REPORT OF THE VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Interim Report on Mental Health Screenings in Schools (HJR 586, 2015)

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**

HOUSE DOCUMENT NO. 15

**COMMONWEALTH OF VIRGINIA
RICHMOND
2015**

COMMONWEALTH of VIRGINIA

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November 30, 2015

To: The Honorable Terry R. McAuliffe, Governor

and

Members, Virginia General Assembly

House Joint Resolution No. 586 of the 2015 Legislative Session required the Department of Behavioral Health and Developmental Services (DBHDS) "*to study the benefits of offering voluntary mental health screenings to students in public elementary schools.*" The Resolution also stated that "*The Department of Behavioral Health and Developmental Services shall complete its meetings for the first year and submit a preliminary report by November 30, 2015."* Please find enclosed the report in accordance HJ586. Staff at the department are available should you wish to discuss this request.

Sincerely,

Jack Barber, M.D.

Enc.

Cc: William A. Hazel, Jr., M.D.
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Interim Report on Mental Health Screenings in Schools (House Joint Resolution 586)

to the Governor and the General Assembly

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Table of Contents

I. Introduction

The 2015 General Assembly charged the Department of Behavioral Health and Developmental Services (DBHDS) with studying the benefits of offering voluntary mental health screenings to students in public elementary schools (see Appendix I for the full study resolution language). In the months since the session ended and the date of this report, DBHDS has reviewed and researched background information and convened a workgroup of experts to advise on mental health screenings in elementary schools. DBHDS has considered the charge of the General Assembly and developed a two-year study plan and implementation timeline. The following will be the focus of the study process.

(i) Review existing research on screening of elementary school children and whether there is an ideal year to administer such screenings,
(ii) Review available screening instruments that may be appropriate for elementary school children,
(iii) Recommend methods of notifying parents of the availability of screening and recommend procedures for seeking parental consent, and
(iv) Consider what in-school and other services may be available for children whose screening indicates a need for follow-up.

II. Study Plan

In addition to reviewing literature about mental health screenings in schools, DBHDS, along with the Department of Education (DOE), convened three expert input panels (see Appendix II). The tasks of the panels include: (1) identification of current practice in regard to student mental health and (2) learning from those that are working in the field about the pros and cons of mental health screenings in elementary schools. The study process is outlined below.

March-October

- Review literature on school based mental health, specifically early identification and screening tools
- Meetings with DOE about the study
- Meeting of School Personnel Expert Panel
- Meeting of Behavioral Health Service Provider Expert Panel
- Meeting of Professional, Advocacy and Parent Organizations Expert Panel
- Prepare study plan for year two
- Prepare interim report

According to the study language the following was addressed during the first year:

(i) Review existing research on screening of elementary school children and whether there is an ideal year to administer such screenings

DBHDS reviewed numerous research studies, journals and articles on mental health screening for elementary school children (see Appendix V). Based on this review, there does not appear to

be consensus about which screening instrument to use or when to use it. There are many screening instruments available for school aged children starting in preschool through high school. Screening instruments vary depending upon the purpose of the screen. For example, some screening instruments are used for very specific disorders while other are used to screen for more general mental health concerns. During the second year of the study, the workgroup will review and comment on instruments that screen for general mental health concerns.

In order for DBHDS to understand the scope of the issue, the workgroup was divided into three expert panels. The panels were asked a series of questions (see Appendix III) which addressed the following from HJ 586:

(i) Review available screening instruments that may be appropriate for elementary school children,
(ii) Recommend methods of notifying parents of the availability of screening and recommend procedures for seeking parental consent, and
(iii) Consider what in-school and other services may be available for children whose screening indicates a need for follow-up.

The findings from the expert panel meetings are discussed in more detail in section IV of this report. Based on the information gathered during the workgroup's meetings it was determined that the second year of the study would complete items i-iv of the study resolution and make recommendations. The second year study plan can be found in Appendix IV. The workgroup will hold its next meeting on December 11, 2015.

III. Key Agencies and other Related Initiatives

The following describes the missions of the two key agencies associated with this study: DOE and DBHDS. Additionally, this section outlines several important initiatives in the Commonwealth that are related to this study.

Key Agencies Involved in the Study

Department of Education (DOE)

DOE, in cooperation with the Board of Education and local school boards, is responsible for creating an excellent statewide system of public education that equips all students with the knowledge and skills to excel in postsecondary education and careers and to become capable, responsible, and self-reliant citizens. Therefore, DOE's mission is to lead and facilitate the development and implementation of a quality public education system that meets the needs of all students and assists them in becoming educated, productive, and responsible citizens.

