



2021 Legislative Agenda

MSSWA LEGISLATIVE GOALS:

- *To promote the social emotional and educational well-being of children and families*
- *To strengthen the profession of School Social Work*

The Minnesota School Social Workers Association (MSSWA) has been serving children in their schools, homes and communities for over 50 years. We are an association of licensed school social workers throughout Minnesota who work with students and their families to provide mental health related services and support within the school system. Although the roles and responsibilities of school social workers vary between districts statewide, we are united in our common goal of working with the “whole child”. MSSWA defines the “whole child” as working with the child in his/her environment with consideration to family, community, values, culture and language. We help teachers teach by reducing social and emotional barriers to learning by collaborating in the development of academic intervention plans to promote and ensure academic success. School Social Workers incorporate a systems approach to address the mental health needs of children and youth.

QUALIFICATIONS OF THE SCHOOL SOCIAL WORKER:

Social workers receive two different sets of credentials: degrees and licenses. Social work degrees are earned from accredited academic institutions. The bachelor level social worker is prepared for practice in mental health case management. The master level social worker has the training and skills to provide services beyond mental health case management through advanced clinical mental health practice. (SSWAA, 2013) School social workers at the master level receiving clinical supervision or holding clinical licensure are prepared through their education, practicum, clinical supervision and licensure to provide clinical mental health services in a school setting. Licensed clinical school social workers use their skills to address the mental health needs of students through evidence-informed assessment, diagnosis, intervention and evaluation of individuals, small groups, families and school-wide. (SSWAA, 2013). Minnesota school social workers are dual licensed by the Minnesota Board of Social Work and the Professional Educators Licensing and Standards Board.

THE ROLE OF THE SCHOOL SOCIAL WORKER:

- School social workers not only provide services to individuals, groups of students and families but also collaborate and coordinate with community agencies or other professionals (*such as school-linked mental health professionals*) to provide the necessary resources to meet student needs.
- *Interventions provided through school social work services have shown improved student attendance, reduction of child abuse and neglect, improved graduation rates and early identification of a disability; thus, increasing academic achievement.*
- School social workers address the social, emotional, physical and academic needs of **ALL STUDENTS** including students whose needs require special education support and services as well as students with in the general education setting.
- School social workers often focus on providing supports to vulnerable populations of students at high risk for truancy and dropping out of school, such as homelessness, students in foster placement, migrant children, students transitioning between school and treatment programs or the juvenile justice system, or students experiencing domestic violence. (SSWAA, 2013)
- *School social workers serve as a resource to administrators and other educators providing consultation and training on identifying students with mental health needs and a referral process when services are sought.*



