

# **Education-Related Mental Health Services Program Description**

## **Glenn County SELPA**

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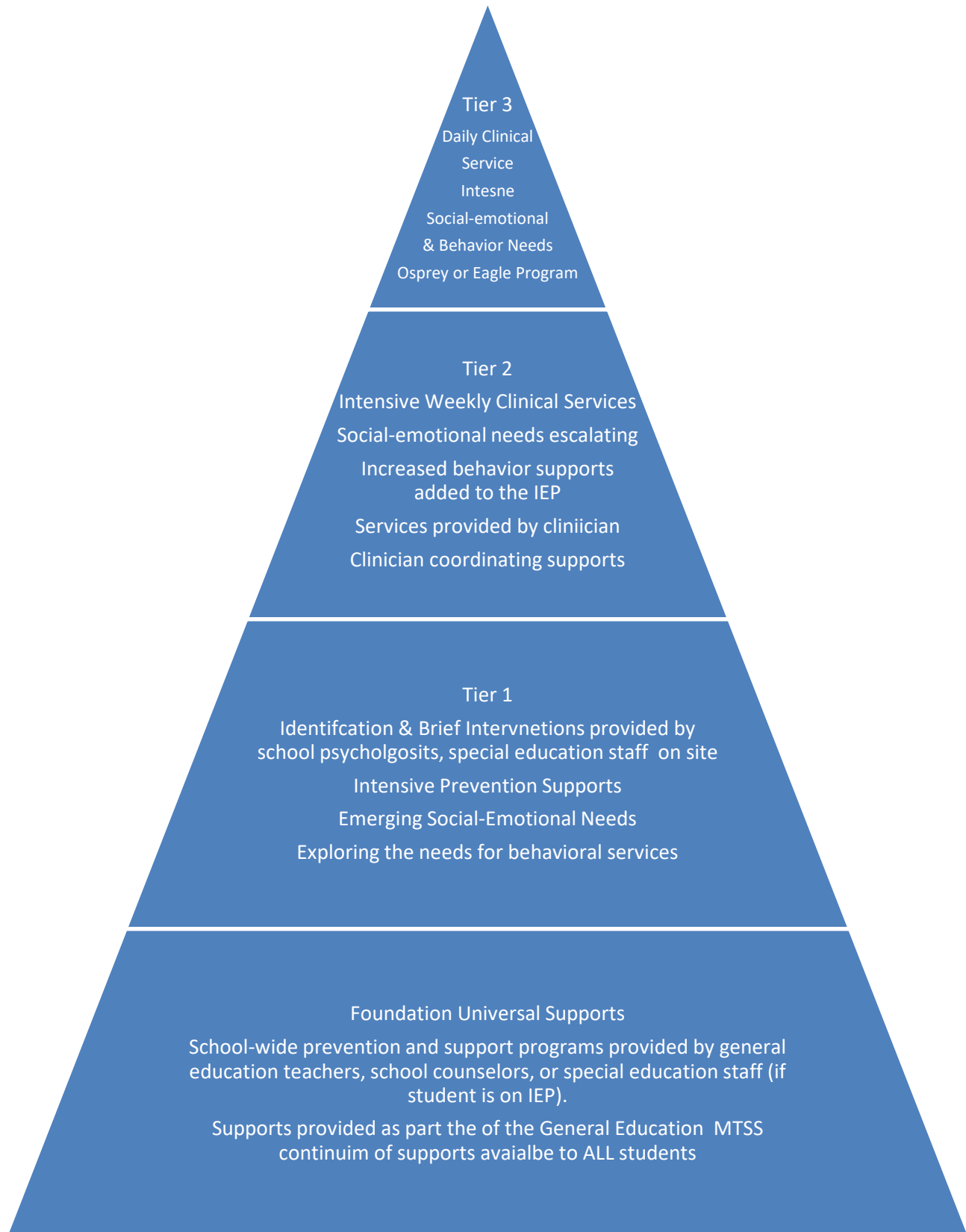
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### **Educationally Related Mental Health Services Model**

Our goal is to support student's academic progress by the provision of social-emotional services individualized on a continuum from the least restrictive to the most restrictive settings.



