

Educationally Related Mental Health Services (ERMHS)
(Adapted from Riverside County SELPA Procedural Manual)

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ERMHS Overview

On June 30, 2011, Assembly Bill 114, Chapter 43, was signed into law. The passage of AB 114 made it clear that school districts are now solely responsible for ensuring that students with disabilities receive special education and mental health related services, including those previously provided by county mental health agencies, in accordance with the Individuals with Disabilities Education Act (IDEA) of 2004. This amendment essentially redirected funding from County Mental Health (CMH) to Local Education Agencies (LEA) and authorized the LEA to determine whether the LEA, Nonpublic Agency (NPA) and/or CMH render (educationally related) mental health services at the discretion of the LEA (AB 114 Ch. 43 (14)).

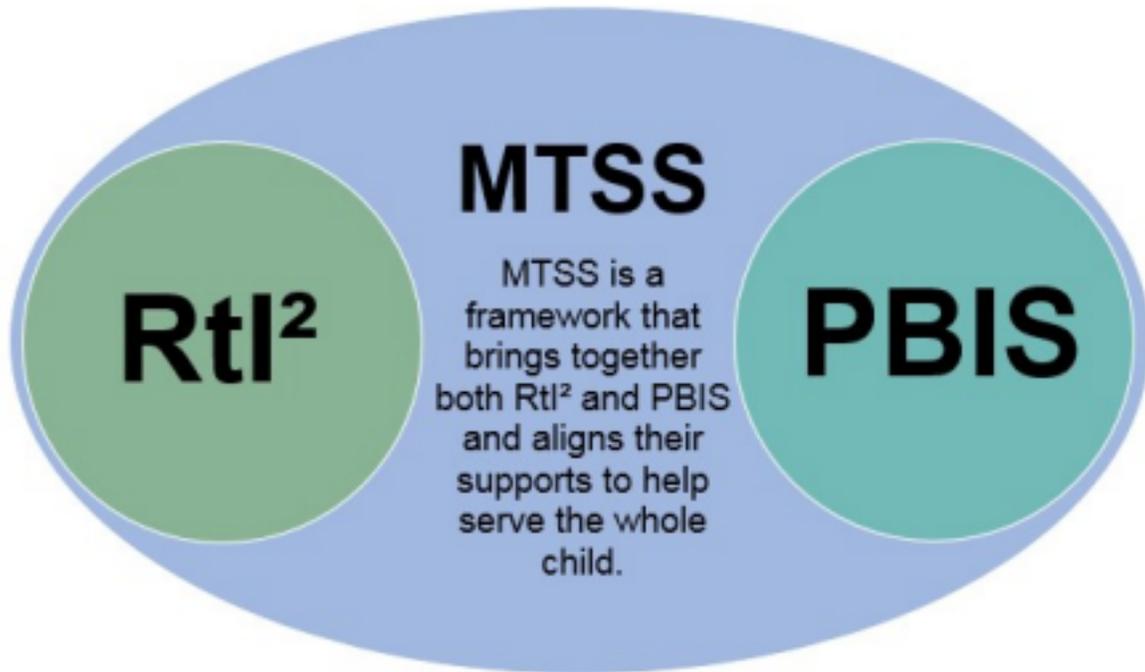
Local educational agencies ensure that assessments performed prior to an educationally related mental health referral are as useful as possible in determining the need for mental health services and the level of services needed (Cal. Educ. Code §56331 (b)). Furthermore, it should be noted that the information contained in this document is intended for guidance and further exploration of concepts, laws, and practices in supporting students struggling with Educationally Related Mental Health (ERMH) needs and does not constitute legal advice.

Multi-Tiered System of Supports

As noted by the California Department of Education (CDE) Multi-Tiered System of Support (MTSS) “is an integrated, comprehensive framework, which focuses on Common Core State Standards (CCSS), core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems necessary for all students’ academic, behavioral, and social success”. MTSS offers the potential to create needed systematic change through intentional design and redesign of services along with supports that quickly identify and match the needs of all students.

MTSS, Response to Instruction and Intervention (RtI²), and Positive Behavioral Interventions and Supports (PBIS) are often spoken of synonymously, and for those new to MTSS, it can be difficult to determine what people mean when these terms are used interchangeably. It is important to keep in mind, though, that MTSS is a framework for aligning resources and initiatives; it is a method of organization. As such, MTSS encompasses both RtI² and PBIS, and systematically addresses support for all students.

