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SELPA
Special Education Local Plan Area

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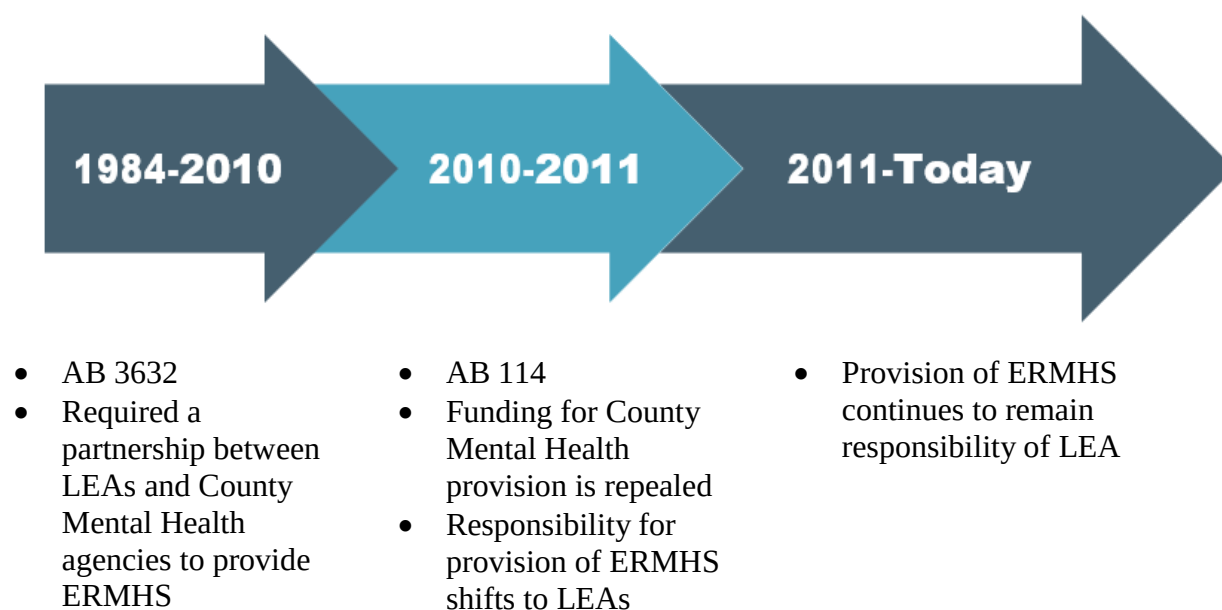
Educationally Related Mental Health Services (ERMHS) Guidelines

Participating Humboldt – Del Norte Local Education Agencies (LEAs) Arcata School District, Big Lagoon Union School District, Blue Lake Union School District, Bridgeville School District, Cuddeback Union School District, Cutten School District, Del Norte County Office of Education, Del Norte Unified School Districts, Eureka City Schools, Ferndale Unified School District, Fieldbrook School District, Fortuna Elementary School District, Fortuna Union High School District, Freshwater School District, Garfield School District, Humboldt County Office of Education, Hydesville School District, Jacoby Creek School District, Klamath-Trinity Joint Unified School District, Kneeland School District, Loleta Union School District, Maple Creek School District, Mattole Unified School District, McKinleyville Union School District, Northern Humboldt Union High School District, Northern United – Humboldt Charter, Orick School District, Pacific Union School District, Pacific View Charter 2.0 Peninsula Union School District, Rio Dell School District, Scotia Union School District, South Bay Union School District, Southern Humboldt Unified School District, Trinidad Union School District

Educationally Related Mental Health Services (ERMHS) Policy & Procedures

HISTORY

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 In 2011, the California Legislature passed Assembly Bill 114, which repealed the state mandate on special education and county mental health agencies and eliminated related references to mental health services in California statute.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



