

GUIDELINES & RESOURCES



EDUCATIONALLY RELATED MENTAL HEALTH SERVICES (ERMHS) PROGRAM GUIDELINES

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INTRODUCTION

“In a coherent system of education, all children are considered general education students first. All educators have a collective responsibility to see that all children receive the education and the supports they need to maximize their development and potential so that they can participate meaningfully in the nation’s economy and democracy.”

*California Special Education Task Force Report,
One System: Reforming Education to Serve All Students (March 2015)*

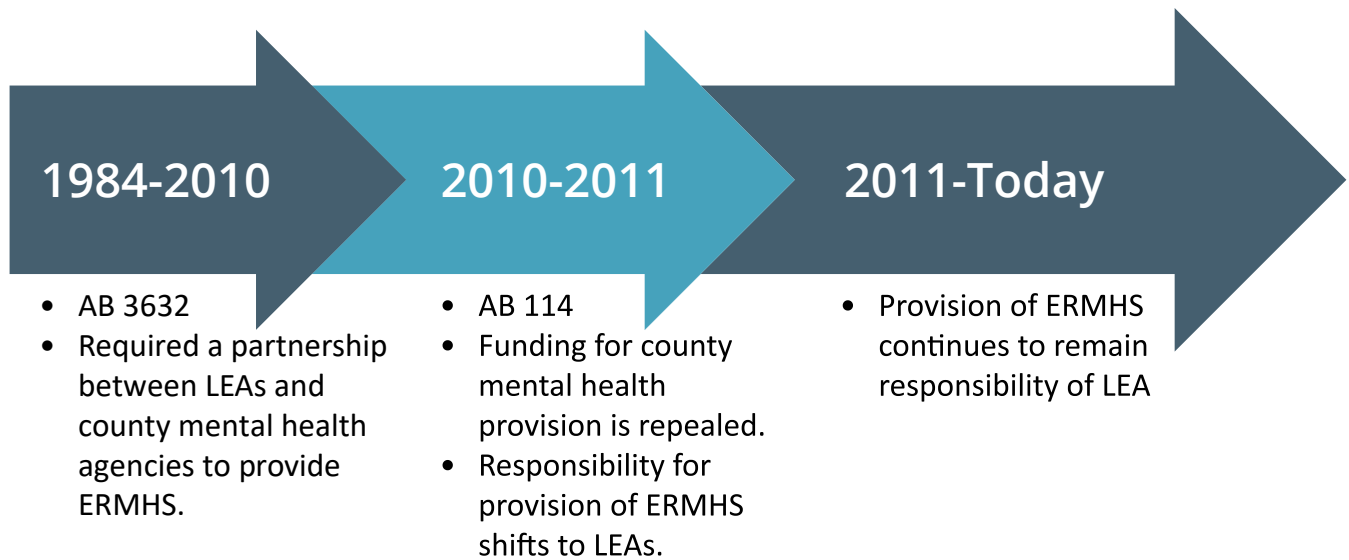
The ERMHS Program Guidelines are intended to support a broad audience of educators in understanding the foundational elements of ERMHS, from referral to provision of services. The objective of the ERMHS Program Guidelines is twofold in alignment with the commitment to a coherent system of education for all students. First, a general overview of social-emotional learning and behavioral supports within a Multi-Tiered System of Support (MTSS) is provided. This overview is intended to emphasize the vast benefits of a well-designed system of universal, supplemental and intensified supports. Second, guidelines specific to the assessment and provision of ERMHS, including guidance for the most frequently asked questions, are reviewed. Thorough recommendations for school psychologists and other ERMHS providers, including a sample ERMHS assessment report, are provided within the appendices of this document. For individual questions or additional information regarding any of the topics addressed in this document, please feel free to contact your EDCOE Charter SELPA Program Specialist.

EDUCATIONALLY RELATED MENTAL HEALTH SERVICES: BACKGROUND

Psychological and emotional well-being, also known as mental health, is essential to a child’s ability to learn, interact, grow and develop. According to the National Association of School Psychologists (NASP), mental health is not merely the absence of mental illness. Mental health encompasses social, emotional, and behavioral health and the ability to cope with life’s challenges. Research has demonstrated that students who receive social-emotional and mental health support experience benefits related to academic performance, school climate, classroom behavior, on-task learning, and a sense of connectedness and overall well-being. Left unmet, mental health needs are associated with adverse outcomes such as academic and behavioral challenges, increased drop-out rates and delinquency¹. Through daily interactions with students, educators are provided a unique opportunity to identify the early warning signs of an emerging or existing mental health condition and connect students with effective services and supports².

Educationally Related Mental Health Services (ERMHS) describe a range of school-based services provided to and 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.

Beginning in 1984, Assembly Bill 3632 required a partnership between school districts and county mental health agencies to deliver mental health services to students with individualized education programs (IEPs). In 2011, the California legislature passed Assembly Bill 114, which repealed the state mandate (AB 3632) on special education and county mental health agencies and eliminated related references to mental health services in California statute. As a result of this legislation and in accordance with the Individuals with Disabilities Education Act (IDEA, 2004), LEAs are solely responsible for ensuring that students with disabilities receive special education and educationally related mental health services (ERMHS) to meet their needs³. As is the case with any other IEP related service, LEAs are required to provide ERMHS to students as determined by the IEP team based on results of a comprehensive ERMHS assessment (CFR 300.304 (4), EDC §56320).



The shift in the provision of ERMHS from county mental health to LEAs provides schools the opportunity to directly meet the educationally related mental health needs of the students they serve. Programmatically, it is essential that LEAs continually examine their Multi-Tiered System of Support (MTSS) and adjust accordingly to ensure all students, including those receiving ERMHS, have access to the appropriate supports needed to thrive in the school, community and home settings.

¹ National Association Of School Psychologists (2016). School-Based Mental Health Services: Improving Student Learning And Well-Being. Retrieved From <https://www.nasponline.org/Resources-And-Publications/Resources-And-Podcasts/Mental-Health/School-Psychology-And-Mental-Health/School-Based-Mental-Health-Services>

² National Alliance On Mental Health (2019). Mental Health In Schools. Retrieved From <https://www.nami.org/Learn-More/Public-Policy/Mental-Health-In-Schools>

³ California Department Of Education (2018 November 28). Mental Health Services Faq. Retrieved From <http://www.cde.ca.gov/Sp/Se/Ac/Mhsfaq.asp>

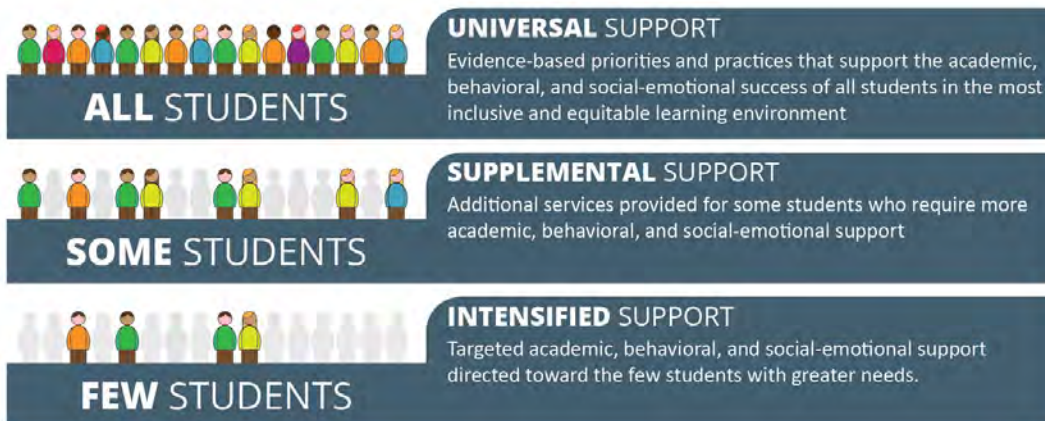
Section 1:
**Supporting All Students Within a Multi-Tiered System of
Support (MTSS)**

MULTI-TIERED SYSTEM OF SUPPORT (MTSS): OVERVIEW

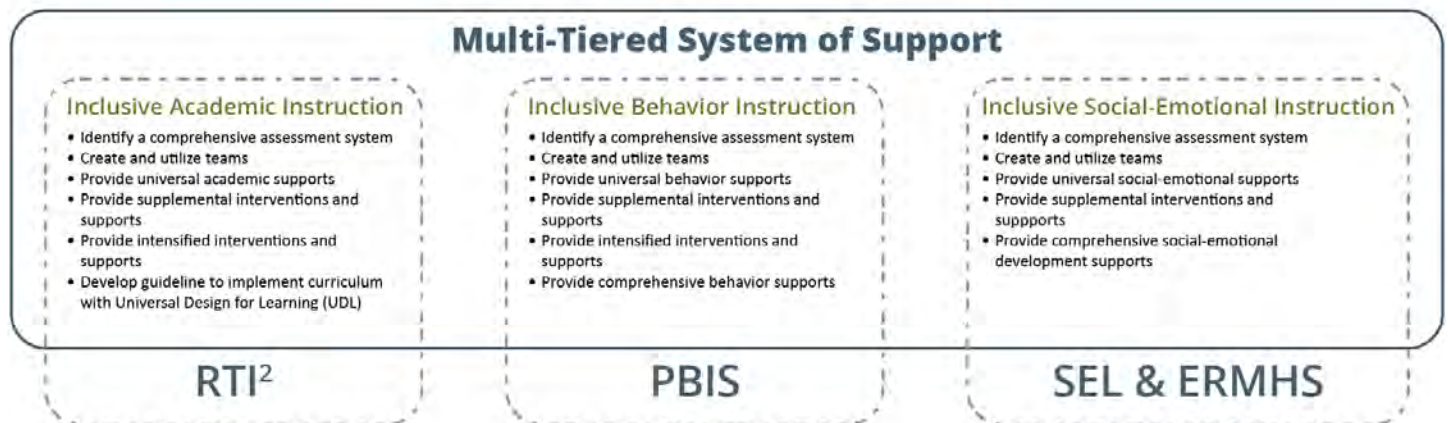
California historically provided numerous systems of support and interventions within the Response to Intervention (RtI or RtI²) processes. These included supports for Special Education, Title I, Title III, and support services for English Learners, American-Indian students, and those in gifted and talented programs.

A Multi-Tiered System of Support (MTSS) is an integrated, comprehensive framework that includes resources and services organized on a continuum of intensity based on students' academic, behavioral, and social-emotional needs. MTSS offers the potential to create needed systemic change that quickly identifies and matches the needs of all students through intentional design and redesign of academic, social-emotional and behavioral services and supports¹.

The evidence-based domains and features of the California MTSS framework provide opportunities for LEAs to strengthen school, family, and community partnerships while developing the whole child in the most inclusive, equitable learning environment thus closing the equity gaps for all students².

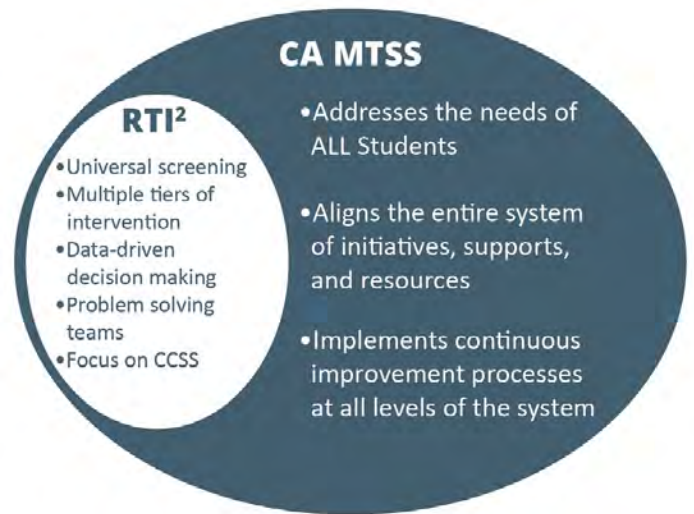


As indicated in the figure above, all students receive the appropriate level of instruction and support based on their unique needs within the MTSS framework. The following section will briefly introduce each of the three domains addressed within a comprehensive multi-tiered system of support: academic, behavioral and social-emotional.



