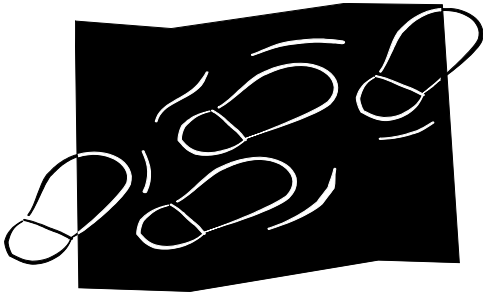


# Standards for School-based Mental Health Services



July 2002

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## NOTES

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### Glossary

Parent(s)/guardian(s): the caregiver(s) of a child who have the primary responsibility for the child's care, growth, education and well-being whether biological, adoptive, through legal guardianship or other affiliations.

Best practice: a method of service delivery whose effectiveness has been demonstrated through research and evaluation.

Agency clinician: a mental health professional from a community-based organization.

Provider: a mental health professional from a community-based organization.

### Workgroup Members

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### Supporting Documents Reviewed

Boston Public Schools Trauma Postvention Procedures and Support Systems  
Guidelines for Emergency Psychiatric Evaluations at Schools  
Mattahunt School-based Counseling Program Guidelines for Community Therapists  
Provider Guidelines for Clinical School Emergencies  
American Counseling Association Code of Ethics  
American Nurse's Association Code of Ethics  
American Psychiatric Association Principles of Medical Ethics  
American Psychological Association Ethical Principles of Psychologists  
National Association of Social Workers Code of Ethics

## NOTES

### **Updates**

Revisions and updates to this document will be made as needed in response to changes that impact the delivery of school-based mental health services.

### **Additional Information**

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## INTRODUCTION

Education is paramount to the success of children in all aspects of their lives. To assist children to achieve academically, partnerships between schools, providers, and families are essential. Schools cannot address every need themselves, and must seek partnerships to ensure that students have access to services that will promote their achievement.

Partnerships build upon the strengths of families who know best how to help their children; the expertise of providers who can assist families and children toward optimal well-being; and schools who enable children to achieve learning success.

One key partnership is with mental health providers. Availability of mental health services at schools ensures that children with mental health problems receive care. For many children, school-based services allow access to care that some would not receive otherwise. Also, school-based mental health services provide consultation to teachers and school personnel to promote mental health and well-being among children.

The School-based Mental Health Standards workgroup was formed in July of 2001 to develop standards that would provide support to provider organizations and schools in delivering school-based mental health services. The workgroup defined standards as *an established criterion, benchmark, or set of parameters by which actions can be measured*, in contrast to policies and procedures defined as *a specific course of action and the steps needed to carry out that action*. Standards state “*what*” we want to accomplish while policies and procedures state “*how*” something should be done.

The purpose of the standards is to guide accountability, ethical behavior, responsiveness to and partnership with the community, and the manner in which we practice. These standards are intended to support not supplant the policies and procedures of schools and agencies.

The standards are divided into 4 main areas:

- ❑ Operational issues
- ❑ Treatment practices
- ❑ Communication and coordination
- ❑ Prevention and health promotion

## **OPERATIONAL**

The provision of effective mental health care is influenced by a host of factors apart from clinical training and expertise. These factors contribute to the framework in which effective services are delivered.

### **Records**

Confidential records are owned and maintained by the mental health agency in keeping with standards of the agency, state law, and professional ethics and conduct codes.

Mental health records are separate and apart from school records, which include records maintained by school nursing and special education. School personnel do not have access to the mental health records.

Appropriate information may be disclosed only with the written consent from the parent/guardian, a legally competent student over the age of 18, or an emancipated minor.

### **Credentialing**

The mental health agency verifies and maintains all pertinent licenses and certifications available to the agency and individual providers in keeping with the standards of the agency, state law, and professional ethics and conduct codes. All professionals will operate only within the scope of their license and/or training.

### **Supervision**

The mental health agency ensures that regularly scheduled and ongoing supervision and consultation support all clinical work and program activities. Supervision should be provided by licensed agency clinicians trained in child and/or adolescent mental health as appropriate (DMH 2000 RFR).

