

# **School Practitioner Community of Practice**

(A network for sharing & exchange)

(10/20/21)

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

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

*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](mailto:Ltaylor@ucla.edu)**

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

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### **For discussion and interchange:**

- >High absenteeism calls for extensive outreach and comprehensive efforts to reengage disconnected students

From: *Absenteeism surging since schools reopened*  
<https://edsources.org/2021/absenteeism-surging-since-schools-reopened/661507>

In Long Beach Unified, in Los Angeles County, the spike in absenteeism has been due to students in quarantine who don't complete their schoolwork, as well as students experiencing behavior issues that make them not want to attend school or who are otherwise disengaged from school, said Erin Simon, assistant superintendent.

Prior to the pandemic, the district had worked for years to improve its attendance figures, offering free bus passes, prizes, school supplies, mentoring and other services to encourage students to attend school. Staff sent personal emails, made calls, and visited families, trying to address whatever barriers kept students from getting to class. By 2018-19, the chronic absenteeism rate was down to 15%.

Anticipating problems with student engagement due to the pandemic, the district expanded its social-emotional offerings before campuses reopened in August. High schools opened wellness centers, the district hired more social workers and teachers honed their skills in recognizing and addressing trauma....

"We thought we were prepared, but we were caught by surprise. ... It's just mind-blowing, and it's scary," Simon said, noting that the same phenomenon is happening at schools throughout the country. "We're doing our best to mitigate it, but it's not easy because our staff is already overwhelmed. ... Our main concern right now is for the wellness of our students and staff."

### **Center Comments**

Given the nature and scope of the problem, it will not be easy to overcome. There are personal and institutional factors that must be addressed. On a personal level, a significant number of students and their families aren't viewing coming back as a good thing. Some have negative attitudes toward

schools because of past encounters. Some are angry and frustrated over the schooling hardships encountered during the pandemic. Some are worried about their contagion. Institutionally, long-standing concerns about equity and justice have been exacerbated by recent events.

There is no magic bullet intervention. A first step is to develop a good understanding of the different reasons students have not returned. A second step is to use that understanding to design a social marketing campaign to attract families back. The third step involves extending a personalized meeting invitation to each unenrolled student and their family – with the clearly stated goals of (a) addressing their concerns and (b) establishing a mutually productive working relationship.

For resources and a presentation of these steps, see the article in the summer edition of the Center’s ejournal at <http://smhp.psych.ucla.edu/pdfdocs/summer21.pdf>.

**Now let’s hear from you:** What is being done to reach out and reengage students and their families who are not coming to school regularly (or at all)? Send comments for sharing to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

### **For discussion and interchange:**

#### **>Concerns about the pernicious impact of extramural funding for mental health services in schools**

#### **A colleague shares concerns**

Recently, we sent out and posted *Schools and Mental Health: A Position Statement* <http://smhp.psych.ucla.edu/pdfdocs/fall2021.pdf>. The following response highlights one of the concerns we stressed:

About “the trend to reimburse through medical insurance services delivered at schools by school social workers and school psychologists for psychotherapy at the school site. Medicaid is charged for these services and most school social workers and school psychologists go along with this, filling out forms that declare they are doing psychotherapy. I am sure you can see the various implications of this. As a school social worker (29 years) I refused to do this and was placed under a disciplinary regimen. I was not hired to do psychotherapy and was not qualified to do it, although I counseled many kids and probably gave them the only counseling they ever got. But I refused to claim that I was providing a medically necessary service that had a diagnosis, as is required for medical insurance reimbursement. School social work is a most valuable service and ideally it reflects the kind of service you are promoting. Social work emphasizes the whole child and the whole environment too. That is not the same as psychotherapy. So thank you for persistently raising this issue.”

#### **Center Comments**

For some time efforts to fund student/learning supports have gravitated toward seeking whatever external funding is available. Unfortunately, this trend is narrowing the focus of mental health in schools and further marginalizing efforts to transform student/learning supports.

While the continuing marginalized status of student/learning supports in school improvement policy makes seeking additional sources of funding for mental health services inevitable, it is undermining efforts to ensure that mental health in schools is not limited to therapy and personal counseling. Any overemphasis on services to treat mental health problems in schools usually is accomplished at the expense of school improvement efforts to promote healthy development, prevent a wide range of learning, behavior, and emotional problems, intervene as soon as problems appear, and establish effective interventions for commonly occurring behavior and emotional concerns. When funding is tied to specific services (e.g., medicaid), it creates a pernicious trend toward redefining and limited the nature and scope of mental health in schools. And, the roles of some school support staff are being redefined as they mainly become providers of fee-based clinical services.

