

EDUCATIONALLY RELATED MENTAL HEALTH SERVICES (ERMHS): **FAQ FOR SCHOOL PSYCHOLOGISTS**

INTRODUCTION

Educationally Related Mental Health Services (ERMHS) describe a range of support services provided to and/or on behalf of a student with an Individualized Education Program (IEP). If deemed necessary following a targeted assessment, the purpose of these services is to allow a student with mental health needs to access and benefit from his or her education. While private counseling may address a wide variety of mental health needs, ERMHS are intended to specifically support skills required for the student to access the educational environment.

School psychologists have a crucial role in the ERMHS decision-making process due to expertise and experience in assessment, mental health, areas of disability and subsequent impact on learning. Despite expertise in these areas, successfully navigating the breadth and complexities of the ERMHS process can prove challenging. Therefore, this Frequently Asked Questions (FAQ) document was developed with the goal of providing school psychologists, and other IEP team members, with the information needed to competently and confidently respond to the most frequently asked ERMHS-related questions in order to make meaningful student-centered recommendations. Topics explored include: general information, referral, assessment, report writing, service recommendations, goal writing, service provision, and discontinuing services.

Guidance provided in this document is based on federal and state law, current case law and best practice recommendations. This FAQ is intended to supplement the ERMHS Program Guidelines, which include additional guidance on Response to Instruction and Intervention (RtI²)¹, Multi-Tiered System of Supports (MTSS)², types of tiered supports, assessment, services and placement. For more information on these topics, prefer refer to the ERMHS Program Guidelines which can be located on the Charter SELPA website. For funding-related questions, please refer to the ERMHS Funding Guidelines document found within the Business Services section of the Charter SELPA website (www.charterselpa.org).

TABLE OF CONTENTS

GENERAL INFORMATION

- Q1. What are Educationally Related Mental Health Services (ERMHS)?**
- Q2. When did schools become required to provide ERMHS?**
- Q3. What is the school psychologist's role in ERMHS?**
- Q4. I didn't receive training on ERMHS assessments and services in my graduate school program. What should I do?**

REFERRAL

- Q5. When should a referral for ERMHS assessment be initiated?**
- Q6. What is the difference between a referral for ERMHS and a referral to assess for Emotional Disturbance (ED)?**
- Q7. Should a student be referred for ERMHS assessment to support short-term needs?**
- Q8. Should all pre-referral interventions be exhausted before recommending an ERMHS assessment?**
- Q9. What if a parent/guardian provides an independent report as part of their referral?**

ASSESSMENT

- Q10. What is the purpose of an ERMHS assessment?**
- Q11. Is an assessment required to initiate ERMHS services?**
- Q12. The IEP team is in agreement that a student requires counseling. Can we add the service to the IEP without assessment? Can it be added without assessment if the student is already receiving counseling through the general education program?**
- Q13. Is an ERMHS assessment still required if a student has been hospitalized or is in crisis?**
- Q14. The student already has social-emotional goals but hasn't been receiving ERMHS services. Do we need to complete an assessment before adding an ERMHS service?**
- Q15. Who can conduct an ERMHS assessment?**
- Q16. Does the ERMHS assessment need to be a separate, stand-alone assessment?**
- Q17. How should the Assessment Plan (AP) be written for an ERMHS assessment?**

Q18. I discovered ERMHS-related concerns while completing an initial or triennial assessment. Do I need to send home another assessment plan and restart a separate 60-day timeline to assess for ERMHS?

Q19. What should be included in an ERMHS assessment?

Q20. Do I have to rule out Emotional Disturbance (ED) when assessing for ERMHS?

REPORT AND SERVICE RECOMMENDATIONS

Q21. What is included in a defensible ERMHS report? Does the EDCOE Charter SELPA offer an ERMHS report template?

Q22. Under what circumstances are ERMHS services recommended?

Q23. What factors should be considered when making a recommendation for ERMHS?

Q24. Can the ERMHS assessment recommend general education counseling instead of a related service as part of the IEP?

GOAL WRITING AND PROGRESS MONITORING

Q25. Can I write the goals if I am not the one providing the ERMHS services?

Q26. A student is eligible for ERMHS, but already has a BIP and behavioral goal. Can the ERMHS provider focus on the existing goal only?

Q27. What are some tips for writing ERMHS goals?

Q28. Is it required that parents receive progress monitoring updates on ERMHS goals?

Q29. What if the student is not meeting his or her goals?

SERVICES

Q30. Which services are considered Educationally Related Mental Health Services?

Q31. Which credentials are required to provide ERMHS?

Q32. How are the type and frequency of services determined?

Q33. What if a student refuses to receive ERMHS?

Q34. What if a parent refuses to consent to ERMHS?

Q35. Can ERMHS be provided outside of school hours?

Q36. Can a student receive ERMHS if they're already receiving private counseling outside of school?

Q37. What if a student with an IEP is hospitalized to support mental health needs?

DISCONTINUING SERVICES

**Q38. What if a student is chronically absent and is therefore not benefitting from ERMHS?
Can services be discontinued under these circumstances?**

Q39. Is an assessment required to exit a student from ERMHS?

Q40. What if the parent/guardian won't agree to discontinue services?

CLOSING

EDUCATIONALLY RELATED MENTAL HEALTH SERVICES (ERMHS): FAQ FOR SCHOOL PSYCHOLOGISTS

GENERAL INFORMATION

Q1. What are Educationally Related Mental Health Services (ERMHS)?

A1. ERMHS describes a range of related services provided to and/or on behalf of a student with an Individualized Education Program (IEP). Educationally Related Mental Health Services include individual counseling, counseling and guidance, psychological services, social work services and parent counseling/training. If deemed necessary following a targeted assessment, the purpose of ERMHS are to allow a student with ongoing mental health needs to access and benefit from his or her education. While private counseling may address a wide variety of mental health needs, ERMHS are intended to specifically support skills required for the student to access the educational environment. A complete list of ERMHS services and descriptions are listed below in the [Services](#) section of this FAQ.

