

Early Childhood Mental Health Conference

What Schools Can Do to Support Special Education Students:
Empowering Families to Advocate for Children



Presented & Sponsored by
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PRESENTATION OBJECTIVES:

Attendees will learn:

- Impact of Trauma on Learning (ACES)
- Law Supporting Students with Special Needs and Challenges
- The Process to obtain an IEP or 504 Plan for students aged 3-22
- Provide parents, educators, and professionals alike an understanding of types of supports available to students and parents.
- Process for requesting special education services based on the IDEA 2004
- Advocate for special education services based on the IDEA 2004
- Additional Resources [Regional Center, County Mental Health]

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HOW TRAUMA AFFECTS LEARNING



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TRAUMA AT SCHOOL

Negative Impact of Trauma on Learning:

- Difficulty with Concentration
 - Listening, Attending, Understanding, Remembering
- State of Constant Alarm
 - Reactive
 - Normal Environmental Sounds, Touch, Proximity
 - Aggressive
 - Self Protection, Safety

Most Common Diagnosis ADHD!
Most Common Solution MEDICATION!

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TRAUMA AT HOME/NEIGHBORHOOD

- Neglect
- Sexual abuse and nonsexual physical abuse
- Witness acts of violence, including domestic violence and street violence
- Psychological abuse that threatens violence, especially when the child has seen the perpetrator become violent, can traumatize children
- Absence of Supportive/Safe Adult Presence to Provide Reassurance
- Foster Care & Adoption
- Parents May Have History
- Abuse or Neglect
- Serious mental health problems, including intellectual deficits and substance abuse
- Situational difficulties that have so overwhelmed them that they cannot parent, such as poverty, loss of job, homelessness or their own victimization by a partner

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INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) 20 U.S.C. § 1400 ET SEQ.



- Requires that education agencies provide special education and related services needed to assist a child with a disability to benefit from special education in the least restrictive environment.
- *Endrew F.*
- *Antelope Valley* (9th Cir.2017)

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HOW TO OBTAIN AN IEP

1. Suspected Disability or Transition from an Early Childhood Program
2. Evaluation (initial y triennial)
3. Identification
4. Goals
5. Services & Supports
6. Accommodations & Modifications
7. Placement
8. Offer of FAPE

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THE IEP

- The process makes sense
- Updated annually or when there is a change of placement
- Re-evaluation every 3 years to determine if student is still eligible to receive special education services
- Suspicion of a disability requires evaluation
- Determining if the IEP is effective requires proof NOT just teacher comment

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EVALUATIONS



- IDEA and its regs are clear: evaluations must be "sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified."

34 C.F.R. § 300.304(c)(6)

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EVALUATIONS

- **Assessments must be administered by trained and knowledgeable personnel**

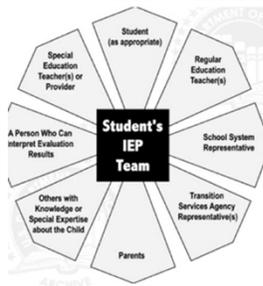
34 CFR § 300.304(c)(1)(iv)

- **Evals must utilize a “variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child.”**

34 C.F.R. § 300.304(b)(1)

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INDEPENDENT ED EVALUATIONS (IEE)



- Person with education rights can request an IEE if disagree with eval.
- LEA must either ensure an IEE is provided or prove at hearing that eval was appropriate

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RELATED SERVICES

- Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education.
- List of related services is not all inclusive. If child's needs can only be met by mental health services not on list, such services should be provided.

34 CFR § 300.34(a); 34 CFR 300.20

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RELATED SERVICES

- Children with disabilities have a right to such mental health services as are necessary and appropriate to provide nonacademic and extracurricular services and activities in the manner necessary for the child to have equal opportunity for participation in those services and activities. See 34 CFR section 300.107
- Such nonacademic activities may include school transportation, athletics, recreation activities or school sponsored clubs

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RELATED SERVICES INCLUDE

- Parent counseling and training
34 CFR § 300.34(c)(8)
- Counseling Services
34 CFR § 300.34(c)(2)
- Psychological Services
34 CFR § 300.34(c)(10)
- Medical Services for diagnostic/assessment purposes
34 CFR § 300.34(c)(10)



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RELATED SERVICES INCLUDE



- Medical Services for diagnostic/assessment purposes
34 CFR § 300.34(c)(10)
- School Health Services and School Nurse Services: health services that are designed to enable a child with a disability to receive a FAPE as described in the child's IEP.
34 CFR § 300.34(c)(13)

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RELATED SERVICES INCLUDE

• Social Work Services in Schools

34 CFR § 300.34(c)(14)

→ **Includes wraparound-like components:**

Working in partnership with parents and others on problems in a child's living situation that affect the child's adjustment in school