EDUCATIONALLY RELATED MENTAL HEALTH SERVICES (ERMHS) GUIDELINES

Educationally Related Mental Health Services (ERMHS) as a related service is identified as necessary for a student to benefit from their special education program. ERMHS describe a range of school-based services provided to and on behalf of a student receiving special education services through an Individualized Education Program (IEP). These services are provided when students have social-emotional needs that impede their ability to benefit from their special education services or limit their access to a Free Appropriate Public Education (FAPE). There must be a direct relationship between the social-emotional characteristics and the lack of benefit from special education services. This may be shown as lack of progress on goals/objectives, declining grades, absences, suspensions, etc. 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. ERMHS include, but are not limited to, psychological services, social work services, counseling services, individual counseling, and parent counseling and training.

Assessment indicates whether a student is eligible for ERMHS as a related service under IDEA, rather than an eligibility criterion. Any disability category may be eligible for ERMHS if assessment indicates there is a need. When assessment indicates ERMHS are necessary to access special education, the services should be regularly monitored for efficacy and due diligence. Adjustments in the level of service provided will be made as appropriate through an IEP meeting.

This policy outlines the process for determining and providing Educationally Related Mental Health Services (ERMHS) for students who qualify for special education. IEP teams are responsible for determining the need for ERMHS as a related service based upon IDEA regulations and Education Code § 56363. Students may be eligible for ERMHS if they have emotional or behavioral issues that are identified through the IEP process and impede their ability to benefit from their Special Education program. ERMHS may be provided by qualified district personnel, non-public agencies, SELPAs, County Offices of Education, etc. 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 (information below is adapted from Eldorado Charter SELPA).

	SEIS/CALPADS 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 qualified intern under the direct supervision of an individual who holds the appropriate credential authorization (5 CCR §3051)*

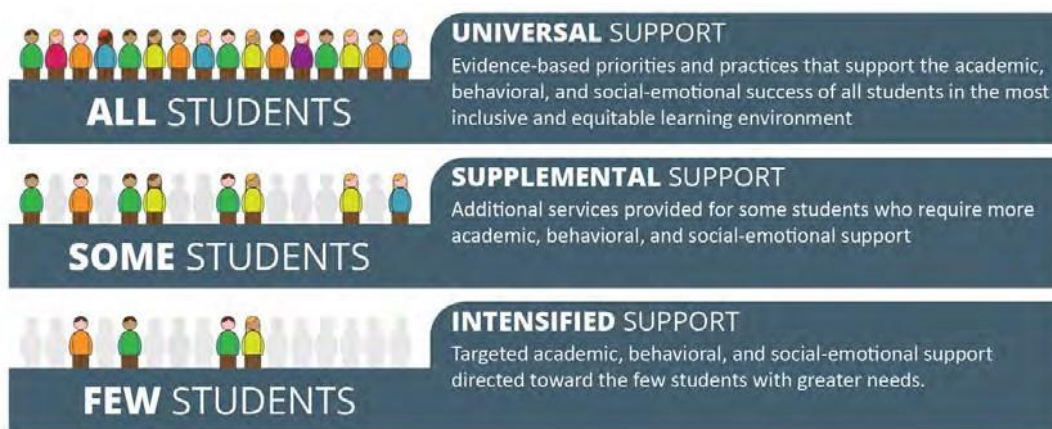
Educationally Related Mental Health Services, once assessed, reviewed, and agreed upon by the IEP team, will be documented in the IEP. Adjustments to the level of service provided will be made as appropriate through an IEP amendment. An IEP will be held to determine if the services should be discontinued when there is indication that the service is no longer needed for the student to benefit from special education services. School personnel look at concrete data (grades, progress on goals, behavior at school, office referrals, discipline patterns) to see if there are functional impairments getting in the way of the student's ability to access and benefit from special education (how the behaviors are impeding the educational process, including, but not limited to, academic success). As such, the question becomes more than would the student benefit from services; rather, does the student require ERMHS to benefit from their special education and receive a FAPE.