All agency clinicians will receive basic orientation and ongoing training and supervision pertinent to the scope and site of service delivery.

Supervisors will ensure that clinicians delivering services will perform those services in a competent and ethical manner within the scope of their training.

## **OPERATIONAL**

### **Trainees**

The agency providing service has the responsibility to ensure the competency and qualifications of all trainees in performing required tasks. Trainees should operate within specifically defined roles as determined by their training and expertise.

The agency has the responsibility to provide regular supervision and to review all work of the trainees. Supervisors need to have knowledge of site issues as they pertain to the delivery of school-based services. Access to supervisors must be readily available in case of emergency.

The agency has a responsibility to evaluate the trainee's performance with the input of school personnel. The student and the parent/guardian(s) will be informed when a trainee provides services. Families will have the right to request that a non-trainee provide services.

The agency has the responsibility to provide ongoing services or appropriate referral to the students and their families when the trainee has completed the internship.

### **Memorandum of Agreement (MOA)/Contracts Between Schools and Agencies**

A written memorandum of agreement should exist between the mental health agency providing services and/or the provider and the school/school department receiving the services.

The content of this MOA should include but not be limited to the following:

- Delineation of responsibilities of each party
- Types of services including therapy, consultation, psychological testing, health promotion, prevention activities, and emergency response
- School contact person
- Contact with parent/guardians
- Consent for service
- Space and equipment allocated
- Confidentiality
- Record keeping
- Qualifications and competencies of the agency clinicians
- Length of agreement
- Method of evaluating services by both parties
- Types of insurance accepted
- Culturally competent practice
- Terms for dissolution of the MOA

## **OPERATIONAL**

### **Space**

Appropriate, consistent, confidential, and secure space and equipment (e.g., access to phone, room for supply storage) for individual/family/group interventions should be provided by the school. School personnel will respect the privacy of the space when a session is in progress.

### **Insurance**

For agencies or providers billing third-party insurers, limitations and requirements should be clarified with the school prior to commencing service delivery. Parents and students need to be reminded that insurance companies have access to their medical records.

## **TREATMENT PRACTICES**

Competent treatment practices and consultation services are the framework for compassionate, integrated, and effective service delivery.

### **Ethical Behavior and Practice**

Each agency ensures that all agency clinicians and trainees abide by professional codes of standards and ethics. (National Association of Social Workers Code of Ethics, American Counseling Association Code of Ethics, American Psychological Association Ethical Principles of Psychologists and Code of Conduct, American Nurse's Association Code of Ethics, American Psychiatric Association Principles of Medical Ethics.)

### **Role of Agency Clinician in Supporting Academic Achievement**

Students who are academically underachieving and demonstrating behavioral problems may be experiencing underlying emotional, learning, and/or attentional problems. Agency clinicians have a role in providing the school community with consultation pertinent to the mental health needs of children. This may be provided as information on general issues or information specific to a particular child with consent of the parent/guardian(s). Coordination of activities between school personnel and the agency clinician may assist children to achieve their maximum academic potential.

### **Culturally Competent Practice**

Cultural competence includes attaining the knowledge, skills, and attitudes to enable administrators and practitioners within a system of care to provide effective care for diverse populations, i.e., to work within the person's values and reality conditions. (Guiding Principles, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.) Culturally competent care includes respectful recognition of the differing values and culture of the student, the school, the parent(s)/guardian(s), and the agency clinician. This includes recognition of, but is not limited to, class, economic status, gender, sexual orientation, ethnicity, race, and language. It utilizes the strengths of all in order to provide comprehensive care to diverse communities. To ensure that effective care is provided, agency clinicians, supervisors, school personnel, and/or the family will seek consultation and additional services when necessary to overcome barriers impacting the delivery of care. Agencies will make every effort to recruit and retain clinicians that represent the diversity of the students and families served.

