Health Services:

The "Student Needs for Mental Health Support Rubric" is recommended for use prior to initiating a mental health referral to determine if a mental health referral is appropriate. In addition, this rubric may be used as part of the

assessment process to determine continued need for mental health services. *Continue w/ referral process if rubric mostly notes ratings in 3's & 4's in 2 or more areas.*

Eligibility Criteria

ERMHS Tier II/ III students will have an active IEP, or is in the process of a psycho-educational assessment for special education services, and who is suspected of having significant socioemotional problems, or have a mental illness diagnosis, and is not making adequate educational progress due to the mental health problems. Students who are eligible for ERMHS Tier III evaluation often require a great continuum of service which is provided mainly by BHRS or and NPS/NPA. IEP teams will determine which students with disabilities are eligible for mental health related services. The ERMHS Clinician or School Psychologist will be responsible for completion of a mental health initial eligibility evaluation and will provide a recommendation to the IEP team regarding eligibility and recommended services. The IEP Team and the ERMHS Clinician will develop specific goals and services which will be written into the IEP and routinely monitored for progress. Eligible students are not solely identified under eligibility category Emotionally Disturbed, but can be of any disability category. Students can be anywhere on the continuum of placement and services as long as they meet the eligibility criteria.

IEP Procedures:

Initiating a referral for ERMHS Tier II/III

1. Documenting need prior to referral: The IEP must clearly document the suspected/identified need related to mental health by compiling the following information:
    a. The student has an active psycho-educational study (or is in process) and a copy is attached.
    b. Written consent to complete a mental health assessment and to share information between school staff and Clinical staff (if they are not a school district employee) is current and a copy is attached.
    c. Documentation lists the emotional or behavioral problems that:
        1. Have been observed by qualified educational staff in education settings and other settings as appropriate;
        2. Impede the student from benefiting from special education services;
        3. Are significant as indicated by rate of occurrence and intensity;
        4. Are associated with a condition that cannot be explained solely as a social maladjustment as demonstrated by deliberate noncompliance with accepted social rules, a demonstrated ability to control unacceptable behavior and the absence of a mental disorder as defined by the American Psychiatric Association;
        5. Are associated with a condition that cannot be described solely as a temporary adjustment problem that cannot be resolved with less than three months of school counseling. The student has exhibited socio-emotional problems for at least 6 months.
2. Based upon an IEP team decision using educational assessments, the student's current functioning, including cognitive functioning, is at a level sufficient to enable the student to benefit from mental health services (this does not include behavioral consultation services);
3. The IEP special education services as written on the IEP have been implemented;
4. The IEP team has implemented and reviewed behavior support plans for effectiveness;
5. The IEP teams have determined the student is likely to benefit from ERMHS Tier III services;
6. Written consent for release or exchange of information for all relevant private service providers is copied and part of the referral packet.

Students who are in the process of being evaluated for Special Education services, or who transfer into San Mateo County SELPA with a current IEP with Mental Health services listed may be referred to ERMHS Tier III concurrently. This concurrent referral is only utilized in extraordinary circumstances for the student. The School Psychologist will validate the unique circumstance which necessitates expedited referral process pending the completion of the entire evaluation.

Referral Packet for ERMHS TIER II/III

After the IEP team has initiated a referral, the School Psychologist shall submit a packet with the following to the ERMHS TIER III Clinician:

1. Referral checklist
2. Current IEP document and any subsequent addendums
3. Current Psycho-educational Assessment
4. Current assessment reports completed in all areas of suspected disabilities and any relevant outside agency reports recently completed
5. Letter from referring school counselor/psychologist verifying provision of counseling and guidance services and progress toward emotional or behavioral problems
6. Behavior Plan with statement regarding the effectiveness of this intervention
7. Parental consent for mental health assessment and services
8. Universal Release of Information Form for release or exchange of information for all private care providers

Referral Procedures and Timelines

Following the receipt of parent signature for consent for an ERMHS Tier II/III eligibility evaluation, the evaluation packet will be forwarded to the assigned ERMHS Clinician. If, for some reason the parent signature has not been obtained within 30 days of the initial request for consent, the case manager will inform the district/IEP Team the eligibility evaluation cannot be started. It is the responsibility of the case manager to reconvene an IEP to address the lack of parental consent to the proposed ERMHS Tier III eligibility assessment plan. ERMHS Initial Eligibility Evaluation Upon receipt of parental consent for the ERMHS Tier III evaluation, the case manager will schedule an IEP within 60 days consistent with legal requirements for other educational assessments. (Transfer-in students from another SELPA with an active IEP with mental health services must be scheduled within 30 days.) The ERMHS Clinician will conduct an evaluation to determine if there is a socio-emotional problem negatively impacting the student's ability to benefit from his/her education. If eligible, the ERMHS Clinician will offer a recommendation of related goals and service delivery. The IEP team will be provided a copy of the ERMHS Clinician's report, and recommendations will be proposed and discussed. The mental health evaluation shall be designed to determine the student's need for mental health services that are necessary for the student to make educational progress. The ERMHS Clinician shall review and consider current or previous educational reports, observations of the student in the classroom, and interviews with the student, parent, and teacher. Other useful sources of information may include physician, psychiatrist, social worker, probation officer, extended family, and psychologist. Consideration of relevant cultural issues, native language, environmental history, and family history are essential to this assessment.

<u>Criteria for determining needs for services</u>

Assessment Standards:

The assessment shall be designed to determine the student's need for mental health services that are necessary for the student to make educational progress in the educational setting. The assessment should include the following information:
Documentation that the student exhibits emotional or behavioral characteristics symptoms that :

- Are observed by qualified educational staff in educational and other settings, as appropriate.
- Impede the student from benefiting from any special education services. There must be a direct relationship between the emotional/behavioral characteristics and the lack of benefit from special education services. This may be shown by lack of progress on goals/objectives, grades, standardized tests scores, district assessments, formal observations.
- Are identified significant, as indicated by their rate of occurrence and intensity.
- Are associated with a condition that cannot be described solely as a temporary adjustment problem that can be resolved with less than three months of school counseling.

Documentation of appropriate School Based Interventions (i.e. school based counseling, guidance interventions, behavior support plan, FBA/FAA). Documentation should include a description of the interventions considered and to what extend these interventions were successful. Identify the specific lack of educational progress and how this is directly related to the student's mental health concerns. Consideration of relevant cultural issues, native language, environmental history, and family history is required as part of this assessment.

Assessment Report:
The mental health eligibility evaluation shall culminate in a written report which will determine the student's need for mental health services in order to benefit from his/her special education. The ERMHS Clinician and ERMHS School Psychologist will work together to insure standardized evaluation tools are utilized for the baseline functioning and each professional performs work within the scope of his/her license or certificate. This written report will be completed within timelines to give the IEP team advance consideration prior to the next IEP meeting and include the following information:

- Identifying Information: Name, date of birth, gender, legal guardian with contact information, LEA, current classroom placement, grade, clinician name and license number, date, and referral source.
- Statement of Language Consideration
- Reason for Referral: Who and why
- Assessment methods: Record review, observation, interviews, summary of standardized testing used in this assessment, others
- Description of Mental Health/Behavioral Concerns (socio-emotional problem). Rate, intensity for significance statement; relationship of student's problem behaviors with academic achievement; and how long the problem behavior has been occurring (to determine whether it is a temporary adjustment reaction).
- Relevant health/development/medical findings/history: Summarize and consider outside reports when available such as DSM V diagnosis. Previous mental health conditions: psychiatric, hospitalizations, current medications.
- Relevant Special Education History and Intervention History: Past and current IEP services/accommodations/modifications, identified disability, school-based interventions, successes as well as discipline patterns. Review of Behavior Intervention and/or Direct Treatment Plans and effectiveness.
- Present Levels of Academic Functioning: Standardized scores, goals objectives, grades, progress or lack of progress in these areas.
- Summary of Interviews: Parent, teacher, student, service providers, intervention providers.

• Summary of observations: classroom and other settings as appropriate
• Summary of Psychological/Social-emotional-behavioral/adaptive conditions. Evidence based instruments are to be used in evaluation and when used, a statement about test validity will be included. Functional Behavior Analysis Profiler, Child Behavior Checklist/CBCL (Achenbach), Behavior Assessment System for Children (BASC), Connors Scale are examples but should not be limited to these instruments.
• Determination of environmental, cultural, or economic factors which may impact the student.
• Summary and Findings: Is there a determined need for mental health services as a related service for the student's IEP in order for the student to benefit from education? Is there a direct relationship between the emotional-behavioral problems and the lack of academic progress at a significant level?
• Recommendations for mental health services to be provided on IEP.

Key ingredients of the psychoeducational/mental health evaluation include, but are not limited to the following:

A. **Reason for Referral** (School Psychologist/Mental Health Clinician)
- State the person who made referral including referring school psychologist, school, and district.
- This section of the report describes why the child is being referred for testing, what problems the student has had that warrant evaluation and the purposes of the assessment. This part of the report orients the reader to the report's contents and provides a framework for assessment findings.
- This should address how the school district believes the mental health issues affect current educational performance as well as school attendance.

B. **Child History and Background Information** (School Psychologist/Mental Health Clinician)

A psychoeducational/mental health assessment is essentially a "snapshot in time". It represents an appraisal of the student's current functioning against the backdrop of the student's past. Therefore, the psychologist/clinician needs to obtain a thorough history of the student and include all relevant historical information within the report.

For students who may be in need of special education services, it is critical that the historical section of the report include all relevant medical history. Information to be included consists of any pre- and perinatal factors, which may have a bearing on subsequent child development; the student's acquisition of developmental milestones in accordance with a developmental timeframe; the student's history of infection, illness and injury; and anecdotal observations regarding the child's health and preschool development.

Research has shown that various adverse pre-and perinatal factors may predispose the student to subsequent learning problems. For example, prematurity puts the child "at risk" for later problems with language and other forms of information processing. Adverse reactions to vaccines, the experience of frequent or chronic ear infections, seizure disorder, attention deficit, social and/or emotional difficulties, surgeries and strep infection, can provide important clues regarding the "risk factors" that may predispose the student to subsequent learning disabilities.

Historical information should also include data regarding the student's development of fine and gross motor skills; demonstration of facility in speech and language function; ability to interact, play and socialize with peers; and the timeline for accomplishment of developmental milestones.

The historical section of the report should also contain a complete review of the student's educational history, beginning with preschool educational experiences and concluding with the student's present educational

placement. Therefore, it is critical that the psychologist/clinician obtain a complete educational record for the child to include all report cards, anecdotal records, standardized test results, teach and parent observations, and the results of prior evaluations. Whenever possible, psychologists/clinician's should seek to obtain actual test scores and not just written summaries from previously completed assessments.

It is important to include in the historical section of the report observational data from individuals who have had an opportunity to interact with the child over time. This includes teachers, parents, and other professionals who can provide important insight into the child's functioning in a variety of settings and the student's progress (or lack of it) over time.

For the student with a prior history of evaluation, particular attention should be paid to how the child has tested over time. IT is not unusual for students who receive appropriate educational programs to demonstrate growth, not only on standardized academic achievement tests, but also on measures of cognitive functioning.

The historical section of the report should take the reader from the beginning of the student's life and leave the reader right at the point where the assessment begins. This sets the stage for the occurrence of the "snapshot in time".

