School Nurses: It’s More Than Physical – Integrating Behavioral Health into School Nurse Practice

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Learning Objectives

• Describe behavioral health as it is currently defined in the public school environment.
• Discuss major adverse childhood events (ACEs) that may result in behavioral health problems in the school age child.
• Discuss key rules and regulations that govern behavioral health and school nursing in Illinois public schools.
• Compare and contrast HIPAA and FERPA and other student privacy laws as applicable in public schools.
• Explain funding streams for which local community behavioral health providers may be reimbursed for their services (e.g., managed care/public insurance [Medicaid], All Kids, or private insurance).
Defining Common Terms

• **Mental Health**: condition related to psychological/emotional well being

• **Substance Use/Abuse Disorder**: occurs when a person needs alcohol or another substance (drug) to function normally.

• **Co-occurring Disorders**: Presence of two or more disorders at the same time

• **Adverse Childhood Experience (ACES)**: an experience that happens to a child before they are 18 that negatively impacts their future

• **Trauma**: Event, Experience, Effect
Adverse Childhood Experiences

• Can lead to a **cascade** of social, emotional and academic difficulties.

• Can also lead to **self-medicating** behaviors:
  – substance abuse
  – smoking
  – overeating

Responses to traumatic events can interfere with a child’s ability to learn at school.
Related issues...

• Bullying Behaviors
• Teen Dating Violence
• Substance Use/Abuse
• Chronic Health Conditions
• Suicidal Ideation and Attempts
• ...
Need a systemic, holistic Public Health (multi-tiered system of support) approach to support the social, emotional, behavioral & physical wellness of ALL Students!

Framework with Supports

Student Intervention Framework (Example)
A Public Health Model Approach to Intervention and Professional Learning

- Foundational PL for districts/schools
- School-wide interventions for ALL students
- Focused (closing gap) PL for districts/schools
  - Intervene with SOME students
- Priority PL for districts/schools
  - Intervene with a FEW students
- Foundational PL for districts/schools
  - School-wide interventions for ALL students
School Nurses... Developing a Link to Behavioral Health

• Foundational Activities:
  – Nursing theories that support holistic approach to health – psycho-social, emotional wellness
  – School nursing support for coordinated system of care (wrap around, multi-agency meetings, multi-disciplinary reviews)
  – Collaboration with parents, physicians
  – Seeking resources, arranging referrals
  – Advocating for mental and physical health parity
School Nurses...

• Group Focused Activities:
  – Prohibition against school staff approaching parents with “diagnosis”
  – Prohibition against “return to school only if…” policies
  – Training staff on psychotropic medications, major chronic health conditions of their students
  – District medication policies: self-administration medication policies, care of controlled substances
  – Emerging drugs and non-pharmaceutical treatments
School Nurses...

• Individual, Intensive Activities
  – What to look for within psychosomatic complaints
  – Identification / referral of psychosomatic complaints
  – Development of nursing care plans, IHPs
  – Referral to 504 team; development of 504 Plan
  – Referral to community providers
  – Continuous evaluation of treatment and side effects – consultation with teaching staff, student, parents, medical
  – Collaboration with others on student support team
  – Transition goals: include health transition, self – care
  – Evaluation for special education services
Case Study

• “frequent flyer” middle school girl, age 14 1/2
• Student has been discussed in team meetings presenting these indicators of behavioral health and academic issues – distraction, daydreaming, inattentive, poor group interactions, “sullen”, “needy”, disinterested in academics, leading to failure of required subjects
• Monday morning, news of weekend hospitalization for suicide attempt
• Overdose of medication commonly found in home
• Next steps?......
<table>
<thead>
<tr>
<th>DSM Diagnosis</th>
<th>Overlapping Symptoms</th>
<th>Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Deficit/Hyperactivity Disorder</td>
<td>Restless, hyperactive, disorganized, and/or agitated activity, difficulty sleeping, poor concentration, and hypervigilant motor activity</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Hyperarousal and other anxiety symptoms, mimicking hypomania, traumatic reenactment mimicking aggressive or hyperarousal behavior, and maladaptive attempts at cognitive coping mimicking pseudo-maniac statements</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>Self injurious behaviors as avoidant coping with trauma reminders, social withdrawal, affective numbing, and/or sleep difficulties</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>Psychotic Disorder</td>
<td>Severely agitated, hypervigilence, flashbacks, sleep disturbance, numbing and/or social withdrawal, unusual perceptions, impairment of sensorium and fluctuating levels of consciousness</td>
<td>Child Trauma</td>
</tr>
</tbody>
</table>
RN – Medical Review (Evaluation)

• **SOAPIE**
  
  – Subjective data
  – Objective data
  – Nursing Assessment
  – Plan (IEP report, Recommendations, Student-Focused Goals)
  – Intervention
  – Evaluation
Screening, Assessment & Support Services (SASS)

- SASS provides intensive mental health services for children and youth who may need hospitalization for mental health care. When a child is at risk to himself or others, and any time you or others think a child is having a mental health crisis, the CARES line can be contacted.