The Office of Student Services at the DOE works to reduce barriers to learning and enhance healthy academic, behavioral and social emotional development through a comprehensive, whole child perspective. By establishing effective school-community partnerships and providing a full

range of prevention and intervention support services, schools assist their students to become capable, productive, and responsible citizens. Efforts include:

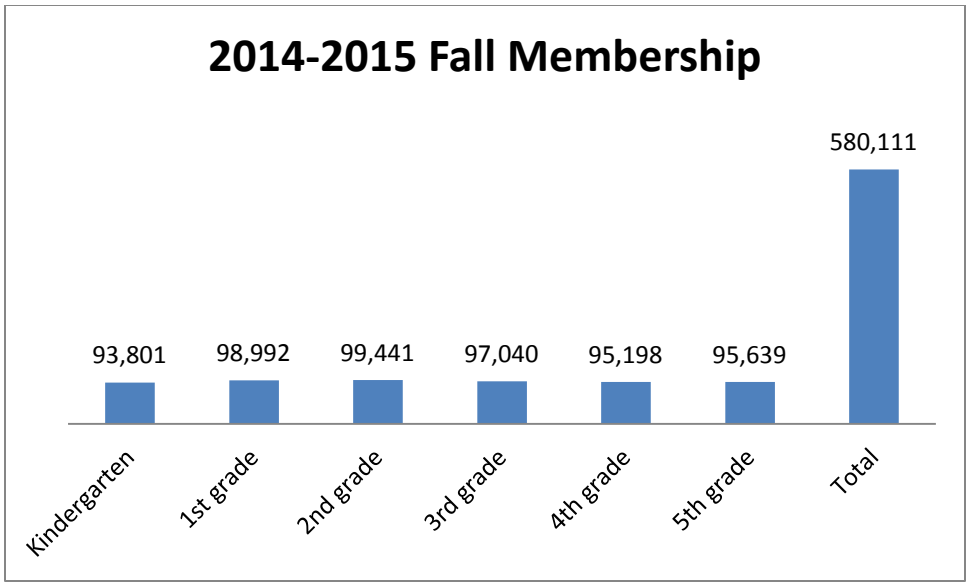
- Implementing a comprehensive, multi-tiered systems of supports that encompasses prevention, wellness promotion, and interventions that increase in intensity based on student need and that promote school, family, and community partnerships
- Promoting wellness through good nutrition and physical activity and school-health programs
- Equipping children with knowledge and skills to make wise choices through social emotional learning and character building programs
- Employing effective, positive school discipline that is clear, consistent, and equitable
- Maintaining safe and supportive learning environments
- Engaging families and community providers as meaningful partners

School support services are a vital component of successful schools as they address students' emotional, behavioral, and mental and physical health needs. Personnel providing school-based support services include professional school counselors, school social workers, school psychologists, school nurses, and student assistance specialists. Student support services promote earlier identification of at-risk students and the use of tailored intervention strategies to address students' needs. When these services are fragmented or absent, long-term suspensions or expulsions become likely outcomes for at-risk students.

The Board of Education Standards of Quality require one full-time counselor, at an elementary school for every 500 students, at a middle school for every 400 students and at a secondary school for every 350 students. No required ratios are provided for school psychologists, social workers, nurses or student assistance specialists. Nationally, recommended staffing ratios are one school counselor per 250 students, one school psychologist per 1,000 students, one school social worker per 250 students, and one school nurse per 750 students. National recommendations for student assistance specialist staffing ratios are not available.

Elementary Schools in the Commonwealth and Numbers of Students
There were 1,155 elementary schools in the Commonwealth in 2015-2016[1]. DOE annually collects statistics on the number of students enrolled in public schools on September 30. This data is called the Fall Membership. The number of students enrolled on September 30 for the 2014-2015 is listed in the chart below.

[1] Source: http://www.doe.virginia.gov/statistics_reports/enrollment/local_regional_schools_centers/2015_16_local_reg_sch_ctrs_a.pdf. Retrieved September 23, 2015.



Department of Behavioral Health and Developmental Services (DBHDS)

Title 37.2 of the *Code of Virginia* establishes DBHDS as the state authority for the behavioral health and developmental services system. DBHDS' mission is to support individuals by promoting recovery, self-determination, and wellness in all aspects of life.