MSSWA 2021 Legislative Priorities

- 1. Support Medical Assistance Reimbursement for Mental Health Services provided by School Social Workers on IEP's. In order to maximize federal reimbursement, Minnesota requires school districts to seek medical assistance (MA) reimbursement for health-related services that are provided as part of an Individual Education Plan (IEP).** Services – including speech-language pathology, occupational and physical therapy, mental and behavioral health services, school nurse services, vision and hearing screenings, diabetes and asthma management, and durable medical equipment – are reimbursable through Medicaid for eligible students. While school social work services are included under Minnesota statutes as health related services that can be billed to MA, our current practice in Minnesota *does not allow for districts to bill for these services*. Currently, \$4-5 billion flow to school districts every year, so they can make sure students with disabilities receive the supports they need to learn. A number of surrounding states including Wisconsin, Illinois and Iowa do allow reimbursement for social work services. Wisconsin generates \$8 million annually in federal reimbursement and Illinois estimates that they receive between \$15 to \$20 million annually. *MSSWA supports including reimbursement for school social work services that are part of an Individual Education Program (IEP).*
- 2. Support HF4 Subdivision 3, of Article 1, Section 5** that outlines a financial investment “*of grants to fund trauma-informed and systematic professional development for all staff who work with students, including all principals and administrators, to support students with adverse childhood experiences, and to promote restorative practices and nonexclusionary discipline in schools*”. While this is one step to addressing the needs of the whole child, MSSWA supports this legislation but is also advocating for a shift from simply incorporating trauma-informed approach to a more holistic healing centered approach. *MSSWA supports a healing-centered approach which views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively and we would offer this as part of the systemic professional development required in this legislation.*
- 3. Support Mental Health Protections Act. This bill protects LGBTQ people from dangerous and discredited practices aimed at changing one's sexual orientation, including efforts to change gender identity or expression.** This bill prevents mental health care providers in Minnesota from practicing conversion therapy. This legislation will: (a) Protect Minnesotans from being coerced into treatments which are ineffective and which lead to depression, decreased self-esteem, substance abuse, self-harm and suicide and (b) help ensure that LGBTQ people receive mental health care that is ethical, affirming, and culturally competent. *MSSWA supports ending the harmful practice of “conversion/reparative therapy” in the state of Minnesota.*
- 4. Support bipartisan legislation to protect DREAMERS, preserve DACA and legislation to establish a path to citizenship.** DACA was first implemented in 2012 by the Department of Homeland Security after Obama's presidential executive order. DACA allows youth who were brought to the United States as children and who meet certain criteria, to request consideration for deferred action, or the DHS's decision to not pursue their removal from the United States for a period of two years, with the possibility for renewal. Specifically, the bill gives eligible young people who were brought to the U.S. as children the opportunity to resolve their immigration status and work towards citizenship. DACA recipients can live in the U.S. and go to school, and may be eligible for work authorization. DACA recipients are contributing every day to the strength of America. As of September 5, 2017, U.S. Citizenship and Immigration Services (USCIS) is no longer accepting new applications for DACA. Anyone who had not applied or who became newly eligible can no longer apply. Anyone with current DACA status continues to be protected under the law. MSSWA stands up for DREAMERS and supports legislation that would establish a path to permanent legal residence for more than a million young people including those now protected by DACA. Please ensure these young men and women can remain in the only home they have ever known, and can continue their studies and give back to our nation.



Commonly Asked Questions & FAQ about Licensed Minnesota School Social Workers Fall 2020

1. Do school social workers have the same training as social workers who practice in a co-located or community mental health clinic or hospital?

Yes. Social work education, training and licensure are overseen by the [Council on Social Work Education](#), the [Association of Social Work Boards](#), and in our state, the [Minnesota Board of Social Work](#). The oversight, regulation, and support these entities provide are applicable to social work practice in various settings. *School social workers hold the same licensure and follow the same ethical guidelines as all other community social workers.*

School social work is a specialized area of practice within the broad field of the social work profession, thus “school social worker” is the title we hold following receipt of [Tier 3 or Tier 4 licensure from the Minnesota Professional Educator Licensing and Standards Board \(PELSB\)](#). While the roles and responsibilities of school social workers may vary across schools and districts based on funding streams and the needs of the student population, school social workers operate under a scope of practice dependent upon their education, training, and level of licensure obtained by their state health licensing board, the Minnesota Board of Social Work (MSSWA, 2014). School social workers hold a degree in social work which encompasses specialized preparation in cultural diversity, systems theory, social justice, risk assessment and intervention, consultation and collaboration, and clinical intervention strategies to address the mental health needs of students (SSWAA, 2020).

2. What are the different licensing levels and which ones can bill for mental health services?

The Minnesota Board of Social Work offers four levels of licensure that direct the scope of practice for individually licensed social workers in the state: <https://mn.gov/boards/social-work/lawsandregulations/>

1. Licensed Social Worker (LSW): May engage in generalist social work practice: must be supervised by another social worker for the equivalent of two years of full-time practice.
2. Licensed Graduate Social Worker (LGSW): May engage in generalist social work practice under supervision; must be supervised by either a LISW or LICSW for equivalent of two years of full-time practice. In addition an LGSW may, under supervision of an LICSW, engage in clinical social work practice while working towards licensure as an independent clinical social worker and would be considered a clinical trainee.
3. Licensed Independent Social Worker (LISW): May engage in generalist social work practice, and may, under supervision of an LICSW, engage in clinical social work practice while working towards licensure as an independent clinical social worker. Could be a mental health practitioner or clinical trainee.

