

Ventura County SELPA  
Emily Mostovoy-Luna, Assistant Superintendent  
[www.vcselpa.org](http://www.vcselpa.org)



**Attach your business card here**

## **TABLE OF CONTENTS**

➤ SELPA Social/Emotional Support Services	Page 1
➤ How can services fit into the RtI <sup>2</sup> Model	Page 2
➤ Menu of Services	Page 4
➤ Referral, IEP and Documentation Process	Page 7
➤ Referral Form	Page 10
➤ Informed Consent Form	Page 12

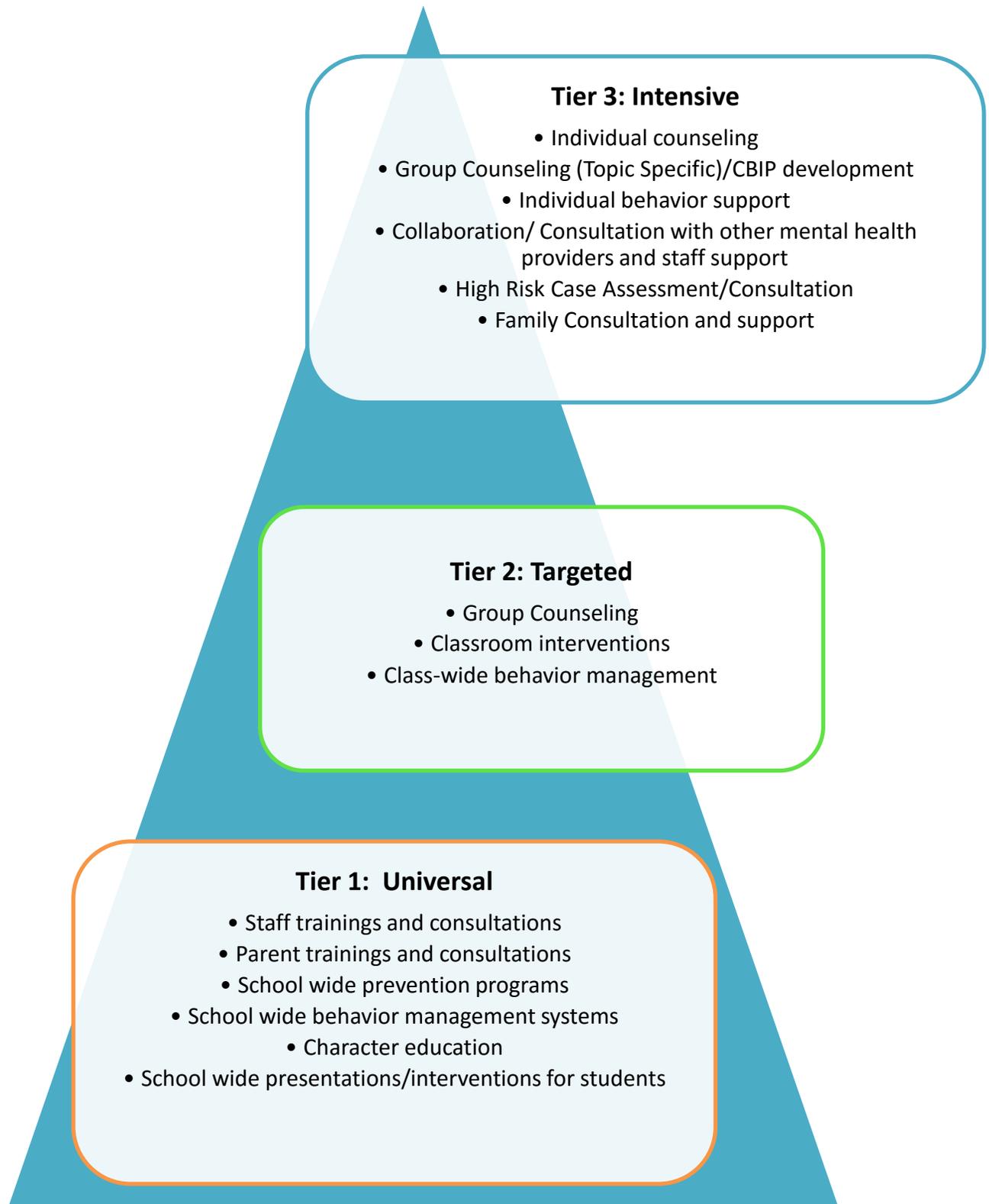
# **SELPA Social Emotional Support Services**

**Our Mission:** To serve students, schools, and families by promoting healthy coping. Our social emotional support services help to reduce high risk, destructive and disruptive behaviors in order to prevent students from requiring a more restrictive educational or living environment and/or more intensive mental health services.

**Our Services:** When you contract with SELPA, you have a professional assigned to your district throughout the school year for a predetermined number of hours per week. Your SELPA consultant will work within your district to assist in determining how your district's social emotional and behavioral needs can best be served using any combination of the following services.