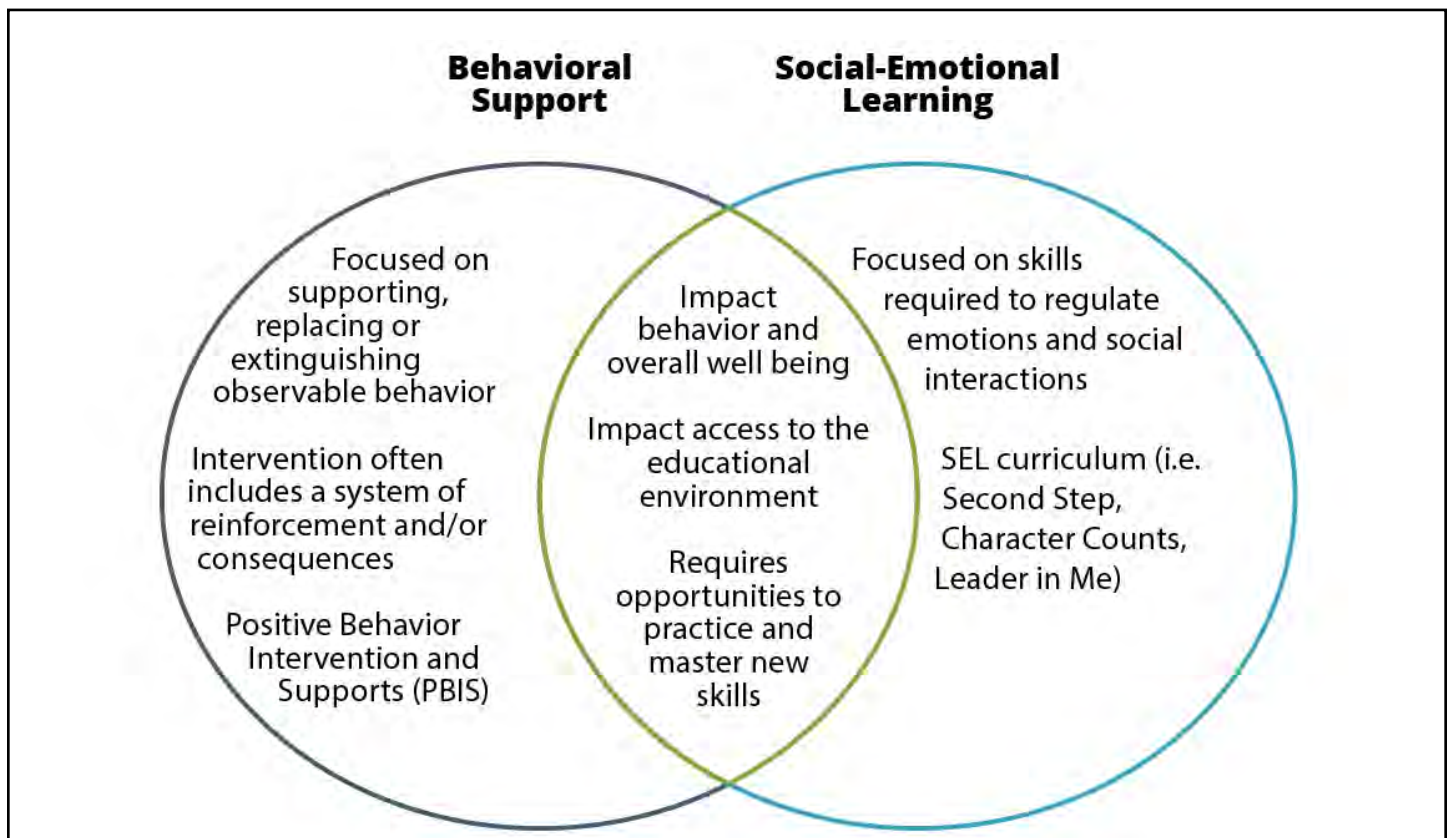
RTI² AND MTSS

One may hear the terms Response to Intervention and Instruction (RTI²) and MTSS used interchangeably; however, in many instances, the intentions of RTI² differ from the principles and practices of MTSS. The California Department of Education's (CDE's) RTI² processes focus on students who are struggling academically and provide a vehicle for teamwork and data-based decision making to strengthen their performance before and after educational and behavioral problems increase in intensity (CDE, 2015). Alternately, MTSS is grounded in principles and practices that create successful and sustainable system changes by determining what is necessary to provide effective instruction to the whole student, including behavioral and social-emotional needs.



COMPARE AND CONTRAST: BEHAVIORAL AND SOCIAL-EMOTIONAL LEARNING

In addition to academics, behavior and social-emotional well-being are essential to supporting the whole child within an MTSS framework. Although complementary, behavioral and social-emotional interventions address distinct skills that are equally important to a student's academic success and overall well-being. Meeting the needs of all students requires acknowledgment of both their similarities and differences. For example, due to the observable nature of behavior, behavioral interventions may be developed without consideration of whether a social-emotional need exists. Similarly, a social-emotional intervention may greatly benefit from the addition of a behavioral component for lasting and meaningful success. Below is a graphic summarizing primary differences and similarities between the two domains.

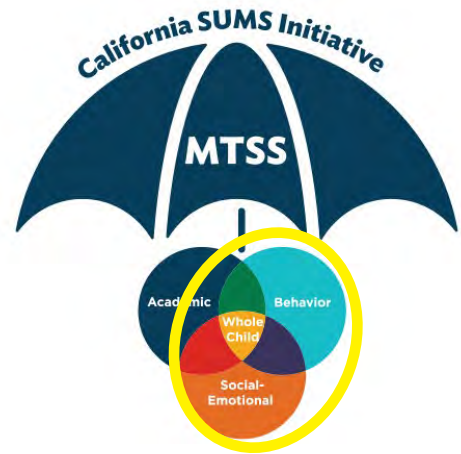


MTSS AND ERMHS

ERMHS encompasses a range of services provided to and on behalf of a student with an Individualized Education Program (IEP). Due to the intensive and individualized nature of ERMHS supports, they are provided within the third tier of support following the completion of a targeted ERMHS assessment. For more on the referral and assessment process, please refer to Section 2 of this document.

Despite exhibiting a need for an intensified level of support, students receiving ERMHS also benefit significantly from access to universal academic, behavioral and social-emotional supports available to all students. Therefore, ERMHS are not intended to be provided in isolation but rather to supplement other supports and services.

As mentioned previously, the social-emotional and behavioral domains are essential to supporting the whole child within the MTSS framework as both are closely related to a child's well-being, mental health, and, subsequently, ERMHS. The following sections will provide a further overview of the tiered framework of support within each domain.



MTSS: ADDITIONAL RESOURCES

- Appendix A: MTSS and Special Education
- [MTSS Connecting the Dots](#) provides resources that explore how California state priorities, such as SEL and PBIS, align with MTSS. This resource was developed by members of the California Scale-Up MTSS Statewide (SUMS) Initiative.
- [MTSS, RTI, Special Education...OH My! Gaining an understanding of MTSS and RTI from Drs. Lynn Fuchs and Joe Jenkins](#): A video discussion of MTSS and RtI with experts Lynn Fuchs and Joe Jenkins developed by the National Center on Intensive Intervention, NCSI, CEEDAR Center, Center on Response to Intervention.
- Numerous MTSS resources are provided by WestEd (a nonpartisan, nonprofit research, development, and service agency working with education and other communities). These can be found by visiting: https://www.wested.org/?q=mtss&search_type=google
- [MTSS: What You Need to Know](#) and [What's the Difference between RtI and MTSS?](#): Resources for parents provided by Understood.org.

¹ California Department of Education (2019). Definition of MTSS. Retrieved from <https://www.cde.ca.gov/ci/cr/ri/mtsscomprti2.asp>.

² Orange County Department of Education. California MTSS Framework. Retrieved from (<https://ocde.us/MTSS/Pages/CA-MTSS.aspx>).

SOCIAL-EMOTIONAL LEARNING (SEL)

The Collaborative for Academic, Social, and Emotional Learning (CASEL) defines Social-Emotional Learning (SEL) as, “the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.” SEL programming is based on the understanding that all students learn best in the context of supportive relationships that make learning challenging, engaging, and meaningful. Research has shown that many risk behaviors such as drug use, violence, bullying, and school dropout can be prevented or reduced when multi-year, integrated efforts develop students’ social and emotional skills¹.



CASEL has identified five interrelated sets of cognitive, affective, and behavioral competencies as indicated in Figure X (left). For more information on these core competencies and their inclusion into school-based SEL programs, please visit <https://casel.org/core-competencies/>.

Furthermore, the California Department of Education (CDE) has continued to place increased emphasis on the value of SEL and the critical role of positive relationships and emotional connections in helping students develop a range of skills needed for school and life². To support this work, CDE has joined the [Collaborating States Initiative](#), hosted by CASEL.

The Collaborating States Initiative is a group of states that share information, best practices, and promising tools and ideas in the interest of building strong SEL programs in schools across their states. Through this work, CDE has developed a number of helpful resources for schools including SEL Guiding Principles, Resource Guide and Recommendations for Policy and Practice. These resources and additional information can be found by visiting <https://www.cde.ca.gov/eo/in/socialemotionalllearning.asp>.

“There is a growing body of research proving that social and emotional learning (SEL) is fundamental to academic success and must be woven into the work of every teacher in every classroom and every after school and summer learning program, if we truly want to prepare all our students for college and careers.”

-California Department of Education

SEL AND ERMHS

Elements of social-emotional curriculum are often incorporated into ERMHS. For example, each of the aforementioned five competencies developed by CASEL; self-awareness, self-management, social awareness, relationship skills and responsible decision-making, may be weaved into the delivery of ERMHS in support of goals determined by the IEP team. Due to the intensive and individualized nature of ERMHS supports, they are provided within the third tier of SEL support following the completion of a targeted ERMHS assessment. Although students would ideally have access to Tier 1 and 2 SEL interventions prior to a referral to ERMHS, it

is not required. Additionally, a lack of access to pre-referral intervention may not inhibit nor delay an ERMHS assessment if it is deemed necessary by the IEP team or requested by a parent or adult student. For more on the referral and assessment process, please refer to the ERMHS Assessment section of this document.

TIERED LEVELS OF SUPPORT: OVERVIEW

The following tables provide a brief overview of the tiered levels of social-emotional support as provided within an MTSS framework.