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Since MTSS is a framework that brings together both RtI² and PBIS and aligns their supports to serve the whole child, it also relies on data gathering through universal screening, data-driven decision making, problem solving teams, and focuses on content standards. MTSS aligns the entire system of initiatives, supports, and resources, and implements continuous improvement processes throughout the system.

In particular, MTSS assists LEAs in:

- Promoting LEA participation in the focus to align the entire system of initiatives, supports, and resources
- Relying on a problem-solving systems process and method to identify problems, develop interventions, and evaluate the effectiveness of the intervention in a multi-tiered system of service delivery
- Transforming the way LEAs provide support and setting higher expectations for all students through intentional integration of instruction and intervention services and supports so that systemic changes are sustainable and based on standards-aligned classroom instruction
- Endorsing Universal Design for Learning instructional strategies so that all students have opportunities for learning through differentiated content (i.e., teachers reacting responsively to a learner’s needs), processes, and products

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- Challenging all school staff to change the way in which they have traditionally worked both in and out of the classroom
- Using schoolwide and classroom research-based positive behavioral supports for achieving important social and learning outcomes
- Supporting high-quality standards and research-based, culturally and linguistically relevant instruction with the belief that every student can learn and excel, including students of poverty, those who are gifted and high achievers, students with disabilities, English learners, and students from all ethnicities evident in the school and LEA cultures
- Integrating a data collection and assessment system, including universal screening, diagnostics, and progress monitoring, to inform decisions appropriate for all students
- Implementing a collaborative approach to analyze student data and work together in the intervention process

RtI² is an approach that focuses on individual students who are struggling academically and pulls together resources from the LEA, school, and community to promote students' success before they fall behind. It is systematic and data driven with tiered levels of intervention to benefit every student.

PBIS is an approach that focuses on the emotional and behavioral learning of students, which leads to an increase in engagement and a decrease in problematic behavior over time. It assists the LEA in adopting and organizing evidence-based behavioral interventions that improve social and emotional behavior outcomes for all students. So, while RtI² focuses on academics and PBIS focuses on social and emotional learning, MTSS encompasses them all. It acts as a way of organizing support within an LEA so that both the academic side and the social-emotional-learning side are aligned to serve the whole child.

Tier One Intervention

Evidence based programs are aligned to CCSS to ensure high quality instruction that is explicit (skills are taught from less to more complex using direct, clear and concise instructional language), differentiated (students have different levels of background knowledge and school readiness. Differentiated instruction engages each student in active learning according to his/her needs. The content of instruction, delivery of instruction, and targeted level of instruction can be differentiated) and include flexible grouping (combination of whole and small group and individual instruction allows staff to create fluid groups that meet the needs of all students) and active (ensuring all students

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are actively involved during instruction. This engagement can be accomplished with high rates of opportunities to respond, ample time to practice skills and prompt skills and corrective feedback). Student engagement (use of evidence based classroom behavior strategies) which includes proactively, the use of reinforcement and praise (4:1 positive to negative feedback loop), quick, efficient transition times, and consistent instructional response to maladaptive behavior delivered to all students with the ability to measure student outcomes across skill development and targeted areas. Positive tier one implementation outcome is contingent on ongoing professional development with all educational stakeholders. The opportunity for stakeholders to participate in ongoing professional learning committees, and to engage in co-teaching conditions is fundamental to a successful process. In addition, universal screening of all students is suggested on a quarterly or bi-annual basis to gather information on how the school is performing and the unique needs of the student.

Examples include but are not limited to:

- Peer Support
- Classroom Wide Token Economy/Reinforcement/Reward System
- Progressive Classroom Management
- Department Planning/Collaboration
- Positive Behavior Intervention System (PBIS) – Tailored to your district - examples include: Boys Town, Skills Streaming, Social Emotional Learning, School wide or grade level specific guidance lessons, 2nd step curriculum. etc.
- Parent/Teacher Conference
- Community Based Interventions (YMCA, Boys and Girls Club, Youth Teams)

Tier Two Intervention

The Center on Response to Intervention at American Institutes for Research noted secondary prevention typically involves small-group instruction that relies on evidence-based interventions that specify the instructional procedures, duration (typically 10 to 15 weeks of 20 to 40 min sessions), and frequency (3 to 4 times per week) of instruction. Secondary prevention has at least three distinguishing characteristics: it is evidence based; it relies entirely on small group instruction rather than whole-class instruction; and it involves a clearly articulated, validated intervention, which would be adhered to with fidelity (NCRTI, 2010, P.10). Tier two targets all students identified as having a specific educational need that is supported in a small group of peers with a highly qualified teacher maintaining tier one support. The premise of Tier two is to provide all students additional time to learn, practice and review

knowledge and skills. Progress on educational performance is recommended at least on a monthly basis and can occur more often.

