EL DORADO
CHARTERSELPA
LEADERSHIP ACADEMY

Educationally Related Mental Health Services (ERMHS)

Introductions

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EL DORADO COUNTY
CHARTERSELPA

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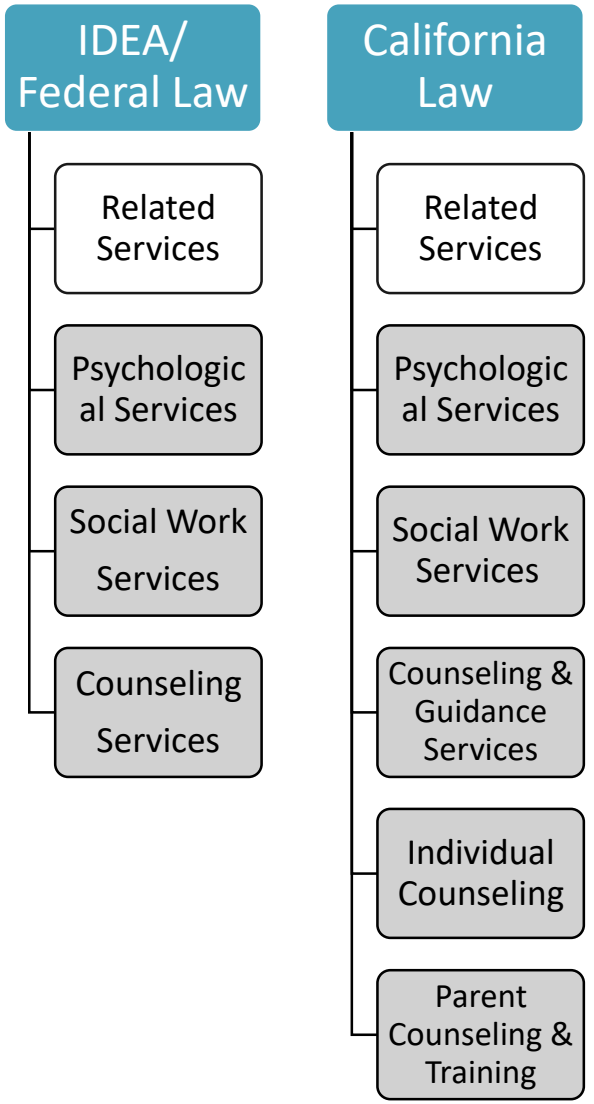
Definition of ERMHS

- These related services may be required to help a student with a disability benefit from Special Education.
- See pages 2-19 of Resource Packet for additional guidance on AB 114.



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Multi-Tiered System of Support (MTSS)

Multi-Tiered Systems of Support (MTSS) is a framework for systematically providing interventions that are proportional to students' needs.

~Excerpt from: Multi-tiered Systems of Support: Recommendations for Elimination of Barriers to Implementation with Fidelity, CDE, Kristi Hagans, Ph.D. and Kristin Powers, Ph.D

MTSS

Features

1. Interventions supported by scientifically-based research.
2. Interventions organized along a tiered continuum that increases in intensity (frequency, duration, individualization, specialized supports, etc).
3. Standardized problem-solving protocol for assessment and instructional decision making.
4. Explicit data based decision rules for assessing student progress and making instructional & intervention adjustments.
5. Emphasis on assessing and ensuring implementation integrity.
6. Regular & systematic screening for early identification of students whose performance is not responsive to instruction.

~Excerpt from: Multi-tiered System of Support: Recommendations for Elimination of Barriers to Implementation with Fidelity, CDE, Kristi Hagans, Ph.D. and Kristin Powers, Ph.D.

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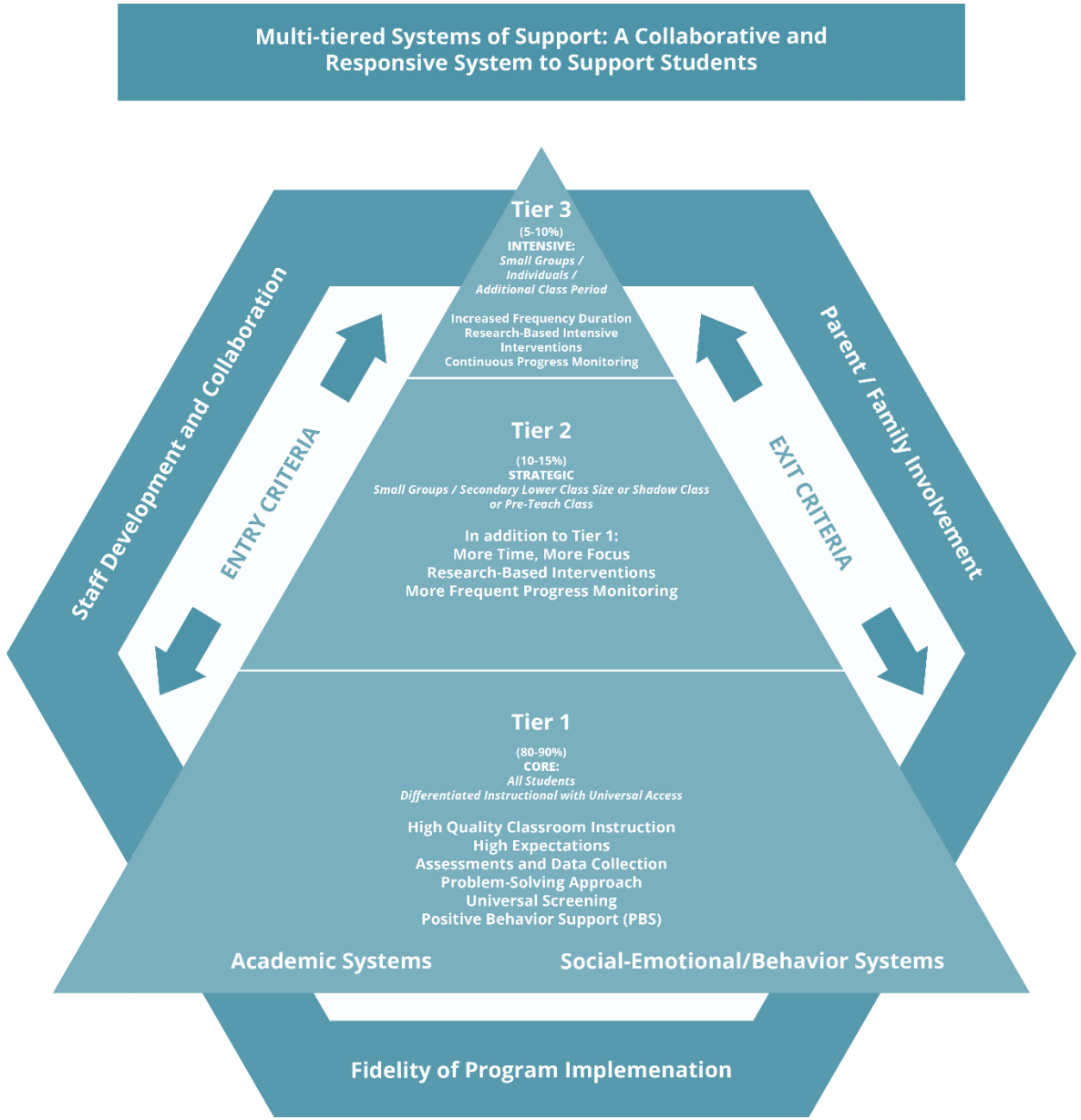

Excerpt from: Credentialing and Certificated Assignments Committee: Implementation of RtI2 and MTSS in California, December, 2012, http://www.ctc.ca.gov/commission/agendas/2012-12/2012-12-5A.pdf

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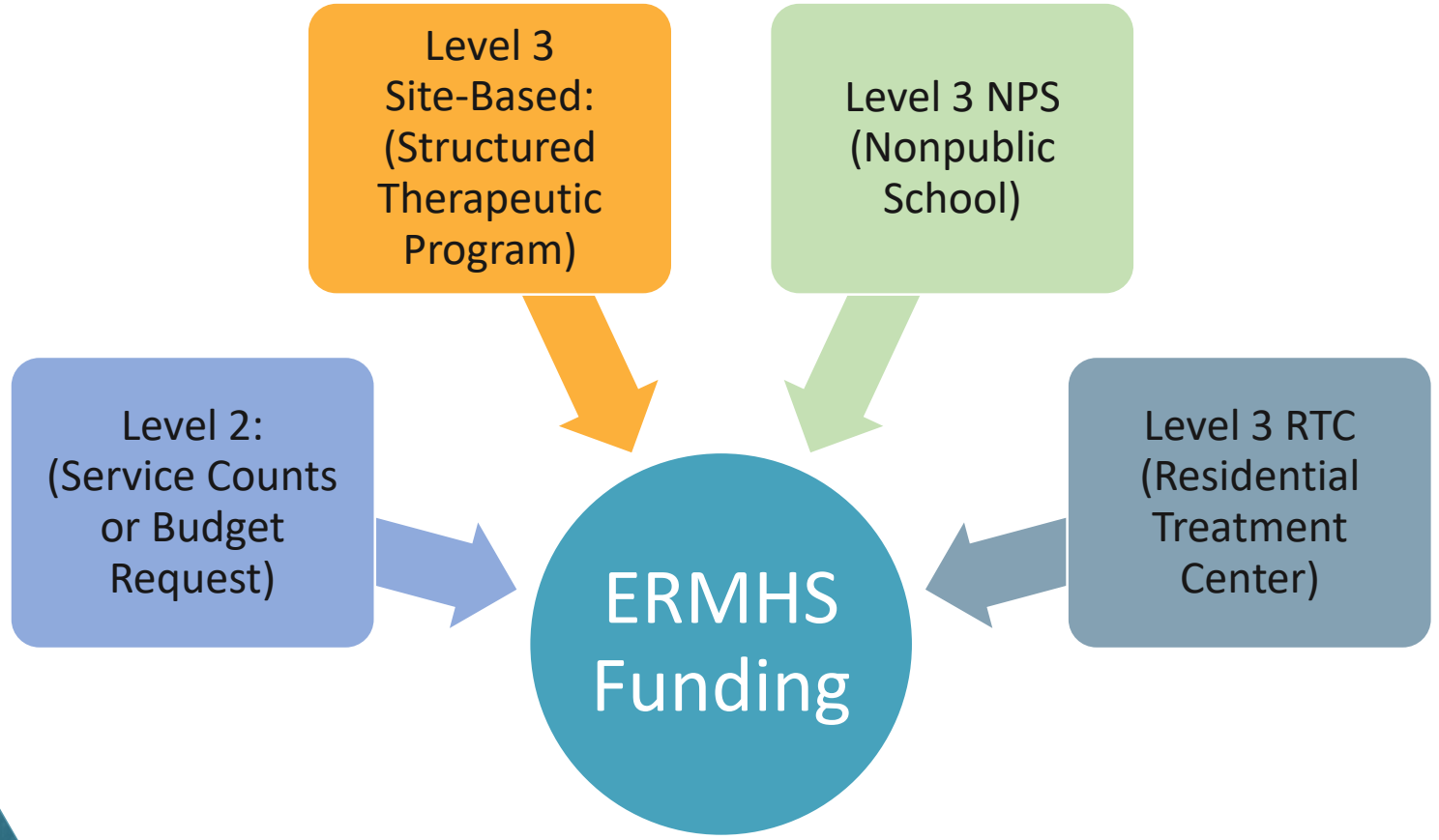
It is important to remember that ERMHS Programs and Funding are established using different parameters and guidance:



