

# Education-Related Mental Health Services Program Description

## **Glenn Co. SELPA**

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Website: [www.glenncoe.org](http://www.glenncoe.org)

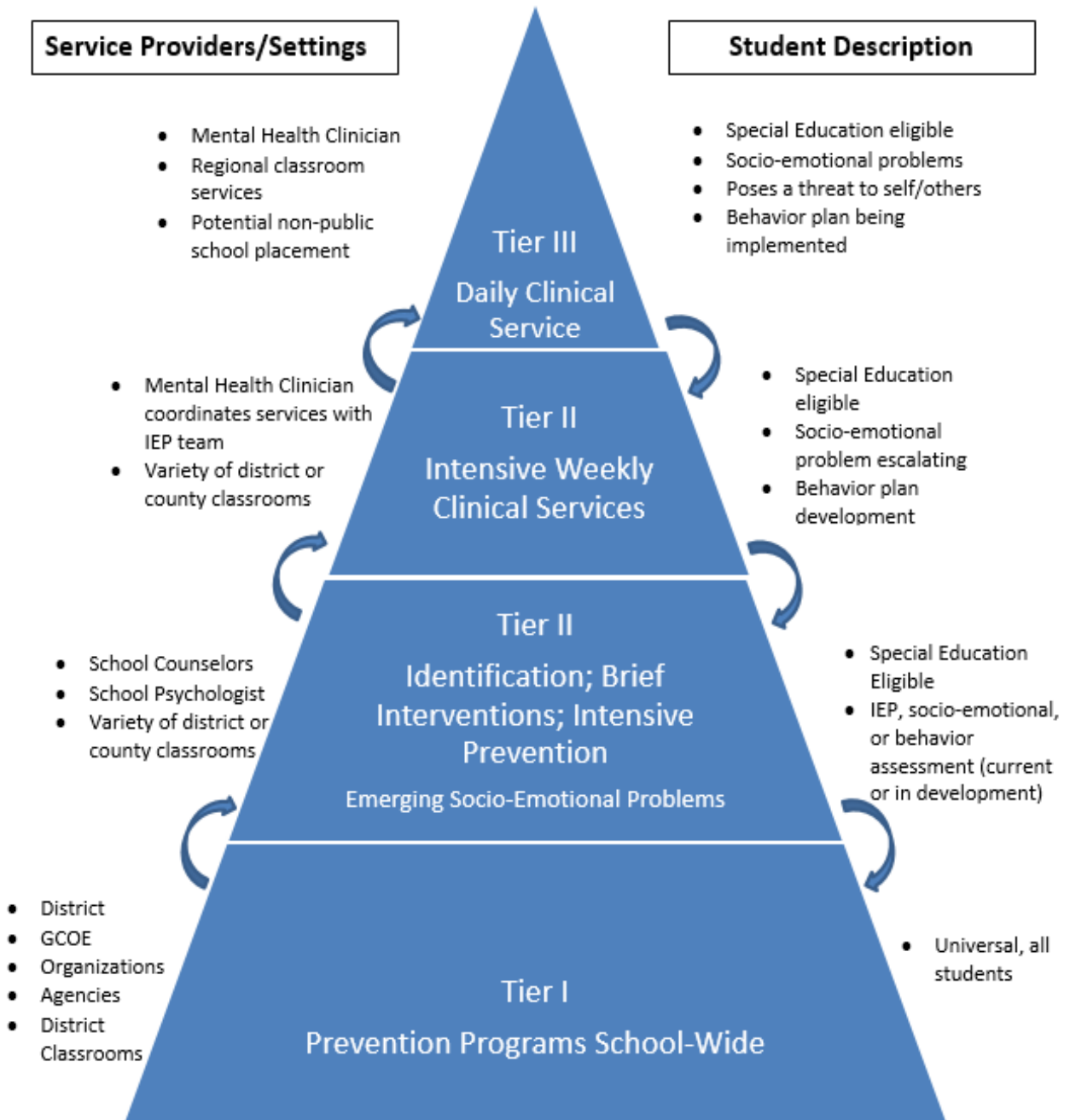
# TABLE OF CONTENTS

	Page Number
1. ERMHS Service Model Graphic	2
2. ERMHS Mission Statement	3
3. ERMHS Program Description/Overview	3
4. SELPA Case Management Leadership	4
5. Goal Development	5
6. Progress Reports	5
7. Mental Health Service Descriptions	5
8. ERMHS Service Locations	6
9. Initiating Referrals for ERMHS Tier II-I Services	6
10. ERMHS Tier II-I Referral Procedures and Timelines	7
11. ERMHS Tier III Services	8

## Appendix:

a. Universal Release of Information (URI) –English	11
b. Universal Release of Information (URI) –Spanish	14
c. Tier II-I Referral Form	17
d. Tier III Referral Form	22
e. Informed consent for mental health services –English	25
f. Informed consent for mental health services –Spanish	27
g. Mental Health Assessment Form	28
h. Clinical Service Note	32
i. Clinical Progress Report for IEP meeting	34
j. Child Adolescent Needs and Strengths (CANS) Behavior Checklist	35
k. Behavior Intervention Plan Form Tier II	39
l. Behavior Support Plan Form Key or instructions	42
m. Functional Behavior Assessment Observation Form: Tier III	45
n. Functional Behavior Assessment Report Tier III	47
o. Direct Treatment Protocol: Tier III	51
p. DIS Logs	55
q. ERMHS Data Collection Form	57
r. Glenn Risk Resiliency for Youth (5-11 year olds)	61
s. Glenn Risk Resiliency for Youth (12-17 year olds)	64
t. ERMHS Narrative Flow Chart	66
u. Health Services Agency, Behavioral Health Department/GCOE Agreement (Link)	71
v. ERMHS Guidance Document Program Statement (Link)	73

## Glenn County SELPA Education Related Mental Health Services Model



Goal: Students' academic progress supported by provision of socio-emotional services individualized on a continuum from least restrictive to most restrictive settings.

## **ERMHS Mission Statement**

The ERMHS program strives 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 congeniality. 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.

### **Tier I: 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. Examples of these services include District Counselors, Positive Behavior Intervention Programs, Second Step, 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 II: Identification and Brief Intervention**

Tier II and Tier II – Intensive (Tier II-I) services may be offered to special education-eligible students and in rare instances services may be offered while a concurrent assessment for Special Education and Mental Health services occur. Tier II 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 II-I as necessary. Tier II 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 II services will have been attempted for six months prior to referral to Tier II-I ERMHS services. Tier II students are primarily served in the home school campus but may be provided in a variety of classroom settings.

Tier II-I student's services may be provided if the following conditions and criteria are met. Preventative and brief intervention services have been attempted and documented for approximately six months prior

to the Tier II-I referral being made. The School Psychologist completes a Tier II-I 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 III level. Services may include school counseling, behavior intervention goal, teacher consultation, classroom observations, coordinating the flow of communication to IEP team members.

### **Tier III: Intensive Individualized Intervention**

Tier III is the most intensive service array and targets the Special Education student with significant problems due to a mental health need. A multidisciplinary team model will be used. Referrals for Tier III services will be made by the ERMHS Mental Health Clinician in conjunction with the School Psychologist and teacher consultation. Tier III students are typically placed in a regional classroom, either Osprey or Eagle. Examples of services at this level include mental health assessment, increased frequency of individual and group therapy delivered by a licensed mental health clinician, family or collateral 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 III level, mental health services include screening, 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 parents or caregivers, and consultation regarding appropriate education settings. If a crisis assessment raises lethality concerns, the ERMHS 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. In addition, the ERMHS 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 ERMHS Clinician will be responsible for complying with all confidentiality regulations. Note: Psychiatric and medication services are not covered via ERMHS funding as federal guidelines consider them to be medically necessary and not educationally necessary services.

### **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-services providers. The SELPA Case Carrier will coordinate the scheduling of subsequent IEP meetings. The ERMHS Clinician will work in conjunction with the School Psychologist on referrals, assessments, service delivery, and transitions to a lower level of service. The ERMHS Clinician will provide and monitor all agreed-upon mental health related services unless specified differently on the IEP document.

### **Goal Development**

ERMHS 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 measurable. 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 ERMHS 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 SELPA Case Carrier 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. Progress Reports on residential services will be reported each quarter following residential site visits by the SELPA Case Carrier.

### **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. The cross walk between mental health service codes and education codes follows. Education codes are 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 other agency providers. CASEMIS 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. 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 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 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'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. CASEMIS Code 525
- 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
- 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. (CASEMIS 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 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. (No CASEMIS Code)

### **ERMHS 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. Usually Tier II-I services are provided at the student's home school campus. Tier III services are provided in the ERMHS Regional 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 ERMHS Tier II-I 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 II-I services.

1. The student has an active psycho-educational study (or is in the process) and a copy of that is attached to the referral.

2. Written consent to complete a mental health assessment and to share information between SELPA and ERMHS clinical staff is current and a copy is attached.
3. Documentation lists the emotional or behavior problems that:
  - a. Have been observed by qualified 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 problem 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 II-I 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 II-I 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 II-I 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. Current IEP document and any subsequent addendums.
3. 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 II-I Referral Packet, an ERMHS 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 SELPA Case carrier will inform the district/IEP Team the mental health assessment cannot be started. It is the responsibility of the SELPA Case Carrier to reconvene an IEP meeting to address the lack of parental consent to the proposed Tier II-I 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 SELPA Case Carrier will notice and invite all team members at least 10 days prior to the meeting. The ERMHS Clinician will share preliminary findings with the parent and SELPA Case Carrier five days prior to the IEP meeting. The EMHS 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.

### **ERMHS Tier III Services**

Tier III services are reserved for those students with the most need and have not made academic progress at Tier II-I service level. The ERMHS Clinician will provide more frequent mental health services, and the student is placed in the regional classroom. Recommendations for placement at the Tier III level of service will be made by the ERMHS Clinician in consultation with the SELPA Case Carrier and District Psychologists. Tier II services may also be offered as the student makes academic progress and transitions back to Tier II-I or Tier II. The ERMHS 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 III Entrance Criteria**

1. Student is eligible for Special Education.
2. Student is eligible and the ERMHS Team concurs Tier III 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 III 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 III staff to finalize the change of placement.
8. Osprey and Eagle are the only Tier III classrooms.

