

Outpatient Mental Health and Substance Use Disorder Treatment Services in Schools: Considerations for Schools and Providers

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Commonwealth of Pennsylvania

Tom Wolf, Governor

Department of Drug and Alcohol Programs

Jennifer Smith, Secretary

Department of Education

Eric Hagarty, Acting Secretary

Department of Human Services

Meg Snead, Secretary

If you have any questions about this publication, contact ra-pwomhsasstuasstpr@pa.gov.

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The following individuals participated in the state-level workgroup that developed this document:

Roberta Chuzie | Assistant Statewide MH SAP Coordinator | PNSAS

Shaye Erhard | Division Director, Operations and Service Delivery | Office of Mental Health and Substance Abuse Services | DHS

Ann Litzelman, MA | Consulting Psychologist | Office of Mental Health and Substance Abuse Services | DHS

Dana Milakovic, PsyD, NCSP | Mental Wellness and Trauma Specialist, Office for Safe Schools | PDE

Perri Rosen, PhD, NCSP | Consulting Psychologist | Office of Mental Health and Substance Abuse Services | DHS

Renee Urick, MSW, LSW | Region VII Coordinator | PNSAS

Gail Yoder, CADC/CCDP | Treatment Supervisor | DDAP

Purpose

Schools are an important setting for the provision of behavioral health treatment services. Given the focus on school safety and comprehensive school-based behavioral health efforts in Pennsylvania in recent years, there has been growing interest in establishing partnerships with community providers to implement behavioral health treatment services in schools. **The purpose of this document is to offer guidance to schools and providers that are collaborating around the provision of school-based behavioral health, specifically treatment services delivered by licensed outpatient mental health and drug and alcohol providers in schools.** Given that the term “treatment” may encompass a range of intervention components, the document is focused exclusively on behavioral health outpatient therapy delivered at school.

This document provides recommendations to promote improved communication between schools and providers around the shared goal of supporting students and their families. Where there is an established state or federal law or regulation supporting a point below as a requirement for schools and/or providers to be aware of, this is noted. Additional definitions, as well as links to applicable laws, regulations, and other key references are included at the end of this document.

For the purposes of this document, the following is a definition of “behavioral health services”:

Mental health and drug and alcohol services can both be called [behavioral health services](#) (as opposed to physical health services). There are two Commonwealth departments that oversee these services -- the Department of Drug and Alcohol Programs (DDAP) and the Department of Human Services (DHS) through the Office of Mental Health and Substance Abuse Services (OMHSAS). Funding for these services comes through these two departments, as well as private insurance and other sources.

What is meant by “school-based behavioral health?”

The phrases, “school-based behavioral health” and “school-based services” may have a variety of meanings when used across school and community settings. These overarching terms may span a continuum of services delivered by educators, mental health, and drug and alcohol professionals. These services may be delivered directly or indirectly (via consultation with school personnel) and include prevention, early intervention, and treatment of mental health and substance use disorders. Note that there are school-based treatment services that are beyond the scope of the current document, such as the school-based behavioral health (SBBH) program under [Intensive Behavioral Health Services](#) (IBHS).

Within this document, the following are referred to as “behavioral health outpatient treatment services” delivered at school:

- **Off-site drug & alcohol services** – Drug and alcohol services delivered in the school setting are referred to as [off-site services](#). Each site is approved and licensed by the DDAP following a request process that involves governing body approval, floor plans, and a letter from the off-site entity stating their allowance of drug and alcohol services at their location. Drug and alcohol treatment services may be funded through public Medical Assistance (MA; either fee-for service or HealthChoices) or private insurance if the provider accepts it. Services may also be funded through the local Single County Authority (SCA) funding when other resources have been exhausted.
- **Outpatient mental health clinics in schools** - Outpatient clinics in schools are often called satellites, as they are part of a larger psychiatric outpatient clinic in the community which allocates some therapeutic resources to a school site. Each site is included on a license by DHS-OMHSAS and must follow regulations and bulletins that outline the provision of services. Treatment delivered through outpatient clinics may be funded through public Medical Assistance (MA; either fee-for-service or HealthChoices) or private insurance if the provider accepts it. Base funds may be available for youth without insurance. This is determined at a county level and varies by county.

Background on Youth Behavioral Health in Pennsylvania

Youth behavioral health services in Pennsylvania are guided by several overarching frameworks and initiatives, all of which recognize families as the primary support system for youth that should be viewed as partners in decision-making.