Federal laws, state laws, and funding restrictions guide Exec. Committee & CEO Council and are applied uniformly across our SELPA

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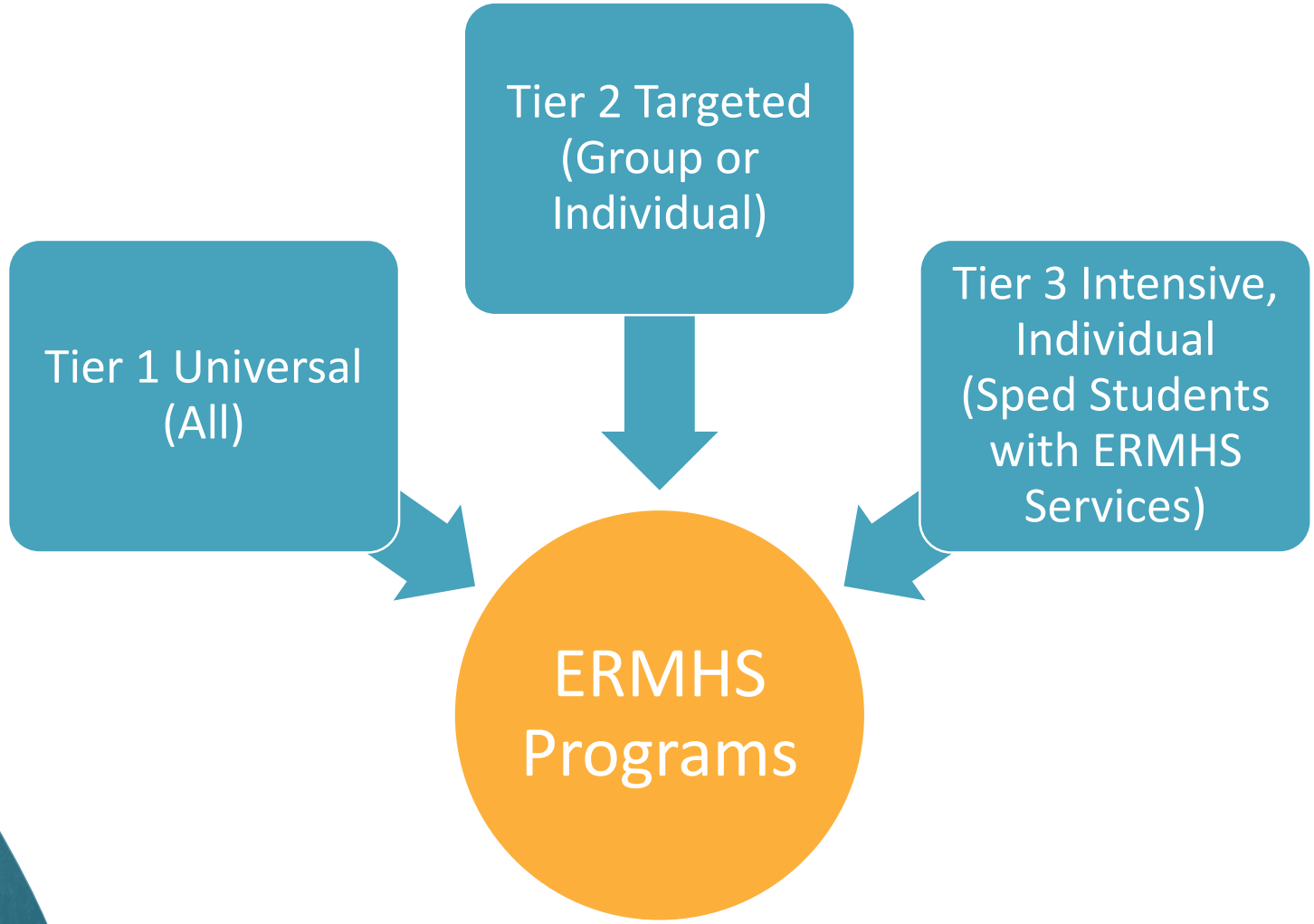

Federal laws, state laws, and MTSS guide each LEA to develop unique programs

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ERMHS

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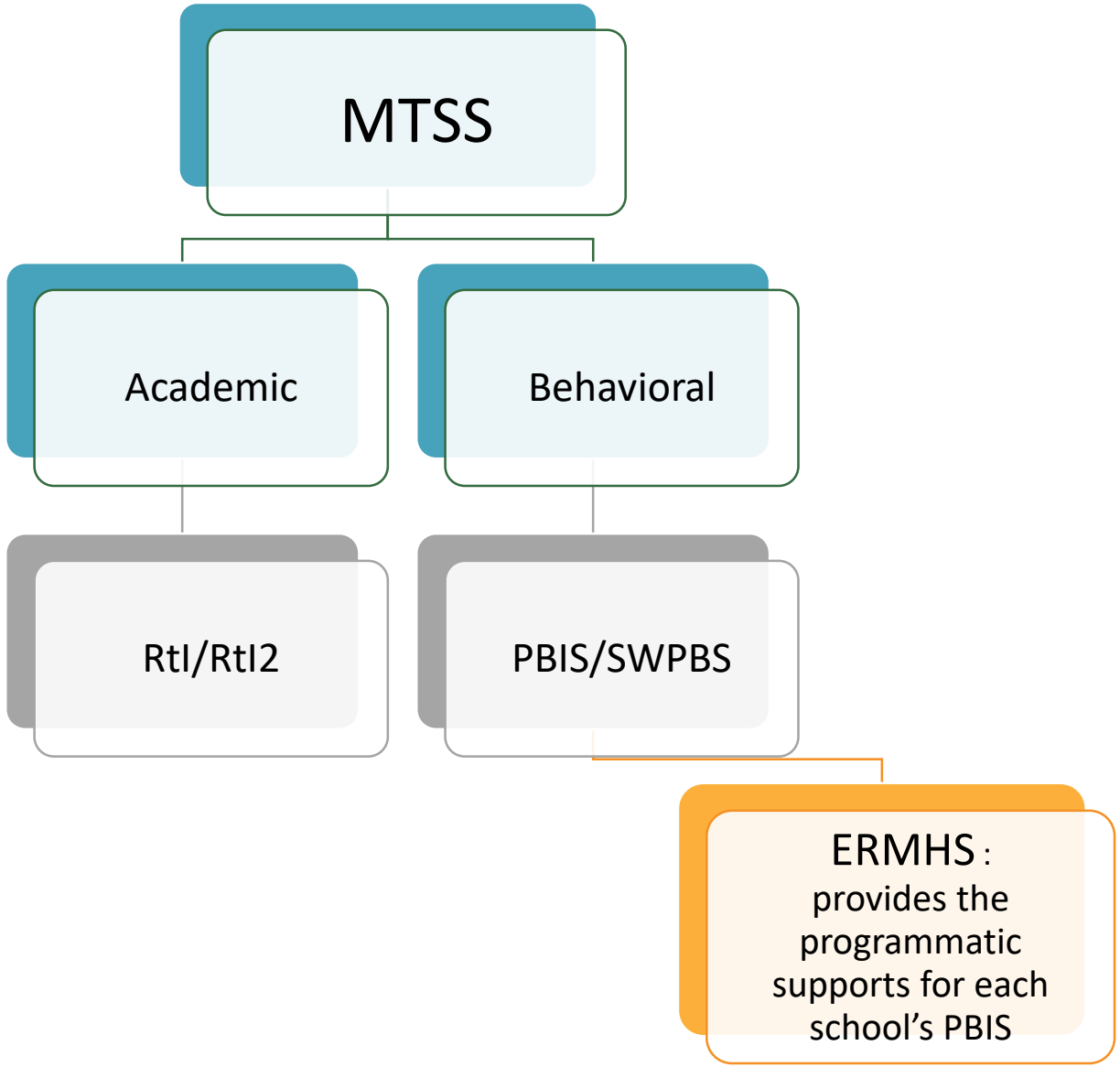

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Tiered Levels of Support

Tier 1: Universal

School-wide

Tier 2: Targeted

Focused on a student or group

Tier 3: Intensive, Individual

Focused on individual needs

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Activity II

1. Use the Tier 1-2-3 worksheet, page 1/Resource Packet.
2. Additional Resource: Social Emotional Learning Interventions, pages 20-22/Resource Packet.
3. Write down the behavioral or social-emotional supports you have in place at your school to address Tier 1-2-3.
4. Discuss with your elbow partner.