## **ERMHS Mission Statement**

The ERMHS program strives to provide mental health services which assist any students with disabilities to access and benefit from their educational program by acting within a coordinated multi-disciplinary team operating in a system of support and congeniality using a culturally sensitive lens. ERMHS service provision will maximize all available funding resources. Glenn County School Psychologists, licensed mental health clinicians and contractors will be utilized as well as Glenn County Behavioral Health professionals. Other third party insurance may be used with parental consent.

## **ERMHS Program Description & Overview**

Every individual with disabilities is entitled to a Free and Appropriate Education within the least restrictive environment. A unique Individualized Education Plan (IEP) 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.

Foundation: Prevention

These are the universal prevention activities available through school districts, Glenn County Office of Education, or within other community organizations. All students are eligible to access Tier I services and activities, and do not need to be eligible for special education to participate. This may include Social Emotional Learning, District Counselors, Positive Behavior Intervention Programs, Bullying Prevention, 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, parenting education, and other programs.

### **Tier 1: Identification and Brief Intervention**

Tier 1 services may be offered to special education-eligible students and in rare instances services may be offered while a concurrent assessment for Mental Health services occur. Tier 1 services targets those special education students (or in the process of special education assessment) who have an emerging socio-emotional problem, and with brief supports will be able to improve problem behaviors. Examples of these services include identification and screening by the school psychologist as having socio-emotional problems and the IEP has socio-emotional goals documented; Behavior goals, school psychologist services counseling, training for teachers/caregivers on behavior intervention, skill-building groups, and referrals to Tier 2 as necessary. Tier 1 services are primarily provided by education staff and may include school-based counseling and guidance services. These mental health services are categorized as brief intervention activities, usually for a minimum period of approximately six months. Tier 1 services will have been attempted for six months prior to referral to Tier 2 ERMHS services. Tier 1 students are primarily served in the home school campus but may be provided in a variety of classroom settings.

### **Tier 2: Intensive Intervention**

Tier 2 student's services may be provided if the following conditions and criteria are met. Tier 1 preventative and brief intervention services have been attempted and documented for approximately six months prior to the Tier 2 referral being made. The School Psychologist completes a Tier 2 referral

packet and makes a presentation to the ERMHS Team meeting. These services are designed to provide adequate mental health services to meet the academic goals and avoid escalation to the Tier 3 level. Services may include school counseling, behavior intervention goal, teacher consultation, classroom observations, coordinating the flow of communication to IEP team members.

Tier 2 services may be offered to special education-eligible students. Tier 2 services targets those students with special needs who have an intensifying socio-emotional problem. Examples of these services include social emotion and behavior goals, mental health clinician counseling services, training for staff on social-emotional supports and behavior intervention, skill-building groups, and referrals to Tier 3 if necessary. Tier 2 counseling services may be provided by the school psychologist if the IEP team deems the student would be impacted by transitioning counseling to the mental health clinician. This will be an IEP team decision and made on a case by case basis. These mental health services are categorized as more intensive intervention activities, usually for a minimum period of approximately six months. Tier 2 services must be attempted for prior to referral to Tier 3 services. Tier 2 students are primarily served in the home school campus but may be provided in a variety of classroom settings.

### **Tier 3: Intensive Individualized Intervention**

Tier 3 is the most intensive service array and supports special needs students with significant needs that impeded their learning. A multidisciplinary team model will be used. Referrals for Tier 3 services will be made by the Mental Health Clinician in conjunction with the School Psychologist, IEP team and teacher consultation. Students referred for Tier 3 services are typically recommended a placement placed in our Tier 3 programs called Osprey or Eagle. Osprey is for students in elementary and middle school students and is housed at Willows Intermediate School. Eagle is for high school students and is housed at Willows High School. Students in these programs have access to a teacher, paraprofessionals, a mental health clinician, a school psychologist, behavior support specialists and other services as needed. Students in Osprey will be integrated in classes and activities at Murdock or Willows Intermediate School as needed. Tier 3 services include mental health assessment, increased frequency of individual and group therapy delivered by a licensed mental health clinician, family or outside agency therapy aimed at behavior interventions in the home and frequent communication among IEP service providers. The Mental Health Clinician role may include both education staff and licensed mental health professionals as allowed by license or certificate.

