



Licensed School Nurse Facts in Minnesota

Current law in Minnesota:

Licensed School Nurses (LSN) are Registered Nurses (RN) with a bachelor's degree or higher and have special public health preparation. Minnesota law (Minnesota Statute 121A.21) only requires a Licensed School Nurse if there are 1,000 or more students in the district. A district with 999 students isn't required to hire a Licensed School Nurse and a school district with 6,000 is only required to employ one Licensed School Nurse. This law was passed in 1986 and is woefully inadequate.

Since 1986, medical technology has greatly improved and premature babies now have survival rates, at 26 weeks and 27 weeks, of 80% and 90%, respectively. These children are coming to school with incredible medical needs with life threatening allergies, diabetes, asthma, seizures, mental health issues, have G-tubes, tracheostomies, require medications and many, many more health needs. The increase in the number of medical issues is staggering.

By the Numbers:

Number of Licensed School Nurses employed in public schools as of 1/4/21: 637 (not FTE)

Number of Licensed School Nurses licensed by PELSB: 1,360

Number of students in Minnesota public schools: 894,677. (2020-2021)

Number of public school buildings: 2,122 (2020-2021)

1. **Only 1/3 of Minnesota schools have a Licensed School Nurse. (637 / 2,122).** Approximately 2/3 do not.
2. **Nurse-to-student statewide ratio: 1: 1,403.** The number of nurses is not calculated by FTE. Some schools have .25 or .5 FTE Licensed School Nurses.

NOTE: To our knowledge the Minnesota Department of Education does not have actual ratio data. The numbers are the best of our ability to assemble some sort of ratio. These numbers are a conservative estimate. SNOM feels this data should be gathered as it is for other school-related personnel.

Access and Equity for Students in Minnesota:

Schools and districts vary greatly in whether and how they provide school health services. SNOM believes that all students should have equal access to adequate and appropriate health care.

Parents Don't Know who is in the School Health Office

Parents trust that their children, for a short-term health problems or chronic conditions, will have nursing care at school. They expect that, when they write a note to the "School Nurse", the person is a qualified health provider. However, most schools do not have Licensed School Nurses and many of the people staffing the health office are office assistants who have little or no medical training. Parents should know the qualifications of the people handling the medical needs of their students. The state has no reporting system where parents can access this information.

Health Data:

There are no requirements for reporting student health or services provided to the state education agency or health agency other than immunizations and flu outbreaks. We don't know the extent of the health needs of our children and our youth. Policy makers are making decisions without basic information. How many incidents related to asthma attacks, diabetes, anaphylaxis, seizures, 911 calls for medical or mental health crises, or disease outbreaks occur in a year? The lack of data does not allow for informed decision making, improvement, or promotion of student health. We should be able to analyze data across the state and districts to see what models are in place and which are successful.

Schools without Licensed School Nurses:

- Who is providing the care for the health and safety of our students?
- How are chronic health conditions managed?
- Is care properly documented?
- Who is training and supervising staff so that all students can be safe?
- Who is providing the health assessment for IEPs?
- Is the care appropriate, accurate, adequate, safe, and evidence-based?

Guidance from the MDE

For approximately 6 years, there has been no Licensed School Nurse at the Minnesota Department of Education (MDE) to address student health from the statewide perspective and give guidance to schools. SNOM was able to advocate for federal funding through the Cares Act for funding such a position through October 2024. However, this should state-leadership position should receive on-going funding from the Minnesota Legislature.

SOLUTIONS:

1. The current 1986 law should be amended to provide more funding and require districts to hire more Licensed School Nurses so that children have their health needs addressed and are safe at school. Funding sources from several other sources should be considered as it is in other states.
2. The Licensed School Nurse at the MDE should be a permanent position and funding should be included in the base funding for the agency.
3. A Grow Your Own type of program could be an incentive for individuals who have partial degrees to become Licensed School Nurses.

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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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School Social Work Association of America Resolution Statement

School Social Workers' Role in Addressing Students' Mental Health Needs and Increasing Academic Achievement

School social workers provide mental health services in schools and have specialized training to meet students' social-emotional needs. Schools often are one of the first places where mental health issues are recognized and addressed (Eklund, Meyer, Splett, & Weist, 2020; Lyon & Bruns, 2019). School social workers serve as the primary mental health providers for students and may be the only counseling professionals available to students and their families to initially identify and provide interventions for those issues. (Kelly, Thompson, Frey, Klemp, Alvarez, & Berzin, 2015; Massat, Kelly, & Constable, 2016). In a 2008 survey of school social workers, only 11 percent of respondents reported all or most students on their caseloads received counseling or therapeutic services outside of school (Kelly, Berzin, et al., 2010), and recent survey work has indicated that school social workers often continue to be the main (or only) clinical contact that many students and families have (Kelly, et al., 2015; Thompson, Frey, & Kelly, 2019).