Schools, of course, have long sought and received extramural funds designed to provide specific

types of student/learning supports. (Seeking extramurally funded special initiatives is almost irresistible to budget starved schools.) While such special initiatives can help address a designated problem at a school, they have had a pernicious effect on fundamental school improvement efforts to enhance equity of opportunity for all students. For example: extramural project funding usually is for relatively small projects keyed to a relatively few students; a new initiative often ends up redirecting staff attention away from other important concerns and from system building – especially when budgets are tight; projects funded extramurally tend to be short-lived; special projects introduce piecemeal practices that further fragment what is already a too scattered approach to ameliorating problems. All these negative consequences are symptoms of “projectitis”.

Given all this, we caution that the current over-reliance on external funding is exacerbating the ongoing marginalization of efforts to make fundamental systemic changes to improve and enhance student/learning supports. School improvement policy needs to adopt a new direction for student/learning supports so that districts and schools move toward (1) unifying their interventions for addressing barriers to learning and teaching and (2) weaving together and reallocating all available resources to begin development of a comprehensive system of supports that enhances equity of opportunity for all students.

### **Other Comments from the Field About this Matter**

We shared the concern with a number of colleagues; here is some of what we heard from them:

1. The psychotherapy vs counseling issue is tricky because states are allowed to go their own ways with definitions and qualification levels.... My preference is that most public school services should not be "medical" and billed to Medicare or other insurance companies. There is too much possibility for fraud and billing/coding errors. For clarity and safety, I like medical conditions to be handled by medical groups outside of the school system (or having offices within school buildings.)

I'm pretty much in the same camp as your colleague. Since schools are only open for part of the year, I don't believe we should be the primary caregiver for students with chronic medical conditions. Schools can more easily do "counseling" for 9 months without intentionally creating an interruption in an established level of care. Even with counseling, I limit myself to situations where it is reasonable to expect short-term counseling to be plenty and passed chronic conditions to others outside of the school.

In my training background, psychological "therapy", beyond being connected to a medical diagnosis, assumes a level of supervision. PhDs were considered trained to a level where they could self-supervise as well as supervise others who had lower levels of training. This has been difficult for schools to achieve. Too often, supervision is superficial as the Supervisor likely will have less training in counseling & psychotherapy than the provider.

If we use our highly-trained people for thinking about how to make schools more flexible and therapeutic so that we can provide many different kinds of support to all in the school building, then the options for counseling and learning about mental health will be part of that system and not an afterthought. It would enable us to train many lay people - even students - in helpful techniques. The basic assumption of all the staff would be that the kids are doing the best they know how at the moment and the school needs to find better ways to support them.

2. Thanks for sending this. I do want to say that your statement and several before are absolutely spot on. I'm very appreciative of your perspective.  
Regarding this comment: Two issues are the medicalization of mental health – as your position statement also notes – which conflates mental health with mental illness. As your commenter notes, the mission of schools is to serve all children and mental health is a generic issue. I often talk with folks about heart health as a parallel that focuses on prevention not just intervention. The second issue is the need for schools to generate income. I understand why schools would seek this and require their staff to comply. But it defies their mission and, as your position statement notes, is a small step toward addressing mental health needs in schools. I would like the school mental health community to reflect on this.

3. First, I have to thank you for sending that link to your position statement. It is WONDERFUL....  
I plan to share it with a friend who is running for state office next term....

As for the response above, I understand the position this social worker has taken and felt the same when I was a school counselor. I ALWAYS referred students when I believed the situation went beyond my training. I would work with the family to get appropriate services and do what I could to support the student and their family at school. Ensuring regular communication among all parties involved was a key role I typically played.

I'm concerned that "mental health" has become a catch-all phrase for fears, discomfort, and anxiety that students feel in today's politically charged environment. Debates on masks, vaccinations, virtual learning, etc. have no doubt had a negative impact on students. Social workers and counselors are trained to help students deal with such stressors. Are these services helpful? Of course. Medically necessary? That depends upon a diagnosis - which is something that is not within the scope of training for these school professionals.

Calling school social work and counseling services "psychotherapy" for purposes of collecting Medicaid benefits presents a number of problems:

>A student with serious mental health issues or illness is not likely to receive the type of help that is needed. A school professional who is not appropriately trained may not "harm" the student, but denial of appropriate services could certainly increase the likelihood that the student will not improve.

>More serious mental health issues often require the entire family to be educated about and involved in the student's therapy plan. This is not as likely to happen when an untrained professional is providing support at school, not only because of inappropriate training but due to the sheer numbers of students in their caseload.

>Using school professionals in this way can create confusion about the appropriate services these individuals can provide. In fact, many of the outreach and coordination services these staff routinely provide can be claimed under Medicaid, as I understand it. However, diagnosis and treatment of mental illness is not within the scope of their work.

