



# JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND

EXCELLENCE • ACCOUNTABILITY • COMPASSION

## **Levy-Funded Services in Schools: Responding to Procedural Safeguards Requirements**

Submitted to the Accountability and Compliance Committee  
Preliminary Report

### **The Project In Brief**

This project extended our understanding of Levy-funded, school-based services by focusing on three alternative schools. The project gathered information on Levy-funded services for students with/without IEPs and 504 Plans.\* It also examined parent consent and how it is documented. Our project was exploratory. The information gained will help to establish clearer guidelines for our compliance and audit processes in schools. The project also sought to develop a better conceptual approach that could be applied to oversight, funding decisions and longer-term planning.

Thirty students with IEPs and four with 504 Plans appear to have utilized Levy-funded services toward the provision of plan requirements. This was a small percentage of students with such plans. Emotional disturbance is an important legal disability category, but few students were thus identified. Observations from site reviews and provider questionnaires helped to explain some of the underlying school, age and population factors in schools' differing approaches.

Each school documented consent for Levy-funded services. However we found some inconsistencies with state requirements and needs for additional documentation. Importantly, consent for initial evaluation is a State Plan requirement. If this is not offered, we believe that parents should still be informed of that right. Mental health and academic records are not combined. When Levy-funded services are identified in a student's IEP, we believe the plan should be available for audit.

To focus future discussion and planning, three exhibits are provided: 1) guiding principles that can potentially move our recommendations toward practice; 2) minimum consent and notification items; and 3) a conceptual model to organize school-based mental health into activities and audiences, that can refine our understanding of the partnerships and funding sources needed.

This project looked at three comparatively narrow examples. It is recommended that we now consider other types of Levy-funded, school-based services, reviewing how procedural safeguards are carried out, whether the observations and recommendations presented here are relevant and applicable, and whether additional work is needed to refine our role in encouraging mental health partnerships in schools.

\* Glossary and key terms are located at the end of this report.

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## **Background**

The provision of mental health services in schools can be vital to the well-being of students and families. It can also be necessary for students' academic progress. But addressing this need can be difficult because the mental health and special education systems were created through different laws, have different responsibilities, and respond to different civil rights requirements. Both systems lack adequate resources but strive to support the well-being of children in need.

For the Jackson County Community Mental Health Fund (Levy) these issues make funding mental health services in schools a complex matter. We are taking a step-by-step approach to clarifying our financial roles and responsibilities, while at the same time working to improve our understanding how Levy-funded services in schools are subject to parental rights safeguards mandated by the Individuals with Disabilities Education Act (IDEA) and State Plan for Special Education (State Plan).

Regarding our financial role, the State Plan holds districts responsible for maintaining a consistent level of "local funding," called maintenance of effort, or MOE. The Trustees have historically asserted that Levy funds are intended as a last resort and that Levy funding is not an entitlement. This is supported in rules that arise from mental health statute. In 2012, Levy staff and legal counsel conducted legal research and requested opinions from the US Department of Education and Missouri Department of Elementary and Secondary Education (DESE) on the nature of MOE funding. From this input Levy contracts now stipulate that Levy funding for schools is not an earmark and must supplement rather than supplant district MOE funds.

As an initial response to our need for consistency with state requirements for protecting parent rights and supporting procedural safeguards, we added contract language in 2012 stipulating that Levy funds may be used only in local education agencies with a plan for special education services that has been accepted by DESE, and that the education agency's procedural safeguards must be in compliance with the State Plan.

## **Purpose of the Project**

This project extends our understanding of ways that Levy-funded services in schools should be consistent with parental rights safeguards under the State Plan, and seeks to improve our response. At the direction of the Accountability and Compliance Committee, we undertook a closer look at a subset of our grant-funded mental health services in schools, examining whether Levy-funded services are provided to special services students, and the type of parent consent obtained.

The project was intended to be exploratory, establishing baselines and examining how we might integrate parent consent and procedural safeguards into the broader compliance and audit processes. We also sought to develop a more thorough approach that can be applied broadly to oversight, funding decisions and longer-term planning. During the 2013-2014 grant year, staff gathered information in

three alternative schools in which mental health services have a rather direct funding relationship with the Levy:

- Genesis Promise Academy, A charter which serves elementary age children;
- DeLaSalle Education Center, A charter which serves middle and high school age children; and
- Valley View, an alternative high school in the Blue Springs R-IV district, with mental health services provided by Comprehensive Mental Health Services.

Details about the information we gathered are presented in Table 1, below.

Table 1  
**Information Collected from Three Alternative Schools: 2013-2014**

The numbers of students with disability-based individual plans (Individualized Education Plans and 504 Plans) and whether they received Levy-funded services.

The numbers of students identified as being emotionally disturbed (ED) and whether they received Levy-funded services.

Parent consent forms and notification of procedural safeguards, with the schools' explanations of the procedures used to obtain consent and provide notification.

The due process information available to Levy staff in site reviews (on-site audits) that document consent or reasonable efforts to obtain consent, notification and IEP or 504 education plan documents.

## Results

**Students Served.** Table 2 (below) summarizes the relationships between IEP students and Levy-funded services. Comparing the three schools reveals similarities and differences.

- At Genesis and Valley View, few students with IEPs received Levy-funded services. In contrast, 66% of the students in DeLaSalle school with IEPs received Levy-funded services.
- Valley View had the most students with 504 plans (15) but only one of those received Levy-funded services. Three of five DeLaSalle students with 504 plans received Levy-funded services. No 504 students were reported by Genesis.

Emotional disturbance is an important disability category in the State Plan. The term is broad, potentially encompassing a variety of conditions that can have diagnoses in the mental health system (PTSD, schizophrenia, bipolar disorder, etc.). While significant trauma exposure and impacts can be associated with a finding of ED, and alternative schools anecdotally report students typically have trauma exposure, very few students were identified as ED.

- Similar to the pattern with IEP/504 plans noted above, a majority of DeLaSalle students with ED (3 of 5) received Levy-funded services. Few ED students were reported in other schools and none were served with Levy funds.
- At DeLaSalle, 25 students received Levy-funded services, and from the data presumably only 5 of those had ED (table below). It may be instructive to obtain more information to further understand the needs of non-ED students with IEPs.

Table 2  
**Relationship between Levy and Special Education in Three Alternative Schools**

For the 2013-14 school year...	DeLaSalle	Genesis	Valley View CMHS
How many students in the school had an IEP?	38	28	22
Of these, how many received Levy funded services?	25	0	5
How many students in the school had a 504 Plan?	5	0	15
Of these, how many received Levy funded services?	3	0	1
How many students in the school were identified as having ED?	8	5	0
Of these, how many received Levy funded services?	5	0	0
How many students receiving Levy funded services <i>did not</i> have an IEP, 504 plan, or were identified as ED?	273	258	95
Cumulative total students in the alternative school	313	262	212

**Observations from Site Reviews.** We did not observe major differences in the Levy-funded services provided to students (with or without IEPs). However, several observations give more background and help to explain the above differences:

- Genesis has a much younger population than the other schools, this provides different opportunities to identify student needs.
- Genesis and DeLaSalle have special education programs. Mental health services are increasingly integrated into the academic environment, with Levy-funded mental health staff collaborating with academic staff to identify and respond to student needs. In both settings, trauma informed care is (DeLaSalle) or is becoming (Genesis) integrated into the organization.
- Blue Springs R-IV has multiple alternative high school programs. Staff report that students with IEPs are generally not placed at Valley View, however the percentages in the above table show that over 10% of students do have IEPs. For some students placement at Valley View may be temporary, with the goal of returning to their regular school. Rather than using staff- or parent-driven case find, mental health services at Valley View are reportedly initiated mostly by student self-referrals. Parents of Valley View students are reportedly not well engaged. Of the 35 students served for the period reviewed for this project, staff identified only 4 who had an active, positive parent or guardian in their life.