At the Tier 3 level, mental health services include screening, assessment, crisis intervention within the school setting, individual or group therapy, communication with the case manager, rehabilitation services, treatment plan development, outside agency services for parents or caregivers, and consultation regarding appropriate education settings. In addition, the Clinician will provide a written progress report toward the socio-emotional goals listed on the IEP for the annual meetings. Data from measureable goals will be used, when practical, to determine whether the service provided have contributed to improved educational successes. The Clinician will be responsible for complying with all confidentiality regulations.

If a crisis assessment raises lethality concerns, the Clinician will be responsible for making arrangements to send the student to Glenn County Behavioral Health Department for a 5150 assessment. Glenn County Behavioral Health retains the responsibility for psychiatric hospitalizations.

Note: Psychiatric and medication services are not provided through any of the services.

## **Case Management Leadership**

IEP Case Management will be maintained by the Case Manager. The Case Manager will be responsible for consultation/collaboration with all programs and related-services providers. The Case Manager will coordinate the scheduling of subsequent IEP meetings. The Clinician will work in conjunction with the School Psychologist on referrals, assessments, service delivery, and transitions to a lower level of service. The Clinician will provide and monitor all agreed-upon mental health related services unless specified differently on the IEP document.

## **Goal Development**

Treatment Plans will focus on the reduction of symptoms as a means of improving functional impairments in the school setting. Goals must be developed based on present levels in the IEP. Goals must be observable and measureable. The 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 Clinician for scheduled IEP annual meetings. Goals cannot be changed or adjusted without a formal IEP meeting process and parent consent is obtained.

## **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 ERMHS Clinician will make a progress report on socio-emotional goals at the same frequency as progress reporting at the school site the student attends. Clinical Progress Reports shall be submitted to the Case Manager at least five days prior to the due date for the progress report. The Clinician shall also report any recommendations for changes in service levels or type prior to the IEP meeting so appropriate people can be invited to the meeting. All changes to services will be determined and approved in IEP meetings.

## **Mental Health Service Descriptions**

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 ERMHS regional classrooms, and residential placement recommendations. The ERMHS Clinician may also provide collateral services to the parent for a brief period of time to support consistent behavior approaches and reinforcements to the student. ERMHS services are recommended at the IEP meeting that are necessary for the student to access and benefit from the educational program. Data from measurable goals should be used when practical to determine if the student has made progress.

- 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 other agency providers. Code 525
- Collateral (Social Work): Service rendered to the student's significant support persons who assist the student 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. 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 students in a face-to-face intervention with

students. 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 hygiene skills, meal preparation skills, and/or medication education. Code 515
- Treatment Plan Development (Social Work): Clinician prepares and obtains signatures for the student's treatment plan. Clinical Service Notes will document the student plans, goals, and interventions which were developed with the student and/or parent, updated progress toward previous goals, and how the interventions will be implemented. Code 525
- Assessment (Psychological Services-Assessment): A service designed to provide formal documentation of an 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. Code 530
- Crisis Intervention (Behavior Report): An immediate emergency response to an unplanned event where the student is a danger to self, others, either by phone or in person, enabling the student to no longer be maintained in the community. In the event the Clinician believes the student to continue to exhibit lethality symptoms, the Clinician will refer the student to Glenn County Behavior Health Department for a 5150 assessment. Hospitalization authorization will remain within the authority of the Glenn County Mental Health Crisis Team.

### **Residential Treatment Services**

To be evaluated for these services, the IEP team would need to contact the SELPA and make a referral for these services. The SELPA administrator will evaluate the referral and needs before making a recommendation for a placement. The SELPA director has discretion to deny the request for residential treatment if supports and services can be provided in Glenn County. The SELPA director will communicate with the IEP team if the referral is accepted.