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Assessment

When should we give an ERMHS Assessment?

- When a student exhibits maladaptive or atypical behaviors.
- When a parent/doctor provides information that a student has a mental health disorder.
- When a student has a significant change in behaviors that negatively impact educational performance.
- Whenever additional services or a change of placement are being considered due to mental health issues (no prior ERMHS in place).

Note: This is not an exhaustive list of situations in which an ERMHS Assessment should be conducted, just illustrative examples.

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Assessment

NOTE!

District's/LEA's must assess & serve students' educationally related mental health needs through the same process and substance as other identified educational needs.

- Process: assessments & timelines
- Substance: needs, goals, service determination

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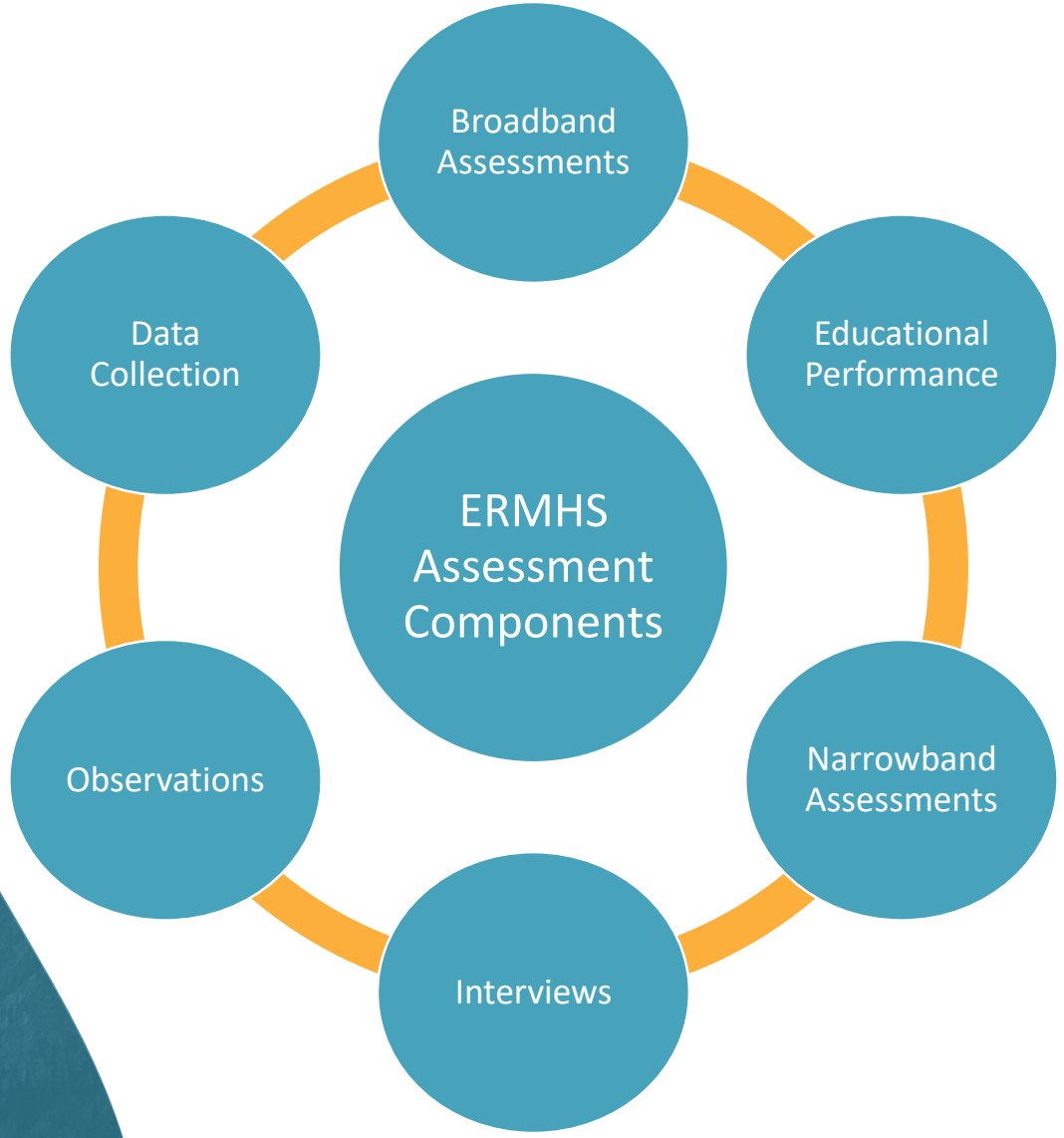
Assessment Tools



- Conducted by certified professional.
- Look at behaviors that are manifested in school setting and impact educational performance.
- We are not seeking diagnosis, nor offering diagnosis.

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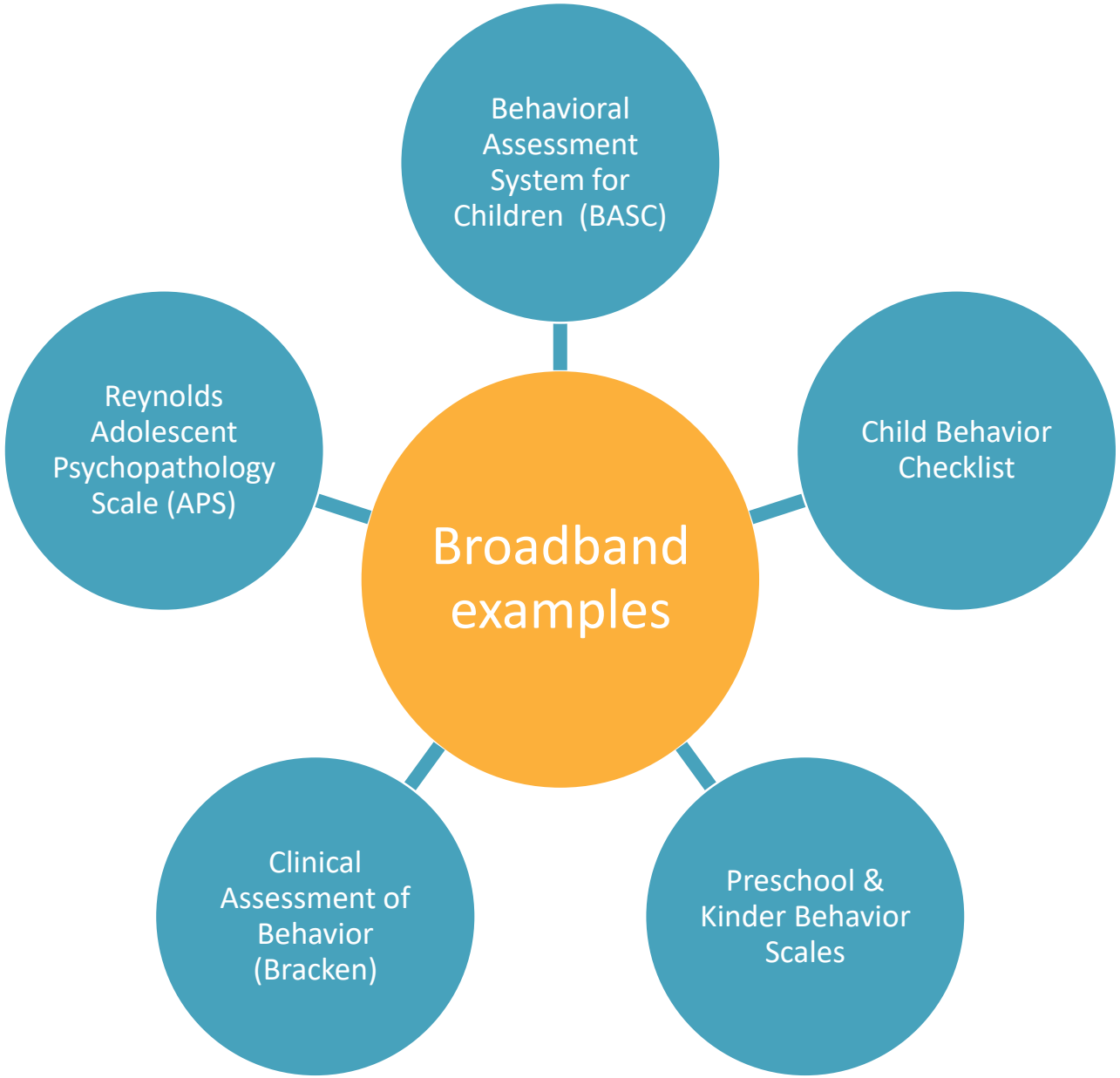
Assessment Tools