Q2. When did schools become required to provide ERMHS?

A2. 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 IEPs. In 2011, the California legislature passed Assembly Bill 114, which repealed the state mandate on special education and county mental health agencies. As a result of this legislation and in accordance with the Individuals with Disabilities Education Act (IDEA, 2004), Local Educational Agencies (LEAs) are solely responsible for ensuring that students with disabilities receive special education and ERMHS in order to meet their individualized needs.

Q3. What is the school psychologist's role in ERMHS?

A3. Mental health interventions and competencies are an integral part of school psychologists' extensive graduate training, equipping school psychologists with the preparation and expertise to provide educationally related mental health support within the school setting (CASP, 2012). The Pupil Personnel Services (PPS) credential with a specialization in School Psychology and California Education Code permit school psychologists to provide and coordinate related counseling services in schools. These services include direct assessment and services provided to the student, as well as indirect consultation (EC §49424). Due to a breadth and depth of knowledge related to development, learning, assessment, mental health and consultation, school psychologists are deemed highly qualified to provide and/or support in the provision of ERMHS. More information on additional personnel qualified to provide ERMHS services are listed in the [Services](#) section of this document.

Q4. I didn't receive training on ERMHS assessments and services in my graduate school program. What should I do?

A4. School psychologists trained prior to AB114 (2011) or in states other than California may not have obtained training specifically aligned with ERMHS terminology. However, fundamental aspects of school psychology training programs such as assessment, mental health, educational counseling, learning, consultation and intervention appropriately inform ERMHS-related practices. Additionally, components of an ERMHS assessment mirror the process of assessing social-emotional needs within a comprehensive psycho-educational

assessment. For additional information on ERMHS assessment, services, or how to connect your professional training with ERMHS procedures, consider the following:

- Collaborate with school psychologist colleagues experienced in the area of ERMHS.
- Review and/or utilize the EDCOE Charter SELPA ERMHS Report Template found in the SEIS Document Library.
- Attend ERMHS training provided by the EDCOE Charter SELPA (*available in the Online Professional Learning catalog located at <http://charterselpa.org/professional-learning-catalog/>*).
- Review the EDCOE Charter SELPA ERMHS Program Guidelines document (*located at <http://charterselpa.org/program-support/>*).
- Join state-specific school psychology organizations such as the California Association of School Psychologists (CASP) to access other professionals, archived resources and ongoing training opportunities.
- Connect with your graduate program for additional guidance or professional development opportunities.

REFERRAL

Q5. When should a referral for ERMHS assessment be initiated?

A5. A referral for ERMHS assessment should be initiated any time it is suspected that social-emotional and/or mental health need(s) may impact access to the educational environment and cannot be adequately supported through the general program. Although not an exhaustive list, an ERMHS assessment may be warranted when a student:

- Exhibits maladaptive or atypical behaviors, or displays a significant change in behavior that negatively impacts educational performance
- Exhibits social-emotional needs that cannot be addressed by the current educational program
- Is accessing general education counseling for a “short-term” need and has not made progress or ongoing counseling is required
- Displays ongoing school refusal
- Engages in self-harm, expresses suicidal ideation or attempts to end his or her life
- Has been diagnosed with a mental health disorder and parent/guardian provides documentation requesting a school-based assessment and service
- Is hospitalized for mental health related need

A referral may also be initiated whenever additional services or a change of placement are being considered due to mental health or if a parent, legal guardian or adult student requests assessment for ERMHS. It should be noted that a separate ERMHS assessment may not be required if a comprehensive evaluation was recently completed within an approximately six-month timeframe which including interviews, observations, and social-emotional rating scales that can ERMHS eligibility and services. This is most often the case following comprehensive assessment for Emotional Disturbance (ED).

Q6. What is the difference between a referral for ERMHS and a referral to assess for Emotional Disturbance (ED)?

A6. The purpose of an ERMHS assessment is to determine need for ERMHS specifically and does not determine special education eligibility. Alternatively, a comprehensive psycho-educational assessment for ED can both determine ED eligibility and a recommendation for ERMHS, as long as the elements required for both ED eligibility and ERMHS recommendation are included. Therefore, depending on the level of student need, an IEP team may move forward with a referral for both a psycho-educational evaluation to assess ED as an area of suspected disability as well as determining need for ERMHS services. If this is the case, the case manager should ensure that both reasons for referral are indicated in the Prior Written Notice (PWN) section of the Assessment Plan (AP) in SEIS prior to obtaining parental consent.

Q7. Should a student be referred for ERMHS assessment to support short-term needs?

A7. A student with an IEP may access short-term counseling through the general education program to address a temporary need such as a natural disaster, death of a loved one, parental divorce or a break-up with a significant other. Although short-term trauma or grief may be addressed through general education supports without an ERMHS assessment, progress should be closely monitored during this time. If progress is not made and/or continued counseling is required it is recommended that the IEP team refer for an ERMHS assessment to further investigate social-emotional needs and determine if ERMHS are warranted as a function of the IEP.

Q8. Should all pre-referral interventions be exhausted before recommending an ERMHS assessment?

A8. Although pre-referral interventions are encouraged, the use of pre-referral interventions as part of a Response to Instruction and Intervention (RtI²)¹ or Multi-Tiered System of Supports (MTSS)² process does not diminish a district/LEA's obligation under the IDEA to obtain parental consent and evaluate a student in a timely manner. For that reason, it is generally not acceptable for a team to wait several months to conduct an evaluation or to seek parental consent for an evaluation if an additional area of need or eligibility is suspected. Therefore, when a student is referred for an ERMHS assessment it is recommended that the IEP team carefully consider the referral to avoid delaying assessment and potential services based solely on access and response to pre-referral interventions.