- Residential Treatment Services (Residential Treatment Services): A non-public, 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

### **Service Locations**

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. General Education Administrators may be called upon to help the clinician find a confidential location to provide services. Usually Tier 2 services are provided at the student's home school campus. Tier 3 services are provided in the Tier 3 classrooms Osprey or Eagle, and may be offered in the student's home school site as part of a transition plan to a lower level of service. The Clinician may also provide services off site at the family home, and other community locations provided the setting is safe and confidential.

## Initiating Referrals for Tier 1 & 2 Services

### Documenting the Need Prior to Making a Referral

The IEP must clearly document the suspected/identified need related to mental health. Special education students are eligible for mental health as a related service regardless of the student's special education eligibility category. The following information will assist the School Psychologist to determine the appropriateness of a referral to Tier 1 or 2 services.

1. Provide a copy of the most recent psycho-educational evaluation documenting the areas of concern.
2. Written consent to complete a mental health assessment and to share information between all relevant staff and agencies is current and a copy is attached.
3. Documentation lists the emotional or behavioral concerns that:
  - a. Have been observed by educational staff in education settings or other settings as appropriate;
  - b. Impede the student from benefitting from Special Education services;
  - c. Are significant as indicated by rate of occurrence and intensity;
  - d. Are associated with a condition that cannot be explained 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;
  - e. Are associated with a condition that cannot be described solely as a temporary adjustment problem that cannot be solely resolved with less than three months of school counseling. The student has exhibited the socio-emotional or behavioral skill deficit for at least six months.
4. Based upon an IEP Team decision using educational assessment instruments, the student's current functioning, including cognitive functioning, is at a level sufficient to enable the student to benefit from mental health services.
5. The IEP special education services as written on the IEP document have been attempted and implemented with fidelity.
6. The IEP team has implemented and reviewed behavior interventions toward identified goals for effectiveness.
7. The IEP Team has determined the student is likely to benefit from Tier I-II services.
8. Written consent for the release or exchange of information for all relevant 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 are transferring to Glenn County with a current IEP with mental health services listed may be referred to Tier 2 services concurrently. This concurrent referral is only utilized in extraordinary circumstances for the student. The School Psychologist will validate the unique circumstance which necessitates an expedited referral process pending the completion of the entire evaluation.

## **ERMHS Tier 2 Referral Procedures and Timelines**

After the IEP Team has initiated a referral, the School Psychologist shall submit a packet to the ERMHS Team with the following information:

1. Referral checklist.
2. A copy of the current IEP document and any subsequent amendments.
3. A copy of the current psychoeducational assessment.
4. Current assessment reports completed in all areas of suspected disability and any relevant outside agency report recently completed.
5. Validation from the school psychologist of counseling and guidance services attempted during previous six months along with progress toward meeting the emotional or behavior goals.
6. Behavior goal attempted with statement of the effectiveness of the intervention.
7. Parental consent for mental health assessment and services.
8. Universal Release of Information form for all providers of service.

The School Psychologist shall also attend an ERMHS Team meeting to present the referral to offer additional information as requested by the ERMHS Clinicians.

Following the receipt of parent signature for consent of the mental health assessment, and a complete Tier 2 Referral Packet, a Clinician will be assigned. 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 mental health assessment cannot be started. It is the responsibility of the Case Manager to reconvene an IEP meeting to address the lack of parental consent to the proposed Tier 2 mental health assessment.

Within 60 days of the receipt of written parent consent for a 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 Case Manager will notice and invite all team members at least 10 days prior to the meeting. The Clinician will share preliminary findings with the parent and Case Manager five days prior to the IEP meeting. The Clinician or other appropriate representatives shall attend the IEP meeting to report on findings and recommendations. All agreed upon goals and services (including location, frequency, duration, and start date) will be documented in the student's IEP. Services will commence as indicated on the IEP document and after parent consent for counseling services has been signed.