Each school provided consent forms for the Levy-funded mental health services in our audits of records. Sample forms are included in an Appendix at the end of this paper. Mental health and academic records are not combined. Therefore Levy staff do not have direct access to IEPs and their records related to IEP-related procedural safeguards. A total of 30 IEPs and four 504 Plans appear to have utilized Levy-funded services toward the provision of plan requirements.

**Notification Procedures.** As a part of the information-gathering process, schools were given brief questionnaires about their processes for obtaining consent to provide mental health services, parent notification, and communicating procedural safeguards. Questions and responses are provided below.

*What information is given to parents about Procedural Safeguards and how is this information provided? (you may attach a copy of related written policy or statement)*

- DeLaSalle: “Special education services are provided by a contractor: Exceptional Specialties. All teachers are appropriately certified. Special Education services incorporate pull-out and push-in services, depending on the instructional needs and IEP of each student. There are 4 staff members from Exceptional Specialties - 3 certified teachers and 1 para professional. Students are identified during enrollment (School Application). Once students are identified, Safeguards are presented to parents at all IEP meetings and evaluations. Also given is a parent referral within 5 school days. A copy is attached. This information is from the DESE website.
- Genesis: “Parents receive a copy of the Procedural Safeguards annually at the IEP meeting or initial services.
- Valley View CMHS: “ Parent's Bill of Rights is provided as an attachment (source appears to be DESE)

*How is Notice of Due Process of Rights given to parents? (you may attach a copy of related written policy or statement)*

- DeLaSalle: “Notice of due process of rights is included in the Safeguards. We do not go through the Safeguards page by page - but offer if they want us to.
- Genesis: “They receive a copy with the annual procedural safeguards.
- Valley View CMHS: “This is addressed in the "Parent's Bill of Rights" provided as an attachment.

Consent and notification documents are included in the Appendix of this report.

*What reasonable efforts are made to obtain parental consent for assessment and treatment of mental health services (for students receiving Levy services)?*

- DeLaSalle: “A TOC [team of care] Confidentiality and Informed Consent form is completed by every parent/guardian at student enrollment. The document is explained by the Admissions Coordinator, signed by the Parent/Guardian, and a witness. The form is placed in the student's admissions file and is available to the TOC professionals when needed. A copy is attached (Informed Consent for treatment and assessment).
- Genesis: “A counseling consent form is given to each student's parent/guardian during the time of school enrollment. At that time, they may either give consent for the student to receive counseling services or they may decline services.
- Valley View/CMHS: “Parental consent for Levy students is obtained as part of the enrollment process for Valley View students starting at the beginning of the second semester 2014. Prior to this a parental consent form was sent home with the student after the second meeting with the student.

**Consent: Analysis and Recommendations.** For brevity we are not providing a point-by-point comparison of each school's consent form and rights handout with the safeguards mandated in the State Plan. However this can easily be accomplished if requested by the Committee. Instead, several priorities are suggested.

Levy-funded services are related services per the State Plan. Related services are “developmental, corrective, and other supportive services such as are required to assist a child with a disability to benefit from special education.” The federal definitions include counseling, social work, psychological testing and behavioral interventions. These are funded by the Levy. Most students who receive Levy-funded services have not been identified as having a disability. However it is our opinion that the definition of related services applies functionally to Levy-funded services in schools because:

- evaluation is not provided for many students who receive mental health care, and disability has therefore not been ruled out by parents or the school;
- provision of mental health services without evaluation increases risks for mis- or under-identification;
- based on alternative school placement and prevalence of trauma in alternative school populations, it is reasonable to believe a finding of disability as defined under 504 is likely for many students who receive Levy-funded services;

*We have historically treated Levy-funded services in schools as community extensions of outpatient mental health center services, however it is clear that school settings engender additional legal and procedural considerations. Moreover, the legal protections afforded by procedural safeguards for provision of related services are consistent with Levy values, responsibilities and priorities, which for parents include: native language communication, informed consent, notification of what will be done, privacy protection, and due process rights.*

Consent and Procedural Safeguards components of the State Plan are reasonable. In general, parent consent, notification and other procedural safeguards requirements of the State Plan are reasonable standards for Levy-funded services in schools, regardless of whether or not the student has been found to be Emotionally Disturbed, has some other disability, or has an IEP or 504 Plan.

The school is responsible for maintaining and adhering to individualized educational and 504 program plans. Due process actions and inherent costs including but not limited to reevaluation, records access, parent communication, parent meetings, mediation, and administrative hearings are not billable to the Levy. The Levy is not responsible for costs or liabilities that may arise from due process procedures.

If initial evaluation or reevaluation is not offered/provided, parent consent to evaluate should be waived. Consent for initial evaluation and parent rights to request initial evaluation are mandated in the State Plan, and the standard is reasonable for Levy-funded services. Parents should be informed of this right. Referral of students to mental health services solely on the basis of alternative school enrollment may be permissible, but *referral to mental health services based on status* does not eliminate procedural consent State Plan requirements or conflict with the spirit of the law as applied to initial evaluation or re-evaluation.

Documentation of procedural safeguards must be available for audit. Documentation of legal consent, due process notification, and/or reasonable efforts, by the parent of each student who received Levy-funded services must be part of the mental health treatment record and available for audit (site review) and should be a prerequisite for billing. Exceptions are limited to those consistent with RSMo 431.061 and include, but are not limited to, homelessness, abuse/neglect, court or Children’s Division jurisdiction. Documentation of such an exception should be required.



Access to IEPs with Levy-funded services. When students with IEPs or 504 plans receive Levy funded-services that may be specified in the Individual Plan, the plan should be available for audit (site review). It is the grantee's responsibility to obtain all required consent, but a lack of consent does not restrict access to the program plan for audit purposes. Access is stipulated in the HIPAA Health Oversight terms of the Levy Contract.

MOE requirements in the State Plan mean that the school is the primary payer for students with ED and other disabilities. The Levy is generally the payer of last resort, for example when the client is enrolled in Medicaid. Federal law establishes responsibilities for schools when students with disabilities need related services to make academic progress. Applications for Levy funding request information on the "waterfall" determining payment. This consideration deserves increased emphasis when the Levy is a payer for mental health services identified in IEPs, 504 Plans, or for emotionally disturbed (ED) students.

ED definition should be communicated to parents and staff. *Referral based on status* without an initial evaluation may be permissible for practical and other reasons, but it increases the risk that students with more serious disorders are not identified and treated. It may also create a mistaken impression on the part of parents that behavioral health issues that are of concern at home have been identified and are being treated at school. Parents should be made aware of their right to request an evaluation or reevaluation, as well as begin due process procedures to obtain more intensive interventions. Parents of children who receive Levy-funded services and staff who provide services should be informed of the ED definition in the State Plan, so that they can move these students into special services when warranted.

*Referral based on status, and without an initial evaluation, may be permissible for practical and other reasons, but it increases the risk that students with more serious disorders are not identified and treated. It may also create a mistaken impression on the part of parents that behavioral health issues that are of concern at home have been identified and are being treated at school.*

Due process rights of schools. Consistent with Regulation 3 of the State Plan, a school may have recourse in due process procedures to pursue the initial evaluation when consent is not obtained. Importantly, this right is the school's. When an external provider is involved (such as Comprehensive's role in Blue Springs R-IV), the school's arm's-length relationship to related services can blur this relationship.

