School Practitioner Community of Practice

(A network for sharing & exchange)

September 5, 2018

Exchanges Received About:

>Agencies working in schools

Links to some Center resources on:

>Confidentially and Informed Consent concerns

>Memoranda of Understanding

Learning from others:

>About State School Discipline Policies

Invitation to listserv participants to share perspectives

Links to a few other relevant resources & other topics of concern

Note: ***Go to*** http://smhp.psych.ucla **for links to other Center resources including**

>Upcoming initiatives, conferences & workshops

>Calls for grant proposals, presentations, and papers

>Training and job opportunities

>Upcoming webcasts & other professional development opportunities

This resource is from the
Center for MH in Schools & Student/Learning Supports, UCLA

Given shrinking education budgets, we have been asked to increase our outreach to make our free resources more available (e.g., for planning, professional development, etc.).

So please feel free to share with anyone you think might benefit (e.g., forward our resources to individuals and share on listservs and websites).

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For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu

For previous postings of community of practice discussions, see http://smhp.psych.ucla.edu/practitioner.htm

Exchanges Received about:

>Agencies working in schools

The 8/15/18 *Practitioner* focused on a request about challenges and best practices related to community agencies working with schools. See http://smhp.psych.ucla.edu/practitioner.htm

Here is what one colleague sent in:

> The issue I have had with community agencies coming into the school to provide mental health services is they only want to work with Medi-cal eligible students so they can bill the State for their services. I feel this is discriminatory, and if the school has few or no other staff to provide these services, other students in need are left without. I feel that any agreement with community based organizations (CBOs) to provide mental health services should require that a percentage of students that they serve do not have to have Medi-cal eligibility.
>
> Another concern is that some of these CBOs do not want to share the names or other information about the students they are seeing because of "confidentiality"...A pure model of confidentiality is not possible in schools, especially the school's Coordination of Services team who need to do resource mapping related to student needs to make sure that whatever opportunities, services and supports available at the school are not duplicated when the resources are so few. On the teams I have worked with, it has been important to have the names of all students "at risk" that are being served and by what program or service provider(s). This helps to make sure that as many students as possible are getting some services that hopefully will be of value to them.

We shared his concerns with a number of other colleagues working in schools, and here is a sample of what they shared:

(1) As for confidentiality, the release to share information on a need to know basis may be included as part if the contract or interagency agreement signed by provider and district.
In California we have monies reimbursed by the state 'Local Education Agency and Mental Health Administration' funds, money paid by Student Services from McKinney Vento monies and perhaps other Grant's for instance tobacco prevention... These monies are used to contract with a range of providers some of which take the insurance or have sliding scale payments.

Yes, our Community Support Services takes Medi-Cal and this is hard because this agency provides psychiatric services. However, our community Support Liasons are great in finding resources to connect families with. Families with insurance may also access service at the school site sometimes, particularly when parent time or ability to travel get in the way of student getting service. The scope of need is so broad and so intense that gaps do surface throughout the year and this is challenging.

(2) There really should be no issue with community agencies coming into the school to provide mental health services. It is a well needed service for those without the resources or means to receive mental health care. I understand the concern about only serving Medicaid eligible students but I would not go as far to say it is a discriminatory practice. Granted all public schools have few or many times no other staff to provide the services. I would say this point is very valid and should be a top priority for the department of education on a national level. When CBO's come into a school we have to remember they are just taking their practice and transplanting it within school walls. In essence they are bringing the service to the students and families to eliminate the barriers toward accessing the services. This can blur the lines of confidentiality but typically the individuals providing the mental health services are licensed or have a state code of ethics regarding what they can and can't divulge. With that said the leader of the learning organization should set up a meeting with the director of the CBO to understand and/or negotiate various points of the Memorandum of Agreement (MOA) allowing the services to occur in the building or district. In addition, the confidentiality piece should be discussed because there are certain parameters that can be shared at the building level with both the principal and the guidance counselor. I do understand the frustration that seems to be coming from the sender but there are remedies to some of the concerns.