### **Tier III Exit Criteria**

In the event a student's functioning stabilizes over a six-month period, 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 III:

1. The student is able to mainstream successfully with minimal adult support for at least six months at the closest location to the Tier III classroom site.
2. The student is making progress toward identified IEP goals, including behavioral, socio-emotional, and academic goals.
3. An appropriate receiving site is identified. The student's District of Residence will be first choice.
4. 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.
5. As the receiving team is the most knowledgeable about their site, it will take the lead in the plan logistics and implementation.
6. If no progress is made toward IEP goals after six months in the Tier III classroom where IEP goals and behavior interventions are modified and the IEP plan is implemented with fidelity, an alternate placement setting will be recommended to the IEP Team, which will include the District of Residence staff and administrators.

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**

## UNIVERSAL RELEASE OF INFORMATION (URI)

Completion of this document authorizes the use, disclosure, and exchange of health information about you. Failure to provide all information requested may invalidate this authorization.

**Client Name:**

**DOB:**

**Client Number:**

### USE AND DISCLOSURE OF HEALTH INFORMATION

**I hereby authorize the individuals/agencies listed and initialed below to use, disclose, or exchange health information.**

<b>To release to Persons / Organizations</b>	<b>Address (street, city, state, zip code)</b>	<b>Initial</b>
California Department of Rehabilitation		
California Tribal TANF Partnership		
Child and Family Services (CaFS) - GCOE		
Dentist(s):		
Doctor(s):		
Far Northern Regional Center		
First 5 Glenn County		
Glenn County Dept. of Child Support Services		
Glenn County HHSA – Child Welfare Services		
Glenn County HHSA – Drug and Alcohol Programs		
Glenn County HHSA – Mental Health Programs		
Glenn County HHSA – Other: Division _____ and Program _____		
Glenn County HHSA – Public Assistance Programs		
Glenn County HHSA – Public Health Programs		
Glenn County Office of Education (GCOE)		
Glenn County Probation Department		
Glenn County Superior Court/Treatment Court		
Glenn Medical Center/Children's Center		
Hospital(s):		
Northern Valley Indian Health		
Rape Crisis Intervention and Prevention		
School District(s):		
Other:		
Other:		
Other:		

The following information:

- a.  All health information pertaining to my medical history, mental or physical condition and treatment received; OR  
 Only the following records or types of health information (including any dates): \_\_\_\_\_
- b. I specifically authorize release of the following information (check as appropriate):
- Mental health treatment information<sup>1</sup>
  - HIV test results
  - Alcohol/drug treatment information

A separate authorization is required to authorize the disclosure or use of psychotherapy notes.

**PURPOSE**

Purpose of requested use or disclosure:  Client request; OR  Other:

**EXPIRATION**

This authorization expires on (date):

*<sup>1</sup> If the client requests that mental health information covered by the Lanterman-Petris-Short Act be released to a third party, the physician, licensed psychologist, social worker with a master's degree in social work or marriage and family therapist who is in charge or the client must approve the release. If the release is not approved, the reasons therefore should be documented. The client could most likely obtain a copy of the record himself or herself and then provide the records to the third part, however.*

**MY RIGHTS**

I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.<sup>2</sup>

I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of.

I may revoke this authorization at any time, but I must do so in writing<sup>3</sup> and submit it to the following address:

My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this information.

I have a right to receive a copy of this authorization.<sup>4</sup>

Information disclosed pursuant to this authorization could be redisclosed by the recipient. Such redisclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

If this box  is checked, the Requestor will receive compensation for the use or disclosure of my information.<sup>5</sup>

**SIGNATURE**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM /  PM

Signature:

*(client/legal representative)*

If signed by someone other than the client, indicate relationship:

Printed Name:

*(legal representative)*

*<sup>2</sup> If any of the HIPAA recognized exceptions to this statement applies, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the provision of an authorization. A covered entity is permitted to condition treatment, health plan enrollment, or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.*

*<sup>3</sup> Clients of federally-assisted substance abuse programs and clients whose records are covered by LPS may revoke an authorization verbally.*

*<sup>4</sup> Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (see 45 C.F.R. Section 164.508 (d)(1), (e)(2)).*

*<sup>5</sup> The requestor is to complete this section of the form.*

# **APPENDIX B**

## LIBERACIÓN UNIVERSAL DE INFORMACIÓN (URI)

Al completar este documento autoriza el uso, la divulgación y el intercambio de información sobre su salud. Si no se proporciona toda la información solicitada puede invalidar esta autorización.

**Nombre del cliente:**

**Fecha de Nacimiento:**

**Número de Cliente:**

### USO Y DIVULGACIÓN DE INFORMACIÓN MÉDICA

Yo por este medio autorizo a los individuos/agencias listadas y las iniciales por debajo utilizar, divulgar o intercambiar la información **debajo**.

Para liberar a las personas / Organización	Dirección (calle, ciudad, estado, código)	Inicial
Departamento de Rehabilitación de California		
Asociación Tribal TANF de California		
Servicios para Niños y Familias (CaFS) - GGOE -		
Dentista(s):		
Doctor(es):		
Centro Far Northern Regional		
Primeros 5 del Condado de Glenn		
Condado de Glenn Departamento de Manutención de Menores		
Condado de Glenn HHSA – Servicios de Bienestar Infantil		
Condado de Glenn HHSA – Servicios de Alcohol y Drogas		
Condado de Glenn HHSA – Servicios de Salud Mental		
Condado de Glenn HHSA - Otro: División _____ y Programas _____		
Condado de Glenn HHSA – Programas de Asistencia Pública		
Condado de Glenn HHSA – Programas de Salud Pública		
Oficina de Educación del Condado de Glenn (GCOE)		
Departamento de Libertad Condicional del Condado de Glenn		
Corte Superior/Corte de Tratamiento del Condado de Glenn		
Centro Médico/Centro Infantil del Condado de Glenn		
Hospital(es):		
Clinica de Salud Northern Valley Indian Health		
Intervención de Crisis por Violación y Preparación		
Distrito Escolar(es)		
Otro:		
Otro:		
Otro:		

La siguiente información:

- a.  Toda la información médica referente a mi historial médico, condición física o mental y el tratamiento recibido;  
 O  
 Sólo los siguientes registros o tipos de información de salud (incluyendo las fechas):
- b. Autorizo específicamente la divulgación de la siguiente información (marca según sea apropiado):
- Información sobre el tratamiento de la salud mental <sup>1</sup>
  - Resultados de la prueba del VIH
  - Información sobre el tratamiento de drogas/alcohol

Se requiere una autorización por separado para autorizar la divulgación o el uso de las notas de psicoterapia.

**PROPÓSITO**

Propósito del uso o de la divulgación solicitada:  Solicitud del cliente; O  Otro:

**EXPIRACIÓN**

Esta autorización expira el (fecha):

*<sup>1</sup> Si el cliente solicita que la información de salud mental cubiertos por la Ley Lanterman-Petris-Short sea divulgada a un tercero, el médico, psicólogo, trabajador social con una maestría en trabajo social o terapeuta matrimonial y familiar que está a cargo o el cliente debe aprobar la liberación. Si no se aprueba la autorización, los motivos por lo tanto deben estar documentados. El cliente muy probablemente podría obtener una copia del expediente por sí mismo y luego proporcionar los registros a la tercera parte, sin embargo.*

**MIS DERECHOS**

Puedo negarme a firmar esta autorización. Mi negación no afectará mi habilidad para obtener tratamiento o pago o elegibilidad para beneficios.<sup>2</sup>

Puedo inspeccionar u obtener una copia de la información de salud que se me pide para permitir el uso o divulgación.

Puedo revocar esta autorización en cualquier momento, pero debo hacerlo por escrito<sup>3</sup> y enviarlo a la siguiente dirección:

Mi revocación entrará en vigencia una vez recibido, excepto en la medida en que otros han actuado basados en esta información.

Tengo derecho a recibir una copia de esta autorización.<sup>4</sup>

La información revelada conforme a esta autorización puede ser divulgada por el destinatario. Esa nueva revelación es en algunos casos no prohibidos por la ley de California y ya no puede ser protegido por la ley federal de confidencialidad (HIPAA). Sin embargo, La ley de California prohíbe que la persona que recibe mi información de salud haga divulgación adicional de ella a menos que se obtenga otra autorización para la divulgación de mí o menos que dicha divulgación se exija o permita la ley.

Si esta casilla  está marcada, el Solicitante recibirá una compensación por el uso o divulgación de mi información.<sup>5</sup>

**Firma**

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_  AM /  PM

Firma:

*(cliente/representante legal)*

Si es firmado por alguien que no sea el cliente, indique la relación:

**Nombre del Cliente en letra de molde:**

*(representante legal)*

*<sup>2</sup> Si alguna de las excepciones reconocidas a HIPAA se aplica esta declaración, entonces esta declaración debe ser cambiada para describir las consecuencias para el individuo de la denegación de firmar la autorización cuando esa entidad cubierta puede condicionar el tratamiento, inscripción al plan de salud, o elegibilidad de beneficios en la provisión de una autorización. Una entidad cubierta se permite condicionar el tratamiento, inscripción en el plan de salud, o beneficiarse de elegibilidad en la prestación de una autorización de la siguiente manera: (i) para llevar a cabo el tratamiento relacionado con la investigación, (ii) para obtener información relacionada con la elegibilidad o de un plan de salud o determinaciones de inscripción relacionados con el individuo o bajo suscritor de la aseguranza o determinaciones de calificación de riesgo, o (iii) para crear información de salud para proporcionar a un tercero o para la divulgación de la información de salud a dicho tercero. Bajo ninguna circunstancia, sin embargo, puede ser necesaria una persona para autorizar la divulgación de notas de psicoterapia.*

*<sup>3</sup> Los clientes de los programas de abuso de sustancias con asistencia- federal y clientes cuyos registros están cubiertos por LPS pueden revocar una autorización verbal.*

*<sup>4</sup> Bajo HIPAA, el individuo debe estar provisto de una copia de la autorización cuando haya sido solicitada por una entidad cubierta para sus propios usos y revelaciones (ver 45 C.F.R. Sección 164.508 (d)(1), (e)(2)).*

*<sup>5</sup> El solicitante debe completar esta sección de la forma.*



# **APPENDIX C**

**-GLENN COUNTY OFFICE OF EDUCATION  
TIER II INTENSIVE REFERRAL**

**Student Information:**

Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Age: \_\_\_\_\_ Referring Person: \_\_\_\_\_

**Education Services**

What is the emerging socio-emotional problem?