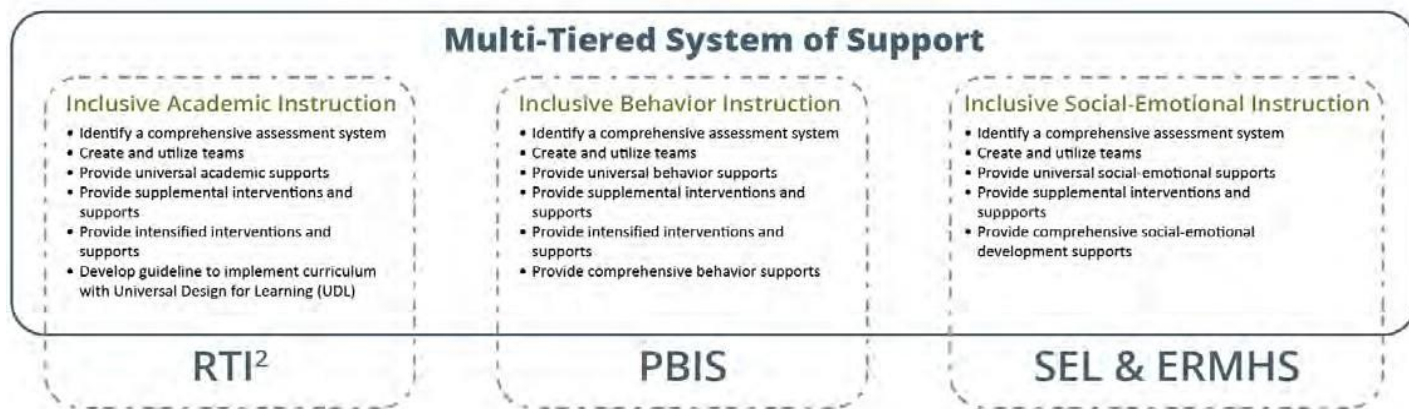
Multi-Tiered System of Support (MTSS)

OVERVIEW:

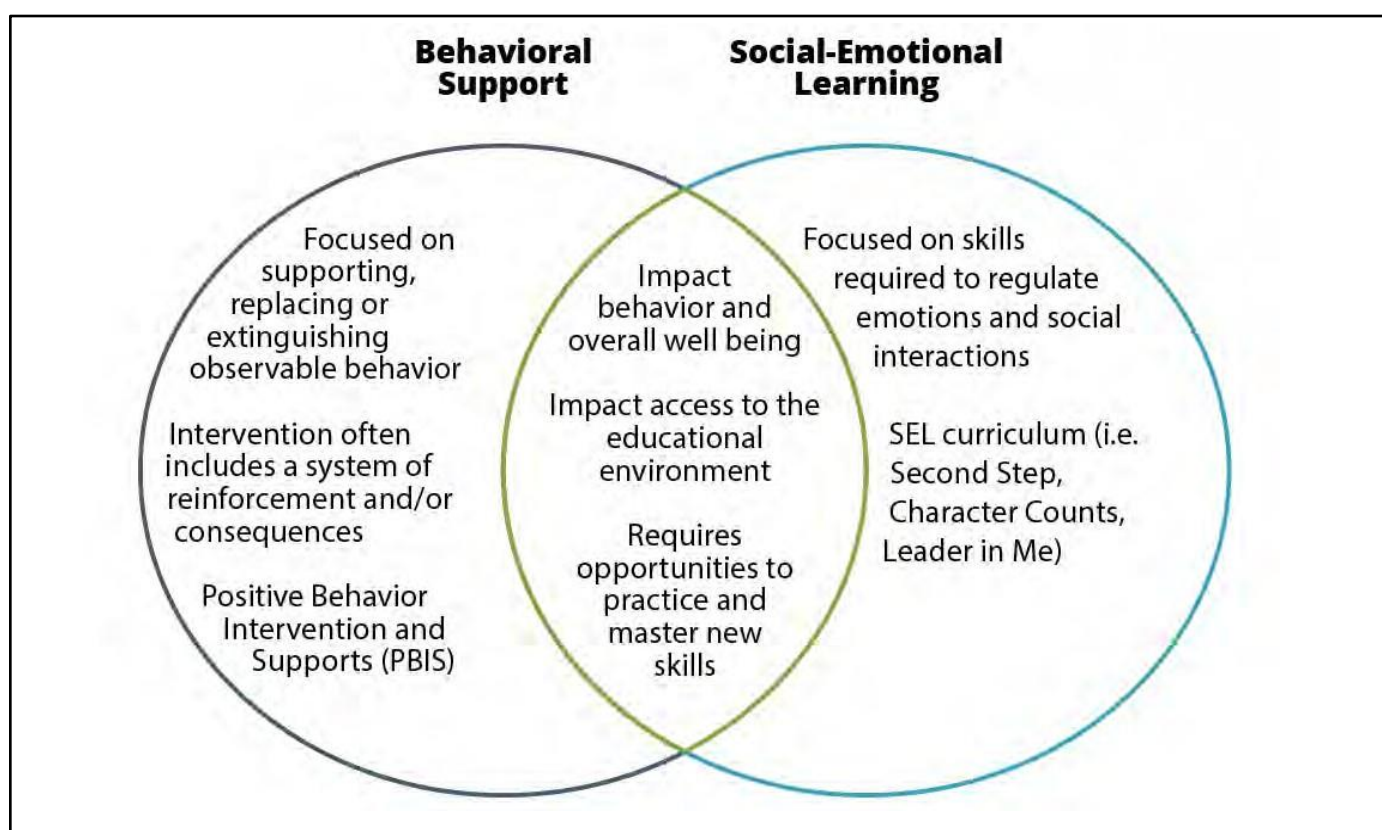
California historically provided numerous systems of support and interventions within the Response to Intervention (RtI or RtI2) processes. These included supports for Special Education, Title I, Title III, and support services for English Learners, Native American students, and those in gifted and talented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





