

## **Educationally Related Mental Health Services Procedures For Students with IEP's**

Mental health/social-emotional difficulties can lead to poor school attendance and school failure, discipline referrals, suicide and school violence. Prevention is critical to achieving positive mental health outcomes before they reach crisis levels. Appropriate and timely referral of students, and services and supports across systems are critical to early intervention and positive recovery. School climate and positive youth development and resilience build student assets and strengths. A pyramid of school-based universal and targeted programs and interventions provides a comprehensive approach to student mental health.

According to the U.S. Department of Health and Human Services, mental health is "how a person thinks, feels and acts when faced with life's situations." A child with good mental health will be able to make transitions smoothly, adapt to change, be comfortable in social groups, accomplish age-appropriate work, and respond effectively to stressful situations.

Tehama County Schools are committed to meet the social, emotional and academic needs of students in their schools. The following procedure is to be used as a guide for IEP teams to determine when educationally **related services** are necessary, and identify appropriate related services on the Individualized Education Program (IEP).

Preventative services such as behavior or social/emotional goals, supplementary modifications and accommodations such as classroom based management techniques and positive supports and positive behavior support plans are all examples of "pre-referral" or Tier I services for students displaying poor mental health to such a degree that it is impacting their progress towards meeting their specialized goals. Any students on IEPs, whose mental health contributes to poor school performance should have, at the very least, an IEP that contains these supports to address his/her mental health. Typically, in the school setting, when these "lower level" supports indicate or contribute to the students' successful participation, thus educational benefit, the IEP team need not include more "intense" related services to address the needs of the students. In essence, these supports ensure the student is receiving educational benefit.

- **Definition:** Mental Health **as a related service** is identified as social/emotional and behavioral services necessary for a student to benefit from their special education program and services. Within the special educational environment these can include: Social Work Services, Psychological Services, Behavior Intervention Services, Residential Treatment Services, Agency Linkages, Health and Nursing, Individual Counseling, Counseling and Guidance (AKA Group Counseling), and Parent Counseling. Thus, the term

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"Mental Health as a Related Service" is utilized in place of "AB3632" or "AB2726 services" or "26.5 services" which were common terms utilized prior to 2011 and commonly known as Educationally Related Mental Health Services or School Based Mental Health Services. These services can be delivered at the site level by a school counselor, school psychologist, school social worker or licensed clinician (MFT, MSW, LPC, etc) or through a regional ERMHS Clinician. Related services should always be implemented at the least restrictive service level, first, which would be the school site. If the pupil's needs exceed site based services, a referral to regional educationally related mental health services should be submitted to the SELPA office using the Regional ERMHS Support Services Request form. The regional team will ascertain whether an assessment plan is necessary.

**Assessing and Determining Needs for Educationally Related Mental Health Services:** Students who have undergone an assessment process, determined eligible for special education services and have a thoughtfully developed and consented IEP are eligible for mental health related services as part of their Individualized Education Program.

Special education services are selected for a student based on their individual needs. Student needs must be determined based on some type of evaluative data. That data can be in the form of evaluative tests such as the BASC, observations of the student in the natural environment and/or actual student performance over time. The method used will depend on the individual student and circumstances. Regardless of the method, IEP Teams must be provided adequate information in order to determine the needs of a student and the frequency, duration and type of services necessary to meet those needs.

Following are examples of data the assessment should collect:

- Rating Scales (BASC, Becks, Resiliency Scales, Trauma Exposure Scales)
- Observations in Multiple Settings
- Documentation of other interventions at a lower level
- Behavior Plan and/or Direct Treatment Protocol
- Interviews with parents, teachers, other adults in the student's life
- Attendance history
- Discipline History

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The IEP team should document 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 pupil from benefiting from special education services.
  - ✓ Are identified as 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.
- Based on an IEP team decision, using educational assessments, the pupil would benefit from educationally related mental health services
  - If appropriate, the IEP has systematically designed, implemented, reviewed, and adjusted behavior intervention plan and/or Direct Treatment Protocol validated by the PENT scoring rubric.
  - The IEP team has gathered data to support the implementation of behavioral and social/emotional practices to determine that less restrictive supports in the school setting are insufficient to provide educational benefit and that related services are necessary to provide the student with educational benefit in the LRE.
  - **Goal Development:** Based on the student's needs identified through assessment, goals that focus on the reduction of symptoms as a means of improving mental health skills will be developed. Goals must be observable and measureable. The goals must be written in such a way that a reasonable layperson can determine whether or not the goals are being met. Progress reporting will occur on a regular basis, as identified on the student's IEP. Goals cannot be changed or adjusted without a formal IEP and parent consent is obtained.