SOCIAL EMOTIONAL LEARNING (SEL): TIER 1 UNIVERSAL SUPPORT

Question	Response
Who:	<p><i>Students:</i></p> <ul style="list-style-type: none"> • Appropriate for all students. • If less than approximately 80% of students are successful at this level, engage in Tier 1 problem-solving. <p><i>Staff:</i></p> <ul style="list-style-type: none"> • Universal SEL curriculum is selected by an identified SEL team and/or school administrator. • Tier 1 supports may be delivered by classroom teachers, instructional assistants, or special education staff. • It is essential that staff members are provided the time and resources required to plan cohesive implementation. • It is recommended that all staff members be trained in or familiar with the selected SEL curriculum in order to reinforce skills and/or embed key concepts into interactions with students.
When:	<ul style="list-style-type: none"> • Universal SEL curriculum is ongoing.
What: <i>Sample Programs and Interventions</i>	<ul style="list-style-type: none"> • CASEL has developed the Effective Social Emotional Learning Programs Guide which summarizes objective information about a selected number of nationally available, multi-year programs in a clear, easy-to-read “consumer report” format. This guide is a helpful tool for schools in the process of selecting research-based, Tier 1 interventions and undergoing implementation. The guide as well as an updated list of programs can be found at: http://www.casel.org/guide/programs.
What: <i>Progress Monitoring</i>	<ul style="list-style-type: none"> • Data informs instruction, services, and supports. • Identify both screening and benchmark assessments. “Seven Steps for Choosing and Using SEL Assessments” is a helpful checklist for schools when selecting SEL related assessments and can be found by visiting: https://casel.org/wp-content/uploads/2018/12/7-steps-for-choosing-and-using-SEL-assessments.pdf • Identify indicators/benchmarks to determine whether students are responding to the universal curriculum or are in need of more intensive, Tier 2 supports.
Where:	<ul style="list-style-type: none"> • Universal SEL curriculum is integrated within all classrooms school-wide.
How:	<ul style="list-style-type: none"> • Specific guidelines regarding program identification, planning and implementation will depend on the unique characteristics of the individual school, however there are a number of resources to support schools through the planning and implementation process. For example, the CASEL Guide to Schoolwide SEL is an online platform that offers step-by-step guidance and field-tested tools to help school teams implement high-quality SEL. This tool can be found at: https://schoolguide.casel.org/.

SOCIAL EMOTIONAL LEARNING (SEL): TIER 2 SUPPLEMENTAL SUPPORT

Question	Response
Who:	<p><i>Students:</i></p> <ul style="list-style-type: none"> • Appropriate for targeted students in small groups. • Selection is based on data revealing that a student requires more than core, universal instruction, services and supports. • If more than approximately 15% of students are receiving support at this level, engage in Tier 1 level, systematic problem-solving. <p><i>Staff:</i></p> <ul style="list-style-type: none"> • Tier 2 supplemental supports may be delivered by classroom teachers, instructional assistants, or special education staff (which may include psychologist, counselors, or other mental health professionals).
When:	<ul style="list-style-type: none"> • Tier 2 supports should be utilized when benchmark or other data has revealed the need for a higher level of support than is provided through the universal Tier 1 SEL curriculum. • It is recommended that Tier 2 supports be provided for a predetermined period (typically 6-8 weeks) after which the student's response is evaluated via benchmark assessment to determine if a higher or lower level of intervention is warranted.
What: <i>Sample Programs and Interventions</i>	<ul style="list-style-type: none"> • Tier 2 supports utilize a variety of tools within Social Skills Groups or Small Group Counseling (via staff developed materials or purchased curriculum). • Interventions may focus on a number of topics, including: <ul style="list-style-type: none"> ○ Death, loss and grief ○ Divorce ○ Peer pressure ○ Building friendships ○ Depression ○ Anxiety ○ Stress Reduction • Examples of frequently used Tier 2 SEL curriculum that may be used in a small group setting include: Kimochis, Strong Kids and Superflex curriculum. • If appropriate based on needs, consider utilizing an extension of the existing Tier 1 SEL program in order to support generalization outside the small group setting.
What: <i>Progress Monitoring</i>	<ul style="list-style-type: none"> • Data informs instruction, services, and supports. • Identify screening and benchmark assessments. "Seven Steps for Choosing and Using SEL Assessments" is a helpful checklist for schools when selecting SEL related assessments and can be found by visiting: https://casel.org/wp-content/uploads/2018/12/7-steps-for-choosing-and-using-SEL-assessments.pdf • Identify indicators and/or benchmarks to determine whether students are responding to the universal curriculum or are in need of more or less intensive (Tier 1 or 3) supports. • Progress monitoring occurs more frequently than at the universal level to ensure that the intervention is appropriately meeting the student(s) need.
Where:	<ul style="list-style-type: none"> • Within a small group or individual setting.
How:	<ul style="list-style-type: none"> • Interventions and progress monitoring are targeted to specific areas of student need. Therefore, specific guidelines regarding program identification and implementation will depend on the needs of the student(s) served.

SOCIAL EMOTIONAL LEARNING (SEL): TIER 3 INTENSIFIED SUPPORT

Question	Response
Who:	<p><i>Students:</i></p> <ul style="list-style-type: none"> • Appropriate for individual students in general education with intensive needs and/or students with IEPs and ERMHS. • Selection is based on data revealing that a student requires more than universal and supplemental instruction, services and supports in order to access the educational setting. <p><i>Students with IEPs:</i></p> <ul style="list-style-type: none"> • It is recommended that Tier 3 support in areas of social and emotional development be addressed by an ERMHS related service, as deemed appropriate following a targeted ERMHS assessment. • If the student requires intensified support yet ERMHS are not currently indicated in the IEP, assessment for ERMHS is recommended. • ERMHS must be delivered by appropriately credentialed personnel. For a complete list of approved providers listed by type of service, please refer to the ERMHS Services section of this document. <p><i>Students without IEPs:</i></p> <ul style="list-style-type: none"> • If a student requires ongoing intensified support in order to access his or her educational setting, it is recommended that school staff convene a meeting to determine whether a suspected disability exists warranting assessment for special education eligibility and services. • If more than approximately 5% of students are receiving support at this level, engage in Tier 1 and Tier 2 level, systematic problem solving. • It is recommended that intensified individualized services be provided by an appropriately credentialed mental health provider for a specified period of time.
When:	<ul style="list-style-type: none"> • Tier 3 supports should be utilized when benchmark or other data has revealed the need for a higher level of support than is provided through the Tier 1 or 2 SEL curriculum. <p><i>Students with IEPs:</i></p> <ul style="list-style-type: none"> • ERMHS services are determined by the IEP based on results of an ERMHS assessment. For more information on when to refer a student or an ERMHS assessment, please refer to the <i>ERMHS Assessment</i> section of this document. • It is recommended that ERMHS services be continued annually in order to support ERMHS goals included in the IEP. <p><i>Students without IEPs:</i></p> <ul style="list-style-type: none"> • It is recommended that Tier 3 supports be provided and closely monitored for a predetermined period of time (typically 6-8 weeks) after which the student's response is evaluated via benchmark assessment to determine if a higher or lower level of intervention or assessment is warranted.
What: <i>Sample Programs and Interventions</i>	<ul style="list-style-type: none"> • Tier 3 or ERMHS supports may utilize a variety of tools as determined by the service provider based on area(s) of student need. <p><i>Students with IEPs:</i></p> <ul style="list-style-type: none"> • ERMHS goals and services are selected as determined by the IEP team based on ERMHS assessment results. Please refer to the <i>ERMHS Goals and Services</i> section of this document for additional information. <p><i>Students without IEPs:</i></p> <ul style="list-style-type: none"> • Interventions are selected and implemented based on benchmark assessment results and/or other measures of performance (i.e. attendance data, behavioral data, student self-report).

Question	Response
What: <i>Progress Monitoring</i>	<ul style="list-style-type: none"> • Data informs instruction, services, and supports. <p><i>Students with IEPs:</i></p> <ul style="list-style-type: none"> • Progress monitoring on ERMHS goals must occur as agreed upon by the IEP team. <p><i>Students without IEPs:</i></p> <ul style="list-style-type: none"> • Identify screening and benchmark assessments. “Seven Steps for Choosing and Using SEL Assessments” is a helpful checklist for schools when selecting SEL related assessments and can be found by visiting: https://casel.org/wp-content/uploads/2018/12/7-steps-for-choosing-and-using-SEL-assessments.pdf • Identify indicators and/or benchmarks to determine whether students are responding to the intervention or are in need of more or less intensive supports. • It is recommended that progress monitoring occur frequently to ensure maximum acceleration of student progress.
Where:	<ul style="list-style-type: none"> • Within an individual or small group setting.
How:	<ul style="list-style-type: none"> • Tier 3 interventions and progress monitoring practices are individualized. Therefore, specific guidelines regarding service methodology, program identification and implementation are dependent the needs of the student(s).

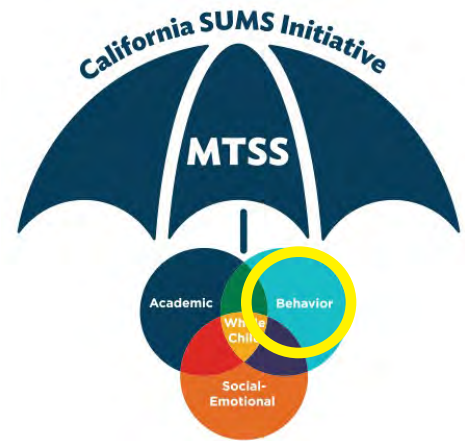
¹ Collaborative for Academic, Social, and Emotional Learning (2013). CASEL GUIDE: Effective Social and Emotional Learning programs preschool and Elementary School Edition. Retrieved from <https://casel.org/preschool-and-elementary-edition-casel-guide/>

² California Department of Education (2019). Social Emotional Learning. Retrieved from <https://www.cde.ca.gov/eo/in/socialemotionalllearning.asp>

BEHAVIORAL SUPPORT

Positive school climate, safe learning environments, and trusting student-teacher relationships are paramount to a student’s ability to successfully access his or her educational setting. Unfortunately, a range of behavioral challenges within the classroom and school settings often create barriers to achieving an optimal environment in which all students can learn, develop and grow. For this reason and many others, well-designed behavioral interventions are an integral part of the MTSS framework.

This section will provide a brief overview of the tiered levels of behavioral support as provided within an MTSS framework. Included in the tables below are general recommendations for universal, supplemental and intensified behavioral interventions as well as the foundational practices of Positive Behavioral Intervention and Supports (PBIS).



POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS (PBIS)

In a recent survey of 10,000 teachers across 50 states, 68 percent of elementary teachers, 64 percent of middle school teachers, and 53 percent of high school teachers reported increased behavioral challenges within the classroom setting¹. Due to the unique characteristics of each student and school community, schools cannot and should not adhere to a one-size-fits-all approach to behavioral intervention. Positive Behavioral Interventions and Supports (PBIS) is a multi-tiered framework intended to support student behavior through systems change. PBIS is neither a prescribed nor packaged curriculum, but rather a framework that defines core elements that can be achieved through a number of strategies aligned with an individual school’s mission and vision for student success (Figure 1).



Figure 1

As with MTSS, PBIS is a three-tiered framework aligned with student need. When implemented with fidelity, students achieve a variety of improved social and academic outcomes. Additionally, schools experience reduced exclusionary discipline practices and school personnel feel more effective². For more information on PBIS implementation, please visit <https://www.pbis.org/>.

BEHAVIOR AND ERMHS

In many cases, mental health needs manifest behaviorally. Behavioral manifestations commonly alert educators, parents, friends, and loved ones to the existence of a student’s emerging or existing social-emotional need (e.g., change in affect, attendance issues, avoidance behavior, behavioral symptoms of depression or anxiety, change in energy level). This may result in a referral for corresponding behavior services, in addition to ERMHS, to ensure all aspects of the student’s need are met.

Just as ERMHS support the social-emotional goals indicated within the IEP, Behavioral Intervention Services (BIS) are commonly used to support behavioral goals. BIS may be considered a supplementary component of ERMHS services if the student’s emotional needs manifest behaviorally in a manner that impedes access to the educational setting. BIS may also be accessed by any student who requires behavioral supports as indicated by a Functional Behavior Assessment (FBA) and subsequent Behavior Intervention Plan (BIP), independent of an ERMHS evaluation. Please refer to the ERMHS and BIS segment of the ERMHS Services section for a side-by-side comparison of the two independent, yet closely related services.

TIERED LEVELS OF SUPPORT: OVERVIEW

The following tables provide a brief overview of the tiered levels of behavioral support as provided within an MTSS framework.