Child and Adolescent Service System Program (CASSP)	System of Care (SOC)	Student Assistance Program (SAP)	Multi-tiered Systems of Support (MTSS)
<ul style="list-style-type: none">•A federally funded program to build capacity for treating youth in their communities rather than in placement, and to improve the coordination of services across child serving agencies (e.g., child welfare, drug and alcohol, education, juvenile justice, mental health). Pennsylvania received a grant to organize such a system across the commonwealth which included developing the role of CASSP Coordinators, and in the process chose the six values we now refer to as the CASSP principles. In some counties, the coordinator role is referred to as the Children's Behavioral Health Coordinator. The term CASSP Coordinator will be used throughout this document to refer to both.	<ul style="list-style-type: none">•A federally funded effort to help states develop a coordinated and integrated approach to care for youth and families who are served by multiple agencies and systems (e.g., child welfare, drug and alcohol, education, juvenile justice, mental health). The CASSP system was an early product of the national SOC effort. Today, SOC is about empowering youth and families to be equal partners in local planning for services in Pennsylvania and is supported at the statewide level by the PA Care Partnership.	<ul style="list-style-type: none">•In Pennsylvania, SAP is a K-12 model that includes a four-phase process: referral, team planning, intervention/ recommendation, and support/ follow-up. The primary goal of SAP is to identify barriers to student learning and success and to support students to achieve, advance, and remain in school. The SAP model requires a trained multidisciplinary core team which includes school staff and county designated community liaisons from behavioral health (mental health and drug and alcohol) agencies.	<ul style="list-style-type: none">•MTSS is a standards-aligned, comprehensive school improvement framework for enhancing academic, behavior, and social-emotional outcomes for all students. MTSS has a primary implementation goal of promoting sustainability of a continuum of supports and services across all tiers in order to provide equitable access for all students. The framework relies upon cross-disciplinary teams at the district, school, grade and individual level to use a problem-solving process to integrate evidence-based practices with fidelity.

The guidance throughout this document promotes the six Child and Adolescent Service System Program (CASSP) principles: youth-guided, family-driven, community-based, culturally competent, multi-system, and least restrictive/least intrusive. It also strongly encourages alignment with existing school and community initiatives that are well-established in Pennsylvania, such as the Student Assistance Program (SAP) and multi-tiered frameworks (e.g., MTSS) that address student academic, social-emotional, and behavioral needs. The SAP infrastructure, specifically, is highlighted as a mechanism to facilitate improved communication and collaboration between schools and providers around the delivery of school-based behavioral health treatment services to students. Improved partnerships can help schools and providers prioritize parent/family choice, ongoing participation, and engagement with regard to their youth's behavioral health treatment.

Alignment with Pennsylvania's Student Assistance Program (SAP)

According to section 1547 of the [Pennsylvania Public School Code](#), SAP is required K-12 in Pennsylvania and provides an existing mechanism for schools to identify students that may have a behavioral health concern and offer appropriate follow-up recommendations. It is important to underscore that SAP does not provide treatment. Rather, according to the state-approved SAP model (see [Pennsylvania SAP: Frequently Asked Questions and Best Practice Responses](#)), multidisciplinary SAP teams follow a collaborative process and gather data to inform decisions, such as the need for a screening and/or assessment by a [SAP liaison](#) from a community mental health, drug and alcohol, or behavioral health agency.

Dependent upon county and/or agency protocols, some SAP liaisons provide [screenings](#), whereas others provide [assessments](#). Following a screening, the recommendation from a SAP liaison may be for the youth to have an assessment to determine the appropriate [level of care](#). Following this assessment, if the SAP liaison or agency recommendation is for outpatient treatment, then treatment services delivered through an outpatient behavioral health provider in the school may be an appropriate option for the liaison to incorporate into recommendations for the student and family. It is best practice, however, to support family choice and informed decision-making by presenting all available options for service delivery, provider, and location. This may include a school-based outpatient program, a community-based outpatient center, or other community-based treatment services (e.g., Intensive Behavioral Health Services, Family-Based Mental Health Services, etc.).

Utilizing the SAP process as a mechanism for student referrals to outpatient mental health clinics in schools may be of value to both schools and providers for a number of reasons:

- ✓ SAP represents an existing linkage between schools and community behavioral health providers via SAP liaisons, whose role is to screen and/or assess in order to offer recommendations to SAP team members and the student's family.
 - In addition to conducting screenings and/or assessments, SAP liaisons may be positioned to support students, families, and school SAP teams through a broad range of activities including facilitating school-based prevention and support groups, supporting aftercare plans for students who are returning to school from treatment, delivering staff and parent trainings, providing technical assistance and consultation to SAP teams, and a variety of additional activities.

- Recommendations from SAP liaisons may include referrals to the most appropriate community resources and level of care.
- SAP liaisons are knowledgeable about requirements for billable insurance for agencies and therapists.
- ✓ Use of the SAP team underscores the role of school staff in supporting students with behavioral health concerns, as many of these students may also require in-school interventions, supports, and monitoring.
- ✓ [SAP County Coordination](#) and/or SAP District Council provide an opportunity for communication about SAP-related issues occurring in school entities, as well as community-based services for youth and families in a given county. These meetings provide a natural forum for information sharing and problem-solving, as they are typically attended by representatives from school districts, the county mental health office (which may include the CASSP coordinator), the Single County Authority (SCA) office, and SAP liaisons. Meetings may also be attended by other systems partners (e.g., child welfare, families, intermediate unit staff, juvenile justice, intermediate unit staff, and behavioral health providers).