DBHDS seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals and is committed to implementing the vision "of a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, work, school, family and other meaningful relationships" *(State Board Policy 1036 (SYS) 05-3).*

Virginia's public services system includes 15 state facilities and 39 community services boards and one behavioral health authority (referred to as CSBs).

CSBs are established by local governments and are responsible for delivering community behavioral health and developmental services, either directly or through contracts with private providers. They are the single points of entry into the publicly funded behavioral health and developmental services system, with responsibility and authority for assessing individual needs, providing an array of services and supports, and managing state-controlled funds for community-based services. Although the total number of individuals served by CSBs continues to increase, the CSBs continue to confront waiting lists for services.

Funding for Virginia's public behavioral health and developmental services system comes from a variety of sources, including state general funds, local matching dollars, federal grants, and fees which include Medicaid.

Other State-Level Initiatives

Several other state-level initiatives are considering the topic of mental health services in schools. In order to have a comprehensive study and to not duplicate efforts, these projects were reviewed and summarized below. In addition, DBHDS staff participates on each of these initiatives to assure coordination.

DBHDS Children's Transformation Team

DBHDS convened a process for system transformation by creating "transformation teams" to address a number of issues that affect children's services, adult behavioral health, adult developmental disabilities, and justice involved individuals. The system transformation process includes a comprehensive review of the state behavioral health and developmental services system. This effort will focus on access, quality, stewardship of resources, and accountability. This transformation process is grounded in the principles of recovery, resiliency, self-determination, and wellness for everyone served by DBHDS. The ultimate goal is to become a model system and to achieve DBHDS' vision of "A life of possibility for all Virginians." The teams are given questions about Virginia's system of services and are instructed to develop recommendations to address the issues. In addition to a question about the ideal structure for the behavioral health system, the children's services transformation team will be spending the first six months of FY 2016 discussing and providing recommendations around the question: "What school-based services should be available for children and adolescents with behavioral health needs?"

Project AWARE (Advancing Wellness and Resilience in Education)

Project AWARE is a grant to the state from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (HHS). The purpose of the Virginia Project AWARE is to provide an integrated and comprehensive continuum of services to address mental health needs of children and youth. This includes a cohesive, cross-agency vision and systems approach for addressing policy development, funding, data collection, and workforce development to improve coordination of state and local resources.

The goals of Project AWARE include:

- Develop a multi-tiered model that integrates a comprehensive systems approach for addressing the mental health needs of school-aged (K-12) youth that can be piloted within three selected county public school divisions (Fairfax, Montgomery, and Pulaski).
- Integrate a multi-tiered systems framework for the delivery of mental health services that will increase the efficiency of systems (policies, regulations, and procedures) at the state and local levels to advance collaboration, capacity, integration, and coordination of services by piloting the project at the three selected school divisions/communities and with state agencies.
- Expand the availability and delivery of Youth Mental Health First Aid (YMHFA) throughout the Commonwealth to improve mental health literacy among youth serving-adults.

School Climate Transformation

The School Climate Transformation (SCT) program focuses on expanding and enhancing the implementation of Positive Behavioral Intervention Supports (PBIS) within the Virginia Tiered Systems of Supports (VTSS) in Virginia school divisions. PBIS is an evidence-based, multi-tiered behavior framework for improving behavioral outcomes and learning conditions for all students.

The goals of this initiative include:

1. Building capacity at the state level for supporting the sustained and broad-scale implementation of VTSS-PBIS.
2. Enhancing the capacity of Virginia school divisions for implementing and sustaining VTSS-PBIS.
3. Incorporating a multi-tiered system of mental health supports as a component of VTSS through coordination with the Project AWARE.

Vision 21

Purpose: Develop a uniform process for identifying child and youth victims and offering them a response that is consistent, trauma-informed, and grounded in evidence.

Goal: Improve Virginia's response to child and youth victims and their families by providing consistent, coordinated responses that address the full range of victims' needs.

In order to achieve these goals, Vision 21 will:

1. Develop a survey tool that aggregates unidentifiable information from stakeholders on the children and youth served, the types of services provided, the limits to service provision, screenings conducted before and during services and the response protocol for specific scenarios.
2. Examine internal policies and protocols within the state agencies.
3. Bring together a broad spectrum of stakeholders and conduct cross-systems mapping events.

Objectives: Fully develop a collaborative multidisciplinary team which will be made up of the Partner Agency Team (PAT) and representatives from a broader stakeholder group.