BEHAVIOR: TIER 1 UNIVERSAL SUPPORT

Who:	<p><i>Students:</i></p> <ul style="list-style-type: none"> All students. If less than approximately 80% of students are successful at this level, engage in Tier 1 problem-solving. <p><i>Staff:</i></p> <ul style="list-style-type: none"> Tier 1 universal behavioral supports require a shared approach to student behavior amongst all staff members. Therefore, supports may be provided by the classroom teacher, support personnel, or any other staff member interacting with students. Staff members must be provided the time and resources required to plan cohesive implementation. It is recommended that all staff members are trained in or familiar with the selected behavioral supports in order to reinforce skills when interacting with students across settings.
When:	<ul style="list-style-type: none"> Universal behavior support is ongoing.
What:	<ul style="list-style-type: none"> School-wide and/or class-wide behavioral systems (e.g. school-wide or classroom management systems such as group points, rewards and/or consequences). Broader implementation of behavioral supports using a framework such as Positive Behavioral Interventions and Supports (PBIS) (see above). PBIS Tier 1 foundational systems and practices include: <ul style="list-style-type: none"> An established leadership team to identify priorities and guide implementation Regular meetings A commitment statement for establishing a positive school-wide social culture On-going use of data for decision making Professional development plans Personnel evaluation plan Intentional instruction of school-wide positive expectations and behaviors Established classroom expectations aligned with school-wide expectations A continuum of procedures for encouraging expected behavior A continuum of procedures for discouraging problem behavior Procedures for encouraging school-family partnership
What: <i>Progress Monitoring</i>	<ul style="list-style-type: none"> Data informs instruction, services, and supports Identify screening and benchmark assessments or data points. Identify indicators and/or benchmarks to determine whether students are responding to the universal support or are in need of more intensive, Tier 2 supports.
Where:	<ul style="list-style-type: none"> Class-wide and/or school-wide.
How:	<ul style="list-style-type: none"> Specific guidelines regarding behavioral planning and implementation will depend on the unique characteristics of the individual classroom and/or school, however there a number of resources to support schools through the planning and implementation process. Please refer to PBIS.org for a comprehensive collection of resources and tools.

BEHAVIOR: TIER 2 SUPPLEMENTAL SUPPORT

Who:	<p><i>Students:</i></p> <ul style="list-style-type: none"> • Targeted students in small groups. • The focus is on supporting students who are at risk for developing more serious problem behavior before those behaviors start¹. • Selection is based on data revealing that a student requires more than universal instruction, services and supports. • If more than approximately 15% of students are receiving support at this level, engage in Tier 1 level, systematic problem-solving. <p><i>Staff:</i></p> <ul style="list-style-type: none"> • Tier 2 supplemental support may be delivered by classroom teachers, instructional assistants, or support staff (which may include the school psychologist, counselors, or other mental health professionals).
When:	<ul style="list-style-type: none"> • Tier 2 supports should be utilized when benchmark or other data has revealed the need for a higher level of support than is provided through universal Tier 1 behavioral supports. • It is recommended that Tier 2 supports be provided for a predetermined period (typically 6-8 weeks) after which the student's response is evaluated via benchmark assessment or other data to determine if a higher or lower level of intervention is warranted.
What: <i>Sample Programs and Interventions</i>	<ul style="list-style-type: none"> • Implementation of a strategic behavioral intervention to supplement Tier 1 supports. Examples of evidence-based Tier 2 supplemental behavioral supports include: <ul style="list-style-type: none"> • Behavior contracts • Check in, check out • Home-school communication system • Mentoring • Self-monitoring • Structured breaks and class pass • Individual visual schedule • Reward systems (group and individual) • For more information on any one of the strategic behavioral interventions listed above, please refer to the Strategic Behavioral Intervention web module series found in the EDCOE Charter SELPA Online Learning Center. • To build upon the PBIS framework mentioned in Tier 1, PBIS Tier 2 foundational systems and practices include¹: <ul style="list-style-type: none"> • An intervention team with a coordinator • Staff members with behavioral expertise • Collection of fidelity and outcome data • Screening process to identify students needing Tier 2 support • Staff access to training and technical assistance • Increased instruction and practice with self-regulation and social skills • Increased adult supervision • Increased opportunities for positive reinforcement • Increased pre-corrections • Increased focus on suspected function(s) of problem behaviors • Increased access to academic supports
What: <i>Progress Monitoring</i>	<ul style="list-style-type: none"> • Data informs instruction, services, and supports. • Identify screening and benchmark assessments or data points. • Identify indicators and/or benchmarks to determine whether students are responding to the universal curriculum or are in need of more or less intensive (Tier 1 or 3) supports. • Progress monitoring occurs more frequently than at the universal level to ensure that the intervention is working.
Where:	<ul style="list-style-type: none"> • Within a small group or individual setting
How:	<ul style="list-style-type: none"> • Interventions and progress monitoring are targeted to specific areas of student need. Therefore, specific guidelines regarding program identification and implementation will depend on the needs of the student(s) served.

BEHAVIOR: TIER 3 INTENSIFIED SUPPORT

Who:	<p><i>Students:</i></p> <ul style="list-style-type: none"> • Appropriate for individual students with intensive needs and/or students with IEPs and Behavior Intervention Service (BIS) and/or ERMHS. • Selection is based on data revealing that a student requires more than universal and supplemental instruction, services and supports in order to access the educational setting. • If more than approximately 5% of students are receiving support at this level, engage in Tier 1 and Tier 2 level, systematic problem solving. <p><i>Students with IEPs:</i></p> <ul style="list-style-type: none"> • It is recommended that Tier 3 behavioral support be addressed by a Behavior Intervention Plan (BIP) and corresponding Behavior Intervention Service (BIS), as deemed appropriate based on results of a Functional Behavior Assessment (FBA) or comprehensive psychoeducational assessment. • Depending on the function of the behavior and level of student need, ERMHS support may also be required. For this reason, it is recommended that both an FBA and ERMHS assessment be considered in response to an ongoing and/or intensive behavioral need. For more information on the relationship between BIS and ERMHS, please refer to the <i>ERMHS Services</i> section of this guideline document. <p><i>Students without IEPs:</i></p> <ul style="list-style-type: none"> • It is recommended that intensified and individualized services be provided by an appropriately credentialed behavioral and/or mental health provider. • If a student requires ongoing intensified behavioral support in order to access his or her educational setting, it is recommended that school staff convene a meeting to determine whether a suspected disability exists warranting an assessment for special education eligibility and services.
When:	<ul style="list-style-type: none"> • Tier 3 supports should be utilized when benchmark or other data has revealed the need for a higher level of support than is provided through the Tier 1 or 2 SEL curriculum.
What: <i>Sample Programs and Interventions</i>	<ul style="list-style-type: none"> • Tier 3, BIS or ERMHS supports may utilize a variety of tools as determined by the service provider based on area(s) of student need. • To build upon the PBIS framework mentioned in Tier 1 and 2, PBIS Tier 3 foundational systems and practices include¹: <ul style="list-style-type: none"> • A multi-disciplinary team • Behavior support expertise (e.g., input from board certified behavior analyst, school psychologist, other mental health professional). • Formalized data collection related to monitoring fidelity and student outcomes • Formal fidelity and outcome data are collected • Function-based assessments • Wraparound supports • Cultural competence and contextually appropriate practices <p><i>Students with IEPs:</i></p> <ul style="list-style-type: none"> • Interventions are selected and implemented as determined based on FBA and/or psychoeducational assessment results and identified areas of need. <p><i>Students without IEPs:</i></p> <ul style="list-style-type: none"> • Interventions are selected and implemented based on benchmark assessment results and/or other measures of performance (i.e. attendance data, behavioral data, student self-report).

<p>What: <i>Progress Monitoring</i></p>	<ul style="list-style-type: none"> • Data informs instruction, services, and supports. <p><i>Students with IEPs:</i></p> <ul style="list-style-type: none"> • A Behavior Intervention Plan (BIP), behavior goals and subsequent Behavior Intervention Services (BIS) are initiated based on the results of a comprehensive psychoeducational assessment which includes the necessary elements of a Functional Behavior Assessment (FBA), or a stand-alone FBA. Note: an ERMHS assessment may also be warranted to ensure all areas of suspected need are addressed. • For students with IEPs and BIS support: It is recommended that BIS services be continued annually in order to support behavior goals included in the IEP. • If a student is not responding to interventions included within the IEP for an existing behavioral need, it is recommended that the IEP team meet to formally increase the type, frequency and/or duration of behavioral supports. An updated FBA for an existing behavior (<i>which has been formally assessed within the past two years</i>) is not required to make such adjustments. However, it is recommended that an FBA be updated at a minimum of every two years. <p><i>Students without IEPs:</i></p> <ul style="list-style-type: none"> • Identify screening and benchmark assessments. • Identify indicators and/or benchmarks to determine whether students are responding to the intervention or are in need of more or less intensive supports. • It is recommended that progress monitoring occur frequently to ensure maximum acceleration of student progress.
<p>Where:</p>	<ul style="list-style-type: none"> • Within an individual setting.
<p>How:</p>	<ul style="list-style-type: none"> • Tier 3 interventions and progress monitoring practices are individualized. Therefore, specific guidelines regarding service methodology, program identification and implementation are dependent the needs of the student(s).

¹ Scholastic and the Bill & Melinda Gates Foundation (2013). Primary Sources: America’s Teachers on the Teaching Profession. Retrieved from https://www.scholastic.com/primarysources/pdfs/Gates2012_full.pdf

² (2019). PBIS: Getting Started. Retrieved from: <https://www.pbis.org/pbis/getting-started>

Section 2
**Educationally Related Mental Health Services (ERMHS)
Guidelines**

ERMHS FOUNDATIONS: AN OVERVIEW

Educationally Related Mental Health Services (ERMHS) describe a [range of services](#) provided by an LEA to, and 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.

Referral

[Referral](#) for ERMHS assessment should be made any time it is suspected that a mental health need may impact a student's access to his or her educational setting.

The assessment plan, prior written notice and procedural safeguards must be provided [within 15 days](#) of the referral or request for assessment.

ERMHS assessments must be completed by a [credentialed school psychologist](#).



The purpose of the [ERMHS assessment](#) is to:

1. Examine areas of social-emotional functioning to identify areas of need.
2. Determine whether ERMHS are required in order for the student to access his or her education.
3. Determine whether pre-existing ERMHS services should be discontinued.

Reminder: Assessment is required in order to add ERMHS to a student's IEP.

Assessment

The IEP meeting to review [ERMHS assessment report](#) results must be held within [60 calendar days](#) of receipt of parent consent.



Is Not Eligible

Student is not determined to be eligible based on assessment results.

The IEP team will discuss whether supplemental aids (i.e. accommodations) are recommended.

The IEP team will continue to monitor areas of need and reinitiate ERMHS referral process at a future date if needs persist.

Is Eligible

Student is determined to be eligible based on assessment results.

The IEP team will update the [IEP document](#) based on the following:

1. ERMHS assessment results determine areas of need in Present Levels of Performance.
2. Area(s) of need determine [goals](#).
3. Goals determine the type and frequency of [services](#).
4. Type and frequency of required services determine [placement](#) in the Least Restrictive Environment (LRE).

Once parental consent to the updated IEP is obtained, implement ERMHS services. Progress on goals is monitored as agreed upon by the IEP team and revisited at least annually.

As a reminder, assessment is required to discontinue ERMHS.