Examples include but are not limited to:

- Peace Builders and/or Restorative Practices
- Counseling by School Counselor – group
- Conflict Resolution, Coping Skills, Relationship Skills, Relaxation Techniques, Self-Monitoring, Sensory Tools
- Structured Breaks, Check-in Check-out, Forced Choice Reinforcement Survey
- 504 Plan – updated yearly, revise as necessary
- Classroom Accommodations
- Daily Planner (student agenda, visual schedule)
- SST/ Action Plan
- Community Based Intervention (Parenting Classes, PLUS Program, Transitional Age Youth, Riverside University Health System)

Tier Three Intervention

Students who are struggling educationally by not demonstrating progress with tier two interventions, prior to considering a special education evaluation, an intense level of support may be considered to incorporate longer group sessions, smaller group size, more frequent sessions and constant progress monitoring (at least weekly) with each student (NCRTI, 2010, P.11). When Tier three interventions involve replacing tier one or two interventions and materials, a replacement core program is considered for the student. At this time, the team may consider assessing the student for special education. Once a student is identified as a special education student, the Individualized Education Plan (IEP) team may consider a tiered level of support in addressing the educational needs of the student. These interventions would include developing a Tier II Positive Behavior Intervention (PBI) and/or Positive Behavior Intervention Plan (PBIP). Based on assessment data, the IEP team may consider utilizing the results of an FBA to hypothesize function (escape, attention, sensory, tangible) for the purpose of assisting in the development of drafting goals as well as considering the environmental conditions to develop accommodations for the IEP team to consider. Additionally, an Educationally Related Mental Health Services assessment may be considered to determine both the source and extent of the student's need for counseling. This assessment is designed to distinguish the need for services inclusive of individual, group, and/or WRAP services for the IEP team to consider.

Examples include but are not limited to:

- Counseling by School Psych – short term 4-8 weeks (530 code)
- Positive Behavior Intervention Plan (PBIP, PBI)
- Generate Social/Emotional/Behavioral Goals
- Present Levels of Performance – strengths, weaknesses, specific to social, emotional, behavioral needs
- Community Based Intervention Monitoring (525 code) IEP
- Student Centered Interventions – individual counseling by school counselor
- Behavior Contract
- Behavior Goals through a Behavior Support Plan
- Community Based Interventions (YAT, TBS)
- Assessment for Special Education
- SST (With Parent)
- ERMHS – WRAP Services (525 Code)
- Mental Health Counseling (515, 510, 520 Codes)
- ERMHS Assessments
- Tier 3 Behavior Intervention Plan
- FBA
- Revise Positive Behavior Support Plan
- Residential Treatment Center
- Non-Public School
- District SDC Placement
- Home Hospital/Independent Study

Assessment

Educationally Related Mental Health Service (ERMHS) assessment is specific for students who qualify for an IEP and is designed to determine both the source/extent of the student's mental health needs. Additionally, the assessment includes interviews with the student and relevant stakeholders, observations in both structured and unstructured settings, assessment measures, and a thorough review of records to determine whether the student must receive ERMHS in order to receive meaningful educational benefit. An ERMHS assessment will provide recommendations for the IEP team to consider proposed goals, services, supports and placement. Section 7576 of the Government Code (3) provides further guidance when conducting ERMHS assessments by noting that the pupil has emotional or behavioral characteristics that satisfy all of the following:

(A) Are observed by qualified educational staff in educational and other settings, as appropriate.

(B) Impede the Pupil from educational services.

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- (C) Are significant as indicated by their rate of occurrence and intensity.
- (D) Are associated with a condition that cannot be described solely as a social maladjustment or a temporary adjustment problem, and cannot be resolved with short-term counseling.

Part 4 of Section 7576 of the Government Code notes as determined using educational assessments, the pupil's functioning, including cognitive functioning, is at a level sufficient to enable the pupil to benefit from mental health services.

Services

Educationally Related Mental Health Services are categorized under the educational definition of related services. Related Services is defined in the Code of Federal Regulations as developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education as determined by the IEP team. (C.F.R. § 300.34 (a)). Related services for ERMHS include Psychological services, Social Work services, Parent and Counseling training, and Counseling services.