Based on preliminary evidence, ED may be under-identified. Criteria for a finding of emotional disturbance are broad. It is notable that the standard for disability is sometimes incorrectly stated as severely emotionally disturbed (actually a more stringent standard than in the law). When warranted, a finding of disability could be helpful in accessing benefits and other resources. Further, based on evidence such as ACES, significant childhood trauma constitutes evidence toward a determination of ED. Parents, mental health providers and school staff may initiate the case identification, consent/ notification, evaluation or re-evaluation, and all other due process procedures in order that ED children may receive IEPs and other special services under the State Plan. We should consider a our role in informing and empowering this type of advocacy.

Parents should be more fully informed about their child's mental health services and their due process rights under the State Plan. The local education agency should inform parents of where to obtain details

on due process rights, parent advocacy resources, and provide much clearer written offers of assistance for LEP parents. Of the schools discussed here, two indicated that a blanket consent was obtained at this beginning of the year. The third obtained consent for “as long as the child attended” the school. In either case we believe it is important that documentation should include the parent having received adequate notification and procedural safeguards information and that they retained a copies for themselves.

Quality community mental health services include assistance obtaining needed community resources. As a matter of best practice mental health providers within schools should document provision of ‘take home’ procedural safeguards packets to provide parents, that include contacts/ referrals for applying for family health benefits (Medicaid, insurance exchange, behavioral health) and emergency assistance (food, shelter, Domestic Violence services, etc).

### **Recommendations and Next Steps**

**Develop Guiding Principles.** We have historically treated Levy-funded services in schools as community extensions of outpatient mental health center services, however it is clear that school settings engender additional legal and procedural considerations. Moreover, the protections afforded by procedural safeguards for provision of related services are consistent with Levy values, responsibilities and priorities, which for parents include: native language communication, informed consent, notification of what will be done, privacy protection, and due process rights.

The consent, notification and several due process procedures in the schools we reviewed were not always consistent with State Plan requirements. Whether or not all of these procedures are legal mandates for the Levy is discussed below, but regardless, the spirit of these provisions is reasonable and consistent with the Board’s interests in civil rights and fully informing and engaging parents. Taking this approach, we interpret our relationship to Part b as being subject to it, rather than enforcing it. However, as mandated reporters, our procedures for responding to apparent violations deserve future consideration. Consultation with the DOE Office of Civil Rights on this matter may be needed.

A brief approach to high priority consent, notification and due process items is proposed in Exhibit 1. The items include: informed consent, notification regarding services, notification of procedural safeguards, advocacy information and family support resources.

Guiding principles can provide a way to elucidate central values and ideas, and translate them into decisions that guide funding and practice. The principles in Exhibit 2 are preliminary. They are essentially summaries of the recommendations of this project, provided as starting points for discussions about guiding procedural safeguards for Levy-funded services in schools.

**Consider Other Examples of Levy-Funded Services in Schools.** This project looked at three schools with direct connection between Levy funding and school-based services. However services for schools are also components of several other grants. These include:



- Spofford: school-based case management in public schools,
- Ozanam, Gillis and Niles: therapy in on-campus schools,
- Family Conservancy: SAP (Student Assistance Program) case management, and
- ReDiscover: evaluation and individual therapy in public schools.
- Mattie Rhodes Center: schools can be used as a flexible location for services to students and families.

In the largest example, Spofford Home's 2015 Levy grant included \$192,000 for school-based case management, 38% of the entire grant.

It is recommended that we now focus on one or more these programs, reviewing how procedural safeguards are carried out, whether the observations and recommendations presented here are applicable, and the extent to which documentation is completed and available for site review.

**Presumed Disincentives of Procedural Safeguards.** One of the implicit assumptions in special education advocacy is that the costs and liabilities borne by districts for identification, service provision and due process create an environment which minimizes access to procedural safeguards, and creates resistance to parents' due process requests. Results shown above in Table 1 could be interpreted to support this conclusion. Many more alternative students would probably meet the ED or 504 thresholds, but are never identified. Thus they cannot benefit from a structured plan and their families lack the protection of procedural safeguards.

One of the largest challenges for the Levy is to consider incentives or proactive approaches so that children with significant needs are identified and served by districts. The levels of intervention in Exhibit 3 suggest Medicaid as a potential payer for services needed by IEP students. Because of limitations to school-based billing and service delivery capacities, there is opportunity for mental health providers with appropriate treatment acumen and billing capacity to fill the void.

*The spirit of IDEA provisions is consistent with the Board's interests in civil rights, and fully informing and engaging parents. We interpret our relationship to Part b as being subject to it, rather than enforcing it. As mandated reporters, procedures for reporting to apparent violations may deserve consideration in the future.*

**Formalize District-Provider Responsibilities.** This paper focuses on alternative schools where there is a close relationship between mental health staff and schools. However much Levy funding for school based services is indirect, and in these cases our expectations for grantee versus district responsibilities need refinement. Written agreements, such as MOUs between the provider and district, might be helpful to clarify responsibilities and procedures. Features could include:

- Establishing the person at the district responsible for Part b compliance as the liaison between district and provider;
- Establishing procedures to be used by the district special services office when students who receive Levy-funded services are identified as needing an evaluation, re-evaluation, IEP or 504 plan;
- Assuring that the district is the primary payer for IEP services, is responsible for due process, and indemnifies the provider agency; and

- Establishing procedures for documenting the contractual requirement that Levy funds be used in districts with a DESE-approved part B plan, for example, agreeing that the district will provide an electronic copy of the Part b plan or compliance certification to the provider on an annual schedule.

**A Broad Context.** This paper focuses on procedural requirements as they apply to consent and documentation. These are central in protecting the legal rights of primary and secondary consumers, providing appropriate care and reducing risks for mis- or under-identification. However mental health in schools is obviously a far broader topic. As examples, here are summaries of recent conversations with providers that demonstrate how broadly the topic of mental health services in schools is viewed:

- A high school asking a community mental health center to patrol hallways between classes to break up fights.
- A children's treatment center providing trauma-informed care training to all levels of Head Start staff.
- A community-based provider requesting funding for mental health services in a district whose special services department was unaware of the project and when invited, declined to participate.
- School staff requesting, then receiving Mental Health First Aid training.
- A community-based provider using schools as a flexible service location to reduce access barriers.

Exhibit 3 organizes activities, audiences and responsibilities that are all deemed school-based mental health. This model could be refined and improved as we consider the age range of students, other service delivery models, and the interaction of schools, families, payers and procedural responsibilities on a continuum. Then, it could be used to guide planning discussions, refine funding principles, and encourage the types of partnerships needed to better serve students in public schools as they fulfill their responsibilities to provide education and special services.

## Exhibit 1

### A. CONSENT FOR MENTAL HEALTH SERVICES

#### Initial Evaluation (At least one must be documented)

- Parent consent for initial evaluation or re-evaluation.<sup>1</sup>
- Written notice was provided<sup>2</sup> and reasonable efforts<sup>3</sup> were made to obtain parent consent
- Student is a ward of the state,<sup>4</sup> or experiences abuse or neglect, or is at least 16 years old and is homeless or otherwise independent<sup>5</sup>
- \*Parent waives consent for initial evaluation or re-evaluation<sup>6</sup>

#### Consent to Related Services (One must be documented)

- Parent consents<sup>7</sup> for the child to receive mental health services
- Reasonable efforts to obtain parent consent<sup>7</sup> were made.
- Parent declines consent for mental health services.<sup>8</sup>

#### Notification of Need for Mental Health Services

\*(must be documented if consent to initial evaluation is waived)

- Parent informed that school presumes student need for mental health service(s) based on alternative school placement or other criteria.