Q9. What if a parent/guardian provides an independent report as part of their referral?

A9. If a parent or guardian provides an independent report which indicates social-emotional and/or mental health needs, it is recommended that an IEP meeting be held to review parent concerns, results of the independent assessment, and determine whether ERMHS assessment is warranted.

Although it is recommended that independent medical reports and records be considered by the IEP team, they do not equate to immediate eligibility for ERMHS. For example, some students may experience mental health disorders that are managed independently and therefore do not manifest in the school setting. Therefore, despite the presence of a clinical mental health diagnosis, an ERMHS assessment must still be completed to examine if and/or how a student's documented mental health disorder impacts his or her ability to access the educational environment. This ensures that appropriate school-based services are provided.

It is also recommended that the school obtain a signed Exchange of Information to allow the assessor to discuss the student's medical and mental health needs as they relate to the educational setting. The ERMHS assessment report may include relevant information provided by the clinical and/or independent assessor in the "background" or "health" sections of the ERMHS report, as appropriate.

Although independent medical reports may be provided by the parent/guardian as reviewed above, LEAs are not required to seek medical input prior to determining need for ERMHS services. Should a school request medical diagnosis, they incur financial responsibility for the medical evaluation. As a reminder, medication cannot be considered a mitigating factor when determining whether a student qualifies for IEP services. Assessments are also required to discontinue ERMHS services. Please see the "Discontinuing Services" section of this FAQ for additional information.

ASSESSMENT

Q10. What is the purpose of an ERMHS assessment?

A10. The purpose of the ERMHS assessment is to examine areas of social-emotional need and determine whether educationally related mental health services are required in order for the student to access his or her education. If needed, ERMHS assessment data informs the implementation of meaningful effective and evidence-based interventions. Assessment data collected during the assessment is used to update present levels, determine eligibility for ERMHS services, write ERMHS goals and make an informed recommendation to the IEP regarding the appropriate frequency and duration of services. It should be noted that final recommendations regarding services will be made by the IEP team

Q11. Is an assessment required to initiate ERMHS?

A11. Yes. Schools must assess and serve students' educationally related mental health needs through the same process as other identified educational needs. As is the case with any other related service (i.e. speech, OT, APE, etc.), an assessment must be completed to both initiate and discontinue ERMHS (*Cal. Ed. Code §56320*).

Q12. The IEP team is in agreement that a student requires counseling. Can we add the service to the IEP without assessment? Can it be added without assessment if the student is already receiving counseling through the general education program?

A12. Schools must assess and serve students' educationally related mental health needs through the same process as other identified educational needs, therefore assessment is required to initiate ERMHS services. However, information regarding progress while receiving short-term general education counseling services may be incorporated into the "Background Information" section of the ERMHS assessment and report. The IEP team may also document in IEP notes if a student is participating in counseling through the general education program while the assessment is being conducted.

Q13. Is an ERMHS assessment still required if a student has been hospitalized or is in crisis?

A13. Yes. Although the overall process remains the same, it is recommended that the team consider expediting assessment in a crisis situation. The team should also consider whether interim mental health support is required during this time. Reports and/or information provided as a result of a hospitalization should also be taken into account when discussing

area(s) of need. It is also recommended that the school obtain a signed Exchange of Information to allow the assessor to discuss the student's medical and mental health needs as they relate to the educational setting.

For more information on incorporating independent reports into an ERMHS assessment, please refer to the Question 9 above.

For more information on steps to follow if a student with an IEP is hospitalized to support mental health needs, please refer to Question 37 of this FAQ document. For more information on steps to follow if a student without an IEP is hospitalized due to mental health concerns, please refer to the *Continuum of Placement: Psychiatric Hospitalizations for students with/without IEPs* in the *IEP Services, Goals and Continuum of Placement* section of the ERMHS Program Guidelines. The ERMHS Program Guidelines can be located on the Charter SELPA website (charterselpa.org) in the Resources section of the Program Support page.

Q14. The student already has social-emotional goals but hasn't been receiving ERMHS. Do we need to complete an assessment before adding an ERMHS service?

A14. If an IEP is in agreement that a goal is being adequately met through an existing service (i.e. self-regulation goal being met through a Behavior Intervention Plan (BIP) and Behavior Intervention Service (BIS)), then additional assessment for ERMHS may not be required. However, if an assessment was not completed in order to develop the current goal, the student is not making progress, and/or an initial referral for ERMHS has been made, then an assessment must be completed before adding an ERMHS service.

Q15. Who can conduct an ERMHS assessment?

A15. According to federal regulations, ERMHS assessments must be performed by "trained and knowledgeable personnel" capable of "obtaining, integrating, and interpreting information about child behavior and conditions relating to learning". Assessments must identify all needs "whether or not commonly linked to the disability category in which the child has been classified" (34 C.F.R. § 300.304).

Under AB 114 (2011), several sections of Chapter 26.5 of the California Government Code were amended or repealed including those allowing qualified mental health professionals other than school psychologists to conduct mental health assessments of students with disabilities for purposes of providing students with a free appropriate public education. California Educational Code 56320(a)(3) further states that:

"Before any action is taken with respect to the initial placement of an individual with exceptional needs in special education instruction, an individual assessment of the pupil's educational needs shall be conducted, by qualified persons, in accordance with requirements including, but not limited to, all of the following... (3) Are administered by trained and knowledgeable personnel and are administered in accordance with any instructions provided by the producer of the assessments, except that individually administered tests of intellectual or emotional functioning shall be administered by a credentialed school psychologist."