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Which interventions or services have been provided? (Circle all that apply)

1. Identification/screening by school psychologist for socio-emotional problem: Yes No
2. Social-Emotional problem documented on IEP: Yes No
3. Behavior Support Plan I/II: Yes No
4. Counseling Services (by school psychologist or other provider): Yes No
5. Training for teachers and/or caregivers on behavior intervention: Yes No
6. Socio-emotional skill-building groups: Yes No

If any of the above interventions/services were circled yes, please describe the intervention/service and dates of the specified intervention/service:

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**Academic History**

**What are the student's strengths and weaknesses?** (Learning style, areas of most resistance, what causes behaviors, amount of mainstreaming, small group vs. large group, ect.)

**Mental Health History:**

Brief history of services in and out of school, diagnosis, and additional dynamics in or out of school affecting the student (peers, parents, transient, home life, ect.)

**Behavioral History:**

**What are the student's patterns of behavior?** (For example: What does it look like, antecedents, is it toward staff/peers, property damage, frequency/duration, responses from consequences, etc.)

**What are the coping skills/strategies used by staff and student?**

**Is there a behavioral system used for the class or an individual plan?**

**Please attach a copy of the following documents:**

- Universal Release of Information
- Current IEP
- Current Psycho-Educational Assessment
- Copy of BSP/FAA

January/2013

# **APPENDIX D**

**GLENN COUNTY SPECIAL EDUCATION LOCAL PLAN AREA**

**Clinical Services Tier III Referral Form**

Student Name \_\_\_\_\_ Date of Referral to RST \_\_\_\_\_

District \_\_\_\_\_ Current Classroom Placement \_\_\_\_\_

Grade/Age \_\_\_\_\_ Referring Person \_\_\_\_\_

Services provided at Tier II-Intensive Level:

\_\_\_\_ Counseling frequency \_\_\_\_\_

\_\_\_\_ Group counseling frequency \_\_\_\_\_

\_\_\_\_ Behavior Support Goals \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Behavior Intervention Plan written and being implemented?

\_\_\_\_ Consultation with teaching staff frequency \_\_\_\_\_

\_\_\_\_ Consultation with parent or caregiver \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Medication Support \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Other intensive services attempted \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is student making progress toward IEP goals? If not, describe behavioral concerns warranting Tier III level of services. \_\_\_\_\_

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What additional supports or services are needed? \_\_\_\_\_

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Revised 4/2015



# **APPENDIX E**

GLENN COUNTY SPECIAL EDUCATION LOCAL PLAN AREA

Informed Consent to Participate in School-Based Counseling

Welcome to the GCOE SELPA's Clinical Services Team counseling program. Counseling can be an important factor in your child's academic, emotional, and social success at school. Counseling services will be provided by a licensed therapist. Your child has been referred to our program because of a need identified by you, the student, or school personnel and is eligible to begin counseling with a Glenn County Office of Education clinical therapist.

Counseling is a relationship between the therapist and their client, along with their parents. It is understood that the information that is shared will be kept private and confidential; however, there are some limits to this confidentiality. These limits are as follows:

1. If the therapist believes that the client is danger to themselves or others, they are required to notify the appropriate authorities.
2. If the therapist becomes aware of potential child/elder/dependent adult abuse as a result of the therapeutic relationship, they will be required to report this abuse to the appropriate authorities.
3. If a therapist is compelled to by a court of law.

The therapist who works with your child may also feel that it is in his/her best interest to discuss concerns with you or your child's teacher in order to better serve them, but they will not do so without discussing these issues with your child first.

If you agree to have your child participate in counseling and you are aware and agree to the limits of confidentiality listed above, please indicate so with a signature below.

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Student Name	Signature	Date
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Parent Name	Signature	Date
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Clinician Name, Title	Signature	Date
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Revised 4/2015

# **APPENDIX F**

## GLENN COUNTY SPECIAL EDUCATION LOCAL PLAN AREA

### Informe de Consentimiento para Participar en el Asesoramiento como Base en la Escuela

Bienvenidos al programa de consejería del Equipo de Servicios Clínicos de la GCOE SELPA's. Consejería puede ser un factor importante en el logro social, emocional, académico de su hijo en la escuela. Servicios de consejería serán proporcionados por una terapeuta licenciada. Su hijo(a) ha sido referido a nuestro programa debido a su necesidad identificada por usted, el estudiante, o personal de la escuela y es elegible para empezar consejería con un terapeuta clínico de la Oficina de Educación del Condado de Glenn.

Consejería es una relación entre el terapeuta y su cliente, junto con los padres. Debe ser entendido que la información que es compartida se mantendrá privada y confidencial; sin embargo hay algunos límites para esta confidencialidad. Estos límites son como sigue:

1. Si la terapeuta cree que el cliente está en peligro por sí mismo o por otros, ellos están obligados a notificar a las autoridades apropiadas.
2. Si el terapeuta se entera del abuso potencial del niño/adulto dependiente/persona mayor como resultado de la relación terapéutica, es requerido que el (ella) reporten este abuso a las autoridades apropiadas.
3. Si un terapeuta es obligado por las leyes de la corte.

El terapeuta quien trabaja con su hijo(a) siente que para el propio bien de su hijo(a) necesite discutir preocupaciones con usted o la maestra(o) acerca de su hijo(a) para darle un mejor servicio, lo hará, pero el (ella) no lo discutirá hasta no haberlo hablado primero con su hijo(a).

Si usted está de acuerdo a que su hijo(a) para participar en consejería y usted está consciente y de acuerdo a los límites de confidencialidad listados arriba, por favor indíquelo con su firma en la parte de abajo de esta informe.

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Nombre del estudiante	Firma	Fecha
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Nombre del padre (madre)	Firma	Fecha
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Nombre del Clínico, Titulo	Firma	Fecha
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Rev. 4/2015

# **APPENDIX G**

**GLENN COUNTY SPECIAL EDUCATION LOCAL PLAN AREA  
Clinical Services Mental Health Assessment**

Student name                      DOB                                      Grade                                      Classroom Placement

District of Residence                                      School Psych                                      Parent

Medical Provider:                                      Clinician:

Other agency providers:

**Assessment Process Used:** (Check if performed)

\_\_\_\_\_ Consultation with teacher                      \_\_\_\_\_ Consultation with School Psychologist

\_\_\_\_\_ Consultation with parent                      \_\_\_\_\_ Review of school records

\_\_\_\_\_ Clinical interview with student                      \_\_\_\_\_ Consult with other agency providers

**Presenting school problems:** Specify student strengths, problematic behaviors, onset, frequency, intensity which impact student’s ability to benefit educationally.

**Relevant developmental history, trauma, milestones, substance Use or Abuse; Psychiatric history including hospitalizations and medications:**

**Health concerns:** Medical, substance abuse

**Special Consideration of Risk Factors:**

**Family status and supports, including cultural impacts:**

**Current Functioning:**

**Mini mental status assessment (orientation x 4)**

**Relationships**

**School attendance, productivity, classroom behavior, positive image of school success**

**Diagnosis:**

**Treatment Goals: Objective and measurable to be transferred to Student IEP teacher**

- Plan of Care:**
1. Individual, group, parent education
  2. Frequency of services
  3. Planned review of progress

**Clinician signature and License type:**  
**Revised 7-1-2016**

**Date of assessment**

# **APPENDIX H**



**GLENN COUNTY SPECIAL EDUCATION LOCAL PLAN AREA**

**Clinical Service Notes**

(Complete brief note after each clinical service provided)

Date\_\_\_\_\_Minutes of service provided\_\_\_\_\_Next appointment\_\_\_\_\_

Progress toward treatment goals:

Signature

/title\_\_\_\_\_

Date                    Minutes of service provided                    Next appointment

Progress toward treatment goals:

Signature/title\_\_\_\_\_

Date                    Minutes of service provided                    Next appointment

Progress toward treatment goals:

Signature/title\_\_\_\_\_

Date                    Minutes of service provided                    Next appointment

Progress toward treatment goals:

Signature/title\_\_\_\_\_

Student Name\_\_\_\_\_

page #\_\_\_\_\_

Revised 6-3-16

# **APPENDIX I**

**GLENN COUNTY SPECIAL EDUCATION LOCAL PLAN AREA  
Clinician's IEP Progress Report**

**STUDENT NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_ **LEA** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Current Classroom Placement** \_\_\_\_\_

**School Psychologist or Specialist** \_\_\_\_\_

**IEP Meeting Date** \_\_\_\_\_ **RST Clinician** \_\_\_\_\_

**Parent or Education Representative** \_\_\_\_\_

**Initial reason for referral, summary of clinician services provided, with type of service and start date:**

**Current functioning and progress toward IEP mental health/social emotional goals:**

**Summary, recommendations, new socio-emotional goal to add to IEP document:**

---

**Signature, Title, Date**

**Revised 6-30-2016**

# **APPENDIX J**

**CHILD ADOLESCENT NEEDS AND STRENGTHS (CANS) COMPREHENSIVE 5+, Glenn County SELPA**

Please √ appropriate use:  Initial  Reassessment  Transition/Discharge

Date Completed: \_\_\_\_\_ Provider: \_\_\_\_\_ Agency: \_\_\_\_\_

Client ID#: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Living Situation: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Relation To Youth: \_\_\_\_\_

**LIFE DOMAIN FUNCTIONING**

	0 = no evidence of problems	1 = history, mild	2 = moderate	3 = severe	
	NA	0	1	2	3
Family		0	0	0	0
Living Situation		0	0	0	0
Social Functioning		0	0	0	0
Recreational		0	0	0	0
Developmental (1)		0	0	0	0
Job Functioning	0	0	0	0	0
Legal		0	0	0	0
Medical		0	0	0	0
Physical		0	0	0	0
Sexuality		0	0	0	0
Sleep		0	0	0	0
School Behavior	0	0	0	0	0
School Achievement	0	0	0	0	0
School Attendance	0	0	0	0	0