1. Conduct a gap analysis/needs assessment to get a complete picture of the statewide protocols and policies and local practices currently in place.
    a. Hold 5 regional events.
    b. DCJS/DSS to present PAT with sample screening tools and practices that already exist.
2. Develop a strategy for responding to children and youth, based on identified needs.

IV. Activities of Year One

Discussion questions were developed to guide and structure the expert panel meetings (see Appendix III). There was strong consensus across the panels that early intervention is important and that early screening may support the likelihood of providing services as early as possible. There was also strong consensus that any new service that may be added to school or behavioral health personnel would need to have funding to support it. As the expert panels continue into FY 2016, these challenges will be discussed in depth.

According to the language, the following were addressed during the first year of the study:

(i) Review existing research on screening of elementary school children and whether there is an ideal year to administer such screenings

- From the research there does not seem to be one ideal screening instrument or ideal year to administer such screening. However, there are many screening instruments available for school aged children starting in preschool through high school. Screening instruments vary from screening for very specific disorders to a few that screen for more general mental health concerns.
- Most panel members thought that being more proactive than reactive is a step in the right direction; however, the scope and costs of implementing school screening need to be carefully considered.

(ii) Review available screening instruments that may be appropriate for elementary school children

- Current referrals for mental health concerns are usually in response to a triggering event (e.g. excessive discipline referrals, serious behavior incident, and suicidal ideation). This may be because once symptoms or behaviors impact the student within the educational environment, they are perceived as a barrier to learning and need to be addressed by the school. Some local school divisions may not view the identification and treatment of mental health problems as part of the mission of the educational system.
- Given current school division difficulties with the disproportionate representation of ethnic minorities in special education as well as disproportionality in practices, screening instruments should be examined for cultural sensitivity and validity across multicultural populations.
- The staff researched and the workgroup discussed numerous potential screening instruments. Based on research during the first year of the study, the workgroup will consider several preferred instruments and make a final recommendation in year two of the study.
- The workgroup discussed potential screening intervals that would be appropriate for the elementary school setting. The workgroup will recommend a screening schedule in year two of the study.
- The workgroup discussed the costs of screening in elementary schools, including personnel needed. Once it has decided on a recommended screening instrument, the

workgroup will develop a cost estimate for implementing the screening, including analyzing screening results.

(iii) Recommend methods of notifying parents of the availability of screening and recommend procedures for seeking parental consent

- There will be considerable costs to schools, including administering the screening, analyzing results, doing further assessment, diagnosis and treatment on those children whose screening indicated a need for follow-up.
- Consider the school's responsibility in addressing parental concerns if a child screens at-risk and services are not available.
- Additional considerations include: labeling of students, the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA).
- Based on discussions during year one of the study, the workgroup will recommended school procedures for notifying and responding to parents' questions and concerns. A final recommendation will be made in year two of the study.
- Based on discussions during year one of the study, the workgroup will develop recommended parental information materials and decide how parents should be notified of the opportunity for a voluntary screening in elementary school. A final recommendation will be made in year two of the study.
- Based on discussions during year one of the study, the workgroup will develop procedures for maintaining confidentiality of records and assuring HIPAA and FERPA compliance. A final recommendation will be made in year two of the study.

(iv) Consider what in-school and other services may be available for children whose screening indicates a need for follow-up

- Services are funded from a variety of sources, which may exclude some children. For example, Therapeutic Day Treatment (TDT) is primarily available only to Medicaid eligible children.
- There is a great variability of services both in school and out of school between different localities.
- Waitlists for services can be an issue.
- By not having enough, consistent, and available resources for all children who may be found in need of services, many children will not be able to receive the proper level of support.
- Universal screening and enhanced mental health services create an opportunity to be proactive in addressing the needs of children and families.
- Screening and services create an opportunity to collaborate with community-based agencies and other practitioners; schools cannot absorb this responsibility on their own.
- Based on discussions during year one of the study, the workgroup will develop procedures for children that fall within the "at risk" range and procedures for receiving additional school-based services, referral for evaluation, diagnosis and treatment outside of school. A final recommendation will be made in year two of the study.

V. Conclusion and Plan for Year Two of the Study

The workgroup will consider the information and ideas gathered during the first year of the study and complete the following tasks in preparation for making final recommendations to the General Assembly:

- Review a selection of the screening instruments considered in the first year. Based on this review, make a recommendation of a screening instrument that could be used in elementary schools.

