

ERMHS PROGRAM GUIDELINES

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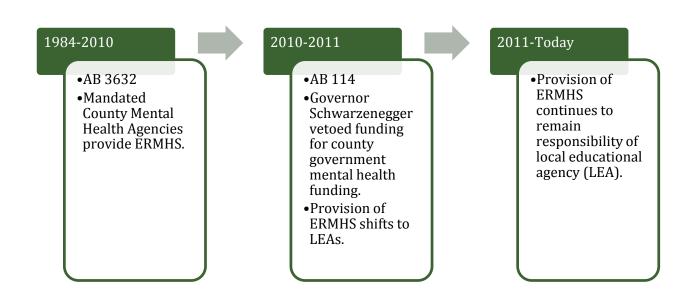
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EDUCATIONALLY RELATED MENTAL HEALTH SERVICES (ERMHS) BACKGROUND

Educationally Related Mental Health Services (ERMHS) Background

DELIVERY OF SERVICES

In 1984, Assembly Bill 3632 statutorily required a partnership between school districts and county mental health agencies to deliver mental health services to students with individualized education programs (IEPs). In 2011, the California legislature passed Assembly Bill 114, which repealed the state mandate on special education and county mental health agencies and eliminated related references to mental health services in California statute. As a result of this legislation and in accordance with the Individuals with Disabilities Education Act (IDEA, 2004), school districts are solely responsible for ensuring that students with disabilities receive special education and educationally related mental health services (ERMHS) to meet their needs.



REFERENCE

California Department of Education (CDE) Mental Health Services FAQ: http://www.cde.ca.gov/sp/se/ac/mhsfaq.asp

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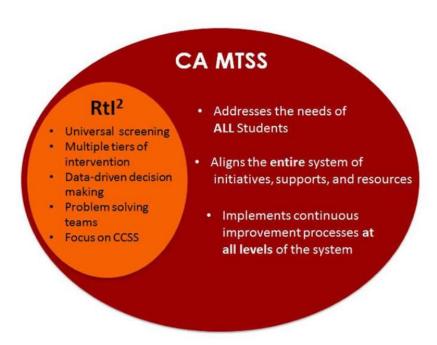
Multi-Tiered System of Support (MTSS) Overview

BACKGROUND

A Multi-Tiered System of Support (MTSS) is an integrated, comprehensive framework where resources and services are organized on a continuum of intensity based on students' academic, behavioral, and social needs. California historically provided numerous systems of support including interventions within the Response to Intervention (RtI orRtI²) processes, supports for Special Education, Title I, Title III, and support services for English Learners, American-Indian students, and those in gifted and talented programs. MTSS offers the potential to create needed systemic change that quickly identifies and matches the needs of all students through intentional design and redesign of services and supports (California Department of Education, 2015).

KEY ELEMENTS OF RTI/RTI² & MTSS MODELS

The following chart shows key elements of the RTI/RtI² and MTSS Models:



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DISTINCTION BETWEEN RTI² & MTSS

It is not uncommon to hear the terms RtI (RtI²) and MTSS used interchangeably; however, in many instances, the intentions of RtI do not align with the principles and practices of MTSS. The California Department of Education's (CDE's) RtI² processes focus on students who are struggling academically and provide a vehicle for teamwork and data-based decision making to strengthen their performance before and after educational and behavioral problems increase in intensity (CDE, 2015). Alternately, principles and practices of a MTSS are based upon creating successful and sustainable system change and determining what is necessary to provide effective instruction to all students (Kansas MTSS: The Integration of MTSS and RtI).

The MTSS model provides a coordinated system of supports and services that are crucial for ensuring appropriate and timely attention to students' needs. It also expands California's RtI² process by aligning all systems of high quality instruction, support, and intervention and including structures for building, changing, and sustaining systems. In addition, assessments and progress monitoring are employed to allow for a data-based, problem-solving approach to instructional decision making (CA ELA/ELD Framework, 2014). The next page provides a graphic of the core pillars that are essential to MTSS.

REFERENCE

Kansas Multi-tiered System of Supports

http://www.kansasmtss.org

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High-quality, differentiated classroom instruction. All students receive high-quality, standards- based (with a focus on CCSS), culturally-and linguistically-relevant instruction in their general education classroom settings by highly qualified teachers, who have high academic and behavioral expectations, attained through differentiated learning instructional strategies, such as Universal Design for Learning.



Systemic and sustainable change. MTSS principles promote continuous improvement processes at all levels of the system (district, school site, and grade/course levels). Collaborative restructuring efforts made to align RtI², CCSS, identify key initiatives, collect, analyze, review data, implement supports and strategies based on data are then refined as necessary to sustain effective processes.



Integrated data system. District and site staff collaborate to create an integrated data collection system that includes assessments such as state tests, universal screening, diagnostics, progress monitoring, and teacher observations at the site to inform decisions about tiered support placement, as well as data collection methods such as parent surveys for continuous systemic improvement.



Positive behavioral support. District and school staff collaboratively select and implement school wide, classroom, and research-based positive behavioral supports for achieving important social and learning outcomes. A strong focus on integrating instructional and intervention strategies supports systemic changes based on strong, predictable, and consistent classroom management structures across the entire system.

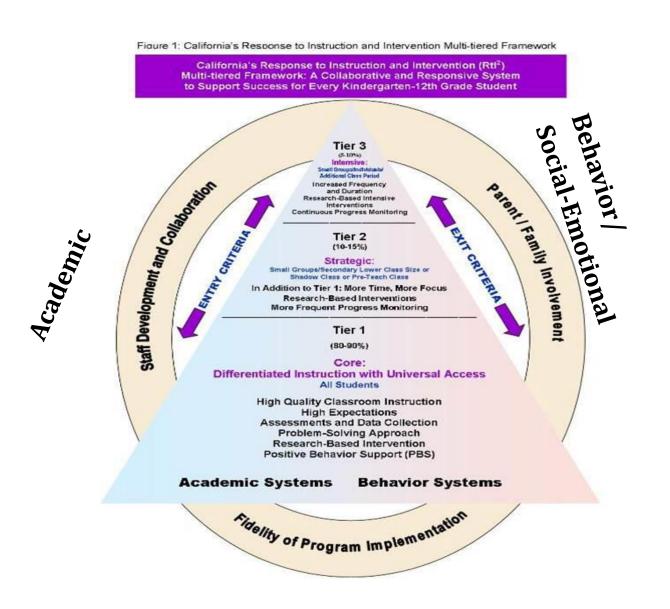
REFERENCE

California Department of Education, 2015

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MTSS VISUAL

The following graphic provides an example of the MTSS system focusing on both academic and social emotional supports and critical supporting details such as exit/entry criteria, staff development and collaboration, parent and family involvement, and fidelity to the program.



