

## **How a Change in State Law Affected the Provision of Mental Health Related Services**

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### **Abstract**

*After 25 years, because of a change in state law California returned the responsibility for providing mental health related services to students receiving special education from county mental health departments to local education agencies. The study is secondary analysis of survey data that focuses on understanding how the change affected the mental health services children receive as part of their individualized education programs (IEP) from the perspective of four groups of stakeholders (i.e., parents of children with disabilities, attorneys/advocates, mental health service providers, and school district administrators). The findings indicate that many parents perceived that their children with emotional and behavioral problems were not receiving the services that they needed and were likely entitled to under federal special education law. Advocates and attorneys, in general, found it more difficult for students with IEPs to receive the mental health services that they needed. However, some data indicated that school districts had expanded their services and were serving the mental health needs of at least some of their students with IEPs.*

*Keywords: mental health services, special education, related services, change in law*

## Introduction

Approximately 12% of school-age children in the United States have moderate to severe emotional or behavioral disorders (EBD) (Forness, Freeman, Paparella, Kaufman, & Walker, 2012). In California, 11% (700,000) of school-age children have been found to have a serious emotional disturbance (California State Auditor, 2016). California serves three percent (24,318) of its students who receive special education services under the category of emotional disturbance (California Department of Education [CDE], 2017) in comparison to five percent who are served nationally (Kena et al., 2016). Children served under other special education eligibility categories than emotional disturbance also may have emotional or behavioral problems that are exhibited at school (Hutchins, Burke, Hatton, & Bowman-Perrott, 2017).

Despite known effective mental health treatment, many children nationally and in California do not receive needed care (California State Auditor, 2016; Kataoka Zhang, & Wells, 2002). School-based services can play a significant role in the early detection and treatment of mental health problems (Atkins et al., 2010; Mathur et al., 2017). However, schools may not provide the mental health services needed by students with emotional and behavioral disorders and the quality of services varies considerably (George, Zaheer, Kern, & Evans, 2018; Santiago, Kataoka, Forness, & Miranda, 2014). Lack of needed mental health treatment is connected to poor educational outcomes (Edmonds-Cady & Hock, 2008; Green et al. 2017).

### *Mental Health Services as Part of a Free Appropriate Public Education (FAPE)*

Under the Education for All Handicapped children Act (EAHCA) (1975) (currently the Individuals with Disabilities Education [IDEA] [2004]), children with disabilities are entitled to special education and related services that enable them to receive educational benefit. This entitlement under IDEA, a free, appropriate public education (FAPE), includes mental health related services (other than those that must be provided by a physician) if they are needed to provide FAPE to a child with a disability (Yell, Smith, Katsiyannis, & Losinski, 2018).

### *Responsibility Transferred to County Departments of Mental Health*

In order to provide mental health related services to students who receive special education services, in 1984 California took advantage of a provision in EAHCA that allows public agencies other than an education agency, when obligated in state law, to provide or pay for special education or related services directly or through another arrangement [§612(a)(12)(B)]. Based on this provision, California passed Assembly Bill 3632 (AB 3632), Interagency Responsibility for Providing Services for Children with Disabilities (1984), which, among other things, transferred responsibility for providing mental health services to students who receive special education to the local county departments of mental health (CMH). Assembly Bill 882, passed in 1985, made it clear that local education agencies (LEAs) (e.g., school districts) no longer had the responsibility for the provision of mental health related services to these students. The laws took effect in 1986 (McGuire, 1996), although implementing regulations were not in place until 1999 (Referral to Community Mental Health Services, 1999).

Mental health services available under AB 3632 included mental health assessments, individual or group psychotherapy, family therapy, medication evaluation, intensive day treatment, case

management, and residential placement. Except for residential placement that was available only for students eligible for special education on the basis of an emotional disturbance, all other services were available to students with any special education eligibility. Students would have these mental health services added to their individualized education programs (IEP) on the same basis as any other special education related service, that is, if they were needed to assist a student in benefitting from special education (Yell et al., 2018). Furthermore, LEAs throughout the state were still to provide of other related services, such as counseling, psychological services, social work services, parent counseling and training, and behavioral intervention, among others. This requirement was further clarified in 2004 legislation in California's Senate Bill 1895 (Special Education: Mental Health Services, 2004).

