



School Psychologists are the Best Equipped to Deliver Mental Health Services in the Schools

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There is a long history of County Mental Health (CMH) working alongside of California school districts to provide related services for special education students. The state Legislature's move to make AB3632 inoperative has ended funding and regulations for this practice. As of July 1, 2011, Local Education Agencies are now solely responsible to provide school-based counseling for students with IEPs that include these services.

- **Background**

In 1975, the United States Congress guaranteed handicapped children the right to a free appropriate public education, passing the Education for All Handicapped Children Act (now known as the Individuals with Disabilities Education Act or IDEA but updated in 2004 as the Individuals with Disabilities Education Improvement Act or IDEIA). The nation's special education law includes necessary related services, including psychological counseling, in order for a child to benefit from his or her special education instruction. Under IDEIA, related services that provide emotional support include psychological services, counseling services, social work services, and parent training, with the type of service and frequency and duration determined by the IEP team. The federal regulations state that psychological services include: administering psychological and educational tests, and other assessment procedures; interpreting assessment results; obtaining, integrating, and interpreting information about the child's behavior and conditions relating to learning; consulting with other staff members in planning school programs to meet the special education 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 interventions strategies (U.S. Department of Education, n.d.). The continuum of services includes school-based psychological services, non public school/agency through residential treatment program settings. However, placement and/or services are determined by the IEP team.

In California between 1976 and 1984, schools provided psychological services to students in special education who needed the services to benefit from their Individualized Education Programs (IEP). However, in 1984, the California State Legislature assigned county mental health departments the responsibility for providing special education students these services, creating Assembly Bill 3632 (Chapter 1747, Statutes of 1984 [AB 3632, W. Brown] as described in Title 1, chapter 26.5 of the Government Code of Regulations. The regulations for the implementation of AB 3632 are located in Title 2 Administration, California Code of Regulations Sections 60000 through 60610). Since 1984, amendments continued to shift mental health services to the CMH departments. In 1996, the Legislature expanded CMH responsibilities to include services to students placed in out-of-state schools, such as a residential setting (Chapter 654, Statutes of 1995 [AB 2726, Woods]). However, ultimately any related services and

out-of-home placements necessary for a child to benefit from special education – necessary for a child to make progress toward his or her IEP goals – are the responsibility of the child’s local education agency, whether that means obtaining them for the child under AB 3632 or providing them directly.

Until recently, if an IEP team believed a child’s psychological needs exceeded the school’s resources and the school wanted CMH to serve the child, practice dictated that the school district would make a referral to the local county department of mental health. Potential mental health services identified in the state regulations included individual, group, family therapy, case management, and medication evaluation and monitoring. Moreover, intensive mental health services and rehabilitative services provided in both community-based and residential treatment program settings were possible services; however, placement was an expanded IEP team decision.

- **School Districts are planning for a Post- AB 3632 California.**

In response to balancing the California state budget, on October 8, 2010, former Governor Arnold Schwarzenegger line-item vetoed approximately \$133 million in funding for the AB 3632 state mandate, and declared the mandate “suspended.” As a result, the entire responsibility for providing IDEIA-related psychological services including out-of-home residential services for special education students required under federal law, shifted from CMH agencies to school districts. In fact, the California State Budget for 2011- 12 makes the AB 3632 Mental Health mandate inoperative as of July 1, 2011, and fully repealed as of July 1, 2012. Because the federal law (IDEIA) continues to require schools to provide psychological services contained in a student’s IEP, the California Budget Act of 2011 (AB 98) allocates \$420 million for school districts to take over the service that AB 3632 previously provided. With these legislative and fiscal changes, many school districts have actively pursued their own course of action, prompting school district superintendents, special education directors, and Special Education Local Planning Area (SELPA) directors to re-evaluate the options for delivering mental health services to special education students.

In January 2010, the California Legislative Analyst’s Office (LAO) stated that if Local Education Agencies (LEAs) are responsible and legally liable for the provision of mental health services for students to access meaningful educational benefit, the funding and control over the provision of those services should rest with the LEAs through the IEP process in a cost-effective manner (Legislative Analyst’s Office, 2010). In addition, when the California Office of Administrative Hearings was reviewing contested IEPs, in these decisions the Administrative Law Judges focused almost primarily on one question, “Did the LEA create a program that is reasonably calculated to provide the student with a meaningful educational benefit in the Least Restrictive Environment?” Thus, if the student needs a service, the LEA must make sure those services are provided regardless of what other agencies contribute (These California Office of Administrative Hearing legal case decisions can be accessed and reviewed at <http://www.dgs.ca.gov/oah/SpecialEducation.aspx>). In light of these legal actions, many school district administrators are asking whether school psychologists have the legal authority, training and credential to assess social/emotional issues, provide psychological services related to educational benefit, oversee case management, monitor progress and evaluate mental health service outcomes.

