Fostering the Whole Child
A GUIDE TO SCHOOL-BASED MENTAL HEALTH PROFESSIONALS
Introduction

When a bright, friendly 8th grader named Veronica suddenly started missing school and posting on social media that she “hates her life,” her math teacher knew help was needed, now. The teacher went down the hall to the school psychologist, who Veronica had established a relationship with during a conflict management session. In a quickly convened crisis session with Veronica, the psychologist determined that she was, fortunately, not at risk for suicide or violence. The intelligent, hard-working student was absent Monday and Fridays because she was traveling hundreds of miles to take care of an ailing grandmother every weekend. And to make matters worse, Veronica’s father had recently lost his job.

Veronica’s grades were falling. She needed help.

The school’s on-campus mental health team got to work. The school social worker helped Veronica’s family access resources, including a food backpack
program to keep her fed on the weekend. The school counselor provided ongoing sessions to help her cope with the stresses she was experiencing. The school psychologist continued to check-in with Veronica. With their help, Veronica’s grades rose and her life-hating social media posts evaporated.

Veronica is lucky. She goes to a school that has a full complement of mental health professionals (school counselor, psychologist, and social worker) on site. These school-based mental health professionals (SBMHPs) have trained teachers, created crisis plans, and are a regular presence on Veronica’s campus. Kids like Veronica know and trust them.

Sadly, Veronica’s success story is the exception, not the rule. The vast majority of students who need mental health supports do not get them; and of those lucky few who do get help, most get that help in school. Schools are not just a place where students go to learn, they are a place where students go to thrive.

Mental health is critical to children’s success in school.

Students with good mental health are characterized by their ability to fulfill a number of key functions and activities, including navigating socially, emotionally, and behaviorally and to cope with life’s challenges. Left unmet, mental health problems are associated with costly negative outcomes for students including dropping out of school and delinquency. Research indicates students are more likely to seek mental health supports when these services are available in schools, and when they receive support, they show a marked improvement in academic performance.

SBMHP can be found at all levels in education, from preschool through college. They are an integral part of the overall educational team and central to enriching the school climate, and for creating conditions for students to develop a healthy sense of self. They assist teachers and work collaboratively
with parents to mitigate issues that interfere with student learning. They work within a continuum of school mental health services from prevention, to early identification, to targeted services and treatment. They are specially trained in school systems, mental health and learning theory.

No matter what your role in the school system is, this guide will help you make more students like Veronica – well-supported and successful. In this guide, you will learn about the services each mental health specialization provides, how they coordinate with and support each other, best practices you can implement to make their efforts most effective, and how research supports those efforts. We also take a look at the inequities created by under-investment in school-based mental health professionals. And of course, the million-dollar question that is already on the top of your mind – how do I pay for this? – is answered. Each section is short and gets right to the point, giving you concise information to quickly absorb and act upon.

This guide will help you support the mental well-being of all students, enable your school to take full advantage of the credential-holding SBMHPs already on your team, and support and grow that team to the ultimate benefit of your students. It was designed by a committee of SBMHPs working throughout California, to help you understand appropriate uses for employing SBMHPs. We hope it helps you move toward a future where every student’s mental health is supported just as well as Veronica’s was.

According to the Center for Disease Control and Prevention (2018), 32% of high school students reported symptoms of depression.
School-Based Mental Health Professionals

School-based mental health professionals work systematically to support and serve their school communities—from counseling, to assessment, research, outreach, program development, and even promoting social justice. Understanding their individual and collective strengths and skills will help you best utilize your SBMHPs. Holding a minimum of a master’s degree in their respective fields and a Pupil Personnel Services Credential (PPSC), they are valuable advocates and leaders in the school system. SBMHPs are frontline mental health practitioners equipped to navigate the multidimensional aspects of day-to-day life in PK-12 schools and to provide culturally responsive and trauma-informed care to students, families, and communities in crisis. SBMHPs typically work collaboratively, and each professional has unique training and talents.

The collaborative services provided by all SBMHPs include:

- Supporting the mental health and wellness of students, families, and school communities;
- Promoting equitable learning and student success;
- Cultivating a safe and healthy school climate;
- Fostering the academic, behavioral, and social/emotional development of “the whole child;”
- Collaborating and consulting with parents/caregivers, teachers, and administrators; and
- Designing, implementing, and evaluating evidence-informed and data-driven prevention, intervention, and responsive programs, within Multi-tiered System of Support (MTSS).
School Counselors

School counselors are positioned to work within an MTSS continuum of support to provide universal, supplemental, and intensified instruction and intervention to meet the academic, career, and social/emotional needs of all students. School counselors implement comprehensive, data-driven school counseling programs that promote and enhance student success. At the universal level, school counselors assess student needs, offer advising, and deliver instruction that proactively enhances awareness of mental health; they also promote positive, healthy behaviors and seek to remove the stigma associated with mental health issues. School counselors are generally the first to recognize mental health warning signs and problems at home or within the family system. To address concerns, school counselors provide short-term individual and group counseling and crisis intervention. They also educate teachers, administrators, families, and community stakeholders about student mental health, including recognizing the role of environmental factors in mental health issues, and provide resources and referrals to community-based mental health professionals for long-term support.