**YOUTH STRENGTHS**

	0 = centerpiece	1 = useful	2 = identified	3 = not yet identified	
	NA	0	1	2	3
Family		0	0	0	0
Interpersonal		0	0	0	0
Optimism		0	0	0	0
Educational	0	0	0	0	0
Vocational	0	0	0	0	0
Talents / Interests		0	0	0	0
Spiritual / Religious		0	0	0	0
Community Life		0	0	0	0
Relationship Permanence		0	0	0	0
Resiliency		0	0	0	0
Resourcefulness		0	0	0	0

**ACCULTURATION**

	0 = no evidence of problems	1 = minimal needs	2 = moderate needs	3 = severe needs
	0	1	2	3
Language	0	0	0	0
Identity	0	0	0	0
Ritual	0	0	0	0
Cultural Stress	0	0	0	0

- Modules**
- (1) go to DD
  - (2) go to Trauma Module
  - (3) go to SUD Module
  - (4) go to Violence
  - (5) go to SAB Module
  - (6) go to Runaway
  - (7) go to JJ
  - (8) go to FS

**CAREGIVER STRENGTHS**

	0 = no evidence of problems	1 = minimal needs	2 = moderate needs	3 = severe needs	
	NA	0	1	2	3
Supervision		0	0	0	0
Involvement		0	0	0	0
Knowledge		0	0	0	0
Organization		0	0	0	0
Social Resources		0	0	0	0
Residential Stability		0	0	0	0
Physical		0	0	0	0
Mental Health		0	0	0	0
Substance Abuse		0	0	0	0
Developmental		0	0	0	0
Safety		0	0	0	0

**YOUTH BEHAVIORAL / EMOTIONAL NEEDS**

	0 = no evidence of problems	1 = history or sub-threshold,	2 = causing problems, consistent with diagnosable	3 = acute, act immediately
	0	1	2	3
Psychosis	0	0	0	0
Impulsivity / Hyperactivity	0	0	0	0
Depression	0	0	0	0
Anxiety	0	0	0	0
Oppositional	0	0	0	0
Conduct	0	0	0	0
Adjustment to Trauma (2)	0	0	0	0
Anger Control	0	0	0	0
Substance Use (3)	0	0	0	0

**YOUTH RISK BEHAVIORS**

	0 = no evidence	1 = history, watch/prevent	2 = recent, act	3 = acute, act immediately
	0	1	2	3
Suicide Risk	0	0	0	0
Self Mutilation	0	0	0	0
Other Self Harm	0	0	0	0
Danger to Others (4)	0	0	0	0
Sexual Aggression (5)	0	0	0	0
Runaway (6)	0	0	0	0
Delinquency (7)	0	0	0	0
Judgment	0	0	0	0
Fire Setting (8)	0	0	0	0
Social Behavior	0	0	0	0

**CHILD ADOLESCENT NEEDS AND STRENGTHS (CANS)**

**COMPREHENSIVE 5+, Glenn County SELPA**

**MODULES (COMPREHENSIVE-5+)**

**DD - DEVELOPMENTAL MODULE**

	0	1	2	3
Cognitive Developmental	0	0	0	0
Communication	0	0	0	0
Developmental	0	0	0	0
Self Care / Daily Living	0	0	0	0

**TRAUMA MODULE**

**(Characteristics of the trauma experience)**

	0	1	2	3
Sexual Abuse	0	0	0	0
Physical Abuse	0	0	0	0
Emotional Abuse	0	0	0	0
Medical Trauma	0	0	0	0
Natural Disaster	0	0	0	0
Witness to Family Violence	0	0	0	0
Witness to Community Violence	0	0	0	0
Witness/Victim - Criminal Acts	0	0	0	0
Other:	0	0	0	0

\* If Sexual Abuse >0 complete the following

	0	1	2	3
Emotional closeness to perpetrator	0	0	0	0
Frequency	0	0	0	0
Duration	0	0	0	0
Force	0	0	0	0
Reaction to Disclosure	0	0	0	0

**Adjustment**

	0	1	2	3
Affect Regulation	0	0	0	0
Intrusions	0	0	0	0
Attachment	0	0	0	0
Dissociation	0	0	0	0

**SUBSTANCE USE DISORDER MODULE**

	0	1	2	3
Severity of Use	0	0	0	0
Duration of Use	0	0	0	0
Stage of Recovery	0	0	0	0
Peer Influences	0	0	0	0
Parental Influences	0	0	0	0
Environmental Influences	0	0	0	0

**VIOLENCE MODULE**

**Historical Risk Factors**

	0	1	2	3
History of Physical Abuse	0	0	0	0
History of Violence	0	0	0	0
Witness to Domestic Violence	0	0	0	0
Witness to Environmental Violence	0	0	0	0

**Emotional / Behavioral Risks**

	0	1	2	3
Bullying	0	0	0	0
Frustration Management	0	0	0	0
Hostility	0	0	0	0
Paranoid Thinking	0	0	0	0
Secondary gains from anger	0	0	0	0
Violent Thinking	0	0	0	0

**Resiliency Factors**

	0	1	2	3
Aware of violence potential	0	0	0	0
Response to Consequences	0	0	0	0
Commitment to Self -Control	0	0	0	0
Treatment Involvement	0	0	0	0

**SAB - SEXUALLY AGGRESSIVE BEHAVIOR**

	0	1	2	3
Relationship	0	0	0	0
Physical Force/Threat	0	0	0	0
Planning	0	0	0	0
Age Differential	0	0	0	0
Type of Sex Act	0	0	0	0
Response to Accusation	0	0	0	0
Temporal Consistency	0	0	0	0
History of Sexually Aggressive	0	0	0	0
Severity of Sexual Abuse	0	0	0	0
Prior Treatment	0	0	0	0

**RUNAWAY MODULE**

	0	1	2	3
Frequency of Running	0	0	0	0
Consistency of Destination	0	0	0	0
Safety of Destination	0	0	0	0
Involvement in Illegal Acts	0	0	0	0
Likelihood of Return on Own	0	0	0	0
Involvement of Others	0	0	0	0
Realistic Expectations	0	0	0	0
Planning	0	0	0	0

**JUVENILE JUSTICE MODULE**

	0	1	2	3
Seriousness	0	0	0	0
History	0	0	0	0
Planning	0	0	0	0
Community Safety	0	0	0	0
Peer Influences	0	0	0	0
Parental Criminal Behavior	0	0	0	0
Environmental Influences	0	0	0	0

**FIRE SETTING MODULE**

	0	1	2	3
Seriousness	0	0	0	0
History	0	0	0	0
Planning	0	0	0	0
Use of Accelerants	0	0	0	0
Intention to Harm	0	0	0	0
Community Safety	0	0	0	0
Response to Accusation	0	0	0	0
Remorse	0	0	0	0
Likelihood of Future Fires	0	0	0	0

# **APPENDIX K**

Note: Numbers correspond with the scoring system on the BIP Quality Evaluation Guide

CONFIDENTIAL – DO NOT DISPLAY

## BEHAVIOR INTERVENTION PLAN

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

This BIP attaches to:  IEP date:  504 plan date:  Team meeting date:

Student Name  Today's Date  Next Review Date

1. The behavior impeding learning is (describe what it looks like)
2. It impedes learning because
3. The need for a Behavior Intervention Plan  early stage intervention  moderate  serious  extreme
4. Frequency or intensity or duration of behavior   
 reported by  and/or  observed by

### PREVENTION PART I: ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

Observation & Analysis	What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc.) 5. <input type="checkbox"/>
	What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment curriculum that needs changing?) 6. <input type="checkbox"/>

Intervention	<b>Remove student's need to use the problem behavior</b> What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove likelihood of behavior) 7. <input type="checkbox"/>
	Who will establish? <input type="checkbox"/> Who will monitor? <input type="checkbox"/> Frequency? <input type="checkbox"/>

### ALTERNATIVES PART II: FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

Observation & Analysis	Team believes the behavior occurs because: (Function of behavior in terms of getting, protest, or avoiding something) 8. <input type="checkbox"/>
	<b>Accept a replacement behavior that meets same need</b> What team believes the student should do INSTEAD of the problem behavior? (How should the student escape/protest/avoid or get his/her need met in an acceptable way?) 9. <input type="checkbox"/>

Intervention	What teaching Strategies/Necessary Curriculum/Materials are needed? (List successive teaching steps for student to learn replacement behavior/s) 10. <input type="checkbox"/>
	Who will establish? <input type="checkbox"/> Who will monitor? <input type="checkbox"/> Frequency? <input type="checkbox"/>

Intervention	What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)? 11. <input type="checkbox"/>
	Selection of reinforcer based on: <input type="checkbox"/> <input type="checkbox"/> reinforcer for using replacement behavior <input type="checkbox"/> reinforcer for general increase in positive behaviors By whom? <input type="checkbox"/> Frequency? <input type="checkbox"/>



**EFFECTIVE REACTION PART III: REACTIVE STRATEGIES**

What strategies will be employed if the problem behavior occurs again?

**12.**

1. Prompt student to switch to the replacement behavior
2. Describe how staff should handle the problem behavior if it occurs again
3. Positive discussion with student after behavior ends

Optional:

4. Any necessary further classroom or school consequences   
Personnel?

**OUTCOME PART IV: BEHAVIORAL GOALS**

Behavioral Goal(s)

**13.**

Required: Functionally Equivalent Replacement Behavior (FERB) Goal

By when	Who	Will do X behavior (line 9)	For the purpose of y (line 8)	Instead of Z behavior (line 1)	For the purpose of y (line 8)	Under what contingent conditions	At what level of proficiency	As measured by whom and how
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Option 1: Increase General Positive or Decrease Problem Behavior

By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Option 2: Increase General Positive or Decrease Problem Behavior

By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The above behavioral goal(s) are to:  Increase use of replacement behavior and may also include:

- Reduce frequency of problem behavior  Develop new general skills that remove student's need to use the problem behavior

**Observation and Analysis Conclusion:**

- Are curriculum accommodations or modifications also necessary? Where described:  .....  yes  no
- Are environmental supports/changes necessary? .....  yes  no
- Is reinforcement of replacement behavior alone enough (no new teaching is necessary)? .....  yes  no
- Are both teaching of new replacement behavior AND reinforcement needed? .....  yes  no
- This BIP to be coordinated with other agency's service plans? .....  yes  no
- Person responsible for contact between agencies  .....  yes  no

# **APPENDIX L**

Glenn County Special Education Local Plan Area  
**Behavior Support Plan Tier II Key/Instructions**

Following are resources for completion of SELPA Clinical Services form, Behavior Goal Development form. The numbered items correspond to the numbers on the form.