Therefore, ERMHS assessments must be completed by a school psychologist due to ed code guidance related to administering tests of emotional functioning as well as expertise and experience in assessment, mental health, areas of disability and impact on learning.

Q16. Does the ERMHS assessment need to be a separate, stand-alone assessment?

A16. No. Although an ERMHS assessment can stand alone if the referral occurs outside of the initial, triennial or other psycho-educational assessment process, the required components of an ERMHS assessment may also be included within an initial, triennial or other psycho-educational evaluation to assess additional areas of suspected disability. If the ERMHS assessment will be included within an initial, triennial or supplemental assessment, ensure that the social-emotional box is checked on the assessment plan and all reasons for referral, including ERMHS assessment, are included in the corresponding Prior Written Notice (PWN).

Q17. How should the Assessment Plan (AP) be written for an ERMHS assessment?

A17. If completing a stand-alone ERMHS assessment, select "Other" as the assessment type and manually enter "Educationally Related Mental Health Services Assessment". Complete the Prior Written Notice (PWN) portion to reflect the reason for the referral, options considered and description of the evaluation procedures used in deciding to propose the assessment (*what data informed this referral?*). Then, check the Social Emotional/Behavior box and enter the examiner title (see below).

<input checked="" type="checkbox"/>	Social Emotional/Behavior - These assessments will indicate how your child feels about him/herself, gets along with others, takes care of personal needs at home, school and in the community.	School Psychologist
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If completing as part of an initial, triennial or supplementary assessment, ensure that the Social-Emotional/Behavior box is checked, the examiner title is included, and all reasons for referral/assessment are included in the corresponding PWN. To ensure the parent is fully informed regarding all areas of assessment, the team may select "Other" in addition to the assessment type and manually enter "Educationally Related Mental Health Services Assessment".

Q18. I discovered ERMHS-related concerns while completing an initial or triennial assessment. Do I need to send home another assessment plan and initiate a separate 60-day timeline to assess for ERMHS?

A18. If the social-emotional box was checked on the original Assessment Plan (AP), you may proceed with assessing social-emotional needs and make a subsequent recommendation for ERMHS services, as long as all components of an ERMHS assessment are present. As a best practice recommendation and to ensure full parental consent, you may send home an amended or new PWN/AP with the "Other" and "Educationally Related Mental Health Services Assessment" boxes completed under Assessment Type. Add any updated information to the PWN section and request parent initial or signature to acknowledge.

If the social-emotional box was not checked on the original AP, the preferred option would be to send home an amended AP with an updated PWN and social-emotional box checked for parent signature and complete within your existing timeline. If there is not enough time remaining in your existing timeline to comprehensively complete the social-emotional/

ERMHS portion of your assessment, you may send a separate AP which subsequently initiates a new 60-day timeline for the additional assessment. It is strongly recommended that the amended or new AP be sent immediately upon identifying an additional area of social-emotional need in order to begin ERMHS assessment as soon as possible. It is not recommended that teams wait until the original 60-day timeline is complete and the IEP is held to recommend additional assessment, as doing so may unnecessarily delay the assessment and subsequently delay access to ERMHS.

Q19. What should be included in an ERMHS assessment?

A19. Assessments must use a “variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child” (34 C.F.R. §300.304(b)(1)). More specifically, a comprehensive ERMHS assessment must include but should not be limited to:

- Relevant background information
- Relevant health and educational history, including history of interventions and response
- Review of previous psycho-educational assessment results
- Student, teacher and parent/guardian interview
- Student observation and data collection
- Broadband assessments (*i.e. Behavioral Assessment System for Children (BASC), Child Behavior Checklist, Clinical Assessment of Behavior (Bracken), Reynolds Adolescent Psychopathology Scale (APS)*)
- Narrowband assessments in areas of suspected or identified need (*i.e. Children’s Depression Inventory (CDI), Reynolds Depression Scale (RCDS), Revised Children’s Manifest Anxiety Scale (RCMAS), Reynolds Adolescent Depression Scale (RADS)*).

When completing interviews and rating scales, it is recommended that information be gathered from multiple parties including the student, parent(s)/guardian(s), teacher(s), and other staff with knowledge of the student. Obtaining information from multiple sources provides a comprehensive sample of experiences, observations and interactions within both academic and social contexts. As stated above, information gathered directly from the student via interview and/or rating scale is incredibly valuable and should be completed to the extent possible as appropriate based on the student’s age and developmental level.

Observations across multiple days in various settings are also imperative to rule out responses or behaviors specifically related to non-preferred tasks, subjects, transitions, instructors, or peer groups. Finally, data collected over time is essential to understanding whether social-emotional challenges are ongoing or short-term and situationally related, both of which should be supported, albeit differently.

For additional guidance on assessment and report writing, please refer to the EDCOE Charter SELPA ERMHS Report Template found in the SEIS Document Library and/or the ERMHS guidelines document on the EDCOE Charter SELPA website.

Q20. Do I have to rule out Emotional Disturbance (ED) when assessing for ERMHS?

A20. Ruling out ED is not required in all cases; however, it is recommended that the IEP team discuss whether assessment for ED is warranted based on the referral and mental health

concerns. It is also recommended that discussion regarding consideration of additional areas of eligibility (such as ED) be included in IEP notes. If the IEP team is unsure whether assessment for ED is warranted, then it may be determined that ED is an area of suspected disability and therefore should be assessed. The assessment for both ED eligibility and ERMHS services can occur concurrently and be presented in the same report. This assessment and report would be considered a “psycho-educational and ERMHS assessment” and must be completed by a credentialed school psychologist. Additional psycho-educational assessment for ED may not be required in the following circumstances:

- If the student has recently been assessed for ED and found ineligible,
- if the referral for ERMHS is clearly related to the student’s current disability and ED is not suspected, and/or
- the team can provide data as to why assessment for ED is inappropriate.