Through partnerships between schools and providers, treatment services delivered within the educational setting can enhance the school’s ability to meet the increasing behavioral health needs of youth while minimizing lost instructional time and helping to reduce common barriers to treatment (e.g., transportation, scheduling). However, given differences in the missions between the education and behavioral health systems, as well as the laws to which each system must adhere, barriers may arise. In the CASSP/SOC tradition, collaboration and communication between these youth-serving systems is meant to be proactive and ongoing. Utilizing the existing SAP process is one way to help schools and providers partner more effectively. The table below offers examples of events from schools that have partnered with a behavioral health provider, explaining the nature of the concern or conflict identified in that event, along with actions to consider that highlight the utility of the SAP process.

Event	Concern or Conflict Identified	Possible Action(s) to Consider
1. Advertising to students about outpatient treatment services through flyers in school bathrooms and hallways	<p>There are some students that may be looking for treatment services yet have not been identified by school staff members or SAP teams.</p> <p>A flyer or other brief advertisement may be limited in terms of the information provided to students about the options available to them through the continuum of behavioral health services.</p> <p>It may also bypass the existing SAP or other referral process already available in schools</p>	<p>There is no one point of access. As such, it is encouraged that any resource dissemination (e.g., flyers, websites, social media) by a school or provider reflect the continuum of care as opposed to only one service.</p> <p>Establish protocols on making referrals (e.g., using the SAP process) and identify key points of contact to describe available treatment services to students and families.</p> <p>Consider making a joint announcement of available treatment services and referral procedures, with input from both the school and provider.</p>

	and potentially lead to misinformation or inappropriate referrals.	A student or family may contact a provider on their own. In these cases, it is the responsibility of the provider to ensure medical necessity of the treatment services being sought.
2. Having teachers or support staff refer students and/or families directly to an outpatient mental health clinic in the school to help them quickly access treatment services, but without an assessment for appropriate level of care.	<p>This has led to inappropriate referrals as illustrated by the following examples:</p> <ul style="list-style-type: none"> • Student received mental health treatment when they needed D&A treatment • Student needed family therapy due to significant family conflict instead of individual therapy • Student with higher-level concerns and/or imminent risk needed a higher level of care <p>Behavioral health treatment recommendations should be based on data obtained through screenings/assessments, which is outside the scope of practice for teachers. School mental health professionals (e.g., school counselors, school psychologists, school social workers) may be able to perform screenings and/or assessments but are typically not trained to identify the appropriate level of care for treatment services within the behavioral health system.</p>	<p>A behavioral health professional should conduct an assessment to identify the treatment type and/or least restrictive level of care needed. It is important to also provide options for care and for providers, which is referred to as freedom of choice.</p> <p>Promote the SAP process as a mechanism for SAP liaisons to ensure family engagement and screen and/or assess students for appropriate school and community-based recommendations, which may include treatment services.</p> <p>There is no one point of access. Develop protocols for student behavioral health referrals and then train staff and educate families on the process, whether through SAP teams and/or designated school staff. Protocols should include how to identify and access available treatment services.</p>
3. a) Placing students on a waiting list for outpatient mental health treatment services. b) Setting requirements for a	<p>This creates a delay in treatment services for students with behavioral health issues. Delaying treatment services may lead to a worsening of symptoms for some students.</p> <p>It may also create barriers to treatment engagement for students and families and increase burden on staff to pursue follow-up</p>	<p>If a student is identified as being in need of treatment services, then a referral should be made right away. If these services are not immediately available within the school, the student should be referred to the primary clinic site or alternate behavioral health treatment services.</p>

<p>certain quota of students prior to making treatment available through an outpatient mental health clinic in the school.</p>	<p>when treatment services are not immediately available.</p>	<p>Ensure that families are provided with options for treatment services and providers. Identify alternate referral sources when needed, particularly for use when there may be a delay with the primary option, so that needed treatment services are not postponed.</p> <p>There are factors for both the school site and provider that may impact the timing and availability of treatment services (e.g., number of therapists available for the site, number of sites each therapist covers, space available at the site, days of the week that treatment services will be provided at the site).</p> <ul style="list-style-type: none"> • Communicate regularly and openly while establishing the contract/MOU to address any potential issues and concerns that could impact timelines for service delivery. • Establish a process for informing school personnel (e.g., SAP team members) about timelines for referral processing and when the clinic has reached capacity. • If an issue with service availability arises, this concern should be reported to the county CASSP Coordinator, OMHSAS field office, and the BHMCO to address.
<p>4. A 16-year-old student that has initiated outpatient behavioral health treatment services at school is missing instruction on a weekly basis, and the student's grades are declining. The</p>	<p>When treatment services occur in the school setting, it may create conflict for schools and providers as they navigate how to balance the rights of both parents and youth. Youth age 14 and above may consent for outpatient mental health treatment services in Pennsylvania (Act 65 of 2020). There is no age of consent for substance use disorder (SUD) treatment, meaning that a youth of any age may receive SUD treatment services</p>	<p>Schools and providers need to carefully consider the potential conflict between the school's attendance policies and the student's right to seek behavioral health treatment services on their own accord. When treatment services are delivered within the school setting, these may or may not fall under school attendance policies that require parental notification.</p> <p>Within the behavioral health system, consent for treatment services may be guided by the age of the client, in addition to specific agency protocols. Parent</p>