### B. SERVICES AND PARENT RIGHTS

(Sample Language) North Valley Heights School is asking for your permission to provide your child with mental health services. The service(s) will be {list types(s) of mental health service(s) provided [i.e., behavioral interventions, counseling services, psychological services and/or social work services].<sup>9</sup> These services consist of {definitions of services, techniques, frequency, duration}. The services are intended to {describe expected outcomes}. Your permission is for a maximum one-year period.

You have rights to make decisions and remain informed about these services. These are some of your rights:

- Information about your rights and information about the services your child receives should be available in your native language and explained if you request assistance<sup>10</sup>
- You may request an initial evaluation or a re-evaluation.<sup>11</sup>
- You have the opportunity to inspect and review education records<sup>12</sup>
- You have the right to participate in meetings related to your child's identification, evaluation, placement in mental health services<sup>13</sup>
- You can obtain an independent mental health evaluation at the school's expense<sup>14</sup>
- You have the right to receive written notice before the school initiates a new action related to mental health services. This should include a description of the action, the reason for the action, sources of information about parent rights to procedural safeguards.<sup>15</sup>
- Your consent to your child's mental health services is voluntary and can be revoked at any time.<sup>16</sup>

- Parents who disagree with school decisions about mental health services have recourse, which are explained in the Part b Plan of the Missouri Department of Elementary and Secondary Education.<sup>17</sup>
- The School is obliged to protect confidentiality of information that it collects and maintains about children who receive mental health services.<sup>18</sup>

### C. MORE INFORMATION ABOUT PARENT RIGHTS

The mental health contact person at [school] is:

Name, Degree, Title

Telephone, e-mail

Mailing address

The Director of Special Services for the [District or Charter] is:

Name, Degree, Title

Telephone, e-mail

Mailing address

Your consent may not mean that your child has been diagnosed for a disability or mental health problem. If you suspect a more serious problem, or if you have questions or concerns about your child's treatment, feelings or behavior, please discuss with your mental health contact person as soon as possible.

Emotional Disturbance means 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: a) an inability to learn that cannot be explained by intellectual, sensory or health factors; b) an inability to build and maintain satisfactory interpersonal relationships with peers and teachers; c) inappropriate types of behavioral or feelings under normal circumstances; d) a general pervasive mood of unhappiness or depression; and, e) a tendency to develop physical symptoms or fears associated with personal or social problems. The term includes schizophrenia, but does not apply to children who are socially maladjusted unless it is determined that they have an emotional disturbance.<sup>19</sup> Emotional Disturbance is a disability under federal law. If your child meets the criteria for being *emotionally disturbed*, you and your child may have additional rights such as an *individualized educational plan* (IEP) and other supports/services or placement. These are explained in the *State Plan for Special Education*, available online at: <http://dese.mo.gov/special-education/state-plan-special-education>

Complete information on your rights. In addition to the Parent Rights listed above, parents have other rights. A full explanation of your rights, which are called "procedural safeguards" can be obtained in the *State Plan for Special Education*, available online at: <http://dese.mo.gov/special-education/state-plan-special-education>

Parent Advocacy Information: MPACT: Missouri Parents ACT is a statewide parent training and information center that serves parents of children with all disabilities. The primary goal is to assist parents in their effort to effectively advocate for their children's educational rights and services. MPACT's web address is: <http://ptimpact.org/index.aspx>

Can your child consent? When your child becomes 18 (s)he will be able to consent to mental health services. There are some exceptions including the child having another legal guardian, being in state custody, or being legally emancipated at a younger age. Minors can also give consent in special situations that include being homeless or independent.

#### D. FAMILY SUPPORT INFORMATION

List contacts, referral names and numbers for applying for family health benefits (Medicaid, insurance exchange navigator, behavioral health, etc.) and locally available emergency assistance (food, shelter, DV services, etc).

#### E. DOCUMENTATION

Parent signature/date of informed consent, receipt of: notification, more information and family support resources. Parent must retain own copy of the entire document.

#### References:

Missouri Department of Elementary and Secondary Education (2013). Missouri State Plan for Special Education: Regulations for implementing part B of the Individuals with Disabilities Education Act (State Plan).

Notes are located on Page 20.

## Exhibit 2

### Current Contract Requirements

Levy funds may not be used to supplant local education agency maintenance of effort funding as defined in the State Plan.

Levy funds may only be used in local education agencies with a special education Plan, including procedural safeguards, accepted by DESE and in compliance with state standards.

### For Consideration: Guiding Principles

#### Procedural Safeguards

- Consent and procedural safeguards approaches in the State Plan are reasonable standards for providers of Levy-funded mental health services in schools.
- Parents should receive communication in their native language regarding consent, notification of mental health services, and basic due process rights.
- Consent, notification and procedural safeguards information should be provided to parents whose children are receiving Levy-funded services, regardless of whether the student has been found to be Emotionally Disturbed, have some other disability, an IEP or 504 Plan.
- Referral of students to mental health services solely on the basis of alternative school enrollment does not eliminate the procedural need to obtain or waive consent for the initial evaluation or re-evaluation.

#### Documentation

- Documentation of parent consent (or reasonable efforts to obtain consent) and due process notification for the parent of each student must be part of the mental health treatment record and available for audit (site review). Documentation of consent for each student receiving services is a prerequisite for Levy billing.
- When a student's IEP or 504 includes mental health services, and those are funded by the Levy, the program plan should be available for audit (site review).
- It is the grantee's responsibility to obtain all required consent, but a lack of consent shall not restrict access for audit purposes. Access is granted by the agency to the Levy under the HIPAA health oversight terms of the Levy Contract.

#### Payment and Fiduciary Responsibility

- Consistent with the Levy's role as payer of last resort, the local education agency is primarily responsible for mental health services specified in IEPs, 504 Plans, or for emotionally disturbed (ED) students.
- The local education agency is responsible for all costs that arise from due process procedures including but not limited to reevaluation, records access, program plan meetings, mediation, and administrative hearings.

#### Family Support and Advocacy

- Parents of children who receive Levy-funded services and staff who provide services should be informed of the ED definition in the State Plan, as part of due process communication.
- Parents and Staff may initiate the case identification, consent/notification, evaluation or re-evaluation, and all other due process procedures in order that ED children may receive IEPs and other special services under the State Plan.
- Based on evidence such as ACES, significant childhood trauma could constitute an important part of the basis for a determination of ED.
- The local education agency should inform parents children receiving Levy-funded services where to obtain a full explanation of due process rights and parent advocacy resources.
- Mental health staff in schools should provide parents with contacts/ referrals for applying for family health benefits (Medicaid, insurance exchange, behavioral health) and emergency assistance (food, shelter, DV services, etc).