Regardless of final decisions regarding assessment, it is recommended that the IEP team discussion regarding additional areas of disability be clearly documented in IEP notes and/or on the Assessment Plan (AP)/Prior Written Notice (PWN).

REPORT AND RECOMMENDATIONS

Q21. What is included in a defensible ERMHS report? Does the EDCOE Charter SELPA offer an ERMHS report template?

A22. In order to write a legally defensible and meaningful ERMHS report, ensure that all elements of a comprehensive ERMHS assessment are included (*listed above in the Assessment section of this document*) and presented in an accessible and student-centered manner. To support the development of defensible ERMHS assessments and reports, the EDCOE Charter SELPA has created a template located in the SEIS Document Library. Recommendations found within the template align with federal and state law which requires that language used in written reports be accessible to all IEP members, particularly parents and guardians, in order to support meaningful participation in the IEP process. With that in mind, the template is not intended to be used as a sample report but rather as a tool to assist in ensuring all key components are included.

The ERMHS report template, as well as other templates located in the SEIS Document Library, are intended to provide school psychologists with a legally defensible base from which to build a reader-friendly, student-centered assessment report. For this reason, bulleted guidelines are included in red in lieu of sample narrative language. These are included to prompt the school psychologist to add the data and/or narrative and should be removed prior to presenting the report to the team. Additionally, not all sections of the report are required; therefore, removal of sections may be necessary based on the reason for referral.

Q22. Under what circumstances are ERMHS recommended?

A22. It is the responsibility of the assessor to make an informed recommendation regarding the need for ERMHS services for IEP team consideration based on assessment results. ERMHS services may be recommended if assessment results indicate social-emotional/mental health needs which impede the student's ability to access his or her educational program to a degree requiring educationally related mental health services. Goals and services are then recommended based on areas of identified need. ERMHS assessment results may also indicate need for Functional Behavior Assessment (FBA) and a Behavior Intervention Plan (BIP), regardless of ERMHS eligibility.

As a reminder, per AB 114, eligibility for related services such as ERMHS is not contingent on a particular disabling condition and should be determined based on an assessment that reveals an individualized need for the service.

Q23. What factors should be considered when making a recommendation for Educationally Related Mental Health Services?

A23. It is recommended that answers to the following are clearly articulated within the summary and recommendations section of the ERMHS report and supported with data from the assessment:

- What are the student's identified strengths?
- How can these strengths be reinforced and utilized to support areas of need?
- What are the student's identified areas of social-emotional need?
- In which settings were social-emotional needs present and how did they manifest?
- How do social-emotional needs impact access to the educational environment and/or create barriers to accessing FAPE?
- What social-emotional skill(s) does the student require in order to access FAPE?
- Can needs be supported through the general program, supplementary supports, accommodations or IEP services?
 - *If the answer is no and ERMHS services are required to support and/or obtain social-emotional skills related to areas of need, qualification for ERMHS services are recommended.*
- Based on assessment results, are ERMHS services recommended?
 - If yes, in which areas of need are goals recommended?
 - If yes, what type of services are recommended?
 - *It is important to have a recommendation of frequency and duration prepared for IEP team consideration based on assessment results; however frequency and duration will be determined by the student's level of need, rate of learning and number of goals will be the final determination of the IEP team.*
- Does the student require accommodations or supplementary behavioral planning in order to access FAPE?

Q24. Can the ERMHS assessment recommend general education counseling instead of a related service as part of the IEP?

A24. If assessment results determine that a student requires counseling in order to access FAPE, it is recommended that those services be offered as a function of the IEP and not solely as an intervention through the general education program.

GOAL WRITING AND PROGRESS MONITORING

Q25. Can I write the goals if I am not the one providing the ERMHS service?

A25. Either the individual who has completed an assessment or the provider may write goals, however, it is recommended that both professionals collaborate to ensure that meaningful and attainable goals are developed, implemented and monitored by persons responsible as determined by the IEP team and indicated on the goal page. It is recommended that goals be written at the time which ERMHS services are recommended and based on identified areas of need.

Q26. A student is eligible for ERMHS, but already has a BIP and behavioral goal. Can the ERMHS provider focus on the existing goal only?

A26. Although an ERMHS provider may support a behavioral goal, it is not recommended that ERMHS services solely support a pre-existing behavioral goal. Rather, it is best practice to include a goal which focuses on the social-emotional skill required to both support student behavior and allow access to FAPE.

Q27. What are some tips for writing ERMHS goals?

A27. ERMHS goals must be written to address area(s) of need as indicated by assessment results and included in present levels of performance. Although use of benchmarks or short-term objectives is not required, it is recommended that they be used to address the strategy or process of implementation. As is the case with all IEP goals, ERMHS goals must possess the six goal components (*figure 1*) and should be SMART (*figure 2*). For more information on goal writing, please refer to the EDCOE Charter SELPA Professional Learning catalog for dates and locations of upcoming ERMHS and/or Goal Writing trainings.

Tip: Be specific and action oriented when describing how a student will utilize a new skill. For example, consider the behavioral statement *"Joe will stop calling out"*. This statement describes only the absence of behavior and therefore is not action-oriented. What skill will Joe learn and utilize in order to stop calling out? What is Joe expected to do instead? This statement may be replaced with: *"Joe will utilize a learned strategy (i.e. raise his hand, stand, or write on a post-it) instead of calling out"*.

Similarly, consider replacing: *"Sue will stop leaving class when frustrated"* with *"When frustrated, Sue will utilize predetermined supports (e.g. help cards, break cards, timer and reinforcement system) in order to request help or take a break instead of leaving class"*.