**Our Staff:** All of our staff are certified Behavior Intervention Case Managers, licensed as Marriage and Family Therapists, Licensed Clinical Social Workers, and/or credentialed School Psychologists with extensive experience both in mental health and school settings including established relationships with school districts throughout the Ventura County SELPA.

## How our services fit into the RtI<sup>2</sup> Model



**Social/Emotional Services are provided for IEP students and are charged to the district's mental health fund. If a district desires to use SESS hours for non-IEP or 504 students, the district will be billed separately for these services. Mental health funds will not be used for non-IEP or 504 students.**

## Menu of Services

### Preventative Counseling Services, Group and Individual

Types of groups and individual counseling services (evidence based, 6-12 weekly sessions)

#### ❖ **Self-Regulation:**

- Anger Management
- Mood Management
- Anxiety Management
- Executive functioning
- ADHD symptoms
- Organizational skills
- Problem Solving Skills

#### ❖ **Coping with Life Stressors:**

- Grief and Loss
- Stress Management
- Coping Skills
- Substance Abuse Prevention

#### ❖ **Acting Out Behaviors:**

- Physical Aggression
- Verbal Aggression

#### ❖ **Social Skills:**

- Getting along with others
- Increasing Motivation
- Bullying Prevention and Intervention
- Conflict Resolution
- Positive Choices
- Safe Choices

#### ❖ **Severe Internalizing Behaviors:**

- Reducing self-injurious behaviors
- Suicide prevention
- School Refusal

### Parent Counseling and Training:

- ❖ Intensive family problem solving (related to student's performance in school)
- ❖ Family consultation and linkage to resources
- ❖ Social Work Services
- ❖ Managing challenging behavior
- ❖ Education regarding mental health disorders and disabilities
- ❖ Sibling support and linkage to resources

### Behavior Intervention and Support Services:

- ❖ Behavior Consultation
- ❖ Functional Behavior Assessment (FBA)
- ❖ Positive Behavior Intervention Plans and Comprehensive Behavior Intervention Plans (PBIP and CBIP)

## **School Wide Supports**

- ❖ Program development
- ❖ Consultation for school wide or classroom program development
- ❖ School wide presentations / interventions for students (i.e. anti-bullying, tolerance training, coping skills, study/organizational skills, increasing motivation)
- ❖ Pilot prevention and early intervention program currently running at EO Green Junior High School, RtI<sup>2</sup> model (only if funded for non-special education)
- ❖ Collaborative relationship with CLU MFT program, which facilitates extension of services. Under the supervision of a SELPA clinician, CLU trainees can run group therapy sessions for no additional fee, which can extend the number of students served.
- ❖ Mindfulness Training
- ❖ Crisis Debriefing
- ❖ PBI training for general education staff
- ❖ School-Based Counseling with licensed interns, under the supervision of SESS staff

### ❖ **IEP team support:**

- IEP attendance
- Consultation to team members
- Writing social/emotional goals
- Writing behavior goals
- Paraeducator training and in-service
- Collaboration with counseling provider
- Classroom management
- High risk case consultation to assist teams in determining primary factors contributing to school related deterioration and or high risk behaviors.
- For those at risk of a more restrictive placement: case consultation to assist school district in assessing and providing support to avoid more

## **Trainings and Consultations for Teachers, Support Services Staff, Administrators:**

- ❖ Social Work Services: case management, consultation and collaboration
- ❖ Managing challenging behaviors
- ❖ Education regarding mental health disorders
  - Anxiety
  - Mood Disorder
  - Disruptive Behavior Disorder
  - Tourette's Syndrome
  - Self-Injurious Behaviors
  - Suicide Risk
  - Autism Spectrum Disorders
  - Executive Functioning Challenges
  - Limit Setting and Boundaries
  - Thought Disorders
  - Impulse Control Disorders
  - Conduct Disorders
- ❖ Positive behavior support plans and implementation
- ❖ Developing social-emotional goals
- ❖ Paraeducator training and follow-up support
- ❖ Threat assessment

intensive social emotional services and/or placement

- Consultation/collaboration on developing behavior plans

## **Referral, IEP and Documentation Process**

### **Referral:**

- Discuss appropriateness of referral with Social Emotional Services Specialist (SESS) and complete and submit the SELPA "Referral for Social Emotional Specialist Services" form. If this is a special education student, discuss whether or not the SESS would like to participate in the IEP meeting.
- For special education students;
  - If the IEP team agrees the services are appropriate, at the IEP meeting:
  - Review with parent and student "Informed Consent for Social emotional Services" form and have them sign.
  - Complete the SELPA "Referral for Social Emotional Specialist Services" form if not yet done.
  - Add social emotional services to the IEP (see below for more information)
- SESS must be added to SIRAS as a "service provider" so they can access the IEP. They should receive copies of all paperwork