**Target Population for the Addition of Mental Health Related Services:** Students must have significant needs identified through assessment in the areas of social-emotional or social-behavioral by a school psychologist. This also indicates that the students are currently served under an active and updated IEP. Typically these students already have a school based mental health service delivered on their IEP, a behavior intervention plan, and/or a direct treatment protocol.

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Eligible students for mental health services can be pupils with any of the qualifying disabilities. Students can be anywhere on the continuum of placement and services as long as their present levels and current baselines indicate a need for a social emotional or behavioral goal and educationally related mental health services. Best practice would support a tiered approach where lower level interventions have been implemented and that the data/observations/assessments collected indicate a higher, more intense, level of support services.

**When should an IEP team refer a student for more intense mental health related services?** When, after implementing a student's IEP with fidelity and determining a student is not receiving educational benefit from the services and related services on his/her IEP, the IEP team should consider more intense mental health related services. IEP teams must clearly document the suspected/identified need related to mental health and recommendation for more intense Mental Health related services utilizing data collected from the various lower level interventions, implementation of observations, Behavior Intervention or Direct Treatment Protocol Plans, current scores on the BASC or other standardized behavior rating scales. Subsequent to the IEP team recommendation, the school psychologist shall make a referral using request for regional ERMH support services (see SEIS document library for referral forms and flow chart).

A student *who is in the process of being evaluated* and suspected of being eligible for special education, may require more intensive Mental Health related services, as well. Similar to the above requirements, the initial assessment team must clearly document the suspected/identified need related to mental health and recommendation for more intense Mental Health related services. This is a concurrent referral and is only utilized in extraordinary circumstances for the student (i.e. extended hospitalizations, etc.) The School Psychologist shall validate and compile the above mentioned information as it becomes available, and, most importantly, a comprehensive narrative describing the need for referral. This special circumstance must be communicated with the SELPA office and ERMHS coordinator in order for ERMHS staff to consult and or develop a concurrent assessment plan with the initial referral and assessment.

**Transfer Students/Interim Placement:** In the case of a student with an IEP indicating Mental Health as a Related Services newly transfers into the SELPA/LEA, the LEA administrator or designee will determine if the needs on the IEP can be met with local LEA resources or immediately refer the student for review of an interim placement to the SELPA Educationally Related Mental

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Health Services Administrator. The student's IEP will be implemented as appropriate.

**Referral/Service Request Packet:** When an IEP team has initiated a referral to more intensive educationally related mental health service, the School Psychologist will submit to the Request for Regional Educationally Related Mental Health Services referral to the SELPA Administrator. The SELPA ERMHS

### **Related Services for Educationally Related Mental Health Needs:**

After a referral is deemed appropriate an assessment plan will be developed, conducted by regional ERMHS clinical staff. An IEP will be set up to determine if the assessment warrants regional ERMH Services. If the assessment determined this level of need services are recommended and agreed upon at the IEP that are deemed necessary for the student to access and benefit from their educational program and services. Services must have an educational purpose and must be directed toward helping the student meet their special education goals. Data from measurable goals should be used when practical to determine whether services have contributed towards improved educational success. These services are also considered included in the student's Least Restrictive Environment (LRE). Therefore, it is considered necessary to provide Mental Health Related Services within the setting that has been determined by the IEP team as LRE. When the services are provided on a school campus, then it is the responsibility of the regional ERMHS clinician to ensure compliance with all confidentiality laws and regulations. It is the responsibility of the school district to provide the clinician with a distraction free, private location in which to perform the ERMH service.

