



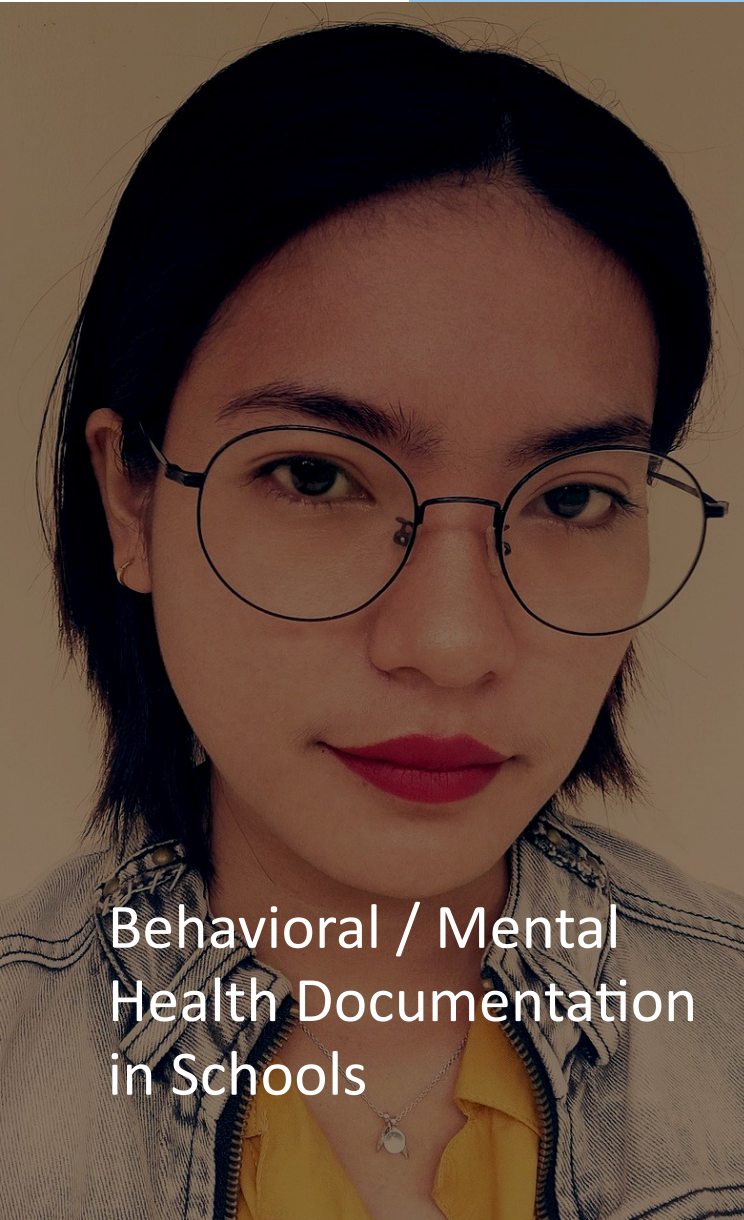
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Behavioral / Mental Health Documentation in Schools

COLLECTING AND ANALYZING DATA TO TARGET SERVICES
AND IMPROVE OUTCOMES FOR STUDENTS

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There are no national documentation standards for the collection of student behavioral/mental health data

One in six youth ages 6 to 17 in the United States experiences a mental illness each year, and half of all mental illnesses occur by age 14. The most commonly diagnosed mental health disorders in children are attention deficit hyperactivity disorder (ADHD), behavioral problems, anxiety, and depression. **Still, about half of young people with mental illness received some form of treatment in the past year** (NAMI).

In 2021-2022 school year, 96% of public schools reported offering at least one type of mental health services to their students. The most frequent services provided are:

- ◆ Individual-based interventions like 1:1 counseling or therapy
- ◆ Case management or coordinating mental health services and
- ◆ Referrals for care outside of the school (KFF)

The US Department of Education recommends that school leaders collect and review student mental health data prior to and during the school year including:

- ◆ Students referred for and receiving mental health services
- ◆ Which interventions are most frequently offered
- ◆ Outcomes from those services

This collection and analysis is critical for school leaders to evaluate their programs and how effective they are addressing student needs. Today, there are no national documentation standard for this collection of student behavioral/mental health data.