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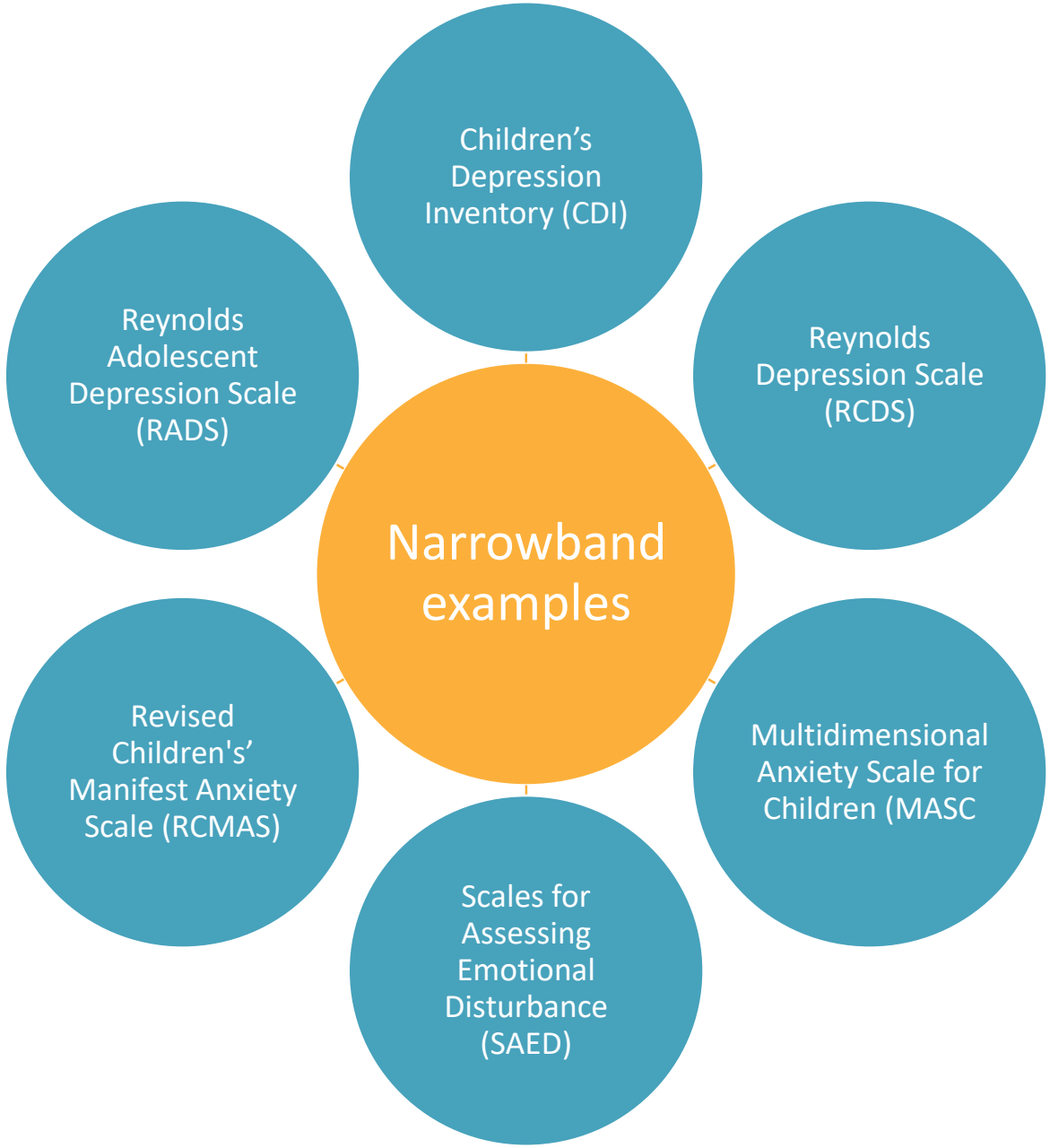

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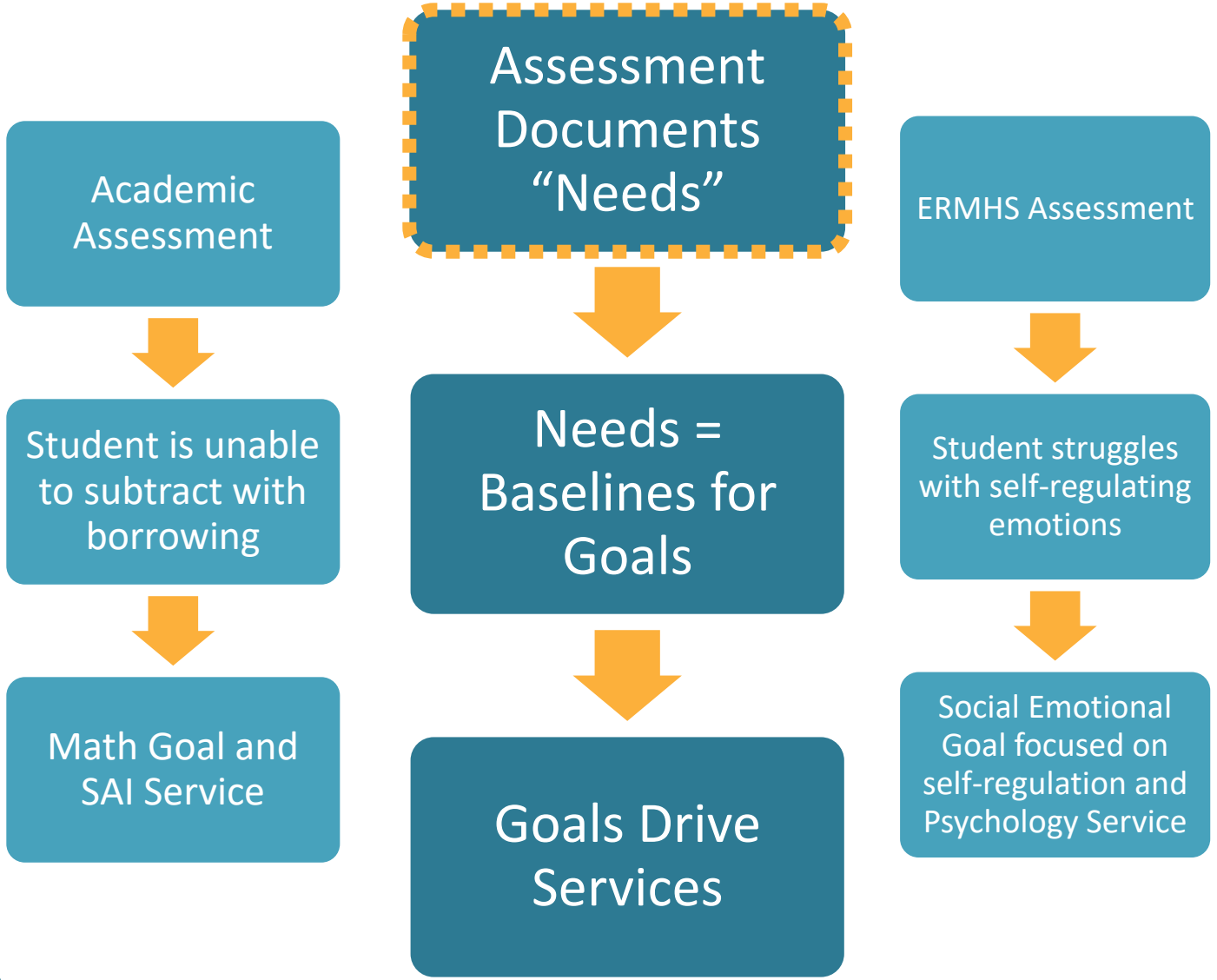
Assessment Purpose



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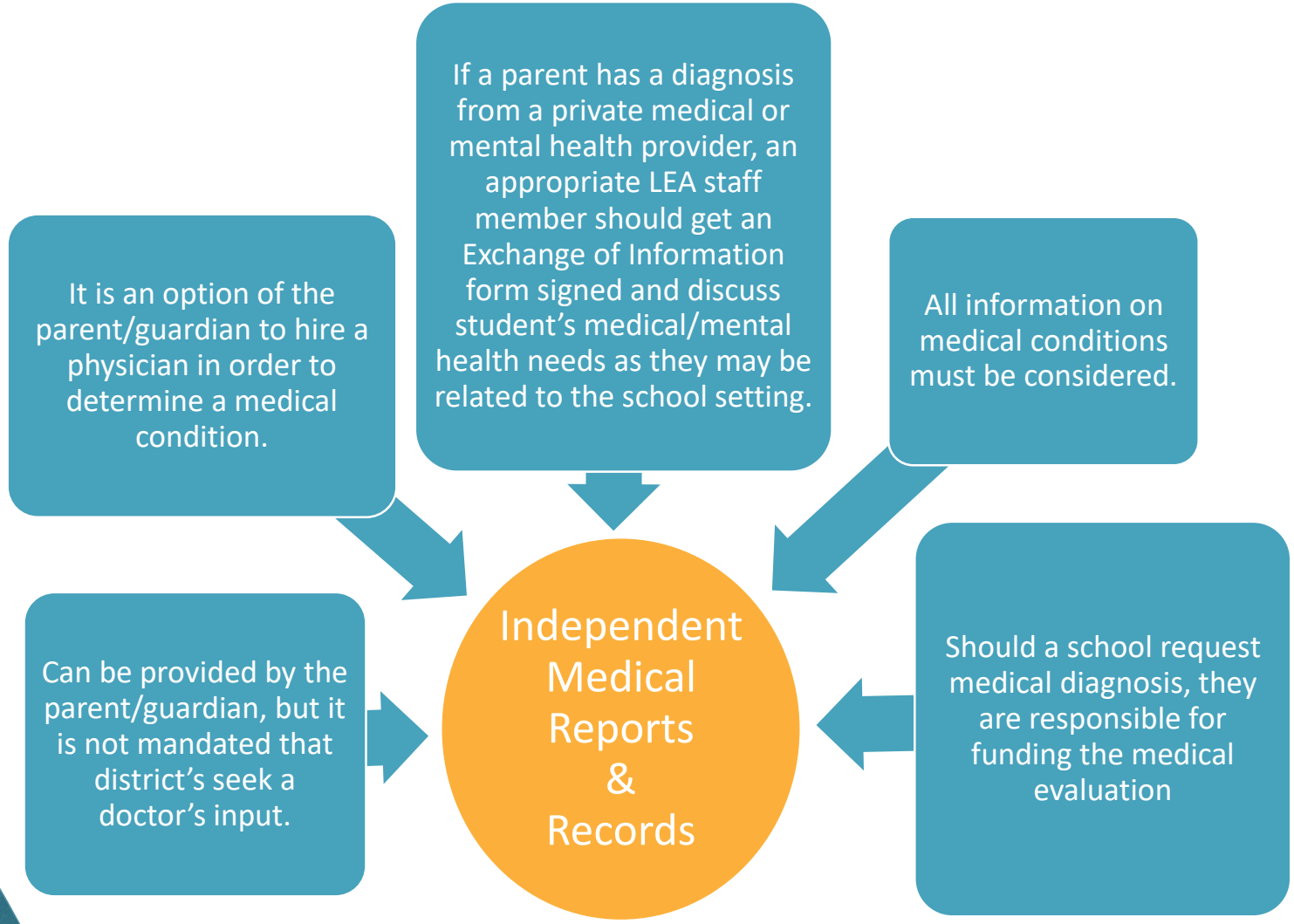
Outside Assessment



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Assessment: When?