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. 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.



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 (i.e. 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 Teams (BIT) are commonly used to support behavioral needs of students. BIT support may be considered a necessary component of ERMHS services if the student's emotional needs manifest behaviorally in a manner that impedes access to the educational setting. BIT 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.

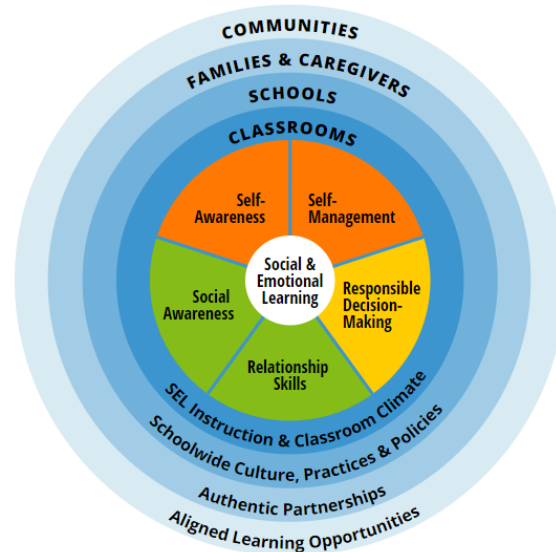
SOCIAL-EMOTIONAL LEARNING (SEL)

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 decision.” SEL is an integral part of education and human development. SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.

SEL advances educational equity and excellence through authentic school-family-community partnerships to establish learning environments and experiences that feature trusting and collaborative relationships, rigorous and meaningful curriculum and instruction, and ongoing evaluation. SEL can help address various forms of inequity and empower young people and adults to co-create thriving schools and contribute to safe, healthy, and just communities.

CASEL has identified five interrelated sets of cognitive, affective, and behavioral competencies – Self-Awareness, Self-Management, Responsible Decision Making, Relationship Skills, and Social Awareness. 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 life.



