

Glenn County Special Education Local Plan Area

SELPA Agreement

Educational Mental Health Related Services, A Tiered Approach

Draft Final March 21, 2012

Introduction

Until 6-30-10, special education students with severe socio-emotional problems who did not make progress educationally received mental health services as a related service on the IEP from County Mental Health Departments, after a referral was received from a SELPA. County Mental Health Departments were required by Chapter 26.5/3632 to provide these services and to be a member of the IEP team. In Glenn County there has been a long-standing successful partnership between Glenn County Office of Education SELPA and Glenn County Mental Health Department, even though this was not always true in other counties.

In October 2010, Governor Brown, by line-item veto, eliminated State funding for educationally-based mental health services provided by County Mental Health Departments. This mandate was suspended and SB100 was enacted for FY 2011-12. The Local Education Agencies are now charged with providing IEP-related services, which may include mental health. This document is Glenn County's Education Mental Health Related Services (EMHRS) Plan.

EMHRS Mission Statement

To provide mental health services which assist an Individual With Exceptional Needs (IWEN) to access and benefit from his/her education program by acting within a coordinated multi-disciplinary team operating in a culture of support and collegiality. EMHRS service provision will maximize all available funding resources. GCOE school psychologists, specialists, and contractors will be utilized as well as Glenn County Behavioral Health professionals to bill Medi-Cal insurance. Other third party insurance may be used with parental consent.

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 EMHRS 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.

Tier I: Prevention

These are universal prevention activities available through school districts, Glenn 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 district school

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counselors, Positive Behavior Intervention Program, Second Step, Bullying Prevention Program, School Safety Plans (which may include responding to a mental health crisis on campus), 40 Developmental Assets, Student Study Teams, Preschool Disabilities coordination, First Five counseling and parenting education.

Tier II: Identification and Brief Intervention

This tier service targets those 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 Support Plans I/II; School Psychologist services; counseling services; training for teachers/caregivers on behavior intervention; socio-emotional skill-building groups; referral to EMHRS Tier III and other outside agencies as appropriate to student need.

Tier III Intensive Individualized Intervention

Tier III is the most intensive service array and targets the Special Education student with significant problems due to mental health disorders and will be done within an interdisciplinary team model. Less intensive services will have been attempted prior to referral for EMHRS Tier III services. Examples of services at this level include: mental health evaluation completed and these related services are documented on IEP; Individual or Group therapy from mental health professionals; family or collateral therapy aimed at behavior interventions in the home; a multidisciplinary team approach and communication with student's IEP Team; and non-public school placement being the most restrictive option. The mental health clinician, which includes both credentialed education staff and licensed or license-waivered mental health therapists, or contractors, will be referred to as the EMHRS Clinician in the rest of this document.

At the Tier III Level, education-related mental health services include screening and assessment, crisis intervention within the school setting, individual or group therapy, communication with the SELPA Case carrier, 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 EMHRS Clinician will be responsible for making arrangements to send the student to Glenn County Mental Health Department for a 5150 assessment. Glenn County Mental Health Department retains responsibility for psychiatric hospitalizations. In addition, the EMHRS Clinician will provide a written progress report for IEP meetings. EMHRS 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 EMHRS Clinician will be responsible for complying with all confidentiality regulations. Note:

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Psychiatric services and medications are not covered via EMHRS funding as federal guidelines consider them to be medically necessary and not educationally necessary services.

Eligibility Criteria

EMHRS Tier III student 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 socio-emotional problems, or have a mental illness diagnosis, **and** is not making adequate educational progress due to the mental health problems, is eligible for EMHRS Tier III evaluation.

IEP teams will determine which students with disabilities are eligible for mental health related services. The EMHRS Clinician 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 EMHRS 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.

Initiating a referral for EMHRS Tier 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 SELPA staff and Clinical staff 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 benefitting 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

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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 EMHRS 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 Glenn County SELPA with a current IEP with Mental Health services listed may be referred to EMHRS 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 EMHRS TIER III

After the IEP team has initiated a referral, the School Psychologist shall submit a packet with the following to the GCOE EMHRS 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

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Following the receipt of parent signature for consent for an EMHRS Tier III eligibility evaluation, the evaluation packet will be forwarded to the assigned EMHRS Clinician. If, for some reason the parent signature has not been obtained within 30 days of the initial request for consent, the SELPA Case carrier will inform the district/IEP Team the eligibility evaluation cannot be started. It is the responsibility of the SELPA Case carrier to reconvene an IEP to address the lack of parental consent to the proposed EMHRS Tier III eligibility assessment plan.