C. **Child Behavior during Testing** (School Psychologist/Mental Health Clinician)

Behavioral observations of the student under standardized test conditions are critical to the compilation of the psychoeducational/clinical assessment report. It is not only important how the student tests in terms of scores, but what the student does during the process of the evaluation. Whether the child is attentive or inattentive, hyperactive or hypoactive, has good or poor rapport with the examiner, has an impulsive or methodical response style or is motivated or unmotivated to complete the testing tasks, is crucial to interpreting the obtained test results.

Some children with special needs are extremely difficult to test. Their problems with attention, concentration, impulse control and limited frustration tolerance can create continual interferences during the testing process and may compromise the reliability and validity of the obtained test scores. If negative behaviors are observed during testing, these should be reported by the examiner and obtained test scores should be interpreted with extreme caution.

On the other hand, many children are extremely hard working and motivated to do well during testing. They put forth an extraordinarily strong amount of effort, which contributes to the reliability and validity of obtained test results. These behaviors should be interpreted with extreme caution.

Often test scores obscure the process behind the student's test-taking behavior and may obscure the truth of the child's functioning rather than reveal it. The concept of reporting qualitative data rather than just quantitative data in an evaluation is referred to as "process assessment". The term "process assessment" comes from the saying, "it is not whether you win or lose but how you play the game." How the student obtains the test scores is just as critical, if not more critical, than the actual scores themselves. Therefore, both qualitative and quantitative information is critical to the compilation of the psychoeducational evaluation report.

D. **Test Results and Analysis** (School Psychologist/Mental Health Clinician)

In this section of the report, the psychologist/clinician presents all relevant information obtained during testing and analyzes and interprets test results. This is a critical section of the report, which gives the

psychologist and clinician the opportunity to discuss and interpret both the quantitative and qualitative information obtained during the course of the assessment.

If prior testing was accomplished or if the child has been receiving special education, this section of the report should include information as to whether the child is making a reasonable degree of educational progress and whether the child is benefiting from specially designed instruction and educational intervention.

E. **Summary of Test Results and Recommendations for Intervention** (School Psychologist/Mental Health Clinician)

The final section of the psychoeducational/clinical assessment contains a summary of test results and the recommendations for intervention. This section should contain not only an overview of all major test findings, but also a determination of the child's eligibility for special education services if it is an initial evaluation. In essence, this section of the report provides a blueprint for the writing of the student's IEP.

Areas that the School Psychologist and Mental Health Clinician may want to assess together include the following:

1. **Observational Data Collection**: An important component of the assessment includes observational data regarding the child's functioning in the classroom, in structured and unstructured social situations, and at home (per report of the parent). It is important for the assessors to observe themselves, it is also important to obtain data directly from individuals who have frequent and ongoing contact with the student in a variety of settings. It is also very important to collect observational information from parents as they should know their child the best. Parents have had the opportunity to observe the child from birth until the present time. Parents are "in the trenches" with their child from one school year to the next and have the ability to observe the child's strengths and weaknesses in a variety of sessions over a lifetime. Parents are also able to provide input to the assessors about how the student has progressed through the grades and how the student interacted with the various teachers and staff members. They have the opportunity to observe the student's ability to complete homework in an independent setting. They are also more likely to see the results of fatigue and frustration at the end of the day. Finally, it is important to collect observational input from the other staff members working with the student such as: the Counselor, Behaviorist, Occupational Therapist, Physical Therapist, Speech and Language Therapist, Playground Aides, Bus Drivers, and many others.

2. **Measures of Personality Functioning**: This is an area with the purpose of understanding the child's personality. The orientation of the personality is critical to determining the variables that may affect the child's academic performance at school. Some students may have profound and serious learning problems but because of the nature of their personality, present as very hardworking students who manage to accomplish a great deal against sizable odds. Other students may experience very mild learning impairments, but as a result of temperament and personality, experience a great deal of distress about their learning. Therefore, assessment of personality functioning is a critical component of the assessment.

3. **Tests of Attention and Executive Functioning**: Testing of attention and executive functions becomes rather complex because there are no single test measures that effectively ascertain functioning within these domains. Therefore, the assessors must create a battery of tests and checklists, which provide both anecdotal information and objective evidence of the student's ability to attend, concentrate, control impulsivity, and engage higher level executive functioning.

IEP Goals:
Mental Health based IEP goals should initially be written for a 6-12 session period. The ERMHS provider should write the goal(s) with participation of the student if possible to achieve a greater level of "buy in". IEP team must reconvene to review goals after data is collected to document the student's baseline. Additionally, after the determined number of sessions is complete and data is collected, the team must reconvene to determine if the service is needed for a longer duration, greater or lesser frequency is needed, a greater or lesser amount of minutes is needed, or if a new goal is needed. Flexibility and age appropriate based services should be considered when recommending the frequency and duration of services.

Progress Monitoring:
Like any other service or goal, progress monitoring is vital. It will determine the need for continuing the goal/service beyond the IEP specified time period. When monitoring IEP goals, it is extremely important to include accurate data in the progress updates.

ERMHS TIER II/III
Exit Criteria In the event a student's functioning stabilizes (over a three month period, consistent educational goal achievement, general adaptive functioning improvement, and ERMHS Clinician recommendation) the student will be re-evaluated for exit from service(s). To be eligible for exit, interventions must be completed, student must have an acceptable level of stability, and the student must have adequate community or school resources, including a receiving site, so he/she can continue to benefit from the special education program and services. Recommendations for changes or exit from ERMHS services are made by the ERMHS Clinician. Changes to IEP related services shall be addressed in an IEP meeting. Changes require parental consent.

HIPAA/FERPA

I. Introduction
The purpose of this guidance is to explain the relationship between the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, and to address apparent confusion on the part of school administrators, health care professionals, and others as to how these two laws apply to records maintained on students. It also addresses certain disclosures that are allowed without consent or authorization under both laws, especially those related to health and safety emergency situations. While this guidance seeks to answer many questions that school officials and others have had about the intersection of these federal laws, ongoing discussions may cause more issues to emerge. Contact information for submitting additional questions or suggestions for purposes of informing future guidance is provided at the end of this document. The Departments of Education and Health and Human Services are committed to a continuing dialogue with school officials and other professionals on these important matters affecting the safety and security of our nation's schools.

II. Overview of FERPA
FERPA is a Federal law that protects the privacy of students' "education records." (See 20 U.S.C. § 1232g; 34 CFR Part 99). FERPA applies to educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education. This includes virtually all public schools and school districts

and most private and public postsecondary institutions, including medical and other professional schools. If an educational agency or institution receives funds under one or more of these programs, FERPA applies to the recipient as a whole, including each of its components, such as a department within a university. See 34 CFR § 99.1(d). Private and religious schools at the elementary and secondary level generally do not receive funds from the Department of Education and are, therefore, not subject to FERPA. Note that a private school is not made subject to FERPA just because its students and teachers receive services from a local school district or State educational agency that receives funds from the Department. The school itself must receive funds from a program administered by the Department to be subject to FERPA. For example, if a school district places a student with a disability in a private school that is acting on behalf of the school district with regard to providing services to that student, the records of that student are subject to FERPA, but not the records of the other students in the private school. In such cases, the school district remains responsible for complying with FERPA with respect to the education records of the student placed at the private school. An educational agency or institution subject to FERPA may not have a policy or practice of disclosing the education records of students, or personally identifiable information from education records, without a parent or eligible student's written consent. See 34 CFR § 99.30. FERPA contains several exceptions to this general consent rule. See 34 CFR § 99.31. An "eligible student" is a student who is at least 18 years of age or who attends a postsecondary institution at any age. See 34 CFR §§ 99.3 and 99.5(a). Under FERPA, parents and eligible students have the right to inspect and review the student's education records and to seek to have them amended in certain circumstances. See 34 CFR §§ 99.10 – 99.12 and §§ 99.20 – 99.22. The term "education records" is broadly defined to mean those records that are: (1) directly related to a student, and (2) maintained by an educational agency or institution or by a party acting for the 1 agency or institution. See 34 CFR § 99.3. At the elementary or secondary level, a student's health records, including immunization records, maintained by an educational agency or institution subject to FERPA, as well as records maintained by a school nurse, are "education records" subject to FERPA. In addition, records that schools maintain on special education students, including records on services provided to students under the Individuals with Disabilities Education Act (IDEA), are "education records" under FERPA. This is because these records are (1) directly related to a student, (2) maintained by the school or a party acting for the school, and (3) not excluded from the definition of "education records." At postsecondary institutions, medical and psychological treatment records of eligible students are excluded from the definition of "education records" if they are made, maintained, and used only in connection with treatment of the student and disclosed only to individuals providing the treatment. See 34 CFR § 99.3 "Education records." These records are commonly called "treatment records." An eligible student's treatment records may be disclosed for purposes other than the student's treatment, provided the records are disclosed under one of the exceptions to written consent under 34 CFR § 99.31(a) or with the student's written consent under 34 CFR § 99.30. If a school discloses an eligible student's treatment records for purposes other than treatment, the records are no longer excluded from the definition of "education records" and are subject to all other FERPA requirements.

The FERPA regulations and other helpful information can be found at:
http://www.ed.gov/policy/gen/guid/fpco/index.html.

IV. Where FERPA and HIPAA May Intersect

When a school provides healthcare to students in the normal course of business, such as through its health clinic, it is also a "health care provider" as defined by HIPAA. If a school also conducts any covered transactions electronically in connection with that healthcare, it is then a covered entity under HIPAA. As a covered entity, the school must comply with the HIPAA Administrative Simplification Rules for Transactions and Code Sets and Identifiers with respect to its transactions. However, many schools, even those that are HIPAA covered entities, are not required to comply with the HIPAA Privacy Rule because the only health records maintained by the school are

“education records” or “treatment records” of eligible students under FERPA, both of which are excluded from coverage under the HIPAA Privacy Rule. See the exception at paragraph (2)(i) and (2)(ii) to what is considered “protected health information” (PHI) at 45 CFR § 160.103. In addition, the exception for records covered by FERPA applies both to the HIPAA Privacy Rule, as well as to the HIPAA Security Rule, because the Security Rule applies to a subset of information covered by the Privacy Rule (i.e., electronic PHI).

Information on the HIPAA Privacy Rule is available at: http://www.hhs.gov/ocr/hipaa/. Information on the other HIPAA Administrative Simplification Rules is available at: http://www.cms.hhs.gov/HIPAAGenInfo/.

Family Educational Rights and Privacy Act (FERPA) and California Education Code §§ 49073 et seq.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Similarly, California Education Code sections 49073 et seq. is the state law governing privacy of pupil records.
FERPA and the corresponding provisions of the Cal. Education Code give parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Each district must have a procedure for parents or eligible students to request copies of the pupil records and schools may charge a reasonable fee for copies. Requested access to pupil records must be granted no later than five business days following the date of the request. (EC 49069.)
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information. (Education Code 49070; 34 CFR 99.20.)
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, the law allows schools to disclose pupil records, without consent, to the following parties or under the following conditions (Education Code 49076; 34 CFR § 99.31):

- School officials with legitimate educational interest* - this includes a contractor or consultant who has a formal written agreement or contract with the district regarding the provision of services or functions outsourced to him/her by the district;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies;
- Members of a school attendance review board (SARB); and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance, pursuant to district policy. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.
*Legitimate interest is defined as the following per county counsel:

–The school official must have a "legitimate educational interest" in the information in order to access it under this exception.

–The U.S. Department of Education has interpreted "legitimate educational interest" to mean that the official needs access in order to perform his or her professional duties. (Need to know – not want to know.)