(3) This is a long standing problem of equal access to school mental health services. The funding of mental health services through Medicaid is a vital component to access for many of our most vulnerable children, including those receiving special education and related services. Finding ways to serve children who are not eligible for Medicaid using our clinical partners is complicated and may require MOUs with agencies and charitable organizations to partner with the schools in finding the funding. I found that schools and the local county interagency councils were able to overcome some of the funding barriers through cooperative agreements and MOUs that enabled service delivery to non-Medicaid eligible children. But that model may work only where so many children in the school system are eligible it de facto makes all eligible. Regardless, the cost of services is always higher than the Medicaid reimbursement. I believe that Medicaid reimbursement for in-school services is about 60-70%. I would encourage systems to explore multiple funding resources.

Second issue of sharing information and confidentiality. The best functional model for schools is using the skills of practitioners and sharing information with consent. I found that the most effective schools were including clinicians in the teams for children they were serving. Many were even using their community partners as "consultants" invited by school mental health persons. The misuse of Confidentiality can be a barrier to using services effectively. Clinicians and school staff should be respected for their skills in knowing what to share and how to not violate privacy rights. Agencies and schools should look at how confidentiality is respected but not blocking effectiveness."

(4) There are two big issues raised. First, the issue of 'only working with Medi-Cal eligible students'. In the State of California this has been a problem for a long time. Students and families who are receiving mental health services through Medi-Cal are provided complete care. Once they cross the line of being ineligible for Med-Cal, those services disappear. Those students and families must rely on insurance or pay out of pocket for services, usually neither option is viable. Community agencies many years ago could access funds for these students and families, but those have seemed to dried up. It is a problem that needs to be addressed. Currently, I'm aware of districts addressing this either by looking at those services that community agencies provide and redirecting their internal resources to those students and families that are not covered by Medi-Cal. I have known districts that looked at that as a cost savings and through redirected funding for some services. I do agree that when community-based agencies are invited on school sites, that part of a MOU, could negotiate that a percentage of non-Medi-Cal students and families that would be served. This would be part of the partnership between the school and the agency based on the simple fact that the school is providing clients for the agency that generates funding. The question would be what would be the appropriate percentage of students serviced, so the agency total funding is covered.

The second issue is confidentiality. This is an issue that I have seen schools struggle with internally within their site and throughout their district. Once you add community agencies to this mix, it can get very complicated. When schools and districts move to a model of Coordinated Services, there needs to be an agreement about the sharing of information. With all the concerns about privacy and adding confidentiality to the mix, school are need to be very clear about how information is handled. There needs to be clear district policies in place that all party agree on. Those policies need to be reviewed by proper legal authority to be sure everything meets the current laws. When it comes to community agencies working in the schools, they need to also agree to operate within these policies. It is important to remember that agencies are invited to work on a school site and it is to be a partnership between the two parties. It is not a one-way street for either party, but a two-way street that both benefits. There should be a MOU in place that spells out how both parties will work with each other in order to have the students and families have the best chance of success.

(5) Your colleague makes some very valid and all-too-familiar points. CBOs often run on shoe-string budgets comprised of funding streams that can restrictively focus on specific needs and/or specific populations. That's why CBOs tend to focus on those students eligible for Medicaid reclaiming and can't expand their limited resources to "general populations". Just like schools, their budgets don't go that far. The description sounds like a CBO has been invited to *come into* the school rather than *partner with* the school to address barriers to learning. If, however, the CBO *partners* with the school to understand barriers of the entire student body, they are more likely to find ways to address needs that goes beyond Medicaid if their goals align with those of the school. For example, the CBO might be dedicated to serving high-risk youth (Medicaid eligible) and providing supports to youth that require early intervention services. These two types of supports could look very different but still achieve the goals for both the school and the CBO. Only a school and their CBO partner can figure out exactly what those services could be. The strict confidentiality concern mentioned can be, in and of itself, a barrier to supporting

students. CBOs may be operating under HIPPA requirements or have their own policies that go above and beyond HIPPA. (See: https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html)

Naturally, the school needs to understand the types of supports that individuals receive to prevent duplication and maximize limited resources. I believe this is an administrative level discussion that could include the district's lawyer to determine the information that can and cannot be shared. I'm not as familiar with HIPPA but do know that FERPA has exceptions that allow the sharing of limited information in specific situations. My suggestion here is more about working at administrative levels to more clearly define confidentiality for all parties involved.

