

Ohio School Boards Association Capital Conference

November 14, 2016

Mental Health Services and School Safety

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A. Why Focus on Mental Health in Schools?

1. Mental health problems often interfere with student performance.
2. Districts must provide mental health services and supports to students with disabilities who require such supports to be able to participate in the general education program and progress in their special education programs. Students with significant needs may require educational placements in therapeutic settings, including residential facilities.
3. Effective student behavior management programs, including Positive Behavioral Intervention Systems (PBIS), require schools to facilitate social-emotional development and learning.
4. Board policies and related protocols for addressing safety concerns require school personnel to address mental health concerns.
5. Data cited on diagnosable mental health disorders generally suggest that from 12-22% of youth under age 18 are in need of mental health intervention.

B. School Safety In 2013, a coalition of national education organizations¹ issued “A Framework for Safe and Successful Schools,” containing recommendations for improved school safety and access to mental health services for students. From the joint statement:

"Efforts to improve school climate, safety, and learning are not separate endeavors. They must be designed, funded, and implemented as a comprehensive school-wide approach that facilitates interdisciplinary collaboration and builds on a multitiered system of supports. We caution against seemingly quick and potentially harmful solutions, such as arming school personnel, and urge policy leaders to support the following guidance to enact policies that will equip America's schools to educate and safeguard our children over the long term."

The framework² contains the following policy recommendations to support effective school safety:

1. Allow for blended, flexible use of funding streams in education and mental health services;
2. Improve staffing ratios to allow for the delivery of a full range of services and effective school-community partnerships;
3. Develop evidence-based standards for district-level policies to promote effective school discipline and positive behavior;

¹ The coalition includes the National Association of Elementary School Principals, The American School Counseling Association, National Association of School Psychologists, National Association of School Resource Officers, National Association of Secondary School Principals, and School Social Work Association of America.

² The framework is available at https://www.naesp.org/sites/default/files/Framework%20for%20Safe%20and%20Successful%20School%20Environments_FINAL_0.pdf

4. Fund continuous and sustainable crisis and emergency preparedness, response, and recovery planning and training that uses evidence-based models;
5. Provide incentives for intra- and interagency collaboration; and
6. Support multi-tiered systems of support (MTSS).

C. Legal Obligations

1. Special Education/IDEIA

a. Free and Appropriate Public Education

- b. Evaluating Student Needs – The evaluation of a student with a disability must include assessments in all areas related to the suspected disability, including social and emotional status and functional performance.

c. Emotional Disturbance

- i. A child with a disability under the IDEA is defined as a child who has one or more of the 12 identified impairments, one of which is emotional disturbance and who, by reason thereof, needs special education and related services. 34 CFR §300.8(a).
- ii. Under IDEA Regulations, 34 CFR §300.8 (c)(4)(i), "emotional disturbance" is defined as a condition exhibiting one or more of the following characteristics "over a long period of time and to a marked degree that adversely affects a child's educational performance:"
 - An inability to learn that cannot be explained by intellectual, sensory, or health factors.
 - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - Inappropriate types of behavior or feelings under normal circumstances.
 - A general pervasive mood of unhappiness or depression.
 - A tendency to develop physical symptoms or fears associated with personal or school problems.

34 CFR §300.8 (c)(4)(ii) provides that emotional disturbance does not include children who "are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section."

d. Programming for Students with Disabilities

- i. Each IEP team must, in the case of a child whose behavior impedes his/her learning or the learning of others, consider the use of positive behavioral interventions and supports and other strategies to address that behavior.
- ii. The IEP team must consider the each student's need for related services, which are defined in 34 CFR 300.34 as:

“transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, *psychological services*, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, *counseling services*, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, *social work services* in schools, and *parent counseling* and training.” (Emphasis added)

Psychological services include:

- “Administering psychological and educational tests, and other assessment procedures;
- Interpreting assessment results;
- Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;
- Consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;
- Planning and managing a program of psychological services, including psychological counseling for children and parents; and
- Assisting in developing positive behavioral intervention strategies”

Counseling services means “services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.”

