



June 1, 2023

The Honorable Tony Thurmond
State Superintendent of Public Instruction
California Department of Education
1430 N Street
Sacramento, CA 95814

Re: AB 167 Telehealth Guidelines

Dear Superintendent Thurmond:

On behalf of California Alliance of Child and Family Services, which represents 160 nonprofit community-based organizations (CBOs) that provide crucial services to children, youth, and families throughout the state, I respectfully submit the following feedback regarding telehealth guidelines for student behavioral health services. Alliance member agencies have extensive experience providing school-based behavioral health services and partner with schools throughout the state in a variety of capacities. Based on this experience, we urge the Department to consider the following factors as the guidelines are developed.

Defining “Telehealth” and Setting the Foundation

- We recommend schools provide behavioral health services in person whenever possible, but understand this may not be an option for all schools. Providers report that students are more engaged, more likely to show up for sessions, and have a better relationship with their clinician when they meet in person. It is recommended that sessions start in person before transitioning to telehealth in order to build rapport between the student and clinician. Engagement with the student to encourage them to attend the session is critical and will be easier if the student and clinician have had an opportunity to meet in person first.
- When implementing telehealth services, we recommend schools define what methods of telehealth they will offer to students. This could include services provided via audio/video, telephone, or text messaging. The Memorandum of Understanding (MOU) between the school and the behavioral health provider should include an agreement on the scope of services, confidentiality protocols, communication processes, and crisis plan.
- The Association of School Psychologists recommends a screening¹ to determine if telehealth services are appropriate for a student. School staff should consider the student’s developmental, cognitive, and communication capabilities. Young students are often easily distracted and struggle to sit still in front of a computer screen. To mitigate this challenge, we recommend having a staff member on site to support the student’s participation. A minimum age requirement for telehealth will help ensure meaningful participation.

Staffing

- Opportunities for school staff to collaborate and communicate with their behavioral health providers are imperative to the success of a telehealth program. It is important to schedule a standing time to review current processes and determine what is working well and what could be improved.
- To ensure student safety, the school site needs a designated person to provide onsite support to the student and the remote therapist must be able to contact that person. This is important in cases where

¹ California Association for School Psychologist’s [Technology Checklist for School Telehealth Services](#)

the student expresses suicidal/homicidal ideation or a mandated report must occur and further support is needed.

- Some schools have confidential rooms that allow school staff to safely monitor the student without being able to overhear the conversation. For example, a student may be in a room with blinds that are open to allow the staff member to have a view into the space.
- The use of telehealth will require school staff to coordinate students traveling back and forth from their classrooms to the designated telehealth space. There should be an onsite staff member to oversee this transition and ensure the student is able to get set up with the technology to participate in their telehealth services.
- We recommend schools choose behavioral health providers in their community to provide telehealth services whenever possible. Local providers understand the community resources and context the student lives in and are able to provide linkages to other community-based services when appropriate.

Technology and Connectivity

- To employ telehealth and deliver high-quality services to students, there must be reliable Internet access and technology available for students to use. We are concerned that the current technology infrastructure at many schools may not allow students to engage in sessions without disruptions. Testing the devices and connectivity before offering telehealth is imperative to minimizing challenges with service delivery. If necessary, schools should invest any designated telehealth funding in improving their technological infrastructure.
- The California Association of School Psychologists' [Technology Checklist for School Telehealth Services](#) provides technical considerations for telehealth services. This includes assessing Internet speed, teaching students how to log-in and use the telehealth technology, and using a secure Internet connection to prevent hacking.
- Providers should always use HIPAA-compliant telehealth platforms. The California School-Based Health Alliance's [Consent, Confidentiality, & Mandated Reporting Webinar](#) is a helpful training for schools to better understand the various laws (HIPAA, FERPA, and the Children's Online Privacy Act) that must be considered when implementing telehealth.

Confidential Spaces

- Providers report that it is already difficult for many schools to find confidential spaces for school-based behavioral health services. With the addition of telehealth sessions, it will become even more challenging to find adequate space for students to engage in services in a truly confidential manner. Schools must work with community-based partners to develop protocols to establish space for services, including protocol for the prioritization of space for certain services.
- We recommend including in the consent process information on the limitations and potential risks of telehealth such as internet interruptions, an unauthorized person interrupting, etc. This will ensure students and/or families have the information they need to fully consent to the services being provided.
- To create a positive environment for students to participate in services, there should be a comfortable, welcoming space available. Providers have found that white noise machines help make the space feel more private/confidential. Some schools have utilized soundproof pods to transform classrooms into therapeutic spaces where multiple students can engage in services at the same time.

Family Engagement

- Our providers often engage families in their student's behavioral health services, and we recommend schools develop specific guidelines on family engagement in telehealth. We have found that telehealth is a valuable tool to connect students with family members that live far away. Families may need



technological support to participate in telehealth and should be provided with a device by the school for this purpose.

Mandated Reporting and Emergencies

- In cases where a Child Protective Services report needs to be made, there should be a clear protocol for collaboration between the school staff and behavioral health provider. As mentioned above, there must be a dedicated onsite staff member who is monitoring the student's session and can be contacted by the behavioral health provider in case the student is in immediate danger. A remote crisis plan must include information on how crises will be managed if they happen outside the scheduled telehealth session. It is imperative that there is support for the student if the clinician is unavailable.

We appreciate the Department's engagement with stakeholders during this process and look forward to future opportunities to share feedback on the guidelines. If you have any questions, please do not hesitate to contact us at pclark@cacfs.org or 916-639-4688.

Respectfully,

A handwritten signature in black ink, appearing to read "Christine Stoner-Mertz", is placed over a light gray rectangular background.

Christine Stoner-Mertz
Chief Executive Officer