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Tier 1: Universal Supports

- Research-based, high quality, general education instruction and support
- •General screening and benchmark assessments for all students
- •Data collection continues to inform instruction, services, and supports
- •If less than approximately 80% of students are successful at this level, engage in Tier 1 level problem-solving via site-based teams

Tier 2: Strategic, Targeted Supports

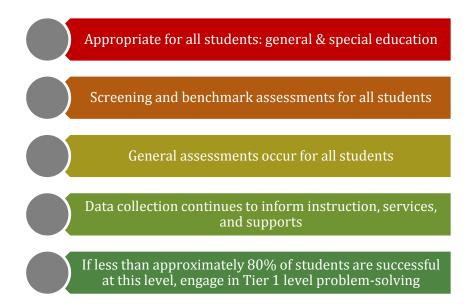
- •Interventions are based on data revealing that students need more than core, universal instruction, services and supports
- •Interventions and progress monitoring are targeted to specific skills to remediate or enrich, as appropriate
- Progress monitoring occurs more frequently than at the core, universal level to ensure that the intervention is working
- •If more than approximately 15% of students are receiving support at this level, engage in Tier 1 level, systematic problem-solving via sitebased teams to re-examine why Tier 1 is not effective

Tier 3: Intensive, Individual Supports

- •Intensive interventions targeting individual student needs
- •Students receiving prolonged interventions at this level may be several grade levels behind or above the one in which they are enrolled and/or have intensive social-emotional needs
- Progress monitoring occurs most often to ensure maximum acceleration of student progress
- •If more than approximately 5% of students are receiving support at this level, engage in Tier 1 and Tier 2 level, systematic problem solving

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Tier 1: Universal Supports



PROGRAM IMPLEMENTATION

ERMHS Tier 1, Universal Supports typically encompass a school-wide Social and Emotional Learning (SEL) curriculum and are appropriate for all students and may be delivered by classroom teachers, instructional assistants, or special education staff. Tier 1 interventions should include progress monitoring components to determine which students are responding to the interventions provided and which students need more intensive, Tier 2 supports. School teams should also determine benchmarks and indicators that determine when a student needs to be moved from Tier 1 to Tier 2 and also back to Tier 1. There are many Tier 1 Intervention options, some popular examples include, The Leader In Me, Character Counts!, or a school developed system that is uniquely designed for a specific school.







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Additionally, the Collaborative for Academic, Social, and Emotional Learning (CASEL) is the nation's leading organization advancing the development of academic, social and emotional competence for all students and provides a great deal of resources on SEL curriculum. CASEL's mission is to help make evidence-based social and emotional learning (SEL) an integral part of education from preschool through high school. Through research, practice and policy, CASEL collaborate to ensure all students become knowledgeable, responsible, caring and contributing members of society. These programs are described at http://www.casel.org/guide/programs. CASEL has also put together the tables below to address basic information about each program's implementation and effectiveness. The information CASEL provides can help schools in the process of selecting research-based, Tier 1 interventions and implementation.

Program Name	Grade	(Characteristics	of Sample Evaluat	ted	Stud	Design	Evaluation Outcomes					
	Range Covered	Grades Evaluated	Geographic Location	Student Race/ Ethnicity	% Reduced Lunch	Quasi- Experimental	Randomized Controlled Trial	Improved Academic Performance	Increased Positive Social Behavior	Reduced Conduct Problems	Reduced Emotional Distress		
4Rs	PreK-8	3-4	Urban	African- American, Hispanic	62		√ (1)	V	V	V	V		
Caring School Community	K-6	K-6	Rural, Suburban, Urban	African- American, Hispanic	0-95	✓ (2)	√ (3)	~	V	V	V		
Competent Kids, Caring Communities	K-5	4-5	Urban	Diverse	52-63	✓ (1)		V					
I Can Problem Solve	PreK-5	PreK-1	Rural, Urban	African- American, Caucasian, Hispanic	91	✓ (1)	✓ (2)		v	V			
The Incredible Years Series	PreK-2	PreK-1	Not reported	Diverse	59		∨ (2)		~	V			
Michigan Model for Health	K-12	4-5	Rural, Suburban, Urban	African- American, Caucasian	11-98		✓ (1)		V	V			
MindUP	PreK-8	4-7	Urban	Diverse	Not reported	✓ (1)			~	~	~		

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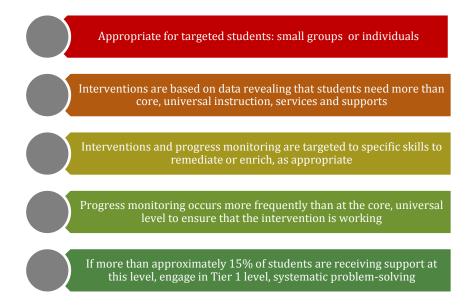
				Classroon	n Approaches to T	eaching SEL	0	Contexts	hat Promo	te and Re	Assessment Tools for Monitoring Implementation and Student Behavior			
	Grade-		Explicit	Integration with Academic	Teacher	Opportunities - to Practice Social and					Imple	onitoring ementation	Measuring	
	by-Grade Sequence	Average Number of Sessions Per Year	Skills Instruction	Skills Curriculum Instructional Emotion	Emotional Skills	Classroom- wide	School- wide	Family	Community	Self- report	Observation	Student Behavior		
4Rs	PreK-8	~	35 period-long class sessions	V	✓ English/ language arts		•	•	•	•	0	V		V
Caring School Community	K-6	V	Year-long, with 30-35 class meetings		Academic integration strategies provided	V	•	•	•	•	•	V	V	V
Competent Kids, Caring Communities	K -5	~	35 lessons	V	Academic integration strategies provided		•	•	•	•	•	V	~	~
I Can Problem Solve	PreK-5		59-83 lessons	V	Academic integration strategies provided		•	•	0	•	0	V	V	V
The Incredible Years Series	PreK-2	V	64 lessons	V	Academic integration strategies provided for English/ language arts		•	•	0	•	0	~		
Michigan Model for Health	K-12	V	8-14 lessons	V	Academic integration strategies provided		•	•	0	0	0			V
MindUP	PreK-8		15 lessons	V	Academic integration strategies provided		•	•	0	0	0	~		V
Open Circle	K-5	V	34 lessons plus supplementary lessons	V	Academic integration strategies provided for English/ language arts		•	•	•	•	0	~		~
PATHS	PreK-6	V	40-52 lessons plus	~	Academic integration strategies provided		•	•	•	•	0	~	~	~
Positive Action	PreK-12	V	140 lessons	V	Academic integration strategies provided for English/ language arts		•	•	•	•	•	V		V
Raising Healthy Children	K-6	V	n/a	V	Academic integration strategies provided	V	•	•	•	•	0	~	V	~
Resolving Conflict Creatively Program	PreK-8	V	16 lessons	V	Academic integration strategies provided for English/ language arts	V	•	•	•	•	0	V		V
Responsive Classroom	K-6	V	n/a		Academic integration strategies provided	~	•	•	•	•	0	~		~

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		nge by-Grade						Classroor	Approaches to	feaching SEL	Opportunities	Contexts t	hat Promo	te and Re	inforce SEL		sment Tools for ntation and Stu	
Program Name	Grade Range Covered		Average Number of Sessions Per Year	Explicit Skills Instruction	Integration with Academic Curriculum Areas	Teacher Instructional Practices	to Practice Social and Emotional Skills	Classroom- wide	School- wide	Family	Community		ementation Observation	Measuring Student Behavior				
RULER Approach	K-8	~	Anchor Tools; 16 lessons + daily implementation; Feeling Words: 75 lessons		✓ English/ language arts	~	•	•	•	•	0	V	v	V				
Second Step	PreK-8	V	22-28 weekly topics across 5 days/week	V	Academic integration strategies provided		•	•	0	0	0	V	~	V				
Steps to Respect	3-6	v	11 lessons + 2 literature units (7-10 lessons in each)		v		•	•	•	0	0	V						
Social Decision Making/ Problem Solving Program	к-8	~	30 topics	Acad integ strate provid	ration gies		•	•	D	0	0	V		v				
Tribes Learning Communities	K-12	V	n/a	Acade integristrate provide	ation gies	-	•	•		•	0	V		~				
Too Good for Violence	K-8	V	7 30-60 minute lessons plus infusion activities	Acade integri	ation gies		0	D	D	0	0	V	V	V				