Annual Goal Components
1. When? (Time Frame)
2. Who?
3. When Given? (Conditions)
4. Does What? (Observable Behavior)
5. How Much? (Mastery of Performance Criterion)
6. How Measured? (Data Collection Methods)

Figure 1

Due to the fluid and occasionally elusive nature of social-emotional skills, ERMHS goals can feel challenging to write in a specific, strategic and measurable manner. Although the previous examples are not complete goals, they are intended to illustrate how one may re-format the conditions and observable behavior components of a goal with an increasingly specific, action-oriented and skill based approach.

Below are additional tips and questions to consider in ERMHS goal development:

- How does the student’s mental health need and/or behavior manifest educationally?
- How is the student’s learning and school performance impacted?
- How are the student’s relationships and social involvement impacted?
- What is the skill deficit?
- What does the student need to learn to utilize the new skill and subsequent positive behavior?
- Write specific and data-based baselines, which can be taken directly from present levels of performance. If ERMHS goals are based directly on assessment data and well-written present levels, they will be measurable and attainable.



Figure 2

Q28. Is it required that parents receive progress monitoring updates on ERMHS goals?

A28. Progress on ERMHS goals is monitored by the provider and/or case manager. Progress reports must be provided at intervals consistent with other non-ERMHS goals. Goals are reviewed by the provider at annual IEPs and updated accordingly. Reminder: Ensure goals are measurable and that valid and consistent measures are used when progress monitoring.

Q29. What if the student is not meeting his or her goals?

A29. If no or limited progress is made, do not continue an ineffective goal or intervention. Instead, adjust goals and/or services as needed to increase likelihood of goal attainment and allow educational benefit. Services may be adjusted based on goal progress yet assessment is required to discontinue services.

SERVICES

Q30. Which services are considered Educationally Related Mental Health Services?

A30. The California Special Education Management Information System (CASEMIS) code service descriptions are used to delineate the specific type of service being provided to a student (500 codes). These include Individual Counseling (510), Counseling and Guidance (515), Parent Counseling (520), Social Work Services (525) and Psychological Services (530).

Although Behavior Intervention Services (BIS, 535) is not considered an ERMHS service in isolation, BIS may be considered an ERMHS related service only if paired with another ERMHS service (i.e. BIS and counseling and guidance). A comprehensive description of each service is listed below:

Individual Counseling (510) refers to one-to-one counseling, provided by a qualified individual pursuant to an IEP:

1. Counseling may focus on such student aspects as education, career, personal, or be with parents or staff members on learning problems or guidance programs for students.
2. These services are expected to supplement the regular guidance and counseling program.

Counseling and Guidance (515) refers to counseling in a group setting, provided by a qualified individual pursuant to an IEP:

1. Group counseling is typically social skills development, but may focus on such student aspects as education, career, personal, or be with parents or staff members on learning problems or guidance programs for students.
2. IEP required group counseling is expected to supplement the regular guidance and counseling program.
3. Guidance services include interpersonal, intrapersonal, or family interventions, performed in an individual or group setting by a qualified individual pursuant to an IEP.
4. Specific programs include social skills development, self-esteem building, parent training, and assistance to special education students supervised by staff credentialed to serve special education students.

These services are expected to supplement the regular guidance and counseling program.

Parent Counseling and Training (520) may include:

1. Assisting parents in understanding their child's special needs.
2. Providing parents with information about child development.
3. IEP required parent counseling is intended to supplement the regular guidance and counseling program.

Social Work Services (525), provided by a qualified individual pursuant to an IEP, include, but are not limited to:

1. Preparing a social or developmental history of a child with a disability.
2. Group and individual counseling with the child and family.
3. Working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school.
4. Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program. Social work services are expected to supplement the regular guidance and counseling program.

Psychological services (530) 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.

This term does not include assessment services or IEP development.

Q31. Which credentials are required to provide ERMHS?

A31. According to the California Association of School Psychologists (CASP): “Although school psychologists employed within their LEA are the preferable choice to provide counseling as a related service, there are other professionals who may be able to provide these services”. Below is a chart which outlines who may provide which ERMHS service:

	CASEMS CODE	Licensed Educational Psychologist (LEP)	School Psychologist (PPS)	Licensed Clinical Psychologist	Marriage and Family Therapist (MFT)	Licensed Clinical Social Worker (LCSW)	Social Work (PPS)	School Counselor (PPS)	Licensed Professional Clinical Counselor (LPCC)	Board Certified Psychiatrist	Special Education Instruction Credential	Health and Nursing Services Credential
Individual Counseling	510	X	X	X	X*	X*		X	X*	X		
Counseling and Guidance	515	X	X	X	X*	X*		X	X*	X		
Parent Counseling and Training	520	X	X	X	X*	X*	X	X	X*	X	X	X
Social Work Services	525			X	X*	X*	X		X*	X		
Psychological Services	530	X	X	X	X	X						

**Services may be provided by a qualified intern under the direct supervision of an individual who holds the appropriate credential authorization (5 CCR §3051).*

The authorization of a school psychologist intern or school counselor intern to provide ERMHS services is not explicitly stated in educational code and therefore is not asterisked in the chart above. It is recommended that LEAs/Districts review the authorizations included within the California Commission on Teacher Credentialing (CTC) internship credential to ensure that the holder is approved to provide counseling services under the direct supervision of a similarly credentialed staff member. It is also recommended that LEAs/Districts consider the intern’s program requirements, course of study and level of training prior to initiating services with students who receive ERMHS. As a reminder, CTC requires that school psychologist interns are supervised by a credentialed school psychologist with the equivalent of at least two (2) years of full-time experience as a school psychologist. For more information on school psychologist intern or school counselor intern credentials, please refer to the Pupil Personnel Services School Counseling, School Psychology, School Social Work, and Child Welfare and Attendance Program Standards found on the CTC website at: www.ctc.ca.gov.