EMHRS Initial Eligibility Evaluation

Upon receipt of parental consent for the EMHRS Tier III evaluation, the SELPA Case carrier 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 EMHRS 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 EMHRS Clinician will offer a recommendation of related goals and service delivery. The IEP team will be provided a copy of the EMHRS 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 EMHRS 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.

EMHRS Tier III Initial Eligibility Evaluation 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 EMHRS Clinician and EMHRS 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 Behavioral Concerns (socio-emotional problem). Rate, intensity for significance statement; relationship of student's problem behaviors with academic

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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 IV-R 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 Support 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. Glenn County Cross Cultural Assessment Form, Child Behavior Checklist/CBCL (Achenbach), Connors Scale are examples.
- 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.

IEP Meeting for Inclusion of Mental Health TIER III as a Related Service on the IEP

Within 60 days of the receipt of the parent consent for mental health assessment (30 days in the case of transfer-in students with an existing current IEP), the IEP team will reconvene to discuss relevant results of the mental health assessment. The SELPA Case carrier will notice and invite all team members at least 10 days prior to the meeting. The EMHRS Clinician will share preliminary findings with the parent and SELPA Case carrier five days prior to the IEP meeting. The EMHRS Clinician or other appropriate representatives shall attend the IEP meeting to report on findings and recommendations. All agreed on goals and services (including location, frequency, duration, and start date) will be documented in the student's IEP. At this time the student's EMHRS Clinician will be identified. Services will commence as indicated on the IEP document and after parent consent has been obtained.

Goal Development

EMHRS Treatment Plans will focus on the reduction of symptoms as a means of improving functional impairments in the school setting. Goals must be observable and measurable. The

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goals must be written in such a way that the family can determine whether the goals are being met. A written progress report will be supplied by the EMHRS Clinician for scheduled IEP meetings. Goals cannot be changed or adjusted without a formal IEP meeting process and parent consent is obtained.

SELPA Case Management Leadership

IEP case management will be maintained by the SELPA Case carrier. The SELPA Case carrier will be responsible for consultation/collaboration with all programs and related-service providers. The SELPA Case carrier will coordinate the scheduling of subsequent IEP meetings. The EMHRS Clinician will provide and monitor all agreed-upon mental health related services unless specified differently on the IEP.

EMHRS TIER III Services

Services may include but are not limited to crisis intervention, mental health assessments, treatment plan development, individual and group therapy, case management, rehabilitation services, support to the regional special education classrooms, and residential placement recommendations. The EMHRS Clinician may also provide collateral services to the parent for a brief period of time to support consistent behavioral approaches and reinforcements to the student. EMHRS services are recommended at the IEP meeting that are necessary for the student to access and benefit from their educational program. Data from measurable goals should be used when practical to determine if the student has made progress. The crosswalk between mental health service codes and education service codes are (education in parentheses):

- Case management (Social Work): Activities provided by the Clinician to access needed community resources for eligible individuals, consult with IEP team members, maintain progress reports to parents, and consult with student's other agency service providers. CASEMIS Code 525.
- Collateral (Social Work): Service rendered to the student's significant support persons who assist the other to help improve, maintain, and restore the student's mental health status through interaction with the significant support person. Collateral services are provided to aid goals on the student's IEP, rather than focus on the significant other's therapy. CASEMIS Code 525.
- Therapy (Individual Counseling): A goal-directed therapeutic intervention focusing on the mental health needs of the student. This may include individual and/or group settings. A group setting includes the student and one or more other students in a face-to-face intervention with students. CASEMIS Code 510.
- Rehabilitation Services (Counseling and Guidance): Group counseling and other services with a student which addresses functional impairments: improve, maintain, or restore a functional skill, daily living skill, social and leisure skills, grooming and personal

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hygiene skills, meal preparation skills, and/or medication education. CASEMIS Code 515.