TIERED LEVELS OF SUPPORT:

The following tables provide a brief overview of the tiered levels of social-emotional support as provided within an MTSS Framework. *These tables have been adapted from the El Dorado Charter SELPA ERMHS Guidelines.*

SEL TIER 1 UNIVERSAL SUPPORT:

Question	Response
Who:	<i>Students:</i> • Appropriate for all students. • If less than approximately 80% of students are successful at this level, engage in Tier 1 problem-solving. <i>Staff:</i> • 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:	• Universal SEL curriculum is ongoing.
What: <i>Sample Programs and Interventions</i>	• 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. • Contact SELPA for more guidance.
What: <i>Progress Monitoring</i>	• Data informs instruction, services, and supports. • Identify both screening and benchmark assessments. • Identify indicators/benchmarks to determine whether students are responding to the universal curriculum or are in need of more intensive, Tier 2 supports.
Where:	• Universal SEL curriculum is integrated within all classrooms school-wide.
How:	• 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.

SEL TIER 2 SUPPLEMENTAL SUPPORT:

Question	Response
Who:	<i>Students:</i> • 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 2 level, systematic problem-solving. <i>Staff:</i> • 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:	• 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>	• 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: ○ 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>	• Data informs instruction, services, and supports. • Identify screening and benchmark assessments. • Progress monitoring occurs more frequently than at the universal level to ensure that the intervention is appropriately meeting the student(s) need.
Where:	• Within a small group or individual setting.
How:	• 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.

SEL TIER 3 INTENSIFIED SUPPORT:

Question	Response
Who:	<i>Students:</i> • 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. <i>Students with IEPs:</i> • 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. • ERMHS must be delivered by appropriately credentialed personnel. <i>Students without IEPs:</i> • 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 (For more information on Child Find Obligations please contact the SELPA). • 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:	• Tier 3 supports should be utilized when benchmark or other assessment data has revealed the need for a higher level of support than is provided through the Tier 1 or 2 SEL curriculum. <i>Students with IEPs:</i>

	- 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 contact the SELPA office. . <i>Students without IEPs:</i> - 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>	- Tier 3 or ERMHS supports may utilize a variety of tools as determined by the service provider based on area(s) of student need. <i>Students with IEPs:</i> - ERMHS goals and services are selected as determined by the IEP team based on ERMHS assessment results. <i>Students without IEPs:</i> - 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).
What: <i>Progress Monitoring</i>	- Data informs instruction, services, and supports. <i>Students with IEPs:</i> - Progress monitoring on ERMHS goals must occur as agreed upon by the IEP team. <i>Students without IEPs:</i> - Identify screening and benchmark assessments. - Identify indicators and/or benchmarks to determine whether students are responding to the intervention or need more or less intensive supports. - It is recommended that progress monitoring occur frequently to ensure maximum acceleration of student progress.
Where:	Within an individual or small group setting.
How:	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).

Behavioral Support

Positive school climate, safe learning environments, and trusting student-teacher relationships are paramount to a student's ability to successfully

access their 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).



Figure 1

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). 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 effective. For more information on PBIS implementation, please visit <https://www.pbis.org/>.

ERMHS Referral and Assessment:

The referral process begins once a student has been identified with emotional/behavioral concerns issues which impede their ability to benefit from special education (Considerations: Attendance, declining grades/work completion, suspension data, significant behaviors, etc.). The team should consider a tiered level of interventions using a Multi-Tiered System of Support (MTSS). Teams should ensure that supports at both the Tier 1 and Tier 2 levels have been attempted with fidelity prior to requesting support for Tier 3 interventions. These Tier 1 and Tier 2 interventions may include but are not limited to class-wide/school-wide positive behavioral interventions and support (PBIS), social-emotional and social-skills instruction, restorative practices, friendship and social skills groups, mentoring, behavior intervention plans (BIP), Check-In Check-Out (CICO), Student Study Team (SST) Meetings. If these supports have been put in place and have been determined to not meet the students' needs the IEP team may want to discuss completing an assessment for ERMHS services. The IEP team should consider:

- If the concerns are associated with a condition that cannot be described solely as a temporary/situational concern.
- The significance of the concern as indicated by rate of occurrence and intensity.