For more information regarding this topic, please visit: www.familypolicy.ed.gov

Frequently Asked Questions (FAQ's)

Confidentiality of Educationally-Related Mental Health Records

1. When does FERPA apply and when does HIPAA apply?

As a general rule, HIPAA requires health care providers to protect the confidentiality of "individually identifiable health information" and prohibits them from disclosing it, or allowing others to access it, without signed permission from the patient or the patient's personal representative. Recognizing the sensitive nature of mental health therapy records in particular, HIPAA provides even greater protection for what it terms "psychotherapy notes."

However, the HIPAA Privacy Rule explicitly states that its rules do not apply to health information held in an "education record" subject to FERPA. In other words, if FERPA applies, the HIPAA Privacy Rule does not apply. The term "education records" is broadly defined to mean records, files, documents, and other material containing information directly related to a student that are maintained by a school or a person acting for the school. (*See* 34 CFR § 99.3.)

2. I was trained in HIPAA, why are you talking about FERPA?

FERPA allows schools and educational agencies to share information in a student's education record with "school officials" who have a "legitimate educational interest" in the information without parental consent.
The term "school official" includes school staff, such as teachers, health staff, clerical staff, school police, and attorneys. A school or district also may define this term more broadly so that it also includes the ability to share information with outside consultants or contractors to whom the school has outsourced a school function pursuant to a contract. This is why the district is able to share student information with NPAs that provide student mental health services.

3. What confidentiality requirements apply to notes of student counseling sessions?

The general rule is that any information of a personal nature disclosed by a pupil 12 or older in the process of receiving counseling is confidential. (Ed. Code § 49602.) This information may not become part of the pupil record without the written consent of the person who disclosed the confidential information. There are exceptions, including: psychotherapist referrals for treatment; reports of child abuse; and disclosures to principals or parents for the health and safety of the student or the school community, provided that such disclosures do not imperil the health and safety of the student.
In addition, counselors may disclose personal information to law enforcement authorities pursuant to a court order.

4. My district's contracted NPA won't let me have access to "their" files, what should I do?

Ideally, the agreement between your district and the NPA would specify that any records created during these outsourced mental health services are student records that belong to the district. If your district's contract with the NPA does not specify that the district "owns" these records, you may need to explain that these are educational records: The NPA only has access to the students through its contractual relationship with the district.
Under both FERPA and the California Education Code, there is an exception that authorizes contractors or consultants to access otherwise confidential education records. As noted above, Education Code section 49076(a)(2)(G)(i) and 34 CFR 99.31 state that a school district may release information from pupil records to a contractor or consultant with a legitimate educational interest who has a formal written agreement or contract

with the school district regarding the provision of outsourced institutional services or functions by the contractor or consultant.

Here, district's contract with NPAs to provide services to students that they would otherwise provide themselves pursuant to Education Code section 49600, which authorizes districts to offer a structured, coherent, and comprehensive educational counseling program. These mental health services have an educational purpose, otherwise districts would not be able to pay for the services with school funds. Thus the records resulting from those services, which are provided and funded for educational purposes, belong to the district and not the NPA.

5. <u>What if the parent signs the IEP for mental health services but does not sign the consent form?</u>

If a minor is 11 years old or younger, consent by a parent/guardian is required before providing the minor with outpatient mental health counseling or treatment services.

Family Code 6920-6929 and Health and Safety Code 124260 allow a minor age 12 or older to consent to outpatient mental health counseling or treatment services without parent/guardian consent if, in the opinion of a school psychologist or other professional person, as defined, the minor is mature enough to participate intelligently in the services. However, the child's parent/guardian must still be involved unless the professional person determines it would be inappropriate.

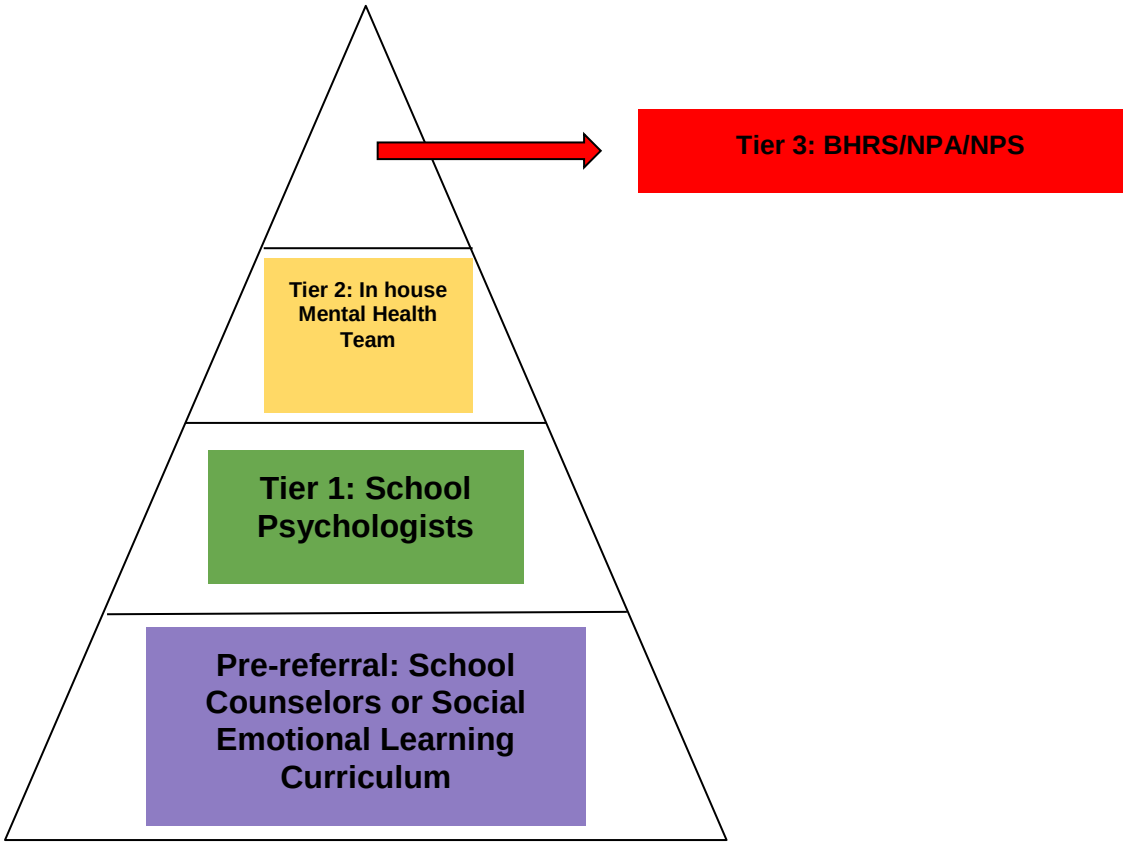
If the parent signs the IEP but refuses to sign the authorization to provide mental health services, the district is still obligated to provide the services set forth in the IEP. If the student is 12 or older and consents to mental health services, parental consent is not required, and the district should go ahead and provide the mental health services agreed to in the IEP. If the student is 11 or younger, the district may need to file for due process to resolve the conflict between the agreed-upon offer of FAPE, and the refusal to consent to mental health services.

6. <u>What if the parent signs consent for treatment, but not the IEP?</u>

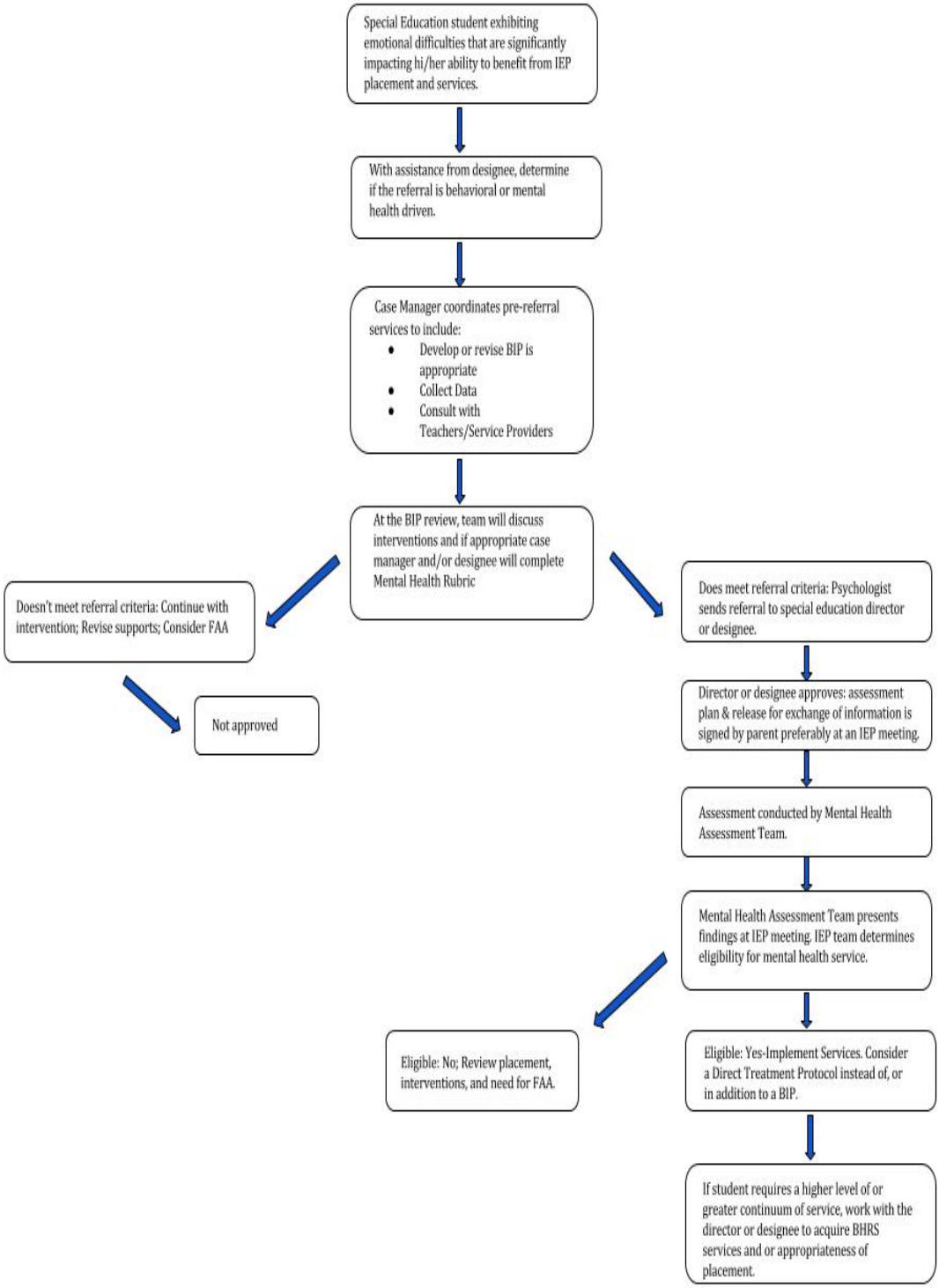
If a parent/guardian signs consent for treatment but not the IEP, the parent should reference the notes page where it is recommended that the team have a conversation about the difference between the mental health consent form, and the signature page which allows for consent to implement the IEP. It is recommended that the conversation and documentation include that the educationally related mental health service will be begin once the IEP document is signed. If there is disagreement in any area, the team should reconvene to discuss any issues relating to the IEP in order to gain consent from the parent/guardian to implement the IEP.