In the event that a school is contracting for assessment and services, it is important to note that a school does not have to use the same person or agency to both assess and provide services.

Q32. How are the type and frequency of services determined?

A32. The type and frequency of services are determined by calculating the frequency and duration of services required to allow the student to make meaningful progress on goals in the Least Restrictive Environment (LRE). In order to explore this further, CASP provided the following guidance in an ERMHS position paper:

“The needs of students in any arena are multi-faceted and often can be viewed along a continuum of intensity of need. This is true for the social emotional needs in particular. Not all students who have been identified as needing educationally related social emotional counseling support will require the same modality, frequency or duration of service. Research has highlighted that “outcomes for children and adolescents with social emotional challenges can be greatly enhanced through interventions that (a) are sustained, flexible, positive, collaborative, culturally appropriate, and regularly evaluated: (b) are built on the strengths of the students and their families: and (c) address academic as well as social behavioral deficits (Bullock and Gable, 2006). As such, it is essential that the IEP team identify the specific needs, develop appropriate goals, and specify the services that may meet those goals. (<http://www.casponline.org/pdfs/position-papers/ERMHS-final.pdf>)

Q33. What if a student refuses to receive ERMHS?

A33. Student refusal does not absolve the LEA of the obligation to offer ERMHS services if needed for the student to access FAPE. If a student is refusing to access services, do not discontinue services based solely on student refusal to access. Instead, consider the following:

- Discuss the refusal with the student and work to find a mutually agreeable resolution.
- Increase rapport building opportunities to build trust and relationship prior to engaging in full counseling sessions.
- Change the location, environment or manner in which services are provided.
- Consider whether concurrent behavioral intervention is required.
- Consider change in service provider if needed.
- Convene an IEP meeting to discuss refusal, current areas of social-emotional needs and document next steps to allow access to services.

Q34. What if a parent/guardian refuses to consent to ERMHS?

A34. If a parent refuses to consent to ERMHS, the following steps should be considered in order to obtain parental consent:

- Explore parent concerns and options for alleviating those concerns through considerations such as further explanation of ERMHS as it relates to the educational setting or increased collaboration with parents.
- Review assessment results and areas of need to illustrate why ERMHS are recommended for the student to access his/her educational program.
- Request a SELPA facilitated IEP to support resolution.
- Contact your SELPA program specialist for further collaboration and guidance.
- If the parent continues to refuse ERMHS and data indicates that refusal to consent will result in an inability to provide FAPE, Due Process procedures afforded to both schools and parents may be initiated. Please contact your SELPA program specialist for additional consultation if considering this option.

If a parent/guardian refuses to consent to ERMHS due to the student’s participation in private counseling, it should be noted that participation in private therapy or counseling

does not absolve a school of their responsibility to offer ERMHS assessment and services, if warranted to allow access to FAPE. Therefore, it is recommended that the IEP team maintain the offer of ERMHS and that the steps above be attempted in order to meet resolution. For more information on private therapy, please refer to Question 36 below.

Q35. Can ERMHS be provided outside of school hours?

A35. 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. Although schools are not mandated to provide services outside of the school day, if an IEP Team determines that ERMHS services are required outside of the school day, the rationale should be clearly documented in the IEP. Additionally, teams must consider the following:

- Transportation: How will the student get to and from services? How will transportation costs be covered?
- Missed services: If a student misses a service due to lack of transportation or refusal, how will that missed session be documented and made-up?
- Documentation: If a school chooses to offer services outside of school day, documentation should clearly illustrate how it was determined that services provided outside of the school day are necessary to allow the student to progress on his or her goals.

Q36. Can a student receive ERMHS if they're already receiving private counseling outside of school?

A36. Yes. Private therapy and educationally related mental health services serve different purposes and therefore can be provided concurrently. The focus of ERMHS services should be based solely on supporting the student to gain the skills required to access their educational environment. With that said, it may be beneficial for private and school based service providers to have an exchange of information signed to increase collaboration, alignment of interventions and supports, and subsequent generalization of new skills.

As a reminder, a student's participation in private therapy or counseling does not absolve a school of their responsibility to offer ERMHS assessment and services if warranted to allow access to FAPE.

Q37. What if a student with an IEP is hospitalized to support mental health needs?

A37. If a student with an IEP is hospitalized due to mental health concerns including self-harm and suicidal ideation, follow the steps below:

1. Determine if reports or discharge paperwork are available from the hospitalization. If so, request access from the parent (or medical professional if exchange of information has been signed) in order to review reports.
2. Request that an exchange of information be signed between appropriate school and hospital personnel.
3. If the student does not currently receive ERMHS, offer an assessment plan for ERMHS (*refer to Question 13 of this FAQ document for additional information*).
4. Determine whether the hospitalization indicates new area(s) of suspected disability that have not been assessed, specifically Emotional Disturbance. Propose an assessment plan if appropriate.
5. If the student currently receives ERMHS, consider whether additional assessment is needed and/or if services should be adjusted.
6. Convene an IEP to consider the following:
7. Update present levels, as appropriate.
8. Assist staff in better understanding the student's current levels of need
9. Determine if updated goals are required
10. Discuss whether adjustments are needed to current supports and services.
11. Discuss whether a Functional Behavior Assessment (FBA) and/or Behavior Intervention Plan (BIP) revision are needed. If there is currently no BIP in place, discuss whether an FBA is warranted to further assess behavior and guide development of a BIP.
12. Support in planning for the transition back to school and whether additional supports, staff communication and/or a safety plan for the student and staff may be required.

DISCONTINUING SERVICES

Q38. What if a student is chronically absent and is therefore not benefitting from ERMHS? Can services be discontinued under these circumstances?