Psychological Services

Other than assessments and development of the IEP as per Title 5 C.C.R 3051.10 include:

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

Psychological services required by a student's IEP may be rendered by any of the following professionals who possess the credential or license required by law for the performance of particular psychological services by members of that profession:

- (1) Licensed Educational Psychologist pursuant to Business and Professions Code section 4989.14;
- (2) Licensed Marriage and Family Therapist pursuant to Business and Professions Code section 4980.02;

- (3) Licensed Clinical Social Worker pursuant to Business and Professions Code section 4996.9; or
- (4) Licensed Psychologist pursuant to Business and Professions Code section 2903; or
- (5) Pupil Personnel Services Credential that authorizes School Psychology. Section 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

Social Work Services

As per Title 5 C.C.R. 3051.13 include:

- (1) Individual and group counseling with the individual and his or her immediate family.
- (2) Consultation with pupils, parents, teachers, and other personnel regarding the effects of family and other social factors on the learning and developmental requirements of individual pupils with exceptional needs.
- (3) Developing a network of community resources, making appropriate referral and maintaining liaison relationships among the school, the pupil with exceptional needs, the family, and the various agencies providing social, income maintenance, employment development, mental health, or other developmental services.
 - (a) Wraparound services when approved by the IEP team will be coded as Social Work services and in the comment section denoted as Wraparound.

Social worker services shall be provided only by personnel who possess a:

- (1) License as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social Worker or a licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or
- (2) License as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs; or
- (3) Credential authorizing School Social Work.
- (4) License as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.

Sections 2903, 2905, 4980.02, 4989.14, 4996.9 and 4999.10, Business and Professions Code; Sections 49422 and 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

Parent Counseling and Training

As per Title 5 C.C.R 3051.11 include:

- (1) Assist parents in understanding the special needs of their child, and
- (2) Provide parents with information about child development.

Parent counseling and training shall be provided only by personnel who possess a:

- (1) Credential that authorizes special education instruction; or
- (2) Credential that authorizes health and nursing services; or
- (3) License as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs; or
- (4) License as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social Worker or a licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or
- (5) License as an Educational Psychologist, issued by a licensing agency within the Department of Consumer Affairs; or
- (6) License as a Psychologist, or who are working under the supervision of a licensed Psychologist, both regulated by the Board of Psychology, within the Department of Consumer Affairs; or
- (7) Pupil Personnel Services Credential that authorizes School Counseling or School Psychology or School Social Work.
- (8) License as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.

Sections 2903, 2905, 4980.02, 4989.14, 4996.9 and 4999.10, Business and Professions Code; Sections 49422 and 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

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Counseling and Guidance Services

As per Title 5 C.C.R. 3051.9 include:

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

Counseling and guidance shall be provided only by personnel who possess a:

- (1) License as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs.
- (2) License as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social Worker or a licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or
- (3) License as an Educational Psychologist issued by a licensing agency within the Department of Consumer Affairs; or
- (4) License in psychology, or who are working under the supervision of a licensed psychologist, both regulated by the Board of Psychology, within the Department of Consumer Affairs; or
- (5) Pupil Personnel Services Credential, which authorizes School Counseling or School Psychology.
- (6) License as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.

Sections 2903, 2905, 4980.02, 4989.24, 4996.9 and 4999.10, Business and Professions Code; Sections 49422 and 56363, Education Code; and 34 C.F.R. Sections 300.34 and 300.156(b)(1).

In a letter from the California Department of Education dated September 13, 2011 titled Assembly Bill 114: Medication Monitoring authored by Mr. Fred Balcom, Director of Special Education Division noted “medical services are required under the IDEA if they are necessary for the purpose of diagnosis or evaluation. However, medical services provided by a licensed physician for other purposes, such as treatment, may not be a related service required by the IDEA. Furthermore, services exclusively provided by a licensed physician may be subject to what is widely known as the medical exclusion of the IDEA. Irving Independent School District v. Tatro, 468 U.S. 883 (1984) developed a “bright line” rule that established that services provided by a physician, other than for diagnostic or evaluation purposes, are subject to the medical exclusion of the IDEA. This “bright line” rule was further supported by Cedar Rapids Community School District v. Garret F., 526 U.S. 66 (1999). However, when considering a supportive service such as the administration of medication (also included in the former definition of “medication monitoring” under 2 CCR §60020(f)), that service activity may fall under the IDEA definition of “school health services and school nurse services,” depending on the child’s individualized need for the service and the ability of school personnel to provide the service (meaning within their respective scope of practice).”