- It may be neither appropriate nor legal for schools to tell parents that they need to have their child screened before they will be allowed to return to school.

- For more information regarding the appropriate use of SASS and the CARES line, go to http://www.dhs.state.il.us/page.aspx?item=64971
SASS cont.

- SASS workers and/or CARES line staff do not have the responsibility of authorizing that a child is mentally healthy to return to school.

- It could be considered inappropriate if the District refuses to allow a student to attend school, which would be for a disciplinary removal (essentially a suspension) without providing notice...Notice of the suspension is required by the Illinois School Code at 105 ILCS 5/10-22.6. Depending upon the length of time the student is not allowed to return to school, that could result in a denial of a Free and Appropriate Public Education (FAPE) to the child.

- It could also be inappropriate, if the student has a disability and the procedural safeguards under IDEA 1415 have not been followed; in other words written notice to the parent/guardian was not provided 10 days prior to the proposed action of initiating or changing the identification, evaluation, educational placement or the provision of a free and appropriate public education to the student.
What do you mean we have to follow the Rules???

- 59 IL Administrative Code Rule 132 - Medicaid Community Mental Health Services Program
- 59 IL Administrative Code Rule 135 - Individual Care Grant (ICG) Program
- 89 IL Administrative Code Rule 140 - Medical Payment
- 23 IL Administrative Code Subpart B, Identification of Eligible Children Rule 226.160 – Medical Review
School Code

• IL Children’s Mental Health Act – Public Act 93-0495 (2003)
  – Mental health and schools
    • The ISBE shall develop and implement a plan to incorporate social and emotional development standards as part of the IL Learning Standards for the purpose of enhancing and measuring children’s school readiness and ability to achieve academic success. (IL SEL Standards 2004- [http://www.isbe.net/ils/social_emotional/standards.htm](http://www.isbe.net/ils/social_emotional/standards.htm))

• Every Illinois school district shall develop a policy for incorporating social and emotional development into the district’s educational program. The policy shall address teaching and assessing social and emotional skills and protocols for responding to children with social, emotional, or mental health problems, or a combination of such problems, that impact learning ability.
IL-Social Emotional Learning (SEL) Goals

• Goal 1 - Develop self-awareness and self-management skills to achieve school and life success
• Goal 2 - Use social-awareness and interpersonal skills to establish and maintain positive relationships.
• Goal 3 - Demonstrate decision-making skills and responsible behaviors in personal, school, and community contexts.
(3) Child find.--

(A) In general.--All children with disabilities residing in the State, including children with disabilities who are homeless children or wards of the State and children with disabilities attending private schools, regardless of the severity of their disabilities, and who are in need of special education and related services, are identified, located, and evaluated and a practical method is developed and implemented to determine which children with disabilities are currently receiving needed special education and related services.

(B) Construction.--Nothing in this title requires that children be classified by their disability so long as each child who has a disability listed in section 602 and who, by reason of that disability, needs special education and related services is regarded as a child with a disability under this part.
Sec. 300.111 Child find cont.

(c) Other children in child find. Child find also must include--

(1) Children who are suspected of being a child with a disability under Sec. 300.8 and in need of special education, even though they are advancing from grade to grade; and

(2) Highly mobile children, including migrant children.

(d) Construction. Nothing in the Act requires that children be classified by their disability so long as each child who has a disability that is listed in Sec. 300.8 and who, by reason of that disability, needs special education and related services is regarded as a child with a disability under Part B of the Act.

(Authority: 20 U.S.C. 1401(3)); 1412(a)(3) )
Sec. 300.8 Child with a disability.

(a) General.

(1) Child with a disability means a child evaluated in accordance with Sec. Sec. 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.
Rule 226.100 – determining eligibility

- 226 Special Education
- .100 – Child Find
- .110 – Evaluation procedures
- .120 – Re-evaluations
- .160 – Medical Review
- .310 – Related Services

Each school district shall ensure that related services (defined in 34 CFR 300.34) are provided if necessary to assist an eligible child in benefiting from his or her special education.
Sec. 3-501. (a) Any minor 12 years of age or older may request and receive counseling services or psychotherapy on an outpatient basis. The consent of his parent, guardian or person in loco parentis shall not be necessary to authorize outpatient counseling or psychotherapy. The minor's parent, guardian or person in loco parentis shall not be informed of such counseling or psychotherapy without the consent of the minor unless the facility director believes such disclosure is necessary. If the facility director intends to disclose the fact of counseling or psychotherapy, the minor shall be so informed. However, until the consent of the minor's parent, guardian or person in loco parentis has been obtained, outpatient counseling or psychotherapy provided to a minor under the age of 17 shall be limited to not more than 5 sessions, a session lasting not more than 45 minutes.

