

## School Mental Health and HIPAA

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While it is estimated that each year one in five children and adolescents experiences clinical symptomatology that meets criteria for a psychiatric diagnosis, less than a third of these youth receive any mental health services (Kataoka et al., 2002; Ringeisen et al., 2003; Rones & Hoagwood, 2000). In a study by Catron, Harris, and Weiss (1998) in which students were referred to either school-based mental health services or community-based programs, 96% of students followed through with the school-based services, while only 13% followed through with the community services. Schools offer unmatched access as a point of engagement with youth to address academic and mental health needs and offer an opportunity for enhanced prevention and mental health promotion efforts. The provision of mental health services in schools has been one effective strategy for reaching out to a greater number of youth in order to identify and provide treatment for mental health issues. While only 16% of all children receive mental health services, of those receiving care, 70-80% receive that care in the school setting (Rones & Hoagwood, 2000). Perhaps because of the recognized advantages of providing mental health services in schools, and also because of awareness of the importance of addressing mental health issues to remove “non-academic barriers to learning,” there has been a growing focus on school mental health in the United States. The President’s New Freedom Commission on Mental Health’s final report (2003) included 19 recommendations to transform the children’s mental health system, with one recommendation being to “expand and improve school mental health programs.” School mental health is an effective form of mental health care delivery and reaches children who may otherwise not have received any services. School mental health services are offered in every public school throughout the United States with varying degrees of comprehensiveness of services. While all public schools have some provision of school mental health services by school-employed staff, school mental health is also provided through: school-based health centers (there are 1709 school-based health centers with mental health concerns typically being one of the top two reasons for referral, National Assembly on School-Based Health Care, 2005), expanded school mental health programs, private practitioners, and services connected to initiatives such as the federal Safe Schools-Healthy Students grants (144 current sites).

In the first national study of mental health services in a representative sample of 83,000 public elementary, middle, and high schools for the 2002-2003 school year by the Substance Abuse and Mental Health Services Administration, it was found that one fifth of the students received some type of school mental health service in the school year prior to the study (Foster, Rollefson, Doksum, Noonan, Robinson, & Teich, 2005). In order to effectively meet these mental health needs, almost half of the school districts used contracts or other formal agreements with community-based programs and providers. Districts reported that the most common funding sources were the Individuals with Disabilities Education Act (IDEA), state special education dollars, and local dollars. In 28% of the districts, Medicaid was among the top five

funding sources for school-based services through fee-for-service arrangements involving the provision of mental health services in schools. In a more recent national survey by the Center for School Mental Health (2007) of expanded school mental health programs (n=152), it was reported that school mental health services are provided in rural, suburban, and urban communities and a majority of programs are offering universal, targeted, and selective interventions. The top five sources of funding for expanded school mental health services are as follows: local school system (51.3%), state grants (34.9%), federal grants (32.9%), fee-for-service (32.2%), and private foundations (28.3%).

School mental health programs are typically operating through collaborative partnerships between schools and community (university, military) mental health programs (Faran et al., 2003; Weist, Evans, & Lever, 2003). This helps to ensure strong oversight and compliance with necessary regulations related to providing mental health services. In 1996, the U.S. Congress passed the Health Insurance Portability & Accountability Act (HIPAA). The purpose of HIPAA is to improve the efficiency and effectiveness of the health care system by **standardizing the electronic data** interchange of certain administrative and financial transactions. HIPAA and its regulations apply to health information created or maintained by: (1) health care providers who engage in certain electronic transactions, (2) health plans, and (3) health care clearinghouses (USDHHS, 2000).

**HIPAA regulations were designed to protect the confidentiality of the client records and more specifically, electronic personal health information (PHI). The regulations were not designed to regulate treatment services.** Contact with school staff around treatment issues would most likely be needed by a school-based mental health clinician from a hospital/community program. One conservative strategy for handling this need to collaborate with school staff would be to explicitly include permission to partner (as clinically needed) with school staff within a release form (see <http://www.schoolmentalhealth.org/Helpful%20Forms/Consent%20for%20Release%20of%20Information%20Form%202.DOC>). In addition, it can be helpful to have the school include in its welcoming packet to families a letter explaining its collaboration with the expanded school mental health program.

Other strategies to protect student privacy would be to have generic passes that could be privately given to a student in an envelope. Further, since school mental health programs are offering a full continuum of services from school-wide prevention to intensive individual services, a pass to the mental health provider does not necessarily indicate that the student is in a treatment group.

In conclusion, while affording critical protections on the confidentiality of mental health records, especially electronic PHI, there is no evidence that HIPAA provides any significant barrier to the provision of mental health services in schools. In fact policy mandates of the U.S. government as found prominently in the President's New Freedom Initiative ([www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov)) call for the provision of proactive mental health service delivery in accessible settings, with particular emphasis on public schools.

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