### **IEP language:**

- It is best practice to write Group Counseling counseling services as time limited (ie, 8-15 sessions). Indicate end date on SIS Page. If more is needed at the end of the sessions, the IEP team can reconvene for an Addendum, or in cases where no changes to goals or services are necessary, services can be extended through an Administrative Amendment.
- The service must be related to at least one social/emotional or behavioral goal. Because these are educationally based services, involve the teachers as much as possible in monitoring progress. Whenever possible, teachers or Case Managers should be measuring progress towards goals and be listed as first responsible discipline. Because SELPA's services are generally short term, SELPA should not be listed first as "responsible discipline" on the IEP goal. For example: first teacher, second Social Emotional Services Specialist.
- Any service that is being provided with regular frequency needs to be on the Student Information and Services (SIS page). This includes counseling and behavioral interventions.
- Services should be written on the Student Information and Services (SIS) of the IEP. Use the pulldown menu to pick a specific service, e.g., individual counseling, counseling and guidance, behavior intervention service, social work services. Indicate the frequency of the services (ie. weekly or monthly) and the number of minutes. Note DOS as the provider. You may specify an End Date in the column.

- Document student progress on the IEP by giving input toward progress on social-emotional goal.
- Individual counseling should always be put on the SIS page, and there must always be a correlated goal.
- If the student is going to participate in a group counseling which is time limited, and there is not a related goal, it can be noted on the LRE page under “additional supports for student.” This also would be true for behavioral consultation once a behavior plan has been developed. If the student is going to participate in a group for the entire year, there should be a goal and the service should be listed on the SIS page.
- Ongoing consultation for behavior plans or goals can also be noted on the LRE page under “behavior interferes with learning of self or others” and/or “additional supports for student.”

### **Communicating progress:**

1. On the IEP goal page: if the goal indicates that the Social/Emotional Services Specialist is responsible for measuring progress on a particular goal in the context of therapy, then the SESS will enter progress in to SIRAS in preparation for Progress Reports.
2. “Documentation of Services Summary” form:
  - For a special education student attending a group, the SESS will provide the district with a “Documentation of Service Summary” after the student attends the last group session.
  - For special education students seen individually, for whom the SESS is not responsible for reporting progress toward goals, the SESS will provide the district with a “Documentation of Service Summary” at the end of service. A copy of the “Documentation of Services Summary” form should be forwarded to the case manager or school psychologist.

### **Records Notice:**

- The SELPA “Records Notice” form gives notice that more detailed information pertaining to a student is kept in a chart at the SELPA office. The school district should place this notice in the cumulative file for each student who is receiving services through the SESS.





Ventura County SELPA

**REFERRAL FOR SOCIAL/EMOTIONAL SPECIALIST SERVICES**

*(prior to referral to ERSES)*

**CONTACT PERSON**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**STUDENT**

Name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Disability: \_\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_

Current special education programs and services: \_\_\_\_\_

\_\_\_\_\_

Please describe the social/emotional and/or behavior issues that cause you to make this referral, and how long this has been occurring. Please briefly address the support and interventions that have been implemented so far. Include social/emotional or behavioral goals included in the IEP.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Anticipated Needs:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Counseling           | <input type="checkbox"/> Functional Analysis | <input type="checkbox"/> Behavior Support/ |
| <input type="checkbox"/> Social Work Services | Assessment/Functional                        | Intervention Plan                          |
| <input type="checkbox"/> Parent Counseling    | Behavioral Assessment                        | <input type="checkbox"/> Other             |

Release attached:  Yes  No

IEP attached:  Yes  No

Psychological Report:  Yes  No

*(SELPA use only)*

Date received: \_\_\_\_\_

Staff assigned to follow-up: \_\_\_\_\_

Follow-up contact made: \_\_\_\_\_

# INFORMED CONSENT FORM





Ventura County Special Education Local Plan Area (SELPA)
INFORMED CONSENT FOR SOCIAL/EMOTIONAL SERVICES

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

I, the undersigned, hereby authorize and give my consent for myself or my minor child to receive consultation and/or school-based social/ emotional services from the Ventura County Special Education Local Plan Area (SELPA).

I understand that Social/ Emotional Services may include the following:

- 1) Interviews and consultation with school district staff and administrators
2) Review of school records
3) Interviews and consultation with parents
4) Interviews with student and school observations
5) Interviews and consultation with members of the IEP team
6) Participation in time limited group or individual counseling

Social/ Emotional services have both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, and frustration.

By signing this consent, I am indicating that I understand that the information regarding my child and my child's family will be kept confidential with the exception of situations that may be harmful to the health and safety of others, including myself and my children.

I hereby agree with the terms for Social/ Emotional Services provided by Ventura County SELPA. I understand that I have the right to receive a copy of this authorization and that this release will be in effect for the time that my child is receiving services from the Ventura County Special Education Local Plan Area (SELPA).

Client \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

I [ ] do [ ] do not give permission to the school district to bill the LEA Medi-Cal Billing Option Program for these services. Income from this program is used by the district to offset the costs of providing special education services and will not affect your child's individual benefits.

(If 14 years old or under, the legal guardian signs. If 14 to 18, the legal guardian and the minor sign)
(If client is 18 years old or older, only the client's signature is needed)