>Systemically, a district's reliance on Medicaid to supplement their budget to support salaries of staff offering "mental health" services is risky. Money appropriated for staff is typically set one year in advance. Will the district then need to meet "quotas" to collect Medicaid dollars so staff can stay employed? This issue quickly becomes complex and presents serious ethical questions.

If I had a child in school sports, I would absolutely want the coach to spend time helping my child build skills and physical stamina to improve. I would not want that coach offering a physical or medical diagnosis for why my child was not performing well. If the coach suspected a physical problem, I would want him/her to let me know so I could follow up with a medical professional. Similarly, would I want a social worker to help my child build skills and learn to do better socially and emotionally? Absolutely! Would I want the same social worker to diagnose my child with a mental health disorder? No way. I believe trained school professionals are skilled enough to recognize a potential problem and should then share their concerns so that a child can get the type of help they need.

As you stated in your position paper, mental health has been marginalized and, in my opinion, misrepresented and politicized as it relates to the pandemic. Currently "mental health" is looked at as yet another piecemeal service to be provided by schools with no attention given to long-term outcomes. As you so eloquently stated in your position paper, schools must encompass an "agenda for mental health in schools within the broad context of the psychosocial and mental health concerns encountered each day at schools – including an emphasis on developing strengths as well as addressing deficits". And schools must embed "mental health into a school improvement plan that transforms how schools promote social-emotional development, address barriers to learning and teaching, and re-engage disconnected students.

4. My experience is different. I am very clear that I do not do psychotherapy. All the psychs and social workers do likewise. Our services must always be linked to educational benefit and

carried by a goal. Social skills, vocational skills, task-related skills and so on are typical areas. We use a Boys Town Curriculum in our district. This allows for specific modeling and teaching skills in a structured manner. We promote skill application in areas of performance deficits and teach skills in areas of learning deficit. We look at the whole child and the environment as well. Promote opportunities to practice skills leading to successful mastery.

We are very clear as to the limits of our credential and appropriate services. We refer to Care Solace, a warm hand support agency that guides parents to find a good psychotherapy fit. Or refer to other community-based agencies.

Staff holding an MFCC, or similar licensure would be able to provide psychotherapy but typically do not, however they may bill if desired. Another possibility would be working with a doctorate level case supervisor but.. rarely, I wouldn't do it.

The medical billing code is different for psych services than it is for psychotherapy. If school psych's and social workers are billing for psychotherapy service, then someone must be signing off for them. I have heard that some districts are having the nurse sign off on such services. I do not quite get the logic of this, however we won't do that either.

If this individual and other staff are being compelled to work outside their comfort zone, I would suggest contacting the ethics chair or an appropriate state or national professional group such as NASP. Disciplining a staff member for working outside their competencies is a practice that needs to be shut down. I wish them well.

For more on funding issues, see

>*Here We Go Again: In the Rush to Spend Federal Stimulus Funds Schools are Attending to Immediate Individual Needs Without Addressing the Opportunity to Make Necessary Systemic Improvements* <http://smhp.psych.ucla.edu/pdfdocs/3-24-21.pdf>

>*About How Temporary Relief Funds for Schools are Used*  
<http://smhp.psych.ucla.edu/pdfdocs/4-23-21.pdf>

>*About Temporary Relief Funds and Mental Health in Schools*  
<http://smhp.psych.ucla.edu/pdfdocs/5-28-21.pdf>

>*About Funding Stream Integration* <http://smhp.psych.ucla.edu/pdfdocs/fundinginteg.pdf>

For more on funding for mental health in schools and for student/ learning supports, see our online Quick Find on

>*Financing and Funding* – [http://smhp.psych.ucla.edu/qf/p1404\\_02.htm](http://smhp.psych.ucla.edu/qf/p1404_02.htm)

**Listserve Participants:** Please share what you can about the impact of Medicaid billing for mental health in schools. [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

### >**Links to a few other relevant shared resources**

Supporting Teen Mental Health: Back to School During a Pandemic

<https://www.learnhowtobecome.org/career-resource-center/teen-mental-health-guide/>

Research on disruptions to k12 education

<https://www.wested.org/wested-insights/rel-west-research-on-disruptions-to-k-12-education/>

Community Health Justice Lab COVID-19 Spanish site

<https://www.chjl.org/covid19/es/covid-19-chjl-es/>

2021 Building A Grad Nation Report

<https://www.americaspromise.org/report/2021-building-grad-nation-report>

Whole-Child Design Inventory

[https://turnaroundusa.org/toolbox/measurement/wcdi/?utm\\_source=website&utm\\_medium=blog&utm\\_campaign=ignitelearning&utm\\_content=WCDI](https://turnaroundusa.org/toolbox/measurement/wcdi/?utm_source=website&utm_medium=blog&utm_campaign=ignitelearning&utm_content=WCDI)