<p>parent is unaware that treatment services are being provided and is notified by the student's teacher about a drop in grades.</p> <p>This scenario may result in either –</p> <p>a) The parent becomes aware of the drop in grades without further explanation from the school.</p> <p>b) The parent finds out from a school staff member that the student is in treatment services, which is the reason for missing classroom instruction.</p>	<p>without parental consent (Act 63 of 1972, 71 P.S. § 1690.112).</p> <p>Additionally, a school's attendance policy may or may not consider students attending school-based outpatient treatment services as leaving the educational setting, since these treatment services occur on school grounds.</p> <p>This type of situation may create a rift in the collaborative relationship between the school and family, as the parent/guardian may not understand that a child age 14 or older may consent to their own outpatient mental health treatment services. In this case, the parent/guardian may perceive a lack of notification by the school as withholding of information, which may damage trust.</p> <p>When school staff members have knowledge of the child's treatment engagement and the parent does not, school staff may be confused about what to communicate to the parent.</p>	<p>notification is not addressed in regulation for voluntary outpatient programs. While it may be good practice to do so, the release of information may be at the discretion of the youth, if the youth consented to treatment services. That youth may or may not agree to notification of the parent.</p> <p>It is beneficial for schools and providers to be proactive in discussing potential conflicts regarding students leaving the educational environment to receive mental health treatment services. This may also be addressed within policies and procedures proactively.</p> <p>Utilizing the SAP process, in which parents/guardians provide written consent, helps to promote parent/guardian partnerships and engagement in the process of supporting the student, as well as choice in the school and/or community-based recommendations.</p>
<p>5. Having a SAP liaison who also serves as a behavioral health provider that delivers outpatient treatment services at school making</p>	<p>Some provider agencies have staff that may serve in multiple roles (e.g., SAP liaison and treatment provider). This may create a conflict of interest for the individual staff member and/or agency. For instance, if the staff member serving as a SAP liaison exclusively makes referrals to their agency for treatment services, this may subvert youth</p>	<p>Behavioral health providers are to offer options for care and for providers, which is referred to as freedom of choice.</p> <p>When a provider agency offers both SAP liaison services as well as treatment services within the school, proactively identify potential areas that may create a conflict of interest, such as a biased referral process. To protect youth and family choice, ensure</p>

<p>referrals exclusively to their agency.</p>	<p>and family choice with regard to treatment service options.</p>	<p>that recommendations provide families with options for treatment service providers.</p>
<p>6. Having a behavioral health treatment provider serve as a member of a SAP team.</p>	<p>This situation creates a potential conflict of interest, as it gives the appearance of self-referral by the provider and could limit the range of follow-up options considered.</p> <p>This situation is also an issue of confidentiality, as a provider sitting on a SAP team would hear confidential information about other referred students that may be in need of school and/or community-based supports and services not delivered by the provider.</p>	<p>It is beneficial for school SAP teams and providers to develop protocols regarding provider participation in SAP team meetings. It may be helpful to set aside a portion of SAP team meeting time for SAP team members and providers to share information about specific students involved in the SAP process that are currently engaged in treatment services with the provider.</p> <p>It may also be beneficial for providers to become trained by a Pennsylvania Approved SAP Training Provider (PASTP). This is not for the purpose of sitting on a SAP team as an active member, but rather to build an understanding of the SAP model and process in order to support effective collaboration.</p>
<p>7. Utilizing a behavioral health outpatient treatment provider in the school to address any student behavioral health concern as needed, including mental health crisis situations.</p>	<p>While school staff often view behavioral health providers delivering outpatient treatment services in their building as a resource, it is important to clarify the parameters of the provider’s role. Specifically, the behavioral health outpatient treatment provider role is to serve identified consumers following an intake process.</p> <p>School staff need to be aware that outpatient treatment services have limits, guided by regulation, in terms of the types of treatment services for which providers may be reimbursed. Additionally, outpatient providers follow a set schedule that limits their flexibility to respond in the moment when in the building.</p>	<p>Collaborative planning discussions between schools and providers are helpful prior to the onset of service delivery, and these discussions may occur in an ongoing way. While the formalized agreement (e.g., Letter of Agreement) between the school and provider should outline the scope of treatment services, additional discussions may involve the following:</p> <ul style="list-style-type: none"> • Existing school policies and protocols to address student behavioral health concerns, including SAP. • Existing school policies and protocols to address student crises, including threats of harm to self or others (i.e., Act 71, Act 44, Act 18). • Where outpatient behavioral health treatment services “fit” within the school’s continuum of supports for students.