Top Five components and facts to consider when creating a Mental Health Program

1. It is extremely important to map out the districts tiered system of support which includes Behavioral Health Recovery Services (BHRS). The tiered approach model incorporates evidence based practices for Pre-Referral (Social Emotional Curriculum), Tier 1 (Universal prevention and intervention strategies), Tier 2(Selected targeted interventions), and Tier 3 (intensive need interventions). Please see the following for an example with the understanding models vary from district to district:



2. SELPA does not reimburse 100% of Mental Health employee salaries. We usually reimburse **UP TO 75%** of the total mental health based employment dependent upon the job description and duties. This reimbursement is directly tied to the district allocation for mental health funding, as well as, the allowable expenditures in the Mental Health Grant. Districts should be mindful of staying within their allocated funds unless they expect to contribute extra monies at the end of the fiscal year.
3. Please do not forget that when building a Mental Health Team districts should be thinking about all aspects of the program such as a qualified staff member, policies and procedures to access Mental Health Services, required versus desired paperwork protocols, district specific tiered level of interventions, and internal policies and procedures.
4. Make sure to meet with a SELPA member to ensure proper understanding of reimbursable vs. non reimbursable items, your specific mental health entitlements, and proper documentation of these specific items. Please reference pages 37-45 in this document for examples.
5. It is helpful to identify one mental health based point person such as a mental health coordinator, school psychologist, program specialist or coordinator, etc in order to receive monthly information from the SELPA. The SELPA will be hosting a monthly meeting to help ensure that policies, procedures, and funding guidelines are being understood and followed.


Special Education student exhibiting emotional difficulties that are significantly impacting hi/her ability to benefit from IEP placement and services.
With assistance from designee, determine if the referral is behavioral or mental health driven.
Case Manager coordinates pre-referral services to include:
• Develop or revise BIP is appropriate
• Collect Data
• Consult with Teachers/Service Providers
At the BIP review, team will discuss interventions and if appropriate case manager and/or designee will complete Mental Health Rubric
Doesn't meet referral criteria: Continue with intervention; Revise supports; Consider FAA
Not approved
Does meet referral criteria: Psychologist sends referral to special education director or designee.
Director or designee approves: assessment plan & release for exchange of information is signed by parent preferably at an IEP meeting.
Assessment conducted by Mental Health Assessment Team.
Mental Health Assessment Team presents findings at IEP meeting. IEP team determines eligibility for mental health service.
Eligible: No; Review placement, interventions, and need for FAA.
Eligible: Yes-Implement Services. Consider a Direct Treatment Protocol instead of, or in addition to a BIP.
If student requires a higher level of or greater continuum of service, work with the director or designee to acquire BHRS services and or appropriateness of placement.

Miscellaneous Mental Health Coding, Definition, and Guidelines

Approved Mental Health Vendors	On site mental health services at approved NPS Placements	Approved Day Treatment Service Vendors
1. Beacon 2. BHRS 3. Edgewood (Fee for Service) 4. StarVista	1. Achieve Kids 2. Beacon 3. Edgewood 4. Esther B Clark 5. Oak Hill School 6. Palo Alto Preparatory 7. Rise Institute	1. Beacon 2. BHRS 3. Edgewood 4. Esther B Clark

Service Location Codes

CODE	Definition	610	Continuation School
510	Regular classroom/public day school	**630**	Juvenile Court School
520	Separate classroom in public integrated facility	**640**	Community School
540	Separate school or Special Education Center or Facility	**810**	Nonpublic Day School
550	Public Residential School	**820**	Nonpublic residential School in CA
560	Other public school or facility	**830**	Nonpublic residential school outside of CA
570	Charter School (operated by an LEA/district)	**840**	Private Day School not certified by the CDE
580	Charter School (operated as an LEA)	**890**	Service Provider Location

School Type Codes

CODE	Description
70	Nonpublic Day School: A nonpublic, nonsectarian that enrolls the student with disabilities pursuant to an IEP and employs at least one special educator and certified by the CDE.
71	Nonpublic Residential School: A nonpublic, nonsectarian school that enrolls students with disabilities pursuant to an IEP employs at least one special educator and certified by the CDE. This school provides an education program at the same location where the student resides. Located in CA.
72	Nonpublic Residential School: A nonpublic nonsectarian school that enrolls students with disabilities

	pursuant to an IEP employs at least one special educator and certified by the CDE. This school provides an education program at the same location where the student resides. Located outside CA.
76	Private Residential School (not certified by CDE): a school, sectarian or nonsectarian, which is not administered by a public agency, and does not provide special education services. The student resides at this school, although private residential school may provide a combination of residential and day programs. The status of a student (whether day or residential) will depend on where the student resides. Services are through an ISP, in accordance with district policy for serving students in private schools.

CDE Directions on Coding Residential Placements Frequency and Duration

Residential Treatment Services Code (545): Mark residential services as "Daily" in "Frequency", and 1440 minutes under "Duration" as the service is by its nature provided 24/7. Any other mental health service received (i.e., counseling, behavior intervention, etc.), in addition to the residential care service, would reflect the specific frequency and duration of that service. In the comments section, it is recommended that a statement should be made about all related services are embedded within the Daily Residential Treatment Services. Please see sample of a fictitious service page below:

Sample Mock Service Page for Students who receive Residential Services

Service: Residential Treatment Services	Start Date: 10/21/2016 End Date: 10/20/2017
Provider: District of Service	Ind Grp Sec Transition
Duration/Freq: 1440 min X1 Totaling: 1140 min served daily	Location: Nonpublic residential school –in or outside of California
Comments: Services provided by _____residential treatment center	

Service: Specialized Academic Instruction	Start Date: 10/21/2016 End Date: 10/20/2017
Provider: Nonpublic school (NPS) under contract with SELPA or district	Ind Grp Sec Transition
Duration/Freq: X min X1 Totaling: X min served daily	Location: Nonpublic residential school –in or outside California

Comments: Academic services are embedded within the Daily Residential Treatment Services	

Service: Individual Counseling	Start Date: 10/21/2016 End Date: 10/20/2017
Provider: District of Service	Ind Grp Sec Transition
Duration/Freq: 60 min X1 Totaling: 60 min served weekly	Location: Nonpublic residential school –in or outside California
Comments: Individual therapy services are embedded within the Daily Residential Treatment Services	

Service: Counseling and Guidance	Start Date: 10/21/2016 End Date: 10/20/2017
Provider: District of Service	Ind Grp Sec Transition
Duration/Freq: 120 min X1 Totaling: 120 min served Weekly	Location: Nonpublic residential school –in or outside California
Comments: Group therapy services are embedded within the Daily Residential Treatment Services	

Service: Parent Counseling	Start Date: 10/21/2016 End Date: 10/20/2017
Provider: District of Service	Ind Grp Sec Transition
Duration/Freq: 60 min X1 Totaling: 120 min served Weekly	Location: Nonpublic residential school –in or outside California
Comments: Parent counseling therapy services are embedded within the Daily Residential Treatment Services	

Documenting Educationally Related Mental Health Services on the IEP
ERMHS

1. ERMHS Services within District

★ **IEP Form: Annual Goals**

- The IEP includes at least one goal that is addressed by ERMHS. Best practice is to have annual goal addressed by ERMHS includes benchmarks or short term objectives.
- If the student takes an alternate assessment (i.e., CAA), the annual goal addressed by ERMHS must include benchmarks or short term objectives.

★ **IEP Form: Services-Offer of FAPE**

- Service 510: Individual Counseling (if ERMHS assessment results include individual 1:1 counseling)
- Service 515 Counseling and Guidance (if ERMHS assessment report include group counseling)
- Service 520: Parent Counseling (if ERMHS assessment report include parent counseling)

For each service listed above, document the following:

- ❑ Provider: 410 Nonpublic School (NPS) under contract with the SELPA
  400 Nonpublic Agency (NPA) under contract with the SELPA
  300 Department of Mental Health
  100 District of Service
- ❑ Frequency: Daily/Weekly/Monthly/Yearly/Any other frequency or as needed
- ❑ Duration: Minutes/Session ____
  Sessions/Frequency____
  Total Minutes Frequency____
- ❑ Start Date: Enter the date which the services will start
- ❑ End Date: Enter the date which the services will end
- ❑ Location: 1. 520 Separate classroom in public integrated facility
  2. 810 Nonpublic School under contract with SELPA
  3. 540 Separate school or Special Education Center or Facility
  4. 610 Continuation School
  5. 570 Charter School operated by an LEA
  6. 580 Charter School operated as an LEA

2. Nonpublic School

★ **IEP Form: Student Information**

- Select the specific Nonpublic School

★ **IEP Form: Annual Goals**

- The IEP includes at least one goal that is addressed by ERMHS. Best practice is to have annual goal addressed by ERMHS includes benchmarks or short term objectives.
- If the student takes an alternate assessment (i.e., CAA), the annual goal addressed by ERMHS must include benchmarks or short term objectives.

★ **IEP Form: Services-Offer of FAPE (possible services)**

- Service 330: Specialized Academic Services
- Service 415: Language and Speech
- Service 450: Occupational Therapy
- Service 510: Individual Counseling (if ERMHS assessment report include individual 1:1 counseling)
- Service 515 Counseling and Guidance (if ERMHS assessment report include group counseling)
- Service 520: Parent Counseling (if ERMHS assessment report include parent counseling)

For each service listed above, document the following:

❏ Provider: 410 Nonpublic School (NPS) under contract with the SELPA
400 Nonpublic Agency (NPA) under contract with the SELPA
300 Department of Mental Health
100 District of Service

❏ Frequency: Daily/Weekly/Monthly/Yearly/Any other frequency or as needed

❏ Duration: Minutes/Session ____
Sessions/Frequency____
Total Minutes Frequency____

❏ Start Date: Enter the date which the services will start

❏ End Date: Enter the date which the services will end

❏ Location:
1. 520 Separate classroom in public integrated facility
2. 810 Nonpublic School under contract with SELPA
3. 540 Separate school or Special Education Center or Facility
4. 610 Continuation School
5. 570 Charter School operated by an LEA
6. 580 Charter School operated as an LEA

★ **IEP Form: Educational Setting**

- District of Service: Enter the name of the district
- School of Attendance: Enter Nonpublic School under contract with SELPA
- School Type: 70 Nonpublic Day School
- Federal Setting: 450 Day School

3. Day Treatment (Only Serramonte is approved)

★ **IEP Form: Student Information**

- Select the Serramonte School

★ **IEP Form: Annual Goals**

- The IEP includes at least one goal that is addressed by ERMHS. Best practice is to have annual goal addressed by ERMHS includes benchmarks or short term objectives.
- If the student takes an alternate assessment (i.e., CAA), the annual goal addressed by ERMHS must include benchmarks or short term objectives.

★ **IEP Form: Services-Offer of FAPE (possible services)**

- Service 330: Specialized Academic Services (**Make sure to include in the comments section that the service is EMBEDDED in the Therapeutic Day School Day Treatment Program)
- Service 415: Language and Speech
- Service 450: Occupational Therapy
- Service 510: Individual Counseling (if ERMHS assessment report include individual 1:1 counseling)
- Service 515 Counseling and Guidance (if ERMHS assessment report include group counseling)
- Service 520: Parent Counseling (if ERMHS assessment report include parent counseling)
- Service 540: Day treatment Services

For each service listed above, document the following:

- ❑ Provider: 300 Department of Mental Health
  100 District of Service
- ❑ Frequency: Weekly
- ❑ Duration: Minutes/Session____
  Sessions/Frequency____
  Total Minutes Frequency____
- ❑ Start Date: Enter the date which the services will start
- ❑ End Date: Enter the date which the services will end
- ❑ Location: 1. 520 Separate classroom in public integrated facility
  2. 810 Nonpublic School under contract with SELPA
  3. 540 Separate school or Special Education Center or Facility
  4. 610 Continuation School
  5. 570 Charter School operated by an LEA
  6. 580 Charter School operated as an LEA

★ **IEP Form: Educational Setting**

- District of Service: Enter the name of the district
- School of Attendance: Serramonte High School
- School Type: 10 Public Day School
- Federal Setting: 450 Separate School
-

4. **Residential Treatment**

★ **IEP Form: Student Information**

- Select the specific Residential Facility under contract with SELPA

★ **IEP Form: Annual Goals**

- The IEP includes at least one goal that is addressed by ERMHS. Best practice is to have annual goal addressed by ERMHS includes benchmarks or short term objectives.
- If the student takes an alternate assessment (i.e., CAA), the annual goal addressed by ERMHS must include benchmarks or short term objectives.