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Tier 2: Targeted Supports



Tier 2, Targeted Supports are appropriate for Small Groups or individual students (with less intensive needs) and may be delivered by classroom teachers, instructional assistants, or special education staff (which may include psychologist, counselors, or other mental health professionals). Tier 2 Targeted Supports are flexible, evidenced-based interventions and should include progress monitoring components to determine which students are responding to the interventions provided and which students need more intensive, Tier 3 supports. School teams should also determine benchmarks and indicators that help determine when a student needs to be moved from Tier 2 to Tier 3 and also back to Tier 2 or Tier 1. Tier 2 interventions may include a variety of tools including the development of Social Skills Groups or Small Group Counseling (via staff developed materials or purchased curriculum). These groups may focus on a number of topics, which may include:

- Teaching an array of behavioral skills
- Death, loss and grief
- Divorce
- Peer pressure
- Building friendships
- Depression
- Anxiety
- Stress Reduction

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Examples of some popular Tier 2, Social Emotional Learning curriculum that may be used in small group counseling include: Kimochis, Strong Kids, Superheroes Social Skills, to name a few.

Tier 2 may also include Strategic Behavioral Interventions such as:

- **Behavior Contracts:** A behavior contract is a written document between a staff member(s), student, and possibly the parent(s) which specifies behavioral goal setting in clear, observable terms. Behavior contracts are a practical and creative way for teachers, staff and parents to help students of all ages improve skills in various areas.
- <u>Check-In Check-Out:</u> Check-In Check-Out systems are a way for students that respond well to daily feedback and building relationships with other to meet behavior or academic goals. The Check-In Check-Out system provides a daily check in between the student and an adult staff member at the school, to review the student's goal(s) for the day and receive their goal sheet. The adult staff provides encouragement and support to the student. The student check's out at the end of the school day with the same adult staff member to review progress on daily goals and received encouragement to make progress. Student also shares the completed goal sheet with the parents each night.
- School-Home Communication System: School-Home Communication Systems are a way to monitor progress on reducing or eliminating undesired behaviors. This system is one that works between the school and the home of the student. When student behavior reduce, positive reinforcement may be earned at both home and school so the behavior is ceased across environments.
- Mentoring: Mentoring is an organized youth-youth relationship experience in which one student serves as the mentor and one as the mentee for the purpose of guiding and supporting in areas of academic, social and emotional development. Development of successful peer requires thoughtful and intentional planning aligned to the needs and subsequent goals of your school.
- <u>Self-Monitoring:</u> Self-monitoring systems are a way for the student and teacher to define undesired behavior the student is displaying, then developing and implementing an intervention the student can use to track their own behaviors and progress at eliminating undesired behaviors. Students track their own behaviors and verify with the teacher to ensure fidelity. As behaviors extinguish the system does too.
- Structured Breaks and Class Pass: Structured Break and Class Pass systems provide a student with break cards they may use throughout the day, as appropriate. Direct instruction is given to the student on how to use the break cards and rewards may be earned for passes not used. The break taken during the use of the class pass is a structured one where the student knows how long they are to be gone, using a timer to know when to return to class.
- <u>Individual Visual Schedules:</u> Individual visual schedule systems are an easy way to provide students with consistent cues about their daily activities. They provide structure that allows a student to anticipate what will happen next and reduce anxiety by providing the student with a vision of his or her day.
- Reward Systems: Group reward systems are an integral tier 1 universal intervention that provides a group of students with a motivating reward following a pre-determined behavior or set of behaviors, often associated with school or class wide rules. For students for whom group rewards are not adequate to support behavior, an individual reward system provides an individual student with consistently positive responses for appropriate behavior and a concrete motivator to work toward goals. When implemented with fidelity and with a teaching component, an individual reward system helps a student to learn, apply and generalize new behavioral skills.

These Strategic Behavior Interventions are provided as examples on the following pages and video modules are available at our in the professional development section of the SELPA webpage.

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BEHAVIOR CONTRACTS

Why To Use



more one on one help, support, and intervention Holds students accountable

- Provides structure, routine, consistency, and organization
- Promotes self responsibility
- Improves students' grades and accountability
- Improves student buy-in
- Increases student motivation and effort
- Improves school/home communication



When To Use

When students exhibit persistent behavior problems

- When students are very unorganized
- When students consistently fail to compete daily class/school requirements (work, behavior expectations, peer interactions, lunch,
- When students exhibit persistent emotional difficulties, like frustration, anxiety, tantrums, etc.
- When students are defiant and oppositional



• Develop a daily behavior contract as a: form, chart, or report card

- Decide on the main problem behaviors and put these on the behavior contract
- Explain the procedures developed in the behavior contract with the student
- Rate the student for each period, hour, etc in the areas you decide to put on the behavior contract
- Send a copy of the behavior contract home for the parent to sign and review with the student, either daily or weekly
- Depending on the type of behavior contract you use, you may give the student a new form each day or the form may have space to rate the student for the week or month, etc.
- Review the student's daily behavior and marks with them in a productive manner, discussing how they felt they did, why, and what to change or do differently the next day, etc.

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CHECK-IN CHECK-OUT (CICO)



Improves student accountability

- Increases structure
- Improves student behavior and academics when other interventions have failed
- Provides feedback and adult support on a daily
- Improves and establishes daily home/school communication and collaboration
- Improves student organization, motivation, incentive, and reward
- Helps students to self monitor and correct
- Internalizes success and accomplishment of goals
- Students get involved and excited about the program, enjoying the structure, support, and incentives of the intervention
- Leads to maintenance free responsible behaviors, habits, and effort



When To Use

When a student has failed to respond to other interventions and general class management techniques and interventions

- When a student is competing little to no
- When a student is not doing homework
- When a student is not participating, being involved, or taking part in the learning process
- When a student has emotional issues, like anxiety, frustration, etc
- When kids have attention, focus, and impulsivity issues
- When kids have very poor organization
- •When a student is exhibiting behavioral problems
- When a student demonstrates low motivation and effort



• The CICO intervention, from the book Responding to Problem Behavior in Schools, 2nd Ed: The Behavior Education Program ¹, is a highly effective, research-based intervention and can be changed and adapted to suit any school or situation

- The program consists of students daily checking in with an adult at the start of school to retrieve a goal sheet and encouragement, teachers provide feedback on the sheet throughout the day, students check out at the end of the day with an adult, and the student takes the sheet home to be signed, returning it the following morning at check in
- For details on CICO, information on how to implement it, and resources for tracking forms, see the great resources and links at PBISworld.com

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SCHOOL-HOME COMMUNICATION SYSTEM



Provides students with more one on one help, support, and intervention Holds students

- accountable on a daily basis
- Provides structure, routine, consistency, and organization
- Promotes self responsibility
- Improves students' grades and accountability
- Improves student buy-in
- Increases student motivation and effort
- Improves school/home communication



When To Use

•When students exhibit persistent behavior problems

- •When students are very unorganized
- •When students consistently fail to compete daily class/school requirements
- •When students exhibit persistent emotional difficulties, like frustration, anxiety, etc.
- When students are defiant and oppositional



Utilize a daily behavior form, chart, or report card Decide on the main

problem behaviors and

put these on the chart

- Explain the procedure with the student
- Rate the student for each period, hour, etc in the areas you decide to put on the form or chart
- Send a copy of the chart or form home for the parent to sign and review with the student, either daily or weekly
- Depending on the form you use, you may give the student a new form each day or the form may have space to rate the student for the week or month, etc.
- Review the student's daily behavior and marks with them in a productive manner, discussing how they felt they did, why, and what to change or do differently the next day, etc.