**Exhibit 3**  
**Levels of Mental Health Intervention in Schools**  
**and Examples of Programs**

Level of Intervention/ Participant	School Environment, Personnel	Students and Families	Students in Alternative School	Students with IEP, 504 plan, ED, Exceed Threshold Trauma, Suspension
Provider	District: Train-the-Trainer Community Agency	Community Agency Trained sponsor or facilitator, non-licensed	Licensed staff from MH agency or district	Licensed staff from MH agency or district
Examples of Intervention	MH First Aid Trauma Informed Anti bullying program Calming Room	Anti bullying program Peer-led LGBT initiative Case mgt/Emerg asst Medicaid Enrollment/ Healthcare Refer to Community MH agency	Case ID or school-inclusive ID Behavioral Intervention Psychological intervention on issues affecting behavior performance Enrollment in MH agency	Evaluation/Diagnosis Therapy Counseling Medications Enrollment in MH agency
Resource to Support	Philanthropic, Community agency, District training budget, Volunteers	District, School counselor, School staff as sponsor, Philanthropic Community agency	District, Part b related services budget Local, non MOE resources	District, Part b related services budget CMHC / DMH or other Medicaid billing
Consent	District, building leader	Parent application, permission Parent notification	Parent informed consent, due process procedures	Parent informed consent, due process procedures



## Glossary and Key Terms

**504:** Section 504 of the Rehabilitation Act of 1973 guarantees certain rights to people with disabilities. As applied to K-12 schools, the language broadly prohibits the denial of public education participation, or enjoyment of the benefits offered by public school programs because of a child's disability. Section 504 offers the student protection against unjust treatment. Schools comply with Section 504 with the following process: Identify students with disabilities; evaluate those students; if the student is eligible, create a written accommodation plan, often called a "504 Plan". It is similar to, but often shorter than, the IDEA Individualized Education Program (*IEP*). Violations of Section 504 in the educational environment can be addressed locally with the education agency or with the Office for Civil Rights (*OCR*) of the U.S. Department of Education. Violations of Section 504 can result in a loss of the federal funding. Section 504 is enforced by *OCR*. IDEA, by contrast, is carried out by another unit of the Department - the Office of Special Education Programs (*OSEP*).

**ACES:** The Adverse Childhood Experiences (*ACE*) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. More than 17,000 Health Maintenance Organization (*HMO*) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 50 scientific articles have been published and more than 100 conference and workshop presentations have been made. The *ACE* Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.

**DESE:** Missouri Department of Elementary and Secondary Education. Required under federal law to promulgate the State Plan for Special Education (*State Plan*), which includes due process rights and provisions for special services for students with Emotional Disturbance

**DOE:** United States Department of Education. The IDEA is carried out by the Office of Special Education Programs (*OSEP*) a unit of the Department.

**Due Process:** The legal requirement that the state must respect all of the legal rights that are owed to a person. Typically, "Due process" means: 1) Notice, generally written, but some courts have determined, in rare circumstances, other types of notice suffice. Notice should provide sufficient detail to fully inform the individual of the decision or activity that will have an effect on his/her rights or property or person; 2) Right to object and through an explicit and fair grievance process, and 3) The right to appeal if not satisfied with the outcome of the grievance procedure. Due process attempts to balance the power of law of the land and protects the individual person from it. When a government harms a person without following the exact course of the law, this constitutes a due-process violation, which offends against the rule of law.

**Disability:** IDEA includes 14 primary terms under the main definition of “a child with a disability.” These federal definitions guide how states define who is eligible for a free appropriate public education under special education law. Examples of disabilities include speech or language impairment, emotional disturbance, autism, hearing impairment, and traumatic brain injury,

**ED:** Emotional Disturbance. Defined in the State Plan as a “condition exhibiting one or more of the following characteristics over a long period of time, and 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 behaviors or feelings under normal circumstances; general pervasive mood of unhappiness or depression, and a tendency to develop physical symptoms or fears associated with personal or social problems. The term includes schizophrenia but does not include children who are socially maladjusted unless it is determined that they have an emotional disturbance. Additional criteria for determination are also provided in the State Plan (Regulation III). Criteria exclude a finding of ED based on a transient symptoms from a traumatic event, however symptoms of a longer duration appear to be supported within the criteria for initial determination.

**FAPE:** Free and Appropriate Public Education. The Individuals with Disabilities Education Act (IDEA, also discussed below) is the most significant law dealing with the education of children with disabilities. It guarantees FAPE to children with disabilities who need special education and related services in order to receive educational benefits. A child who qualifies under this Act is entitled to receive FAPE under her/his own unique written plan, an Individualized Education Program (IEP). A free appropriate public education (FAPE) is defined to include regular and special education and related services which

- are provided at public expense, under public supervision and direction, and without charge to the parent;
- meet the educational standards of the State Education Agency pertaining to the education of students with disabilities;
- include preschool, elementary school, and secondary school education; and
- are provided in conformity with the Individualized Education Program (IEP).

The IDEA does not mandate the best possible free and appropriate public education, nor one that will maximize the child's educational potential; rather, it need only be an education that is specifically designed to meet the child's unique needs, supported by services that will permit him to benefit from the instruction. The IDEA guarantees a basic floor of opportunity, consisting of specialized instruction and related services which are individually designed to provide educational benefit. Since the statute is silent as to what constitutes educational benefit, the standard is defined in federal regulations and by ongoing case law. Most courts to address the issue have found that in order to show a FAPE is being provided, the child must make some educational progress.

**HIPAA Health Oversight Agency:** Under the Health Insurance Portability and Accountability Act, an agency or authority, including a political subdivision of a State, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

**IDEA:** Individuals with Disabilities Education Act. Subpart B of IDEA applies to K-12 schools. However IDEA only protects a subset of children and youth who have disabilities - those who satisfy its definition for "child with a disability." Many young people with disabilities do not actually meet that definition. However, many more are protected by Section 504 of the Rehabilitation Act because it prohibits discrimination on the basis of disability.

**IEP:** Individualized Education Program is a written statement for each student with a disability that is developed, reviewed, and revised in a meeting that meets is intended to have a parent role, and must several other legal criteria. The program includes written statements of the students' current academic performance, future goals, measurements, and the special education, related services and supplementary aids to be provided.

**Levy:** The Jackson County Community Mental Health Fund, a Missouri political subdivision.

**LEA:** Local Education Agency is a commonly used synonym for a school district, an entity which operates local public primary and secondary schools. LEA is also used to refer to a charter school, which operates separately from the district in which it is located.

**LEP:** Limited English Proficiency. Parent notification of procedural safeguards must be available in the parent's native language, and plain language explanations must be offered and available.

**MOE:** Maintenance of Effort. Per the *State Plan*, funds provided to the *LEA* under *Part B* of *IDEA* "must not be used to reduce the level of expenditures for the education of children with disabilities made by the LEA from local funds below the level of those from the preceding year." Levy contracts stipulate that "Levy funds are not an earmark and that such funds will supplement and not supplant state and other maintenance of effort funding of *LEA* special services."

**MOU:** A Memorandum of Understanding is a signed documenting that sets forth the terms and details of an agreement between parties, including the requirements and responsibilities of each. An MOU is more formal than a verbal agreement or document from one party to another, and is given weight in a court of law, should one party fail to meet the obligations of the memorandum. The MOU can also be an early stage in negotiating a more detailed contract.

**OCR:** Office of Civil Rights, here referring to the US Department of Education. Violations of Section 504 in the educational environment can be addressed locally with the education agency or with the Office for Civil Rights (OCR) of the U.S. Department of Education.

**OSEP:** Office of Special Education Programs (OSEP) is a unit of the United States Department of Education. This office carries out Department responsibilities for IDEA.

**Part B:** Part B of the *IDEA* covers school age-children, grades K-12

**Part C:** Part C of the *IDEA* covers the early intervention program, which is called First Steps in Missouri.

**Procedural Safeguards:** The procedural safeguards required by the Individuals with Disabilities Education Act (IDEA) are intended to protect the interests of families and children with special needs,

as well as special education systems. Procedural safeguards are the checks and balances of the system, not a piece separate from the system. Early intervention and special education personnel are legally obligated to explain procedural safeguards to families and to support an active adherence to and understanding of these safeguards for all involved.