Item 1: Observe non-judgmentally, use observable terms, clearly defined.

Item 2: Less skills learned by student, others? Safety/welfare concerns.

Item 3: Blank

Item 4: Give readers a sense of severity (does not require formal data collection).

Item 5: Those situations when you can predict problems will occur, e.g. such as difficult task, transition time, when working in a group, with specific people, when alone, after a request, etc. If it is a one-time behavior state any known connections between environmental conditions at time of behavior, and student's choice of behavior.

Item 6: Always in two parts: 1) changing environmental features so no needs to use this behavior; and 2) teaching new way to meet function identified above. KEY: what has not yet been done at school that could change his/her need for this behavior?

Item 7: What would help this student become more successful at school? Consider learner characteristics, skills, interests, need for personalized programming in the classroom setting. Relationship building, status for real successes changes helplessness to hope for many alienated youth. Time: Pacing techniques, closure systems, completion of tasks in part, having more/less time on tasks, etc. Space: Seating, use of masking tape to identify areas, different workspace for different tasks, etc. Materials: Tasks in sequencing trays, manipulatives, material organizers, personally relevant curricula, etc. Interactions: Are there specific styles or frequency of interactions or specific supportive words, voice tone quality, etc. that would help this student? Would anti-bullying interventions help? Who is involved? Peers? Teachers, aides, playground staff, bus driver, anyone from threshold to threshold responsible for this student? Who will establish? (Typically teacher with administrative help) Who will monitor? (Typically teacher w/help as needed. Frequency? (Frequent, then decrease)

Item 8: What is the student getting (social status, attention, \$\$\$, etc.) or protest/escape/avoiding (e.g. difficult work, past actions of peers, interaction style of an adult, etc.) with this behavior.

Item 9: Accept a replacement behavior that meets the same need. In the future, how will he/she get needs met that his behavior fulfilled?

Item 10: Examples: better communication skills, anger management skills, picture exchange system for nonverbal students with cognitive disabilities, self-management systems, following schedules and routines, learning new social skills, learning how to negotiate, learning structured choice, learning new scripts, learning notebook organization, learning to use playground conflict resolution managers, learning how to use classroom meeting structure to solve problems, etc., i.e. any general or specific skill deficit you hope to correct to change behavior. Who will establish: Who will teach this? Accountability. Who will monitor? Assure accountability. Frequency: Frequent then decrease.

Item 11: Consider a range of non-intrusive ones: A simple praise statement the student enjoys, privately given specific praise, notes home, contingent access to favorite classroom activities or privileges, high 5, what motivates and enhances quality of life right now. Who will give, how frequently? Will reinforcement happen in school and at home or by outside school or community personnel? By whom: Maximize sources of reinforcement. Frequency: Learning new behavior/ high frequency. Reduce as behavior is mastered.

Item 12: What works to calm the student? How can you best prevent escalation? Will structured choice help? Offering time-away to cool off non-emotionally? What series of behaviors should adults employ to return the student to rule-following behavior? Who will therapeutically debrief the student after control is achieved? Will consequences such as suspension/expulsion be necessary, and under what exact conditions? Personnel: Who should interact under what level of crisis? Teacher only, others? Specific support personnel? Outside classroom assistance? Law enforcement?

Item 13: Brief statement referencing IEP or 504 Plan, or school team's discussion: What new skills will student achieve through this plan, not just what student won't do any more?

Identify a school staff person to coordinate actions between agencies.

Item 14: What system? Phone calls by whom to whom? Informal notes? Daily report cards? Weekly logs? Consider family, administrators, IEP Team, counselors, probation officer, and other agencies. Report new skill learning rates not just infractions. Remember behavioral goals and objectives are reported at least quarterly in the IEP process. Between: Who needs? Frequency: Different people or agencies may require different frequencies.

# **APPENDIX M**

**Glenn County Special Education Local Plan Area (SELPA)  
FUNCTIONAL BEHAVIOR ASSESSMENT OBSERVATION FORM - TIER III**

Name: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

TIME(S)	Behaviors					Predictors										Perceived Functions					Actual Consequences		COMMENTS: (If nothing happened in period. ) Write initials.																
	1	2	3	4	5	Demand/Request	Difficult Task	Transitions	Interruption	Alone (no attention)	11	12	13	14	15	16	17	18	19	20	21	22		23	24	25	Attention	Get/Obtain	Desired Item/Activity	Self-Stimulation	Demand/Request	Activity ( )	Person	Other/Don't Know					
Total(s)																																							
Event(s)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25														
Date(s)																																							

# **APPENDIX N**

# FUNCTIONAL BEHAVIOR ASSESSMENT REPORT

An FBA is an analytical process based on observations, review of records, interviews, and data analysis to determine the function the behavior serves for the student, how that function can be met more appropriately and how the environment can be altered to better support general positive behaviors.

Date of Report: \_\_\_\_\_

Date(s) of FBA Data Collection: \_\_\_\_\_

## SECTION 1: Student Information

Student Name: \_\_\_\_\_  
Last (legal) First (no nicknames) M.I.  Male  Female

Birthdate: \_\_\_\_\_ Grade: Drop down menu

Resident District: \_\_\_\_\_ School of attendance: \_\_\_\_\_

## SECTION 2: Parent/Guardian Contact Information

Parent Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Foster Parent Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Guardian City/State: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Surrogate Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_  
 Student

## SECTION 3: Behavior Analysis

1. Behavior(s) of concern (State a clear, measurable, and observable description of the behavior or behaviors of concern)

\_\_\_\_\_

2. Frequency, Intensity, and/or Duration of current behavior:

\_\_\_\_\_

3. Analysis of this behavior was based on:

- Interviews with \_\_\_\_\_  
 Student observation(s) on \_\_\_\_\_ at \_\_\_\_\_  
 Review of records, consisting of:  health  discipline  other: \_\_\_\_\_  
 Environmental analysis for supportive and unsupportive variables on \_\_\_\_\_

Summary of Interview, Observation, Record Review, and Environmental Analysis:

\_\_\_\_\_

4. Is the behavior impeding learning of the student or peers?  Yes  No

If yes, please describe:

\_\_\_\_\_



5. **Have Tier II Strategies or other Interventions been tried?** (e.g., school/home notes, behavior contracts, self-monitoring)

Yes  No

Describe previously selected intervention:

\_\_\_\_\_

6. **Result of selected Tier II or other Positive Behavior Interventions and Strategies:**

\_\_\_\_\_

7. **Is a behavior intervention plan recommended?**  Yes  No **Rationale:** \_\_\_\_\_

8. **Environmental Factors:**

- **What are the reported and observed predictors for the current behavior(s)?** (Antecedent events that trigger problem behavior)  
\_\_\_\_\_
- **What supports the student using the current problem behavior(s): summary based on the environmental assessment portion of this assessment:** (e.g., what is in the environment that should be eliminated or reduced? What is not in the environment that should be added?)  
\_\_\_\_\_

9. **Functional Factors:**

- **Hypothesis of function (purpose) of this behavior for this student** based on data collected in Section 3. above  
\_\_\_\_\_
- **Suggested functionally equivalent replacement behavior:**  
\_\_\_\_\_

#### SECTION 4: Conclusion/Recommendation

1. **Conclusions:** (Recommendations for IEP, 504, or school team consideration)

\_\_\_\_\_

2. **Estimate of need for behavior intervention:**

- Extreme
- Serious
- Moderate
- Needs attention, early stage intervention
- Monitor behavior only; no formal behavior intervention plan is recommended at this time

3. **If a Behavior Intervention Plan is NOT now recommended:**

- Behavior goals to be developed by: \_\_\_\_\_ and contained in: \_\_\_\_\_
- Consider Tier II interventions, or other interventions, such as \_\_\_\_\_
- Consider assistance to student's teacher to enhance environmental/student
- Consider other Tier III interventions, such as district provided Cognitive Behavioral Therapy such as a Related Service to address emotionally driven behavior
- Consider WrapAround or Multiagency teaming

Rationale for selection of an alternate approach:

\_\_\_\_\_

4. This team has determined that if a behavior plan is NOT to be developed as a result of this assessment, a functional behavioral assessment will be considered again if:

data demonstrates the problem behavior intensity, duration or frequency escalates or continues at current rate or  data demonstrates non-responsiveness to selected other approaches

Describe:

\_\_\_\_\_

5. This student has:  a current IEP  a current 504 Plan  neither

6. Goals to monitor future behavior will be added to:

a new or amended IEP  
 a new or amended 504 Plan  
 a school team's plan (no IEP or 504 Plan)

### SECTION 5: Evaluation Personnel

Individuals contributing to this evaluation:

Name	Position	Name	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contact person for this report: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

# **APPENDIX O**

This form describes a treatment protocol for emotionally-driven behavior.  
**This is NOT a BEHAVIOR INTERVENTION PLAN.**

CONFIDENTIAL – DO NOT DISPLAY

### DIRECT TREATMENT PROTOCOL

This plan attaches to:  IEP, date:   504 plan, date:   School Team, meeting date:

Student Name  Today's Date  Next Review Date

1. The behavior is (describe what it looks like)
2. What is the impact of this behavior on the student's educational performance (i.e., academic and social-emotional functioning)?
3. Describe other interventions that have been used (e.g., BIP implementation, medication management, parent counseling, etc.)
4. Why does this behavior require treatment by a related service provider?
5. Baseline for the behavior: Frequency or intensity or duration of behavior   
 reported by  and/or  observed by
6. Does this treatment protocol also require positive behavior supports and a behavior intervention plan?  yes  no  
 If yes, describe rationale for both a treatment protocol and a behavior intervention plan to address this behavior