★ **IEP Form: Services-Offer of FAPE (possible services)**

- Service 330: Specialized Academic Services
- Service 415: Language and Speech
- Service 450: Occupational Therapy
- Service 510: Individual Counseling (if ERMHS assessment report include individual 1:1 counseling)
- Service 515 Counseling and Guidance (if ERMHS assessment report include group counseling)
- Service 520: Parent Counseling (if ERMHS assessment report include parent counseling)
- Service 545: Residential Treatment Services (1440 minutes served daily)

For each service listed above, document the following:

- ❑ Provider: 410 Nonpublic School (NPS) under contract with the SELPA
  400 Nonpublic Agency (NPA) under contract with the SELPA
- ❑ Frequency: Daily/Weekly/Monthly/Yearly/Any other frequency or as needed
- ❑ Duration: Minutes/Session ____
  Sessions/Frequency____
  Total Minutes Frequency____
- ❑ Start Date: Enter the date which the services will start
- ❑ End Date: Enter the date which the services will end
- ❑ Location: 1. 520 Separate classroom in public integrated facility
  2. 810 Nonpublic School under contract with SELPA
  3. 540 Separate school or Special Education Center or Facility
  4. 610 Continuation School
  5. 570 Charter School operated by an LEA
  6. 580 Charter School operated as an LEA

★ **IEP Form: Educational Setting**

- District of Service: Enter the name of the district
- School of Attendance: Enter the name of the NPS under contract with SELPA
- School Type: 71 or 72 Nonpublic residential school -in or outside of California
- Federal Setting: 460 Residential Facility

5. Sample Harmful Effects Statements on the Offer of FAPE:

★ **Potential Harmful Effect - The Code of Federal Regulations states the following: § 300.552 Placements.**

- In determining the educational placement of a child with a disability, including a preschool child with a disability, each public agency shall ensure that— (a) The placement decision—
- (1) Is made by a group of persons, including the parents, and other persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and

- (2) Is made in conformity with the LRE provisions of this subpart, including §§ 300.550–300.554; (b) The child's placement—
  - (1) Is determined at least annually;
  - (2) Is based on the child's IEP; and
- (3) Is as close as possible to the child's home;
  - (c) Unless the IEP of a child with a disability requires some other arrangement, the child is educated in the school that he or she would attend if nondisabled;
  - (d) In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs; and
  - (e) A child with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum.

★ **Discussion : <u>Guidelines for Completing the Service Options and Harmful Effect Section of the IEP</u>**

● **<u>Service Options</u>**

- **The service options that were considered by the IEP team (list all):**

This section is intended for the IEP team to discuss and document service delivery options considered for the student. The team must first consider placement in the general education classroom with supports prior to recommending a more restrictive setting all or part of the day. There should be explicit reference to the upper and lower range of services considered for the student, and includes reference to general education discussed for all students.

Follow the continuum of services below as a guide to determining LRE:

★ General Education Class
★ General Education Class – Supplemental aids and/or related services
★ General Education Class – Some direct instruction by special education staff
★ General Education Class – with some portion of the instructional day in a separate classroom
★ Some/or no instruction in General Education Class – Significant portion of the instructional day in a separate classroom (intensive services)
★ Special day school – Separate facility (public or nonpublic) with no general education students on campus
★ Residential School
★ Hospital Program
★ Home Instruction

Examples:

★ The IEP team discussed the following educational placements.
  - general education with supplemental aides and services

- general education with related services
- general education with specialized academic instruction
- general education with specialized academic instruction and related services
- specialized academic instruction for the majority of the school day with related services

The IEP team determined that the appropriate educational setting is _____.

★ After reviewing school records, teacher's reports, parent's input, and STUDENT present levels of performance, the team discussed the following placement options: general education setting with and without related services, academic support, and the self-contained academic instruction program. The general education program with no special education supports was deemed inappropriate, as this program does not provide enough support to meet STUDENT educational needs due to deficits in the area of XX. The academic instruction setting emphasizing structure, specialized instruction, and smaller class size was deemed to be inappropriate because STUDENT is being successful in his current general education setting. STUDENT is currently passing all of his classes in the general education setting with minimal support. The team considered resource and the team agrees that one period of resource support is the most appropriate placement to meet STUDENT's academic needs.

★ The following services were considered for STUDENT: general education, academic support program, and the academic instruction (academic and behavior) program. The general education and the academic support program will not provide enough support for STUDENT at this time. The academic instruction (academic) setting also will not provide enough support for STUDENT due to his emotional needs. The academic instruction (with behavior and mental health supports) program will continue to be the most appropriate setting for STUDENT to support behavior and emotional needs. STUDENT will also continue to receive related services (Counseling).

Harmful Effects

★ **In selecting LRE, describe the consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs:**
This section is intended for the IEP team to discuss and document any POTENTIAL harmful effects of the placement and services discussed in the section above.

Some examples of harmful effects include:

- decreased access to the instructional opportunities available in integrated settings
- decreased access to instructional opportunities with typical peers
- decreased opportunities for appropriate social interactions with typically-developing peers
- potential negative impact to student's self-esteem
- limited access to peers in the home community since placement is not located at the student's school of residence
- decreased opportunities for appropriate social interactions with typically-developing peers

★ Some examples may include:

**IEP team discussed the following potential harmful effects of this placement -

- decreased access to instructional opportunities with typical peers
- potential negative impact to student's self-esteem
- limited access to peers in the home community since placement is not located at the student's school of residence

IEP team does not believe there will be any significant harmful effects and determined ____'s needs outweigh any minimal harmful effects at this time.

**IEP team discussed the following potential harmful effects of this placement -

- decreased access to instructional opportunities with typical peers
- potential negative impact to student's self-esteem

The IEP team agrees the impact of these above potential harmful effects are minimal and do not outweigh the need for services at this time.

Residential treatment services (board and care/mental health)- Vendors with Master Contracts

Residential treatment services, including board and care, and mental health services are the most easily identifiable mental health services to be considered allowable under the mental health grant. As long as the vendor has a master contract with SELPA, SELPA will pay the vendor directly for board and care costs, and mental health costs. Any costs that are considered solely educational costs, such as costs for the school portion of the day, are not considered reimbursable.

Wraparound services provided through BHRS or Edgewood

Currently SELPA School Based Mental Health Guidelines has set the SELPA policy to indicate SELPA wide support for SELPA payment for any student who is determined to be eligible for Wraparound services. Wraparound services is a set of coordinated support and intervening services offered through Behavioral Health and Recovery Service and Edgewood Center. It is not a specific IEP service, and the IEP team should take care to specifically document the coordinated activities that they believe should be occurring to support the school based and educational needs of the student. These services are invoiced directly to the SELPA.

SELPA Purchase Order = LEA ISA

Just like at the district level, in order for SELPA to pay a vendor we must generate a Purchase Order. In order for SELPA to generate a purchase order we must know that the expense exists. SELPA will automatically open a blanket Purchase Order for the 4 agencies that participated in the RFP process, along with PO's for any residential treatment centers and NPS agencies with whom we believe we have continuing student placements. To ensure sufficient authorization on each PO, SELPA will be requesting each LEA who places a student at an NPS, Residential Facility, or who utilizes the service of any vendor who is being paid directly by SELPA to generate a mental health specific Individual Service Agreement specifying the type, duration, and frequency of authorized Mental Health Services, along with the copy of the IEP services page to be submitted to SELPA. It is imperative that communication about placements, changes in placements, initiation of placements, and cessation of placements be made to SELPA so that we can initiate and generate appropriate PO's here at the SMCOE business department.

Mental Health Allowable Expenditures – Updated February 2017

The following is meant to provide guidance and support to LEAs when considering how to include the direct services they provide to students on fiscal reporting documents to the SELPA for Expenditure Reporting that SELPA can submit to CDE. CDE general guidance is that the closer expenditures are to the direct provision of school-based mental health and other educationally related mental health services to students with IEPs the more allowable the cost can be considered.

State Funds

Pursuant to Assembly Bill (AB) 114 funds must be used for:

. . . educationally related mental health services, including out-of-home residential services for emotionally disturbed pupils, required by an individualized education program pursuant to the federal Individuals with Disabilities Education Act (IDEA) of 2004 (20 U.S.C. Sec. 1400 et seq.) and as described in Section 56363 of the California *Education Code* (*EC*).

These provisions have been assigned Resource Code 6512, which differentiates these funds from Resource Code 6500, special education general fund programs.

Federal Funds

Pursuant to AB 114 funds shall be available only for the purpose of providing:

. . . educationally related mental health services, including out-of-home residential services for emotionally disturbed pupils, required by an individualized education program pursuant to the federal IDEA of 2004 (20 U.S.C. Sec. 1400 et seq.) and as described in Section 56363 of the *EC*.

Definition of Educationally Related Mental Health Services

As noted in the provisions above, educationally related mental health services are described in 30 *EC* Section 56363. Section 56363 defines the term "designated instruction and services" to mean "related services" as that term is defined in Section 1401(26) of Title 20 of the *United States Code* and Section 300.34 of Title 34 of the *Code of Federal Regulations* (*CFR*).

Related services under IDEA are defined in Section 300.34 of Title 34 of the *CFR*:

Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training. (34 *CFR* 300.34(a))

Section 300.34 of Title 34 of the *CFR* further defines individual related services terms. The following list represents some of the services that may be appropriate when addressing the mental health needs of students with disabilities:

Code	Category Title	Ed Code Definition
510	Individual Counseling	One-to-one counseling, provided by a qualified individual pursuant to an IEP. Counseling may focus on aspects, such as educational, career, personal; or be with parents or staff members on learning problems or guidance programs for students. Individual counseling is expected to supplement the regular guidance and counseling program. (34 CFR § 300.24(b) (2), (CCR Title 5 § 3051.9).
515	Counseling and Guidance	Counseling in a group setting, provided by a qualified individual pursuant to an IEP. Group counseling is typically social skills development but may focus on aspects, such as educational, career, personal; or be with parents or staff members on learning problems or guidance programs for students. Individual counseling is expected to supplement the regular guidance and counseling program. (34 CFR § 300.24(b)(2), (CCR Title 5 § 3051.9). Guidance services include interpersonal, intrapersonal, or family interventions, performed in an individual or group setting by a qualified individual pursuant to an IEP. Specific programs include social skills development, self-esteem building, parent training, and assistance to special education students supervised by staff credentialed to serve special education students. These services are expected to supplement the regular guidance and counseling program. (34 CFR § 300.06; CCR Title 5 § 3051.9).
520	Parent Counseling	Individual or group counseling provided by a qualified individual pursuant to an IEP to assist the parent(s) of special education students in better understanding and meeting their child's needs; may include parenting skills or other pertinent issues. IEP required parent counseling is expected to supplement the regular counseling and guidance program. (34 CFR §300.31 (b)(7); CCR Title 5 § 3051.13)
865	Case Management/Brokerage (only for BHRS)	Service coordination and case management that facilitates the linkage of individualized education programs under this part and individualized family service plans under part C with individualized service plans under multiple Federal and State programs, such as title I of the Rehabilitation Act of 1973 (vocational rehabilitation), title XIX of the Social Security Act (Medicaid), and title XVI of the Social Security Act (supplemental security income). 34 CFR § 613

Refer to 34 *CFR* Section 300.34 for the complete list of individual related services terms. Residential placement is not listed as a related service in Section 300.34 of Title 34 of the *CFR*. However, residential placement is addressed elsewhere in the IDEA:

If placement in a public or private residential program is necessary to provide special education and related services to a child with a disability, the program, including non-medical care and room and board, must be at no cost to the parents of the child (34 *CFR* 300.104).