4. Licensed Independent Clinical Social Worker (LICSW): May engage in generalist social work practice, including clinical social work practice. Is a mental health professional, possessing the license to diagnose and treat mental health conditions independently.

School social workers who are licensed as an LICSW can bill for services. In addition, school social workers who are licensed as an LISW or LGSW can also bill for services if under the supervision of a Licensed Independent Clinical Social Worker.

3. What type of licensure are school social workers required to hold?

To work as a school social worker in Minnesota, a candidate must:

1. Hold a baccalaureate or master's degree in social work from a program accredited by the Council on Social Work Education.
2. Pass one of the exams offered by the Association of Social Work Boards.
3. Hold a current license in Minnesota to practice as a social worker by the [Minnesota Board of Social Work \(MN BOSW\)](#); and
4. Hold a current license to practice school social work by the [Professional Educator Licensing and Standards Board \(PELSB\)](#).

PELSB licensure for Related Services at Tier 3 or Tier 4 as a school social worker allows the practitioner to provide social work services to children in prekindergarten through grade 12 in a school setting. Many school districts in Minnesota are requiring that school social workers have a Masters of Social Work (MSW) degree due to the additional education and proficiencies to deliver social work services in the educational setting.

4. Are school social workers qualified to provide mental health expertise in a school setting?

Yes. School social workers are mental health practitioners and professionals, as defined by [Minnesota Statute 245.462 Subdivision 17 and 18](#), who meet Minnesota requirements to practice social work in the school setting as described in the section above.

5. What is the scope of practice of a school social worker?

School social workers have the same scope of practice as community social workers that hold the same level of licensure from the Minnesota Board of Social Work. Reference question 2 above for specifics on the continuum of licensure overseen by the Minnesota Board of Social Work. In addition, school social work services are outlined in the [Individuals with Disabilities Act \(IDEA\) section 300.34 Related Services Part \(c\) \(14\)](#) to include:

- (i) Preparing a social or developmental history on a child with a disability;
- (ii) Group and individual counseling with the child and family;
- (iii) Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;
- (iv) Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
- (v) Assisting in developing positive behavioral intervention strategies.

6. Are school social workers bound under the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), or both?

The answer will depend on the specific roles and responsibilities of the school social worker. [HIPAA is only applicable when services are being billed under insurance or medicaid. The Family Educational Rights and Privacy Act \(FERPA\) is always applicable in educational settings.](#)

Where a school does employ a health care provider that conducts one or more covered **transactions electronically, such as electronically transmitting health care claims to a health plan for payment, the school is a HIPAA covered entity** and must comply with the HIPAA Transactions and Code Sets and Identifier Rules with respect to such transactions. **However, even in this case, many schools would not be required to comply with the HIPAA Privacy Rule because the school maintains health information only in student health records that are “education records” under FERPA** and, thus, not “protected health information” under 3 HIPAA. Because student health information in education records is protected by FERPA, the HIPAA Privacy Rule excludes such information from its coverage. See the exception at paragraph (2)(i) to the definition of “protected health information” in the HIPAA Privacy Rule at 45 CFR § 160.103. For example, if a public high school employs a health care provider that bills Medicaid electronically for services provided to a student under the IDEA, the school is a HIPAA covered entity and would be subject to the HIPAA requirements **concerning transactions**. However, if the school’s provider maintains health information only in what are education records under FERPA, the school is not required to comply with the HIPAA Privacy Rule. **Rather, the school would have to comply with FERPA’s privacy requirements with respect to its education records, including the requirement to obtain parental consent (34 CFR § 99.30) in order to disclose to Medicaid billing information about a service provided to a student.**