#### Environment PART I: Environmental Situations in which this behavior occurs and suggested environmental changes

Observation & Analysis	<p>7. What are the situations in which this behavior is likely to occur? <input type="text"/></p> <p>Who collected this data? <input type="text"/> Dates <input type="text"/></p>
------------------------	---

Environmental Changes	<p>8. What environmental changes will remove opportunity or reduce likelihood of the behavior occurring? <input type="text"/></p> <p>Who will establish? <input type="text"/> Who will monitor? <input type="text"/> Frequency? <input type="text"/></p>
-----------------------	--

#### Treatment PART II: Direct evidence-based treatment to be provided

Observation & Analysis	<p>Team believes the student's identified problem should be addressed by the following evidence-based treatment protocol</p> <p>9. <input type="text"/></p>
------------------------	---

Intervention/ Treatment Protocol	<p>What specific materials and approaches will be used to treat the emotional dysregulation and unhelpful thinking patterns that are resulting in the student's problem behavior?</p> <p>10. <input type="text"/></p> <p>Who will implement? <input type="text"/> Who will monitor? <input type="text"/> Frequency? <input type="text"/> Expected duration of treatment? <input type="text"/></p>
----------------------------------	---

Reinforcement Methods	What reinforcement procedures will be used in this treatment protocol to support development and generalization of learned skills?
	<b>11.</b> <input type="text"/>
	Reinforcement for: <input type="checkbox"/> less frequent behavior <input type="checkbox"/> lower intensity <input type="checkbox"/> skill practice during session or homework <input type="checkbox"/> using skills in natural situations
	Selection of reinforcer based on: <input type="text"/> By whom? <input type="text"/> Frequency of reinforcement? <input type="text"/>

**EFFECTIVE REACTION PART III: FUTURE RESPONSES TO PROBLEM BEHAVIOR**

How will staff respond to future episodes of this problem behavior?

**12.**

Is there a need to develop a personalized crisis prevention and response plan due to the intensity of the problem?  yes  no

Who will need training on desired responses if the behavior occurs again?

What personnel will train teachers and staff on effective responses?  When?

**OUTCOME PART IV: BEHAVIORAL GOALS**

Behavioral Goal(s)

**13.** A decrease or elimination of the problem behavior through this treatment protocol will be monitored by achievement of these goals during treatment sessions and in observations of the student in natural settings

Three categories of goals

Reductions or elimination of problem behaviors

By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Increase in the use of learned skills or coping techniques

By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Improvements in student ratings of subjective units of discomfort/distress

By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Coordination of Treatment Protocol with Other Services and Supports:**

Are curriculum accommodations or modifications also necessary?  yes  no

- If yes, where described:

Does this behavior also require a behavior intervention plan?  yes  no

Does this treatment protocol require coordination with behavior intervention plan implementers?  yes  no

- If yes, person responsible for coordinating treatment protocol and behavior intervention plan implementers:

Does this treatment protocol need to be coordinated with other agency's service plans?  yes  no

- If yes, persons responsible for contact between agencies

Is this treatment protocol necessary to benefit from the student's special education?  yes  no

- If yes, this treatment protocol is a "related service." Person responsible for providing the related service:

**COMMUNICATION PART V: COMMUNICATION PROVISIONS**

Manner and content of communication

**14.**

1. Who?	2. Under what condition(s) (Contingent? Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

1. Who?	2. Under what condition(s) (Contingent? Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

1. Who?	2. Under what condition(s) (Contingent? Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

**PARTICIPATION PART VI: PARTICIPANTS IN PLAN DEVELOPMENT**

- Student
- Parent/Guardian
- Parent/Guardian
- Educator and Title
- Educator and Title
- Educator and Title
- Administrator
- Agency Representative
- Psychologist
- Related service providers
- Other

# **APPENDIX P**

20\_\_/20\_\_ Glenn County Office of Education - DIS Service Log

Student Name:

School Site:

DIS signature:

	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
1											
2											
3											
4											
5											
6											
7											
8											
9											
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26											
27											
28											
29											
30											
31											
Tot:											

Key: DIS Services (in minutes): D=Direct Service A=Assessment IEP R=Report Writing C=Consultation O=Other  
 S=Student not available 1 absent 2 Non-Student Day/Holiday 3 Field Trip 4 Other  
 T=Specialist not available 1 ill 2 Schedule Conflict 3 Meeting/IEP for another Student 4 Other



# APPENDIX Q

Glenn County Special Education Local Plan Area  
Clinical Services Program **Data Collection Form**

Completion Date for this form: \_\_\_\_\_ School Year 201 to 201

Tier \_\_\_\_\_

Student Name:

DOB:

Grade:

Race/Ethnicity:

Primary Language Student:

Language of Parent:

Insurance:

School District:

SPED Eligibility Date:

Tier II Intensive Enrollment Date:

Tier III Enrollment Date:

Classroom placement:

Teacher:

RS Team Clinician:

School Psychologist:

**CURRENT LIVING SITUATION (circle one)**

Parent Foster home AWOL Relative Guardian Independent Group Home

Homeless Shelter Psych Hospital Adult Shelter Juvenile Hall Therapeutic Foster Home

**Academic Settings: (Circle all that have been attempted in the past)**

Regular Ed Special Ed Regional Classroom Mild/Moderate Classrooms  
SH classrooms In-home hospital Opportunity School Adult Education  
(Success One) Alternative Education Continuation School Willowglen  
Charter School

**School services:** School counseling or guidance services Behavior Goal on IEP SST  
Behavior Intervention Plan Transition Partnership Program YES Program Mentoring  
Behavior Aide Specialized interventions designed and implemented: \_\_\_\_\_

**Mental Health services:** None Outpatient TBS Psych Hospital Day Treatment Crisis Intervention  
Psych Medication SMART Team CHAT Counseling PCIT

**Substance Abuse Services:** none Outpatient Counseling In-patient services Drug Court  
Anger management groups

**Child Welfare:** None Intake In-home Foster home Treatment Home Group Home  
Adoption Services Family Reunification or Maintenance services

**Student name** \_\_\_\_\_

**Juvenile Justice:** None Case pending Informal Probation Formal Probation Juvenile Hall  
Detention

**Developmental Disabilities:** None FRNC- accepted with no services  
FRNC- accepted with program supports

**What services were helpful?**

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Team Members** (List all that apply, put NA if no one is providing the role)

- |                           |                                      |
|---------------------------|--------------------------------------|
| School Psychologist       | Classroom Teacher                    |
| School Counselor          | Related Services Team Clinician      |
| Social Worker             | Deputy Probation Officer             |
| Substance Abuse Counselor | Parent or Educational Representative |
- Other Related-services provider:

**Progress toward IEP Goals. Using the following legend:**

English =E Math=M Social Emotional=SE Behavior goal=BG Behavior Intervention Plan=BIP

Met=M Progressing=P Declining=D No goal on IEP=NG

- Examples: E.1 P  
M.1 D  
SE.1 P  
BG P  
BIP NG

E.1 Goal: Behavior Goal:

E.2 Goal: BIP:

M.1 Goal:

M.2 Goal:

SE.1 Goal:

SE.2 Goal:

Student Name \_\_\_\_\_

Days of Suspension this school Year \_\_\_\_\_ Manifest Determination Hearings? \_\_\_\_\_

Any Expulsion Hearings? \_\_\_\_\_

How many unique incidents of Juvenile Hall detentions this school year? \_\_\_\_\_

Is student mainstreaming in regular education classes? \_\_\_\_\_ What % of daily classes \_\_\_\_\_

What % at district school of residence? \_\_\_\_\_

Risk Resiliency Factors:

Complete the Risk/Resiliency Factors – Youth form and attach to Data Collection Packet

**Attendance** achieved for school year in % \_\_\_\_\_

**Attach the CANS Comprehensive V summary forms completed this school year. There may be multiple score sheets (baseline, December, and May)**

**Attach completed Risk/Resiliency Factors – Youth ages 12 to 17 years) for each student**

**Attach Tier II Intensive or Tier III student counseling logs with this packet (DIS Logs).**

**Submit packet to Kathy Montero, Glenn County Office of Education Orland Office by June 15 annually.**

**(Revised 6-30-2016)**

# **APPENDIX R**



**RISK/RESILIENCY FACTORS – CHILDREN (Ages 5 to 11 Years)**

Please score for the last six months:

In School: Relationships/Expectations		Morals and Values:		In the Community: Relationships/Expectations		With Peers: Relationships/Expectations	
<b>Attendance</b> <b>SCHOOL PERFORMANCE</b> <input type="checkbox"/> Child attends school regularly. <input type="checkbox"/> Child has frequent absences. <input type="checkbox"/> Child rarely, if ever attends school.		<b>Honesty</b> <b>EMOTIONAL STRENGTH</b> <input type="checkbox"/> Child is honest. <input type="checkbox"/> Child occasionally lies to others. <input type="checkbox"/> Child habitually lies to others.		<b>Adult Relationships</b> <b>FAMILY</b> <input type="checkbox"/> Child respects or looks up to an adult. <input type="checkbox"/> Child does not respect or look up to adults.		<b>Social Network Composition</b> <b>SOCIAL</b> <input type="checkbox"/> Child's friends rarely get into trouble. <input type="checkbox"/> Child's friends occasionally get into trouble. <input type="checkbox"/> Child's friends are always getting into trouble.	
<b>Disruptive Classroom Behavior</b> <input type="checkbox"/> Child follows class/school rules. <input type="checkbox"/> Child occasionally disrupts class. <input type="checkbox"/> Child disrupts class daily.		<b>Remorse</b> <b>EMOTIONAL STRENGTH</b> <input type="checkbox"/> Child shows remorse after inappropriate behavior. <input type="checkbox"/> Child sometimes shows remorse after inappropriate behavior. <input type="checkbox"/> Child does not show remorse after inappropriate behavior.		<b>Gang Affiliation</b> <b>OUT OF TROUBLE</b> <input type="checkbox"/> Child has no association with gangs. <input type="checkbox"/> Child has a family member or a friend who is in a gang. <input type="checkbox"/> Child is a member of a gang.		<b>Socialization</b> <b>SOCIAL</b> <input type="checkbox"/> Child has a network of friends (his/her own age). <input type="checkbox"/> Child has at least one friend (his/her own age). <input type="checkbox"/> Child is socially isolated.	
<b>Class Group Activities</b> <b>SCHOOL PERFORMANCE</b> <input type="checkbox"/> Child regularly participates in group activities. <input type="checkbox"/> Child occasionally participates in group activities. <input type="checkbox"/> Child does not participate in group activities.		<b>Decision Making</b> <b>EMOTIONAL STRENGTH</b> <input type="checkbox"/> Child demonstrates effective decision-making skills. <input type="checkbox"/> Child occasionally makes poor decisions. <input type="checkbox"/> Child frequently makes poor decisions.		<b>Meaningful Participation</b> <b>COMMUNITY ACTIVITY LEVEL</b> <input type="checkbox"/> Child regularly participates in positive activities outside of school. <input type="checkbox"/> Child occasionally participates in positive activities outside of school. <input type="checkbox"/> Child does not participate in positive activities outside of school.		<b>Social Interactions</b> <b>SOCIAL</b> <input type="checkbox"/> Child interacts appropriately with others. <input type="checkbox"/> Child sometimes acts aggressively, bullies, or is bullied during interactions with others. <input type="checkbox"/> Child has negative interactions with others.	
<b>School Performance</b> <b>SCHOOL PERFORMANCE</b> <input type="checkbox"/> Child has above-average grades/school performance. <input type="checkbox"/> Child has adequate grades/school performance. <input type="checkbox"/> Child has poor grades/school performance.		<b>Stealing</b> <b>OUT OF TROUBLE</b> <input type="checkbox"/> Child does not steal. <input type="checkbox"/> Child occasionally steals. <input type="checkbox"/> Child habitually steals.		<div style="text-align: center;"> <p>Glenn County Office of Education</p> <p><b>RISK/RESILIENCY FACTORS</b></p> <p><b>CHILDREN (Ages 5 to 11 Years)</b></p> <p>Page 1 of 2</p> </div>			
		Client Name:		Client ID:		Date Completed:	

RISK/RESILIENCY FACTORS – CHILDREN (Ages 5 to 11 Years)



Please score for the last six months:

Behavior	Behavior (continued)	At Home	At Home (continued)
<b>Physical Activity Level</b> <b>HEALTHY</b> <input type="checkbox"/> Child is regularly involved in age-appropriate physical activities. <input type="checkbox"/> ..... <input type="checkbox"/> Child participates in some age-appropriate physical activities. <input type="checkbox"/> ..... <input type="checkbox"/> Child does not participate in any physical activities (Child is sedentary).	<b>OUT OF TROUBLE</b> <b>Animal Cruelty (not including hunting or fishing)</b> <input type="checkbox"/> Child treats animals with respect. <input type="checkbox"/> ..... <input type="checkbox"/> Child threatens cruelty to animals. <input type="checkbox"/> ..... <input type="checkbox"/> Child has tortured or killed an animal.	<b>At Home</b> <b>Family Activities</b> <b>FAMILY</b> <input type="checkbox"/> Family regularly plans/participates in activities together. <input type="checkbox"/> ..... <input type="checkbox"/> Family plans/participates in a few activities together. <input type="checkbox"/> ..... <input type="checkbox"/> Family does not plan/participate in activities together.	<b>At Home (continued)</b> <b>Primary Bond</b> <b>FAMILY</b> <input type="checkbox"/> Child has a solid primary bond with at least one adult in his/her household. <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Child does not have a solid primary bond with an adult in his/her household.
<b>Self-Management of Behavior</b> <b>HEALTHY</b> <input type="checkbox"/> Child has control of his/her behavior. <input type="checkbox"/> ..... <input type="checkbox"/> Child occasionally exhibits uncontrollable behavior. <input type="checkbox"/> ..... <input type="checkbox"/> Uncontrollable behavior interferes with the child's daily functioning.	<b>Sexual Behavior</b> <input type="checkbox"/> Child is sexually appropriate with others. <input type="checkbox"/> ..... <input type="checkbox"/> Child demonstrates inappropriate sexual behavior with others. <input type="checkbox"/> ..... <input type="checkbox"/> Child has sexually assaulted others.	<b>Family Communication</b> <b>FAMILY</b> <input type="checkbox"/> Family members communicate effectively with each other. <input type="checkbox"/> ..... <input type="checkbox"/> Family members attempt to communicate effectively with each other. <input type="checkbox"/> ..... <input type="checkbox"/> Family members have disruptive communication.	<b>Positive Father Figure</b> <b>FAMILY</b> <input type="checkbox"/> Child has an active father figure in his/her life. <input type="checkbox"/> ..... <input type="checkbox"/> Child has no active father figure in his/her life. <input type="checkbox"/> ..... <input type="checkbox"/> Child has no father figure in his/her life.
<b>Unauthorized Fire Setting</b> <b>OUT OF TROUBLE</b> <input type="checkbox"/> Child has not set a fire. <input type="checkbox"/> ..... <input type="checkbox"/> Child threatens to set a fire. <input type="checkbox"/> ..... <input type="checkbox"/> Child has set a fire.	<b>Running Away</b> <b>OUT OF TROUBLE</b> <input type="checkbox"/> Child has not run away from home. <input type="checkbox"/> ..... <input type="checkbox"/> Child threatens to run away from home. <input type="checkbox"/> ..... <input type="checkbox"/> Child has run away from home.	<b>Family Decisions</b> <b>FAMILY</b> <input type="checkbox"/> Child is involved in age-appropriate family decisions. <input type="checkbox"/> ..... <input type="checkbox"/> Child occasionally helps decide things. <input type="checkbox"/> ..... <input type="checkbox"/> Child is not involved in age-appropriate family decisions.	<b>Exposure to Drugs and/or Alcohol</b> <input type="checkbox"/> Child does not live or spend time with anyone who abuses drugs and/or alcohol. <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Child lives or spends time with at least one person who abuses drugs and/or alcohol.
<b>GOAL ATTAINMENT</b> <b>Axis V GAF Score</b> Current _____ Past Year _____			
<b>Client's Progress toward:</b> Goal 1 Goal 2		<b>Level of Change toward:</b> Goal 1 Goal 2	
Declining <input type="checkbox"/>	Improving <input type="checkbox"/>	Pre-contemplative <input type="checkbox"/>	Contemplating <input type="checkbox"/>
Maintaining <input type="checkbox"/>	Met <input type="checkbox"/>	Taking Action <input type="checkbox"/>	Maintaining <input type="checkbox"/>
<b>Glenn County Office of Education</b> <b>RISK/RESILIENCY FACTORS</b> <b>CHILDREN (Ages 5 to 11 Years)</b> Page 2 of 2			
Client Name: _____		Client ID: _____	
Date Completed: _____			

# **APPENDIX S**



## ERMHS RISK/RESILIENCY FACTORS – YOUTH (12-17)



<p><b>IN SCHOOL: Relationships/Expectations</b></p> <p><b>Educational Aspirations</b> <span style="float: right;"><u>FUNCTIONING</u></span></p> <p><input type="checkbox"/> Youth demonstrates a desire to complete education.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth is undecided about completing his/her education.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth does not demonstrate a desire to complete education.</p> <p><b>Disruptive Classroom Behavior</b> <span style="float: right;"><u>FUNCTIONING</u></span></p> <p><input type="checkbox"/> Youth follows class/school rules.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth occasionally disrupts class.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth disrupts class on a daily basis.</p> <p><b>Class Activities</b> <span style="float: right;"><u>FUNCTIONING</u></span></p> <p><input type="checkbox"/> At school, the youth regularly participates in activities.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> At school, the youth occasionally participates in activities.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> At school, the youth does not participate in activities.</p> <p><b>IN THE COMMUNITY: Relationships/Expectations</b></p> <p><b>Adult Relationships</b> <span style="float: right;"><u>SOCIAL &amp; FAMILY</u></span></p> <p><input type="checkbox"/> In the community, the youth respects or looks up to an adult.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> In the community, the youth does not respect or look up to any adults.</p> <p><b>Gang Affiliation</b> <span style="float: right;"><u>OUT OF TROUBLE</u></span></p> <p><input type="checkbox"/> Youth has no association with a gang.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth associates with gang members.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth is a member of a gang.</p> <p><b>IN THE COMMUNITY: Meaningful Participation</b></p> <p><b>Community Activity Level</b> <span style="float: right;"><u>SOCIAL &amp; FAMILY</u></span></p> <p><input type="checkbox"/> Youth regularly participates in clubs, sports, or other positive activities outside of school.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth occasionally participates in positive activities outside of school.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth does not participate in positive activities outside of school.</p>	<p><b>WITH PEERS: Relationship/Expectations</b></p> <p><b>Social Network Composition</b> <span style="float: right;"><u>SOCIAL &amp; FAMILY</u></span></p> <p><input type="checkbox"/> Youth associates with peers who rarely get into trouble.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth associates with peers who occasionally get into trouble.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth associates with peers who always get into trouble.</p> <p><b>Socialization</b> <span style="float: right;"><u>SOCIAL &amp; FAMILY</u></span></p> <p><input type="checkbox"/> Youth has at least one friend (of his or her own age).  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth is socially isolated.</p> <p><b>YOUTH BEHAVIOR</b></p> <p><b>Physical Activity Level</b> <span style="float: right;"><u>HEALTHY</u></span></p> <p><input type="checkbox"/> Youth is regularly involved in age-appropriate physical activities.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth participates in some age-appropriate physical activities.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth does not participate in any physical activities (youth is sedentary).</p> <p><b>Self Advocacy</b> <span style="float: right;"><u>EMOTIONAL STRENGTH</u></span></p> <p><input type="checkbox"/> Youth stands up for self without putting others down.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth stands up for self by putting others down.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth does not stand up for self.</p> <p><b>Self-Management of Behavior</b> <span style="float: right;"><u>HEALTHY</u></span></p> <p><input type="checkbox"/> Youth has control of his/her behavior.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth occasionally exhibits uncontrollable behavior.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Uncontrollable behavior interferes with the youth's daily functioning.</p> <p><b>MORALS AND VALUES</b></p> <p><b>Respect</b> <span style="float: right;"><u>EMOTIONAL STRENGTH</u></span></p> <p><input type="checkbox"/> Youth shows respect for the dignity and values of others.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth occasionally shows disrespect for the dignity and values of others.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth disregards others' dignity and values.</p>
Page 1 of 2	<p><b>Client Name</b> _____</p> <p><b>Client ID #</b> _____</p> <p><b>Date Completed</b>    /    /   </p>