	<p>When there is a crisis involving a student in the school building, the school should follow established crisis response protocols and should not call upon the outpatient behavioral health provider to respond. If the student in crisis is already receiving treatment services by the provider, collaboration may occur. However, the school should first adhere to school protocols and not assume that the behavioral health outpatient provider is able to lead or assist in the crisis response.</p>	<p>It is beneficial for schools to communicate to staff members about the role and parameters of any behavioral health outpatient provider that is delivering treatment services in the building, in order to ensure that provider services are utilized in accordance with established agreements.</p> <p>It may be helpful for schools and providers to explicitly discuss coordination with other school or community-based services, including SAP liaison and crisis services.</p>
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Considerations for Collaborative Planning Documentation

There are several considerations that are ideal for schools and providers to discuss *prior* to treatment service delivery, given relevant laws, ethical obligations and considerations, policies, and regulations to which the other system must adhere.

For schools interested in partnering with behavioral health providers around school-based outpatient treatment services, they should start by reaching out to the county mental health office, or single county authority for drug and alcohol treatment services. Outpatient mental health or drug and alcohol providers will have their license from OMHSAS or DDAP prior to marketing their services to schools. There is variation among behavioral health providers in terms of payers (e.g., private insurance, Medical Assistance [MA]). Public mental health or drug and alcohol clinics accept MA but may or may not accept private insurance. Families may need assistance in navigating this issue. If a family’s insurance is not accepted by the provider of school-based treatment services, SAP Liaisons may be a helpful resource in identifying alternative providers in the community setting.

Once schools and providers have agreed to partner around the provision of outpatient treatment services, the provider must develop “[linkage letters](#).” A more detailed Letter of Agreement (LOA) or Memorandum of Understanding (MOU) may be used to more thoroughly delineate the terms of the partnership between the school and provider. This documentation should describe the accessibility and availability of the treatment service to youth. Ideally, this agreement would also take into consideration established school policies and procedures, as well as how treatment service delivery will interface with existing initiatives such as SAP.

The table below includes considerations to guide discussions between schools and providers in the process of developing an agreement (e.g., LOA/MOU). Schools and providers may also consider which of these areas may be documented in writing, either through an LOA/MOU or through written policies or procedures. Doing so may offer protections to each partner and help to proactively prevent conflict, as highlighted in the table above. It may also improve communication and collaboration through a shared understanding of treatment services.

Topic Area	Questions
Referrals and Accessing Treatment Services	<ul style="list-style-type: none"> ✓ What are the various paths to access treatment services (e.g., through the SAP process)? <ul style="list-style-type: none"> ○ How does the school engage parents in the SAP process, if this is the referral mechanism for outpatient treatment services within the school? ✓ How is the referral process aligned with existing referral procedures, such as MTSS and SAP? ✓ What is the expected length of time from the initial referral to intake and from intake to the beginning of treatment service provision? ✓ What insurance (e.g., MA, private insurance) is accepted by the provider? If the provider only accepts MA, what alternatives will be available for students that only have private insurance? <ul style="list-style-type: none"> ○ Note that if a student has neither MA nor private insurance, the CASSP Coordinator for the county may be contacted for assistance.
Treatment Service Delivery	<ul style="list-style-type: none"> ✓ What specific treatment services are provided through the outpatient clinic? ✓ Are parents/guardians involved in the youth's treatment services? <ul style="list-style-type: none"> ○ Will parents/guardians be notified about the treatment sessions? ○ Will parents/guardians be included in any of the treatment sessions? ○ Is family therapy offered as a treatment modality? ✓ Where do these treatment services "fit" within the school's continuum of academic, behavioral, and social-emotional supports for students (e.g., through SAP, MTSS)? ✓ Where will the treatment services be delivered? <ul style="list-style-type: none"> ○ Note that OMHSAS and DDAP have specific guidelines for the space to be used for treatment services.
Confidentiality and Consent	<ul style="list-style-type: none"> ✓ What are the confidentiality and consent requirements within each system? <ul style="list-style-type: none"> ○ How are these reflected in the policies and procedures of schools and agencies in terms of parent/guardian and youth notification? ○ What is the impact of these on the role of parents/guardians and youth in terms of their consent and participation in the treatment services provided? ○ How are limitations to confidentiality communicated to parents/guardians and youth prior to consent for treatment services?