7. **How can school records be kept private (such as a Diagnosis) once the record is provided to the school?** Pursuant to the [Minnesota Government Data Practices Act](#) and the [Family Educational Rights and Privacy Act \(FERPA\)](#), employees, volunteers, and others working on behalf of a local education agency (LEA) and who use student data are responsible for protecting student privacy. The responsibility of staff and volunteers working with student data extends to the access, use, release and disposal of any information on students. The sharing of information within an LEA for staff to have access to selected student information is driven on the educational need to know basis and/or pursuant to applicable laws. Health records are kept separate from the students cumulative folder and only accessed by educational staff identified on the consent form.
8. **Won't an increase in social work (3rd party billing) and identification of mental health (MH) concerns trigger further special education (SPED) evaluations?**
No. Many young people may have a mental health diagnosis or concern and are not eligible for special education services.

A child is first assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. Schools engage in Third Party Billing for health related services, including School Social Work services, only **after** a student has met criteria for an educational disability and an Individual Education Plan has been created. Then an additional consent form is requested for the purposes of 3rd party reimbursement. If a parent/guardian declined to give consent to bill medicaid or insurance for reimbursement of services, social work services would still be provided as outlined in IDEA.



March 9, 2021

Education Finance Committee
Minnesota House of Representatives
5 State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
Saint Paul, MN 55155

Chair Davnie and Members of the Education Finance Committee:

PACER Center has worked to meet the needs of families of children and youth with mental health needs through our Children's Mental Health and Emotional or Behavioral Disorders project for over 20 years. During that time, calls related to meeting the mental health needs of children and youth has grown not just in numbers, but in complexity. We need to find ways to expand supports for our children and youth in school.

We are in support of House File 945, Representative Youakim's bill. Parents and their children and youth have reported to us that their special education students with mental health needs often rely on their school social workers for support during their school day. PACER's Youth Advisory Board on Mental Health, a group of teens who meet monthly to work on decreasing the stigma related to having mental health needs, recently discussed how important their school social workers were to helping them regulate and stabilize during the school day. Yet school districts have struggled with how to build capacity and fund services to students who need these services to stay in school.

For students receiving special education services, federal Medicaid reimbursements have allowed services like speech/language, occupational and physical therapy and school nurse services to support their access to education. Unfortunately, school social work services which are included under Minnesota statutes as health-related services that can bill MA, are not being allowed. This bill would allow for third party billing for those services.

There have been concerns raised about this bill prohibiting access to school-based Children's Therapeutic Support Services (CTSS) program. While CTSS services can be helpful for youth if the school has them available (most do not) and can provide a seamless transition of support through the summer, this bill does not prohibit Medicaid reimbursement through the CTSS program. This bill is seeking to allow schools to bill Medicaid for health-related services through the IEP/IFSP process in an attempt to provide more support at school.

There have also been concerns raised about this bill seeking to support using the IEP instead of a diagnostic assessment to bill Medical Assistance. While a diagnostic assessment is used to establish a mental health diagnosis and support the medical necessity of needed services, schools use the special education evaluation process to determine a disability and educational needs that arise due to the impact of the disability. For a student to get support for their emotional needs, the current system does not allow that to be reimbursed through third party billing like other students with speech, language, OT, PT or nursing service needs.

It is our experience in working with parents and their children and youth, that mental health services are best provided by trusted professionals. School social workers are those trusted school

professionals who have the training and expertise to offer students with mental health challenges that support within the school setting. Our children deserve access and support for their mental health needs in school.

Thank you for the opportunity to share our support for House File 945. Please contact Sarah Clarke with any questions at 952.201.4654 or sclarke@hyldenlaw.com.