If the LEA has employed licensed (Marriage and Family Therapist, Clinical Social Workers, Psychologists) and or licensed eligible (trainees or interns) staff in providing the aforementioned services these staff members are bound by the ethical guidelines of their profession and follow the Family Educational Rights and Privacy Act of 1974 (FERPA).

Least Restrictive Environment

The Least Restrictive Environment (LRE) as noted in 34 Code of Regulations Sec. 300.114 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. In addition, 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. The LRE also must not use a funding mechanism on the basis of the type of setting in which a child is served that will result in the failure to provide a child with a disability FAPE, according to the unique needs of the child, as described in the child's IEP.

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Local Education Agency Specialized Academic Instruction-Behavior Classroom

The IEP team will discuss the LRE and review the continuum of program options. Should the IEP team consider a more restrictive placement (Specialized Academic Instruction Behavior classroom within the district if applicable, Non Public School or Residential Treatment Center) than the general education classroom, the local education agency will provide the parent with an assessment plan to conduct the appropriate assessment to provide the IEP team with recommendations for placement consideration.

Specialized Academic Instruction

The LEA may have a Specialized Academic Instruction (SAI) classroom specifically tailored for students who are struggling with social, emotional and/or behavioral concerns that are impacting their ability to access their education. This classroom would entail a lower student to staff ratio with a highly structured educational program. The classroom would also incorporate predictable and consistent positive behavioral intervention strategies focusing on on-task behaviors, positive peer interactions and utilization of social skills presented daily in class. The classroom should be tailored to meet the student's unique learning needs. In addition, numerous opportunities throughout the day are offered for students to participate in a reinforcement system. Students are provided choices for potential reinforcements to support engagement with the program and motivation to participate. Teachers and staff are readily accessible to support academic, social, emotional and behavioral instruction. Staff have received specialized training in crisis communication and work with students who are experiencing emotional and behavioral challenges. Additionally, the classroom would have regular access to support from a School Counselor, School Psychologist or Therapist on campus to support students as needed.

Nonpublic School

A Nonpublic School (NPS) or nonsectarian school have similar components to the SAI classroom and is located off campus and under contract with the LEA to provide FAPE. California Education Code 56034 defines Nonpublic, nonsectarian school as a private school that enrolls individuals with exceptional needs pursuant to an individualized education program, employs at least one full-time teacher who holds an appropriate credential authorizing special education services, and certified by the California Department of Education (CDE). It does not include an organization or agency that operates as a public agency or offers public service, including, but not limited to, a state

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or local agency, an affiliate of a state or local agency, including a private, nonprofit corporation established or operated by a state or local agency, or a public university or college. A nonpublic, nonsectarian school also shall meet standards as prescribed by the superintendent and board. Students who attend a NPS will continue to reside at home and are transported to school on a daily basis.

Residential Treatment Center

Residential Treatment Center (RTC) is a combined CDE approved NPS and residential placement (Section 7572.55 of the Government Code (b)). Students who attend an RTC will attend the school and reside on campus in the residence. Under the provision of AB 114 SEC. 34. 7572.55 (a) residential placements for a child with a disability may be made out of state only after in-state alternatives have been considered and found not to meet the child's needs and only when the requirements of Section 7572.5 and subdivision (e) of section 56365 of the Education Code have been met (before contracting with a nonpublic, nonsectarian school or agency outside of this state, the local educational agency shall document its efforts to utilize public schools or to locate an appropriate nonpublic, nonsectarian school or agency program, or both, within the state). When a student is placed in an out of state placement, the LEA will cover the cost of the NPS and all travel arrangements for the student and the parent/guardian of the student. In addition, as noted in Government Code 7572.5 (2) provision for a review of the case progress, the continuing need for out-of-home placement, the extent of compliance with the individualized education program, and progress towards alleviating the need for out of-home care, by the full individualized education program team at least every six months. Riverside County SELPA is committed to supporting LEA's with progress monitoring for students accessing Residential placement.

Reporting Guidelines

The act of reporting whether a Child Protective Service (CPS) report, or a Behavior Emergency Report (BER) provides a knowledge base of concerns, which will ultimately lead to necessary actions in supporting the student. The various reports listed in this guidance are in alphabetical order and not in order of priority. This list is not exhaustive but a reminder of the importance of completing the various reports.