Topic Area	Questions
	<ul style="list-style-type: none"> ✓ How is information shared between the school and provider to monitor the student's progress?
Communication	<ul style="list-style-type: none"> ✓ Who are the primary school/agency supervisors and points of contact? <ul style="list-style-type: none"> ○ Which school staff members (e.g., school counselors, school psychologists, administrators) will respond to parent/guardian inquiries and requests regarding outpatient treatment services, including if the parent/guardian refuses the SAP process? ✓ How will treatment service availability and referral procedures be shared with the school community, including staff, families, and students? ✓ Is there a potential for duplication of services between providers, SAP liaisons, and/or other community partners involved in treatment services delivered in the school, and if so, how will this be addressed? ✓ What processes are in place to promote open communication among the family, school, and provider to assure appropriate therapeutic processes in addressing issues? <ul style="list-style-type: none"> ○ How does the agency communicate with parents/guardians regarding the planning, delivery, and monitoring of treatment services for referred students? <ul style="list-style-type: none"> ▪ Note that for mental health outpatient treatment services, the release of information to parents/guardians is based on the student's age and varies based on who provided consent for treatment services. ▪ Note that for drug and alcohol outpatient treatment services, communication with parents/guardians should occur only with valid consent to release information, signed by the student.
Conflict Resolution	<ul style="list-style-type: none"> ✓ What is the process for conflict resolution between the three parties (i.e., youth/family, school, and provider)? <ul style="list-style-type: none"> ○ What policies and procedures are in place to address potential conflicts regarding students leaving the educational environment to receive behavioral health treatment services? ○ At what point would a third party (e.g., SAP Regional Coordinator, county mental health office or SCA, BH-MCO) be called upon to assist with conflict resolution? <ul style="list-style-type: none"> ▪ It is important for schools to first attempt to resolve conflict with a supervisor or director in an administrative role within the behavioral health agency prior to involving a third party. <ul style="list-style-type: none"> • If there remains an unresolved conflict between a school and provider regarding mental health treatment services, schools may then notify the CASSP Coordinator through the county mental health office and may notify or file a complaint with the BH-MCO and/or OMHSAS field office as needed.

Topic Area	Questions
	<ul style="list-style-type: none"> • If there remains an unresolved conflict between a school and provider regarding drug and alcohol treatment services, schools may notify or file a complaint with the SCA. <p>✓ What is the process for resolution when there appears to be a conflict or confusion between applicable education, mental health, and drug and alcohol laws or regulations?</p>

Consent and Confidentiality: Additional Considerations

The behavioral health (i.e., drug and alcohol, mental health) and education systems are each bound by separate laws, regulations, and mandates, many of which are in place to protect the youth and/or family’s rights, including the right to confidentiality. While the overall goals of these mandates (e.g., FERPA, HIPAA, Act 65, federal drug and alcohol legislation) may be similar, the specific requirements for implementation vary by nature of the differences between these systems. For instance, within the drug and alcohol system, a child of any age may agree or refuse to release confidential substance use-related information to the parent/guardian, school, or any other entity ([42 CFR Part 2](#), [Act 63 of 1972](#) 71 P.S. § 1690.112, [4 Pa. Code § 255.5](#)), whereas in the mental health system, a child age 14 or older may agree or refuse to release confidential mental health records if they provided consent for their own outpatient treatment services ([Act 65 of 2020](#)). Confidential information includes whether or not the child was referred to or met with a behavioral health provider. Therefore, effective collaboration between schools and providers relies on communication to clarify boundaries of practice and develop effective protocols that follow the legal and ethical requirements of each system.

Each school and behavioral health provider will need to consult their solicitor regarding their policies and protocols for consent and confidentiality. Providers must follow regulatory guidelines, as well as the guidelines set by their payors. The county mental health office and SCA provide general oversight of the mental health and drug and alcohol systems within each county. These offices may be a resource to address questions and concerns about mental health and drug and alcohol treatment services when they arise.

The chart below offers examples of various procedural guidelines, along with questions for consideration by schools and providers to help facilitate conversations while developing an LOA/MOU, to ensure each guideline has been addressed.

Procedural Guidelines	Considerations for Schools and Providers
<p>According to compulsory attendance laws, schools develop written attendance policies and monitor and maintain all attendance records, including any dismissal during school hours.</p>	<p>✓ Does the school’s attendance policy consider attending outpatient treatment services in the school as leaving the educational setting?</p> <ul style="list-style-type: none"> ▪ What does the school’s attendance policy require regarding parental notification and/or

