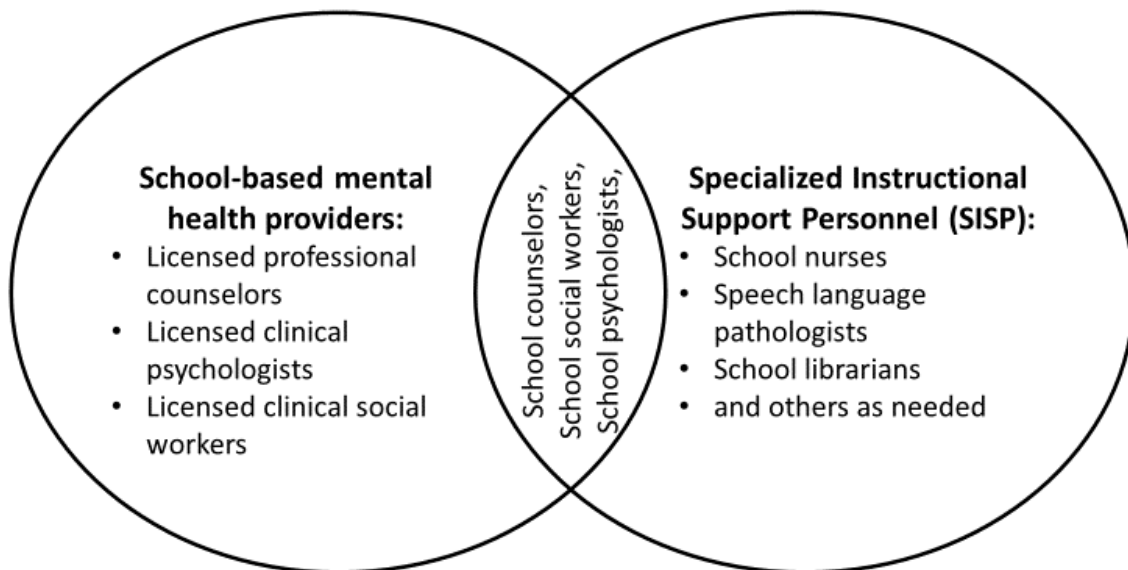




School Social Work Association of America Position Paper

School-Based Mental Health Providers

School-based mental health service providers were first mentioned in the No Child Left Behind (NCLB) Act under Title IV – 21st Century Schools Safe and Drug-Free School & Communities. Section 4115 required local educational agencies (LEAs) to develop effective drug and violence prevention programs and allowed the use of expanded and improved school-based mental health services by “qualified school-based mental health service providers.” These providers were authorized to provide “counseling, mentoring, referral services, and other student assistance practices and programs” as well as the training of teachers “in appropriate identification and intervention techniques for students at risk of violent behavior and illegal use of drugs.” While NCLB defined highly qualified teachers as those who met “high objective uniform *state* standards of evaluation,” it never defined the term “qualified” for mental health service providers. If we take a cue from the former definition, however, we notice that the federal government left it up to state education agencies how to define qualified. The Every Student Succeeds Act of 2015 clarified that school-based mental health providers consist of both community-employed mental health professionals as well as school-employed specialized instructional support personnel, such as school counselors, school psychologists, and school social workers. This relationship can be illustrated using the following diagram:



Many schools contract with community mental health centers (CMHCs) to provide expanded school mental health providers to provide therapy to Medicaid-qualified youth with the understanding that the CMHC will bill Medicaid directly for services provided. Like the U.S. Department of Education, the U.S. Department of Health & Human Services allows state agencies to determine who is a qualified mental health provider. Some states provide a tiered determination of professional qualifications. For example, in Illinois, a licensed social worker with an MSW and no experience can be a “qualified mental health professional,” but only a licensed clinical social worker may serve as a “licensed practitioner of the healing arts.” New York also makes a distinction between “clinical staff,” including students and trainees, and “professional staff,” which requires professional licensure. California combines the two terms used in Illinois, “‘Qualified mental health professional’ includes the following licensed practitioners of the healing arts: a psychiatrist; psychologist; clinical social worker; marriage, family and child counselor; registered nurse, mental health rehabilitation specialist, and others,” noting only that each may provide mental health services consistent with the scope of their practice.

Ideally, school-based mental health services should be part of “systems of care” approach that provides an integrated continuum of services for youth through collaboration between schools, communities, families, and mental health agencies (Weist, et al., 2005). Such an approach recognizes that mental health is more than the absence of a disorder; it is “the capacity of an individual to function effectively in society” (NASMHPD, 2018). For students, this can be translated into the capacity for academic achievement and functional performance within a school setting. Thus, the range of services provided can include mental health promotion, building student resilience, enhancing social-emotional supports, and psychotherapy (Kutcher, Wei, & Weist, 2015).

Community-employed school-based mental health providers face a number of challenges when interacting with an educational environment (Prodente, Sander, Grabill, Rubin, and Schwab, 2007). First, there is confusion about their legal and ethical obligations within a school environment. Most community mental health agencies operate under the guidelines for the Health Insurance Portability and Accountability Act (HIPAA), however, when services are provided within a school, they should also know how HIPAA relates to the Family Educational Rights & Privacy Act (FERPA). Secondly, many community-employed counselors, psychologists, and social workers may not be aware that their school-employed peers have separate or adjunctive codes of ethics for professional practice within a school system. These education-specific requirements have important implications for informed consent to services, confidentiality, and recordkeeping. Third, community-employed providers may lack a basic understanding of school laws protecting the rights of children with disabilities, such as the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973 Section 504. Because of the diversity of state-approved qualifications and the challenges faced by community-employed school-based mental health providers (SBMHPs), SSWAA makes the following recommendations:

Recommendations

1. When Congress used the word “expanded” to refer to school-based mental health services, SSWAA believes that the intent was that community-employed SBMHPs would supplement school-employed SBMHPs, not supplant them.
2. Community-employed SBMHPs should be given an orientation to the ethical and legal requirements of working in an educational environment *before* providing any mental health services to students.
3. Community-employed SBMHPs should gain an understanding of the unique needs, strengths, and culture of the school prior to providing mental health services.
4. Community-employed SBMHPs should have regular consultation or supervision by a school-employed mental health professional, ideally one who holds both educational and clinical credentials, such as school social worker with clinical licensure or its equivalent.
5. A school-employed SBMHP should coordinate the system of care within a school to reduce the omission, duplication, or isolation of services.
6. A school-employed SBMHP should be involved in the evaluation of the effectiveness of expanded school mental health services to ensure that they contribute to the school’s overall school improvement plan.

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