Behavior Emergency Report

A behavioral emergency is defined as the demonstration of a serious behavior problem:

- (1) Which has not previously been observed and for which a behavioral intervention plan has not been developed; or
- (2) For which a previously designed behavioral intervention is not effective. CCR 3001(c).
- (3) Serious behavior problem is defined as behaviors which are self-injurious, assaultive, or cause serious property damage and other severe behavior problems that are pervasive and maladaptive for which instructional/behavioral approaches specified in the student's IEP are found to be ineffective (CCR 2001 (aa))

Emergency Interventions may only be used to control unpredictable, spontaneous behavior that poses a clear and present danger of serious physical harm to the individual or others and which cannot be immediately prevented by a response less restrictive than the temporary application of a technique used to contain the behavior. CCR 3002 (i) For each aforementioned occurrence, a Behavior Emergency Report (BER) is to be completed. See Appendix for Behavior Emergency Procedures.

In Patterson Joint Unified School District, Office of Administrative Hearing (OAH) noted the district's failure to provide parents with timely BERs and to hold timely IEP meetings. This prevented parents from meaningfully participating in the student's educational decision-making process, which would include discussing with the district reasonable measures to permit the student to remain in class (Student v. Patterson Joint Unified School District, Patterson Joint Unified School District - Split Decision OAH Case No. 2009110397).

Child Protective Services Report

Any mandated reporter who has knowledge of and/or observes a child in his or her professional capacity or within the scope of his or her employment; whom he or she knows or reasonably suspects has been the victim of child abuse or neglect; shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. (PC section 11166(a)).

No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by the Child

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Abuse and Neglect Reporting Act (CANRA). Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC section 11172(a)).

Risk Assessments

Are for all students to determine the extent of possible threat the student is verbalizing and/or demonstrating. Specifically focusing on the student's level of intent, plan, and means of harming themselves or others. This assessment entails conducting interviews with the student and relevant stakeholders in determining next steps in minimizing the student's level of harm. It is critical for the assessor to maintain open communication with parents, caregivers and crises responders. In addition, if the student verbalizes intent (the design or purpose to commit an act), plan (a method for achieving an act), means (tools to complete the act) and access to harm a specified individual or group, the assessor will inform the individual or group of the student's verbalization as well as law enforcement. This level of disclosure is based on Civil Code § 43.92 also known as Tarasoff. In Tarasoff, the duty to protect is prompted when the student (or family member) communicates a serious threat of physical violence and the potential victims are reasonably identifiable. This results in the engagement of reasonable efforts to communicate such threats to the identifiable victim(s) and to a law enforcement agency.

Risk Assessment Report

1. Suicide Prevention: Should a student report intent (the design or purpose to commit an act), plan (a method for achieving an act) and means (the tools to complete the act) of wanting to harm him/herself, the assessor will need to contact administration, law enforcement and parents. Risk factors and warning signs should be assessment when determining the course of action to ensure student safety. When contacting law enforcement inform dispatch of a possible welfare check and/or 5150 evaluation. It is recommended that LEA's access their policies and procedures when conducting such an assessment.

2. Homicide Prevention (Tarasoff): A duty to protect the victim(s) is prompted when the student (or family member) communicates a serious threat of physical violence and the potential victim(s) is reasonably identifiable. This results in the engagement of reasonable efforts to communicate such threats to the identifiable victim(s) and to a law enforcement agency.

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Reporting of Out-of-State Nonpublic, Nonsectarian School/Agency Placement, Out-of-State Residential Treatment Center

When the IEP team has determined that the placement for a student will be out of state the LEA will need to complete and submit the Reporting of Out-of-State Nonpublic, Nonsectarian School/Agency Placement form within 15 days of the placement decision to the CDE.

The [report](#) (DOC) requires information on the:

- Special education and related services provided by the out-of-state program placement;
- Costs of the special education and related services provided; and
- Efforts of the LEA to locate an appropriate public school or nonpublic, nonsectarian school or agency, or a combination thereof, within the state.

For additional BER/CDE reporting information, see: [FAQ's for LEAs Behavioral Intervention](#)

Appendix

Appendix A

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Appendix B

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[Assembly Bill 2657: Restraint and Seclusion](#)

[Requirements for Behavioral Emergency Reports](#)

[Reporting of Out-of-State Nonpublic, Nonsectarian School/Agency Placement Form](#)

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