

MATRIX OF COUNSELING AND CLINIC SERVICES

TYPE OF SERVICE	DIS COUNSELING	COUNSELING CLINIC SPECIAL EDUCATION/ ERMHS	COUNSELING CLINIC GENERAL EDUCATION	WRAPAROUND CLINIC
Referral Packet	Counseling assessment per IEP team.	Clinic referral. <i>Send directly to "Clinic."</i> *	Clinic referral. <i>Send directly to "Clinic."</i> *	Triage packet submitted to Triage. (Complete pages 1-14).
Requirements	Special education & demonstrated social-emotional need at school.	1. Special education, demonstrated social-emotional need at school. 2. Active full scope Contra Costa County Medi-Cal.#	Active full scope Contra Costa County Medi-Cal.#	Active full scope Contra Costa County Medi-Cal.#
IEP Requirements	Recommendations to IEP team by school psychologist based on findings of counseling assessment and/or ED report.	Counseling clinic counselor attends IEP and adds services to IEP (like any other service provider).	n/a.	<i>If Special ed.</i> , note in conference notes like an outside provider. Not an IEP service.
Area of Need	Social-emotional based educational_need and/ or skill based need. DIS tends to be short in duration and focused on educational benefit.	1. Social-emotional based educational_need and/ or skill based need. 2. Clinical need, would meet DSM-IV criteria.	Clinical need, would meet DSM-IV criteria.	Family need supporting clinical need of student, would meet DSM-IV criteria.
Parent Consent	Special education "Consent for Assessment Plan Parent Notice."	"Triage" Collaborative consultation form.	"Triage" Collaborative consultation form.	"Triage" Collaborative consultation form & Wraparound team consent in Triage packet.