### **Tier 3 Services**

Tier 3 services are reserved for those students with the most need and have not made academic progress at Tier 2 service level. The Clinician will provide more frequent mental health services, and the student is placed in the regional classroom. Recommendations for placement at the Tier 3 level of service will be made by the Clinician in consultation with the Case Manager and District Psychologists. Tier 2 services may also be offered as the student makes academic progress and transitions back to Tier 1. The Clinician may provide/offer any of the mental health services listed above as appropriate to the unique needs and goals of the student noted on the current IEP.



### **Tier 3 Entrance Criteria**

1. Student is eligible for Special Education.
2. Student is eligible and the ERMHS Team concurs Tier 3 is appropriate for the student.
3. A Behavior Intervention Plan or a Behavior goal has been attempted.
4. Mental Health counseling or equivalent has been provided for six months.
5. The IEP Team has determined the student will likely benefit from Tier 3 classroom placement
6. Pre-staffing: Referring and sending IEP teams have formed a collaborative agreeing to support and educate the student. District of residence attends the IEP meeting.
7. An IEP meeting will be held with Tier 3 staff to finalize the change of placement.
8. Osprey and Eagle are the Tier 3 classrooms both housed in Willows.

### **Transition Services**

Students will have access to classes and school activities at Murdock, Willows Intermediate, and Willows High School as outlined in their IEP. General Education administrators will be included in meetings to discuss the student's integration at that campus. Students will be provided the appropriate staff supports and if needed transportation to the school site as part of their school program. It is important the students in the Tier 3 program have access to typical peers so they can practice their skills in a less restrictive setting. It is also critical for the high school students to attend classes in order to earn credits and work towards earning a diploma. Time in general education will be increased as tolerate by the student and agreed upon by the IEP team.

### **Tier 3 Exit Criteria**

When a student's functioning stabilizes, as evidenced by consistent educational goal achievement, general adaptive functioning improvement, and ERMHS Clinician recommendation, the student will be re-evaluated for exit from this level of service. To be eligible to 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 may continue to benefit from special education program and services. Recommendations for changes or exit from ERMHS services are made by the Clinician, in consultation with the school psychologist and teacher. Changes to IEP related services shall be addressed in the IEP meeting and require parental consent. Both the sending and receiving classrooms will work together during the transition period.

The following steps will ensure a successful exit from Tier 3:

- The student is able to mainstream successfully with minimal adult support for at least six months at the closest location to the Tier 3 classroom site.
- The student is making progress toward identified IEP goals, including behavioral, socio-emotional, and academic goals.
- An appropriate receiving site is identified. The student's District of Residence will be first choice.
- Sending and receiving teams will work together to create a transition plan to include activities such as reduction of adult support for the student in mainstreamed activities and to continue progress in IEP goals, supports, and services. Continuity of care will be the focus in staff meetings, which include site administrators.
- As the receiving team is the most knowledgeable about their site, it will take the lead in the plan logistics and implementation.

Other reasons for exiting a Tier 3 program:

- If students is not making progress on academic, social-emotional, behavioral, or mental health goals the Tier 3 program and the District of Special Education Accountability will hold an IEP meeting to evaluate the students' needs and placement in a Tier 3 program.
- If the student is actively refusing involvement in counseling services, morning meetings, group counseling or other services the Tier 3 team the District of Special Education Accountability will hold an IEP meeting to evaluate the students' needs and placement in a Tier 3 program.

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

# **APPENDIX A**

## Services Flow Chart

### **Foundation Level of Services, universal, school-wide**

All students are eligible, special education not required  
Culturally responsive environments, classroom strategies with accommodation planning  
Services are provided by district, office of education, organizations, and agencies  
Firm, fair, kind, consistent teaching Positive relationships with all students  
Attention given to promoting physiology for learning (diet, sleep, exercise, stress management)  
School-wide, universal  
Focus on prevention and support reducing the need for more intensive level of service  
A collaborative approach with parents/guardians, LEA, GCOE and outside agencies serving the student



### **Tier 1 Level of Services, Identification, brief intervention, intensive preventative intervention**

Student must be eligible for special education services  
Emerging social emotional needs  
Student has received foundational services and needs more to access their education  
The case manager works with the school psychologist to coordinate services  
A socio-emotional goal is added to the IEP  
A behavior goal maybe added  
Individual or small group counseling services are added to the IEP  
Services may include self-monitoring, adult mentor check-ins, daily home/school notes, escape card, positive peer reporting, behavior contracts, etc.