- If the school has provided pre-referral interventions and counseling as appropriate, psychological, and or guidance services and the IEP team has determined that the services do not meet the pupil's educational needs or are inappropriate or insufficient.
- If the school has identified the specific lack of educational progress and how this is directly related to the student's mental health needs.
- If behavior is a presenting concern conducting a Functional Behavior Analysis and developing a Behavior Intervention Plan including data collection and adjustment to the behavior plan, if needed
- If an updated social-emotional assessment needs to be completed to determine current needs and guide intervention (an assessment is recommended to be completed within the past 6 months or less prior to adding services to an IEP for ERMHS. Assessment ensures the need is based on present levels of functioning).

SOCIAL-EMOTIONAL ASSESSMENT:

If the team determines a social-emotional assessment is required (i.e. no social-emotional assessment has been conducted, social-emotional data is older than 6 months). The social-emotional assessment should be conducted by the LEA, and take place to gather data regarding student's current needs and responses to interventions. This assessment should include a thorough background history including information gathered from current outside providers (therapists, psychiatrists, etc.). The assessment may utilize a variety of standardized assessments (i.e. Behavior Assessment System for Children, Third Edition (BASC-3), Children's Depression Inventory (DCI), Multi-Dimensional Anxiety Scale, Second Edition (MASC-3). The assessment must include observations in a variety of settings to determine how the student's social-emotional functioning is currently impacting their special education. Once the assessment is complete, an IEP meeting should be held to discuss the results and determine appropriate next steps including appropriateness of adding related services, based on that data.

ADDENDUM MEETING TO ADD SERVICE:

It is important to remember that the IEP team makes the determination of the need and the amount of service required based on assessment data. If the assessment indicates that ERMHS are a required related service, an addendum IEP meeting is held to document ERMHS on the IEP:

- Ensure all required IEP members are invited and present during the IEP team meeting.
- Ensure there is at least one specific measurable ERMHS goal connected to social-emotional assessment and student need which prompted the addition of this related service to the IEP. The team should collaborate with the assessor who completed the social-emotional assessment to draft an appropriate goal.
- Consider these questions to help guide ERMHS goal development:
 - *How does the student's mental health needs/behavior manifest educationally?*
 - *How do mental health challenges impact the student's learning and school performance?*
 - *How are the student's grades, attendance, behaviors, discipline, relationships, and social involvement impacted?*

- The 5 Competencies developed by CASEL should be woven into the delivery of ERMHS in support of goals determined by the IEP team.
- Document clearly in the IEP the duration and frequency of the ERMHS services. Services should be individualized and based on current assessment.
- Use the correct codes for services provided.

MONITORING SERVICES:

- Services should be monitored and adjusted as needed.
- Include progress on ERMHS goals in accordance with the district timeline for reporting progress on IEP goal.
- ERMHS services are normally written for a short period of time, typically starting with an 8-12 week period. It is recommended that the IEP team meet at least twice during the school year to monitor the services and evaluate for benefit and need, considering frequency and duration of service.
- ERMHS services and goals are continuously monitored and evaluated for appropriateness. If adjustments are needed to the service amount or frequency or if the goal needs to be adjusted, an IEP amendment meeting will be held to discuss as a team.

ERMHS describe a range of special education related services. 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. Codes are included in the SEIS record and are used for data documentation within CALPADS. The corresponding service title and description is also provided, as defined by federal regulations and California educational code.:

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).
520	Parent Counseling: 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).
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).
525	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).
535	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)).

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 their ERMHS goals, and data/observations of behavior suggest that social-emotional need may no longer impact 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.

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.

Goal Examples and Tools

Note: These goals are meant to be used as examples. All goals should be individualized to student need. Consider skills the student demonstrates and needs to learn for emotional/self-regulation. Consider Using the CASEL Framework.