## **TREATMENT PRACTICES**

### **Access to Bilingual Staff and Interpreters**

While it is preferable to deliver services in the client's native language, there may be instances when a bilingual clinician is not available. In these instances, a trained interpreter should be used at no cost to the student and family. Access to these services should be available at the point of entry into the school system and throughout the system. Use of family members as interpreters, especially children, is discouraged.

### **Consent for Treatment**

Appropriate written consents and releases must be obtained prior to the treatment of students. There should be face-to-face contact with the student and parent(s)/guardian(s) to establish a collaborative treatment plan and the student and parent(s)/guardian(s) should sign the plan. When providing services to emancipated minors or youth over the age of 18, the student must sign the consents.

In emergency situations every attempt will be made to contact the parents. In situations in which the parent(s)/guardian(s) consent cannot be secured and/or an immediate response is needed to maintain safety, the agency clinician can provide consultation to school personnel at the request of the school and assist them in following the school's emergency protocol(s). In all situations maintaining the safety of the child is paramount.

### **Emergency and Urgent Situations**

An agency clinician may be involved in emergency or urgent situations during the course of evaluation or treatment or when approached by school personnel with a concern about a student's well-being.

An agency clinician must have access to and knowledge of the Boston Public Schools emergency protocols and the Provider Guidelines for Clinical School Emergencies. In a crisis, the BPS emergency protocol will be followed, and parent/guardian(s) and other relevant parties will be notified. Following the resolution of the crisis, involved students and/or school personnel should be debriefed.

For children who are receiving school-based mental health services, when an emergency occurs outside of school hours, the agency will have available an after hours emergency protocol in order to provide emergency response to the student and/or parent(s)/guardian(s). The agency clinician will ensure that the appropriate information is conveyed to all relevant parties.

## TREATMENT PRACTICES

### Confidentiality

The foundation of a counseling relationship relies heavily on building trust and maintaining confidentiality. All legal obligations according to professional standards and ethics related to confidentiality between school personnel and parent(s)/guardian(s) must be observed and all appropriate releases of information must be obtained.

Information that has an impact on school personnel's understanding of a student's behavior or academic difficulties should be shared to facilitate the overall treatment and school performance of the student with the consent of the parent/guardian.

- ❑ There must be a release from parent(s)/guardian(s) for any specific verbal or written clinical information to be released to school personnel or for agency clinicians to receive any written information from the school.
- ❑ The agency clinician and school personnel agree that shared information will be kept confidential and/or be shared only on a need to know basis.
- ❑ Information shared verbally must be in a private space.
- ❑ If a student is in danger of hurting himself or others, a release is not necessary for pertinent information to be shared with the appropriate school personnel in order to protect the well-being of the student and others. However, the parent(s)/guardian(s) need(s) to be informed.

### Mandated Reporting

According to Massachusetts Law all professionals are mandated reporters. The professional who has received the information requiring a report should be the person to report the information. In accordance with school protocol for reporting, agency clinicians will notify the school administrator when they are making a report. When school personnel are making the report, the agency clinician will be informed. The parent(s)/guardian(s) should be informed of a report unless notification will negatively impact the safety of the child.

### Duty to Warn

Under the Tarasoff rule (Tarasoff v. Regents of the University of California, 17 Cal. 3d 425 [1976]), an agency clinician who is confronted with a student or student's parent(s)/guardian(s) who makes a credible threat against another identified person must take reasonable steps to prevent harm to that person. The agency clinician will notify the school administrator when a duty to warn is required. The parent(s)/guardian(s) should be informed unless notification will impact the safety of any party involved.

## **TREATMENT PRACTICES**

### **Referrals**

In accordance with BPS referral protocol, designated school personnel will first discuss the referral with the parent(s)/guardian(s). The referral information will include a description of the behaviors/issues that impact teaching and learning and the student's emotional well-being. Whenever possible, school personnel will introduce the family to the agency clinician.

### **Follow-up Upon Referral**

When an agency clinician receives a new referral, they will contact the parent(s)/guardian(s) to schedule a first appointment. At the onset of services, a face-to-face interview will be scheduled with the family. The agency clinician will notify the referring party that contact has been made. If the family fails to keep that appointment or to respond to outreach attempts, the agency clinician will contact school personnel to enlist their help in engaging the family.