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MENTORING



Provides a student with a personal connection and buy-in Helps student to feel like someone "has their back"

- Improves student motivation
- Source of accountability, encouragement, support, and advocacy

• Increases student morale

 Helps student to perceive school, teachers, work in a more positive light



When To

• When students are unsuccessful academically or behaviorally

- When other intervention seem to fail
- When a student is having significant issues getting along with others
- When students exhibit very little motivation and effort or just do not seem to care about work and/or behavior
- When students seem to have little guidance and/or support in the home
- When a student seems suspicious of the school and staff
- For those kids that always seem to get a bad bream and are perpetually in trouble and/or failing
- When a student is frequently suspended and/or is in danger of expulsion
- When a student does not seem to respond to anything else
- When a student does not seem to have any significant connections to learning, academics, behaviors, etc



•Mentors should be voluntary

- Keep the student with one mentor, don't switch around
- Mentors should not set out to "fix" the student and all the student's issues
- Mentors should be supportive, encouraging, and engaged
- The student/mentor relationship is all about connecting and establishing a rapport and trusting relationship
- Mentors should try to do something fun or engaging with the student, like shooting a basketball, playing cards, or talking about a common topic of interest
- Mentors should listen, listen, listen! Use active listening with students
- Mentors should help students to set goals, plans, and solutions
- Mentors only need meet with a student once a week for 15 or so minutes

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SELF-MONITORING



Why To Use

- Promotes independent and responsible behaviors
- Promotes independence and self esteem
- Increases coping ability
- Improves on task behaviors
- Increases productivity
- Improves self awareness and reflection



When To

- When students have poor attention, focus, and impulse control
- •When students are disorganized, scattered, etc
- When students have trouble being prepared, forgetting materials, homework, etc
- When students are overly talkative or social
- When students exhibit chronic or compulsive behaviors, like tapping, making sounds, etc
- When students demonstrate other off task behaviors or difficulties attending



- There are many ways to implement a self monitoring system or intervention with students, but basically, the technique involves sitting down with the student, defining the behavior(s) to address, and choosing and implementing an intervention or system by which the student can keep track of their own behavior and progress toward the behavioral or other goal
- The self monitoring interventions may include visual cues, like pictures, gestures, etc by which the student may be reminded to address the behavior indicated for intervention
- Checklists and charts may be used by students to keep track of their behaviors
- Indicators, where the student, when they see or hear something, know they need to address the behavior
- •Student may create notes to themselves
- Students may look for triggers that cause the behaviors, avoiding these triggers or being aware they are present

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STRUCTURED BREAKS & CLASS PASS



Why To Use

• To provide students with a cool down

- To allow students time away from a stressful or potentially stressful
- It can help avoid a power struggle between you and the student
- Helps students with poor attention and focus
- Gives students that need sensory input an opportunity for a sensory break
- Gives fidgety students and those who have trouble sitting still for periods an opportunity to get up and move



When a student gets off task and is beginning to be disruptive but not

- When student is beginning to be argumentative or confrontational
- When a student is refusing to follow a
- When a student is excessively fidgety or moving around a lot in their seats
- When • When a student has significant inattentive behaviors
 - When a student needs the sensory
 - When a student seems to have lost focus and attention
 - When a student needs help redirecting or refocusing
 - When a student seems sleepy, bored,
 - When a student seems overwhelmed, anxious, or overly frustrated
 - When a student is having trouble following along, following directives/directions, etc
 - When a student seems to need a break from the current activity or student they are working with
 - When a student seems to be over-emotional, upset, etc



 \int S(

Make a laminated card with the word "BREAK" on it

- Provide student with hand held timer setting the timer for no longer than five minutes
- Identify a safe and non-disruptive area to go (by or in office works)
- Student returns when timer goes off
- Thank the student for leaving and returning so cooperatively. Give encouragement to student upon
- Explain the process to the student and have them practice it before implementation
- Either the student or teacher may initiate a break, though it is best when the students can identify the need for and take breaks appropriately
- If the students abuses the break card intervention, set limits on the frequency of use to deter this

• Alternative Methods:

- Breaks may be less formal and simply involve getting a snack
- Breaks may be as simple as a student moving to another spot in the classroom
- Breaks may include sending a student on an errand, taking a note or paper to another teacher or the office, or some other task that gets the student up and out for a short break

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INDIVIDUAL VISUAL SCHEDULES



Why To Use

Provides students with organization and structure

Helps visual learners



When To Use

• With students who have attention difficulties

- With students on the autism spectrum
- With students who are disorganized
- With students that have trouble managing time and assignment completion
- When students are wandering, off task, or lagging behind the rest of the
- When students exhibit poor executive and decision making skills
- When students have trouble with unstructured time
- When students have difficulty with transitions



•Visual schedules can vary a great deal and may be more or less complex

- •Use pictures, images, and graphics to represent periods of the day, subjects, tasks, transitions, etc.
- Order these visual elements on a paper, board, etc,
- •You may write descriptions below or beside each image
- The schedule may be placed in a central location for the entire class, or for individual schedules, on the student's desk
- •Some schedules may have movable images and graphic or visual elements that can be moved from a "to do" side to a "done" side
- •Other schedules may be more static without moving visual elements, but instead be laminated so a dry erase marker can be used on them to check each task or period off, or a page that is copied with a new schedule to write on each day

• Increases on task behavior Improves productivity Increases students' independence and responsibility • Teaches students to use time more efficiently

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REWARD SYSTEMS (GROUP & INDIVIDUAL)



Why To Use

Provides students with positive feedback

- Students respond to positive reinforcement best
- Helps reinforce positive behaviors and expectations
- Provides incentive
- Increases motivation, buy-in, and effort
- Produces a challenge with a payoff
- Creates incentive
- Improves behavior and academics
- Increases on task and attending behaviors
- Produces immediate and quick results
- Provides a visual concrete reason for students to work toward behavioral and academic goals



When To

When students exhibit chronic behavioral problems

- When students demonstrate low and persistent motivation, effort, and interest
- When a student refuses to do work or follow behavior guidelines
- With oppositional and defiant students
- When students have poor attention and focus
- When students are impulsive
- When students consistently fail to meet behavioral and academic expectations
- When students frequently break the school and classroom rules
- When students have difficulty getting along with others or interact inappropriately with
- When students have frequent incomplete and missing work

v To Use

You can create and customize your own Classroom/School Currency (dollars) by going to: PBISWorld.com School Reward Dollars.pdf