ERMHS REFERRAL AND ASSESSMENT

ERMHS Referral and Assessment: Key Points



- In all cases, ERMHS assessments are required to initiate or discontinue services.
- Referral for ERMHS assessment should be made if it is suspected that a mental health need may impact a student’s access to his or her educational setting.
- ERMHS assessment must be completed by a credentialed school psychologist (EDC §56320(a)(3)).
- Outside assessments may be considered, but do not automatically determine eligibility.
- Assessments provide valuable data to inform interventions- not simply determine eligibility

Schools must assess and serve students’ educationally related mental health needs through the same process as other identified educational needs. Doing so ensures that the student receives meaningful educational benefit from the supports and services included in the IEP. The term “educational benefit” describes the requirement that an IEP be reasonably calculated to enable a student to make appropriate progress in the educational program in light of his or her individualized needs¹. The term “reasonably calculated” is not explicitly defined, however it requires that IEP teams make informed decisions based on assessment data, historical progress and potential for growth. The “thread of educational benefit” (Figure 1), illustrates the recommended progression of the IEP decision making process, of which assessment is the vital first step.



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 (34 CFR §300.304 (4), EDC §56320). 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. This section will review best practice recommendations for the ERMHS referral and assessment processes.

REFERRAL FOR ERMHS ASSESSMENT

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

- Exhibits maladaptive (*behaviors that inhibit the ability to adjust to a situation*) or abnormal 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.
- Has accessed general education counseling for a “short-term” need and has not made progress or ongoing counseling is required.
- Displays ongoing school refusal or other significant and/or sudden change in school attendance.
- 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 school-based assessment and service.
- Is hospitalized for needs related to mental health.

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 completed within approximately six-months which contained all of the required elements of an ERMHS assessment (as outlined in the following ERMHS Assessment section).

A Note on Pre-referral Interventions: Implementation of pre-referral interventions is encouraged. However, the use of pre-referral interventions as part of a Response to Instruction and Intervention (RtI²) or Multi-Tiered System of Supports (MTSS) process does not absolve a district/LEA’s obligation under the IDEA to obtain parental consent and evaluate a student within 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. When a student is referred for an ERMHS assessment, the IEP team must thoroughly consider the referral to avoid delaying assessment and potential services based solely on access and response to pre-referral interventions.

WHAT IS THE DIFFERENCE BETWEEN A REFERRAL FOR ASSESSMENT OF EMOTIONAL DISTURBANCE (ED) AND REFERRAL FOR ERMHS ASSESSMENT?

Assessment for Emotional Disturbance	Assessment for ERMHS
<ul style="list-style-type: none"> • Emotional Disturbance is one of the 13 eligibility categories designated by the IDEA. • Warranted when ED presents as an area of suspected disability. • Based on the emphasis on social-emotional well-being, a comprehensive psycho-educational assessment for ED will also include the required components of the ERMHS assessment. • At the culmination of the assessment for ED, both a recommendation for eligibility and services, including ERMHS, should be made. • If the student is found eligible for services under ED, ERMHS goals and services must be included in the IEP to support social-emotional needs as identified by assessment results. 	<ul style="list-style-type: none"> • ERMHS is a related Service • Warranted when there is a suspected mental health need, but not a change in suspected disability. • Includes required elements of an ERMHS assessment, but not all components of a comprehensive psycho-educational evaluation and therefore does not determine eligibility. • Based on ERMHS assessment results, the IEP team will make a recommendation for ERMHS supplementary supports and services. • It is recommended that the IEP team consider whether ERMHS assessment results indicate a new area of suspected disability, such as ED. If so, a comprehensive psycho-educational assessment must be completed.

ERMHS REFERRALS FAQS

Question	Response
<i>What if a student with an IEP has a seemingly temporary or short-term counseling need? Should a student be referred for ERMHS assessment?</i>	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 traumatic events 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 LEA provide an assessment plan for ERMHS to investigate social-emotional needs further and determine if ERMHS are warranted as a related service within the IEP. As a reminder, parent permission is required.
<i>What if a parent/guardian provides a private assessment report as part of their referral?</i>	If a parent/guardian provides a private assessment report indicating social-emotional and/or mental health needs, an IEP meeting must be held to review parent concerns, consider results of the private assessment (34 CFR §300.502(c), EDC §56329(c)), and determine whether ERMHS assessment is warranted. For more information, please refer to the following Private Assessments section.
<i>What if a parent/guardian refuses to provide consent for assessment following the referral?</i>	If a parent refuses to provide consent, explore and respond to parent concerns, provide further explanation of ERMHS and increased opportunity for collaboration with parents through the assessment process. If a parent continues to refuse the assessment, assessment may not move forward. Continue to monitor and document student progress and reinstate the referral process after 6-8 weeks if needed for the student to access their education.
<i>What if I have additional questions that haven't been addressed in this section?</i>	Navigating ERMHS can be a multifaceted process in which unique circumstances may arise. For additional questions, please feel free to reach out to a Program Specialist from the EDCOE Charter SELPA.

When a student exhibits maladaptive or abnormal behaviors (that have not improved in response to Tier 1 and Tier 2 interventions)

When a parent/doctor provides information that a student has a mental health disorder.

Section Review:
When should a referral for ERMHS Assessment be initiated?

When a student displays a significant change in behavior that negatively impact access to the educational setting.

When additional services or a change of placement are being considered due to mental health issues (no prior ERMHS in place).

ERMHS ASSESSMENTS

The purpose of the ERMHS assessment is to examine areas of social-emotional need and determine whether ERMHS are required for the student to access his or her education. Regardless of the eligibility determination, the valuable data gained during the assessment should be used to inform the implementation of meaningful effective and evidence-based interventions. If a student is found eligible for ERMHS, 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, duration and location of services in the Least Restrictive Environment (LRE).

ERMHS Assessor Guidelines

In the state of California, ERMHS assessments must be completed by a credentialed school psychologist. 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 CFR §300.304). However, 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 section 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."

Contents of an ERMHS Assessment

ERMHS assessments must use a "variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child" (34 CFR §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 and rating scales.
- Student observation and data collection across multiple days in various settings.
- Broadband assessments: Instruments that measure a broad range of behaviors or symptoms. Broadband assessments help to identify or rule out areas of student need.
- Narrowband assessments: Instruments that measure a narrow range of behaviors or symptoms, typically in areas of suspected or identified need.

For additional information on assessment tools, please refer to the Special Education Assessment Tool Guide available in the SEIS Document Library. Additional guidance on assessment and report writing is available in Appendix B: ERMHS Report Template for School Psychologists and Appendix C: ERMHS FAQ for School Psychologists.

ERMHS Assessment Timeline

The ERMHS assessment process follows the same timeline as all other assessments.

- The assessment plan must be provided to the parent within 15 days of referral with the following exceptions:
 - Tolloed for school breaks in excess of 5 schooldays.
 - If referral received 10 days or fewer before end of school year, then due within first 10 days of next school year.
 - Note: Attach procedural safeguards notice to proposed assessment plan.
 - Note: For additional information on how to complete the assessment plan and corresponding Prior Written Notice (PWN), please refer to Appendix C: ERMHS FAQ for School Psychologists.
- The IEP must be held within 60 calendar days of receipt of parent consent with the following exceptions (34 CFR 300.301(d)(2)):
 - Student enrolls in another LEA.
 - Student not made available.
 - Note: CDE currently interprets the law to pause the timeline for school breaks in excess of 5 school days.

ERMHS Assessment Report

A legally defensible and meaningful ERMHS report must include all elements of a comprehensive ERMHS assessment (as listed above in the ERMHS Assessment portion of this section) presented in an accessible, parent-friendly and student-centered manner. To support the development of defensible ERMHS assessments and reports, the EDCOE Charter SELPA has created an ERMHS assessment template (Appendix B), also located in the SEIS Document Library. 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. 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.

Within the conclusion of the report, it is the responsibility of the assessor to make an informed recommendation regarding the need for ERMHS services for IEP team consideration. ERMHS services may be recommended if assessment results indicate social-emotional and/or mental health needs which impede the student's ability to access his or her educational program to a degree requiring individualized supports. It should be noted that 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. Instead, ERMHS should be determined based on assessment results which reveal an individualized need for the service.

Private Assessments

Private assessments include those provided by non-school based professionals or practitioners. Although it is required that the IEP team consider private assessments ((34 CFR §300.502(c), EDC §56329(c)), private assessment results do not equate to immediate eligibility for ERMHS. Some students may experience mental health disorders that are managed independently by non-school based service providers and do not manifest in the school setting. Therefore, 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 despite the presence of a clinical mental health diagnosis or recommendation for services. This ensures that appropriate school-based services are provided.

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

Independent medical reports may be provided by the parent/guardian and considered by the LEA, however LEAs are not required to seek medical input before determining need for ERMHS services. Should school staff require a medical diagnosis, the school may 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. In other words, the obligation to assess is not absolved by a student's use of medication to manage his or her symptoms.

ERMHS ASSESSMENTS FAQS

Question	Response
<i>What if the IEP team is in already 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?</i>	No. Schools must assess and serve students' educationally related mental health needs through the same process as other identified educational needs; therefore, an assessment is required to initiate ERMHS services (34 CFR §300.304 (4), EDC §56320). In addition to eligibility determination, the assessment is also required to identify areas of need and develop meaningful goals and subsequent services. <i>Note: In the event of a mental health crisis and/or psychiatric hospitalization, it is recommended that the team consider expediting assessment. It is also essential to consider whether interim mental health supports are required while the assessment is completed (for more information please refer to the question addressing hospitalization below).</i>
<i>What if 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?</i>	It depends. If the IEP team agrees that an existing service adequately addresses the social-emotional goal, then additional assessment for ERMHS may not be required. For example, a Behavior Intervention Plan (BIP) and Behavior Intervention Service (BIS) may be used to address a self-regulation social-emotional goal. However, if an assessment was not completed to develop the current goal, and 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.
<i>What if a student has been hospitalized or is in crisis? Is an ERMHS assessment still required?</i>	Yes, however 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 (Appendix D) to allow the assessor to discuss the student's medical and mental health needs as they relate to the educational setting.
<i>What if the team is planning to complete an initial or triennial assessment and identifies ERMHS-related needs? Can the ERMHS assessment be combined with the initial or triennial assessment or does it need to be a separate, stand-alone assessment?</i>	Although an ERMHS assessment can stand alone if the referral occurs outside of the initial or triennial process, the required components of an ERMHS assessment (see above section on assessment components) may also be included within an initial, triennial or other psycho-educational evaluation. If the ERMHS assessment is 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).
<i>What if the IEP team has recommended discontinuing ERMHS services. Is another assessment required to do so?</i>	Yes. An assessment is required to both initiate and discontinue services. Please refer to the Discontinuing Services section of this document for more information.
<i>What if a student disenrolls during the ERMHS assessment?</i>	When a student for whom an assessment is in progress changes schools, ed code states that "each LEA ensure that assessments of individuals with exceptional needs who transfer from one district to another district in the same academic year are coordinated with the individual's prior and subsequent schools, as necessary and as expeditiously as possible" (EDC §56325). It is recommended that all completed assessment data be provided to the receiving school as soon as possible upon confirmation of enrollment. Although not required, the originating school whose staff is familiar with the student may also provide an opportunity to collaborate on completion of teacher reports and rating scales.
<i>What if I have additional questions that haven't been addressed in this section?</i>	Navigating ERMHS can be a multifaceted process in which unique circumstances may arise. For additional questions, please feel free to reach out to a Program Specialist from the EDCOE Charter SELPA.

ERMHS REFERRAL AND ASSESSMENT: RELATED RESOURCES

- Appendix B: ERMHS Report Template for School Psychologists
- Appendix C: ERMHS FAQ for School Psychologists.
- Appendix D: Exchange of Information
- Special Education Assessment Tool Guide (link)

¹ United States Department of Education (7 December 2017). Questions and Answers (Q&A) on U. S. Supreme Court Case Decision Endrew F. v. Douglas County School District Re-1. Retrieved from <https://sites.ed.gov/idea/files/qa-endrewcase-12-07-2017.pdf>.