Sincerely,

Renelle Nelson
Children's Mental Health and EBD Coordinator
PACER Center

Although the need for school mental health services have continually increased, the billing and federal Medicaid reimbursements have decreased. Medicaid is the primary payer for Individual Educational Plan (IEP) health related services in the schools, yet schools are failing to access these federal Medicaid funds. Medicaid is the primary payer for IEP health related services in the schools, not the LEA's; however schools are drawing down their educational funds to provide these services adding to the increasing cross subsidy. Federal Medicaid funding also helps increase health equity across schools by targeting reimbursement to schools billing for higher rates of Medicaid penetration.

This brief summarizes school district participation in Medicaid reimbursement of school-based mental health services through the state's Children's Therapeutic Services and Supports (CTSS) program, and reimbursements to school districts for school-based mental health services through CTSS. In addition, data is summarized from a survey of school social workers conducted to understand the constraints of school districts in delivering school-based mental health services that are reimbursed with Medicaid through CTSS.

Number of Students with Disabilities Receiving School-Based Mental Health Services Reimbursed with Medicaid through CTSS

Year	Special education child count	Emotional/Behavioral Disorder Child Count	Number of students receiving school-based mental health services that were reimbursed with Medicaid through CTSS (option 2&3)
2015-2016	133,678	14,928	1,469
2016-2017	137,601	15,448	1,202
2017-2018	142,270	15,983	1,026
2018-2019	147,605	16,814	734

Analysis of Data: As the number of students with disabilities serviced by Minnesota school districts has increased, including students with Emotional/Behavioral Disorder (EBD), the number of students for whom school districts receive Medicaid reimbursement through CTSS for providing school-based mental health services has decreased. The number one reported reason for decline is the duplicative paperwork of both special education due process and CTSS.

Number of School Districts Receiving Medicaid Reimbursements for School-Based Mental Health Services through CTSS

Year	Number of Minnesota School Districts	Number of Minnesota School Districts Receiving CTSS Reimbursements for School-Based Mental Health Services	Total Medicaid Revenue to School Districts for School-based Mental Health Services
2015-2016	555	60	1,860,700
2016-2017	558	52	1,647,201
2017-2018	564	48	1,270,873
2018-2019	554	35	\$1,299,617