In addition, the list of related services in the IDEA is not exhaustive or finite. The individualized education program (IEP) team must decide what related services are necessary to provide a free appropriate public education (FAPE) to each student with a disability.

Mental Health Provider Information

1. What do you need to know as an LEA if you want to hire a contracted Mental Health Provider?

If you are an LEA you will need to notify San Mateo County SELPA of your potential provider before signing a contract. SELPA will need to meet with the potential provider and review all grant funding language, the mental health handbook, policy, and procedure. The potential provider will need to be approved by San Mateo County SELPA if the LEA is seeking reimbursement from their mental health allocation. If the provider is an approved provider on the Master Contract, all invoices for appropriate services can be sent directly to the San Mateo County SELPA and will be paid for on a monthly basis. If the provider is NOT on the Master Contract, the district must first pay the invoices and seek reimbursement if eligible at the end of the year.

2. What do you need to know if you want to be a contracted Mental Health Provider for an LEA/School District?

If you wish to be a contracted Mental Health Provider for a LEA/School District, you must first meet with and be approved by the San Mateo County SELPA. The purpose of the meeting is to ensure that the provider has the appropriate experience, background, and understanding of the San Mateo County SELPA mental health policies and procedures, as well as to determine if application as an NPA would be appropriate or necessary. The Mental Health Handbook will be reviewed with the provider and a consistent meeting time will be set up with the point person at the SELPA. The meeting will help to ensure quality, consistency, and continuity of care. Finally, the master contract will be reviewed and it

will be explained that, if the provider is an approved provider on the Master Contract, all invoices with appropriate services can be sent directly to the San Mateo County SELPA and will be paid for on a monthly basis. If the provider is NOT on the Master Contract, the district must first pay the invoices and seek reimbursement if eligible at the end of the year.

Frequently Asked Questions

What limitations are on the use of state and federal funds provided for educationally related mental health services?

The legislature was clear that these funds are targeted for related services and that the funds are made available to SELPA's to provide services formerly provided by the County Mental Health agencies and the Department of Social Services. The funds **cannot** be spent on educational services that have historically been provided by LEAs for students with emotional or behavioral needs – such as teachers, ABA services, behavioral support services or other educational support services.

What are allowable uses of the state and federal funds due to the term "educationally related mental health services"?

Portions of salaries of certificated staff and classified providing direct mental health services, and clerical, technical, and office staff salaries associated with administering related services for students with mental health needs. In San Mateo County SELPA, we have determined that most clerical/office staff salaries will range between 1 – 5% maximum for processing of invoices and monitoring mental health invoicing. For provision of direct mental health services and/or providing direct supervision and coordination of mental health programs, the maximum reimbursement request considered will be 75% of salary, exclusive of benefits and burdens.

The room and board cost of residential placement if it is included in the student's IEP.

Professional and consulting service (e.g., case management, day treatment, individual therapy, family therapy, group therapy, group rehabilitation, assessment, psychological services, and residential placement, etc.) costs for students with mental health needs.

Transportation costs for a student to ensure a student receives related services from a provider. This does not include transportation costs to and from a NPS or other school site where educational programs are provided. Reimbursement for staff/contractors transportation to provide mental health services is not allowed.

Approved mental health data collection and progress monitoring materials – i.e. Health Master or other progress monitoring resources approved by the SELPA

Further information to consider:

1. For LEAs directly employing mental health professionals to provide related services:

Mental health professionals, such as clinical psychologists and marriage and family therapists, are employed to provide services that are not authorized by credentials or other certifications issued by the CTC, and instead are generally licensed by other state agencies such as the Office of Consumer Affairs. In such cases, these individuals would not be included in assignment monitoring conducted by county offices of education (COE) and the CTC. However, LEAs must ensure that such employees possess required licensure or training as established in state law. All individuals employed to provide related services must hold a valid credential issued by CTC with the appropriate authorization for those services, or otherwise be authorized to provide services based on another section of statute or regulation, and must be appropriately supervised. All mental health services programs are considered Pupil Personnel Services Programs.

Supervision

Individuals possessing an Administrative Services Credential are authorized to supervise and evaluate these personnel. Given the specialized nature of the work of mental health professionals, an administrator who has a background in providing related services, such as a person dually-certified in Pupil Personnel Services and Administrative Services, may be particularly well-suited to supervise these personnel, but any holder of an Administrative Services Credential is authorized to supervise mental health professionals employed by an LEA.

In addition, *Education Code* Section 44270.2 allows the holder of a pupil personnel services credential to supervise a pupil personnel service program.

"Any person who administers a pupil personnel program shall hold a services credential with a pupil personnel or administrative specialization."

Employers should note that pupil personnel services credentials do not authorize the holder to evaluate staff. Caution should be used when determining who will supervise and evaluate staff.

2. For LEA's contracting with community-based mental health professionals to provide related services:

Community-based mental health professionals are broadly defined as any individuals licensed and assigned to provide mental health services that may be self-employed, employed by a private agency, or employed by a public agency such as a county mental health agency. Individuals and entities that are employees, contractors or vendors of these public agencies have been authorized to provide the specific services to which they have been assigned, and that authorization qualifies them to contract directly with LEAs to provide those same services. When contracting with such individuals and entities, LEAs should

ensure that they are currently contractors or vendors of the public agencies for the same related services for which the LEA is contracting. Individuals and entities that are not current contractors or vendors of the public agencies described above must hold Nonpublic School (NPS) or Nonpublic Agency (NPA) certification in order to be eligible to provide related services (see below).

Supervision

In all cases, community-based mental health professionals must be supervised in their school-based activities by an individual possessing a Pupil Personnel Services (PPS) Credential. The term "supervised" in this context means that the PPS credential holder has oversight of the school-based activities undertaken by a community-based mental health provider for the purpose of ensuring that these services are consistent with the needs of students served and are coordinated with other student services to allow for the provision of an efficient and comprehensive Pupil Personnel Services Program. The requirement for community based service providers to be supervised by a PPS credential holder is established in Section 80049.1(c) of Title 5, *California Code of Regulations*, which states:

Nothing in this section shall be construed to preclude school districts from utilizing community-based service providers, including volunteers, individuals completing counseling-related internship programs, and state licensed individuals and agencies to assist in providing pupil personnel services, provided that such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization.

San Mateo County SELPA Specific Information:

This list is not exhaustive, and is subject to change and adjustment as new information comes forward, such as after audit findings or new legal guidance is released by CDE or the SELPA organization. Each case should be considered for defensibility under audit– in the end the mental health service must be provided to a student with an IEP that has mental health services listed on the IEP, the reimbursable item or activity must be primarily for the support of the mental health service, activity or student, and it must be directly related to that IEP student or mental health service.

Mental health books, library resources, software used for planning mental health treatment plans, including CBT or other treatment planning tools, online memberships to access treatment planning tools and data collection and progress monitoring tools related to mental health treatment, such as Healthmaster Holdings LLC.

Portions of salary of staff, including school psychs, qualified counselors, mental health therapists, etc. – for the period of time that they are directly implementing the mental health portions of students' mental health plans indicated in IEPs. Our SELPA determination has been that the maximum allowable requested reimbursement to be considered will be 75% of the salary portion of qualified staff members who are providing documentable direct services, excluding benefits and burdens.

Portions of salary of clerical or other support staff, excluding benefits and burdens, who review invoices from NPS/NPA agencies for accuracy, attendance and who communicate with other agencies to ensure

that all students receiving mental health services accurately receive their services appropriately. Approximately 1 - 5% has seemed typical across our SELPA.

Portions of salary, excluding benefits and burdens, of the direct supervisor/administrative staff overseeing the delivery and implementation of a mental health program. Due to the state audit, we have determined that portions of the salary of a Special Education Director/supervisor are not recommended for reimbursement, as these are educational expenses that the LEA previously provided and are therefore considered supplanted rather than supplemented reimbursement.

What kinds of things are NOT recommended or eligible for reimbursement?

Anything related to behavior – behavior coaching, behavior support services, ABA services, services provided by staff that have credentials, licensure or certifications related to behavior support rather than mental health, and any services that are not specifically listed on the IEP as mental health services.

Consumable items such as food, reinforcers like toys, items that you would typically purchase for any classroom environment, such as pens, paper, etc.

Items that have dual purpose such that the mental health purpose is likely to not be the primary purpose for their use – i.e. bouncy chairs used for mental health distraction – these chairs will likely end up being used often and/or all day – this makes them not mental health chairs and more like OT chairs.

Items that require too much explaining to make the connection to their mental health context – if you have to spend so much time explaining why it is connected to mental health then an auditor is likely not going to buy your story – i.e. – We needed all new computers for all staff and we use them only for mental health services, and we never use them for email, or going on the internet, or writing reports about anything other than mental health…)

Assessment tools that are not related to mental health exclusively – i.e. BASCs, WISCs, etc.

Projectors for projecting movies that you are using as rewards for level systems.

Refurbishment of an office to make it suitable for doing therapy in it.

Travel for staff back and forth to other programs, or to sites where students get mental health services or to deliver mental health services.

Purchase of a vehicle to transport students to and from NPS where students get mental health services. Transportation of students to their NPS – this is considered a regular portion of their educational program. (Transporting a student to a separate mental health only service is allowed – i.e. if the student attends a mental health appointment or program after school at a separate site then transportation to and from that program could be covered)

Therapeutic dog or therapeutic dog training. Nothing feline, canine, bovine, porcine or equine at least in our SELPA.

Benefits and Burdens – this finding is also related to the recent audit, and is consistent with the issue of supplanting vs. supplementing of prior funding. Benefits and Burdens were a prior commitment of the LEA for internal staff and therefore the auditors found it suspect that reimbursement for these costs was allowable.

Indirect costs – SELPA and SMCOE are not charging indirect costs to the fund for their management of the grant, and therefore no LEAs will be reimbursed for any indirect costs.