DOCUMENTING ERMHS IN THE IEP

Documenting ERMHS in the IEP: Key Points



- As is the case with all IEP related services, determination of ERMHS goals and services must be reasonably calculated to ensure the student makes appropriate progress in light of his or her individualized needs.
- All Local Education Agencies (LEAs) are required to provide services, including ERMHS, based on the principles of Least Restrictive Environment (LRE).

If a student is determined eligible for ERMHS, the Individualized Education Program (IEP) document must be updated to reflect the additional areas of need as well as goals, supplementary aids, and provision of services. In some cases, teams may place increased focus on services, omitting essential steps in the planning and documentation process. Instead, teams are strongly encouraged to follow the steps outlined in Figure 1: The Thread of Educational Benefit.

As reviewed in the Referral and Assessment section, the term “educational benefit” describes the requirement that an IEP be reasonably calculated to enable a student to make appropriate progress in the educational program in light of his or her individualized needs¹. By following the steps outlined in the current section, IEP teams will ensure that ERMHS goals and services are intentionally developed to support progress based on the student’s unique needs and documented appropriately throughout the IEP.



Due to the individualized nature of IEP services, the following section does not provide a template or script for completing the IEP document but instead provides considerations for each essential area included in the thread of educational benefit.

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE



A well-developed Present Levels of Academic Achievement and Functional Performance (“present levels”) section is critical to the effectiveness of the overall IEP document. When completed accurately, this section provides a data-informed snapshot of the student’s current strengths and needs and serves as an essential baseline for the goals to follow. It is recommended that a summary of relevant results from an ERMHS assessment be included in the Social Emotional/Behavioral section, however portions may also be added to the Strengths/Preferences/Interests, Parent Input or other pertinent sections. All members of the IEP team must be able to read and understand the IEP document in its entirety; therefore, copying and pasting the full text from the ERMHS assessment report is not recommended. Instead, a concise summary of relevant and measurable results should be included. The assessor, or the case manager in collaboration with the assessor, is responsible for inputting assessment results into the present levels section.

GOAL WRITING



ERMHS goals are written to address identified areas of need as indicated by ERMHS assessment results and included in Present Levels of Performance. Proposed ERMHS goals may be written by either the individual who completed the assessment or by the service provider. In either case, collaboration between professionals is recommended to ensure that meaningful and attainable goals are developed, implemented, and monitored.

Although use of benchmarks or short-term objectives are not required in all cases², 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 include the six goal components (Figure 2) and should be SMART (Figure 3). 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.

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? (Date Collection Methods)

Figure 1

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 piece of paper) instead of calling out”.

Similarly, in this statement, 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”.

Due to the fluid and occasionally intangible 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?



Figure 2

- Write specific and data-informed 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.
- Will goals also require specific accommodations to be added to the IEP? For example, if a student is meant to utilize a designated break space it is recommended that the use of a designated area for breaks be added as an accommodation.

ERMHS GOAL WRITING FAQS

Question	Response
<i>What if a student a student is determined to be eligible for ERMHS, but already has a BIP and behavioral goal? Can the ERMHS provider focus on the existing behavioral goal only?</i>	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 that focuses on the social-emotional skill required to both support student behavior and allow access to a Free and Appropriate Public Education (FAPE).
<i>What if the student is not meeting his or her goals?</i>	If no or limited progress is made, do not continue an ineffective goal or intervention. Instead, convene an IEP meeting to discuss adjusting goals and/or services as needed to increase the likelihood of goal attainment and allow educational benefit. Services may be adjusted based on goal progress, yet assessment is required to discontinue services.
<i>What if I have additional questions that haven't been addressed in this section?</i>	Navigating ERMHS can be a multifaceted process in which unique circumstances may arise. For additional questions, please feel free to reach out to a Program Specialist from the EDCOE Charter SELPA.

SUPPLEMENTARY AIDS AND SERVICES



Supplementary Aids

Supplementary aids, commonly referred to as curriculum adaptations or program accommodations, provide additional supports for, or on behalf of, the student to address social-emotional needs. Accommodations are intended to provide equal access to learning without altering standards or instruction. When provided intentionally and with fidelity, accommodations play an incredibly valuable role in supporting a student's social-emotional needs regardless of their connection to a direct service. Examples of accommodations to support social-emotional needs may include: structured breaks when requested or at predetermined intervals, additional time on tests due to anxiety, or structured check-in opportunities with an assigned staff member during the school day to support social-emotional well-being. Accommodations should be written as clearly as possible to ensure consistent implementation by all staff members. For additional information on accommodations, please refer to Appendix ZZ, Nine Types of Curriculum Adaptations.

Services

ERMHS describe a range of special education related services provided by an LEA to and on behalf of a student with an Individualized Education Program (IEP). The type, frequency and duration of ERMHS service(s) a student receives is determined by the area(s) of need and subsequent goal(s).

The following table displays information about each of the ERMHS services, listed in chronological order by service code. Service codes are included within the student’s Special Education Information System (SEIS) record and are used for data documentation within the California Longitudinal Pupil Achievement Data System (CALPADS). The corresponding service title and description is also provided, as defined by federal regulations and California educational code. Additional considerations for IEP teams are provided for each service.

Important: Any additional considerations included in this table are intended to provide general information for IEP team consideration and are not intended as mandates nor prescriptive criteria for decision making purposes. Lastly, a list of authorized credentialed service providers is included for each service. For more information on service providers, including information on the use of interns, please refer to the following ERMHS Providers section.

ERMHS: LIST OF SERVICES AND CONSIDERATIONS

Code	Service Title and Description	Additional Considerations*	Authorized Service Providers**
510	Individual Counseling: One-to-one counseling, provided by a qualified individual pursuant to an IEP. Counseling may focus on aspects, such as educational, career, personal; or be with parents or staff members on learning problems or guidance programs for students. Individual counseling is expected to supplement the regular guidance and counseling program. (34 CFR § 300.24(b)(2), (CCR Title 5 §3051.9).	<ul style="list-style-type: none"> • May be recommended for students with individualized and/or intensive needs and require 1:1 support to acquire new skills as outlined by IEP goals. 	<ul style="list-style-type: none"> • Licensed Educational Psychologist • School Psychologist (PPS) • Licensed Clinical Psychologist • Marriage and Family Therapist (MFT) • Licensed Clinical Social Worker (LCSW) • School Counselor (PPS) • Licensed Professional Clinical Counselor (LPCC) • Board Certified Psychiatrist
515	Counseling and guidance: Counseling in a group setting, provided by a qualified individual pursuant to an IEP. Group counseling is typically social skills development, but may focus on aspects, such as educational, career, personal; or be with parents or staff members on learning problems or guidance programs for students. IEP-required group counseling is expected to supplement the regular guidance and counseling program. (34 CFR §300.24.(b)(2)); (CCR Title 5 §3051.9) Guidance services include interpersonal, intrapersonal or family interventions, performed in an individual or group setting by a qualified individual pursuant to an IEP. 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. (34 CFR §300.306; CCR Title 5 §3051.9).	<ul style="list-style-type: none"> • Describes either group counseling or a combination of individual and group counseling provided by qualified practitioner pursuant to an IEP. • Utilize for students who require peer interactions or modeling while learning new social-emotional skills aligned with IEP goals. • If an increasing need for individual counseling becomes apparent, the IEP team should convene to determine whether Individual Counseling is a more appropriate related service. • Should not be used to provide individual counseling only. Individual counseling (510) should be utilized if individual services only are required based on assessment results. 	<ul style="list-style-type: none"> • Licensed Educational Psychologist • School Psychologist (PPS) • Licensed Clinical Psychologist • Marriage and Family Therapist (MFT) • Licensed Clinical Social Worker (LCSW) • School Counselor (PPS) • Licensed Professional Clinical Counselor (LPCC) • Board Certified Psychiatrist

Code	Service Title and Description	Additional Considerations*	Authorized Service Providers**
520	<p>Parent Counseling and Training: Individual or group counseling provided by a qualified individual pursuant to an IEP to assist the parent(s) of special education students in better understanding and meeting their child's needs; may include parenting skills or other pertinent issues. IEP-required parent counseling is expected to supplement the regular guidance and counseling program. (34 CFR §300.31(b)(7); CCR Title 5 §3051.11).</p>	<ul style="list-style-type: none"> • May be recommended to support the parent in understanding the impact of the student's disability or student's needs at school OR to provide the parent with skills needed to support their child's IEP goal attainment. • Should be provided in addition to another direct ERMHS service. • Is often recommended as a more intensive component of a student's ERMHS program. • Must be explicitly linked to an IEP goal which supports the student's access to his/her educational program. IEP goals are not to be written for the parent, but rather to address student need(s). • An LEA cannot mandate parent participation; however, an LEA is required to offer the service if determined necessary for the student to access his or her education. • A parent's/guardian's refusal to attend parent counseling sessions does not absolve a school of their responsibility to offer the service if warranted for the student to access FAPE. Therefore, it is recommended that the IEP team maintain the offer of parent counseling while working to address concerns or challenges related to a lack of participation. 	<ul style="list-style-type: none"> • 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
525	<p>Social Work Services: Social Work services, provided pursuant to an IEP by a qualified individual, includes, but are not limited to, preparing a social or developmental history of a child with a disability; group and individual counseling with the child and family; working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; and 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. (34 CFR §300.24(b)(13); CCR Title 5 §3051.13).</p>	<ul style="list-style-type: none"> • May be recommended when there is a need for highly coordinated supports in order for the student to make progress on one of more of his/her IEP goals. • Social Work Services are typically provided in addition to another direct ERMHS service such as individual or group counseling. • May be appropriate when factors within the home environment are impeding the student's access to FAPE (e.g. poor attendance or other barriers to FAPE). • May be used if family counseling is required for the student to receive educational benefit. • Must be explicitly linked to an IEP goal which supports student's access to his/her educational program. 	<ul style="list-style-type: none"> • Licensed Clinical Psychologist • Marriage and Family Therapist (MFT) • Licensed Clinical Social Worker (LCSW) • Social Work (PPS) • Licensed Professional Clinical Counselor (LPCC) • Board Certified Psychiatrist

Code	Service Title and Description	Additional Considerations*	Authorized Service Providers**
530	<p>Psychological Services: These services, provided by a credentialed or licensed psychologist pursuant to an IEP, include interpreting assessment results to parents and staff in implementing the IEP; obtaining and interpreting information about child behavior and conditions related to learning; planning programs of individual and group counseling and guidance services for children and parents.</p> <p>These services may include consulting with other staff in planning school programs to meet the special needs of children as indicated in the IEP. (CFR Part 300 §300.24).</p> <p>IEP-required psychological services are expected to supplement the regular guidance and counseling program. (34 CFR §300.24; CCR Title 5 §3051.10).</p>	<ul style="list-style-type: none"> • May be recommended when support and consultation is warranted on a regular basis by a school psychologist. • Should be utilized in addition to either ERMHS or Behavior Intervention Services (BIS) in order to reflect planning and implementation of a counseling and/or behavior services. • Should only be utilized by school psychologists consulting and supporting the ongoing IEP program including: <ul style="list-style-type: none"> • Collaboration with outside agencies in order to align with school-based supports • Consultation services to parents or school staff • Overseeing the delivery of counseling services • Ongoing support to implementation of a BIP • This service should not be used for counseling nor to reflect time spent in assessment or report writing. • Must be explicitly linked to an IEP goal which supports student's access to his/her educational program. 	<ul style="list-style-type: none"> • Licensed Educational Psychologist (LEP) • School Psychologist (PPS) • Licensed Clinical Psychologist • Marriage and Family Therapist (MFT) • Licensed Clinical Social Worker (LCSW)
535	<p>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. (CCR Title 5 §3001(d)).</p>	<ul style="list-style-type: none"> • May be recommended based on need for systematic teaching and reinforcement of new behavior via a behavioral goal or Behavior Intervention Plan (BIP). • Included as the result of a Functional Behavior Assessment (FBA) or comprehensive psycho-educational assessment. • Please refer to the following Relationship between ERMHS and Behavior Intervention Services (BIS) section for more information. 	<ul style="list-style-type: none"> • Licensed Educational Psychologist (LEP) • School Psychologist (PPS) • Licensed Clinical Psychologist • Marriage and Family Therapist (MFT) • Licensed Clinical Social Worker (LCSW) • School Counselor (PPS) • Licensed Professional Clinical Counselor (LPCC) • Special Education Instruction Credential
540	<p>Day Treatment Services: Structured education, training and support services to address the student's mental health needs (Health & Safety Code, Div.2, Chap.3, Article 1, 1502(a) (3)).</p>	<ul style="list-style-type: none"> • "Day Treatment" was a service previously provided by county mental health agencies prior to AB 114. • Defined by Medi-Cal regulations and not included in the CFR list of definitions of "related services".³ • According to the CDE, an LEA may choose to offer a Day Treatment program, as defined by Medi-Cal regulations³, by contracting with a CDE certified Day Treatment provider (please reference the NPA Certification memorandum on the CDE AB 114 Web page at http://www.cde.ca.gov/sp/se/ac/npacertltr.asp) • The EDCOE Charter SELPA requests that LEAs refrain from using this service code and instead delineate the specific services the student requires to meet his/her IEP goals. • If use of this code is requested by an NPS or Residential Treatment Center (RTC), please contact your Charter SELPA program specialist for further support. 	<ul style="list-style-type: none"> • List of authorized service providers is not available for Day Treatment Services. • Authorized service providers are dependent on the specific ERMHS service provided to the student (see codes 510-535).