- **School Psychologists have the legal authority to provide psychological services to special education students who require these services to benefit from their special education instruction.**

The law clearly identifies school psychologists as those credentialed to provide and coordinate related services in schools. California Education Code 49424 defines school psychologists' services to include: consultation to overcome learning and behavior disorders; consultation with community agencies concerning pupils who are being served by community agencies; and psychological counseling and other therapeutic techniques with children and parents (California Department of Education, 2010). Furthermore, the related services stated in IDEA Sec. 300.34, which AB 3632 was designed to implement, clearly fall within the scope of practice of school psychologists in California (U.S. Department of Education, n.d).

The *Professional Standards for the Provision of School Psychology Services* is a document created by the California Association of School Psychologists (CASP) to educate the public and the profession regarding appropriate professional practices of school psychologists. The standard specifically related to psychological counseling services provides for direct counseling and indirect consultation for students who experience mental health problems that impair learning and/or socialization (California Association of School Psychologists, 2007).

School psychologists working independently outside of a school district, who are Licensed Educational Psychologists (LEP) through the California Board of Behavioral Sciences (BBS), authorized in the Business and Professions Code §4989.14, are also legally authorized to provide mental health services. Licensed Educational Psychologists' scope of practice includes: providing diagnoses of psychological disorders related to academic learning processes; providing psychological counseling for individuals, groups and families; developing treatment programs and strategies to address problems of adjustment; coordinating intervention strategies for management of individual crises; and consulting with other educators and parents on issues of social development and behavioral and academic difficulties (California Board of Behavioral Sciences, 2011).

The focus on districts providing psychological services to children with special needs utilizing school psychology staff should not be interpreted as eliminating the need for CMH services. In fact, best practice in providing psychological services requires professionals to know when they need to refer and coordinate with other specialists. However, for special education students and for all students requiring psychological support to benefit from their education, school psychologists should be the primary school professional in the communication, information gathering, service delivery, and decision-making processes. School psychologists have expertise in understanding the needs of the whole child which require thoughtful integration of both educational with mental health needs, best equipping them to support these students both inside and outside of the school setting.

- **On a school campus, school psychologists have the best training and most expertise to deliver mental health interventions to develop social and life skills.**

For the last decade, mental health interventions and competencies have been an integral part of school psychologists' extensive graduate training. Not only are school psychology training programs the longest of any California Service credential (e.g. 60 graduate units), but both state and national accreditation agencies have mandated training in mental health support. "Interventions and Mental Health Services to Develop Social and Life Skills" is the fourth of 10 domains in the *National Association of School Psychologists (NASP) Model for Comprehensive and Integrated School Psychological Services* (National Association of School Psychologists, 2010). This domain is also a foundation for the *NASP Standards for Graduate Preparation of School Psychologists* (National Association of School Psychologists, 2010). In California, school

psychologist training standards are found in the California Commission for Teacher Credentialing list of health competencies in the *Standards for Quality and Effectiveness for School Psychology*. Standard 21 states that school psychologists are prepared to help design, implement and evaluate wellness, prevention, intervention, and other mental health programs at the individual, group and system levels (California Commission for Teacher Credentialing, 2001).

- **Important steps to consider.**

Anticipating change, many California school districts and SELPAs are moving ahead, planning for a post-AB3632 environment. So, where do we go from here?

1. Those involved in this issue need to remember that it is still evolving and to monitor changes and direction from Sacramento.
2. LEAs need to make sure that they have a plan to meet the needs of their students regardless of the regulatory or bureaucratic surprises that are imminent.
3. School psychologists should proactively engage in discussions with their administrations on what their roles would look like in a post-AB3632 California. What criteria will be used to determine when a student needs psychological services to benefit from his or her special education instruction and at what level? What services can we provide within the district? How do we decide when to seek outside help? Who are our best community partners?
4. Professional development is essential. Having competency in mental health services in theory does not mean one can execute the skill proficiently, especially if those skills have not been practiced. School psychologists have been trained to provide mental health-related services; however, many school psychologists are assigned heavy assessment case loads that have precluded the opportunity to regularly practice counseling skills. The California State Budget for 2011- 12 provides \$520,000 to be used for professional development in the area of educationally related mental health services, to the extent permitted by the Federal State Improvement Grant Program. In that regard, CASP is working to provide school psychologists with training and legislative support so that all school psychologists can be viable team members to support student mental health in the schools.

- **Conclusion**

The elimination of AB 3632 mental health funding will intensify the burden on teachers, administrators, and parents to attend to students who require mental health services. Thoughtful planning will increase the schools' efficacy to support staff and students for positive outcomes. It is important for school psychologists, administrators, school boards, government officials, and the public to recognize that school psychologists are essential to provide educationally necessary IEP-related mental health services. Although this role for many school psychologists has not been fully practiced in California since the passage of AB 3632 in 1984, school psychologists are the best trained and legally able to provide these services.

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