### ***Responsibility Returned to Local Education Agencies***

After 25 years, California returned the responsibility for these mental health services to LEAs. In 2010, because of a severe budget shortfall, the governor cut all the funding from the state budget for mental health related services from CMH, indicating that doing so would lead to cost containment and a stronger connection between services and educational outcomes (California State Auditor, 2016). The following year, as part of Assembly Bill 114, a bill to implement the state Budget Act, all language from California law was eliminated regarding the provision of mental health related services by CMH and full responsibility for these services was transferred back to LEAs. Funding was provided to LEAs to facilitate the change. When AB 3632 ended 21,443 students were receiving mental health related services from this program.

### ***Effect of Returning Mental Health Related Services to Local Education Agencies***

A few studies have examined the effects of mental health related services returning to the LEAs. Lawson and Cmar (2016), in a case study of three Southern California school districts, found that significant problems occurred when mental health related services were returned to school districts. These problems included: a lack of sufficient time for the transition; a reduction in services; interns rather than licensed clinicians providing services; and a lack of agreement on when to assess for these services, which students to assess, and what to assess. Wiener (2014) found in her analysis of residential treatment services before and after mental health services were returned to LEAs that in twelve of California's largest school districts there was a reduction in the percentage of special education eligible students who were placed in residential treatment facilities, between a 22% to 78% reduction depending on the school district. At the request of the California Legislature, the State Auditor (2016) reviewed the IEPs of 60 students in four California school districts and determined that in the two years following the end of AB 3632 73% of the IEPs had one mental health service removed; 37 IEPs did not indicate why a mental health service or placement change had occurred; no documentation was provided about the reason residential placement was removed from students' IEPs; and none of the districts could provide information on cost, graduation, or drop-out rates related to returning mental health related services to school districts.

This paper adds to the current literature on how the end of AB 3632 affected the mental health services children receive as part of their IEPs from the perspective of parents of children with disabilities, attorneys and advocates who advocate on behalf of children with disabilities, mental

health service providers, and school district administrators. The study addresses three research questions: (1a) What mental health services do children receive as part of their IEPs? (1b) What are the perceived challenges in obtaining these services? (2) What are the factors that predict the inclusion of mental health services in an IEP? (3) How have mental health services changed since county departments of mental health in California no longer are mandated to provide these services to children with IEPs?

## Method

### *Participants*

The study participants included four groups of California stakeholders: 81 parents of children with disabilities, ten advocates and attorneys, seven mental health providers, and 15 special education administrators. The participants responded to surveys sent out to individuals and organizations by two nonprofit law offices in Southern California. The parent respondents had children with emotional, developmental, and behavioral disorders; 79 had children who had IEPs. The children attended 45 different school districts in California. The parents reported the race/ethnicity of their children as predominantly White, Non-Hispanic (55.5%), Hispanic (22.2%), and Asian (8.6%), with low percentages of other groups (see Table 1).

**Table 1. Parents' Report of Child Race/Ethnicity**

Race/Ethnicity	<i>n</i>	%
White, Non-Hispanic	45	55.5
Hispanic	18	22.2
Asian	7	8.6
African-American	3	3.7
Native American	2	2.5
Pacific Islander	1	1.2
Other/No Response	5	6.2

The ten advocates and attorneys worked in offices that served over 900 children with mental health needs throughout the state. The seven mental health service providers worked in mental health agencies that served between 40 and 500 children in twenty different urban and rural California counties. The 15 special education administrators were from Special Education Local Plan Areas (SELPA) (i.e., consortia of local and regional education agencies that provide for all special education services in their region) throughout California.

## Measures

Four related surveys were created by one of the law offices with doctoral students from a special

education Ph.D. program in a large public university in Southern California. The purpose was to determine the impact of the repeal of AB3632 on mental health services for students receiving special education services. An examination of policies and research related to the provision of mental health services for such students formed the basis for the development of the surveys. The surveys were piloted with several respondents and edited for clarity before they were uploaded to an online platform for data collection (i.e., Survey Monkey).

The survey questions included general demographic information, students' mental health needs, services before and after the repeal of AB3632, and respondent opinions on ways to improve current practices. The number of items per survey differed based on each group of stakeholders: 16 items for parents, 25 items for advocates/attorneys, 14 items for mental health providers, and 10 items for school district administrators. All surveys included multiple choice and open-ended questions. An example from the parent survey included "Are your child(ren) receiving any of the following mental health services at school as part of her/his/their IEP? Check all that apply: individual therapy/counseling, group therapy/counseling, or family therapy/counseling, day treatment, behavior support services, social work services, wraparound services, in-home support services, parent training, medication management, and residential placement." One open-ended example from the advocate/attorney survey included "What are the most common concerns you hear from parents regarding accessing mental health services for their child as part of individualized education plans?" To capture changes related to a change in the law, an example from the survey for special education administrators included "Since the repeal of AB3632, how have mental health services for students in special education changed?" To address how to improve services, mental health providers were asked "What do you think is needed to improve mental health services for children and families in California?"