Mental Health Coding Cheat Sheet

Code	Category Title	Ed Code Definition	Eligibility	Common Uses	Goals
510	Individual Counseling	One-to-one counseling, provided by a qualified individual pursuant to an IEP. Counseling may focus on aspects, such as educational, career, personal; or be with parents or staff members on learning problems or guidance programs for students. Individual counseling is expected to supplement the regular guidance and counseling program. (34 CFR § 300.24(b)(2), (CCR Title 5 § 3051.9).	Determined by IEP team after the completion of a Mental Health Assessment	As recommendation from assessment(all services to be delivered in an individual session) Individual Sample Areas of Need: Educational, Emotion Regulation, Coping Skills, Anger Management, Anxiety, Interpersonal skills The determined area of need is impacting the student's' ability to access their educational setting and/or programming.	Goals: As determined by IEP team / mental health counselor. Please see goal examples for reference. Discontinuation: documentation towards agreed upon goals. When adding the service, the team should agree and document what will constitute "graduation" from the service
515	Counseling and Guidance	Counseling in a group setting, provided by a qualified individual pursuant to an IEP. Group counseling is typically social skills development but may focus on aspects, such as educational, career, personal; or be with parents or staff members on learning problems or guidance programs for students. Individual counseling is expected to supplement the regular guidance and counseling program. (34 CFR § 300.24(b)(2), (CCR Title 5 § 3051.9). Guidance services include interpersonal, intrapersonal, or family interventions, performed in an individual or group setting by a qualified individual pursuant to an IEP. Specific programs include social skills development, self-esteem building, parent training, and assistance to special education students supervised by staff credentialed to serve special education students. These services are expected to supplement the regular guidance and counseling program. (34 CFR § 300.06; CCR Title 5 § 3051.9).	Determined by IEP team after the completion of a Mental Health Assessment	As recommendation from assessment (all services to be provided in a group session: either group therapy or push in into a classroom) Group Social skills Educational i.e., organizational skills Emotion Regulation Coping Skills Inter / intra personal skills Self-Esteem building	Goals: As determined by IEP team / mental health counselor. Please see goal examples for reference. Discontinuation: documentation towards agreed upon goals. When adding the service, the team should agree and document what will constitute "graduation" from the service
520	Parent Counseling	Individual or group counseling provided by a qualified individual pursuant to an IEP to assist the parent(s) of special education students in better understanding and meeting their child's needs; may include parenting skills or other pertinent issues. IEP required parent counseling is expected to supplement the regular counseling and guidance program. (34 CFR §300.31 (b)(7); CCR Title 5 § 3051.13)	Determined by IEP team after the completion of a Mental Health Assessment	As recommendation from assessment Short term, to help parents understand the impact of their child's disability and how to support them in the home with regards to the students' academic programming.	Goals: No goals other than what is provided in the child's service Discontinuation: Team decision. Likely when the student is making progress towards IEP goals and parents have a base level understanding of how to support them

				Duration / frequency determined by the team Not to be confused with Family Therapy	
540	Day Treatment Services	Structured Education, training, and support services to address the student's mental health needs (Health and Safety Code, Div. 2. Chap.3, Article 1, 1502 (a)(3)).			
545	Residential Treatment Services	A 24-hour out-of-home placement that provides intensive therapeutic services to support the educational program (Welfare and Institutions Code, Part 2, Chapter 2.5, Art, § 5671)).			
865	Case Management/Brokerage (only for BHRS)	Service coordination and case management that facilitates the linkage of individualized education programs under this part and individualized family service plans under part C with individualized service plans under multiple Federal and State programs, such as title I of the Rehabilitation Act of 1973 (vocational rehabilitation), title XIX of the Social Security Act (Medicaid), and title XVI of the Social Security Act (supplemental security income). 34 CFR § 613		• To ONLY be utilized by BHRS for medi-cal billing purposes.	
510 or 515 if student only has one or the other service	Consultation and Collaboration		Determined by IEP team after the completion of a Mental Health Assessment	Included in the **individual counseling code [510] or counseling and guidance code [515].** For example; if a student receives 40 minutes weekly individual or group counseling services, you could write a total of 60 minutes weekly. In the notes, spell out that this would include 40 minutes weekly individual counseling and 20 minutes weekly consultation and collaboration between clinician and site in order to generalize learned skills.	Goals: No goals Discontinuation: Discontinues when mental health services end

*It is extremely important to list the right service provider on the service page. Please use the list below for reference:

Service Providers (Provider Agency) Code:	Title	Example
100	District Of Service	Your District or District supervised subcontractor
300	BHRS/Behavioral Health and Recovery Services	BHRS
400	Nonpublic Agency (NPA) under contract with the SELPA	Beacon, Children's Health Council, Edgewood

Sample/Example Mental Health Goals:

- **Avoiding Core Issues:**

  Goal: By_____, given direct instruction and 1:1 support, student will replace her avoidance of dealing with core personal issues (sad affect, verbal negative self talk, and withdrawal into self) with compiling a notebook containing positive statements to self, attributes she likes about herself (I am statements), positive activities she enjoys by herself and with others, and daily positive personal messages. She will also identify positive peer or adult attributes that she would like to emulate in 4 out of 5 targeted observations.

  B1: By_____, given direct instruction in creating a positive "me" book as well as guided practice in positive discussions of her strengths and strengths of others. Student will develop a list of positive statements to self, things she likes about herself (I am statements), positive activities she enjoys by herself and with others, and daily positive personal messages. She will also identify positive peer or adult attributes that she would like to emulate. She will complete a daily entry with staff support in 9 out of 10 targeted observations.

  B2: By_____, given verbal prompts to use her "Me" book containing her positive attributes, student will complete the above activities daily and record in the day when she wanted to/ actually did avoid dealing with a problem (usually as a check out activity) in 9 out of 10 opportunities.

  B3: By_____, student will initiate asking for and independently complete the above activities in her "Me" book. She will also engage in positive discussions about her strengths and the strengths of others when appropriate. She will reflect on how she handled her anxiety throughout the day and what she can do better the next time within 4 out of 5 targeted observations.

- **Avoiding Positive Comments:**

  Goal: By_____, given direct instruction and 1:1 support, Student will replace her avoidance of dealing with core personal issues (sad affect, verbal negative self talk, and withdrawal into self) with compiling a notebook containing positive statements to self, attributes she likes about herself (I am statements), positive activities she enjoys by herself and with others, and daily positive personal messages. She will also identify positive peer or adult attributes that she would like to emulate in 4 out of 5 targeted observations.

  B1: By_____, given direct instruction in creating a positive "me" book as well as guided practice in positive discussions of her strengths and strengths of others. Student will develop a list of positive statements to self, things she likes about herself (I am statements), positive activities she enjoys by herself and with others, and daily positive personal messages. She will also identify positive peer or adult attributes that she would like to emulate. She will complete a daily entry with staff support with in 9 out of 10 targeted observations.

  B2: By_____, given verbal prompts to use her "Me" book containing her positive attributes, Student will complete the above activities daily and record in the day when she wanted to/ actually did avoid dealing with a problem (usually as a check out activity) in 9 out of 10 opportunities.

  B3: By_____, Student will initiate asking for and independently complete the above activities in her "Me" book. She will also engage in positive discussions about her strengths and the strengths of others when appropriate.

She will reflect on how she handled her anxiety throughout the day and what she can do better the next time in 4 out of 5 targeted observations.

- **Conversational Skills:**
  Goal: By___, given direct instruction, 1:1 role playing scenarios, social scripts and visual cues, Student will replace avoiding eye-contact during conversation, quoting TV/movies/books, talking to herself, interrupting others' conversations, and waiting for others to approach her with making eye-contact during conversation, initiating interactions with age-appropriate questions/topics or waiting for a break in conversation before entering it, actively listening and assertively initiating positive peer interactions with 80% consistency in 4/5 observational periods.

  B1: By___, when given direct instruction, role-playing scenarios, and social scripts and visual cues for approaching others and initiating conversation, Student will 1) identify and create a list of topics that are age-appropriate, 2) use social scripts to practice assertively initiating, sustaining and concluding age-appropriate conversations and making eye contact, and 3) practice active listening by paraphrasing in her own words what staff has said with 90% consistency in 4/5 instructional sessions.

  B2: By___, when given pre-correction, social scripts and visual cues for approaching others and initiating conversation, Student will 1) use taught social scripts to practice assertively initiating, sustaining and concluding age-appropriate conversations and making eye contact, and 2) practice active listening by paraphrasing in her own words what peers have said in structured situations with 90% consistency in 4/5 instructional sessions.

  B3: By ___, given social scripts taught above and 1-2 verbal/non-verbal prompts from staff, Student will wait for a natural break in conversation and then use taught positive verbal scripts and/or draw from the age-appropriate topic list to initiate conversation, make eye contact, exhibit active listening skills by reflecting back, and positively conclude the interaction with 75% consistency in 4/5 targeted observational periods.

- **Impulsivity:**
  Goal: By __, when given 1:1 Support, direct and small group instruction, role playing opportunities, a self-monitoring checklist/decision making tree, Student will replace her impulsive decisions, and negative peer influenced decisions, with using a decision making tree to make her own decisions independently in 4/5 observational periods.

  B1: By __, when given direct and small group instruction, Student will demonstrate 1) how to make a decision using a decision tree 2) practice using a decision tree to make decisions in role-playing situations 3) process with behavior specialist the potential positive and negative outcomes/consequences of previous decisions 4) create a positive decision journal that she will record the positive decisions she has made in the previous 24 hours in 4/5 targeted opportunities

  B2: By __, when given a verbal prompt to use her checklist or decision-making tree, Student will use her decision-making tree when making a decision in structured and unstructured situations. She will also document her positive decisions daily in 4/5 targeted periods.

  B3: By __, Student will independently use her decision-making tree and self-monitoring checklist when making decisions, and document her positive decisions weekly in 4/5 observational periods.

- **Transition Behavior:**
  Goal: By _____, when given direct instruction in school survival skills and what to expect on a mainstream campus(homework expectations, social expectations, and anger management plan) Student will verbalize the expectations of a mainstream campus, verbalize problem solving strategies to use, and show mainstream behavior across all academic settings with 80% consistency.

  B1: By ____, Student will participate in direct instruction in 1) list the homework expectations of a mainstream campus 2) define what mainstream behavior looks like and list the social expectations of a mainstream campus 3) list problems that may arise for him on a mainstream campus 4)create a list of potential problems and problem solving strategies including using a designated point person on the mainstream campus 5)accurately rating his school behavior (using his PBT).

B2: By _____, Student will exhibit mainstream behavior at school and rate his behavior daily (using his PBT) with 70% consistency and accuracy.
B3: By _____, Student will exhibit mainstream behavior at school and rate his behavior daily (using his PBT) with 80% consistency and accuracy.

- **Me Book**

Goal: By_____, given direct instruction and 1:1 support, Student will compile a notebook containing her positive accomplishments, positive activities she enjoys with others, a list of her positive support people, and daily positive personal messages. She will also identify positive peer or adult attributes that she would like to emulate. Student will used this notebook to replace negative comments about herself with the ability to engage in positive discussions about her and others' strengths in 4 out of 5 targeted observations.

B1: By_____, given direct instruction in creating a positive "me" book, Student will develop a positive accomplishments, positive activities she enjoys with others, a list of her positive support people, and daily positive personal messages. She will also identify positive peer or adult attributes that she would like to emulate. She will complete a daily entry in 9 out of 10 targeted observations.
B2: By_____, given verbal prompts to use her positive "me" book containing her positive attributes, Student will complete the above activities daily (usually as a check out activity) in 9 out of 10 opportunities.
B3: By_____, Student will initiate asking for and independently complete the above activities in her positive "me" book. She will also engage in positive discussions about her strengths and the strengths of others when appropriate, throughout the day in 4 out of 5 targeted observations.

- **Off Task Academics**

Goal: By ____, given direct instruction and a visual cueing system, Student will replace distracting behaviors, i.e., talking in class, drifting off, tapping, and doodling, with staying focused and on topic during academics in 4/5 observational periods.