- Recommend a screening schedule; based on the instrument it may be appropriate to screen children throughout elementary school.

- Review the cost of the screening instrument, including analyzing results.

- Develop recommended parental information materials and decide how parents should be notified of the opportunity for a voluntary screening in elementary school.

- Develop recommended school procedures for notifying and responding to parents' questions and concerns.

- Develop procedures for maintaining confidentiality of records and assuring HIPAA and FERPA compliance.

- Identify what personnel will be needed to conduct screening and analyze the results of children whose parents elect to participate. Determine the number of personnel needed and the cost of making sufficient personnel available statewide.

- Identify children that fall within the "at risk" range and procedures for receiving additional school-based services, referral for evaluation, diagnosis and treatment outside of school.

- The workgroup will make recommendations for budget requests necessary to implement the voluntary school screening and follow-up services for children in elementary school.

The study plan for year two can be found in Appendix IV.

Appendix I: Study Resolution

WHEREAS, public school students in the Commonwealth are required to be tested and screened for various impairments, including vision impairments, hearing impairments, and scoliosis; and

WHEREAS, public school students in the Commonwealth are not routinely screened for mental illness; and

WHEREAS, an accurate picture of student mental health and early diagnosis of mental illness in students are crucial to ensuring the social and academic development of students in the public schools of the Commonwealth; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, that the Department of Behavioral Health and Developmental Services be requested to study the benefits of offering voluntary mental health screenings to students in public elementary schools.

In conducting its study, the Department of Behavioral Health and Developmental Services shall convene a workgroup of experts. The workgroup shall develop a feasible study plan and implementation timeline. The workgroup shall (i) review existing research on screening of elementary school children and whether there is an ideal year to administer such screenings, (ii) review available screening instruments that may be appropriate for elementary school children, (iii) recommend methods of notifying parents of the availability of screening and recommend procedures for seeking parental consent, and (iv) consider what in-school and other services may be available for children whose screening indicates a need for follow-up.

Technical assistance shall be provided to the Department of Behavioral Health and Developmental Services by the Department of Education. All agencies of the Commonwealth shall provide assistance to the Department of Behavioral Health and Developmental Services for this study, upon request.

The Department of Behavioral Health and Developmental Services shall complete its meetings for the first year and submit a preliminary report by November 30, 2015. For the second year, the Department of Behavioral Health and Developmental Services shall submit its final report to the Governor and the General Assembly, including findings and recommendations for publication as a House or Senate document by November 30, 2016. The executive summaries and reports shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports no later than the first day of the next Regular Session of the General Assembly and shall be posted on the General Assembly's website.

Appendix II: HJ 586 Workgroup Members

School Personnel Expert Panel		
Name	**Title**	**Agency**
Rebecca Cooper	School Nurse	Shenandoah County Public Schools
Jackie Slemaker	School Counselor	Chesterfield County Public Schools
Erika Daniel	School Psychologist	Newport News Public Schools
Dr. Tynisa Giles	School Social Worker	Sussex County Public Schools
Stephanie Bourgeois	Sr. Director, Student Services	Williamsburg-James City County Public Schools
Dr. Marlene Scott	Administrator	Chesterfield County Public Schools
Stephanie Perkins	Special Education Teacher	Alexandria City Public Schools
Behavioral Health Service Provider Expert Panel		
Paulette Skapars	Director, Children's Mental Health Services	Richmond Behavioral Health Authority
Nicole Jackson	Therapeutic Day Treatment Program Manager	Hampton Newport News Community Services Board
Ryan Dudley	Clinical Services Administrator	Hampton Newport News Community Services Board
Kristen Ault	Director of Regional Programs	Youth-Challenged Advised and Positively Promoted
Dr. Valerie Bowan	Pediatrician	American Academy of Pediatrics, Virginia Chapter
Professional, Advocacy and Parent Organizations Expert Panel		
Karen Carlson, M.Ed	VASC President	Virginia Alliance for School Counseling
Rosemary Sullivan	Executive Director	Virginia Association of Community Services Boards
Hillary Press	President	Virginia Counselors Association
Troilen G. Seward	Legislative Advocate	Virginia Academy of School Psychologists
Susan Daly	President	Virginia Assn of Visiting Teachers/School Social Workers
Diana Donnelly	Parent	Virginia Family Network
Ashley Everette	Policy Analyst	Voices for Virginia's Children
Cindy Cave	Education Administrator IV	Department of Education
Will Frank	Director, Legislative Affairs	Department of Behavioral Health and Developmental Services

Appendix III: Questions Addressed by the Workgroup

1. How do you currently identify students who need mental health supports? Does this work well? Why/why not?

2. What school-based mental health services/supports are available in your school division?

3. What out-of-school mental health services are available in your community?

4. Are you aware of any mental health screening tools or methods that are being used in a Virginia school division? If so, please describe.