**PTSD:** Post Traumatic Stress Disorder can be a factor in a finding of ED.

**Related Services:** Related services are developmental, corrective, and other supportive services such as are required to assist a child with a disability to benefit from special education. The federal definition includes *counseling, social work, psychological testing, behavioral interventions and other school-based interventions*. These services are funded by the Levy. Most students who receive Levy-funded services have not been identified as having a disability. However it is the Levy's opinion that it is reasonable to apply this standard because:

- evaluation is not provided for most students who receive mental health care and disability has therefore not been ruled out;
- provision of mental health services without evaluation increases risks for mis- or under-identification;
- based on alternative school placement and prevalence of trauma in alternative school populations, there is reason to believe there is reasonable potential for finding of disability as defined under 504 for many students who receive Levy-funded services;
- procedural safeguards required in the provision of related services are consistent with Levy values, responsibilities and priorities, which for parents include: native language communication, informed consent, notification, privacy protection, and due process rights.

**State Plan:** The Missouri State Plan for Special Education is the set of regulations for implementing Part b of the IDEA (there is a separate Part c Plan for early childhood education). *It applies to all agencies within the State of Missouri responsible for providing special education and related services* for students with disabilities. These include state agencies, local educational agencies (LEA), charter schools, and state juvenile and adult correctional facilities.

## **Exhibit 1 Notes**

**State Plan: Missouri Department of Elementary and Secondary Education (2013). Missouri State Plan for Special Education: Regulations for implementing part B of the Individuals with Disabilities Education Act.**

1. State Plan, page 58, Reg V § 4,5
2. State Plan, page 57, Reg V §3 (34 CFR 330.503)
3. State Plan, pages 58-59, Reg V §5
4. State Plan, page 30, Reg III §3
5. Revised Statutes of Missouri §431.056
6. State Plan, page 59, Reg V §5 (see: other consent requirements)
7. State Plan, page 58, Reg. V §5
8. State Plan, page 59, Reg V §5 (see: definition of efforts)
9. State Plan, pages 7-8, Reg I - General provisions
10. State Plan page 12, Reg II §1
11. State Plan, pages 31-32, Reg. II §3
12. State Plan page 55, Reg. V §1
13. State Plan page 55, Reg. V §1
14. State Plan page 55, Reg. V §2
15. State Plan page 57, Reg V. §3 (excerpted)
16. State Plan page 59, Reg V §5
17. State Plan page 60, Reg V §6
18. State Plan page 12, Reg II § 1 (34 CFR 300.612)
19. State Plan page 21, Reg III - Emotional Disturbance Definition



**Genesis Promise Academy Counseling Consent Form**

As a student at Genesis Promise Academy, your child is eligible to receive a range of services through the Counseling Department. We are here to provide the opportunity to enhance the skills necessary to help your child become responsible, successful learners and to promote positive social development. This can include talking to your child or classroom about issues such as bullying, peaceful conflict resolution strategies, self-esteem, and managing anger, frustration, and everyday stress. Counseling can also help to improve relationships with peers and teachers. Referrals to the Counseling Department are made by parents, family, teachers, counselors, school administrators and students themselves. If your child should require ongoing services within counseling, this may include individual and/or group counseling. It is the policy of Genesis Promise Academy to obtain parent/guardian written permission for counseling that extends beyond one session in a school year or that is planned on a regular basis. The Counseling Department will work closely with you and your child to monitor and support him or her.

Genesis Promise Academy is required by Federal and State laws to inform you that information shared during a counseling session will be confidential and no information will be released without your consent. However, there are exceptions to confidentiality under Missouri State Law. The following must be reported to proper authorities:

- Child abuse or neglect is identified
- Intent to harm self or others is identified
- If the information is required by court order
- If there is knowledge of, or intent to commit significant property damage

Also please be advised that it may be beneficial to share, on a need to know basis, information with school staff to insure your child's success at Genesis Promise Academy.

If you have any questions regarding this consent form or about the services offered at Genesis Promise Academy, please contact one of our members in the Counseling Department.

Suzanne Rein, MSW, LCSW 816-245-5114      Susan Eubank, MSW, LCSW 816-245-5178  
 Shannon Thompson, PLPC 816-245-5128

-----  
**Please check one of the following:**

\_\_\_\_\_ I give permission for my child (your child's name), \_\_\_\_\_, to receive counseling services at Genesis Promise Academy for the 2014-2015 school year. (I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services)

\_\_\_\_\_ I choose to decline school counseling services for my child (your child's name), \_\_\_\_\_ at this time. (I understand that I may request counseling services at a later date if needed)

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

Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS FORM MUST BE RETURNED FOR EVERY CHILD ATTENDING GENESIS PROMISE ACADEMY. PLEASE COMPLETE AND RETURN TO FRONT OFFICE STAFF.**

## Genesis Promise Academy Counseling Department Rights and Responsibility Form

Each student receiving services at Genesis is assured the following rights and responsibilities without limitation and/or restriction. The rights and responsibilities form is to be signed by the parent/guardian and student to document understanding of its content.

### Student Rights

1. Receive compassionate and respectful services regardless of age, sex, race, national origin, religion, disability, or communicable disease in a clean and safe environment.
2. Be well informed from the Counseling Department about your services in words you can understand. This information should include the specific services you need.
3. Know the names and roles of people servicing you.
4. Receive sufficient information to help you make decisions involving your services.
5. Receive prompt evaluation, care and treatment.
6. Refuse recommended services to the extent permitted by law and to be told what will happen to you if that is your choice. (Enrollment status reviewed)
7. Privacy and confidentiality of all records pertaining to your services, except as required by law.
8. Have your service record read only by individuals directly involved in or supervising your services, monitoring the quality of your services, or authorized by law or regulation.
9. To have access to information contained in my clinical record. However, specific information provided by other individuals or agencies may be excluded from the review.
10. Any complaints or recommendations concerning our services can be expressed verbally or by letter. You may communicate a complaint or grievance in writing or by calling Suzanne Rein, Counseling Director, at 816-245-5114. It is the responsibility of the Director to discuss the grievance with all involved parties within 15 days.

### Student Responsibilities

1. Following all Genesis Promise Academy rules.
2. Provide accurate and complete information(i.e., past illness, medications and any other services)
3. Following instructions that you and your counselor have agreed upon.
4. Asking questions about your services that you may not understand or have questions about.
5. Making informed decisions about your care and treatment.
6. Advising your counselor of any changes in the following:
  - a. Address
  - b. Contact information
  - c. Medication (if applicable)

I have read and understand my rights and responsibilities. By my signature, I agree and consent with the information above and the potential services I will receive.

Parent signature: \_\_\_\_\_

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

Student signature: \_\_\_\_\_

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



**DeLaSalle Education Center  
Team of Care  
Confidentially and Informed Consent**

As a student at DeLaSalle Education Center your child is eligible to receive a range of services from the Team of Care. Services include counseling, therapy, psychiatric evaluation, medication management, case management and advocacy. The type and extent of services that your child may receive will be determined following an initial assessment and thorough discussion with a Team of Care counselor. Referrals to the Team of Care are made by parents, family, teachers, counselors, assessment tools, court representatives, doctors and school administrators. Students can also refer themselves for services.

The purpose of the assessment and treatment is to:

- Identify and build on student strengths to ensure success at DeLaSalle Education Center and in life.
- Identify issues that may serve as barriers to success at DeLaSalle Education Center and in life.
- Determine and implement the best course of treatment for your student.
- Assist your student in participating in all services offered at DeLaSalle Education Center.

\_\_\_\_\_ (Initial) **Confidentiality:** I understand that information shared with a Team of Care clinician is confidential for students age 15 and up. During the course of treatment it may be beneficial to share, on a need to know basis, information with school staff to insure your child's success at DeLaSalle Education Center.

In accordance with Missouri State Law the following types of information must be reported to proper authorities if:

- Child abuse or neglect is identified
- Intent to harm self or others is identified
- Court order or subpoena is issued
- Communicable disease, drug or alcohol abuse is identified

In accordance with Missouri State Law students age 15 and older can consent to mental health and drug treatment without parent consent. Students 17 and older can make decisions about medication management without parent consent.