School Psychologists

School psychologists have specialized training in psychology and education. Their extensive knowledge equips them to play a primary role within the MTSS framework by collaborating with educators, parents, and other mental health professionals to ensure that every child overcomes barriers and learns in a safe, healthy, and supportive environment. “School psychologists specialize in analyzing complex student and school problems and selecting and implementing appropriate culturally responsive evidence-based interventions to improve outcomes at home and school. School psychologists consult with teachers and parents to provide coordinated services and supports for students.
struggling with learning disabilities, emotional and behavioral problems, and those experiencing mental health challenges...They are regular members of school crisis teams and collaborate...to prevent and respond to crises. They have specialized training in conducting risk and threat assessments designed to identify students at-risk for harming themselves or others. School psychologists’ training can help ensure that decisions made about students, the school system, and related programs and learning supports are based on appropriate evidence”.v

**School Social Workers**

School social workers understand student development through a strength-based and person-in-environment lens. They provide culturally responsive support services to promote students’ social-emotional well-being. Their unique understanding of family and community systems, enables them to link with community services essential to student success.vi They address learning barriers such as poverty, inadequate health care, and neighborhood violence.vii They are uniquely qualified to support vulnerable populations of students at high risk for truancy and dropping out. “School social workers design and implement...programs to promote a positive school climate.”viii They develop and promote vital school mental health initiatives through consultation, training, identifying student mental health needs, identifying the need for more intensive services, creating/using an internal school system referral process, and connecting students with external community referrals.ix An integral part of the student and learning supports component, school social workers are well-positioned to collaboratively lead school-wide systems of support.
Investment Inequities

There is no doubt about it – students have a growing and unmet need for mental health services. It has been well-documented that the majority of students who need mental health services do not receive them; of those lucky few who do get the help they need, most get that help at school. The earlier a student can access mental health care, the more effective it can be in treating their illness. Early mental health treatment can help keep youth in school and on track to achieving their life goals. This is where schools can shine; your investment in student mental health supports has far-reaching benefits.

Early Detection is Critical

Schools can play a crucial role in identifying the early warning signs of an emerging mental health condition and link students with effective services and supports. “School counselors, nurses, school social workers, and school psychologists are frequently the first to see children who are sick, stressed, traumatized, may act out, or may hurt themselves or others.” SBMHPs are uniquely positioned to support students in a learning context, and able to collaborate and provide the full continuum of mental health services to children and their families.

Many mental health conditions first appear in youth and young adults, with 50% of all conditions developing by age 14 and 75% by age 24.
families by linking resources between the school and community mental health providers. In their school environments, children can find potential social support in relationships with SBMHPs, and thus gain protective buffers to the risks encountered at home or elsewhere.

**Delays Prevent Detection**

Unfortunately, far too often, there are long delays between when a young person first experiences symptoms and when they get help. These delays are partially caused by large caseloads, which detrimentally impact availability of services to students. Despite their demonstrated effectiveness, the number of SBMHPs currently available to students is far below recommended professional-to-student ratios. The result: SBMHPs are constantly in reactive mode, making it challenging to adequately provide individualized and concentrated attention to supplemental interventions for students. This substantial deficit ultimately impacts students, creating inequity and limited access to an important resource meant to support them with academic, social/emotional and career development.
The inequities engendered by under-funded school mental health programs disproportionately impact our most vulnerable students. Unfortunately, minorities and at-promise students have even less access to mental health services and are less likely to receive needed care.

For foster youth and homeless students, schools can be the most stable and positive component of their lives as they must adapt to abrupt changes and constant mobility.

Through the support of caring and qualified helping school-based professionals, students can be provided an arena for healthy development, which leads to increased academic success.xvi

There is an unquestionable imperative to ensure schools appropriately respond to the needs of at-promise students with a global range of supports. These supports should be provided by qualified SBMHPs who work from an ecological systems perspective and understand the educational system.xvii
You already know SBMHPs are essential members of the school system. But, did you know that the research proves you right on that point? SBMHPs play a proven role in helping you promote and maintain the well-being of your school community. They use an evidence-based framework to deliver a wide range of educational, social, and mental health services to students, families, and school communities. Following are just a few examples of the many programs SBMHPs have successfully deployed.