5. What are the advantages of implementing mental health screenings in schools?

6. What are the disadvantages and/or barriers of implementing mental health screenings in schools?

7. If mental health screenings were to be implemented in schools, what should be considered when developing procedures?

8. Are there other comments? Are there things we haven't asked about that you want to discuss?

Appendix IV: Study Plan for Year Two

Deliverables:

- Recommended screening instrument
- Screening schedule
- Sample parental notification
- Guidance document on how to conduct a screening (including questions/answers for parents and procedures for follow-ups)
- Guidance document on maintaining confidentiality
- Budget

Month	Task Group	DBHDS/DOE
December 2015		• Review interim report and study plan for year two with year one workgroup • Collect screening instruments • Draft screening schedule
January 2016	• Select screening instrument • Select screening schedule • Choose screening instrument by **February 28, 2016**	• Draft personnel that will be needed to conduct screening and analyze results. • Draft parental notification • Draft school procedures for responding to parent's questions/concerns and instructions for conducting screenings
February 2016	• Identify what personnel will be needed to conduct screening and analyze the results of children whose parents elect to participate. • **Complete by March 31, 2016** • Parental notification form for voluntary screening • Develop school procedures for responding to parent's questions/concerns and instructions for conducting screenings • **Complete by April 30, 2016**	• Review cost, including analyzing results • Draft procedures for maintain confidentiality or records and assuring HIPAA or FERPA compliance
March 2016	• Develop procedures for maintaining confidentiality of records and assuring HIPAA or FERPA compliance • **Complete by April 30, 2016**	• Draft procedures for follow up for children that fall within the at-risk range: additional school based services, referral for evaluation, diagnosis and treatment outside of the school
April 2016	• Procedures for follow up for those children that fall within the at-risk range: additional school based services, referral for evaluation, diagnosis and treatment outside of the school. • **Complete by May 30, 2016**	
May 2016		• Calculate budget requests • Complete by **June 30, 2016**
June 2016		• Present work generated by the task groups to the full workgroup

Appendix V: Literature Review

Adelman, Howard S., PhD, and Linda Taylor, PhD. *Mental Health in Schools and Public Health*. Rep. Vol. 121. Los Angeles, CA: Association of Schools of Public Health, 2006. Print.

> Health policy and practice call for health and mental parity and for a greater focus on universal interventions to promote, prevent, and intervene as early after problem onset as feasible. Those in the public health field are uniquely positioned to help promote the mental health of young people and to reshape how the nations thinks about and addresses mental health. And schools are essential partners for doing the work.

American Academy of Pediatrics, Addressing mental health concerns in primary care, a clinician's toolkit. Mental health screening and assessment tools for primary care. *Pediatrics.* Revised 2012: 1-20.

> The Mental Health Screening and Assessment Tools for Primary Care table provides a listing of mental health screening and assessment tools, summarizing their psychometric testing properties, cultural considerations, costs and key references.

ASTHO. " Comparison of FERPA and HIPAA Privacy Rule for Accessing Student Health Data" Fact Sheet (2012).

> This document compares key aspects of the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule related to the use and disclosure of information. A chart provides a snapshot of the rights, duties, and limitations imposed by FERPA and HIPAA.

Becker, L.D., Bailey, T., Summers, K.H., Hlavin, A., Lara, M., & Subramony, R. (2010). *A critical review of common social emotional screeners.* NASP Annual Convention

> Current initiatives focusing on mental health promotion suggest the need for school psychology practitioners to explore the use of social emotional screeners. Social-emotional screeners are instruments that purport to aide in the identification of students at-risk for social-emotional problems. Early intervention based on this screening information allows for effective strategies to improve social emotional skills that in turn, are related to improved academic achievement. Best practice research suggests that universal screening tools are: administered to all students in the school, used to inform instruction, used to indicate potential problems, quantitative in nature, cost effective, aligned with instruction, and easily administered, scored, and interoperated.