	<p>consent for students to attend outpatient treatment services?</p> <ul style="list-style-type: none"> ✓ What are the school's procedures for students leaving the educational setting to attend outpatient treatment services in the school? <ul style="list-style-type: none"> ▪ Which staff member(s) are responsible for obtaining, documenting, and storing parental notification and/or consent?
<p>Educational records are bound by FERPA, while mental health treatment records are bound by HIPAA and are also subject to behavioral health regulations, as well as county, state, and insurance company audits. Drug and alcohol confidentiality records are bound by 42 CFR Part 2, which are generally more restrictive than HIPAA.</p> <p>With appropriate releases of information signed, schools may obtain treatment records from providers, and providers may obtain educational records from schools. Note that there are limitations to the release of mental health and drug and alcohol records. Schools and providers should review their individual policies to determine appropriate releases and required signatures.</p>	<ul style="list-style-type: none"> ✓ What information is stored within school versus agency files in order to protect student and family privacy? ✓ If the school obtains access to treatment records for the student, where are these stored in order to uphold the security and confidentiality of the information?
<p>Outpatient behavioral health clinics must have access to a private and secure physical space for the provision of treatment services. Both OMHSAS and DDAP have guidance stipulating the requirements for approval of the space within the school that will be used for treatment service provision. Above all, this guidance is developed to ensure confidentiality for the student and their records. Requirements include having a Letter of Agreement and Certificate of Occupancy for each building that is licensed.</p>	<ul style="list-style-type: none"> ✓ How are students/clients scheduled to maintain confidentiality (e.g., staggered or varied schedule)? ✓ Which school staff member(s), if any, assist the provider in getting the student/client from class? ✓ Which school staff member(s) are notified and responsible for tracking student location for safety purposes?

<p>The behavioral health (i.e., drug and alcohol, mental health) and education systems are each bound by separate laws, regulations, and mandates, many of which are in place to protect the youth and/or family’s rights, including the right to confidentiality.</p> <p>Within the education system, parents/guardians provide informed consent for regularly scheduled small group and individualized counseling delivered by school mental health professionals employed by or acting for the school or district (e.g., school counselors, school psychologists, school social workers), while students provide assent. Specific policies may vary by school entity. Note that this is not considered behavioral health treatment and is not subject to mental health or drug and alcohol laws and regulations. Rather, consent, access to, and release of records is guided by FERPA and IDEA (for special education students).</p> <p>Within the mental health system, consent for treatment services and the release of confidential treatment records may be guided by age of the client, in addition to specific agency protocols.</p> <p>Within the drug and alcohol system, referral, screening, assessment, intervention, treatment information is generally prohibited from being communicated unless the child signs a valid consent to release confidential D&A information. This includes the release of information to child’s parent/guardian, school officials, SAP team, court officials, etc.</p>	<ul style="list-style-type: none"> ✓ For specific professionals, whether district-employed, district-contracted, or agency-employed, what laws and regulations are applicable? ✓ How will the school be informed of general agency protocols regarding parent/guardian consent for services (e.g., how these may differ by age of student, whether both parent signatures are required, etc.)? ✓ What is the agency’s protocol to obtain parent/guardian and/or youth consent for outpatient mental health treatment services? ✓ What is the agency’s protocol to obtain parent/guardian and/or youth consent for drug and alcohol treatment services?
<p>All schools K-12 are required to have SAP teams that are bound by confidentiality guidelines. In addition to trained SAP team members, information can be shared, in accordance with school policy, with those who have “legitimate educational interest.”</p>	<ul style="list-style-type: none"> ✓ Which school staff members and/or teams may be informed that students are attending outpatient mental health or drug and alcohol treatment services?

- ✓ What information can the school and agency share regarding the student, and with whom may this information be shared?
- ✓ What additional supports may be needed for students that have difficulty transitioning between treatment services and the academic setting?
- ✓ What is the communications plan with SAP/school staff regarding the student's progress in treatment services (with appropriate signed releases)?

Note that behavioral health providers do not have legitimate educational interest in all students discussed at SAP team meetings.

Appendix A: Additional Definitions

Assessment - A comprehensive, strengths-based evaluation of a youth in the context of the youth's family, peers, neighborhood and community. This evaluation gathers information from biological, psychological and social perspectives to identify resources and needs of the individual. Assessment determines if treatment is needed and what level of care is needed.

Behavioral Health Managed Care Organizations (BH-MCOs) - There are [BH-MCOs](#) (also referred to as MCOs) across the state that are responsible for the behavioral health care of persons who have HealthChoices as the payment source. Each BH-MCO has a network of providers whom they pay for services as well as provide referrals, direction and oversight. The BH-MCOs have local oversight groups (i.e., primary contractor that is usually one or more counties) as well as monitoring by the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) within the Department of Human Services (DHS; DHS-OMHSAS).

Fee-for-Service (FFS) - A fee schedule is a complete listing of fees used by Medical Assistance to pay the providers. It is used to reimburse providers on a fee-for-service basis for those consumers who have Medical Assistance but not HealthChoices. FFS is billed to the Department of Human Services (DHS).

HealthChoices – This is the name of the program by which Pennsylvania provides managed care of behavioral health services for individuals who receive Medical Assistance (MA). HealthChoices is provided by regional BH-MCOs.

Level of Care - Interventions are implemented on a continuum of care, from least to most restrictiveness/intrusiveness of the setting. Restrictiveness involves separating the youth from the family and community environment (e.g., via services such as residential placement). Intrusiveness is the degree to which a service is delivered within the context of the daily life and natural activities of the youth or family (e.g., services delivered in the home are more intrusive than services in a clinic setting, and an outpatient clinic would be more intrusive than services provided by a school social worker). The focus of behavioral health services is to serve the youth effectively in the least restrictive/intrusive setting (Health Choices BH Program Standards and Requirements, Appendix T, 2019).