SOCIAL AND EMOTIONAL LEARNING (SEL) COMPETENCIES

SELF-AWARENESS

The ability to accurately recognize one's own emotions, thoughts, and values and how they influence behavior. The ability to accurately assess one's strengths and limitations, with a well-grounded sense of confidence, optimism, and a "growth mindset."

- IDENTIFYING EMOTIONS
- ACCURATE SELF-PERCEPTION
- RECOGNIZING STRENGTHS
- SELF-CONFIDENCE
- SELF-EFFICACY

SOCIAL AWARENESS

The ability to take the perspective of and empathize with others, including those from diverse backgrounds and cultures. The ability to understand social and ethical norms for behavior and to recognize family, school, and community resources and supports.

- PERSPECTIVE-TAKING
- EMPATHY
- APPRECIATING DIVERSITY
- RESPECT FOR OTHERS

RESPONSIBLE DECISION-MAKING

The ability to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, and social norms. The realistic evaluation of consequences of various actions, and a consideration of the well-being of oneself and others.

- IDENTIFYING PROBLEMS
- ANALYZING SITUATIONS
- SOLVING PROBLEMS
- EVALUATING
- REFLECTING
- ETHICAL RESPONSIBILITY

SELF-MANAGEMENT

The ability to successfully regulate one's emotions, thoughts, and behaviors in different situations — effectively managing stress, controlling impulses, and motivating oneself. The ability to set and work toward personal and academic goals.

- IMPULSE CONTROL
- STRESS MANAGEMENT
- SELF-DISCIPLINE
- SELF-MOTIVATION
- GOAL SETTING
- ORGANIZATIONAL SKILLS

RELATIONSHIP SKILLS

The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. The ability to communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed.

- COMMUNICATION
- SOCIAL ENGAGEMENT
- RELATIONSHIP BUILDING
- TEAMWORK



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Goal: By xx/xx/xx Student will negotiate alternative assignments using appropriate language in classroom in 4 out of 5 opportunities, as evidenced by staff observation and daily point cards.

Goal: By xx/xx/xx, when in a group setting, Student will listen attentively to peers without interrupting and respond on topic with no more than one prompt in 4 out of 5 observations as measured by teacher.

Goal: By xx/xx/xx In the classroom environment, Student will utilize positive self-talk and coping strategies to handle stressful situations or work demands in which he/she manifests anxious or withdrawn behavior (i.e. putting head down, saying he/she can't do something), demonstrated by engaging in the 30-minute activity or situation in a calm and positive manner with one prompt on 2 out of 3 occasions.

Goal: By xx/xx/xx Student will demonstrate the ability to identify when she needs to take a break as demonstrated by requesting a break instead of engaging in verbal aggression in 3 out of 4 instances when demonstrating frustration in the classroom, as measured by behavior tracking and time out reports.

Goal: By xx/xx/xx, when given scenarios of social conflicts, Student will demonstrate problem-solving skills by identifying the problem and generating two solutions appropriate to the situation in 4/5 trials, as measured by data collection.

Example Goals with Baselines:

Baseline: Student's responses scored in the clinically significant range on the BASC self-report for attitude towards school, sense of inadequacy, somatization, and self-esteem. She also had several elevated scores in the Children's Depression Index (CDI-2) and the Multidimensional Anxiety Scale for Children (MASC-2). Due to these scores and school staff observations, working on improving coping skills within the school environment could be beneficial in helping her access her special education. Her attendance rate for the last 3 months of school is 66%.

Goal: By xx/xx/xx, Student will learn 3 adaptive coping skills (i.e. positive self-talk, deep breathing, identifying and expressing feelings, CBT cognitive triangle) to manage symptoms of depression and anxiety and improve school functioning as measured through an increase in attendance to 90%.

Baseline: In the social-emotional testing done in October 2022, including the BASC-3, MASC-2, and CDI2, Student rated in the clinically significant or very elevated levels for depression, anxiety, locus of control, and withdrawal. This goal aims to support Student in building self-confidence, an internal locus of control, and in building skills to manage symptoms of depression and anxiety to improve his school functioning. Student cannot identify any areas of strength or coping skills at this time.