**Strong Collegial Collaboration:** Counseling/ERMHS must not occur in isolation. It is crucial that clinicians and the School of Attendance/DOR create strong collegial linkages based on the needs of their students. Whether the student is at the elementary, junior high or high school level it is important to have on-going communication with those staff persons that are most involved with the student such as the classroom teacher, school psychologist, case carrier, school principal or assistant principal. Some of the issues that warrant on-going communication include but are not limited to the following:

- Disciplinary actions
- Grades
- Scheduling for services
- Interpersonal strengths/weaknesses
- Follow-up relative to social emotional goals

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- Crisis situations
- Changes in home life

**Progress Reports:** Progress on IEP goals must be reported to parents at the same frequency as progress reporting in the school for non-disabled peers. The regional ERMHS clinician and/or the site based ERMHS provider will report progress on goals at the same frequency of progress reporting for the particular school site the student attends. Progress reports should be submitted to the student's case manager prior to the due date for the progress report. The ERMHS provider (regional or site) shall also communicate with the case manager any recommendations for changes in service levels or type prior to the IEP meeting so appropriate individuals can be invited to participate in meetings. All changes in services will be considered and approved in IEP meetings.

### **Service Locations:**

**Comprehensive campus:** Individual or group therapy shall determine needed space at the student's school site. When ERMHS are provided at the school site, the service provider will discuss space requirements with the site administrator who is responsible to arrange for appropriate space availability. At minimum, a private room will be available to the clinician on a regular basis that will provide the student needed confidentiality and reliability in service provision.

**Service Provider Location:** In some situations, services, specifically parent counseling, may need to be provided off a school campus such as the regional ERMHS office or somewhere in the community. Additionally, students who are not attending a comprehensive campus and are on a specialized program related to their mental health may also need a specialized service provider location. It is always the desire to hold these services or attempt to hold these services on a school campus.

**Student needs greater than a comprehensive campus:** When a student's needs are deemed significantly beyond the capacity of a comprehensive campus and alternative settings are under consideration for the student, the IEP team will need to diligently document the team's attempts to address the behavior and/or social emotional concerns in the Least Restrictive Environment (LRE). The IEP team will discuss recommendation of the mental health clinician based on the student's current functioning. All efforts must be made to address the student's needs within the continuum of services within the LEA (including SELPA regional programs) prior to consideration of residential nonpublic school attendance.

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Just as any review of LRE and services, it must be evident that outside of crisis intervention, the student's needs exceed the current supports and services. Therefore, it is vital to review student's related service attendance, educational environmental supports, and current eligibility status.

On extremely rare occasions it may be necessary for the IEP team to consider residential non-public school to address the student's educational needs. When this is the case, it is required that the LRE options and continuum of services have been exhausted. Students being considered for residential nonpublic school must meet additional criteria prior to referral for services. Please refer to the SELPA's current Out of District Placement Policy and the current Non Public School/Agency Policy (Forms found in SEIS document library).

The IEP team will determine appropriate placement based on present levels of performance, clinician recommendation, and recommended/adjusted goals.

Residential placements shall be an extension of a student's non-public school.

Regional ERMH services can be delivered at local Non Public Schools. Non local facilities may still require regional ERMHS consultation virtually or remotely, including visitations to ascertain appropriateness of residential ERMHS.

**Exit Criteria:** When, or in the event that a student's functioning stabilizes, which includes consistent goal achievement, general adaptive functioning improvement and stabilization, as well as academic progress, student will be re-evaluated for exit from service. To be eligible for exit, all services must be completed, student must have an acceptable level of stability, and student must have adequate school resources so that he/she can benefit from their special education program and services. Recommendations for changes or exit from service are made by the IEP team. Any and all changes to IEP related services shall be addressed in an IEP meeting. Changes can only take place upon parental consent.

### Don't Forget

- ✓ A student may have any disability to qualify for Mental Health as a related service
- ✓ Services must be specified in the IEP, including frequency and duration
- ✓ A student may, under certain circumstances, be referred to Educationally Related Mental Health assessments prior to being identified as a special education student during a concurrent initial assessment.
- ✓ Educationally Related Mental Health Services (ERMHS) is any mental health service on the IEP and can be delivered by the site, regional provider, or both. This includes individual counseling, counseling and guidance (group counseling), psychological services, social work services, parent counseling, behavior intervention services