(b) The minor's parent, guardian or person in loco parentis shall not be liable for the costs of outpatient counseling or psychotherapy which is received by the minor without the consent of the minor's parent, guardian or person in loco parentis.
(Source: P.A. 86-922.)
Federal Student Privacy Laws

- FERPA – Family Educational Rights and Privacy Act
  - Protects privacy of students’ “education records”
  - Applies to anyone receiving funds through any program administered by US Department of Education
  - May not have a policy or practice of disclosing the education records of students without a parent or eligible student’s written consent

- Current FERPA Regulations

- New Amendments to FERPA Regulations (effective 1/31/12)

- New Model Notifications LEAs
Definition of Protected Student Health Records

– At the Elementary or Secondary level, a student’s health records, including immunization records, maintained by an educational agency or institution subject to FERPA, as well as records maintained by a school nurse, are “education records” subject to FERPA. In addition, records that schools maintain on special education students, including records on services provided to students under “IDEA” are “education records” under FERPA.
Balancing Privacy and Emergencies
Joint Guidance from US DHHS & US DOE, November 2008

• Balancing Student Privacy and School Safety:
  – A Guide to the *Family Educational Rights and Privacy Act* for Elementary and Secondary Schools
  – Health & Safety Emergencies (§99.31(a)(10) & §99.36)
    • Disclosure is necessary to protect the health or safety of the student or others.
    • There is an articulable and significant threat to the health or safety of a student or other individuals.
    • Must record pertinent information when it disclosed PII
  – Law Enforcement Unit Records
  – Security Videos

When FERPA and HIPAA Intersect

Joint Guidance from US DHHS & US DOE, November 2008

• When a school provides health care to students in the normal course of business, such as through a health clinic, it is also a “health care provider” as defined by HIPAA
• However, many schools, even those that are HIPAA covered entities, are not required to comply with the HIPAA Privacy Rule because the only health records maintained by the school are “education records” or “treatment records” of eligible students under FERPA, both of which are excluded from coverage under the HIPAA Privacy Rule.
• Differentiation comes with who “bills” for services, acting on behalf of school or not and where the health records are kept.
• ‘legitimate educational interests’
• Private schools
Other Legislation of Note...

- **P.A.98-0338**: Amends the School Code to add the establishment and delivery of anti-bullying programs to an existing list of social work services.
- **P.A. 98-0471**: Provides that school guidance counselors, teachers, school social workers, and other school personnel who work with pupils in grades 7 through 12 shall be trained to identify the warning signs of mental illness and suicidal behavior (instead of just suicidal behavior).
- **P.A. 99-0443**: *Ann Marie’s Law*:
- **P.A. 98-0195**: Mental Health First Aid Training Act (405 ILCS 105)
- **P.A. 99-0480**: *Lali’s Law* Opioid Overdose Act
Emerging Issues and Trends In School-Based Behavioral Health

• Nationally...

• Statewide...

• Locally...
Nationally

- Children’s Behavioral Health Focus – effects of trauma
- Early Periodic Screening Diagnosis & Treatment (EPSDT)
- Health & Human Services (Mental Health & Substance Abuse/Use), Child Welfare, CMS (Medicaid) Guidance
- Harvard, Health & Human Services (Early childhood research)
- Health & Human Services, Dept of Education and Dept of Defense (Military family supports)
Statewide

• Statewide System of Care

• Public Health Model for Services (EPSDT Lawsuit)

• Managed Care payment model – DHFS (Medicaid)
  – MCOs, CCEs), Accountable Care Entities (ACEs), Health Homes – DHFS, DCFS
Locally

• Education Supports
  – Foundational Services
  – Focus
  – Priority
  – IL MTSS-Network

• Collaborations/Partnerships (IL-AWARE)
  – East Aurora, Decatur, Harrisburg

• Managed Care Coordination Pilot – Champaign, Vermillion, Ford, Iroquois Counties
ISBE Resources

• Comprehensive System of Learning Supports (CSLS)
• ISBE Learning Supports Web-pages
  – http://www.isbe.net/learningsupports/default.htm
  – A-Z Topics
  – School Health- http://isbe.net/school_health.htm
Funding: Buckets available for reimbursement

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>All Kids</th>
<th>Private Insurance</th>
<th>Grant Funding</th>
</tr>
</thead>
</table>
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