NOTE!

Assessment data drives:

- the “need for” a service or;
- when it is time to “exit” a service.

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What to do when a student *with an IEP* has been hospitalized and returns to school?

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 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; BIP revision.

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What to do when a *General Education student* has been hospitalized and returns to school? Or parents request an IEP or services?

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 IEP) in order to ensure student's ongoing safety at school.

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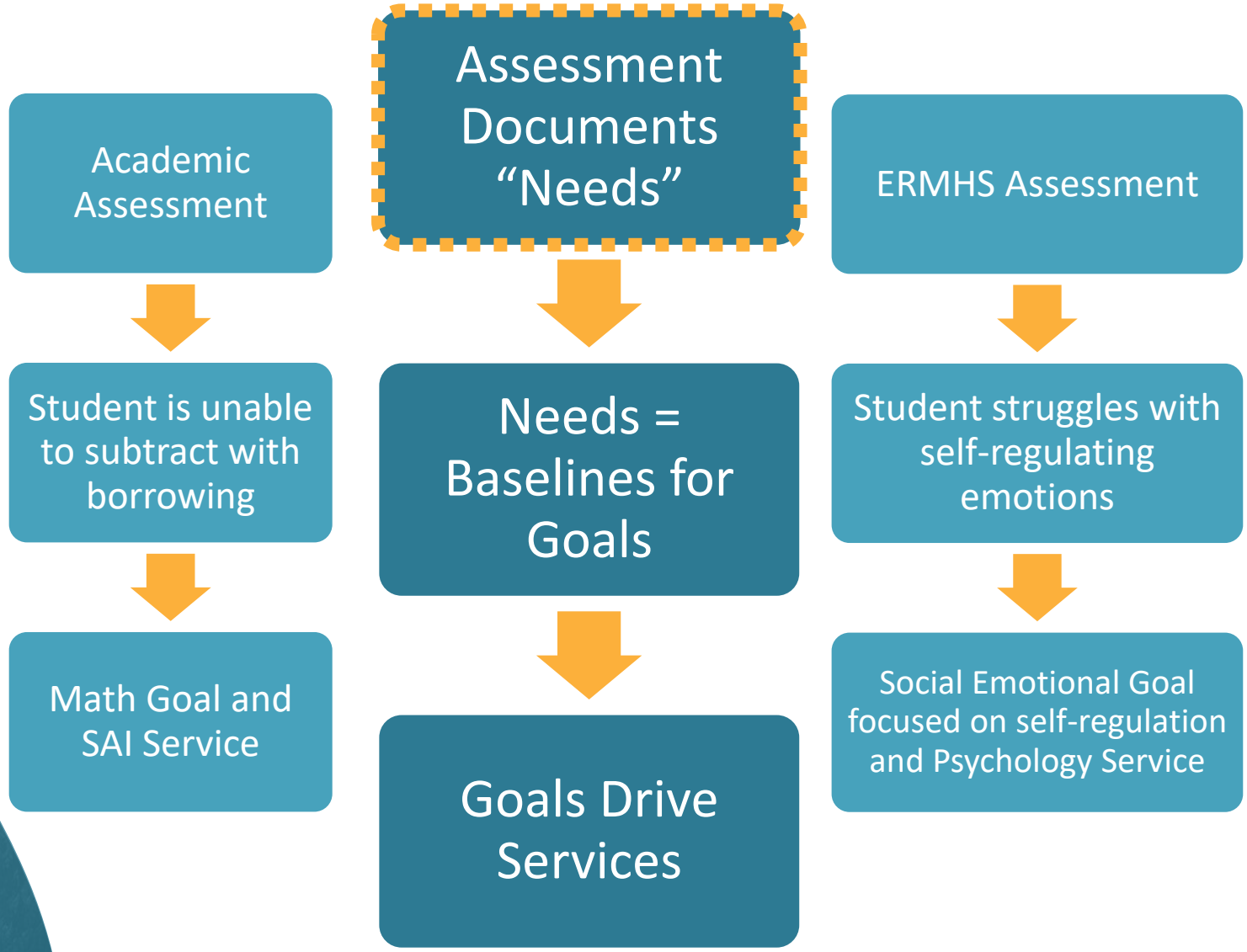
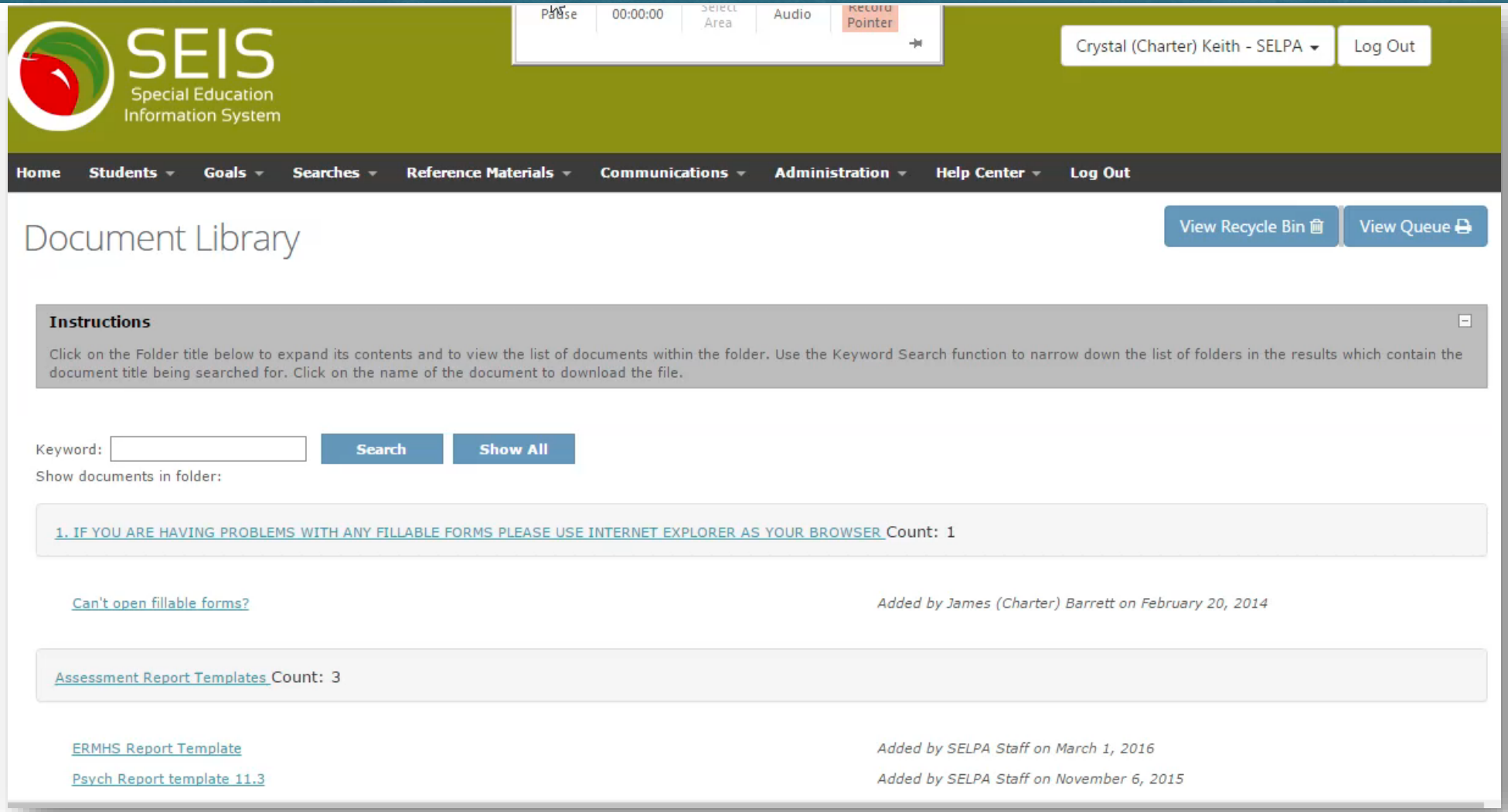


ERMHS Assessment

Template Resource



Located in the SEIS Document Library

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Common Eligibility Categories

Students *should* have behavioral and/or social-emotional supports within their IEP:

- Emotional Disturbance (ED) Criteria
- Autism (AUT) Criteria

Students *may* have behavioral and/or social-emotional supports within their IEP:

- Other Health Impaired (OHI) related to ADHD
- Specific Learning Disability (SLD) related to attention processing deficits
- Intellectually Disability (ID)

All Other Eligibility: Student's eligibility does not determine services alone; ERMHS assessment needs drive goals and services—however, the more intensive the services, the more intensive eligibility usually follows.