\_\_\_\_\_ (Initial) **Videotaping/Audio taping:** I understand that individual sessions or groups may be videotaped. Tapes may be shared with you for enhancing your understanding of your child's well-being. Sessions and groups are also videotaped for educational purposes. The tapes may be used for further training of the Team of Care. Clinicians may also review the tapes to better assess treatment needs and the therapeutic process. Videotaping is also used as a therapeutic intervention and may be played back to your child to gain a better understanding of him or herself. The video file will be kept in a locked location or on a secure computer to protect confidentiality.

I understand that while counseling and therapy can be beneficial, they are not an exact science and may elicit uncomfortable thoughts and memories. The Team of Care will work closely with you and your child to monitor and support him or her.

I understand a range of mental health professionals, some of whom are in training, may provide clinical services to my child. All professionals in clinical training are supervised by a licensed professional.

If you have any questions regarding this consent form or about the services offered at DeLaSalle Education Center please contact one of our Team of Care members.

Lisa Bower, MSW, LCSW, LSCSW  
816-561-4445 x 286

Rochelle DePriest, MSW, LCSW  
816-561-4445 x 253

Kristi Washington, MSW  
816-561-4445 x 204

Having read and understood the information above I, \_\_\_\_\_, acknowledge that my child, \_\_\_\_\_ may receive any of the above listed services from the Team of Care. I give consent that my child may be assessed, receive treatment, be video taped and that certain information can be shared with school staff on a need to know basis to better serve my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**DeLaSalle**

Student Enrollment Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Family Monthly Income: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_ # Months at residence: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Most Recent School Attended and School District: \_\_\_\_\_ Last Date: \_\_\_\_\_

Referred By: \_\_\_\_\_ Is your child currently receiving Special Education?  Yes  No

Parent(s) or Guardian(s) Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer or Guardian's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer or Guardian's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer or Guardian's Email: \_\_\_\_\_ Mother or Guardian's Email: \_\_\_\_\_

Current Residence:  
a. Parents  b. Mother Only  c. Father Only  d. Relative  e. Live Alone  f. Group Home  g. Other

Student Employed?  Yes  No Place of Employment: \_\_\_\_\_

Have you ever been involved with the Legal System?  Yes  No

Have you ever had a DJO, Probation Officer?  Yes  No Do you have one now?  Yes  No

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever had a DFS (social worker)?  Yes  No Do you have one now?  Yes  No

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Reason for Referral:
- |  |   |  |
|--|---|--|
| a. Truancy <input type="checkbox"/> Yes <input type="checkbox"/> No          | e. Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No       | i. Lack of Interest <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| b. Dropout <input type="checkbox"/> Yes <input type="checkbox"/> No          | f. Chronic Failure <input type="checkbox"/> Yes <input type="checkbox"/> No | j. Suspension/Expulsion <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Drugs/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No    | g. Fighting <input type="checkbox"/> Yes <input type="checkbox"/> No        | k. Other <input type="checkbox"/> Yes <input type="checkbox"/> No                |
| d. Behavior Problem <input type="checkbox"/> Yes <input type="checkbox"/> No | h. Weapons <input type="checkbox"/> Yes <input type="checkbox"/> No         |  |

ALCOHOL INFORMATION

Have you ever tried alcohol?  Yes  No How old were you when you had your first drink? \_\_\_\_\_

If you use alcohol, how often?  Daily  Weekly  Weekend  Other \_\_\_\_\_  Not Applicable

Date of last alcohol use?  Today  Yesterday  In the last week  In the last month  
 Not Applicable  In the last 6 months  In the last year  Over a year

Please describe why you use alcohol:  To Feel Better  To Socialize  To Celebrate

Have you ever used drugs?  Yes  No How old were you when you used drugs for the first time? \_\_\_\_\_

If you use drugs, how often?  Daily  Weekly  Weekend  Other \_\_\_\_\_  Not Applicable

Date of last drug use?  Today  Yesterday  In the last week  In the last month  
 Not Applicable  In the last 6 months  In the last year  Over a year

What drugs have you taken?  Marijuana  Metamphetamine  PCP  Cocaine/Crack  
 Barbiturates  Solvents  Other  Ecstasy

Do you use tobacco products?  Yes  No Brand: \_\_\_\_\_

If you smoke, how many packs a day?  Less than 1 pack  1 - 2 packs per day  More than 2 packs per day

Does your parent/guardian have a history of substance abuse?  Yes  No

Have you ever experienced a death, divorce, or incarceration of a parent/guardian?  Yes  No

Have you ever experienced: a death?  yes  No a divorce?  Yes  No of a parent/guardian

Have you ever experienced an incarceration of a parent/guardian?  yes  No

Have you ever been abused: physically?  yes  No verbally?  Yes  No sexually?  yes  No

Student Enrollment Application

ite: \_\_\_\_\_

Does the student speak a language other than English?  yes  No If "Yes", what language is spoken? \_\_\_\_\_

Is there a language other than English spoken in the home?  yes  No

Do you currently reside with another family, someone other than family or in a temporary housing facility?  yes  No

Does the parent/guardian work for the federal government?  yes  No

Do you live in federally subsidized housing?  yes  No

Has either parent, guardian, child or child's spouse been employed within the past three (3) years (or any of the aforementioned? currently employed) in some form of temporary or seasonal agriculture work such as .....  yes  No

- Planting or harvesting crops / Transporting farm products to market
- Working on a dairy or catfish farm / Feeding or processing poultry, beef or hogs
- Cutting firewood or logs to sell / Gathering eggs or working in hatcheries

**MEDICAL HISTORY:**

Name of your doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have insurance?  Yes  No If yes, please write insurance name: \_\_\_\_\_

Name of your Healthcare Plan: \_\_\_\_\_ Is this a Medicaid?  Yes  No

Name of your preferred hospital: \_\_\_\_\_

Do you have any medical conditions?  Yes  No If yes, please describe: \_\_\_\_\_

Are you taking any doctor - prescribed medications?  Yes  No If yes, please describe: \_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please describe: \_\_\_\_\_

Asthma?  Yes  No Inhaler?  Yes  No Diabetic?  Yes  No

Are you sexually active?  Yes  No Are you pregnant?  Yes  No If yes, due date: \_\_\_\_\_

Do you have any children?  Yes  No If yes, how many? \_\_\_\_\_ Do you angry easily?  Yes  No

- Have you ever had any of the following?
- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Blood Transfusion    | <input type="checkbox"/> Obsessive/Compulsive Disorder | <input type="checkbox"/> Obesity    |
| <input type="checkbox"/> Appetite Disturbance | <input type="checkbox"/> Underweight                   |                                     |
| <input type="checkbox"/> ADHD                 | <input type="checkbox"/> Head Trauma                   | <input type="checkbox"/> Depression |
| Do you have now? _____                        | Do you have now? _____                                 | Do you have now? _____              |
| <input type="checkbox"/> Bipolar              | <input type="checkbox"/> Thought of Suicide            |                                     |
| Do you have now? _____                        | Do you have now? _____                                 |                                     |

Does your child have a 504 Plan?  Yes  No

Does your child have a disability that substantially limits a major life function?  Yes  No If yes, please explain: \_\_\_\_\_

**MERGENCY DATA: If parent cannot be located:**

R Contact 1: \_\_\_\_\_ Relationship \_\_\_\_\_ H Phone #: \_\_\_\_\_ C Phone #: \_\_\_\_\_ W Phone #: \_\_\_\_\_

R Contact 2: \_\_\_\_\_ Relationship \_\_\_\_\_ H Phone #: \_\_\_\_\_ C Phone #: \_\_\_\_\_ W Phone #: \_\_\_\_\_

R Contact 3: \_\_\_\_\_ Relationship \_\_\_\_\_ H Phone #: \_\_\_\_\_ C Phone #: \_\_\_\_\_ W Phone #: \_\_\_\_\_

If your child should become seriously ill or injured and the parent cannot be contacted, may we have your permission to take appropriate action to see that the child gets emergency hospital care?  Yes  No

Do you wear glasses?  Yes  No Date of your last eye exam? \_\_\_\_\_

Do you have any hearing difficulties?  Yes  No Date of your last hearing exam? \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

# DeLaSalle Charter School Application

Please Print Clearly

The application must be filled out completely.