Mobilizing school and community resources to enable the child to learn as effectively as possible

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MEDICATION MANAGEMENT SERVICES

- Were specifically provided under AB 3632.
- Post-AB 3632, the following is covered:
 - **Services** that can be provided by a nurse or trained person;
 - Psychiatry/Med **services** for eval or diagnostic purposes;
 - Med management/psychiatry **services** that are integral part of a therapeutic educational program (by case law);
 - Coordination between school/related service staff and other service providers/family re: meds/other issues

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RESIDENTIAL PLACEMENT

- If placement in a public or private residential program is necessary to provide SPED and related services to a child with a disability, the program including non-medical care and room and board, must be at no cost to parents/child.

34 CFR § 300.104

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KATIE A., IHBS AND ERMHS

- *Katie A.* settlement in December 2011 recognizes and defines Intensive Home-Based Mental Health Services (IHBS)**
- Settlement applies to children with open foster care case who are full-scope Medi-Cal.

**Info about the settlement is available on the Cal DSS website: <http://www.childsworld.ca.gov/pg1320.html>

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IHBS AND ERMHS

- Intensive Home and Community Based Services Should be Coordinated with Educationally Related Mental Health Services (ERMHS) and the Child's IEP
- Intensive Home and Community Based Services should be provided as ERMHS when a child needs it to benefit from education

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COORDINATING INTENSIVE HOME BASED SERVICES WITH ERMHS



- Will help school meet their duty to educate students in the least restrictive environment.
- **Will result in more stability/less stigma to child**
- Will assist child in remaining in community.
- **WHBS** will facilitate family engagement in the IEP planning process.

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MENTAL HEALTH GOALS

- IEPs must include a statement of measurable annual goals, including functional goals, designed to meet the child's mental health needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum.

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MENTAL HEALTH GOALS

- Some Areas where children may need Goals:
- SELF HELP/SELF ADVOCACY
- LEARNING COPING
- IMPROVING ATTENDENCE
- ANGER MANAGEMENT
- OVERCOMING EMOTIONAL ISSUES RELATING TO STIGMA (EXAMPLE: Wearing hearing aids)

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ADVOCACY TIPS

- Ask for an IEE if you do not agree with mental health assessment
- Remember that listed related services are not all inclusive
- Request coordination of services between school providers and other providers

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REGIONAL CENTER EARLY START ELIGIBILITY

- Under 24 Months – One Delay 33%
- Over 24 Months – One Delay 50% or Two or more Delays 33%

Domains:

- Cognition
- Communication
- Social or Emotional
- Adaptive [self-help]
- Physical [gross and/or fine motor]

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EARLY START / EARLY INTERVENTION SERVICES

- assistive technology
- audiology
- family training, counseling, and home visits
- health services
- medical services for diagnostic/evaluation purposes only
- nursing services
- nutrition services
- occupational therapy
- physical therapy
- psychological services
- service coordination (case management)
- social work services
- special instruction
- speech and language services
- transportation and related costs
- vision services

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WHO PROVIDES EARLY INTERVENTION SERVICES?

- Early intervention services that are needed for each eligible infant or toddler are purchased or arranged by a regional center or a local education agency.
- Family Resource Centers provide family support services.
- CA now requires families to access private insurance to access Early Start Services but not for evaluation for eligibility
- If denied by insurance the regional center may provide service(s)
- LEAs and Regional Centers often serve Dual Eligible Children

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SCHOOL DISTRICT & REGIONAL CENTER RESPONSIBILITIES

- The California Department of Education is responsible for administering services and providing educational programs for infants who meet the following criteria:
 - (1) Have solely "low incidence" disabilities — conditions occurring in less than 1% of the school population which are solely visual, hearing, or severe orthopedic impairments, or any combination of those conditions;
 - (2) Require intensive special education and services. The local regional center is responsible for providing early intervention services to all other eligible infants, including children who have developmental delays or are information on Early Intervention Services 12 - 3 at risk of delay. [Cal. Ed. Code Secs. 56026 & 56026.5; Cal. Gov. Code Sec. 95008; Cal. Welfare & Institutions (Welf. & Inst.) Code Sec. 4435; 5 California Code of Regulations (C.C.R.) Sec. 3031.]
- The regional center is responsible for providing or purchasing appropriate Early Start services that are beyond the responsibilities of the district—but only to the extent these services are required by the federal early intervention law. [Cal. Gov. Code Sec. 95014(c).]

