



MTSS-B data sharing and consent considerations

High-quality MTSS-B requires the use of student data to inform data-based decision-making by tiered teams. Because data are central to MTSS-B, so are considerations about their use and security. Effective MTSS-B implementation includes local district policies that establish practices for student data sharing/privacy and informed parent/guardian consent for supports and services.

The information provided in this document should not be relied upon or construed as legal advice. Districts and schools should seek the opinion of local district legal counsel when creating data privacy and security policies and consent procedures. The NH MTSS-B TA Center does not directly advise districts and schools on interpreting state laws or ethics codes related to student privacy, sharing of student data, and/or consent for tiered social-emotional, behavioral or mental health supports and services in schools.

Define your service array

School counseling in NH is considered to be part of a school's general education program (see NH State Board of Education's [Ed 306.39](#)). However, not all MTSS-B supports and services in a school may be delivered as part of the school counseling program. Some schools employ social workers, clinical mental health counselors, and/or contract with co-located community-based providers to deliver portions of their tiered supports and services. Individual districts and schools vary widely in their use of the terms "social-emotional," "behavioral (health)," "mental health," and "counseling." Districts should first establish clear definitions and categorizations of supports and services across tiers. Referring to an entire array of tiered support/services by one blanket label – e.g., just as "mental health services" – can create confusion and misunderstandings between a district and its varied constituencies.

Consent for supports and services

Once supports and services are well defined and categorized, districts should establish policies that specify which supports and services require parent/guardian consent. For example, a district may determine that school assemblies supporting student social-emotional competencies, short-term (1-2 sessions) individual support sessions, consultation with teachers about classroom behaviors, and delivery of schoolwide supports do not require parent/guardian consent, while targeted small group counseling (skills-based groups), short-term individual counseling (more than 2 sessions), and Tier 3 individualized interventions do require consent.

Once the need for consent is determined, the district should develop clear policies for obtaining consent (i.e., written or oral). Some districts include a passive informed consent for particular types of supports in beginning-of-school-year parent/guardian forms and subsequently follow-up with direct phone calls if and when a student is identified for services. Other services require active written consent from parent/guardians in all cases. Clear consent forms and instructions should be developed and disseminated among all relevant staff and consistent use monitored. While co-located clinicians from community mental health organizations typically obtain parent/guardian consent before delivery of a mental health service to a student (in or out of the school setting), it is important for districts/schools to also include consent for treatment by co-located community-based clinicians in their own policies.

Districts should also consider statutes (e.g., [NH RSA 135-C](#)) regarding the age at which a minor may be able to consent on their own behalf for mental health and/or substance-related treatment (e.g., mental health emergencies, minors age 12 or older for problems related to the use of drugs, etc.) when developing their local policies.

Communication and confidentiality

Districts and partnering community mental health agencies providing services in schools should establish communication and confidentiality protocols that ensure adherence to HIPAA, FERPA, and all applicable ethical guidelines.



HIPAA vs. FERPA

Districts should become well-versed, with the help of legal counsel, in how FERPA and HIPAA interact in a school setting. FERPA applies to students' educational records, while HIPAA applies to electronic healthcare transactions (e.g., billing mental health services under Medicaid to Schools). More information about application of FERPA and HIPAA can be found in the U.S. Department of Education's [Joint Guidance on the Application of FERPA and HIPAA to Student Health Records](#) and in the Public Health Informative Institute's [Summary of Laws Related to Child and Adolescent Mental Health](#).

Sharing information between school staff

Under FERPA, school staff are generally able to share information and data about student needs and progress to support team-based coordination of care. Districts/schools should be explicit in their policies about the circumstances under which such information sharing is appropriate (e.g., on a need-to-know basis, only between certain staff/teams, etc.) and consult FERPA guidelines and legal counsel to ensure compliance.

Sharing information between school- and co-located community mental health providers

To ensure high-quality care coordination, co-located community mental health clinicians (who typically fall under HIPAA) can seek parent/guardian consent to share information about a student with relevant teachers and school staff. Community mental health agency release of information forms will specify the types of information that can be shared and with whom. Districts and community mental health agencies' service contracts should establish clear policies and procedures for sharing of student information.

Sharing information with other external entities

In some cases, such as with grant-funded MTSS-B projects, a district may be asked to share student-level data for evaluation or other purposes. This data may be sensitive and/or contain personally identifying information (PII) that alone or in combination would make a student's identity easily traceable. FERPA does allow for disclosure of student information to particular outside agencies without parent/guardian consent in specific circumstances, when the external entity is recognized by the district/school as their authorized agent. Some examples include, but are not limited to:

- ✓ Sharing student information with school officials who have a legitimate educational interest. School officials include other school employees such as teachers, school nurses, and counselors. It can also include consultants, volunteers, contractors, or other outside parties that provide a service for the district/school;
- ✓ Sharing student information, pursuant to a written agreement, to public health agencies, mental health agencies, and other organizations to evaluate and improve health education programs and health accommodations in schools;
- ✓ Entering into an agreement that designates a public health agency or community mental health or other organization to serve as its authorized representative; e.g., a district might designate a community mental health agency or other organization as its authorized agent to evaluate how well the district is meeting the mental and behavioral health needs of its students.

Districts should establish a data privacy agreement (DPA) or a business associate agreement (BAA) with any outside entity serving in a data collection/evaluation/audit (or similar) role in their schools in order to designate that entity as an authorized agent of the district/school. This agreement should establish the purposes and boundaries of student data collection and include the types of data that will be collected, how student data will be stored and student privacy protected, who can access the data, how the data will be used and reported, and plans for destruction of data at the completion of a grant/project. The DPA/BAA allows for sharing of student information within the bounds of the agreement. Districts/schools will then need to determine if and how they will inform parents about student data sharing with the external entity, and options for opting-out of data collection or other relevant activities if desired.



Data security

As with all sensitive and PII data, district privacy guidelines and protections should be followed at all times. Districts should implement and enforce policies and procedures that are reasonably designed to protect the security, privacy, confidentiality, and integrity of student data against risks. Some recommended best practices to support data privacy and security are described below.

Laptop/work area

Before leaving your work area, secure your computer (log off/lock); protect PII from the eyes of passersby (e.g., orient your screen or use a privacy screen). Regularly delete the contents of your downloads folder and empty your desktop recycling bin. Make sure there are no paper records displaying PII around your work area and lock any paper records in a file cabinet when you leave your work area.

Email and cell phone

Refrain from using student/family names in emails to external agencies/individuals, emailing documents containing PII, and taking personally identifying photos of students/families on your phone.

Passwords

Refrain from sharing your passwords with other people and using the “remember password” feature in your web browser. Update your password if your account may have been compromised. Keep passwords in a secured place (locked drawer or encrypted electronic file).

Social media

Refrain from contributing content or images about or related to any student or family member on social media.

Wireless networks

Only use secure password-protected networks. Do not view PII at public settings such as cafés or over other public wireless networks.