### **Procedure**

Data collection occurred between the summers of 2016 and 2017. The two nonprofit law offices sent out the surveys via an anonymous email link. The four groups received a link via email requesting that they answer questions about their experiences with the change in mental health services. The link to the surveys was sent to parent organizations throughout California that provide training and information to parents of children with disabilities, legal services agencies and individual advocates and attorneys throughout the state, agencies that provide mental health services to children, and 47 SELPA administrators from counties throughout the state.

The surveys were completed online and took approximately 10 to 15 minutes to complete. The participants did not receive compensation for their participation. Participants' responses were anonymous (other than the school district or county) and kept confidential. To obtain the data from the law office to use in a secondary analysis of the data for this study, an agreement was obtained by the law office as well as the University's Institutional Review Board (IRB). The project was reviewed and approved by the IRB and the data received from the law office were de-identified.

## Data Analysis

The analysis of the quantitative data included first cleaning the data for incomplete survey responses using statistical software (i.e. SPSS). To address the study aims, the analysis calculated descriptive statistics (frequencies and percentages). Specific quantitative data sources included parents' report of child race/ethnicity, parents' report of frequency of child's behavior interfering with success in school, parents' report of mental health services received as part of the IEP, administrators' report of mental health services available by disability category, and parents' perceptions of people at the school being helpful in finding mental health services for their child. Data tabulation used percentages based on the total number of responses, since some participants did not answer all survey questions.

Furthermore, this study aimed to examine parents' perceptions in regards to services received before and after the termination of AB3632. To examine associations between frequency of problem behavior (i.e. parents' report of frequency of child's behavior interfering with success in school) and supports received in the IEP (e.g., behavior support plans, counseling), the analysis used logistical regressions between the independent variable category of frequency of problem behavior as a predictor (i.e., several times a day, few times a week, once a month, other) and responses of support services in the IEP as a dependent variable in terms of behavior support (e.g., Yes, No) and counseling (Yes, No). To do this, the elimination of incomplete data (i.e. incomplete survey responses) occurred as well as and the dichotomization of the dependent variable (i.e. receiving or not receiving service in the IEP). This resulted in a binary logistic regression between frequency of problem behavior and behavior support ( $n=36$ ). Additionally, the analysis included a binary logistic regression between frequency of problem behavior and receiving counseling in the IEP with the fully completed surveys ( $n=33$ ).

The analysis used content analysis to analyze on the open-ended survey responses provided by special education advocates and attorneys, school administrators, parents of children with disabilities, and mental health service providers. A content analysis approach offers a useful method for reporting common issues mentioned in the data (Green & Thorogood, 2011) and a descriptive approach, in general, offers an effective way of capturing the concerns that stakeholders or participants have regarding an event (Sandelowski, 2000, 2010) – in this case the provision of mental health services for students with disabilities. Two members of the research team then examined the open-ended responses and identified emerging ideas starting with key words mentioned in participants' responses (e.g., renegotiation). The quotes from the open-ended responses were then integrated to answer the research questions.

## Results

### Research Question 1- Mental Health Services Children Received and Perceived Challenges

*Parents.* Over 28% ( $n=23$ ) of the 81 parent respondents reported that their child received behavior support and almost 25% ( $n=20$ ) reported that their child received individual therapy/counseling as part of their IEPs. Few students received other services as reported by their parents (see Table 2).

**Table 2 Child's Mental Health Services in IEP**

	<i>n</i>	%
None	12	14.8
Individual Therapy	20	24.7
Group Therapy/Counseling	5	6.1
Behavior Support Services	23	28.4
Social Work Services	1	1.2
Medication Management	2	2.5
Family Therapy	3	3.7
Day Treatment	1	1.2
Wrap-around	0	0
In-home Support Services	2	2.5
Parent Training	3	3.7
Residential Placement	1	1.2
Not Sure/No Response	8	9.7

Importantly, 73.3% of parents ( $n=55$ ) reported that school personnel were not helpful in finding mental health services for their children, while 26.7% ( $n=20$ ) said school personnel were helpful (6 parents did not respond to this item). The open-ended responses provided additional insight on how parents were accessing services for their children. Some parents reported that the schools provided them with evaluations as well as appropriate services. However, other parents expressed concern regarding the lack of mental health services at schools as well as the need to pay for services outside of the school.