Student needs more...

Counseling services have been provided for at least 6 months  
Student is not making adequate academic and/or social-emotional and/or behavioral progress in current educational setting  
School Psychologist prepares the following documents and presents the student at the ERMHS meeting.  
Consensus decision about the level of service recommendation (Tier 2 or Tier 3)  
Documents needed:  
Tier 2 Referral Form  
Universal Release/Exchange of Information Form  
Current IEP document with relevant goals, special factors, BIP or other vital information  
Assessment Plan signed by parent/guardian



## **Tier 2 Level of Services, intensive**

Student must be eligible for special education services  
Intensifying social-emotional and or behavior needs  
Student has had Tier 1 services and supports  
The case manager works with the clinician closely to monitor progress  
Social-emotional and/or behavior goals updated  
Intensive Individual or small group counseling services provided  
Services may include self-monitoring, adult mentor check-ins, daily home/school notes, escape card, positive peer reporting, behavior contracts, etc.  
Clinician communicates with teacher and other service providers weekly  
Documents Needed:  
Mental health assessment  
CANS baseline survey  
Treatment Plan (frequency, intensity, duration of mental health services)  
Write and or update mental health/socio-emotional goals  
Clinician maintain log of services provided each student  
Clinician completes Service Tracker Entries  
Clinician completes a Progress Review form



Student needs more...

Clinician is concerned about lack of progress or regression socially, emotionally, behaviorally  
Teacher/staff have data to demonstrate student is not making progress academically or on other goals for 8 weeks or more  
Behavior support specialists have been consulted and have provided services to the student without adequate progress  
Clinician makes Tier 3 referral to the ERMHS Team, after consensus clinician coordinates with case manager to schedule IEP to discuss the change in placement  
IEP meeting convened, discussion of placement and services agreed upon by the team (occasionally students are served in their district, this is usually reserved for high school students) All services, goals, and supports are updated from all service providers at this time  
Coordination meetings between sending team and receiving team with LEA administrators, school psychologist, and other special education staff to discuss student needs and behaviors  
A new IEP may be convened based on the outcomes of the coordination meetings  
Documents Needed:  
Tier 3 Referral Form  
Universal Release/Exchange of Information form (if needing to update)  
Behavior Goal/Functional Analysis/Behavior Intervention Plan or behavior data  
Progress Review since becoming Tier 2  
Mental health assessment  
CANS survey/ Risk/Resiliency Scale  
Treatment Plan (frequency, intensity, duration of mental health services)  
Clinician maintain log of services provided each student & Service Tracker Entries  
Clinician completes a Progress Review form





Student needs less:

Student met goals and is progressing on academics

Student is able to access the general education environment successfully

IEP team believes student can be successful with fewer, less intense counseling services (frequency, duration, intensity)

School psychologist becomes counseling service provider if the service is still warranted

IEP meeting convened to update services and support to reflect the progress the student has made



### **Tier 3 Services, Intensive Intervention**

Student has received Tier 2 services and is struggling with social, emotional, mental health and behaviorally in school to a marked degree

Student attends Osprey or Eagle

Student receives daily access to a mental health clinician, behavior supports, social-emotional learning, and academics

Behavior Goal and/or Functional Analysis of Behavior leading to a Behavior Intervention Plan

Clinician, program specialist, teacher, behavior support specialists, and school Psychologist consult regularly about the program and supports

Informal communication with teacher and other staff weekly

Documents Needed:

Clinician updates

CANS survey

Risk/Resiliency Scale

Mental Health Assessment

Behavior Plan and/or goals

Treatment Plan (frequency, intensity, duration of mental health services)

Clinician maintain log of services provided each student

Clinician completes Service Tracker Entries

Clinician completes a Progress Review form