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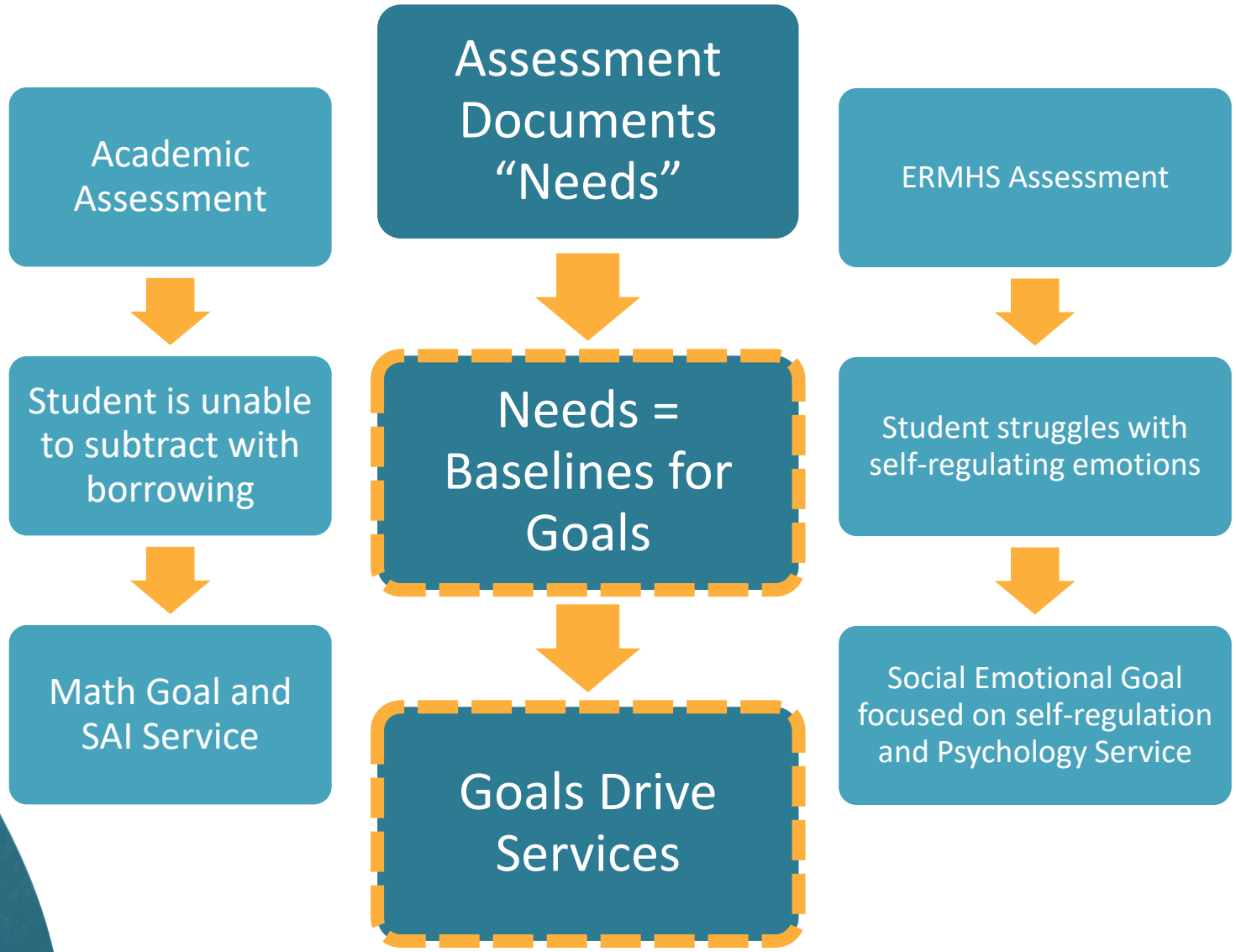

ERMHS

Goals

Why do students need ERMHS Goals?

The IEP must include a statement of measurable annual goals, including academic and functional goals to—

- Meet the child's educational needs that result from his/her disability in order to enable the student to be involved in and make progress in the general curriculum
- Meet each of the child's other educational needs that result from his/her disability.

34 CFR Section 300.320

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Important questions to help guide goal development:

- How does the student's mental health disorder/maladaptive behavior manifest educationally?
- How is the student's learning and school performance impacted by mental health challenges?
- How are the student's grades, attendance, behaviors, discipline, relationships, and social involvement impacted?

Related services, including ERMHS, require specific, measurable goals for advancing educational performance.

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The Fine Balance…

- Mental health is often greater than what is justifiably "educationally-related"
- There may be pressure to write goals that are not tied to education
- Progress towards goals will not always be measurable across different environments (sometimes school progress does not translate to home setting)
- The clearer the baselines, the easier it is to measure progress, but this can be challenging-- useful tips:
  - Use the same tool to build baselines that you will use to monitor progress
  - Goal should be objective and measurable

If the student has a private (outside) counselor/ therapist, it is a good idea to get an "Exchange of Information" form signed by the parents. ERMHS goals should align with the language and/ or tools used in other settings (i.e. using the same coping tools or the same 'language').

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Goals

S	• Specific & Strategic
M	• Measurable
A	• Attainable & Achievable
R	• Results-Oriented
T	• Time Bound

- Goals should address areas of need (from assessment data) indicated in Present Levels and listed in Special Factors.
- Goals should not only address the areas of need, but also the thinking processes that will be supported.

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ERMHS Goal: Ariana

Baseline:

Ariana currently demonstrates clinically significant conduct problems as measured by BASC-2. Teacher observations and data collection indicate she disrupts class (yells out) an average of 5 times per period and has received 9 office referrals this trimester. As a result, she misses critical instructional time and she is currently failing English and Mathematics.

Goal:

By xx date, Ariana will co-develop (with school psychologist and private therapist input) a list of appropriate coping strategies and implement an appropriate coping strategy instead of yelling out in class, as evidenced by reducing class disruptions to 1 (or less) per period and reducing office referrals to less than 2 per trimester.

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ERMHS Goal: Jeff

Baseline:

Jeff currently demonstrates clinically significant levels of anxiety as measured by the RCMAS-2. His anxiety results in negative thought patterns that impact his school attendance. Jeff has missed 14 days of school in the last 60 days of school.

Goal:

By xx date, Jeff will identify feelings and thoughts that trigger his anxiety. He will also co-develop (with school psychologist and private therapist input) a list of appropriate cognitive behavioral therapy tools and implement an appropriate tool in order to decrease anxiety and be able to attend school, as evidenced by decreasing absences to only 1 absence per month.

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Goal:

By xx date, Jeff will identify feelings and thoughts that trigger his anxiety. He will also co-develop (with school psychologist and private therapist input) a list of appropriate cognitive behavioral therapy tools and implement an appropriate tool in order to decrease anxiety and be able to attend school, as evidenced by decreasing absences to only 1 absence per month.

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Goal:

By xx date, Jeff will *identify feelings and thoughts that trigger his anxiety.* He will also co-develop (with school psychologist and private therapist input) *a list of appropriate cognitive behavioral therapy tools* and implement an appropriate tool in order to decrease anxiety and be able to attend school, as evidenced by decreasing absences to only 1 absence per month.

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This goal identifies the skills and tools this student will develop and use to make progress on this goal.

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Goal:

By xx date, Jeff will identify feelings and thoughts that trigger his anxiety. He will also co-develop (with school psychologist and private therapist input) a list of appropriate cognitive behavioral therapy tools and implement an appropriate tool in order to decrease anxiety and be able to attend school, as evidenced by decreasing absences to only 1 absence per month.

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Goal:

By xx date, Jeff will identify feelings and thoughts that trigger his anxiety. He will also co-develop (with school psychologist and private therapist input) a list of appropriate cognitive behavioral therapy tools and implement an appropriate tool in order to decrease anxiety and be able to attend school, as evidenced by *decreasing absences* to only 1 absence per month.

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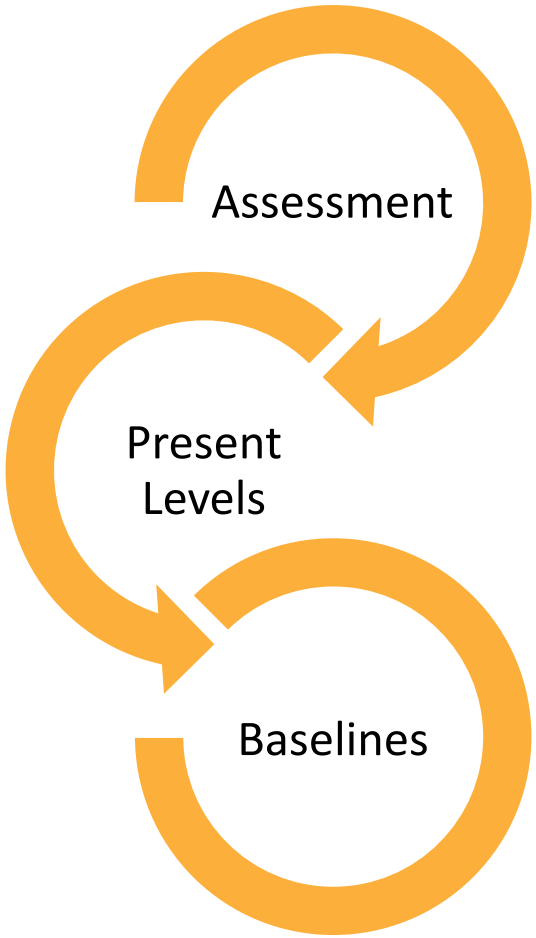
An increase in attendance and decrease in absences is a tool that the team can easily measure.