Chamberlin, Jamie. "Schools Expand Mental Health Care." *American Psychological Association* 40.1 (2009): 64-67. *Www.apa.org*. Web. 03 Aug. 2015.

> Mental services are the fastest-growing component of school-based health care. Yet some school mental health experts say that school-based health centers are an inefficient use of public funds, especially in urban areas that have untapped community mental health services. Psychologists on the front lines in school based health centers agree that setting up shop on school grounds is the best way to reach children. However there continues to be debate over whether these in school services are the best model to serve students.

Commonwealth of Virginia. (2004) *Standards for School Counseling Programs in Virginia Public Schools.* Richmond, Virginia.

> This document reviews the standards for school counseling programs.

Eklund, K., Universal Screening to Inform Intervention for Behavioral and Emotional Concerns. *Now is the Time, Technical Assistance Center, PowerPoint presentation*. Viewed March 12, 2015 from https://emt.ilinc.com/join/xmjpzws.

A webinar on SAMHSA's "Now is the Time" Initiative Project AWARE (Advancing Wellness and Resilience in Education). This initiative seeks to improve mental health literacy among youth-serving adults and to build cross-system capacity for comprehensive mental health approaches in states and communities.

Essex, M., Kraemer, H., Slattery, M., Burk, L., Boyce, W., Woodward, H., & Kupfer, D. (2009). Screening for childhood mental health problems: Outcomes and early identification. *Journal of Child Psychology and Psychiatry,* 562-570. Retrieved January 21, 2015, from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC268224

This study aimed to develop a universal school-based screening procedure based on the answers to three questions: (1) What are the broad patterns of mental health problems from kindergarten to grade 5? (2) What are the grade 5 outcomes of these patterns? (3) How early in school can children likely to develop the most impairing patterns be identified accurately?

Gionfriddo, Paul. "Let's Take A More Comprehensive Approach To Mental Health Systems Reform In 2015 Beginning With Children." Web log post. *Health Policy Lab*. N.p., 6 May 2015. Web. 10 Aug. 2015.

Blog post on prevention, early identification, and early intervention. Additionally, this blog post stresses the need to rethink how mental health issues in children to address seriously the vast disparities that exist throughout the county in both mental health status and access. The author focuses on early mental health screenings and early intervention.

Gregory Riggs, Taking HIPAA to School: Why the Privacy Rule Has Eviscerated FERPA's Privacy Protections, 47 J. Marshall L. Rev.1047 (2014)

Current law creates an undesirable situation because it forces school social workers to choose between creating accurate documents or maintaining confidentiality. Confidentiality in treatment is a bedrock principle of the social work profession, and has come to be widely recognized over the course of the twenty-first century. However, FERPA's alleged "confidentiality protections" are nothing more than an illusion of privacy. Without amending FERPA and HIPAA, school social workers will continue to be denied the protections provided by technological advancements to their peers practicing in analogous non-educational settings.

Gudeman, R. (Director) (2015, August 17). Sharing Information: Appropriately Applying HIPAA, FERPA and Other Confidentiality Laws. *Now Is the Time: Project Aware, State Management Team Meeting*. Lecture conducted from Virginia Department of Education, Richmond, VA.

A PowerPoint presentation, from Rebecca Gudeman with the National Center for Youth Law in Oakland, CA. This presentation used case examples to explain the differences between HIPAA and FERPA. The importance of consulting with legal counsel when any school based mental health services are being developed was stressed throughout the presentation.

HIPAA or FERPA? A Primer on School Health Information Sharing in California. Oakland, CA: California School Health Centers Association, 2010. Print.

Physical and mental health programs are a critical component of student support services.

When developing school-based health programs, there are several considerations that the health provider(s) and education agency should address early on. Generally, FERPA limits disclosure of information in education records maintained by schools, and HIPAA limits disclosure of health information maintained by health care providers. Whether FERPA or HIPAA applies and how those interact with state confidentiality law will impact school-based health service operations in large and small ways-from framing how school staff and health providers collaborate; to shaping policies about how to deal with suicide threats and other emergencies; to determining the content of consent forms and other paperwork used by health services providers. For this reason, educational agencies and health care providers should carefully consider the HIPAA/FERPA question when entering into an agreement to develop school-based health program, be it for mental health or medical services.

Kutash, K., Duchnowski, A.J. & Lynn, N, (2006). *School-based mental health; An empirical guide for decision makers.* Tampa, FL: University of South Flordia, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies., Research and Training Center for Children's Mental Health.