- Give the student the Forced Choice Survey (availble at PBISWorld.com) to determine what type of reward they prefer and will be most likely to work toward
- There are numerous reward systems and strategies, some basic reward systems include:
- Token economy where students earn a token, check mark, sticker, etc for meeting predetermined goals, which they can use to buy or earn a reward after a certain number
- Praise for performing expected behaviors
- Earning privileges for meeting expectations
- Earning free time for meeting expectations
- Positive notes sent home for demonstrating good behavior and meeting expectations
- Small items as rewards for following rules and procedures, including stickers, erasers, trinkets, pencils, crayons, snacks, drinks, books, candy, etc

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SOCIAL SKILLS GROUPS



Why To Use

Many students lack basic social skills

- •Increases instructional time
- Improves student interactions
- Increases student productivity
- Helps students improve daily social functioning
- Helps students make friends
- Teaches students essential life skills
- Helps students to fit in
- Helps students to function better in classes
- Teaches students to follow rules, expectations, procedures, etc.
- Increases self confidence, self concept, and self esteem
- Gives students a common "language"



When To Us

It is important to teach all students appropriate social skills with any and all opportunities When students have poor

- hygiene
- When students seem out of place, ostracized, or isolated
- When students exhibit poor social routines, like taking turns, sharing, waiting in line, shaking hands, poor eye contact, etc.
- When students are rude, short, pushy, etc.
- When students demonstrate poor personal care habits, like blowing nose, using a napkin, etc.
- When students appear socially awkward, weird, out of place, etc.
- When students are perceived as weird and strange by the class
- When students do or say weird, silly, inappropriate, or out of place things

ow To Use

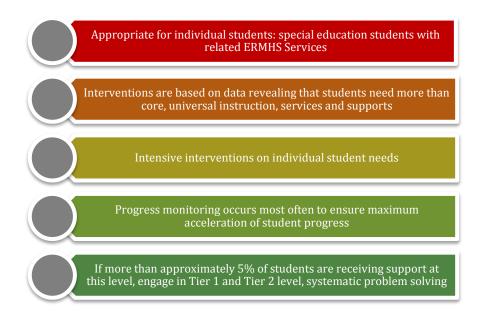
•In the realm of social skills, there is a broad range of skills and topics, as well as a good deal of overlap with other skills, like interpersonal skills, coping skills, etc.

- Some common areas for social skills instruction include:
- Hygiene
- Manners
- Listening
- •Being polite
- Being considerate
- •Being respectful
- Sharing
- Taking turns
- Appropriate words
- Appropriate touch
- How to behave in the halls, lunchroom, during instruction, etc.

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TIER 3: INTENSIVE, INDIVIDUAL SUPPORTS

Tier 3: Intensive, Individual Supports



INTENSIVE, INDIVIDUAL SUPPORTS

Intensive, individual supports are for students who may not have responded to Tier 1 and/or Tier 2 supports and who are eligible for Special Education and related services. Intensive, individual services may be provided 1:1 or in a small group, typically as a pull-out service. In order to access ERMHS Tier 3 services, students must be assessed to determine needs, establish baselines for IEP goal(s), and have ERMHS IEP goal(s). Based upon these findings, services and service delivery method(s) are determined. ERMHS services are related services, meaning that typically a student has these services in conjunction with Specialized Academic Instruction (SAI).

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TIER 3: INTENSIVE, INDIVIDUAL SUPPORTS

ERMHS SERVICE PROVISION

Districts/Local education agencies may opt to contract service providers with public agencies (other LEAs, county mental health agencies) or non-public agencies (NPAs) to provide IEP-based mental health services:

- <u>Public Agencies:</u> If a district/LEA opts to contract a service provider via a public agency they will complete a Memorandum of Understanding (MOU) between their district/LEA and the public agency.
- Non-Public Agencies: If districts/LEAs opts to contract a service provider via a Nonpublic Agency (NPA) or Nonpublic School (NPS) they must:
 - Refer to the CDE's approved list of NPA/NPS service providers to select a CDE-certified NPA/NPS.
 - Complete a Master Contract between the district/LEA and the NPA/NPS.
 - Complete an Individual Service Agreement (ISA) for each student that the NPA/NPS serves.

Districts/LEAs may also directly employ mental health professionals (to provide related services), as follows:

- May be credentialed through Office of Consumer Affairs not California Commission on Teacher Credentialing (CTC).
- Must be supervised by the holder of an Administrative Credential.
- May contract with community-based mental health professionals.
- Self-employed, employed by a private agency, or employed by a public agency (such as county mental health).
- In all cases, community-based mental health professionals must be supervised in their school-based activities by an individual possessing Pupil Personnel Services (PPS) Credential.
- http://www.cde.ca.gov/sp/se/ac/reqsecuresrvcs.asp

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TIER 3: INTENSIVE, INDIVIDUAL SUPPORTS

ERMHS Services and Service Providers per California Education Code:

	Educational Psychologist	School Psychologist (PPS)	Licensed Psychologist	Marriage & Family Therapist (MFT)	Licensed Clinical Social Worker (LCSW)	School Counselor (PPS)	Licensed Professional Clinical Counselor	Special Education Instruction Credential	Health & Nursing Services Credential
Psychological Services*	х	х	х	Х	х				
Social Work Services				Х	х				
Counseling & Guidance	х	х	х	Х	х	х	Х		
Individual Counseling	х	х	х	х	х	х	х		
Parent Counseling & Training	х	х	х	х	х	х	х	х	х

^{*}Psychological services do not include assessment and development of IEP

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ERMHS SERVICES DEFINED

ERMHS Services Defined

ERMHS SERVICES: COUNSELING & GUIDANCE (CASEMIS CODE 510 AND 515)

Counseling & Guidance Services (encompassing Individual Counseling):

Counseling and guidance services may be provided to an individual with exceptional needs who requires additional counseling and guidance services to supplement the regular guidance and counseling program. The IEP team shall determine the need for additional guidance and counseling services.

Counseling and guidance services necessary to implement the IEP may include:

- 1. Educational counseling in which the pupil is assisted in planning and implementing his or her immediate and long-range educational program.
- 2. Career counseling in which the pupil is assisted in assessing his or her aptitudes, abilities, and interests in order to make realistic career decisions.
- 3. Personal counseling in which the pupil is helped to develop his or her ability to function with social and personal responsibility.
- 4. Counseling and consultation with parents and staff members on learning problems and guidance programs for pupils.

5 CCR section 3051.9

ERMHS SERVICES: PARENT COUNSELING & TRAINING (CASEMIS CODE 520) Parent Counseling & Training:

Parent counseling and training may include:

- 1. Assisting parents in understanding their child's special needs.
- 2. Providing parents with information about child development.