**Other Stakeholders.** Services also varied by stakeholders. Mental health providers reported that students for whom they provided mental health services that also received special education services generally varied between less than 25% and 100% depending on the agency. For one provider the variation was considerable, between 5% and 100%, depending on the particular mental health program students attended. Four of the mental health providers reported that their organization had a contract with an LEA. All advocate/attorney respondents indicated problems regarding obtaining mental health services as part of a child's IEP. Seventy percent ( $n=7$ ) of the advocates/attorneys indicated that the advocacy they provided to parents (via due process proceedings) to help them negotiate and renegotiate mental health services secured more services for their children. In addition to reporting on services provided in the IEP, survey respondents reported where these services were being provided. The special education administrators

reported that their school districts provided the majority of the mental health services (73.3%). However, 53.3% ( $n=8$ ) of the special education administrators also reported using outside mental health providers, and 40.0% reported that their school district continued to use CMH as a service provider. Only 53.3% ( $n=8$ ) of special education administrators reported having a clear policy for handling a student in mental health crisis. Although the administrators reported improved services, they also reported varying levels of mental health services depending on the disability category (see Table 3).

**Table 3. Administrators' Reports of Students Eligible for Mental Health Services by Disability Category**

Services	LD <sup>a</sup>		Aut <sup>a</sup>		ID <sup>a</sup>		ED <sup>a</sup>	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
DIS <sup>b</sup> Counseling	10	100	9	90	7	70	10	100
Informal Counseling	6	60	7	70	6	60	7	70
Individual Therapy	8	80	7	70	5	50	9	90
Group Therapy	8	80	6	60	5	50	7	70
Day Treatment	4	40	2	20	1	10	8	80
Residential Placement	5	50	5	50	3	30	10	100
No MH <sup>c</sup> Services	0	0	1 <sup>d</sup>	19	2 <sup>d</sup>	20	0	0

<sup>a</sup> LD is a Specific Learning Disability, Aut is Autism, ID is an Intellectual Disability, and ED is an Emotional Disturbance.

<sup>b</sup> DIS means designated instruction and services, which are defined as related services (CA Educ. Code §56363). DIS counseling typically is counseling provided at school that focuses on school-related matters rather than mental health issues.

<sup>c</sup> MH means Mental Health.

<sup>d</sup> One school in this category also noted DIS counseling and/or residential placement although they marked No Mental Health Services.

Only 10 of the 15 school administrators answered the question about the mental health services that their LEAs had available. The administrators reported that they had available school counseling (referred to as DIS counseling) for students in each disability category, with fewer administrators reporting having it available for students with an intellectual disability. More school districts had a fuller complement of mental health services (i.e., individual therapy, group therapy, day treatment) for students eligible for special education based on an emotional disturbance. The fewest mental health services reported as available were for students with an

intellectual disability, followed by those with autism. Except for students with an emotional disturbance, 50.0% or fewer of the school districts had day treatment (i.e., school combined with intensive mental health therapy) or residential placement. Sixty percent reported that their LEA had individual therapy available for students without an IEP and 70.0% indicated their LEA had group therapy available for the same group of students.

The stakeholders also noted different challenges. Examples include a lack of privacy where the LEA provided the services, limited consultation with general education teachers, and breaks in services when school was not in session. A special education advocate described some specific inadequacies of the services available: “The services are targeted more at controlling behaviors instead of addressing real mental health issues. The kids don’t get enough, don’t get them on time, and get them at a time during the day that isn’t convenient, such as during class or on a place on campus where it’s obvious and the kids are embarrassed to get them.” Others described students’ needs as not being met as the services were more reactive than proactive. These stakeholders also reported that students did not receive any form of mental health services when they were on winter and summer break.

The survey asked advocates/attorneys: “What are the most common concerns you hear from parents regarding accessing mental health services for their child as part of their individualized education programs?” In response, four advocates/attorneys highlighted the high turnover rates of service providers and the lack of qualifications to serve students with mental health needs. Mental health services in some school districts were provided by school psychology interns. A special education advocate reported: “The services aren’t offered; the services aren’t provided by appropriately trained personnel. They’re provided by a school counselor or intern who isn’t experienced enough.” A parent indicated that there are “... not enough people, resources available, to get that help quickly or effectively.” One advocate/attorney stated that one way to improve mental health services is to have “better trained professionals and wraparound services to ensure that everything is consistent.” The lack of training and collaboration between school staff and parents were highlighted by other advocates/attorneys as well.