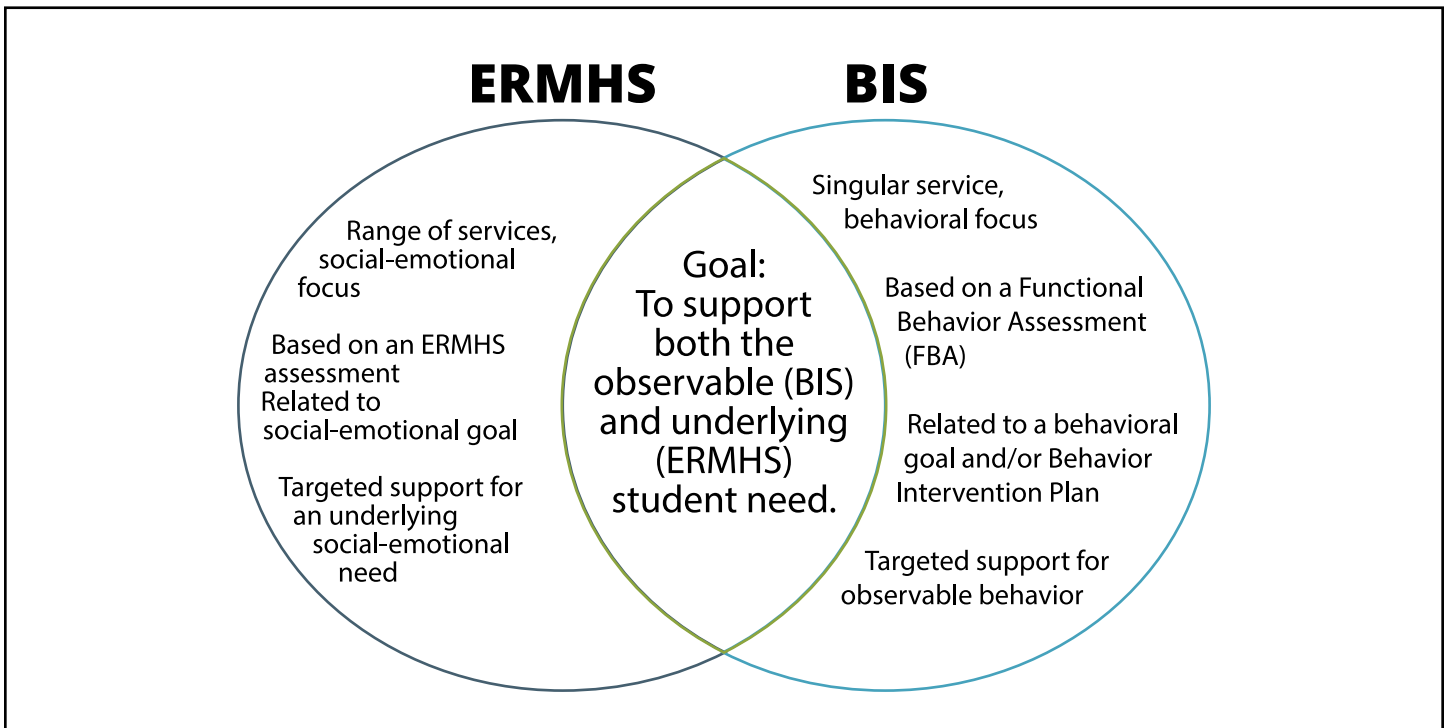
Code	Service Title and Description	Additional Considerations*	Authorized Service Providers**
545	Residential Treatment Services: A 24-hour out-of-home placement that provides intensive therapeutic services to support the educational program (Welfare and Institutions Code, Part 2, Chapter 2.5, Art. 1, §5671)).	<ul style="list-style-type: none"> For more information on residential treatment services, please refer to the EDCOE Charter SELPA "Non-Public Schools (NPS) and Residential Treatment Centers (RTC) Guidelines" 	<ul style="list-style-type: none"> List of authorized service providers is not available for Residential Treatment Services. Authorized service providers are dependent on the specific ERMHS service provided to the student (see codes 510-535).

***Important:** Any additional considerations included in this table are intended to provide general information for IEP team consideration and are not mandates nor prescriptive criteria for decision making purposes.

** For more information on service providers, including information on the use of interns, please refer to the following ERMHS Providers section.

Relationship between ERMHS and Behavior Intervention Services (BIS)

Just as ERMHS support the social-emotional goals indicated within the IEP, behavioral goals are supported by Behavioral Intervention Services (BIS). BIS and ERMHS are closely linked as mental health needs are frequently manifested behaviorally. In fact, it is often a behavioral manifestation that alerts educators, parents, friends and loved ones to the existence of an emerging or existing social-emotional need. For this reason, BIS services are frequently part of a student’s comprehensive ERMHS program. It should be noted that BIS alone is not considered an ERMHS service. BIS may be considered a supplementary component of ERMHS services if the student’s emotional needs manifest behaviorally in a manner that impedes access to the educational setting (if another ERMHS service is present on the IEP in addition to BIS). The following diagram provides a comparison of the two unique yet related services:



ERMHS Providers

The chart below outlines who may provide ERMHS services. Please note that in order to provide ERMHS, the specific credential(s) of the service provider must align with that of the selected service as listed below.

	CASEMIS 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.

LEAs have two options in securing ERMHS providers: they may choose to either directly employ or contract with mental health professionals. The tables below provide guidance and requirements for each scenario:

ERMHS Providers: Option 1

Directly Employ Mental Health Professionals⁴

LEAs may directly employ mental health professionals to provide related services, as follows:

- Appropriately credentialed through California Commission on Teacher Credentialing (CTC).
- May be credentialed through Office of Consumer Affairs and not the California Commission on Teacher Credentialing (CTC) if they possess required licensure or training as established in state law and are appropriately supervised.

Supervision Requirements: Must be supervised by the holder of an Administrative Credential. Given the specialized nature of the work of mental health professionals, an administrator who has a background in providing related services, such as a person dually-certified in Pupil Personnel Services and Administrative Services, may be particularly well-suited to supervise these personnel, but any holder of an Administrative Services Credential is authorized to supervise mental health professionals employed by an LEA.

In addition, Education Code Section 44270.2 allows the holder of a pupil personnel services credential to supervise a pupil personnel service program, but not evaluate staff.

ERMHS Providers: Option 2

Contract with Community-Based Mental Health Professionals⁴

Community-based mental health professionals are broadly defined as any individuals licensed and assigned to provide mental health services that may be self-employed, employed by a private (non-public) agency, or employed by a public agency.

The term public agency includes LEAs (school districts, charter schools operating as their own LEA, or a county office of education) and county mental health agencies.

Non-public agencies refer to individuals (self-employed) and entities that are not current contractors or vendors of the public agencies described above. A non-public agency must hold a current Nonpublic School (NPS) or Nonpublic Agency (NPA) certification in order to be eligible to provide related services (see below).

Public Agencies	Non-Public Agencies
<p>When contracting with such individuals and entities, LEAs should ensure that they are currently contractors or vendors of the public agencies for the same related services for which the LEA is contracting.</p> <p>If an LEA opts to contract a service provider via a public agency, a Memorandum of Understanding (MOU) between their district/LEA and the public agency must be completed.</p> <p>MOU resources can be found in the Business Office Resources section of the EDCOE Charter SELPA Business Office Support page.</p>	<p>If an LEA opts to contract a service provider via a Nonpublic Agency (NPA) or Nonpublic School (NPS) they must:</p> <ul style="list-style-type: none"> • Ensure that the provider is on the CDE’s approved list of NPA/NPS service providers. • Complete a Master Contract between the LEA and the NPA or NPS. • Complete an Individual Service Agreement (ISA) for each student the NPA or NPS serves. <p>Master contract and ISA resources can be found in the ERMHS Resources section of the EDCOE Charter SELPA Business Office Support page.</p>

Supervision Requirements: In all cases, community-based mental health professionals must be supervised in their school-based activities by an individual possessing a Pupil Personnel Services (PPS) Credential. The term “supervised” in this context means that the PPS credential holder has oversight of the school-based activities undertaken by a community-based mental health provider for the purpose of ensuring that these services are consistent with the needs of students served and are coordinated with other student services to allow for the provision of an efficient and comprehensive Pupil Personnel Services Program. The requirement for community-based service providers to be supervised by a PPS credential holder is established in Section 80049.1(c) of Title 5, California Code of Regulations, which states:

Nothing in this section shall be construed to preclude LEAs from utilizing community-based service providers, including volunteers, individuals completing counseling-related internship programs, and state licensed individuals and agencies to assist in providing pupil personnel services, provided that such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization.*

* AB 1651 (September 20, 2019) expanded the definition of “supervisor” to allow Licensed Educational Psychologists (LEPs) to supervise Board of Behavioral Sciences (BBS) interns while offering ERMHS in schools. For full text of AB 1651, please click [HERE](#).

Determination of Services

All LEAs are required to provide services, including ERMHS, based on the principles of Least Restrictive Environment (LRE). Least Restrictive Environment (LRE) is defined as follows:

Each public agency must ensure that 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).

The type and frequency of ERMHS included in the IEP are determined following careful consideration of the modality and level of service required to allow the student to make meaningful progress on goals in the Least Restrictive Environment (LRE). In order to explore this further, the California Association of School Psychologists (CASP) provided the following guidance in an ERMHS position paper⁵:

“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.”