**Prevention Works**

Tragically, suicide, violence, and bullying remain problems for our students. Fortunately, SBMHPs can make a demonstrated difference in these troubling occurrences. One screening and prevention program for depression and suicide used by psychologists and counselors was found to cause a noticeable increase in students’ help seeking behaviors, and decreased suicidality.\(^{xviii}\) Another study investigated the use by SBMHPs of an app-based, social skills intervention in a high poverty elementary school, which resulted in improved “communication, cooperation, assertion, responsibility, empathy, engagement, and self-control” and a “significant decrease of students’ problematic behaviors, including externalizing, bullying, inattention and internalizing behaviors.”\(^{xix}\) Similarly, the integration of evidence-based violence prevention curricula facilitated by SBMHPs has been shown to significantly improve attendance and reduce discipline referrals and suspensions.\(^{xx}\)
Supporting Teachers

Every day, teachers are faced with challenges they simply were not trained to handle. SBMHPs can help — teacher collaboration and consultation is a crucial element of their duties. SBMHPs help teachers challenged with students who have emotional and behavioral disorders, which has been proven to improve the academic success and emotional health of these students. Moreover, when SBMHPs collaborate with teachers to address strategies and interventions for learning difficulties, both teaching skills and student outcomes improve by addressing students’ mental health needs.

Supporting Families

Collaborating with families from diverse backgrounds is crucial to student success, and another area in which SBMHPs excel. They are more deeply trained than other school personnel to work collaboratively with families from diverse backgrounds and promote equity and social justice in home-school interactions. SBMHPs provide effective support to families through parent/caregiver groups and workshops, as well as developing much needed home-school partnerships. The efforts of SBMHPs working with caregivers and providing them strategies to address behaviors has been found to have a positive effect in preventing aggressive and antisocial behaviors. Research also indicates the key role SBMHPs play in helping families access community resources, making them indispensable in reducing the impact of poverty in school communities and disrupting the school-to-prison pipeline.

Research supports the importance of SBMHPs and the efficacy of the work that they perform in schools.

The work of these invaluable mental health practitioners has wide-reaching implications for students, families, teachers, administrators, and school communities.
Funding Sources

California invests over $2.2 billion every year to fund the nearly 20,000 SBMHPs working in our schools. This amount has increased over the last few years, but it is still only about half of what is needed to bring California to the national ratio average of SBMHPs to students.

8 Year increase (Numbers & %)
School-Based Mental Health Professionals

Since 2013, school financial decisions have been made at the local level. The Local Control Funding Formula (LCFF) promotes equity through a complex budgeting formula, based on the number of identified high-needs students. This dramatic shift in school finance enabled many LEAs to allocate new funds to address rising student mental health needs. The availability of SBMHPs has increased substantially thanks to LCFF and local control, but California still has some of the worst student-to-SBMHP ratios in the nation.
Inadequate funding of school-based mental health professionals can be traced to the historical underfunding of California schools. The nation averages $12,756 in per pupil (K-12) funding, with California lagging behind other states significantly.\textsuperscript{xxix}

\textbf{SOURCE:}
National Center for Education Statistics (NCES).

Many funding streams are available to help you invest in students’ mental health. Listed below are several funding streams to consider.

\textbf{LCAP/LCFF}

There are many advantages to including school-based mental health services within the Local Control and Accountability Plan (LCAP). In particular, LEAs should consider utilizing additional SBMHPs to meet State Priorities Areas: parent involvement, pupil achievement, pupil engagement, and school climate. These professionals are well-equipped to address emerging and existing needs across the school system. While a requirement now exists to include these services within the LCAP, it’s important to conceptualize this work on several levels: 1) the entire system; 2) school-wide tiered practices; and 3) professional development.

It is essential to provide a concrete narrative in the LCAP document of how the roles and job functions of SBMHPs will support delivery of service including school-wide, Tier I support such as social and emotional learning and behavior systems of support. Within Tier II and Tier III, SBMHPs provide small group and individual behavioral and counseling interventions for students who require additional support. The narrative should also address how SBMHPs have been reassigned to meet the professional development and training needs of teachers, classified staff, administrators, and parents. Measurable goals would also specify how these activities are monitored and evaluated annually.
Local Educational Agency Billing Option
Program (LEA BOP)

LEA BOP permits LEAs to become Medi-Cal providers and bill Medi-Cal for certain health related assessments and services provided by qualified health service professionals. Redeemable funds are limited to Medi-Cal eligible students under the age of 22. Specific mental health services include three areas: 1) Health and Mental Health Evaluation, 2) Psychology and Counseling and Education Assessments, and 3) Targeted Case Management. For guidance on LEA BOP provided by the Department of Healthcare Services, click here.