A38. It is not recommended that ERMHS be discontinued due to chronic absenteeism. Alternatively, chronic absenteeism may indicate increased need for assessment and/or services, including ERMHS. Failure to address frequent absences of students who qualify for special education may result in a denial of FAPE. Therefore, if a student with an IEP is chronically absent or is suspected that absences are impacting the student's access to FAPE, it is recommended that an IEP team meeting be convened as soon as possible to accomplish the following:

- Collaborate with the parent(s)/guardian(s) to explore potential cause(s) of absences.
- Discuss whether absences are related to the area of disability.
 - E.g. school avoidance related to anxiety, depression, academic challenges, etc.
 - It should be noted that for a student with an IEP whose truancy adversely affects learning, the duty to address the absences in the IEP may exist regardless of whether they stem from a disability. The IDEA regulations at 34 CFR 300.324 (a)(2)(i) require An LEA/district, in the case of a child whose behavior impedes the child's learning or that of others, to consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior.

- Review current offer of FAPE and discuss whether additional services may be required to support attendance and subsequent access to education, including but not limited to Specialized Academic Instruction, Behavior Intervention Services, Transportation or ERMHS.
- If a new area of eligibility and/or need is suspected, it is recommended that an assessment plan be generated and an assessment initiated in order to evaluate the suspected area of need and determine whether additional area(s) of eligibility, goals, accommodations and services are appropriate.
- If assessment is required, discuss whether interim services may be provided to encourage school attendance while evaluations are completed.
- Discuss and consider whether support is required in the home setting in order for the student to transition to the school setting. If needed to access education, services may be provided in the home.

Note: Frequent absences by students without an IEP may trigger child find responsibilities related to evaluation for special education services. For additional information on chronic absenteeism, please refer to the following resources:

- Every Student, Every Day: A Community Toolkit to Address and Eliminate Chronic Absenteeism (October 2015): <https://www2.ed.gov/about/inits/ed/chronicabsenteeism/toolkit.pdf>
- Attendance Works: <http://www.attendanceworks.org/resources/>
- National Center on Educational Outcomes: Students with Disabilities & Chronic Absenteeism (April 2018). <https://nceo.umn.edu/docs/OnlinePubs/NCEOBrief15.pdf>

Q39. Is an assessment required to exit a student from ERMHS services/discontinue services?

A39. Although not clearly defined by ed code, as with any other related service it is recommended that assessment be completed prior to discontinuing ERMHS. A team may consider requesting assessment to discontinue ERMHS when a student has met his or her ERMHS goals, and data/observations of behavior indicate that social-emotional need is no longer impacting access to education. Assessment may include:

- Review of previous assessment results
- Statement of reason for referral for discontinuation of services
- Updated rating scales in area of previous need
- Interview and observation
- Behavioral data
- Recommendation and summary statement
- Recommendation for ongoing accommodations, as needed, to support maintenance

Upon completion of the assessment, an IEP meeting must be convened. The assessor and service provider must be present at the IEP meeting to discuss the recommendation to discontinue services. Discussion and rationale for discontinuing ERMHS should also be clearly documented within the IEP notes. Following the meeting but prior to the termination of services, a parent must be provided with a Prior Written Notice (PWN) reviewing the rationale for discontinuing ERMHS.

For example, in the event that an IEP team agrees at an annual IEP that the student has met his or her ERMHS goals and services no longer appear to be required, an Assessment Plan (AP) must be provided to the parent/guardian for an ERMHS assessment. Within the PWN portion of the AP, it should be indicated that the purpose of the assessment is to consider whether ERMHS continue to be required based on goal progress, data collection and observations of student behavior. Then, another IEP must be held within 60 days of signature to formally discontinue ERMHS, if supported by assessment results.

Q40. What if the parent/guardian won't agree to discontinue services?

A40. The last signed and implemented offer of FAPE, otherwise known as the "stay put" offer of services, would continue to apply until an agreement is reached. In order to reach an agreement, teams may attempt the following:

- Further explore parent/guardian concerns and discuss options for alleviating concerns through accommodations or through supports provided in the general program.
- Review assessment results and goal attainment to illustrate why ERMHS are no longer required for the student to access his/her educational program.
- If parent/guardian concern(s) exist in an area not been assessed nor addressed, consider completing an assessment in the requested area prior to making a final determination.
- Request a SELPA facilitated IEP meeting to support in resolution.
- Contact your SELPA program specialist for further collaboration and guidance.
- Due Process procedures afforded to schools and parents may be initiated if the IEP team is unable to meet resolution through all other means. Please contact your SELPA program specialist for additional consultation if considering this option.

CLOSING

The information provided in this FAQ document is based on federal and state law, current case law and best practice recommendations. Due to the wide-ranging and individualized needs of students, specific case complexities often arise. Therefore, if your question was not answered within this document please feel free to contact your assigned SELPA Program Specialist for additional consultation and support.

¹ Response to Instruction and Intervention (RtI²): According to the California Department of Education (CDE), RtI² processes focus on students who are struggling and provide a vehicle for teamwork and data-based decision making to strengthen their performances before and after educational and behavioral problems increase in intensity. Please visit the CDE Web site on RtI² for further information: <https://www.cde.ca.gov/ci/cr/ri/rtihome.asp>

² Multi-Tiered System of Supports (MTSS): "In California, MTSS is an integrated, comprehensive framework that focuses on CCSS, core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems necessary for all students' academic, behavioral, and social success. MTSS has a broader scope than RtI² and offers the potential to create needed systematic change through intentional design and redesign of services and supports that quickly identify and match the needs of all students". (California Department of Education, <https://www.cde.ca.gov/ci/cr/ri/mtsscomprti2.asp>).