Relationship Education for Youth Who Have Faced Adversity

<https://mastresearchcenter.org/mast-center-research/relationship-education-for-youth-who-have-faced-adversity/>

- Most U.S. Hispanic Children Can Trace Their Heritage to Mexico, but Many Other Hispanic Children’s Family Roots Extend Across Latin America  
<https://www.hispanicresearchcenter.org/research-resources/most-u-s-hispanic-children-can-trace-their-heritage-to-mexico-but-many-other-hispanic-childrens-family-roots-extend-across-latin-america/>
- 2021 Children’s Mental Health Report  
[https://www.unicef.org/reports/state-worlds-children-2021?utm\\_source=referral&utm\\_medium=unicef-network&utm\\_campaign=on-my-mind-en](https://www.unicef.org/reports/state-worlds-children-2021?utm_source=referral&utm_medium=unicef-network&utm_campaign=on-my-mind-en)
- Only 17 States and DC Report LGBTQ-Inclusive Sex Ed Curricula in at Least Half of Schools, Despite Recent Increases  
<https://www.childtrends.org/blog/only-17-states-and-dc-report-lgbtq-inclusive-sex-ed-curricula-in-at-least-half-of-schools-despite-recent-increases>
- Safe and supportive schools for LGBT youth: Addressing educational inequities through inclusive policies and practices  
<https://www.sciencedirect.com/science/article/pii/S0022440519300329>
- Self-Help and Self-Care Resources for Native Americans and Alaska Natives  
<https://mhffcnetwork.org/centers/national-american-indian-and-alaska-native-mhffc/product/self-help-and-self-care-resources>
- Strengthening Resilience: Promoting Positive School Mental Health Among Indigenous Youth  
<https://mhffcnetwork.org/centers/mountain-plains-mhffc/product/strengthening-resilience-promoting-positive-school-mental>

### A Few Upcoming Webinars

For links to the following and for more webinars, go to the Center’s Links to Upcoming/Archived Webcasts/Podcasts – <http://smhp.psych.ucla.edu/webcast.htm>

- 10/20 Pivot and Reset With an Equity Lens
- 10/20 Build Advocacy Plans for LGBTQ Students
- 10/20 The Science of Scaling-Up High-Quality Early Childhood Programs
- 10/20 Strategies & Best Practices for Returning to School
- 10/20 Accelerate Learning with Project-Based Learning
- 10/21 Mentoring LGBTQ Youth
- 10/21 Treating Grief and Loss in Black Children and Youth
- 10/22 The Science of Communicating with Busy Families & Educators
- 10/26 Transforming Toward Equity-Centered, Whole-Child Personalized Learning
- 10/26 Bullying awareness and prevention
- 10/27 Reducing Chronic Absence: Insights from Successful Principals
- 10/27 Understanding and Preventing Youth Hate Crimes and Identity-Based Bullying
- 10/28 Youth-Adult Partnerships to Improve School Health
- 10/28 Loss and Healing after a Pandemic: Supporting Youth After an Unprecedented Year
- 11/4 Back on track for School Success: Mental Health & Education
- 11/9 Understanding Doubled up
- 11/11 An overview of bullying prevention

11/16 Supporting your child's mental health needs at school

11/22 Paving the Way to College for Students Experiencing Homelessness

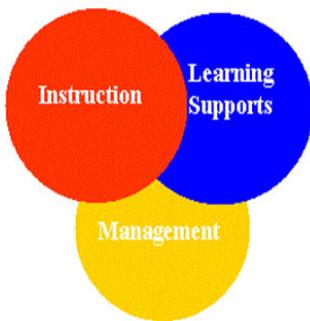
Webinar recording: Unpacking the Impacts of Structural Racism on Youth

<https://preventioninstitute.us17.list-manage.com/track/click?u=5f4bf5a36bd9f72789255d49a&id=17f472fea9&e=b6757fd9d7>

For more webinars, go to the our Center's links to Upcoming/Archived Webcasts/Podcasts –  
<http://smhp.psych.ucla.edu/webcast.htm>



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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>

Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to promoting whole child development, advancing social justice, and enhancing learning and a positive school climate.

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### Invitation to Listserv Participants:

Everyone has a stake in the future of public education. This is a critical time for action. Send this resource on to others. Think about sharing with the growing number who are receiving it.

**AND Let us know about what we should be including.**

Send to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

**THE MORE FOLKS SHARE, THE MORE USEFUL AND  
INTERESTING THIS RESOURCE BECOMES!**

**For new sign-ups – email [Ltaylor@ucla.edu](mailto: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/> )**