Goal: By xx/xx/xx, Student will be able to identify 5 areas of strength in counseling sessions to improve self-confidence, and 3 coping skills to manage feelings of depression and anxiety as measured by behavioral health clinician's charts/data.

Goal: By xx/xx/xx, Student will utilize a coping strategy (i.e. develop self-awareness, calming technique, relaxation strategy, cognitive flexibility) in order to cope with life stressors in 3 out of 5 sessions with a clinician.

Baseline: In 3 out of 5 opportunities, Student is able to ask for a break or choose a coping skill when he experiences an aversive stimulus to avoid making threats or outburst behavior.

Goal: By xx/xx/xx, with minimal prompting from an adult, Student will pause and notice a trigger/feeling and chose a preferred coping skill (e.g. grounding exercise, ask a trusted adult for a break either verbally or hand signal, go to identified safe place, or use relaxation technique) in 4 out of 5 opportunities as measured by student report and verified by school staff.

Six Point Goal Worksheet

By _____ (date)	
Student's first name	
What would you want the student to be able to do by the date you set?	
Who would you want the student to do this in front of so that we can measure the desired behavior?	
How often would you want the student to engage in the desired behavior? Note: make a determination if the goal is to be measured in consecutive or inconsecutive trials • Consecutive: following continuously; in unbroken or logical sequence • Inconsecutive: not consecutive; on inconsecutive days • For example: in 4 out of 5 consecutive days	
Will staff provide prompts? Note if the goal does not specify prompts than the number of prompts can be interpreted as none	
What type of prompts? – Verbal, gestural, visual, kinetic	
When will you measure the progress?	
How will you keep track of the student's progress?	

SELPA ERMHS Request for Assistance Guidance

The HDN SELPA offers Behavioral Health Clinicians who can provide Individual Counseling, Counseling and Guidance, and Parent Counseling ERMHS. The Request for Assistance for these services is provided on SEIS. Please follow the guidelines in this policy for pre-referral intervention documentation, assessment and monitoring. Submit the Request for Assistance including the Release of Information if your program would like to request SELPA ERMHS.

Please ensure that the school has provided pre-referral counseling as appropriate, psychological, and or guidance services and the IEP team has determined that the services do not meet the pupil's educational needs or are inappropriate. Please ensure that the IEP team has identified the specific lack of educational progress and how this is directly related to the student's mental health needs.

School Psychologist/Case Manager/ Administrator may consult with a SELPA Program Director at support@hdnselpa.org or 707-440-9506. This consultation is to identify the referral is in process and/or to answer any questions regarding the process or scope of the ERMHS referral.

When a clinician is assigned to join the IEP team, the Program Director and the clinician will coordinate with the IEP team to provide instructions for scheduling a meeting, adding services in SEIS, and developing goals. The case carrier will schedule an IEP meeting with the SELPA clinician in attendance to present the service options for approval by the IEP team.

SELPA ERMHS PROCEDURES

- The case manager will provide a timeline to the SELPA Clinician including school breaks and goal reporting dates for the district.
- The SELPA Clinician will provide progress reports and records of services delivered, including minutes served and progress towards meeting goals associated with the service. Additionally, reports of this data will be provided within 5 days upon request.
- The SELPA Clinician will use SEIS service tracker or another agreed-upon system to document all services provided.
- When a student is absent or unavailable for ERMHS, the service does not need to be made up. If the SELPA Clinician is unavailable to provide a scheduled service, the service will be made up at a later date.
- When considering discontinuation of ERMHS currently provided by a SELPA Clinician, an assessment to determine appropriateness will be completed collaboratively between the SELPA Clinician and the school assessor. The IEP team will determine whether to continue services, implement a fade plan, discontinue services, or recommend alternative services when reviewing the assessment results during an IEP meeting.