5 CCR section 3051.11

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ERMHS SERVICES DEFINED

ERMHS SERVICES: SOCIAL WORK SERVICES (CASEMIS CODE 525) Social Work Services:

Social work services may include:

- 1. Individual and group counseling with the individual and his or her immediate family.
- 2. Consultation with pupils, parents, teachers, and other personnel regarding the effects of family and other social factors on the learning and developmental requirements of individual pupils with exceptional needs.
- 3. Developing a network of community resources, making appropriate referral and maintaining liaison relationships among the school, the pupil with exceptional needs, the family, and the various agencies providing social, income maintenance, employment development, mental health, or other developmental services.

5 CCR section 3051.13

ERMHS SERVICES: PSYCHOLOGICAL SERVICES (CASEMIS CODE 530) Psychological Services:

- 1. Counseling provided to an individual with exceptional needs by a credentialed or licensed psychologist or other qualified personnel.
- 2. Consultative services to parents, pupils, teachers, and other school personnel.
- 3. Planning and implementing a program of psychological counseling for individuals with exceptional needs and parents.
- 4. Assisting in developing positive behavioral intervention strategies.
- 5. This term does not include assessment services or IEP development.

5 CCR section 3051.10

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ERMHS SERVICES DEFINED

ERMHS SERVICES: BEHAVIOR INTERVENTION SERVICES (CASEMIS CODE 535)

Behavior Intervention Services:

Behavior Intervention Services (BIS) can be a component of a student's ERMHS services if the student's mental health needs manifest as maladaptive behavior, but BIS can also be accessed by any student who needs BIS and may be independent of an ERMHS evaluation.

A systematic implementation of procedures designed to promote lasting, positive changes in the student's behavior resulting in greater access to a variety of community settings, social contacts, public events, and placement in the least restrictive environment.

5 CCR Section 3051.23

ERMHS SERVICES: LOCATION OF SERVICE DELIVERY

To allow students to access education and practice ERMHS goals in the educational setting, it is suggested that the ERMHS services be provided at school during the course of the school day.

Should an IEP team determine ERMHS services would be provided outside of the school day, they should consider:

- Transportation
- What to do when a service is missed
- Consider how progress on goals will be monitored
- Have a clear reason documented in the IEP as to why a student would need a service to work on an
 educational goal—outside of the educational setting (that could not otherwise be accomplished during the
 school day)

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ASSESSMENTS

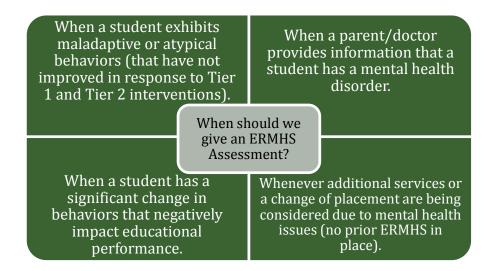
Assessments

GUIDANCE ON ERMHS ASSESSMENTS

In order to access ERMHS, a student needs to have an assessment. The assessment should determine if there is a significant need that necessitates ERMHS in order for the student to benefit from special education. ERMHS assessments may be initiated anytime time a team believes a student would need mental health support (or more support) in order to access their Free and Appropriate Public Education (FAPE). It is important to note that there are times when an ERMHS assessment is not needed. For example, if a student had a comprehensive psycho-educational evaluation (for eligibility under Emotional Disturbance (ED)) within the last 12 months, the assessor(s) should have gathered information in that ED assessment that would include interviews, observations, and rating scales to determine if the student needs ERMHS supports.

For students with significant mental health needs, the IEP team's goals should be to assess the student to identify maladaptive behaviors that impact his/her ability to access FAPE and also to provide Special Education supports to meet the student's defined needs. The clinical name (diagnosis) for the student's maladaptive behaviors is not required to get the student ERMHS support. An IEP team does not conduct an ERMHS assessment to seek a clinical diagnosis, but rather to define how the student's behaviors manifest in the school setting and to develop appropriate supports and services. If a student has significant enough mental health needs to merit an ERMHS assessment, the team may additionally wish to assess for an ED eligibility (the ERMHS and ED assessments can be married).

The following examples may be indicators that the student has underlying mental health issues that may make an ERMHS assessment prudent. This is not an exhaustive list of situations in which an ERMHS assessment should be conducted, just illustrative examples.



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ASSESSMENTS

GUIDANCE ON ERMHS ASSESSMENT TOOLS

ERMHS assessments should:

- Be conducted by a certified professional.
- Look at behaviors that manifest in school setting(s) and impact educational performance.
- Not seek medical diagnosis (DSM-IV), nor offer diagnosis, as this is an educational evaluation.
- Include a summary of student attendance, discipline records, and student health history.
- Include a combination of broadband and narrowband assessment tools, which may include rating scales completed by teachers/parents or student if age appropriate. Assessment tools should be valid, reliable, and conducted by trained personnel.
 - Examples of broadband tools might be a BASC (Behavior Assessment System for Children) rating scale, which looks at a variety of social and emotional domains. Others may be the BERS-2 (Behavioral & Emotional Rating Scale) or the School Social Behaviors Scale (SSBS-2).
 - Narrowband assessment tools are what an assessment professional uses after giving a broadband assessment. The broadband assessment might indicate that a student exhibits behaviors in an area of the rating scale (such as depression). The results of the broadband assessment allow the assessment professional to give a narrowband assessment tool that zeroes in on one area (such as depression) to see if the student's behaviors are atypical in that specific area. Areas of significant concern that are noted in the broadband assessment would lead the assessment professional to a narrowband assessment to focus on specific areas of concern. There are a wide array of narrowband assessment tools.
 - This combination of broadband and narrowband assessments would help the team determine specific areas of need for goals and ensure that no one score is used to determine eligibility. Rating scales should align with interview and observation data.
- Include interviews with the student, parent, and teachers related to their observations and interactions with the student in academic and social contexts.
- Include observations which examine the student's social skills or social engagement deficits across multiple settings. Observations done across multiple settings allow the assessor to rule out that the behaviors exhibited are not tied to a specific non-preferred task, subject, or instructor/peer group.
- Include data collection that focuses on persistent, pervasive, maladaptive behaviors. This data collection
 should show that over time the student's behavior has persisted and that the behaviors are not situationally
 related (such as a break up with a boy/girlfriend) or the result of trauma (such as death in the family or
 divorce).
- Include Tier 1 and Tier 2 supports that were implemented, how long they were implemented, and student's response to these interventions.

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ASSESSMENTS

- Document short-term mental health needs, if present. Students may exhibit short-term mental health needs such as dealing with a parent's divorce, trauma, or grief and loss. These short-term needs may require support in school if their impact is such that a student's learning/social engagement is negatively impacted over time. Short-term trauma or grief, such as a boy/girlfriend break up, may be able to be addressed in a Tier 1 or 2 support, and an ERMHS assessment and access to more intensive IEP-related services might not be merited. However, if Tier 1 and Tier 2 supports were implemented and the student did not positively respond over time, then an ERMHS assessment may be merited and the previous interventions and outcomes should be documented in the assessment.
- Summarize findings of the assessment and make recommendations for student support based on the needs of the student found and documented in the assessment. Summary should not include placement, service minutes, or providers, as that is the decision of the IEP team to make at an IEP meeting.