Finally, I must admit that I am a bit confused by the description of the student support team. This Team sounds like a wonderful student focused coordination team that tracks individuals and works to support them. I understand that a student-focused team needs to know what programs and services exist but think that mapping resources for the purposes of meeting student needs is a job for a learning supports team. The Learning Support team reviews the data that pertain to the entire student population to identify barriers to learning at the systems level and set priorities for making changes to benefit students as a whole — not at the individual level. The Learning support needs data from the student support team and may come to a similar conclusion regarding the Medicaid reclaiming concerns mentioned, for example. But it is their job to focus on what needs to be changed to meet student needs rather than focus on individual students that could benefit from a specific service.

(6) I agree with our colleague that CBO's are often operating in schools with a fee-for-service and clinical model that is not equipped or interested in the larger School MH approach. Many of those students who are eligible for Medi-cal probably do need MH therapy/counseling. And so do many others who aren't eligible for Medi-Cal. This just results in a patch-work, ad hoc, approach which is not coordinated with the school system and not addressing the real needs and concerns of establishing positive MH system. Beyond the therapy/counseling needs and model the school and students need an ongoing developmental, prevention, intervention, treatment approach.

If CBOs are to be used, they need to share essential information on the students' "treatment" approach and not be an isolated entity that doesn't work in partnership with the school. The school, or Student and Learning Supports Professionals, is authorized to supervise these CBOs per the Ed Code Regs pertaining to PPS Credentials. Unfortunately the whole concept of SMH is too often not in operation, and as usual we are stressing mental disorders and overlooking positive learning and social-emotional development, prevention, early and timely intervention.

(7) This colleague and I match very well. I've had similar experiences and concerns. One school district formed a committee to try to figure out a confidentiality policy that would work among a) public school educators, b) county mental health counselors who had offices in various public school buildings, c) school resource (police) officers, and d) county social workers. I kept pushing "need to know" as an essential common component of confidentiality. Everybody seemed to agree things would be better if we all could talk to each other more fully. But nobody ever claimed to have the power to change their agency rules, which effectively prevented speaking more fully with the "others." Some folks even seemed to enjoy the power that comes from "I know something you don't know"!

A school district concerned about lack of access to mental health counselors investigated funding sources and discovered their school psychologists could bill. But the record-keeping and billing rules were so burdensome and the threat of massive punishments for even relatively minor clerical errors convinced the district the benefits were not worth the risks.

The county social workers liked the "wraparound" model, which involved several agencies at one, big meeting. It helped to come up with comprehensive plans but it took a lot of time just to match schedules so everybody could get there. It was even more difficult to get people together for a second "course correction" meeting.

My personal conclusion is that the essential structure and organization of public schools contributes to this fracturing of services. Schools need to be designed from square one as a place to people with individual differences can connect with the services they need at their current level of development. That makes education, social work, mental health, addiction recovery, etc. parts of the intended program for all students, not just bolted-on after-thought services only for those who "qualify" due to the inability of the school to have anticipated and adjusted to their needs. I've wondered whether education for school staff demystifying mental health/mental illness, what treatment involves and what are reasonable goals of treatment would help."

(8) When schools begin partnerships, they need to figure out how to support partners who take all insurances. Kaiser and Department of Defense are two key players in this model. For Kaiser, we have been working with their community liaison to access funds for services, so that students can benefit from the mental health supports. We have a partnership with the Department of Defense to provide services to those kids via telehealth or other support to assure those students can access the services. It takes a good school social worker to know all these resources, and it takes a good administrative team who knows what to do to assure MOA/MOU etc are in place for co-located services. We selected providers who were "school friendly" and we also have grant funds to subsidize mental health services until we can get all the bureaucratic stuff together.

Best not to partner unless there are assurances that all students will benefit, and school system work should be able to get through the hoops for access. Sometimes its worth going for a grant. and being in the situation these folks are in, best to galvanize the school social workers who can assist with primary care and other community mental health folks who might assist or provide a family with 3 referrals that might assist.