DOCUMENTING MENTAL/BEHAVIORAL HEALTH SERVICES IN SCHOOLS

Challenges

Today, schools collect student behavioral/mental health data in a variety of ways. Collection tools include paper, spreadsheets, online forms (Google forms, etc.), Word documents, student information systems, and mental health EHR solutions.

For a variety of factors, K12 schools are challenged to find and adopt documentation standards. These challenges can include:

Determining What Documentation is Required

In a standard MTSS implementation, Tier 1 supports are ideally integrated within the curriculum and acceptable organizational behaviors and schools would not individually document their application to individual students. Even when Tier 2 supports are provided to individual students, details of individual sessions/activities may not be documented. Instead, educators will document an overall effectiveness or student progress with the Tier 2 supports. While detailed documentation of Tier 3 supports is likely, there is still no national standard and schools may be left on their own to determine their processes. Indeed, every provider in the same school system could conceivably be using a different documentation standard and/or tool.

Records Confidentiality and Disclosure

During their training, school nurses receive a constant reminder that “if it wasn’t documented, it wasn’t done.” Because of this, school nurses are likely to document even the smallest detail of student encounters.

However, mental/behavioral health providers/clinicians may hesitate to document and share information because of concerns over various privacy laws. Some of the laws that schools must consider include:

Several states have privacy / confidentiality laws over and above the federal laws listed here



FERPA – which applies to all K12 public schools, public charters, and schools that receive funding from applicable USDE programs – provides that parents have the right to “inspect and review” a student’s education record. This could include confidential or sensitive information the student does not want – and has this right – disclosed to their parents.

FERPA’s definition of “education records” does exclude “Records that are kept in the sole possession of the maker, are used only as a personal memory aid.” (USDE)

School mental/behavioral health providers may be unclear of which of their records constitute educational records and what may and may not be disclosed.

HIPAA – which has an exclusion for education records where FERPA applies but may apply to private schools. (USDE & USDHHS)

Protection of Pupil Rights Amendment (PPRA) – passed in 1978 protects the rights of pupils and parents in programs funded by the US Department of Education. One of its provisions calls for parental consent (or student consent if the student is an adult) if a student is required to participate in a “survey, analysis, or evaluation that reveals information concerning...mental or psychological problems of the student.” (20 CFR)

For public schools that might use federal funds (provided by US Department of Education) for universal or indicated screenings to identify students at risk for mental/behavioral treatment, the little-known PPRA may apply and schools would need to have sufficient documentation of their compliance.

42 CFR Part 2 – is a regulation that protects “information disclosed by a covered program that identifies an individual directly or indirectly as having a current or past drug or alcohol problem.” “Covered programs” can include school-based programs. (42 CFR)

Schools consider various factors when choosing to utilize a solution for document mental/behavioral health services. In our discussions with schools, some of the key factors driving their documentation solution included:

- ◇ **COST** – A primary factor to all was the availability of funds to identify and acquire (build or buy) a more comprehensive solution
- ◇ **IMMEDIACY** – Although student mental/behavioral needs have always existed, the pandemic of 2020 exacerbated the issue with a dramatic increase in need to address these issues. This required schools to cope with the management of these programs with little to no time to plan or acquire more appropriate management solutions.
- ◇ **SECURITY** – A prevailing and recurring theme was the uncertainty that all schools felt when trying to understand the confidentiality and disclosure requirements of the various privacy regulations (see above). With ad-hoc solutions like individual provider paper records or basic statistical information in spreadsheets, schools felt that they could appropriately address any specific requests to produce records without fear of compromising their regulatory requirements.
- ◇ **AVAILABLE OPTIONS** – In addition to a general lack of funds and the need to document their programs immediately, schools also realized that there is a general dearth of specific commercial solutions from which to choose when they went looking in the market.

Long-term, the ad-hoc or piecemeal solutions that schools have adopted will be insufficient to adequately manage their programs and allow them to analyze outcomes to improve those programs and better serve their students' needs.

Most schools have piecemeal systems to manage their mental/behavioral health programs



HOW ARE SCHOOLS CURRENTLY CAPTURING THEIR DOCUMENTATION?

The easiest method for schools to adopt in managing their mental / behavioral health documentation is paper. Low cost and focus on individual documentation rather than a systemic approach makes it a default method.



In our conversations with K12 schools, they report a variety of ways of documenting the behavioral/mental health needs of their students as well as the supporting services that they provide to their students.