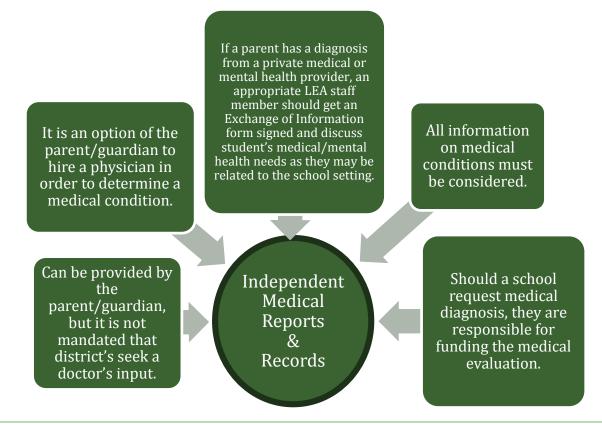
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OUTSIDE ASSESSMENTS

Outside Assessments

ERMHS AND THE ROLL OF OUTSIDE ASSESSMENTS

Independent medical reports and records are often submitted by families as documentation to merit immediate provision of mental health supports in school. These independent reports (done privately by parents; not facilitated by the school via an assessment plan, nor part of an independent educational evaluation) should be considered, but do not trigger automatic delivery of services. Independent reports can be provided by the parent/guardian; it is an option for them to hire a physician to determine a medical condition, but it is not mandated that the district/LEA seek a doctor's input. Should a school request a medical diagnosis, they are responsible for the funding of the medical evaluation. All information on medical conditions must be considered by the IEP team and the information may be used them to help the IEP team determine needs. If a parent has a diagnosis from a private medical provider, an appropriate district/LEA staff member should get an Exchange of Information (medical release) form signed and discuss the student's medical/mental health needs as they may be related to the school setting.



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OUTSIDE ASSESSMENTS

The independent reports also serve as documentation of a suspected educational disability. Outside reports may provide medical information that is not specific to a school-based assessment, while ERMHS assessments are conducted by school staff or staff contracted under their supervision and specifically examine how a student's suspected or even documented mental health disorder impacts their ability to access learning and serve as an educational assessment. Some students have mental health disorders that they manage independently with therapy and/or medications and are able to access their learning without further support in the school setting. Outside assessments do not dictate initiation or amount of ERMHS services, nor can they prescribe an IEP, but they should be considered by the IEP team and they do provide important information. Outside assessment reports should be reviewed by the school-based team. The IEP team may determine that the information provided in an outside report provides accurate data and may be used with additional school-based tools (such as school-based assessments, interviews, observations and file reviews) to help determine eligibility for ERMHS services and related goals.

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IEP Goals, Services, & Continuum of Placement

ERMHS IEP GOALS

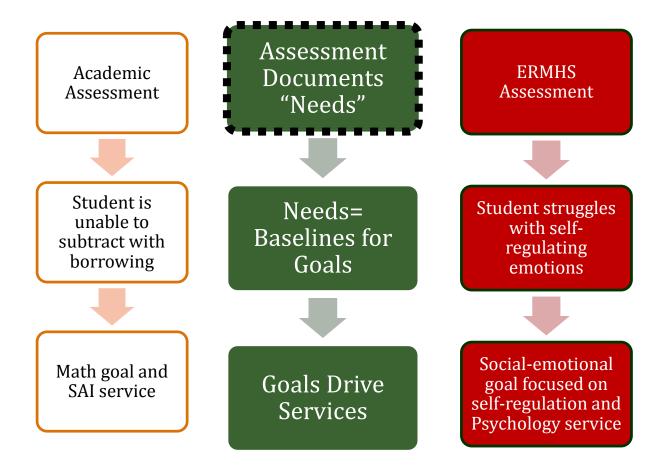
ERMHS services are a related IEP service. As such, similar to other related services, assessment data drives the "need" for a service. Assessment data also determines when it is time to exit a student from services.

Note!

- Assessment data drives:
 - the "need for" a service or:
 - when it is time to "exit" a service.

ERMHS services are not simply added or removed from a student's IEP. Instead, they are put in place or removed based on assessment data that determines there is a need for a goal and correlated service.

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LEAST RESTRICTIVE ENVIRONMENT AND CONTINUUM OF SERVICES

Districts/LEAs are required to provide services, including ERMHS based on the principles of Least Restrictive Environment (LRE) on a continuum of services.

LEAST RESTRICTIVE ENVIRONMENT

Least Restrictive Environment (LRE) is defined as follows:

- (2) Each public agency must ensure that:
 - (i) To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and
- (ii) Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

34 CFR 300.114

■ The continuum of alternative placements is the range of potential placements in which a district can implement a student's IEP. The continuum begins with the regular classroom and continues to get more restrictive at each placement on the continuum.

34 CFR 300.115 (a)

• Generally, a placement is deemed more restrictive the less it resembles a regular classroom environment. However, children with disabilities must not be placed in separate schools merely because of the availability of placement options, administrative convenience, or institutional barriers to providing related services in regular school settings rather than because of their individual needs.

See Letter to Johnson, 213 IDELR 182 (OSERS 1988)

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CONTINUUM OF PLACEMENT

Districts/LEAs are required to provide a full continuum of supports and services. This continuum should be discussed when placement change is an option. Factors to consider/discuss at an IEP when a placement change is being considered:

- Student's grades
- Progress on IEP goals
- Inability to access FAPE in present setting
- Suspensions, removals, expulsions
- Atypical behaviors not previously seen such as, emotional, physical, or sexual acting out, substance abuse, etc.
- Suicidal ideations and attempts
- Student refusing to come to school, ongoing attendance issues
- Medications so heavy student cannot learn due to drowsiness or sleeping
- Physically aggressive
- Frequent suspensions
- Hospitalizations
- Substance abuse
- Home life
- Mental health/Medical health
- Whether the student has benefitted from all possible supports in the current placement

CONTINUUM OF PLACEMENT: PSYCHIATRIC HOSPITALIZATIONS FOR STUDENTS WITH IEPS

When a student with an IEP has been hospitalized and returns to school, the following is advised:

Hold an IEP meeting in order to:

- Determine if reports are available from the hospitalization and/or review reports.
- Determine if the supports and services in the IEP will continue to be enough to support this student.
- Assist staff in better understanding the student's situation.
- Determine if there new areas of suspected disability that have not been assessed.
- Determine if there are new areas of concern that have not been assessed for goals.

When a student with an IEP has been hospitalized in a mental health facility, the IEP team should hold a meeting and document the above areas. If a student has a newly diagnosed mental health disorder, this may trigger the IEP team to conduct an assessment for ED. For instance if a student was previously eligible for services under SLD and then hospitalized and given a medical diagnosis of bipolar disorder, the team would likely consider that medical diagnosis indication of the presence of a new suspected disability and then evaluate this student for ED with ERMHS supports.

If the student is presently eligible under ED and now having suicidal ideations, the team would need to examine if there is a safety need for a 1:1 aide, or if a Behavior Intervention Plan needs to be written/revised, or if there are goals that need to be written to help the student identify when they are feeling like self-harming and how to self-regulate.