Training and qualifications of School Social Workers

SSWAA supports the NASW School Social Work Standards that recommend school social workers have master's degrees in social work. School social workers have special expertise in understanding family and community systems and linking students and their families with community services essential to promote student success (Kelly et al., 2015; Phillippo & Blosser, 2013; Shaffer & Fisher, 2017). School social workers' training includes 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 (Gherardi, & Whittlesey-Jerome, 2018; Richard, Monroe, & Garand, 2019; Teasley, Archuleta, & Miller, 2014). They work to remedy barriers to learning created as a result of poverty, inadequate health care, and neighborhood violence. 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 homeless, foster, and migrant children, students transitioning between school and treatment programs or the juvenile justice system, or students experiencing domestic violence. They work with teachers, administrators, parents, and other educators to provide coordinated interventions and consultation designed to keep students in school and help families access the supports needed to promote student success (Massat et al., 2016; Shaffer & Fisher, 2017).

The role of the school social worker as outlined in the SSWAA School Social Work National Practice Model includes:

- Provision of evidence-based education, behavior, and mental health services.
- Promotion of a school climate and culture conducive to student learning and teaching excellence.
- Maximization of access to school-based and community-based resources (Frey et al., 2012; Kelly et al., 2016; SSWAA, 2013).

The Critical Need for School-Based Mental Health Services

Research indicates between 18-20 percent of students have mental health issues significant enough to cause impairment to major life functions (Lyon & Bruns, 2019), yet only one in five receives the necessary services (Eklund et al., 2020; Kelly et al., 2015). Furthermore, certain students, including students with disabilities, students of color, and students from low income families, are at greater risk for mental health challenges, but are even less likely to receive the appropriate services (Massat et al., 2016; Teasley, et al., 2017; Vera, Buhin, & Shin, 2006). Students with untreated mental health issues may develop more significant problems which can greatly impact their educational experience and result in poor educational outcomes and possibly dropping out of school (Lyon & Bruns, 2019; Teasley et al., 2017; Wegmann, Powers, Swick, & Watkins, C. S., 2017)

School social workers design and implement school-based programs to promote a positive school climate among all students. They work with the entire student body to identify students in need of more intensive interventions and connect these students to additional services in the community where needed (Iachini, Berkowitz, Moore, Pitner, Astor, & Benbenishty, 2017; Kelly et al., 2016; Thompson et al., 2019). School social workers also serve as a resource to the principal and other educators, providing consultation and training on identifying students with mental health needs and a referral process when services are sought. Working more closely with individual students and their families, school social workers additionally create a bridge between the school and the community when linking such services. This coordination is critical in a successful school and community partnership to maximize limited resources, facilitate better service delivery, and maintain communication between partners (Kelly et al., 2016; Massat et al., 2016; Thompson et al., 2019).

Implementing Multi-tiered Systems of Supports (MTSS)

The most effective way to implement integrated services that support school safety and student learning is through a school-wide multi-tiered system of supports (MTSS). In a growing number of schools across the country, response to intervention (RTI) and positive behavior interventions and supports (PBIS) constitute the primary methods for implementing an MTSS framework. School social workers are well-positioned to help lead these efforts.

Effective MTSS requires:

- Adequate access to school-employed specialized instructional support personnel (e.g., school social workers, school counselors, school psychologists, and school nurses) and community-based services;
- Integration of services, including mental health, behavioral, and academic supports and school-based and community services;
- Adequate staff time for planning and problem solving;
- Effective collection, evaluation, interpretation, and use of data; and,
- Patience, commitment, and strong leadership. (Avant & Lindsey, 2015; Kelly, 2014; Kelly, Frey, Alvarez, Berzin, Shaffer, & O'Brien, 2010; Lucio, Campbell, & Kelly, 2020)

Integrating Services through Collaboration and a Multi-Disciplinary Approach

Many professionals within a school help to support students' positive mental health. These include school social workers, school counselors, school psychologists, school nurses, and other specialized instructional support personnel (SISP) (Anderson-Butcher, Hoffman, Rochman, & Fuller, 2017; Kelly & Lueck, 2011). School-employed mental health professionals serve in critical leadership roles related to school safety, positive school climate, and providing school-based mental health services. School social workers offer

their unique training and expertise to link mental health, behavior, environmental factors (e.g., family, classroom, school, and community), instruction, and learning together to create safe and successful learning environments. This is done by school social workers fostering collaboration among school staff and community-based service providers while also integrating existing initiatives in the school. Integrated services lead to more sustainable and comprehensive school improvement, reduce duplicative efforts and redundancy, and require leadership by the principal and a commitment from the entire staff (Iachini et al., 2017; Massat et al., 2016; Thompson et al., 2019).

The School Social Work Association of America (SSWAA) empowers school social workers and promotes the profession to enhance the social and emotional growth and academic outcomes of all students. We envision school social work as a valued, integral part of the education of all children, connecting schools, families, and communities. We work to promote legislative policies at the federal level that encourage states and school districts to include school social workers in their school improvement efforts and overall mission to support the academic success of their students.

Approved by the Board of Directors, 05/05/2020

Suggested Citation:

Kelly, M. (2020). *School Social Workers' Role in Addressing Students' Mental Health Needs and Increasing Academic Achievement*. London, KY: School Social Work Association of America.

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MSSWA
MINNESOTA SCHOOL SOCIAL WORKERS ASSOCIATION

Commonly Asked Questions & FAQ about Licensed Minnesota School Social Workers 2020-2021

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.

