

# ERMHS Counseling Program Overview

## Service Description and Desired Outcome

For students with an Individualized Education Program (IEP), EMBRACE provides ERMHS counseling that offers the support and tools students need to be successful in their learning environment and meet their social-emotional goals.

This intensive individual, parent, and/or family counseling service is offered at the location (school, home, community, virtual), frequency, and duration that best match the unique needs of students and their families, in addition to other IEP services provided by the school.

ERMHS counseling is paired with an annual bank of hours to allow for collaboration with IEP team members to ensure interventions are utilized consistently across environments. Effective communication within the IEP team is needed to increase successful outcomes for students.

ERMHS clinicians utilize evidence-based interventions to address social-emotional goals identified in the IEP and they also support the team in developing new goals as needed. **Through ERMHS counseling, students and their caregivers learn social- and self-awareness, emotion-regulation, and coping skills that improve functioning at school and at home so that students can fully access and benefit from their education.**

## What does an ERMHS clinician do?

- Provides individualized and clinically appropriate counseling services to clients (students and caregivers), in accordance with students' IEPs, to support progress on social-emotional goals and reduce mental health and behavioral challenges that interfere with students' access to and benefit from their education.
- Attends IEP meetings (if clinically appropriate) as an active participant who shares clinical insights with the team and proposes social-emotional IEP goals.
- Utilizes the bank of hours to collaborate with the IEP team (including family, school district personnel, and other service providers) throughout the year to support progress and address barriers.
- Monitors students' progress throughout the school year and shares progress updates with the IEP team.

## Service Timeline

- ERMHS counseling is added as a service to a student's IEP under "Individual or Parent Counseling" OR EMBRACE representative is invited to an IEP meeting where services are discussed and then added. (\*Services cannot begin until they are listed on a signed IEP, which is student/caregiver consent for services.)
- EMBRACE receives ERMHS Counseling referral form and release of information from school district. District also provides EMBRACE with access to student's records on SEIS.
- EMBRACE assigns individual and/or parent clinician (typically a different clinician for each service) and introduces them to the district contact.
- District connects clinician(s) with current case manager and other essential IEP team members, including caregivers, if appropriate.
- Clinician schedules initial session with student and/or caregivers. If two clinicians are providing services, they will attempt to hold a joint initial session with caregivers before scheduling separate sessions.
- Clinician offers ERMHS counseling sessions as written in the IEP (except during school holidays or breaks).
- Clinician reviews, monitors, and updates social-emotional IEP goals, as needed.
- Clinician attends IEP meetings and prepares for them ahead of time by consulting with other IEP team members.
- Clinician provides IEP goal progress updates on SEIS on a quarterly basis (October, December, March & May).
- Clinician terminates services when the IEP team determines it is clinically appropriate and/or if student/caregiver declines services at any point. Clinician will facilitate at least one termination session.

## Referral Form – ERMHS Counseling Services

Referral Date:	Student Name:
Date of Birth:	Home Address:
SSID:	
SpEd Eligibility:	District + Current School + Grade:
<b>IEP Team Members</b>	<b>Name, Phone, Email</b>
<input type="checkbox"/> Student	
<input type="checkbox"/> Parent(s)/Guardian(s)/Caregiver(s)	
<input type="checkbox"/> District Contact	
<input type="checkbox"/> Case Manager	
<input type="checkbox"/> School-Based Counselor (if applicable)	
<b>Reasons for Referral (District concerns including high risk behaviors and safety issues)</b>	
<b>Social-emotional IEP goal(s) to address, maximum 2 (List goal # and/or area of need from IEP goal page)</b>	
<b>Desired Outcomes</b>	
<b>Services Requested (Include service minutes/week + bank of hours/year)</b>	
<b>Service start date as listed on IEP:</b>	
<input type="checkbox"/> Individual Counseling	_____ minutes/week <input type="checkbox"/> In person <input type="checkbox"/> Virtual (via Zoom) <input type="checkbox"/> Either
<input type="checkbox"/> Parent Counseling	_____ minutes/week <input type="checkbox"/> In person <input type="checkbox"/> Virtual (via Zoom)
<input type="checkbox"/> Family Counseling	_____ minutes/week <input type="checkbox"/> In person <input type="checkbox"/> Virtual (via Zoom)
<input type="checkbox"/> Bank of Hours	_____ hours/year (Typically 20 hours annually for IEP attendance, progress reporting, and collaboration with IEP team/other providers.)
Number of compensatory services owed (at time of referral):	

**Please attach the following and indicate all that are available:**

- SEIS access
- Current IEP with signed consent for services listed above
- Psychoeducational/Psychological/ERMHS assessment(s)

Send form to: [referrals@embrace-mh.org](mailto:referrals@embrace-mh.org)

**Questions? Contact:**

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