CONFIDENTIAL PATIENT INFORMATION (SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 5225)

## ERMHS RISK/RESILIENCY FACTORS – YOUTH



<p><b>MORALS AND VALUES</b> <i>(continued)</i></p> <p><b>Honesty</b> <span style="float: right;"><u>EMOTIONAL STRENGTH</u></span></p> <p><input type="checkbox"/> Youth is fairly honest.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth occasionally lies to others.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth habitually lies to others.</p> <p><b>Remorse</b> <span style="float: right;"><u>EMOTIONAL STRENGTH</u></span></p> <p><input type="checkbox"/> Youth shows remorse after inappropriate behavior.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth sometimes shows remorse after inappropriate behavior.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth does not show remorse after inappropriate behavior.</p> <p><b>Decision Making</b> <span style="float: right;"><u>EMOTIONAL STRENGTH</u></span></p> <p><input type="checkbox"/> Youth demonstrates effective decision-making skills.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth occasionally makes poor decisions.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth frequently makes poor decisions.</p> <p><b>AT RISK BEHAVIORS</b></p> <p><b>Stealing</b> <span style="float: right;"><u>OUT OF TROUBLE</u></span></p> <p><input type="checkbox"/> Youth does not steal.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth occasionally steals.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth habitually steals.</p> <p><b>Unauthorized Fire Setting</b> <span style="float: right;"><u>OUT OF TROUBLE</u></span></p> <p><input type="checkbox"/> Youth has not set a fire.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth threatens to set a fire.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth has set a fire.</p> <p style="text-align: right;"><u>OUT OF TROUBLE</u></p> <p><b>Animal Cruelty (does not include hunting or fishing)</b></p> <p><input type="checkbox"/> Youth treats animals with respect.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth threatens cruelty to animals.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth has tortured or killed an animal.</p> <p><b>Sexual Behavior</b></p> <p><input type="checkbox"/> Youth is sexually appropriate with others.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth demonstrates inappropriate sexual behavior with others.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth has risky sexual behaviors.</p>	<p><b>AT RISK BEHAVIORS</b> <i>(continued)</i></p> <p><b>Running Away</b> <span style="float: right;"><u>OUT OF TROUBLE</u></span></p> <p><input type="checkbox"/> Youth has not run away from home.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth threatens to run away from home.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth has run away from home.</p> <p><b>YOUTH EMPLOYMENT</b></p> <p><b>Employment Aspirations</b> <span style="float: right;"><u>FUNCTIONING</u></span></p> <p><input type="checkbox"/> Youth reports a desire to keep/seek employment.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth is undecided about seeking/keeping employment.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Youth does not demonstrate a desire to seek/keep employment.</p> <p><b>AT HOME: <i>Meaningful Participation</i></b></p> <p><b>Family Activities</b> <span style="float: right;"><u>SOCIAL &amp; FAMILY</u></span></p> <p><input type="checkbox"/> Family regularly plans/participates in activities together.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Family plans/participates in a few activities together.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Family does not plan/participate in activities together.</p> <p><b>Family Communication</b> <span style="float: right;"><u>SOCIAL &amp; FAMILY</u></span></p> <p><input type="checkbox"/> Family members communicate effectively with each other.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Family members attempt to communicate effectively.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Family members have disruptive communication.</p> <p><b>Family Decisions</b> <span style="float: right;"><u>SOCIAL &amp; FAMILY</u></span></p> <p><input type="checkbox"/> At home, the youth is involved in age-appropriate family decisions.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> At home, the youth occasionally helps decide things.  <input type="checkbox"/> _____</p> <p><input type="checkbox"/> At home, the youth is not involved in age-appropriate decisions.</p> <p><b>NOTES:</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p><b>RISK / RESILIENCY FACTORS FOR YOUTH</b> Page 2 of 2</p>	<p>Client Name _____</p> <hr/> <p>Staff Name _____</p>

CONFIDENTIAL PATIENT INFORMATION (SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 52215)

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# **APPENDIX T**

**Glenn County Special Education Local Plan Area  
Clinical Services Team Flow Chart**

**Tier I 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

Goal is to prevent student's behavior worsening as needing more intensive level of service  
Examples include Social Skills (Second Step), BEST Program, Bullying Prevention programs, safety plans, 40 Developmental Assets, parent education, First 5 Counseling, School Study Teams  
District school counselors, Positive Behavior Intervention Programs, Preschool Disabilities Coordination.

A collaborative approach is used among parent, districts, county schools, and agencies serving the student

**Tier II Level of Services, Identification, brief intervention, intensive preventative intervention**

Students being assessed or who are eligible for Special Education receive Tier II services and will have an IEP

The student has an emerging social emotional problem

Student has received Tier I services and needs more service to benefit educationally

An identified School Psychologist is the lead for coordination of IEP services

There is a goal documented on IEP for socio-emotional service and includes assessing need for a behavior goal

Related services may include individual or small group counseling

Case consultation among IEP Team

Services may include self-monitoring, adult mentor check-ins, daily home/school notes, escape card, positive peer reporting, behavior contracts, etc.

**Tier II Intensive Level of Services**

Student has an active IEP or is the process of Psycho-educational Study

Guidance and counseling services have been provided for at least 6 months

Student is not making academic progress in current educational setting

School Psych in consultation with IEP team may refer to Tier II-Intensive Related Service Team

School Psychologist completes referral and makes presentation to Clinical Services Team

Document: Tier II Intensive Referral Form  
Document: Universal Release/Exchange of Information Form  
Document: Current IEP document  
Behavior Goal/BIP/FAA as existing  
Document: Mental Health Assessment Plan signed by parent or Educational Representative

#### Clinical Services Team Meeting

School Psychologist makes presentation to team  
Consensus decision to accept, reject, or consider other option  
Level of service recommendation (Tier II-Intensive or Tier III) made  
School Psychologist/Specialist role clarified

#### Communication between sending team and receiving team, and District administrators

School Psychologist calls meeting  
Purpose is to familiarize receiving team and district with student needs and proposed interventions. Based upon staffing consensus, another IEP meeting will be called to formalize classroom placement and services

#### IEP meeting to formalize new IEP document

Sending Teacher calls the IEP meeting  
Clinician adds goals to IEP document  
Clinician adds frequency, intensity, duration of mental health goals to IEP document  
Other related services may be added to IEP as necessary  
Informed consent for mental health services signed by parent or educational representative  
Clinical Services Team Clinician becomes primary lead for services

#### Clinical Services Team Clinician

Completes mental health assessment  
Completes CANS baseline survey  
Completes Treatment Plan (frequency, intensity, duration of mental health services)  
Writes mental health/socio-emotional goals to be entered onto the IEP document

#### Services are provided as planned on the IEP document

Clinician keeps written log of services provided each student  
Clinician completes the DIS log on each student to be submitted at the end of the school year

#### Progress reviewed periodically

Clinician communicates with teacher and other service providers weekly  
Clinician completes a Progress Review form for IEP meetings

#### Transition for Tier II Intensive level of service

To lower level of service: Tier II  
The School Psychologist becomes primary lead in coordination of IEP services

Met socio-emotional goal and progressing on academic goals and Mainstreaming into regular education classrooms has been effective and IEP team believes student can be successful with fewer, less intense counseling services (frequency, duration, intensity)

To more restrictive services: Tier III

Clinician provided counseling services and Clinical Services Team agrees a higher level of service is needed

Clinician makes Tier III referral to Clinical Services Team

Student is not making progress academically or socio-emotional goals for 8 weeks

Regional classroom probable placement but based upon LRE, student may continue to be served in his/her home school

Tier III placements may also be determined administratively because aggressive or assaultive behaviors may be impeding other students' ability to benefit educationally.

### **Tier III Services, Intensive Intervention**

Student has received Tier II Intensive services and/or has exhibited severe destructive behaviors

Service: School Counseling

Service: Mental Health Counseling

Behavior Goal or Functional Analysis of Behavior leading to a Behavior Intervention Plan  
Clinician, teacher, School Psychologist consult regarding Tier III referral

School Psychologist convenes an IEP meeting for Tier III referral

Clinician completes Tier III referral form and presents at Clinical Services Team meeting

Document: Tier III Referral Form

Document: Universal Release/Exchange of Information form

Document: Behavior Goal/Functional Analysis/Behavior Intervention Plan -PENT format

Document: Progress Review since becoming Tier II Intensive, stating behaviors requiring a higher level of service

Clinical Services Team meeting

Clinician presents referral for Tier III service level, remains lead for service delivery  
Regional Classroom placement decision

Clinician updates

CANS

Mental Health Assessment

FAA/BIP

Client Treatment Plan

Mental health, socio-emotional goals

School Psychologist Convenes IEP meeting

Clinician adds new goals to IEP  
Clinician adds frequency, intensity, duration of services to be provided  
Other related services may be added to IEP as needed

Services are provided according to IEP document

Clinician keeps written log of services provided to each student  
Clinician completes DIS Log on each student submitted at the end of the school year

Progress reviewed periodically

Informal communication with teacher weekly  
Written Progress Report presented at IEP meetings

Transition from Tier III services

To lower level of service, Tier II Intensive or  
To lower level of service Tier II

# **APPENDIX U**



Link to Health Service Agreement - <http://www.glenncoe.org/Departments/Student-Services/SELPA/SELPA-Guidelines-and-Procedures/index.html>

# **APPENDIX V**

ERMHS Guidance Document Program Statement:

<http://www.glenncoe.org/Departments/Student-Services/SELPA/SELPA-Guidelines-and-Procedures/index.html>