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CONTINUUM OF PLACEMENT: PSYCHIATRIC HOSPITALIZATIONS FOR STUDENTS WITHOUT IEPS

When a general education student has been hospitalized and returns to school or parents request an IEP or services related to a hospitalization, the following is advised:

Hold a Student Study Team meeting to:

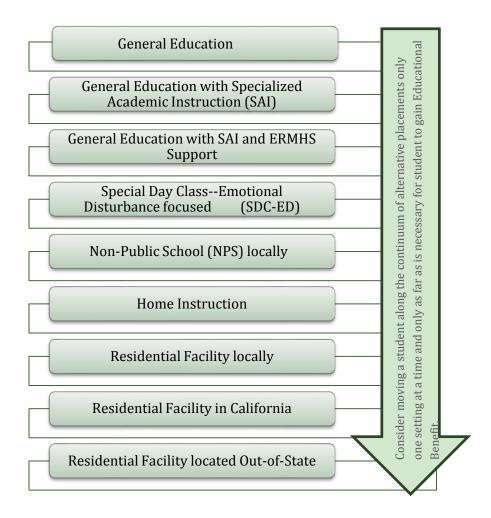
- Determine if reports are available from the hospitalization and/or review reports.
- Document areas of concern.
- Document areas of suspected disability.
- Lowest risk option: Offer to assess Student for Special Education services/ERMHS assessment.
- Team may need to also consider emergency behavior intervention supports (outside of an IEP) in order to ensure the student's ongoing safety at school.

There are instances when a student, prior to their mental health hospitalization, had been functioning "fine" in school with no special education supports or just accommodations listed in a 504 plan. Upon their return to school and/or their parents request for an IEP, the team should hold an SST meeting to examine and document the areas listed above. In situations such as this, the IEP team members are typically very concerned for the safety and well-being of their student/child. School staff may be concerned how to keep the student safe on a comprehensive campus, and there is often a feeling from school staff that the student's problems are 'bigger' than they can handle. There is also often a sense of urgency about the parent's request for an IEP. The first step is to hold an SST meeting to examine areas of concern. The SST meeting allows the school team to document the exact concerns, define what areas of assessment will be needed, discuss suspected disability, and to develop a short-term plan for keeping this student safe at school, during the assessment period. Once an assessment plan is signed, the team has 60 days to conduct the assessment; however the team may agree to expedite assessment to quickly resolve eligibility, goals and services.

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CONTINUUM OF SERVICES/PLACEMENT:

When considering a more restrictive placement, the following chart may help guide your team through the decision process. The IEP team should be sure to discuss various placement options and document them in Special Education Information System (SEIS).



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Nonpublic Schools (NPS) and Residential Treatment Centers (RTC)

NONPUBLIC SCHOOL (NPS) & RESIDENTIAL TREATMENT CENTER (RTC) PLACEMENTS

NPS and RTC placements are a highly restrictive environment and require a high level of thought, consideration and care when placing students to ensure that the student's unique needs can be met by the facility. Facilities range in level of care and expertise. Please consult with a SELPA Program Specialist to assist your team as you consider an NPS or RTC placement. Should your IEP team elect to place a student in an NPS or RTC, the district/LEA should consult the California Department of Education's (CDE's) approved list of NPA/S. The IEP case manager should work with the NPA/S and/or RTC to procure a master contract and individual service plan. For information on funding for districts placing students in NPS or residential NPS, please refer to the allocation plan or contact the SELPA. When considering NPS placement, it is important to work closely with your SELPA Program Specialist.

DAY TREATMENT SERVICES (CASEMIS CODE 540):

Structured education, training, and support services to address the student's mental health needs.

RESIDENTIAL TREATMENT SERVICES (CASEMIS CODE 545):

A 24-hour, out-of-home placement that provides intensive therapeutic services to support the educational program.

SEIS GUIDANCE: EDUCATIONAL SETTING PAGE

When a student is moved to an NPS or RTC, the "Educational Setting-Offer of FAPE" page of SEIS must be amended to reflect the following:

<u>School of Attendance:</u> Use the pull down menu to select the name of the Nonpublic School with your district/LEA's name in parenthesis, for example:

NPS (your district/LEA's name)

Guiding Hands NPS (Mountview High School)

Anova Center for Education NPS (A.B.C. Elementary School)

If you cannot find the correct school in the pull down menu, please call your SELPA Program Technician, who can input this information so you can make the correct selection.

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School Type: Select one of the following school types:

70: Nonpublic day school

71: Nonpublic residential school—in California

72: Nonpublic residential school—outside California

Federal Setting:

450 Separate School (for an NPS)

460 Residential Facility (for RTC)

School of Residence: Marked NO, include explanation of services being provided at NPS or RTC

% of time students is outside the regular class and extracurricular & nonacademic activities: Most likely this will be 100% of the time, with rare exceptions.

 $\frac{\%}{\%}$ of time student is in regular class & extracurricular & nonacademic activities: Most likely this will be 0% of the time, with rare exceptions.

SEIS GUIDANCE: SERVICES PAGE

When a student is moved to an NPS or RTC, the "Services-Offer of FAPE" page of SEIS must be amended to reflect the following:

The service options that were considered by the IEP team (list all): Be sure to list all the service options explored and the rationale for why the service was or was not an appropriate setting.

<u>In selecting LRE, describe the consideration given to any potential harmful effect on the child or on the quality of services that he or she needs:</u> Provide a summary of the team's considerations.

<u>Supplementary Aids, Services, & other Supports:</u> Review the supplementary aids, services and other supports to reflect what the student needs and will receive in the NPS/RTC.

<u>Special Education Transportation:</u> Be sure to discuss transportation options and made a team determination. Most students in NPS/RTC settings receive transportation services or their parents are compensated for

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transporting their child to and from the NPS/RTC daily. If service is offered and declined, be sure to indicate this under transportation.

<u>Services:</u> Review student's current services and update them to reflect services the student will be getting in the NPS or RTC. This may be amended when these services are finalized.

Amending Services:

Provider Agency (for both NPS and RTC the code is the same):

410 Nonpublic school (NPS) under contract with SELPA or district

Location:

NPS: 810 Nonpublic day school

RTC: 820 Nonpublic residential school (in California) or 830 Nonpublic residential school (outside California)

<u>Progress Monitoring:</u> It is recommended that the IEP team meet every six months to review the student's progress on goals and ensure that the student is gaining educational benefit from this setting.

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OUT-OF-STATE RTC PLACEMENTS/REPORTING TO CDE:

When a student is placed out-of-state, the California Department of Education requests that the district/LEA report this placement. The district/LEA is required to submit the "Reporting of Out-of-State Nonpublic, Nonsectarian School and Agency Placement" form within 15 days of the placement decision. This form can be found in the Guiding Documents Appendix of this document.

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GUIDING DOCUMENTS APPENDIX

Guiding Documents Appendix

NONPUBLIC AGENCY CERTIFICATION (CDE)

PROFESSIONALS PROVIDING ERMHS (CDE)

REQUIREMENTS FOR SECURING ERMHS SERVICE (CDE)

ERMHS FAQ (CDE)

REPORTING OF OUT-OF-STATE NONPUBLIC, NONSECTARIAN SCHOOL & AGENCY PLACEMENT

OTHER RESOURCES AVAILABLE AT OUR WEBSITE:

Behavior Intervention Plans (BIP)/Procedural Guide

Behavior Basics/Video Modules

Transportation Policy/Procedural Guide

ERMHS Funding Guidelines & Budget Templates/Business Support

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