B1: By _____, given direct instruction in identifying and monitoring his own distracting behaviors, Student will record instances when he was engaging in distracting behaviors, identify when he was engaging in them to establish a pattern, and then identify replacement behaviors he could have used in 4/5 targeted observational periods.
B2: By ____, when given only verbal prompts/redirection or nonverbal prompts (eye contact, visual cueing system), and a self-monitoring desk chart, Student will self-monitor his distracting behaviors in 4/5 targeted observational periods.
B3: By _____, Student will independently self-monitor and correct his distractible behaviors in 4/5 targeted observational periods.

- **Passivity**

Goal: By ____, given direct or group instruction, verbal scripts, a daily self-evaluation sheet and check-in with staff, Student will replace making excuses, blaming others, lying and passive learner behaviors (head on desk, off topic comments, non-responsive behavior when given feedback/redirection, non-participation) with taking responsibility for his choices and education as manifested by telling the truth, following staff's directions, self-correcting behaviors when given feedback/redirection and/or using taught positive verbal scripts, and accurately reflecting on his behaviors by filling out a self-evaluation score sheet on a daily basis in 4/5 targeted observational periods.

B1: By ____, given individual or group instruction in the value of owning both his positive and negative choices, and how taking responsibility for his behaviors and education will allow him to play an active role in his life, Student will create and practice a "stop and think" routine and develop and practice positive verbal scripts that he can use to accept feedback, directions, and non-preferred activities. Student will also practice proactive classroom participation skills (such as keeping his head up, staying on task/on topic, raising a quiet hand and waiting to be called on, and asking for help). Finally, at the end of each school day, Student will fill out a self-evaluation score sheet for these target behaviors and engage in a brief discussion of his ratings with staff in 3/4 instructional sessions.

B2: By ____, given individual or group instruction in the value of owning both his positive and negative choices, and how taking responsibility for his behaviors and education will allow him to play an active role in his life, Student will create and practice a "stop and think" routine and develop and practice positive verbal scripts that he can use to accept feedback, directions, and non-preferred activities. Student will also practice proactive classroom participation skills (such as keeping his head up, staying on task/on topic, raising a quiet hand and waiting to be called on, and asking for help). Finally, at the end of each school day, Student will fill out a self-evaluation score sheet for these target behaviors and engage in a brief discussion of his ratings with staff in 3/4 instructional sessions.

B3: By ____, given taught verbal scripts, a "stop and think" routine, and 1 prompt from staff, Student will take responsibility for his choices and his education by following staff's directions first time asked, accepting feedback/redirection without verbal retort and/or using a positive verbal script to accurately reflect on his behaviors through accurate scores on his self-evaluation score sheet in 4/5 targeted observational periods.

- **Perception of Social Interactions**

Goal: By ___, when given direct instruction in the verbal and nonverbal pattern of social interactions, identifying and labeling the perspectives of others, verbal and nonverbal prompts, and a self-evaluation protocol, Student will replace her inability to accurately evaluate her social interactions and how others perceive her behavior with the ability to independently and accurately evaluate her social interactions in 4/5-targeted observational periods.

B1: By ___, when given direct instruction in the verbal and nonverbal pattern of social interactions, Student will identify components of positive social interaction and complete her self-evaluation protocol, when role-playing staff directed scenarios in 3/3 targeted observational periods.

B2: By ___, when given verbal and nonverbal prompting and additional staff coaching, Student will complete her self-evaluation protocol and will compare her perceptions with that of staff in 3/5-targeted observational periods.

B3: By ___, when given verbal and nonverbal prompting and additional staff coaching, Student will complete her self-evaluation protocol and will compare her perceptions with that of staff in 4/5-targeted observational periods

Student Needs for Mental Health Support Rubric

Student Name: _____ DOB: _____ Disability: _____ Date Reviewed: _____

Case Manager: _____ School: _____ District: _____

	Access to Instruction	Education Progress	Severity of Symptoms	Response to Current Intervention	Rule out's to consider
0	Regular attendance. No suspensions or other disciplinary actions that result in removal from class. Remains in class for the entire school day.	Completes assignments. Grades and test scores reflect good progress in curriculum. Progressing towards or meeting IEP goals.	Does not manifest symptoms in the school setting.	Does not require school based intervention.	There is nothing to rule out.
1	Occasional need to remove student from classroom due to presenting problem (e.g. time away). Occasional somatic complaints resulting in absences or time spent out of class (e.g. with counselor or psychologist).	Noted academic progress. Completes most assignments. Grades, test scores indicate some progress in curriculum and towards IEP goals.	Occasional manifestation of symptoms in the school setting, (e.g. mood dysregulation, anxiety, somatic complaints, irritability, or anger).	Has made noted progress with school based interventions. Participates willingly and regularly.	Look at primary eligibility to make sure it is accurately encapsulation the behaviors manifesting in the academic environment.
2	Regularly out of class to seek support from counselor/psychologist or for disciplinary issues. Some absences likely due to somatic complaints or avoidance.	Inconsistent work completion. Some refusal to complete non-preferred tasks. Data suggests limited academic progress.	Frequent (several times a week) manifestation of symptoms in the school setting. Exhibiting obvious signs of anxiety or depression.	Participation in school based intervention is inconsistent. Little or inconsistent progress towards resolution of presenting problem.	Students' primary eligibility is Autism, OHI, other behaviorally related issue. Behaviors displayed are directed correlated to this condition.
3	Frequent time spent out of class due to emotional/behavioral outbursts. Possible suspensions. Repeated disciplinary actions. Some instances of school refusal.	Minimal academic progress. Completes few assignments. Frequent refusal to engage in non-preferred academic tasks.	Chronic symptoms-manifested on a daily basis. May require shortened day. Possible attempts to leave campus (running). Expresses thoughts of self harm or suicidal ideation.	School based intervention results in no changes in presenting problem.	Student has co-morbid condition but the team is unsure if mental health or behavioral symptomatology is impacting the student the most from accessing his or her curriculum.
4	Minimal access to instruction. Suspended for > 10 days per school year. Excessive absences. School refusal. Consistently out of class due to emotional or behavioral issues.	No academic progress. Failing grades. No work completion. No progress towards goals.	Manifesting severe symptoms that cannot be managed at school. Requiring hospitalization or home teaching.	Student unwilling or unavailable for school based intervention.	Student has co-morbid condition and it is clearly documented that the mental health symptomatology is impacting the student from accessing his or her curriculum on a daily basis.

***Attach a copy of documentation indicating frequency and duration over a period of time to determine further consideration of Mental Health support. If mostly ratings of 3's & 4's in two or more areas, please continue with needs assessment process.**

Sample Documents

- **Family Educational Rights and Privacy Act (FERPA)**
- **Sample Monthly Service Summary Report**
- **Educationally Related Mental Health Checklist**
- **Progress Notes for Individual, Group, Consultation, and Parent Education (Available upon Request; Templates located on Healthmaster)**
- **Consent for Treatment (Available upon Request)**
- **Risk Assessment Sample (Available upon Request)**
- **BHRS Referral Information**

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
    - School officials with legitimate educational interest*;
    - Other schools to which a student is transferring;
    - Specified officials for audit or evaluation purposes;
    - Appropriate parties in connection with financial aid to a student;
    - Organizations conducting certain studies for or on behalf of the school;
    - Accrediting organizations;
    - To comply with a judicial order or lawfully issued subpoena;
    - Appropriate officials in cases of health and safety emergencies; and
    - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

*Legitimate interest is defined as the following per county counsel:

–The school official must have a “legitimate educational interest” in the information in order to access it under this exception.

–The U.S. Department of Education has interpreted “legitimate educational interest” to mean that the official needs access in order to perform his or her professional duties. (Need to know – not want to know.)

For more information regarding this please visit: www.familypolicy.ed.gov

Mental Health Provider Service Summary

Summary of Services	**Month of:**
510 Individual Therapy	X students
515 Group Therapy or Push In Therapy	X students
Mental Health Assessments	X students
Teacher consultation	X teachers
520 Parent Coaching/consultation	X parents
Pending Students	X students
Clinician School Assignments	Names and schools

School #1
Total students:

Total Weekly Minutes: Direct:

Total Weekly Hours: Consult:

School #2
Total students:
Total Weekly Minutes: Direct:
Total Weekly Hours: Consult:

School #3
Total students:
Total Weekly Minutes: Direct:
Total Weekly Hours: Consult:

School #4
Total students:

Total Weekly Minutes: Direct:

Total Weekly Hours: Consult:

School #5
Total students:
Total Weekly Minutes: Direct:
Total Weekly Hours: Consult:

School #6
Total students:
Total Weekly Minutes: Direct:
Total Weekly Hours: Consult:

Procedures for BHRS Mental Health Referrals

1. At the IEP meeting, discuss a referral for mental health assessment.

2. Put mental health packet together (can be done prior to the IEP).

3. Have SEIS assessment plan signed by parent.

4. Send signed assessment plan to district office immediately.

5. District office will sign the packet and send out within 24 hours (working days) to BHRS.

6. Mental health/BHRS will send a letter to the district office containing the following information:
   - When referral packet including assessment plan was received by BHRS
   - Who has been assigned to complete the mental health assessment
   - When the assessment is due

7. District office will send a copy of the letter to the site school psychologist.

8. Site school psychologist will contact the parents to explain the letter and phone call that they will be receiving from County Mental Health. Prepare the parent to promptly return calls from the assessor and give parent the name.

9. Mental health assessor will contact school psychologist to inform of window period that they are available for the MH eligibility and recommendation IEP. School psychologist will connect the assessor with the case manager so they are included in the scheduling of the IEP.

***If parent has not made the student available for mental health assessment in a timely manner, and the assessment may not be ready by the due date, BHRS will contact the district office and the district office will contact the the site school psychologist. BHRS will provide documentation of delays via emails to director to be placed in a student file to provide records for CDE reporting).*
The school will open an IEP meeting, explain the parent did not make the student available for the mental health assessment, then close the meeting. The mental health assessor will be available by phone for this meeting. The school will then fax the signature page to the mental health assessor for signature who will then immediately fax the signed copy back to the school. The IEP will be reconvened as soon as possible when the mental health assessment is completed so that services are not delayed.

San Mateo County Behavioral Health & Recovery Services (BHRS)
School-Based Mental Health (SBMH) Required Elements
Referral for Service and/or Assessment

Please provide one copy of all information, **single-sided only.**

I. Referral Information Form - 3 pages
   - Complete identification information
   - Primary district contact for student clearly identified - include phone number
   - Complete explanation of referral issues
   - Pre-referral interventions documentation if any (Recommended minimum of 3 months)

II. SELPA Assessment Plan signed by parent
   - Indicate Mental Health Assessment in Other box

- Indicate Mental Health Provider in Examiner Title column

III. SELPA Exchange of Information Form signed by parent
- Informed Consent has been provided in home language
- Signature represents person with legal authority to give consent
- BHRS and/or other providers noted in permission to exchange information section

IV. Psychoeducational evaluation or other District assessments
- Psychoeducation evaluation is current and complete
- Mental health issues have been assessed and are documented
- Concerns are clearly a mental health issue, not aspect of disability
- Cognitive ability is sufficient to benefit from psychotherapy

V. IEP documents
- IEP with team agreement for SMBH services signed by parent/guardian
- Most recent Annual IEP included
- All IEP's since last Annual and other relevant IEP's included
  - Behavior and/or emotional issues impede learning
  - Level of Special Education intervention sufficiently intensive
  - Social and emotional goals have been implemented
  - Behavior support plan has been implemented, if indicated
  - Outcome of LEA interventions documented in IEP

Send referrals to: San Mateo County BHRS
1290 Commodore Drive
San Bruno, CA 94066

Phone: (650) 583-1260
County Pony Mail or US Mail
We do not accept referrals via fax or email