Social work services in schools include:

- “Preparing a social or developmental history on a child with a disability;
- Group and individual counseling with the child and family;

- Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;
- Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
- Assisting in developing positive behavioral intervention strategies”

Parent counseling and training “means assisting parents in understanding the special needs of their child; providing parents with information about child development; and helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.”

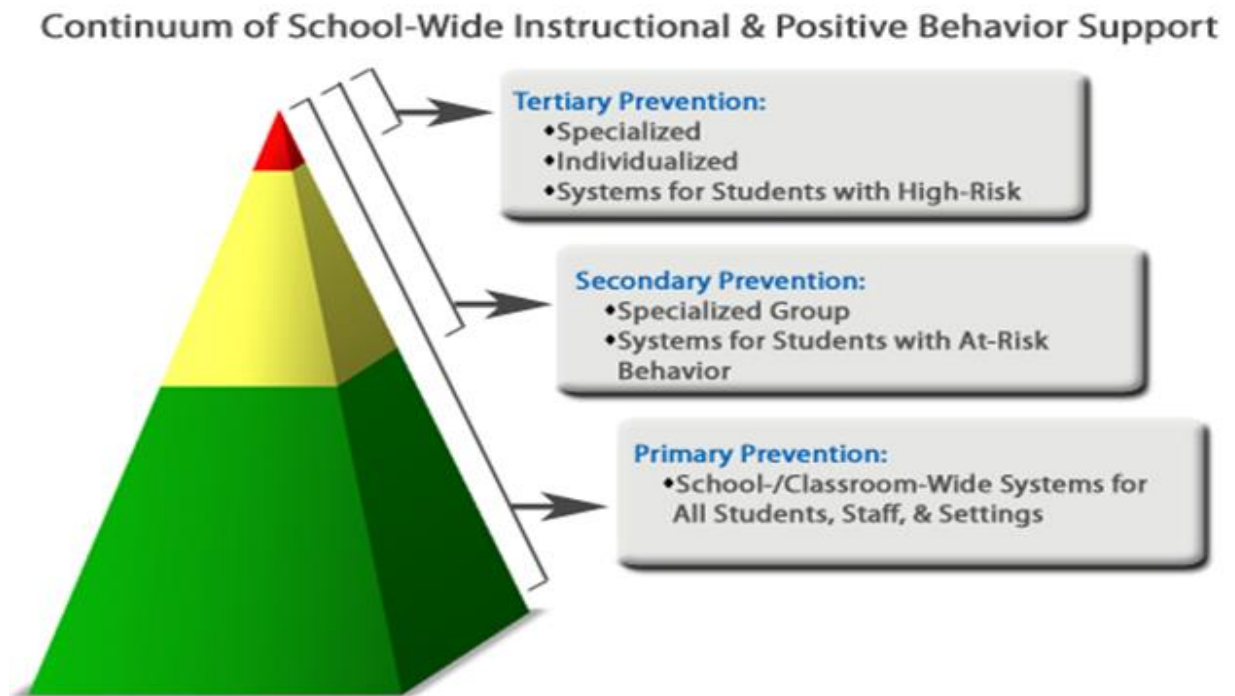
e. Educational Placements

- i. School districts must ensure that a continuum of alternative placements is available to meet the needs of children with disabilities. This continuum must include regular classes, special classes, special schools, home instruction, and instruction in hospitals, institutions, and other settings. 34 CFR 300.39
- ii. The IDEA provides for residential placements "if placement in a public or private residential program is necessary to provide special education and related services to a child with a disability." 34 CFR 300.104. The regulation further states that such a program, including non-medical care and room and board, must be at no cost to the parents of the child. In the commentary to the regulations, the U.S. Department of Education stated that "in situations where the educational needs are inseparable from the child's emotional needs" and an individual determination is made that the child requires the therapeutic and habilitation services of a residential program in order to "benefit from special education," these therapeutic and habilitation services may be "related services" under the Act.

f. Behavior Interventions for Students with Disabilities

- i. Functional Behavioral Assessments (FBAs)
- ii. Behavior Intervention Plans (BIPs)
- iii. Discipline options – Except under very limited circumstances, students with disabilities cannot be removed from educational services for behavior that is a manifestation of their disability for more than 10 consecutive days in a school year, or 10 cumulative days that constitute a pattern. See 34 CFR 300.536.
- iv. “Day 11” Services – A child with a disability who is removed for more than 10 cumulative days must “receive, as appropriate, a functional behavioral assessment, and behavior intervention services and modifications that are designed to address the behavior violation so that it does not recur.” See 34 CFR 300.530.