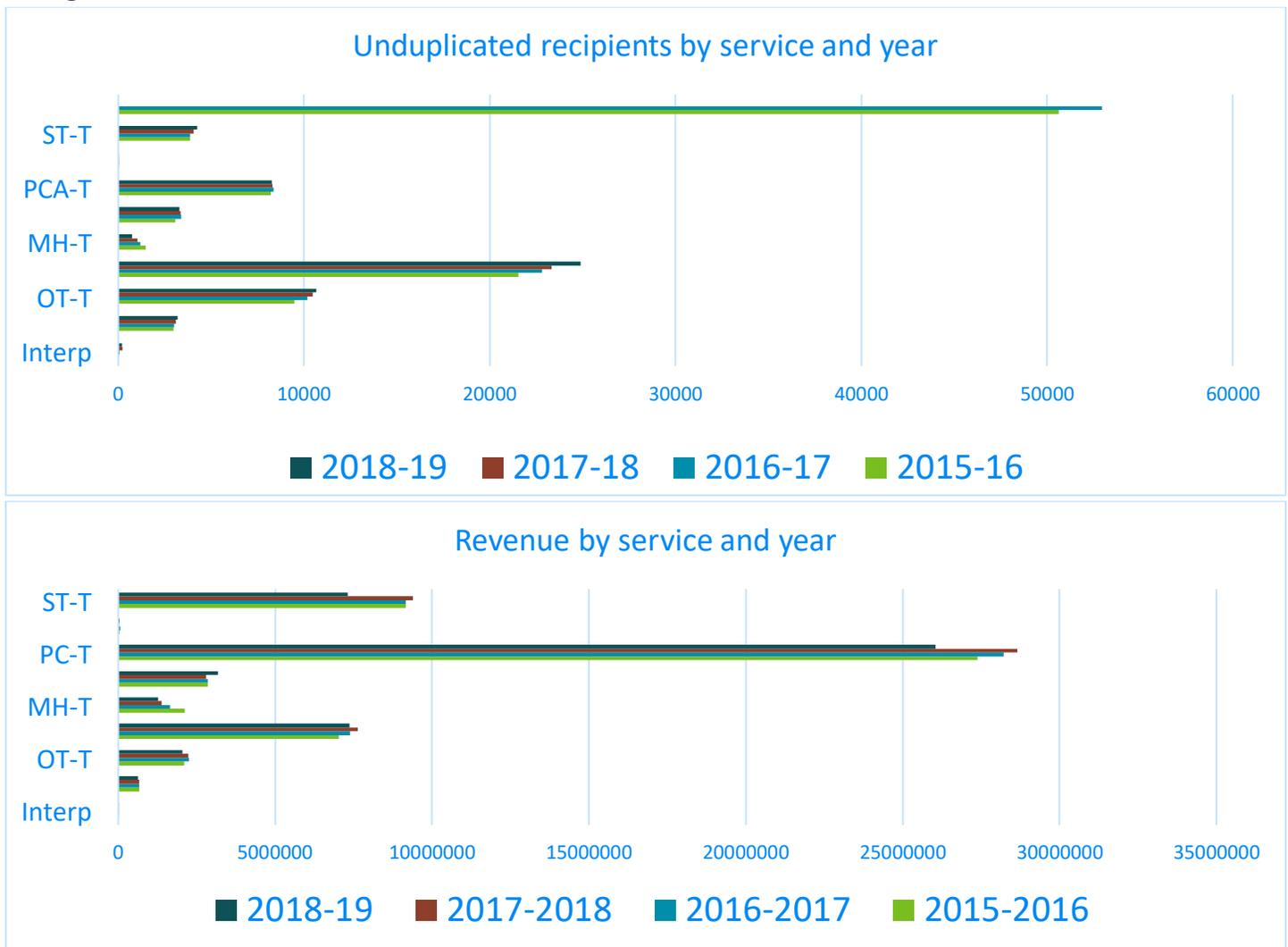
Analysis of Data: The number of school districts receiving Medicaid reimbursements for school-based mental health services through CTSS has declined for over 3 years. The total Medicaid revenue to Minnesota school districts for school-based mental health services through CTSS has mostly declined annually since 2015.

Revised: MM/DD/YYYY

A. Survey of School Social Workers

- Purpose:** MDE developed an online survey of school social workers to understand the capacity and constraints of school districts in delivering school-based mental health services that are reimbursed with Medicaid through CTSS.
- Participation:** The survey was completed by 118 school social workers across Minnesota.
- Results:** Social worker's reported 88% of students receiving school social work services are not being billed. The #1 barriers to billing for school social work services is the burden of the duplicative paperwork required of CTSS and the Special Education due process. Schools responded, if allowed to bill for school social work services without the constraints of CTSS, rather under school eligibility criteria, **like all other health related services provided in the school**, schools would have more billing opportunities.

Billing DATA



Analysis of Data: Currently, other than interpreter services, mental health services are billed and reimbursed less than all other health related services provided to Minnesota students with a disability. Medicaid is the primary payer of IEP/IFSP health related services, yet schools are using their educational funds to provide these services adding to and increasing the cross subsidy.

