Technology Checklist for School Telehealth Services

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store- and-forward imaging, streaming media, and landline and wireless communications. Telehealth services may be provided, for example, through audio, text messaging, or video communication technology, including videoconferencing software. Due to the COVID-19 national emergency, the Office for Civil Rights (OCR) at the HHS recently released the Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.

The National Association of School Psychologists (NASP) describes telehealth in Guidance for delivery of school psychological telehealth, (2017). Telehealth, or teletherapy, is where the clinician and the client are physically located in two different locations and virtual services are provided remotely using technology via the Internet. During this national COVID-19 pandemic, CA Pupil Personnel Services (PPS) professionals now find themselves replacing their in-person student interactions with virtual telehealth services using their Local Educational Agency’s (LEA) technology platform. This checklist will provide the PPS credentialed professionals with thoughtful guidance as their mode of communication with their students change.

ARE TELEHEALTH SERVICES APPROPRIATE FOR YOUR STUDENT(S)?

☐ Has the LEA developed a screening process to determine if the student is capable of engaging in telehealth communications (e.g. developmental level, cognitive ability, verbal skills, and psychosocial situation)?

☐ Does the student have a landline or technology resources for a video-conference (e.g. smartphone, iPad, Chromebook, webcam)?

☐ Is the student comfortable using technology? Can they login and effectively use the technology?

☐ Does the student have the physical space for a private and confidential telehealth session?

☐ Is parent/guardian permission required? It is not necessary for a check-in call, but is necessary for on-going counseling. For counseling services provided on a remote platform, written consent is required. Consider developing a consent form specific to telehealth counseling services.

☐ Will the student be seen individually or in a group?

☐ If group, what type of group (e.g. social skills, anxiety, grief)? What evidenced-based approach will be considered? Watch Leading and Learning Remotely, Kim Breen, Affecting Behavior Change Inc. (20 min. video, protocols for running a remote group).

☐ Has the LEA developed an at-risk assessment and response protocol? Consider the student’s security and safety (e.g., child abuse/neglect, suicidality) and health concerns (e.g. viral risk; mobility; immune function), community risk, and the impact on the mental health of the school employed mental health professional when deciding to do tele-sessions instead of in-person.

☐ School professionals who want to use virtual platforms to support the mental health of their students and mental health workforce may want to refer to Pacific Southwest MHTTC’s new Virtual Learning Guide.
TECHNOLOGY

☐ Is your LEA aware and supportive, and has it approved of your using telehealth services for its students?

☐ Has your LEA designated a budget for school telehealth (e.g. equipment, insurance, technology platform)?

☐ Ergonomics is about improving your comfort, health, and productivity with thoughtful workplace design. Review the article, Ergonomics for the Home Office.

☐ Is your technology platform consistent with HIPAA/FERPA-compliant practices? Does it meet the temporary OCR and HHS HIPAA rules that relate to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency?

☐ Does your LEA have a Business Associate Agreement (BAA) for the technology vendor?

☐ Does your LEA offer trainings on the technology platform? Do you feel confident on the platform you will be using?

☐ Do you and the student have adequate internet connectivity for video-conferencing? Check your internet speed/bandwidth.

☐ Did you discuss with the student how to login and use the technology?

☐ Are you using a password-protected, secure internet connection, not public or unsecured WiFi? What about your student? (If not, it increases the risk of being hacked.)

☐ Did you check that your anti-virus/malware is up-to-date to prevent being hacked? What about your student?

☐ If assessing for social-emotional well-being, did you select and use a validated tool for virtual administration?

The California Telehealth Resource Center defines “Telehealth” as a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies. It is a more universal term for the current broad array of applications in the field. Its use crosses most health service disciplines, including dentistry, counseling, physical therapy, and home health, and many other domains. Further, telehealth practice has expanded beyond traditional diagnostic and monitoring activities to include consumer and professional education.
OFFICE
☐ Is the location private? Is it reasonably quiet?
☐ Make sure the room is well lit. Example: a window in front of you might cast a shadow or create low visibility.
☐ To improve eye contact, position your device’s camera so that it’s easy to look at the camera and the student on screen.
☐ Consider removing personal items or distractions in the background.
☐ Check the picture and audio quality. Can you see and hear each other? Make sure nobody is muted.
☐ As much as possible, both people should maintain good eye contact and speak clearly.

PRE-SESSION
☐ School employed mental health professionals* are equipped to deliver telehealth services. They should adhere to all professional ethics, standards, policies, and positions of their professional organizations. Review NASP’s Guidance for the Delivery of School Psychological Telehealth Services and Virtual Service Delivery in Response to COVID-19 Disruptions.
☐ Discuss the potential risks/benefits of telehealth sessions with the student(s), and minor confidentiality rights and restrictions.
☐ Obtain a signed informed consent from your student(s) or student’s legal representative. If the school employed mental health professional or student is quarantined, informed consent must be signed electronically; consider DocHub or DocuSign.
☐ Do you have a back-up plan in case of technical difficulties?
☐ Check with your LEA on their remote crisis plan. What parent contact information do you have? Make a list of hotline numbers (e.g. National Suicide Prevention Lifeline 1-800-273-TALK, CA Peer-Run Warm Line 1-855-845-7415), district supports, and community resources (e.g. Foodbanks, mental health agencies, DMH Psychiatric Mobile Response Team).
☐ Do you have a legal and professional record-keeping system for the telehealth session (e.g. date and time spent with the student(s))? 
☐ In the case of minors, determine where the adult will be during the session.

INITIAL SESSION
☐ Verify the student’s identity, if needed.
☐ Confirm student’s location and phone number(s) where the student and parent/guardian can be reached at all times. Document.
☐ Review importance of privacy at your location and student’s location. Ensure high degrees of privacy, confidentiality, and security.
☐ All individuals present for the virtual visit must be within view of the camera so the school employed mental health professional is aware of who is participating.
☐ Confirm that nobody will record the session without permission.
☐ Turn off all unnecessary apps and notifications on your computer or smartphone to reduce distractions. Ask student to do the same.
☐ Conduct the session as you would an in-person session. Be authentic and professional.

*In this article “School employed mental health professional” is defined according to the Every Child Succeeds Act (ESSA), Section 4102 Definitions (6) of Title IV: ‘school-based mental health services provider’: “includes a State-licensed or State-certified school counselor, school psychologist, school social worker, or other State licensed or certified mental health professional qualified under State law to provide mental health services to children and adolescents”.

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