Links to some Center resources you may find useful in addressing the above challenges:

With respect to *Confidentiality* and *Informed Consent* concerns, see the range of resources from our Center and from others listed on the Center Quick Find -- http://smhp.psych.ucla.edu/qf/confid.htm. Here is a sample of Center resources you can access:

>*Reframing the Confidentiality Dilemma to Work in Children's Best Interests*
http://smhp.psych.ucla.edu/publications/reframing the confidentiality dilemma to work.pdf

>*Confidentiality and Informed Consent* (related to minors in agency collaborations)
http://smhp.psych.ucla.edu/pdfdocs/confid/confid.pdf

With respect to *Memoranda of Agreement*, see the Quick Find – http://smhp.psych.ucla.edu/qf/mou.htm. A sample of Center resources found there include:

>*Want to Work With Schools? What is Involved in Successful Linkages?*
http://smhp.psych.ucla.edu/publications/54 want to work with schools.pdf

>*Making MOUs Meaningful*
http://smhp.psych.ucla.edu/pdfdocs/practicenotes/makingmou.pdf

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Invitation to Listserv Participants to Share Perspectives

***What* can you advise others about addressing challenges related to agencies working in schools?**

Send your responses to Ltaylor@ucla.edu

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Learning from others

About State School Discipline Policies – from the *Education Commission of the States* (ECS)

Schools continue to grapple with the challenge of finding the right balance between promoting safe and productive schools and reducing the adverse effects of discipline. Earlier this year, ECS released Policy Snapshot reports on state legislation related to:

>*Alternative School Discipline Strategies* – https://www.ecs.org/alternative-school-discipline-strategies/
>*Restraint and Seclusion* – https://www.ecs.org/restraint-and-seclusion/
>*Suspension and Expulsion* – https://www.ecs.org/suspension-and-expulsion/
>*50-State Comparison on State School Discipline Policies* –
https://www.ecs.org/50-state-comparison-states-school-accountability-systems/

Also see our Center's Quick Find *Disciplinary Practices* – http://smhp.psych.ucla.edu/qf/discpractices.htm

Links to a few resources on other topics of concern

>*Fostering Family Engagement in the School Responder Model* –
https://www.ncmhjj.com/wp-content/uploads/2018/07/Family-Engagement-v3.pdf

>*Reflecting on Social Emotional Learning: A Critical Perspective on Trends in the US* –
http://journals.sagepub.com/doi/10.3102/0034654308325184

>*Sex Education and Mental Health* – http://smhp.psych.ucla.edu/pdfdocs/sexeduc.pdf

>*About Conducting Crisis Exercises and Drills* – http://smhp.psych.ucla.edu/pdfdocs/drills.pdf

>*Teacher Bias and Its Impact on Teacher-Student Relationships: The Example of Favoritism* – http://smhp.psych.ucla.edu/pdfdocs/teacherbias.pdf

>*International Education Assessments Cautions, Conundrums, and Common Sense* –
http://naeducation.org/wp-content/uploads/2018/05/International-Educational-Assessment-NAEd-report.pdf

Take a couple of minutes to view the new free book:

Improving School Improvement

http://smhp.psych.ucla.edu/improving_school_improvement.html

AND if you missed the following, you can access them and more from the Center's homepage – http://smhp.psych.ucla.edu

>**The *quarterly ejournal* for Summer 2018.**

Excepts from a new, free book.

Online at http://smhp.psych.ucla.edu/news.htm

Contents:

Part I: Good Schools and Classrooms
Part II: Moving toward Personalized Instruction and Special Assistance
Part III: New Directions for Addressing Barriers to Learning and Teaching
Part IV. Moving Forward

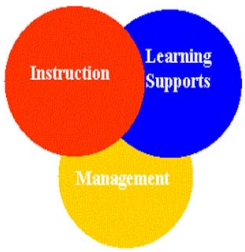
>**The September *ENEWS'* discussion of:**

School starts, students and families are welcomed & oriented: What's next?

Also download the 2017 free book on:

Addressing Barriers to Learning: In the Classroom & Schoolwide

http://smhp.psych.ucla.edu/improving_school_improvement.html



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For information about the

National Initiative for Transforming Student and Learning Supports
go to http://smhp.psych.ucla.edu/newinitiative.html

Recent publication related to the initiative:
>Transforming Student and Learning Supports:
Developing a Unified, Comprehensive, and Equitable System –
https://titles.cognella.com/transforming-student -and learning -supports -9781516512782.html

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THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!
For new sign-ups – email Ltaylor@ucla.edu
Also send resources ideas, requests, comments, and experiences for sharing.
We post a broad range of issues and responses to the *Net Exchange*
on our website at http://smhp.psych.ucla.edu/newnetexchange.htm
and on *Facebook* (access from the Center's home page http://smhp.psych.ucla.edu/)