Statute 256B.0625

Covered services include occupational therapy, physical therapy, speech-language therapy, clinical psychological services, nursing services, school psychological services, school social work services, personal care assistants serving as management aides, assistive technology devices, transportation services, health assessments, and other services covered under the medical assistance state plan

Individual Educational Plan (IEP)/ Individual Family Service Plan (IFSP) criteria for special education eligibility

- Pre-referral interventions
- Comprehensive Evaluation/Assessments
- Develop an IEP/IFSP
- Progress reports
- Case notes/clinical notes/progress notes
- Administering and reporting standardized measures

School Social Work Services

School social workers meet definition of MH Professionals or MH practitioners

OT/PT/Nursing/ Speech Pathologist

Provided by Qualified providers

Schools are NOT able to bill for SSW services based on special education eligibility criteria

Must be Childrens Therapeutic Services and Supports (CTSS) certified

Schools may bill for services based on special education eligibility criteria

Bill

CTSS certification requirements

- CTSS Certification and re-certification
- Diagnostic Assessments (DA)
- Develop an Individual Treatment Plan (ITP)
- Progress notes
- Review the ITP every 90 days

School may bill for school social work services based on CTSS AND special education criteria

Bill

245.462 DEFINITIONS

Mental health professional & Practitioner

DHS provider criteria necessary for
billing

Mental Health Practitioner is qualified by a bachelor's or master's degree if the practitioner:

- (1) holds a master's or other graduate degree in behavioral sciences or related fields; or
- (2) holds a bachelor's degree in behavioral sciences or related fields and completes a practicum or internship that (i) requires direct interaction with adults or children served, and (ii) is focused on behavioral sciences or related fields

Mental health professional means a person providing clinical services in the treatment of mental illness who is qualified in at least one of the following ways:

- (2) in clinical social work: a person licensed as an independent clinical social worker under chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

8710.6300

SCHOOL SOCIAL WORKER licensure requirements

Must have Professional Educator Licensing and Standards Board school social worker licensure **AND** hold a current Board of Social Work licensure to practice as a school social worker in one of the following:

LSW (Qualified Mental Health Practitioner)

Academic Degree: Baccalaureate (bachelor's) degree in social work from a program accredited by the Council on Social Work Education (CSWE) or the Canadian Association of Schools of Social Work

Examination: Passing score on the Association of Social Work Boards (ASWB) Bachelors exam

LGSW (Qualified Mental Health Practitioner)

Academic Degree: Master's degree in social work from a program accredited by the Council on Social Work Education (CSWE) or the Canadian Association of Schools of Social Work

Examination: Passing score on the Association of Social Work Boards (ASWB) Masters exam

LISW (Qualified Mental Health Practitioner)

Academic Degree: Master's degree in social work from a program accredited by the Council on Social Work Education (CSWE) or the Canadian Association of Schools of Social Work

Examination: Passing score on the Association of Social Work Boards (ASWB) Advanced Generalist exam

Supervised Practice: Documentation of 4,000 hours of nonclinical supervised practice is required (*review complete requirements under Application Process by examination or endorsement below*)

LICSW (Qualified Mental Health Professional)

Academic Degree: Master's degree in social work from a program accredited by the Council on Social Work Education (CSWE) or the Canadian Association of Schools of Social Work

360 Clinical Clock Hours: If applying by examination, documentation of 360 clock hours in six clinical knowledge areas is required (*not required for applications by endorsement; review complete requirements under Application Process below*)

Examination: Passing score on the Association of Social Work Boards (ASWB) Clinical exam

Supervised Practice: Documentation of 4,000 hours of clinical supervised practice is required (*review complete requirements under Application Process by examination or endorsement below*)



Helping kids succeed in school and life for 50 years!



Overview of School Social Work Services

School social workers play a vital role connecting home, school and community in a unified effort to support students in the educational setting. Working collaboratively with other specialized instructional support personnel (SISP), school social workers provide a skilled spectrum of services ranging from engagement, assessment, intervention, and evaluation of outcomes related to the students, families, schools, and communities they serve. Research on school social work has confirmed that school social work interventions improve students' emotional and behavioral problems (Allen-Meares et al., 2013; Franklin et al., 2013) and have a positive effect on academic outcomes (Alvarez et al., 2009; Franklin et al., 2013). As licensed mental health professionals and practitioners, school social workers in Minnesota are dually licensed by the Board of Social Work (BOSW) and the Professional Educator Licensing and Standards Board (PELSB) to provide evidence-informed knowledge, skills, and abilities mapped to the national school social worker practice model (Frey et al., 2013).