A few special education administrators indicated that they hired new providers and trained school psychologists to address the mental health needs of students with disabilities. One mental health provider also mentioned “we have more counseling, after-school services, social work services.”

### **Research question 2 – Factors that Predict the Provision of Mental Health Services in an IEP**

In order to evaluate the potential predictors for mental health services in a student’s IEP, the analysis used different factors as reported by parents (e.g., problem behavior). Forty-six percent of parents responded that the “frequency that their children’s behavior interfered with their success in school” occurred “several times a day.” Almost 78% of the parents ( $n=63$ ) that responded to the item regarding their children’s behavior interfering with their school success indicated that it occurred “from several times a day to a few times a week” (see Table 4).

**Table 4. Parents' Report of Frequency of Child's Behavior Interfering with Success in School**

Behavior Problems in School	<i>n</i>	%
Several times a day	36	44.4
Few times a week	20	24.7
Once a month or less	6	7.4
Other	9	11.1
Not Sure/No Response	10	12.3

A binary logistic regression between “frequency of problem behavior” and “behavior support in the IEP” suggested a positive association ( $\beta = 0.23$ ,  $p = 0.48$ ,  $OR = 0.492$ ). However, this association was not significant ( $p = 0.48$ ). A binary logistic regression between “frequency of problem behavior” and “receiving counseling in the IEP” resulted in a negative association ( $\beta = -0.126$ ,  $p = 0.71$ ,  $OR = 0.136$ ). Nonetheless, this association was not significant either ( $p = 0.71$ ).

Though the results are not significant, it is important to note the open-ended responses suggest that renegotiation was an indicator for the provision of mental health services in a student's IEP. A need for constant renegotiation of mental health services by parents and their advocates/attorneys was a common theme throughout many of the open-ended responses. A special education advocate described the difficulty of obtaining mental health services in some cases: “Sometimes kids get them immediately, other times we have to fight. Even if the services are obtained, they are frequently insufficient.” One parent reported: “Services [are] delivered based on how hard [a] parent pushes.” Parents and their advocates/attorneys needed to negotiate with the school district to receive the appropriate services. They reported that a “one-size-fits-all services” model was not beneficial for students.

### **Research Question 3 – The Effect of Returning the Provision of Mental Health Service to LEAs**

The advocates/attorneys reported that the transfer of mental health services back to school districts often led to students not receiving the services they needed. An attorney wrote: “Since the law was changed the collaboration with school districts has become worse in terms of attaining mental health services as part of a child's IEP.” A parent reported the denial of services to address her child's behavioral problems: “She needs behavior support services but is denied by the school.” Another parent reported that “there is no family therapy, parent training, etc.” A special education administrator offered an alternative view. The administrator stated: “Services are working well in our county ... we are working to increase more site-based services for non-severe students.”

**Parents.** Parents reported that if their child's school did not provide mental health services, 38.3% ( $n=31$ ) sought them through private insurance, 13.6% ( $n=11$ ) through MediCal (i.e., what

Medicaid is called in California), 7.4% ( $n=6$ ) from CMH clinics, and 13.6% ( $n=11$ ) through other means (see Table 5).

**Table 5. Parents' Report of Provider of Mental Health Services if not Through School**

Provider of MH Services	<i>n</i>	%
Private Health Insurance	31	38.3
MediCal	11	13.6
County Mental Health Clinic	6	7.4
Other	11	13.6
Not applicable/No Response	22	27.2

**Advocate/Attorney Responses.** Fifty percent ( $n=5$ ) of the advocates/attorneys indicated that their collaboration with school districts in the last two years was worse; 30.0% ( $n=3$ ) indicated that it was about the same or somewhat improved; and 20.0% ( $n=2$ ) indicated that they had never collaborated with school districts. The majority of advocates/attorneys (83.0%) whose offices served 750 children indicated that collaboration with school districts had been worse over the last two years.

**Mental Health Providers.** Four mental health providers reported that since the repeal of AB 3632, collaboration with school districts was about the same (although one reported that some districts were better and others worse), one reported that it was worse, and one that his organization never collaborated with school districts. Six of the mental health providers reported serving large numbers of students in the foster care system, between 50% and 100%. Only three mental health providers reported on the ethnicity/race of the children they serve, with African American students being the largest group served followed by Latinos for two service providers.