Every Student Succeeds Act (ESSA)-
Title II-A and Title IV-A funds

The Every Student Succeeds Act (ESSA) authorizes funds for increasing the capacity to provide all students with access to a well-rounded education. Title IV authorizes substantial funding to help districts improve student mental and behavioral health, address school safety and violence prevention, foster safe and supportive learning environments, and promote overall student wellness.xxx

California Mental Health Services Authority (CalMHSA)

CalMHSA Has coordinated with several counties to offer funding to local organizations to deliver community engagement activities that help raise awareness and offer services relating to mental health and wellness. Funding opportunities are timed to coincide with Mental Health Matters Month in May, Suicide Prevention Month in September, and Mental Health Awareness Week in October. More information available here.

Mental Health Student Services Act (MHSSA)

MHSSA funds partnerships between education and county mental health departments through a competitive grant program. It provides $40 million in one-time and $10 million in ongoing funds to address student mental health issues. The applications are available here.
Between 50 to 60% of students do not receive treatment due to stigma and lack of access to services (National Association of School Psychologists 2016 & NAMI 2019).
Best Practices

Whatever your role in the school system is, you can ensure your students get the mental health services they need by utilizing SBHPs to their full potential. To make the most of your SBMHPs, we recommend implementing the following best practices that cover the spectrum of school mental health concerns and address the needs of all students, families, staff, and the community.

Support the Whole Child

Many schools have implemented a Multi-tiered System of Support (MTSS) model to support the whole child. The MTSS model can be successfully expanded by incorporating the mental health spectrum. The spectrum spans a broad array of services and supports, including: social, emotional, behavioral, developmental, promotive-protective, prevention, early identification, early intervention, and referrals to community practitioners and resources for intensive care. It enables the SBMHP team to address the challenge of systematically connecting multiple interventions that fall into and across each MTSS level and address the need to connect home, school, and community resources and interventions. The mental health spectrum focuses on prevention and early removal of barriers to learning, behavior, social, and emotional problems and needs.

Implement Multi-tiered Intervention Systems

California’s Multi-Tiered System of Support (MTSS) framework promotes the maxim “All Means All.” The MTSS framework ensures the Local Educational Agency (LEA) and schools successfully implement efforts to meet the social/emotional/behavioral needs
of each and every student. This allows all students to participate in the general education curriculum, instruction, and activities of their grade level peers.

**SBMHPs are trained in school systems and experienced to work with students and their families...**

...making them the best prepared to deliver mental health services within the MTSS framework. The MTSS framework provides LEAs the opportunity to provide prevention and early intervention services that are cost effective in the long run.

**Foster a Positive School Climate**

A positive school climate is vital to student success, but challenging to create. SBMHPs should be deployed to promote a positive school climate and foster a culture of equitable opportunities, services, and supports. They can create a therapeutic environment with everyone looking out for each other’s success and well-being through social-emotional development and promotive-protective supports and services. SBMHPs should be on site to promote school climate and pro-social attitudes and behavior through expectation and example. They can also encourage students and families to take advantage of the various forms of assistance that are available. SBMHPs can also support school improvement policy input and engagement by parents and all constituencies.

**Reduce Attendance Barriers**

Students simply cannot be successful if they are not in school. Addressing attendance barriers is one of the primary missions of the SBMHP team operating with best practices. The on-staff SBMHPs should reduce barriers to school attendance and functioning by addressing problems related to key personal, social, school, and environmental factors. Strategies and interventions can be best implemented by collaborating
with all constituencies (team members, teachers, administrators, families, community, and students). SBMHPs should be encouraged to seek additional authorization in Child Welfare and Attendance, which enables them to provide staff development regarding state and federal laws, implement strategies to improve student attendance, participate in schoolwide reform efforts, and promote understanding and appreciation of those factors that affect the attendance of culturally-diverse student populations.

Prepare for Crises

Between fires, floods, pandemics, and protests, the number of traumatic crises our students are faced with continues to rise. The professionals of the on-staff SBMHP team are experienced collaborators in crisis situations. Now, they must be even more challenged, alert, and sensitive to the need for effective collaboration related to the worldwide crisis of the pandemic. The pandemic in particular has highlighted the increase of mental health issues and needs that everyone is experiencing, especially students, families, staff, and all in the community with whom the team works. The SBMHP team should constantly be preparing to collaboratively meet these new exigencies with compassion and professionalism.