Linkage letters – According to [55 Pa. Code § 5200.12 \(c\)](#), when the psychiatric outpatient clinic serves children, linkages with the appropriate educational and social service agencies shall also be maintained. A written statement describing the accessibility and availability of the services to children is required and shall be maintained on file at the psychiatric outpatient clinic and updated as needed to accurately state the services currently available. A linkage letter is different from an MOU or LOA and is viewed more as a statement from the provider to share what services will be delivered.

Off-site drug & alcohol services – Drug and alcohol services delivered in the school setting are referred to as [off-site services](#). Each site is approved and licensed by the DDAP following a request process that involves governing body approval, floor plans, and a letter from the off-site entity stating their allowance of drug and alcohol services at their location. Drug and alcohol treatment

services may be funded through public Medical Assistance (MA; either fee-for service or HealthChoices) or private insurance if the provider accepts it. Services may also be funded through the local Single County Authority (SCA) funding when other resources have been exhausted.

Outpatient mental health clinics in schools - Outpatient clinics in schools are often called satellites, as they are part of a larger psychiatric outpatient clinic in the community which allocates some therapeutic resources to a school site. Each site is included on a license by DHS-OMHSAS and must follow regulations and bulletins that outline the provision of services. Treatment delivered through outpatient clinics may be funded through public Medical Assistance (MA; either fee-for-service or HealthChoices) or private insurance if the provider accepts it. Base funds may be available for youth without insurance. This is determined at a county level and varies by county.

Pennsylvania Approved SAP Training Provider (PASTP) – PASTPs provide SAP training and technical assistance at the local level and serve as the vehicle by which the Pennsylvania SAP training model is uniformly delivered to all potential SAP team members. PASTPs are approved and monitored by the Pennsylvania Network for Student Assistance Services (PNSAS) and must adhere to requirements set forth by PNSAS to maintain status as a PASTP.

SAP Liaison – A professional trained to identify nonacademic barriers to learning and in collaboration with families, to strategize and/or refer identified students for assistance that will enhance their school success. As representatives of the county drug and alcohol and mental health systems, professionally trained liaisons provide consultation to SAP teams and families regarding community and/or school-based screenings/assessments, and other services for drug and alcohol and/or mental health related concerns.

Screening - Use of a brief instrument or interview to identify a person who may be at risk for a particular behavioral health problem. Screening can identify areas of concern and determine if a further evaluation is necessary. A screening does NOT determine if treatment is needed nor what level of care might be needed.

Appendix B: Applicable Laws, Regulations, and Bulletins

National

- U.S. Department of Education, [Protecting Student Privacy](#)
- [FERPA](#): 34 CFR Part 99 – Family Educational Rights and Privacy
- [Protection of Pupil Rights Amendment \(PPRA\) General Guidance](#)
- U.S. Department of Health and Human Services, [Health Information Privacy](#)
- HIPAA FAQs for Professionals: [FERPA and HIPAA](#)
- U.S. Department of Health and Human Services & U.S. Department of Education: [Joint Guidance on the Application of the Family Educational Rights and Privacy Act \(FERPA\) and the Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) to Student Health Records](#), December 2019 Update (First Issued November 2008)
- Electronic Code of Federal Regulations, Title 42, Part 2, [Confidentiality of Substance Use Disorder Patient Records](#)

Pennsylvania

Department of Drug and Alcohol Programs

- Department of Drug and Alcohol Programs, Get Help Now: [Find your county drug and alcohol office](#)
- Department of Drug and Alcohol Programs, [SUD Confidentiality](#)
 - [Confidentiality Training Supplemental Materials](#)

Department of Education

- Pennsylvania Department of Education, [Compulsory School Attendance, Unlawful Absences, and School Attendance Improvement Conferences](#)
- Pennsylvania Department of Education, [Drug and Alcohol Education, Counseling and Support Services](#)

Department of Human Services

- [Act 65 of 2020](#), Mental Health Treatment – Consent to Treatment, Release of Medical Records
- Behavioral HealthChoices: <http://www.healthchoices.pa.gov/info/about/behavioral/index.htm>
- [Mental Health Procedures Act](#) of Jul. 9, 1976, P.L. 817, No. 143
- Regulations for Psychiatric Outpatient Clinics: [55 Pa. Code Chapter 5200, Psychiatric Outpatient Clinics](#) and [55 Pa. Code Chapter 1153, Outpatient Psychiatric Services](#)
- [OMHSAS-02-02](#), Performance Expectations and Recommended Guidelines for the County Child and Adolescent Service System Program (CASSP)

Pennsylvania Network for Student Assistance Services (PNSAS)

- PNSAS website: <http://pnsas.org/>
- Pennsylvania's Student Assistance Program: [Frequently Asked Questions and Best Practice Responses](#)