**Special Education Administrators.** Almost 32% of special education administrators responded to the survey. Over 73% ( $n=11$ ) of the 15 surveys received reported that mental health services had improved in their school districts. Some administrators indicated that their counties had hired new staff, developed new programs, and provided additional training to school psychologists. However, 33.3% ( $n=5$ ) failed to answer the question describing new programs developed.

## Discussion

The study results indicate that, for many families, mental health related services became harder to obtain for their children with disabilities after AB 3632 ended and the provision of these IEP related services became the responsibility of LEAs. The study suggests that many children may not be receiving the mental health related services that they need to benefit from their education. A high percentage of parents (69.1%) reported that their children had behavior problems that interfered with their school success at least on a weekly basis. However, less than 30% of parents indicated that their child received behavior support or counseling to address the behavior

problems that interfered with their school success, services that have been shown to help address behavior problems (Marsh, Morgan, Higgins, Lark, & Watts, 2017). Furthermore, there was no statistically significant relationship between parents report of the frequency that their children had behavior problems in school and their report of their children receiving behavior support or counseling services through their IEPs. In addition, few parents reported receiving parent training as part of their child's IEP, a service that has been found to reduce behavior problems of children with serious emotional disturbance (Ruffolo, Kuhn, & Evans, 2005) and improve the interventions that children with disabilities receive (Siller, Reyes, Hotez, Hutman & Sigman, 2014). Some parents reported that obtaining mental health services for their children subsequent to the end of AB 3632 was difficult. Advocate/attorney responses largely indicated that since the law was changed their collaboration with school districts had become worse in terms of attaining mental health services as part of a child's IEP. Parents and advocates/attorneys also indicated concerns about the provision of the mental health services by practitioners with limited training, a problem also found in the study by Lawson and Cmar (2016). A high percentage of parents reported seeking mental health services for their children through other means than through their child's IEP, another indication that these services were not available or not forthcoming through the IEP process.

Special education administrators painted a more positive picture of the provision of mental health related services provided by their LEAs than did the parents, advocates/attorneys, and mental health providers. However, the administrators reported limited availability of certain mental health related services, such as residential placement, which was also found by Wiencr (2014), and day treatment. Furthermore, one third of the administrators responding failed to answer the questions about the services their school districts provided.

Policy implementation research (Marshall & Gerstl-Pepin, 2005; Mitra, 2018) suggests that adequate resources, ongoing training, and strong oversight or incentives are needed to appropriately implement new laws and policies. Consequently, a law that returns mental health service provision for students receiving special education services to LEAs will likely need more than simply a change in the law and funding stream to ensure that students receive the services they need to benefit appropriately from their education.

### **Limitations**

The study is a secondary data analysis and, except for special education administrators whose response rate was 31.9%, response rates could not be calculated. The local law offices sent links to the surveys to individuals and organizations but, other than the special education administrators, the total number sent was not known. Consequently, participants who responded to the survey may not have been representative of the diverse backgrounds of families of children with disabilities who have mental health and behavioral needs in the state. Furthermore, a larger sample of respondents, particularly from ---LEAs, would help clarify the mental health related services they have available. Finally, advocates/attorneys, by the nature of their work, would necessarily interact with parents and LEAs where disagreements over service provision occurred. However, the advocates/attorneys very specific descriptions of the problems of children and their families receiving mental health related services are important and require

further attention and inquiry. In addition, the reports by parents of children with disabilities about the mental health services their children were receiving (and not receiving) through the IEP process and through other means adds important information to help understand the impact of the change of state law in providing mental health services to students who receive special education services.

Future studies should include interviewing a variety of stakeholders to understand the impact of the repeal of AB3632 and recommendations for how to improve mental health services for students with disabilities. This would allow for further understanding as well as assure that complete information on the topic had been ascertained. Additional recruitment efforts could also assist in obtaining responses from hard to reach populations (i.e., under-resourced ethnic/racial minority parents and schools) to more fully understand the impact of the repeal of AB3632 on these communities.

### Conclusion

This study adds to the limited research on the effect of a change in state law on the provision of mental health related services to special education students. The change in state law returned the provision of these services to school districts after having been provided by county department of mental health. The findings indicate that many parents perceived that their children with emotional and behavioral problems were not receiving the services that they needed and were likely entitled to under federal special education law. Advocates and attorneys in general found it more difficult for students who receive special education services to obtain the mental health services that they needed. However, some data indicated that school districts had expanded their services and were serving the mental health needs of at least some of their students with disabilities.

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