### **Assessment**

At the beginning of treatment a comprehensive diagnostic assessment will be completed. Releases of information will be obtained for prior treatment records and other relevant medical records. Referrals for other services, e.g., testing, psychopharmacology, or medical evaluation, will be made. Relevant feedback to school personnel, the student support team and/or teacher(s) will be provided.

### **Treatment Planning**

Upon completion of the assessment for services, a treatment plan will be developed in concert with the student and the student's parent(s)/guardian(s). Only relevant parts of the treatment plan will be discussed and developed with school personnel. Treatment planning may include the development of a crisis or safety plan for a child at risk of harm to self or others.

## **TREATMENT PRACTICES**

### **Psychopharmacological Services**

If a psychopharmacological referral is indicated, the agency clinician will discuss the recommendation for the evaluation with the student and the student's parent(s)/guardian(s) before the referral is made. The decision to institute psychopharmacological treatment is exclusively the decision of the medical provider in concert with the family.

For students receiving ongoing psychopharmacological services, the agency clinician and prescriber will communicate at least quarterly, or more often if necessary, to discuss the treatment.

The agency clinician and/or prescriber should maintain ongoing communication with school personnel to obtain relevant information about the student that will guide psychopharmacological treatment, and to provide information to school personnel about the course of treatment.

### **Reintegration Following Hospitalization**

When a child is hospitalized, coordination with the hospital treatment team is critical in order to establish appropriate treatment and discharge plans. A systems meeting should be held prior to discharge with all relevant parties to establish a reintegration plan. While a hospital-based visit prior to discharge is preferable, there are instances in which an appointment with the hospital, community provider, and family cannot occur prior to discharge. In instances when a systems meeting cannot occur prior to discharge, an appointment should be scheduled prior to the student's discharge for the family and student to meet with the agency clinician upon the child's return home. When appropriate, this meeting should include relevant school personnel. The agency clinician should provide consultation to the family and the school regarding supportive reintegration and ongoing treatment planning.

### **Follow-up on Missed Appointments**

If a child is out from school on the day of a scheduled appointment, the agency clinician will follow-up with a student and/or the student's parent(s)/guardian(s) to reschedule.

If an agency clinician is unable to keep appointments scheduled at a school on a particular day or at a specific time, the agency clinician will notify the school. As soon as possible, the agency clinician will make contact with the student(s) and/or the student's parent(s)/guardian(s) to reschedule.

## **TREATMENT PRACTICES**

### **Continuity of Services During School Breaks**

An agency clinician will take appropriate steps to ensure minimal disruption to services. During long breaks from school, and if services are needed, an agency clinician will make appropriate arrangements for the continuation of treatment following discussion with the student and the student's parent(s)/guardian(s). This may include providing face-to-face services in the clinic, the home, or providing phone consultation. The school will be informed of the plan for services during school breaks.

### **Transfers**

In the event that a student needs to be transferred to another clinician, the clinician will discuss the reason for the transfer with the student and the student's parent(s)/guardian(s). Timely notice of the change will be provided to all relevant parties in order to make appropriate arrangements for the continuation of services. Every effort will be made to secure a new clinician within the same agency to minimize disruptions, when appropriate.

### **Discharges**

An agency clinician will terminate services when the student has met his/her goals, is no longer benefiting from services, the service no longer is appropriate to his/her needs, agency constraints or policies do not allow provision of further services, or the student has moved to another area.

Prior to termination, the agency clinician discusses termination of services with the student, the student's parent(s)/guardian(s), and school personnel. If needed, alternative services will be recommended.

### **Discontinuation of Services by Student or the Student's Parent(s)/Guardian(s)**

If a student or the student's parent(s)/guardian(s) decides to discontinue services, the agency clinician will make any recommendations regarding additional services to the student, the student's parent(s)/guardian(s) and the school, per release of information.