ERMHS GOALS

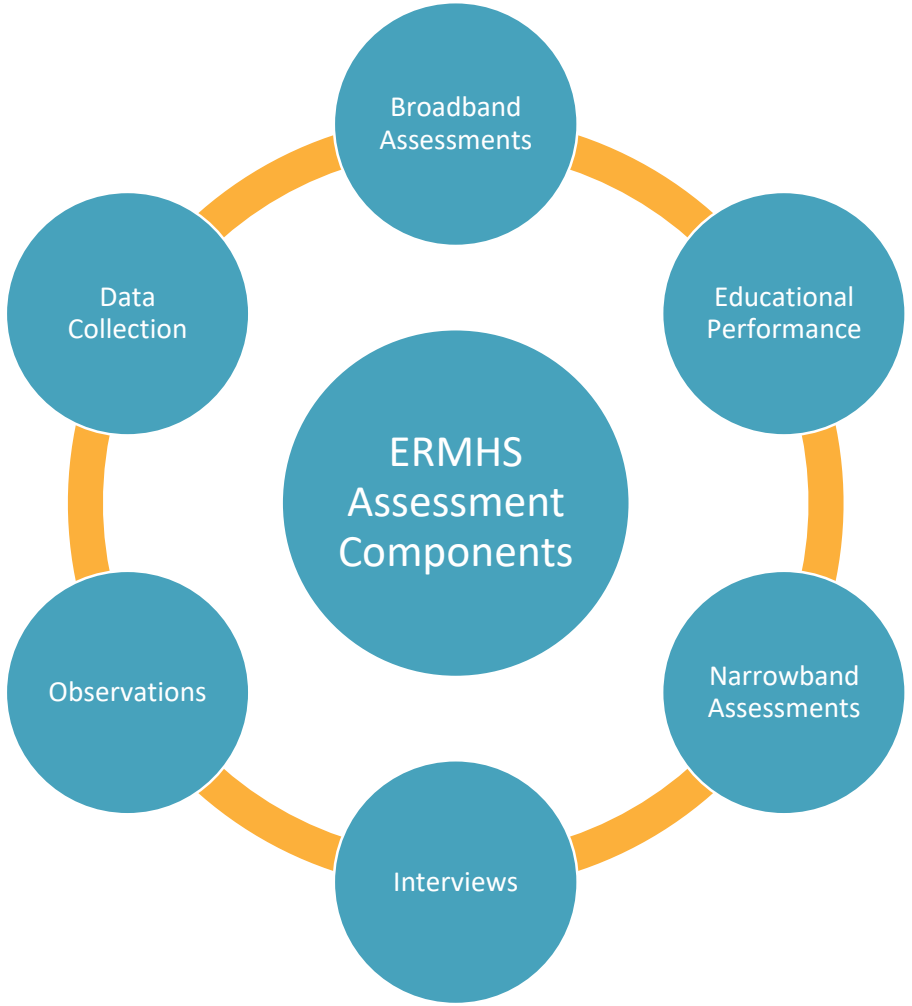
Attainable & Achievable



Present levels are derived from the assessment:

- Rating Scales (direct and indirect)
- Observation
- Interviews
- Data Collection

If you are basing your goals on assessment data and well written present levels, then your goals will be ***attainable and achievable.***



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Goal:

By xx date, Jeff will identify feelings and thoughts that trigger his anxiety. He will also co-develop (with school psychologist and private therapist input) a list of appropriate cognitive behavioral therapy tools and implement an appropriate tool in order to decrease anxiety and be able to attend school, as evidenced by decreasing absences to only 1 absence per month.

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Goal:

By xx date, Jeff will identify feelings and thoughts that trigger his anxiety. He will also co-develop (with school psychologist and private therapist input) a list of appropriate cognitive behavioral therapy tools and implement an appropriate tool in order to decrease anxiety and be able to attend school, as evidenced by decreasing absences to only *1 absence per month.*

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Most students do not miss more than 1 day of school per month, so this goal would be high, but could be attainable and achievable.

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Goal:

By xx date, Jeff will *identify feelings and thoughts* that trigger his anxiety. He will also co-develop (with school psychologist and private therapist input) a list of appropriate cognitive behavioral therapy tools and *implement an appropriate tool* in order to *decrease anxiety* and be *able to attend school*, as evidenced by decreasing absences to only 1 absence per month.

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The goal tells the reader what the student needs to do in order to make progress on this goal—the actions that the student will take and expected results.

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Goal:

By xx date, Jeff will identify feelings and thoughts that trigger his anxiety. He will also co-develop (with school psychologist and private therapist input) a list of appropriate cognitive behavioral therapy tools and implement an appropriate tool in order to decrease anxiety and be able to attend school, as evidenced by decreasing absences to only 1 absence per month.

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There is a clear expectation of when the student will meet this goal.

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Activity II

1. Each participant will review sample mental health goals found on page 23-24 in the Resource Packet.

2. Please review goals, noting which are relevant to your case load and any necessary changes based on the information reviewed.

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Goal Writing Tools

Students who require ERMHS often have difficulty with self-regulation, anxiety, depression, etc. In your resource packet, there are a few examples of tools that can be used when implementing goals with students.

ERMHS GOAL WRITING TOOLS (resource packet p. 25-35):

- The Incredible 5 Point Rating Scale
  - Blank Sample scale
  - High Low scale
  - Stress scale
- Break Before You Burst
- The Anxiety Curve
- Emotional Check in-Check out (levels 1-3)
- Behavior Reflections
- Worry Diary
- Dysfunctional Thought Record
- …many, many more!

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Activity III

Your Excellent Resources:

- On a post-it note jot down tools or resources you use at your school.
- Your resource could be a book, program, or self-made resource used for a specific goal or to provide a service.
- Include your name and school(s).
- Place your post-it note on Workshop Training Poster.

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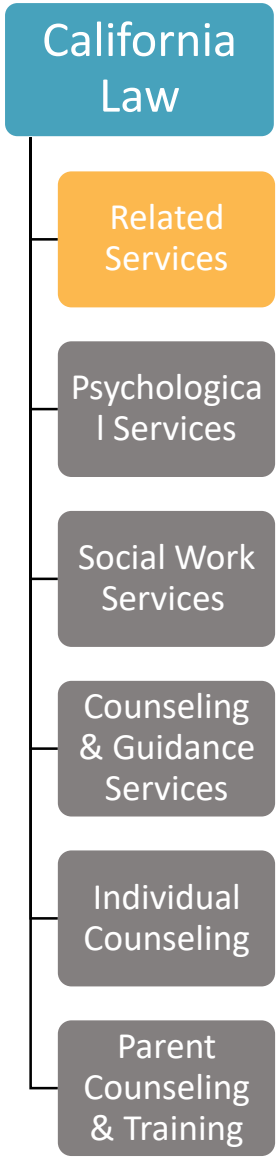
Services

The IDEA requires that the statement of *related services* must be based upon peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child:

1. To advance appropriately toward attaining the annual goals;

2. To be involved in and make progress in the general education curriculum in accordance with 34 CFR 300.320 (a)(1), and to participate in extracurricular and other nonacademic activities; and

3. To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section.



ERMHS

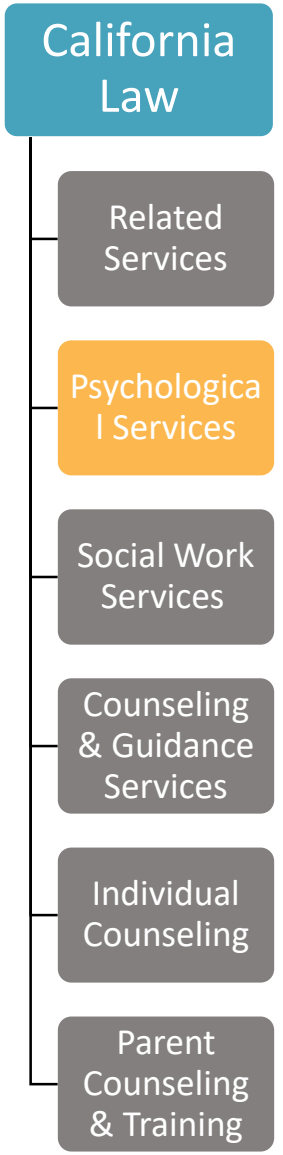
Psychological Services

Psychological services may include:

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.

CASEMIS Code: 530

5 CCR section 3051.10



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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.

CASEMIS Code: 525

5 CCR section 3051.13

California Law

- Related Services
- Psychological Services
- Social Work Services
- Counseling & Guidance Services
- Individual Counseling
- Parent Counseling & Training

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Counseling & Guidance Services

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.

CASEMIS Code: 515

CASEMIS Code: 510

5 CCR section 3051.9

California Law

- Related Services
- Psychological Services
- Social Work Services
- Counseling & Guidance Services
- Individual Counseling
- Parent Counseling & Training

ERMHS

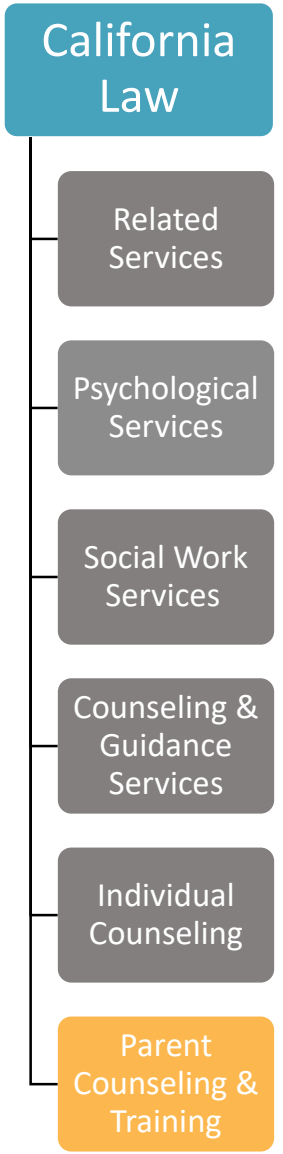
Parent Counseling & Training

Parent counseling and training may include:

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

CASEMIS Code: 520

5 CCR section 3051.11



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Providers

	CASEMIS 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*	530	X	X	X	X	X				
Social Work Services	525				X	X				
Counseling & Guidance	515	X	X	X	X	X	X	X		
Individual Counseling	510	X	X	X	X	X	X	X		
Parent Counseling & Training	520	X	X	X	X	X	X	X	X	X

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Providers

- LEA's may opt to contract service providers with public agencies (other LEAs, county mental health agencies) or non-public agencies (NPAs).
- If an LEA opts to contract a service provider via a public agency they will complete an MOU between their LEA and the public agency.
- If an LEA opts to contract a service provider via an NPA or 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 LEA and the NPA/NPS.
  - Complete an Individual Service Agreement (ISA) for each student that the NPA/NPS serves.
  - Complete appropriate Mental Health budget for SELPA.