Support Professional Development

Continuing professional development is vital to the success of SBMHPs. Professional development and continuing education allow SBMHPs to provide quality work to their school communities. Professional development and continuing education opportunities enhance professional expertise and enable SBMHPs to stay current with new technology, laws, and regulations that apply to their unique and specialized work. Continuing education, tailored to SBMHPs, is essential to their success in supporting staff, students, and families. The school system must be designed to support, not inhibit, ongoing professional development. Time off for professional development and learning stipends are investments that will provide an immeasurable return.
Some California school district leaders have turned to contract services to provide counseling to students with intensive mental health issues, supplementing their school-based school counseling program. However, far too often it is a piecemeal approach, rather than a coordinated and comprehensive program. Licensed mental health professionals are utilized effectively in a MTSS model working within Tier III. Their services ought to be limited to chronic mental health and behavioral problems and for students who need prolonged counseling interventions based on chronic and acute situational need. Offering these services on school campuses allows students to receive therapy in a convenient, less restrictive environment.

Before undertaking this model, school administrators need to consider the difference between credentialed (school-based) mental health service providers and community-based counselors including licensing restrictions. Outlining division of responsibilities and triaging of services can save time and staff consternation and prevent individuals from working outside of their authorization.

While the licensed mental health services providers may have the training to provide mental health services, if they do not have a PPS Credential, contracted licensed mental health services providers have to be supervised by an individual with a PPS Credential while performing school-based mental health services. Non-PPS Credentialed mental health personnel do not necessarily understand the public school system and the differing ethical and legal requirements governing student confidentiality.
Good communication between the contracted agency and school district can improve the effectiveness of the services and reduce misunderstandings between the parties involved. One particularly difficult area is district and agency information sharing under the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). For example, clear expectations must be agreed upon for releases of information, email communications, and authority to access district student data systems. When establishing a partnership with a community mental health provider, seek advice from your legal department and ensure the agency contract includes such things as: clear expectations regarding release of information, referral process, limitations that may exist due to Medi-Cal billing, access to district student data system, personnel clearances, identification badges, emergency procedures, provider liability insurance coverage, counseling and confidentiality expectations.xxxii

A 2019 ACLU report points to alarming figures indicating that nearly 400,000 K-12 students in California attend a school that has no SBMHP.
Standards and Ethics

Each SBMHP has standards and codes followed in the provision of services to students. Follow the links below to learn more about each.

School Counselors

Professional Standards (National)
Ethical Standards (National)
Mindsets & Behaviors (National)

School Psychologists

Code of Ethics (California)
Code of Ethics (National)
Code of Ethics (California – Licensed Educational Psychologists)
Professional Standards (National)

School Social Workers

Standards and Performance Expectations (California)
Standards for Services (National)

Credential Standards

Each profession must hold a Pupil Personnel Services credential to work in California’s schools. The credential requirements include education and on-site training.

PPS Credential Overview
PPS Preparation Program Standards
PPS Counseling Program Standards
PPS Psychology Program Standards
PPS Social Work Program Standards
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ASCA, 2020


Cowan et al., 2013, p9


Kelly, 2020

Kelly, 2020

Kelly, 2020


Mann, 2019

American Civil Liberties Union. 2019, February. Cops and No Counselors, How the Lack of Mental Health Staff is Harming Students. www.aclu.org/report/cops-and-no-counselors


The U.S. Department of Education’s 2016 First Look found that, “21 percent of high schools nationwide did not have access to any school counselor.” California’s current student-to-school counselor ratio is 682:1; far exceeding the national average of 482:1, and 75% greater than the ratio of 250:1 recommended by the American School Counselor Association (ASCA) and the American Counselor Association (ACA). The National Association of School Psychologists (NASP 2020) recommends a staffing ratio of 1 student to every 500-700 students, however, California current average is 1041:1 (Kidsdata.org, 2019). The National Association of Social Workers recommends a student to social worker ratio of 250 to 1 (Socialworker.org, 2018). In California, the current student to social worker ration is 7,308 to 1 (Kidsdata.org, 2019).


Broussard, 2003


Finigan-Carr, N. M., & Shaia, W. E. (2018). School social workers as partners in the school mission: The comprehensive services school social workers provide can address many barriers to student learning. But schools don’t always take full advantage of these professionals’ skills. (All the adults who matter). Phi Delta Kappan, 99(7), 26.


California Code of Regulations, Title 5 [5 CCR], Section 80049.1, subdivision [c]