In the event that the risk of harm to self or others is high and the parent(s)/guardian(s) refuses treatment, the agency clinician will attempt to contact the family to assess risk. If the agency clinician determines that the risk of harm to self or others warrants intervention and the family continues to refuse, the school and the agency clinician will consider filing a 51A or pursuing a duty to warn.

## **COMMUNICATION AND COORDINATION**

Children receive the most effective care when treated in the context of their school, family, and community. Children and adolescents require the inclusion of family, schools and other relevant parties in the treatment process. Collateral contact (communication that occurs between the agency clinician and others) allows for the gathering and exchange of necessary information to provide care.

### **Communication with the Family**

As parent(s)/guardian(s) involvement is essential to the delivery of effective services, the agency clinician will communicate with the parent(s)/guardian(s) by telephone and/or conduct face to face visits regularly, or more often as indicated by the student's age and/or treatment issue.

The agency clinician will maintain all necessary releases of information in order to provide services. The agency clinician will explain the rationale for all releases and the parent(s)/guardian(s) right to revoke the releases at any time.

The agency clinician will inform and provide written information on how the parent(s)/guardian(s) can access care when their clinician is not available.

### **Communication with the Primary Care Provider**

At the onset of services, the agency clinician will request a release of information so that ongoing communication and coordination can occur as needed with the Primary Care Provider. A copy of the medical record will be requested.

### **Communication with School Personnel**

The agency clinician will communicate regularly with the identified school personnel relevant to the student's treatment plan and goals. The clinician will have a relevant release of information signed by the parent(s)/guardian(s).

### **Providing Consultation to School Personnel Regarding a Specific Client**

The agency clinician will provide consultation to school personnel with the knowledge of the student and the student's parent(s)/guardian(s). The clinician will have a relevant release of information signed by the student and the parent(s)/guardian(s).

Effort will be made to provide written material, including consents, in the primary language of the student's family.

## **PREVENTION AND HEALTH PROMOTION**

Prevention and health promotion activities are not necessarily separate from intervention activities. Through the course of providing quality intervention services based on best practices, the agency clinician is effecting the well-being and resiliency of the student and their family, which carries over into all aspects of their lives. Agencies and schools will seek to provide prevention and health promotion programs based on best practices.

### **Professional Training**

Mental health professionals should be trained in prevention concepts and best practice activities in order to work with school professionals in these areas.

Mental health professionals should have experience and training in consultation to schools and other agencies.

### **Working with School Personnel in Prevention Activities**

Agency clinicians will collaborate with school personnel to identify needs of the student body and determine what programs will be used.

Agency clinicians will work with school personnel to enhance their appreciation of children's mental health needs to promote healthy emotional development.

School personnel must have an understanding of warning signs for mental health issues. Resources for school personnel ought to be made available regarding children at risk for mental health issues.

Presentations on pertinent topics such as suicide prevention, bullying, identification of feelings, appropriate expression of impulses, and sexual harassment should be mutually determined by agency clinicians and school personnel.

### **Working with Parent(s)/Guardian(s)**

It is important to work in collaboration with parent(s)/guardian(s) when designing activities. Activities that address healthy discipline, the identification and expression of feelings, recognition of early warning signs, and knowledge about available resources should build on the strengths of students and families. These activities need to be coordinated with other classroom prevention strategies and other ongoing services, where appropriate.

## **PREVENTION AND HEALTH PROMOTION**

### **Choosing Classroom Prevention Strategies**

Programs utilized in classroom activities or with families must be based on scientifically demonstrated prevention services (best-practices), and address such issues as: identifying appropriate expression of feelings, acceptance of diversity, promoting responsible citizenship, problem solving, developing empathy and self-esteem, and avoidance of teasing, bullying, and scapegoating.

### **Evaluating Prevention Strategies**

School personnel, agency clinicians, students, and parent(s)/guardian(s) need to be involved in the evaluation of activities, as appropriate for mutually agreed upon outcomes.

## **APPENDIX**

1. Guidelines for Emergency Psychiatric Evaluations at Schools
2. Provider Guidelines for Clinical School Emergencies