2. Positive Behavioral Intervention and Supports (PBIS)



a. ODE Rule and Policy

- i. Ohio Department of Education (ODE) Policy on Positive Behavior Interventions and Support, and Restraint and Seclusion (January 15, 2013).
- ii. State Board of Education Adopts OAC 3301-35-15, Standards for the Implementation of Positive Behavior Intervention Supports and the Use of Restraint and Seclusion (April 9, 2013).
- iii. Emphasizes:
 - a. Systemic and individualized positive strategies to reinforce desired behaviors, reduce of challenging behavior and teach appropriate behavior to students.
 - b. Early intervention.
 - c. Progress monitoring and data collection and reporting.
 - d. Research-based, scientifically validated interventions.
 - e. Multi-tier model for service delivery.
 - f. Training and professional development.

3. Interventions to Prevent Truancy/Drop-Outs

4. Anti-bullying Programs

5. Suicide Prevention Protocols

D. Restorative/Social Justice Practices

*“Restorative Justice Practices are a set of informal and formal strategies intended to build relationships and a sense of community to prevent conflict and wrongdoing, and respond to wrongdoings, with the intention to repair any harm that was a result of the wrongdoing. Preventative strategies include community or relationship building circles, and the use of restorative language. Some responsive strategies include the use of Restorative Questions within a circle or conferencing format, again with the intention of repairing the wrong that happened as a result of the behavior. The Restorative Questions, while varied in exact language, ask the student to consider: **What happened? Who did it impact? How do you make it right?**”*(From “Home Room,” the official blog of the US Department of Education.)

1. Social Justice focuses on marginalization and lack of opportunity to succeed.
2. Restorative Justice focuses on engineering opportunities to succeed through:
 - Taking responsibility.
 - Focus on the damage to others.
 - Focus on the damage to relationships.
 - Focus on repairing the damage and restoring the relationship.
3. Creates opportunities to succeed and re-join the “group.”
4. Builds natural reasons (relationships) to deter bullying and retaliation.
5. Requires schools to:
 - Shift from punitive approaches (suspension/expulsion) to positive approaches.
 - Engage leaders to develop of programs to promote restoration.
 - Frame taking responsibility to mean work to resolve conflicts with those harmed.
 - Ongoing monitoring on the “next day.”
 - Praise for new behaviors.
 - Engage staff to model and implement practices with own behaviors.

E. Social Skills Instruction

- F. Role of the Mental Health Professional** – (School counselor, school psychologist, school social worker, contracted mental health professional, behavior specialist, etc.)

- Conduct assessments to identify students with disabilities and those who are “at risk (special education evaluations, FBAs, risk/threat assessments, etc.).
- Participate in team processes, including interpreting instructional implications of assessment results and identifying necessary supports for students.
- Design evidence based interventions, including school-wide preventative services (bullying/violence/dropout prevention, suicide prevention protocols) and individual behavior intervention plans.
- Develop ongoing professional development programs and trauma-informed practices.
- Consult with private mental health providers and assist with school collaboration with outside agencies (social services agencies, community mental health partners, etc.).
- Support educators’ abilities to provide a safe school setting and optimal conditions for teaching and learning.
- Deliver individual counseling, family intervention, social skills instruction and staff training.
- Assist with crisis and emergency preparedness, as well as response and recovery planning.
- Consult with teachers and parents to coordinate services and supports for students struggling with learning disabilities as well as emotional and behavioral problems.
- Address systemic issues that impact mental health, such as state/district assessments and other psychological and social stressors.
- Assist with student reentry into the school environment (ex. from hospitalization, residential facilities, incarceration).