For this reason, it is recommended that IEP teams consider the following when making a final recommendation of ERMHS service:

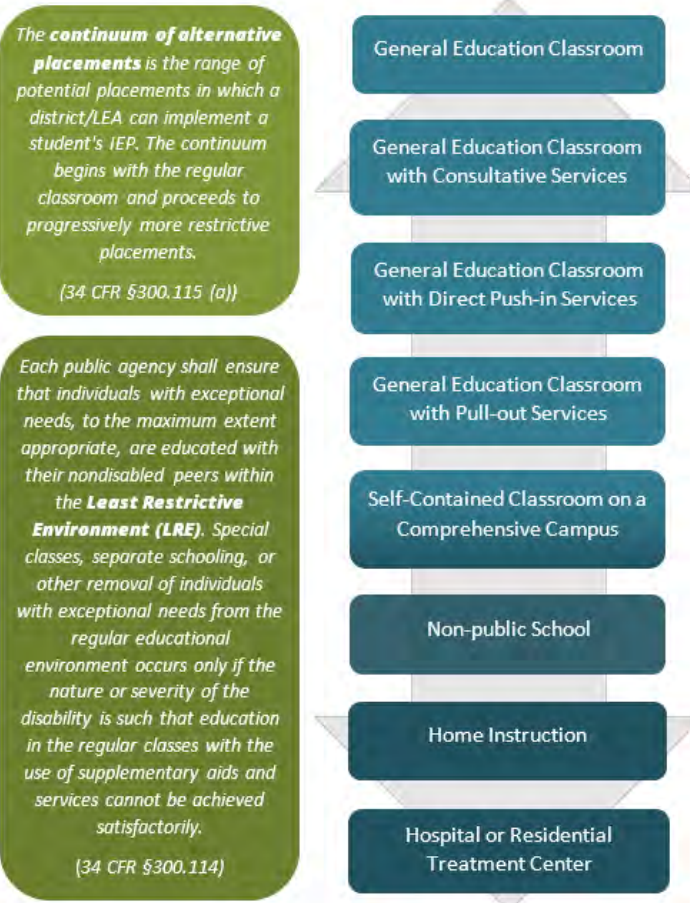
- Data obtained from the ERMHS assessment report.
- Qualitative assessment of ongoing need.
- Consideration of the student’s rate of learning may assist in determining the frequency and duration of service(s).
- Consideration of whether the student requires that a new social-emotional skill be taught in an individual setting, in a group setting to maximize opportunities for generalization, or both.
- Consideration of whether supplementary aids or supports (i.e. accommodations) are required to support attainment of goals.
- Consideration of other factors that may impact progress, including community or home factors.

It is recognized that a recommendation of service(s) requires a level of prospective judgment by the IEP team. For that reason, if progress monitoring data indicates that the initial recommendation of service is not appropriate (either met too easily or too complex for the annual timeline), it is recommended that the IEP team reconvene to make adjustments, as needed. In some cases, significant adjustments to goals and/or services may require additional assessment.

Continuum of Services

LEAs are required to provide a full continuum of supports and services to students with IEPs. The continuum of alternative placements is the range of potential placements in which an LEA can implement a student’s IEP. As shown in Figure 4, the continuum begins with the general education setting. It becomes increasingly restrictive as the program deviates more from the general education program including access to general education peers (34 CFR §300.114).

CONTINUUM OF ALTERNATIVE PLACEMENTS



In most cases, ERMHS services will be provided as a supplement to the regular classroom setting and will not require a change in school placement. However, in instances when all supports implemented with fidelity have been unsuccessful in supporting progress, the IEP team may consider whether an alternative placement is required in order for the student to access his or her educational program.

Please note that Nonpublic School (NPS) and Residential Treatment Center (RTC) placements (indicated in the graphic as “special schools”) are considered a highly restrictive environment and therefore require careful consideration. For this reason, the EDCOE Charter SELPA has developed the [“Non-Public Schools \(NPS\) and Residential Treatment Centers \(RTC\) Guidelines”](#) handbook. The NPR/RTC Guidelines is a comprehensive resource that provides thorough considerations and placement procedures to follow when an IEP team believes the student may require an alternative placement such as an NPS or an NPS that is affiliated with an RTC in order to access FAPE.

What Is a Site Based Structured Therapeutic Program?

A Site-Based Structured Therapeutic Program is a structured, multi-disciplinary program provided on a comprehensive school campus intended to serve students with intensive and individualized social-emotional needs through a structured ERMHS service delivery model. According to the [EDCOE Charter SELPA ERMHS Funding Guidelines](#), the core components of a Site Based structured therapeutic educational program may include the following:

- A therapeutic program structured by process and skill building groups.
- Takes place for the continuous scheduled hours of program operation.
- Includes staff and activities that teach, model, and reinforce constructive interaction.
- Includes peer and staff feedback to students on strategies for symptom reduction, increasing adaptive behaviors, and reducing subjective distress.
- Occurs daily for at least three hours during school hours.

For more information on developing, maintaining and/or funding a Structured Therapeutic Program on your school site, please contact a SELPA program specialist and refer to the [EDCOE Charter SELPA ERMHS Funding Guidelines](#).

Progress Monitoring



The essential and culminating function of an IEP is to provide meaningful opportunities to enable a student to make academic and functional progress in the educational setting. When referring to the IEP, progress is measured using data from the classroom setting as well as performance on IEP goals. Monitoring progress on IEP goals not only provides a measure of the student’s current performance, but also gives a historical account of how a student has performed in response to supports and services over time. Consideration of historical and current performance provides teams with the information needed to continue to thoughtfully develop

IEP goals that are reasonably calculated to ensure educational benefit. Ensuring educational benefit may be called into question if a student is unsuccessful in meeting his or her goals over time. For this reason, IEP teams are strongly discouraged from carrying unmet goals from year to year. Instead, teams are encouraged to use progress monitoring data to draft new goals, as needed, that adjust to the student's needs and provide a meaningful opportunity to meet challenging objectives in light of the student's unique circumstances¹.

As is the case with all other goal areas, ERMHS goals must be carefully monitored to ensure appropriateness and effectiveness in supporting the student toward goal attainment. 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, or as determined by the IEP team. As a reminder, it is essential to ensure goals are measurable and that valid and consistent measures are used when progress monitoring.

Discontinuing ERMHS

As is the case with any other related service, an assessment must 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 suggest that social-emotional need may no longer be impacting access to education. Assessment to discontinue ERMHS may include:

- Review of previous assessment results
- Statement of reason for referral for discontinuation of services
- Updated rating scales in area of previous need
- Note: Any new or emerging needs should be examined prior to discontinuing services.
- Interview and observation
- Behavioral data
- Recommendation and summary statement
- Recommendation for ongoing accommodations, as needed, to support maintenance

The service provider (school personnel or contract agency personnel) must be present at the IEP to discuss the recommendation to discontinue services. 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.

Case Example: Jane

At Jane's annual IEP meeting, the team agreed that she met her two social-emotional goals and that ERMHS services no longer appear to be required. In order to discontinue services, an Assessment Plan (AP) for an ERMHS assessment was provided to her parents following the meeting. Within the PWN portion of the AP, the case manager indicated that the purpose of the assessment was to consider whether ERMHS continued to be required based on Jane's goal progress, data collection and observations of her behavior. Sixty days after receiving parent consent, another IEP was held to review the assessment report. Based on ERMHS assessment results which indicated significant and maintained progress, the team formally recommended that ERMHS be discontinued.

ERMHS SERVICES FAQS

Question	Response
<p><i>What if a parent/guardian refuses to consent to ERMHS?</i></p>	<p>If a parent refuses to consent to ERMHS, the following steps should be considered in order to obtain parental consent:</p> <ul style="list-style-type: none"> • 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. • Contact your Charter SELPA program specialist for further collaboration and guidance. • Request a SELPA facilitated IEP to support resolution. • 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. <p>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.</p>
<p><i>What if a student refuses to participate in their ERMHS sessions?</i></p>	<p>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:</p> <ul style="list-style-type: none"> • 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. • Although not required, consider change in service provider as short or long-term solution if needed. • Convene an IEP meeting to discuss refusal, current areas of social-emotional needs and document next steps to allow access to services. • Contact your Charter SELPA program specialist for additional support in problem solving next steps.
<p><i>What if a parent or adult student requests that ERMHS be provided outside of school hours?</i></p>	<p>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:</p> <ul style="list-style-type: none"> • Transportation: How will 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.

Question	Response
<p><i>What if a student with an IEP is hospitalized to support mental health needs?</i></p>	<p>If a student with an IEP is hospitalized due to mental health concerns including self-harm and suicidal ideation, follow the steps below:</p> <ol style="list-style-type: none"> 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). 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. 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. 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. 6. If the student currently receives ERMHS, consider whether additional assessment is needed and/or if services should be adjusted. 7. Convene an IEP to consider the following: <ol style="list-style-type: none"> a. Update present levels, as appropriate. b. Assist staff in better understanding current levels of need c. Determine if updated goals are required d. Discuss whether adjustments are needed to current supports and services. e. 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.
<p><i>What if a student is already receiving private counseling outside of school? Can they still receive ERMHS?</i></p>	<p>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 in 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.</p>
<p><i>What if a student is chronically absent and is therefore not benefiting from ERMHS? Can services be discontinued under these circumstances?</i></p>	<p>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:</p> <ul style="list-style-type: none"> • Collaborate with the parent(s)/guardian(s) to explore potential cause(s) of absences. • Discuss whether absences are related to the area of disability. 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. • 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 to 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. • For more resources on chronic absenteeism, please refer to the Related Resources provided at the end of this section.
<p><i>What if placement in an NPS or RTC is requested by a member of the IEP team? Or, what if a student is placed in an NPS or RTC by the parent?</i></p>	<p>Please refer to the EDCOE Charter SELPA Non-Public Schools (NPS) and Residential Treatment Centers (RTC) Guidelines for thorough guidance.</p>

Question	Response
<p><i>What if the parent/guardian won't agree to discontinue services?</i></p>	<p>The last signed and implemented offer of FAPE, otherwise known as the "stay put" offer of services, would continue to apply until agreement is reached. In order to reach agreement, teams may attempt the following:</p> <ul style="list-style-type: none"> • 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. • Consult with a SELPA program specialist and/or request a SELPA facilitated IEP meeting to support in resolution. • 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.
<p><i>What if I have additional questions that haven't been addressed in this section?</i></p>	<p>Navigating ERMHS can be a multifaceted process in which unique circumstances may arise. For additional questions, please feel free to reach out to a Program Specialist from the EDCOE Charter SELPA.</p>

DOCUMENTING ERMHS IN THE IEP: RELATED RESOURCES

- [EDCOE Charter SELPA NPS/RTC Guidelines](#)
- [EDCOE Charter SELPA ERMHS Funding Guidelines](#)
- 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>

¹ United States Department of Education (7 December 2017). Questions and Answers (Q&A) on U. S. Supreme Court Case Decision Endrew F. v. Douglas County School District Re-1. Retrieved from <https://sites.ed.gov/idea/files/qa-endrewcase-12-07-2017.pdf>

² Benchmarks are required for students with moderate-severe disabilities.

³ California Department of Education (21 September 2012). Assembly Bill 114: Day Treatment. Retrieved from <https://www.cde.ca.gov/sp/se/ac/daytreatment.asp>

⁴ California Department of Education (13 September 2011). Requirements for Securing the Services of Mental Health Professionals to Provide Related Services to Special Education Students. Retrieved from cde.ca.gov/sp/se/ac/reqsecuresrvcs.asp

⁵ California Association of School Psychologists Ad Hoc Committee on Educationally Related Mental Health Services (Summer 2014). Educationally Related Counseling Services in an AB 114 World. Retrieved from <http://www.casponline.org/pdfs/position-papers/ERMHS-final.pdf>

APPENDICES

A. MTSS AND SPECIAL EDUCATION

Access the document at the following link: https://charterselpa.org/wp-content/uploads/2019/12/Appendix-A_MTSS-and-Special-Education.pdf

B. ERMHS ASSESSMENT TEMPLATE

Access the document at the following link: https://charterselpa.org/wp-content/uploads/2019/12/Appendix-B_ERMHS-Assessment-Template-for-Psychs.docx

C. ERMHS FAQ FOR SCHOOL PSYCHOLOGISTS

Access the document at the following link: https://charterselpa.org/wp-content/uploads/2019/12/Appendix-C_ERMHS-FAQ-for-School-Psychs.pdf

D. EXCHANGE OF INFORMATION FORM

Access the document at the following link: https://charterselpa.org/wp-content/uploads/2019/12/Appendix-D_Exchange-of-Info.pdf



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