This application will be valid for 2014-2015 year only.



## DELASALLE

Opportunity Powered by Education

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

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Previous School: \_\_\_\_\_  
Current School: \_\_\_\_\_  
Grade Level: \_\_\_\_\_

Sex: (M) \_\_\_\_\_ (F) \_\_\_\_\_ Is Student Currently Suspended? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

OR

Birthdate (mm/dd/yy): \_\_\_\_\_ Expelled From Any Other School (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Is student currently receiving special education services? Y \_\_\_\_\_ N \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Did you or do you currently have siblings at DeLaSalle? Y \_\_\_\_\_ N \_\_\_\_\_

If so, Name \_\_\_\_\_ What Year Did They Attend \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### ALTERNATE PHONE NUMBERS

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

(MUST HAVE SIGNATURE)

DeLaSalle Charter School - 3737 Troost Ave - Kansas City, MO 64109

Tina Gipson 816-561-4445 x205 or Fax to 816-561-0285

Office Use Only:

Date Notified: \_\_\_\_\_

Phone: \_\_\_\_\_

Mail: \_\_\_\_\_

Time Called: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

## STUDENT PERMISSION FORM

Comprehensive Mental Health Services, Inc. – School Services

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

School: Hall McCarter Education Center

Dear Parent/Guardian:

Through the educational process, it is hoped that students will develop good self-concepts and strong social interaction skills. A school-based therapist from Comprehensive Mental Health Services, Inc. (CMHS) is offering services in the school your son/daughter attends. These services include group and/or individual counseling and are funded by the Jackson County Mil Levy tax. If you would like to give your son/daughter permission to participate in these services, please fill out the remainder of this form and return it to your son/daughter's school office. The progress made by your son/daughter in counseling will be shared with school personnel on a need to know basis and may be reviewed by the Mil Levy auditor for quality assurance purposes. This is in compliance with the new HIPPA guidelines for health care privacy.

Please check one of the following:

\_\_\_\_\_ I give my permission for my son/daughter \_\_\_\_\_ to participate in the counseling services provided at the school by the CMHS therapist.

\_\_\_\_\_ I do not give permission for my son/daughter \_\_\_\_\_ to participate in the counseling services provided at the school by the CMHS therapist.

If you give permission for your son/daughter to participate in the counseling services offered by CMHS and if your child receives services you have the right to contact the School Services Therapist to discuss any progress made by your son/daughter or questions, comments, concerns you may have regarding the services being provided to your son/daughter.

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**Please note: This permission form will remain valid for as long as your son/daughter attend Valley View High School/Hall McCarter Education Center, including if your son/daughter return to their home school and come back to VVHS/HMEC for any reason.**

# Parents' Bill of Rights

**As a parent of a child with a disability, you have the right to:**

1. Attend individualized education program (IEP) meetings and represent your child's interests.
2. Have an advocate or expert present at individualized education program (IEP) meetings.
3. Receive a copy of your child's evaluation, disagree with it, and request one independent educational evaluation at public expense.
4. Provide a written report from outside sources as part of the evaluation process.
5. Examine all education records pertaining to your child and be provided with a copy of the individualized education program.
6. Disagree with the decision of the individualized education program (IEP) team and pursue complaint procedures, including: filing a child complaint with the Department of Elementary and Secondary Education, state paid mediation, have an impartial due process hearing, and appeal the due process decision to the court.
7. Participate in reviews of the individualized education programs (IEPs) and in any decision to change any aspects of the IEP, as well as receive a written notice of action before a change in your child's educational placement or the provision of a free and appropriate public education.
8. Have your child placed in the least restrictive environment and in a general education classroom to the greatest extent appropriate.
9. Request an accommodation to provide effective communications if you have limited English language proficiency.
10. A free appropriate public education for your child with an individualized education program designed to meet your child's unique needs, which may include, but not be limited to, special education and related services, such as assistive technology devices and services; transportation; speech pathology services; audiology services; interpreting services; psychological services, including behavioral interventions; physical therapy; occupational therapy; recreation, including therapeutic recreation; counseling services, including rehabilitation counseling; orientation and mobility services; school health services; school nurse services; social work services; parent counseling and training; and, medical services for diagnostic or evaluation purposes.

*This document does not confer any right or rights beyond those conferred by federal or state law and is intended for informational purposes only. For additional information, contact the Department of Elementary and Secondary Education, Division of Special Education at (573) 751-0699 or [webrephvspeco@dese.mo.gov](mailto:webrephvspeco@dese.mo.gov).*

## Parent/Guardian Notification to Access Public Insurance

Dear Parents/Guardians:

For a number of years, Missouri has participated in a federal program called Medicaid School-Based Services. The program helps school districts by providing partial reimbursement for some medically related services listed on a student's individualized educational program (IEP). Under the Individuals with Disabilities Education Act (IDEA), school districts are permitted to seek payment from public insurance programs such as Medicaid (called MO HealthNet in Missouri) for some IEP services provided at school.

In 2013, the requirements under the IDEA changed to be less burdensome for parents/guardians and schools. Before a school district may access your public insurance for the first time and every year thereafter, school districts must provide parents/guardians with written notification. So what does that mean?

### What will you be asked to do?

You will be asked to give your consent in writing one time to release information from your child's education records, including information about the services your child receives through the IEP. This information is being released for the purpose of billing MO HealthNet and seeking partial payment for some medically related IEP services under the IDEA.

### What type of information will be in the consent form?

The consent form must tell you the personally identifiable information that may be disclosed, such as your child's name, date of birth, Social Security number (if provided), Medicaid number or other identification, disability type, IEP and evaluations, types of services, times and dates of service, and progress notes. The consent form must also tell you the purpose of the disclosure (e.g., payment from MO HealthNet) and the agency that will get the information.

### What does it mean if you give your consent?

By consenting, you state you understand and agree that your MO HealthNet insurance will be billed to partially pay the cost of IEP services and that the necessary information about your child and the IEP services may be shared with the MO HealthNet Division, a contracted billing agent, and/or a physician to obtain necessary supporting documentation (e.g., physician scripts, referrals) in order to access your MO HealthNet benefits.

### Can you be required to enroll with the MO HealthNet Division (MHD) for public insurance?

You cannot be required to sign up for or enroll in public insurance for your child to receive a free appropriate public education, including IEP services.

### Will your consent affect your family's MO HealthNet benefits?

No. Reimbursed services provided by your school district do not limit coverage, change eligibility, affect benefits, or count against visit or funding limits in MO HealthNet programs.

### What if you change your mind?

You have the right to withdraw consent to disclose your child's personally identifiable information to the MO HealthNet Division for billing purposes at any time.

### Will your consent or refusal to give consent affect your child's IEP services?

No. Your school district must provide all required IEP services to your child at no cost to you, whether you give consent or refuse to give consent for purposes of the school accessing your MO HealthNet benefits.

### What if you have a question?

Please call your school district's Special Education Department with questions or concerns.