- Treatment Plan Development (Social Work): Clinician prepares and obtains signatures for the student treatment plan. Progress notes will document the client plans, goals and interventions were developed with student and/or parent, updated, progress toward previous goals, and how the interventions will be implemented. CASEMIS Code 525.
- Residential Treatment Services (Residential Treatment Services): A nonpublic, nonsectarian school that enrolls students with disabilities pursuant to an IEP and employs at least one special educator where the student resides. CASEMIS Code 545.
- Assessment (MediCal only, do not record in IEP services): A service designed to provide formal documented evaluation or analysis of the cause or nature of the student's mental, emotional, or behavioral disorder, necessary for the evaluation and treatment of the student's mental health needs. This is a MediCal eligible service and does not need to be recorded in the IEP.
- Crisis Intervention (MediCal only, do not record in IEP services): An immediate emergency response to an unplanned event where the student is a danger to self or others, either by phone or in person, enabling the student to be maintained in community. In the event the Clinician believes the student to continue to exhibit lethality symptoms, the Clinician will refer the student to Glenn County Mental Health Department for a 5150 assessment. Hospitalization authorization will remain within the authority of the Glenn County Mental Health Crisis Team. This is a MediCal eligible service and does not need to be recorded in the IEP.
- Progress Reports: Progress on IEP goals must be reported to the parent at the same frequency as progress reporting in the school for non-disabled peers. The Clinician will report progress on goals at the same frequency for progress reporting for the school site the student attends. Clinical progress reports should be submitted to the SELPA Case carrier at least 5 days prior to the due date for the progress report. The Clinician shall also communicate with the SELPA Case carrier any recommendations for changes in service levels or type prior to the IEP meeting so appropriate persons can be invited to participate in the IEP meetings. All changes in service will be determined and approved in IEP meetings. Progress reports on residential services will be reported each quarter following residential site visits by the SELPA Case carrier.

Service Locations

- Comprehensive Campus: When mental health services are to be provided on the school site, a private room will be available to the Clinician on a regular basis that will provide confidentiality and reliability of service provision.
- Alternative sites: When a student's needs are more severe and alternative placements are recommended, the IEP team will review the student's current functioning prior to alternative classroom placements. 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. Just as any

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review of LRE and services, it must be evident that outside of crisis intervention, the student need exceeds current supports and services. In this light, it is important to review the student's related service attendance, medication compliance (if applicable), educational environmental supports, and current diagnosis status. Prior to placing a student in a nonpublic school setting, regulation requires preapproval of the SELPA Director, review by the Glenn County Interagency Placement Committee, a monthly function of the MAP meeting. The intention of this regulation is to ensure least restrictive service options have been considered and utilized prior to residential placement. IEP meetings must be held minimally each 6 months after initial placement.

EMHRS TIER 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 EMHRS 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 EMHRS services are made by the EMHRS Clinician. Changes to IEP related services shall be addressed in an IEP meeting. Changes require parental consent. Both the sending and receiving classrooms will work together during the transition period.

In the event the student and/or student's legal guardian does not participate in the EMHRS services as written on by the IEP, the EMHRS Clinician may recommend discontinuation of mental health services. Every attempt will be made to provide services in accessible times and locations.

EMHRS Documents Appendix

1. Universal Release of Information (purpose of coordinating services and finding if 3rd party insurance funding is available) (LEA)
2. Psycho-Education Study (LEA) (current or if in-process a notation of due date)
3. IEP Document (LEA)
4. Referral Packet submitted to GCOE EMHRS Tier III School Psychologist for coordinating EMHRS caseloads and timelines. Referral packet includes:
 - a. Parental Consent for Mental Health Assessment
 - b. Referral Information form:
 1. Date of referral being sent to the Mental Health assessor
 2. Problem Statement and severity of problem
 3. Pre-referral services provided and effectiveness of the service
 4. Behavior Support Plan and effectiveness of the interventions
 5. Psycho-Education Study
 6. Current IEP document

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7. Due date for the next IEP meeting to determine eligibility for EMHRS.
5. EMHRS Initial Eligibility Evaluation Report (EMHRS Clinician)
6. Service Documentation Log (LEA) or Client Progress Note (GCMH) toward IEP/MH goals and objectives. LEA Service Log notes are kept in locked location in SELPA office; GCMH Progress Notes are kept in the GCMH chart and follow Medi-Cal billing and compliance policies. Both GCOE and GCMH agree to furnish these billing progress notes to each other for audit purposes.
7. EMHRS Tier III Written Progress Report
8. EMHRS Tier III Medi-Cal Reassessment (GCMH) will be completed each 2-years following the opening of the Mental Health Chart.
9. Triennial Psycho-Education Evaluation (GCOE)
10. EMHRS Evaluation forms:
 - Glenn County Cross-cultural Assessment
 - Glenn County Client Care Plan
 - Child Behavior Checklist (CBCL)
 - Variety of Educational Assessment Tools
11. Pyramid of Service Tiers Graphic