The aim of this monograph is to contribute to the dialogue that addresses barriers preventing school-based mental health services from meeting the hoped for potential to improved service effectiveness and capacity. The history of mental health in schools, a summary of the major conceptual models that currently influence the implementation of services, federal policies and funding strategies are reviewed. Additionally, an overview of evidence-based for school based interventions is provided.

Mann, Cindy. "Medicaid Payment for Services Provided without Charge (Free Care)." Letter to State Medicaid Director. 15 Dec. 2014. MS. Department of Health & Human Services, Baltimore, Maryland.

Guidance letter that addresses Medicaid payment for services covered under a state's Medicaid plan to an eligible Medicaid beneficiary when the service does not have a charge. It clarifies that when a child is screened for free, Medicaid can be billed for every Medicaid eligible child.

Mental health interventions in schools in high-income countries, Mina Fazel, et al., *Lancet Psychiatry*, published online 8 October 2014.

This review describes the salient issues in delivery of mental health services within school settings. The review is broad and includes example of different interventions. The different models of mental health services delivery in schools are discussed. The authors emphasize the need to reconfigure both health and education services to better promote children's learning and development.

Partnering with School-Based Health Centers: What Schools Need to Know. HIPAA and FERPA Confidentiality and Disclosing Health Care Information.

It is critical that everyone-health care providers and school personnel-understand when HIPAA applies and when FERPA applies and how these interact with state laws. Student health information is subject to HIPAA if it is part of a program that is funded, administered or operated by or on behalf of a public or private health, social service or other non-educational agency or individual. Student health records are subject to FERPA if it is part of a program that is funded, administered or operated by or on behalf of a school or educational institution. HIPAA and FERPA can never apply to the same information at the same time. The rules for mental health information are much stricter than those for medical information.

Student Records and Confidentiality. Madison, Wisconsin. Wisconsin Department of Public Instruction, 2013. Print.

> State and federal statutes provide specific protections to students and parents regarding student records. In some circumstances, the state law provides additional protection not included in federal law and vice-versa. School districts must comply with the most restrictive statute. State and federal statutes also provide protection of student information maintained by community agencies and dictate how schools exchange information with agencies and systems outside of education. This bulletin has been designed to help local school districts develop their own local policies regarding student records and confidentiality.

University of Maryland School of Medicine, Center for School Mental Health Analysis and Action. (2007, June 11). *School-based early intervention services: An opportunity to improve the well-being of our nation's youth.*

> Congress reauthorized IDEA in 2004. The reauthorization allows up to 15% of IDEA 2004 Part B federal funds to be used for early intervening services for students ages 3-21 "who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in the general education environment." This change allows for a portion of IDEA funds to be directed toward the general education population. The purpose of this brief is to advance understanding of this particular change to IDEA and to discuss its potential implications for school mental health services.

Weist, M. (2010). *The Excellence in School Mental Health Initiative: Final Report.* University of Maryland, Center for School Mental Health

> School mental health programs are growing related to the increased recognition that building more comprehensive services for youth in this universal natural setting has many advantages (Evans, Weist, & Serpell, 2007; Flaherty & Osher, 2003; Robinson, 2004; Weist, Evans & Lever, 2003). However, as we build promotion and prevention for children and youth, capitalizing on the significant advantages of doing this work in schools, there are many other dimensions of infrastructure and implementation support needing attention. This report provides a cogent example and recommendations to integrate in a full continuum of empirically supported approached to promote student wellness, mental health and school success into the real world setting of schools.

Weitzman, C., Wagner, L., and the section on development and behavioral pediatrics, committee on psychosocial aspects of child and family health, council on early childhood, and society for developmental and behavioral pediatrics (2015). Promoting Optimal Development: Screening for Behavioral and Emotional Problems. *American Academy of Pediatrics, 135*(2), 384-395. Retrieved January 28, 2015, from www.pediatrics.org/cgi/doi/10.1542/peds.2014-3716

> This clinical report focuses on the need to increase behavioral screening and offers potential changes in practice and the health system, as well as the research needed to accomplish this. This report also (1) reviews the prevalence of behavioral and emotional disorders, (2) describes factors affecting the emergence of behavioral and emotional problems, (3) articulates the current state of detection of these problems in pediatric primary care, (4) describes barriers to screening and means to overcome those barriers, and (5) discusses potential changes at a practice and systems level that are needed to facilitate successful behavioral and emotional screening.