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Providers

- LEA's may directly employ mental health professionals to provide related services.
  - Typically credentialed through Office of Consumer Affairs (not CTC).
  - May be supervised by the holder of an Administrative Credential.
- LEA's may contract with community-based mental health professionals to provide related services.
  - 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 professional 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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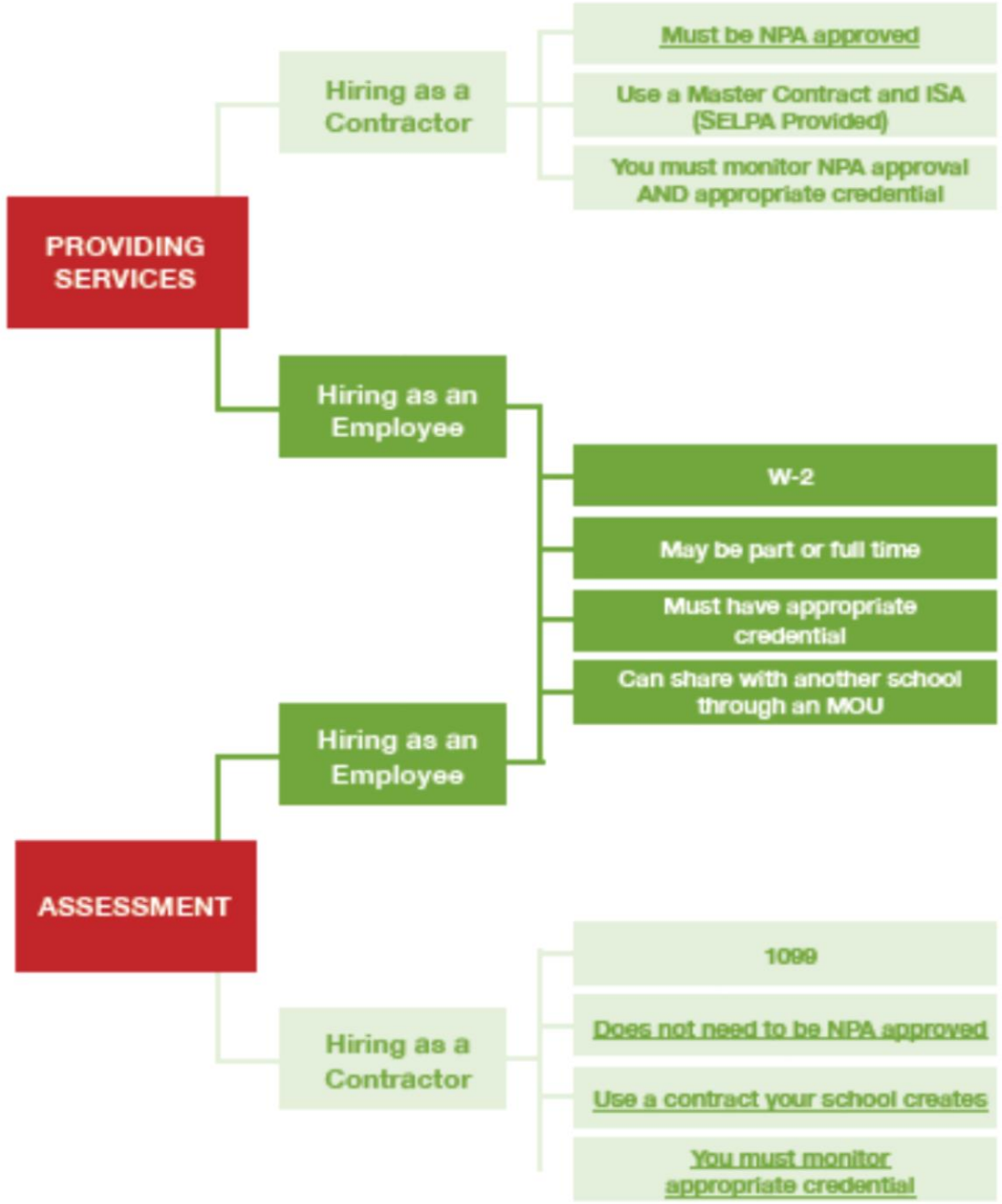

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ERMHS

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 must consider:

- Transportation
- What to do when a service is missed
- 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

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ERMHS

Compliance

Examine the following list of Compliance Issues:

- School absences
- Home-Hospital Instruction (HHI) requests
- Shortened Day request
- Triggering Child Find obligations
- Any student who requires ERMHS level of support should trigger the team to consider re-examining eligibility

Brain storm how the issues given might impact compliance or create barriers to FAPE

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BIPs

Behavior Intervention Plans

BIS Service is another service that may be included on an IEP for a student with mental health needs. For a student with ERMHS, BIS service is associated directly with the behavior intervention plan and tied to the student's mental health needs.

Behavior Intervention Services:

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.

CASEMIS Code: 535

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Activity IV

1. Examine the handouts in the Resource Packet (pg. 37-49).
2. Share your school's plan for identifying and evaluating "Threats" with your Elbow Partner.
3. Identify one strength and one need that you see at your school in relation to this topic.

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LRE

And The Continuum of Services

LEAs are required to provide services, including ERMHS Services and placements based on the principles of Least Restrictive Environment (LRE) on a Continuum of Services.

Least Restrictive Environment (LRE) requires that schools ensure:

- 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
- 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

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LRE

Least Restrictive Environment

Least Restrictive Environment and the Continuum of Services:

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, (OSERS 1988)

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Least Restrictive Environment

- General Education
- General Education with Specialized Academic Instruction (SAI)
- General Education with SAI and ERMHS Support
- Special Day Class--Emotional Disturbance focused (SDC-ED)
- Non-Public School (NPS) locally
- Home Instruction
- Residential Facility locally
- Residential Facility in California
- Residential Facility located Out-of-State

Consider moving a student down the continuum of alternative placements only one setting at a time and only as far as is necessary for student to gain Educational Benefit.

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LRE

Least Restrictive Environment

LRE Factors to Consider for Students with Mental Health Needs

Not a comprehensive list:

Red Flags:

- Odd behaviors not previously seen—emotional, physical, sexual acting out, substance abuse
- Suicidal ideations and attempts
- Student refusing to come to school
- Medications so heavy student cannot learn—always passed out
- Physically aggressive
- Frequent suspensions

Factors to Consider:

- Students grades
- Progress on IEP goals
- Inability to access FAPE in present setting
- Suspensions, removals, expulsions
- Hospitalizations
- Substance abuse
- Home life
- Mental Health/Medical Health
- What services or supports could we put into place to keep the student in their LRE?
- Have we exhausted all supports at this placement?

NPS / Residential

Activity V

- Discuss ‘red flags’ you might see that may make your team consider a more restrictive setting.
- Make a list of factors your school teams examine when determining the need for a more restrictive placement.

NOTE: When considering a more restrictive placement, please contact your SELPA Program Specialist for more details.

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NPS/RTC

SEIS Guidance

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:

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

- NPS (your LEA's name)
- Guiding Hands NPS (Oak Ridge 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.

School Type: Select one of the following school types:

70: Nonpublic day school (NPS)

71: Nonpublic residential school—in California (RTC/CA)

72: Nonpublic residential school—outside California (RTC/out of state)

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NPS/RTC

SEIS Guidance

SEIS Guidance: Educational Setting Page (continued)

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.

% of time student is in regular class & extracurricular & nonacademic activities:

- Most likely this will be 0% of the time, with rare exceptions.

NPS/RTC

SEIS Guidance

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.
- 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:
  - Provide a summary of the team's considerations
- Supplementary Aids, Services, & other Supports:
  - Review the supplementary aids, services and other supports to reflect what the student needs and will receive in the NPS/RTC.
- Special Education Transportation:
  - 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 transporting their child to and from the NPS/RTC daily. If service is offered and declined, be sure to indicate this under transportation.

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NPS/RTC

SEIS Guidance

SEIS Guidance: Services Page

Services:

- 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:
  - NPS: 410 Nonpublic school (NPS) under contract with SELPA or district
  - RTC: 410 Nonpublic school (NPS) under contract with SELPA or district
  - For both NPS and RTC the code is the same
- Location:
  - NPS: 810 Nonpublic day school
  - RTC: 820 Nonpublic residential school (in California) or 830 Nonpublic residential school (outside California)

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Closing

Activity VI

Reflection

- Revisit your original Tier 1-2-3 Framework (pg. 1/Resource Packet).
- Based on today's training write down 3-5 strengths/needs and follow-up activities.

Thank You

If you have additional questions regarding this presentation please consult your school's Program Specialist at:

- El Dorado County SELPA/Charter SELPA
- 530-295-2462
- 800-524-8100 x2462

Additional resources are available at our website:

- Professional Development Training Catalogue
- Procedural Guide