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WHAT MUST BE IN INDIVIDUAL FAMILY SERVICE PLAN

- Your child's **present levels of functioning and need** in the areas of his or her physical, cognitive, communication, social/emotional, and adaptive development
- **Family information** (with your agreement), including the resources, priorities, and your concerns, as parents, and other family members closely involved with the child
- The major **results or outcomes expected** to be achieved for your child and family
- The specific **early intervention services** your child will be receiving
- Where in the **natural environment** (e.g., home, community) the services will be provided [or statement why not]
- **When and where** your son or daughter will receive services
- **The number of days or sessions** he or she will receive each service and how long each session will last
- **Who will pay** for the services
- The name of the **service coordinator** overseeing the implementation of the IFSP
- The steps to be taken to support your child's **transition out of early intervention** and into another program when the time comes.

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SERVICES IN THE HOME

- Under state law, infants and toddlers are entitled to home-based services that include, but are not limited to:
- (1) Observing the infant's behavior and development in his natural environment;
 - (2) Activities that are developmentally appropriate for the infant and are specially designed, based on the infant's exceptional needs, to enhance his development. Those activities shall be developed to conform with the infant's individualized family service plan and to ensure that they do not conflict with his medical needs;
 - (3) Demonstrating developmentally appropriate activities for the infant to the parents, siblings, and other caregivers, as designated by the parent;
 - (4) Interacting with the family members and other caregivers, as designated by the parent, to reinforce their development of skills necessary to promote the infant's development;
 - (5) Discussing parental concerns related to the infant and the family, and supporting parents in coping with their infant's needs;
 - (6) Assisting parents to solve problems, to seek other services in their community, and to coordinate the services provided by various agencies.

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TRANSITION AGE THREE

- For children who have participated in Part C programs and who are eligible for preschool services, the state must assure a smooth and effective transition.
- An IEP must be developed and implemented by the child's third birthday. The lead agency must notify the child's local school district that a child currently served under an Information on Early Intervention Services 12 - 18 IFSP will shortly reach the age of eligibility for preschool special education services.
- For children who may be eligible for these preschool services, the lead agency must convene a conference with the parents and the school district at least 90 days (or up to 6 months) prior to the child's 3rd birthday, to discuss potential preschool special education services.

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DISAGREEMENTS AT AGE THREE

- If at the initial IEP meeting you and the district disagree about which services your child will need, you may resolve the disagreement by filing for due process.
- Until the disagreement is resolved, your child is not entitled to continue receiving early intervention services from the school district or regional center. The district may, however, offer your child fewer or other services. If you give your consent, the district must provide those services while your dispute is pending.
- If your child is a regional center client, you have the option of requesting an Individual Program Plan (IPP) meeting to discuss continuation of Part C services. The regional center may continue providing services: (1) until the beginning of the next school term following your toddler's third birthday (when the district's special education preschool program is not in session); and (2) the team determines services are necessary until the preschool program resumes.

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PREVENTION RESOURCE & REFERRAL SERVICE

- Children not eligible for Early Start may be referred to Prevention Resource & Referral Services (PRRS) based on the child's risk factors.
- PRRS is offered by the local Family Resource Center
- <http://www.frcnca.org>
- PRRS offers Information, Resources and Referrals
- Diagnosed by qualified clinician, pediatrician, family physician, regional center, High Risk Infant Program, Neonatal Intensive Care Unit
- 2 or more risk factors or parent has developmental disability
- 2009 category for ASD

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SPECIALTY MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

- The Department of Health Care Services (DHCS) administers California's Medicaid program (Medi-Cal). The Medi-Cal Specialty Mental Health Services (SMHS) program is "carved-out" of the broader Medi-Cal program and operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services under Section 1915(b) of the Social Security Act.
- In accordance with Medicaid Early and Periodic Screening, Diagnostic, and Treatment provisions, the intervention criteria for beneficiaries under the age of 21 are less stringent than they are for adults.
- <https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>

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OTHER SERVICES

- San Diego Early Childhood Mental Health Program
The ECMH program started over four years ago through a county contract to begin providing the Incredible Years program to preschool-aged children in the schools. The focus was to provide services at designated preschool sites in the school district. The targeted areas include schools in City Heights, Logan Heights, Mountain View, Grant Hill, Sherman Heights, and Shelltown.
<https://www.sandiegounified.org/early-childhood-mental-health-program>

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RESOURCES

- Disability Rights California (statewide)
<http://www.disabilityrightsca.org/>
- Public Counsel Law Center (statewide)
<http://www.publiccounsel.org/>
- Disability Rights Education Defense Fund
<http://dredf.org/>
- Mental Health Advocacy Services
<http://mhas-la.org>
- <https://ecmhp.org>

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**THANK YOU FOR
PARTICIPATING IN THIS
TRAINING!**

  **Voz de Victoria**
Educational Consulting & Advocacy

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