Evidence-Informed Knowledge, Skills and Abilities of School Social Workers Serving General and Special Education Settings in Minnesota

Provide evidence-based education, behavior & mental health services	Promote a school climate & culture conducive to student learning & teaching excellence	Maximize access to school-based & community-based resources
<ul style="list-style-type: none"> ● Implement multi-tiered programs & practices ● Monitor progress ● Evaluate service effectiveness 	<ul style="list-style-type: none"> ● Promote effective school policies and administrative procedures ● Enhance professional capacity of school personnel ● Facilitate engagement between student, family, school, & community 	<ul style="list-style-type: none"> ● Promote a continuum of services ● Mobilize resources & promote assets ● Provide innovative leadership, interdisciplinary collaboration, systems coordination, & professional consultation
<p>Examples:</p> <ul style="list-style-type: none"> ● 504 case management coordinating evaluation, eligibility, plan development, interventionist, & managing timelines ● Evaluation and assessment ● Identifying and reporting child abuse and neglect ● Individual & group counseling ● Mental health supports ● Positive behavior interventions and supports (PBIS) ● Problem-solving & conflict resolution ● Social & emotional learning (SEL) <ul style="list-style-type: none"> ○ Self-awareness ○ Social awareness ○ Relationship skills ○ Responsible decision-making ○ Self-management ● Risk management prevention & response ● Trauma-informed interventions 	<p>Examples:</p> <ul style="list-style-type: none"> ● Advocacy ● Consultation ● Classroom observations & feedback ● Case consultation ● Cultural competency ● Designing academic, social/emotional & behavioral interventions to enhance student success ● Identifying & eliminating barriers to educational success ● Restorative practices ● Providing professional development on equity, violence prevention, mental health, trauma, etc. 	<p>Examples:</p> <ul style="list-style-type: none"> ● Communicating student's developmental and educational needs ● Developing culturally responsive partnerships to expand supports for students ● Education and training ● Linking to community resources and supports ● Site management and coordination of external partners for social services (county & contracted agencies) and mental health supports

Determination of Need: Workload versus Caseload Approach

As the landscape of school-based mental health services continues to evolve, so too must the process by which schools and districts both understand and respond to the social, emotional, and behavioral needs of their students and school community. Stagnate claims that specific ratios for specialized instructional support personnel from various professional groups simply do not have the research evidence to support their claims (Hyson, Knick, Leifgren, McCoy & Ochocki, 2013). When considering the collective student support service programming needs, a school or district would be better positioned to prevent and respond to student needs by conducting a mental health needs assessment (American Institute of Research [AIR], 2017). Utilizing data-driven decision-making that incorporates multiple stakeholders and considers students needs as described below, schools and districts can transition to more flexible and responsive student support services programming driven by a workload approach (AIR, 2017; Whitmore, 2017). Workload approaches to student support staffing ensure that the continuum of activities provided within the student services program is staffed appropriately to meet the needs identified in the school or district's mental health assessment while also ensuring compliance with applicable local, state, and federal mandates (Whitemore, 2017).

MSSWA has found the following factors are helpful considerations for schools and districts to consider when constructing their needs assessment and considering workload responsibilities for school social workers.

Percentage of students qualified/identified/experiencing:

- Special education/IEPs
- English language learner (EL)
- McKinney-Vento (homelessness or high mobility)
- Foster care
- Free & reduced lunch (F&R)
- Mental health diagnoses
- Significant social/emotional/behavioral needs

School or district factors such as:

- Academic achievement/achievement gaps
- Attendance data
- Behavioral data (office discipline referrals, suspensions, etc.)
- Bullying/harassment incidents
- Risk management data (threats of harm to self or others)
- Parental involvement

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