Some of their methods along with their considerations for using each include:

Paper

- ◇ Cost – either no budget or insufficient budget for any other solution
- ◇ Ease of implementation
- ◇ Meets each provider’s documentation style/preferences
- ◇ Disclosure uncertainty – kept by individual providers, they consider these “memory aids” which exclude them from education record disclosure as defined by FERPA (see above)

Spreadsheets

- ◇ Cost – either no budget or insufficient budget for any other solution
- ◇ Ease of implementation
- ◇ Meets each provider’s documentation style/preferences
- ◇ Used to collect basic services statistics but not to collect/document individual student services/treatments

Google Docs

- ◇ Cost – either no budget or insufficient budget for any other solution
- ◇ Ease of implementation
- ◇ Used for other school documentation needs and already used by staff – no learning curve

Student information system

- ◇ Used for other school documentation needs and already used by staff – no learning curve

Behavioral/Mental health EHR system

- ◇ Efficiency – Solution designed specifically for this purpose
- ◇ Compliance – Allows school to meet confidentiality regulatory compliance
- ◇ Comprehensive – Contains all required functionality including screening, referrals, service programming, documentation, data collection, outcomes, analysis

CONSIDERATIONS FOR IMPLEMENTING A MENTAL/ BEHAVIORAL HEALTH DOCUMENTATION SYSTEM

The clear majority of schools are using inadequate tools to manage their mental/behavioral health programs. Now that they are recognizing that they need more sophisticated solutions, what should they consider when searching for those solutions?



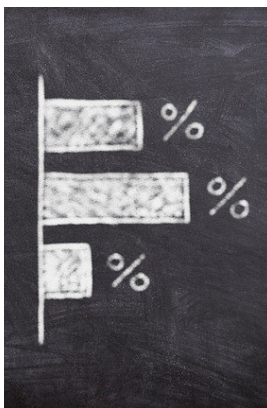
MEET THE PURPOSE

Schools should look for solutions designed to manage school mental/behavioral health programs. These solutions will make users more efficient, provide comprehensive functionality, allow schools to meet their privacy regulatory requirements, and give administrators the ability collect and analyze data to determine the efficacy of their programs and define

Careful planning and overall strategy will help schools identify the right solution for managing their mental/behavioral health programs.



Cost is just one factor schools should consider. And they should consider the overall cost; not just initial purchase cost.



CONFIDENTIALITY

Schools are confused by the various confidentiality regulations that potentially apply in the provision and management of a mental/behavioral health program. When searching for a management solution, a top priority should be to ensure that any candidates meet or exceed all applicable privacy/confidentiality regulations to include all of those listed in this paper as well as any other federal or state-specific regulations that may apply. Failure to ensure this compliance leaves a school potentially vulnerable to privacy violations.

DATA ANALYSIS / OUTCOMES

It is important for schools to manage the day-to-day aspects of their mental/behavioral health programs. But of more concern to administrators is the ability to analyze the fidelity, efficacy, and outcomes of their programs. This helps them ensure that they are delivering the services that best serve their students as well as giving them data to make decisions on future programming to meet changing needs.

COST

Cost is always a factor in an acquisition – and that includes overall cost; not just the initial purchase cost. However, cost should not be the only or necessarily the highest priority. Schools need to find solutions that fit their programming and their staff. If they choose a solution based solely on lowest cost rather than comprehensive functionality, it is important for them to factor in the costs of a less efficient staff, a possible privacy violation, and the inability to make informed decisions based on analysis of their programming.

Student mental and behavioral issues are on the rise nationwide

- Students report mental health issues on the rise <more>
- 96% of public schools provide some levels of mental and behavioral services to their students
- The US Department of Education recommends school leaders collect and review student mental health data before and during the school year
- Most schools report using ad-hoc or non-specific documentation systems to record/track their mental/behavioral services

Schools have inadequate systems to manage and analyze their mental/behavioral health programs

It is clear that the majority of schools do not have the specific systems that are necessary to adequately and securely manage the documentation of mental and behavioral services that they provide to students.

We recommend schools implement management software solutions for their mental/behavioral health programs that adequately:

1. **MEET THE PURPOSE** of these unique programs
2. Allow compliance to **PRIVACY** and **COMPLIANCE** regulations
3. Give administrators control **DATA ANALYSIS & OUTCOMES**
4. In addition to purchase price, factor in efficiencies and risk to the overall **COST** of the solution

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