

# Telehealth Guidance for School Districts

California Department of Education

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## Preface

This is a pivotal moment in the history of school-based mental health and counseling services. The disparities of the impacts of the COVID 19 pandemic and the associated school closures have elevated the crisis of student mental health and wellness in ways that have gained unprecedented awareness. The United States Surgeon General has declared student mental health a national emergency. In California, the State Superintendent of Public Instruction has identified student mental health, wellness, and holistic family support as top priorities of his administration. The pandemic caused profound grief, depression, and isolation that still disproportionately affect students living in communities already shouldering the burden of disparities in our health, education, and economic systems. As countless counselors and educators have said, this is one of the most difficult periods in the history of public education.

Notwithstanding the many challenges, it is also a time of incredible hope. Recognizing the need for investment in counseling, mental health, and student support services, there is an unprecedented level of federal, state, and local investment in school-site services to support students and their families. California’s investments in [Community Schools](https://www.cde.ca.gov/ci/gs/hs/ccspp.asp) and the [California Youth Behavioral Health Initiative (CYBHI) (External Link)](https://www.dhcs.ca.gov/cybhi) are the largest initiatives in the nation designed to break down barriers to accessing support services for students and families. Perhaps most powerful of all, students themselves have led an effort to elevate the mental health needs of their peers and to eradicate stigma around seeking mental health support.

The pandemic also opened new doors for the use of technology as part of a strategy to eliminate barriers to accessing mental health, counseling, and student support services. The efforts to increase access to health and mental health services through telehealth began well before the pandemic. But school closures forced all educators and their schools to rethink the delivery of all services, not just instruction. Throughout the period of school closures and beyond, students and families accessed mental health and support services through virtual platforms. Counseling sessions, therapy sessions, family meetings, college and career counseling, group counseling, and other wellness services were all accessed through virtual meeting platforms.

While a national study has not been completed on the efficacy and impact of the transition to virtual platforms for student mental health tele-services during the pandemic, initial indicators are similar to those around forms of telehealth operationalized in other sectors. These indicators were supported by focus groups with students conducted by the California Department of Education (CDE) in preparation for this guidance.

Based on the input received, some students and families have adapted well and prefer a virtual format for receiving mental health counseling services. Some students have indicated that they prefer the flexibility and privacy they feel accessing services virtually. Others have reported that they do not feel comfortable in this format for various reasons, including the inability to find confidential spaces to receive services while they were at home.

In any case, it is clear, that telehealth (in this case the accessing of mental health services in a virtual platform) is here to stay and has become a viable and important tool that allows more students and families to access these vital services. Because schools are often the safest and most convenient access points for student services, telehealth platforms make schools an ideal location for potential access to high-quality mental health clinicians. This reality, combined with the implementation language in Assembly Bill (AB) 2315 (Chapter 759, Statutes of 2018) as amended by AB 167 (Chapter 252, Statutes of 2021),[[1]](#footnote-2) led the CDE to initiate the writing of this telehealth guidance document.

In accordance with statute[[2]](#footnote-3), the CDE consulted with interest holders from across the state and across several different telehealth-engaged sectors in preparation for this guidance. Specifically, the CDE held several listening sessions with current students and recent graduates from across the state. The CDE also consulted with several telehealth service clinicians and several local education agencies (LEAs) who/which have implemented telehealth programs at their school sites. The CDE met with and received feedback from the [Student Mental Health Policy Workgroup](https://www.cde.ca.gov/ls/mh/smhpworkgroup.asp) which represents over 70 student mental health experts from across several different sectors. Finally, per statute[[3]](#footnote-4), the CDE also consulted with and received feedback from the Department of Health Care Services (DHCS) as part of the research process. All this input has influenced this guidance, and the CDE is grateful, especially to the students, for sharing their truths about their experiences in this area.

There are two important factors to consider regarding this guidance. First, it assumes that telehealth services are defined as live counseling, mental health, or therapeutic sessions between a student or group of students and a licensed clinician delivered through a virtual platform. The CDE recognizes there are other models of therapy that are delivered virtually through app-based or A.I.-based platforms. While some staff, students, or families may utilize these platforms, the CDE’s telehealth guidance is not designed to apply to such platforms due to differences in regulation and standards. At the time of this publication, the CDE suggests clinicians or school site staff seeking guidance on these platforms refer to their respective professional organizations.

The second factor may be even more critical. There are many ethical points in this guidance, but none is more important than the ethical importance of listening to students and ensuring that all decisions about their care (when appropriate) are made either by them or in consultation with them and their families. Decisions about the specific platform(s) on which students access services should be made by the students themselves, with the exception of special education students accessing services pursuant to an individualized education program (IEP). Decisions regarding a student’s IEP are made by the IEP team, which includes the student’s parent/guardian[[4]](#footnote-5). Once a student turns 18, the student’s educational rights transfer to the student (unless the student is conserved), and the student has the authority to decide whether to consent to the IEP (Ed Code 56041.5)[[5]](#footnote-6).

Moreover, when deciding if the telehealth platform is appropriate for a student, the most important guide should be the student’s voice. At no point in the process should certain other issues (whether budgetary, contractual, etc.) take precedence over student choice. Any new platform for services presents opportunities and risks. We maximize the opportunity for success when we are highly attuned to student voice at each step in the process.

As with so much following the pandemic, learning is still in process. The CDE views this guidance as a living document that will need to be updated periodically as the latest research on best practices is published.

## Introduction

AB 2315 (Chapter 759, Statutes of 2018), as amended by AB 167 (Chapter 252, Statutes of 2021), provides guidelines for public schools, including charter schools, on the use of telehealth as a method for the provision of mental and behavioral health[[6]](#footnote-7) services to students on school campuses. This bill recognizes California’s need for expanded access to mental health support in schools. A Kaiser study has suggested that, even before the pandemic, California was only able to provide mental health services for one third of Californians who were seeking support from a mental health clinician ([California Health Care Foundation, 2019 (External Link)](https://www.chcf.org/press-release/california-health-policy-survey/#related-links-and-downloads)). The need for mental health support was exacerbated during the pandemic, especially for our students. While California works through a shortage of available mental health clinicians, mental health care delivered through telehealth has the potential to increase access for students in need.

In the rapidly shifting landscape at the intersection of student support services and technology, school district staff should consider the applicable professional codes of ethics and legal authority when determining the appropriate platform and setting for the provision of telehealth services. Memorandums of Understanding (MOUs), if utilized, and the selection of clinicians should in part be directed by student needs to enable students to maintain the ability to exercise choice at the various phases of their wellness journey.

## Telehealth Defined

California *Education Code* (*EC*) Section 49429(d) defines telehealth as the “mode of delivering health care services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a pupil’s health care while the pupil is at a school site and the health care provider is at a distant site.”

**Qualifications[[7]](#footnote-8)**

According to Section 80049 of Title 5 of the California Code of Regulations (5 CCR), a Services Credential with a Specialization in Pupil Personnel Services may be issued in the following areas: School Counseling, School Social Work, School Psychology, and School Child Welfare and Attendance on the basis of the completion of all requirements in 5 CCR 80049 (b) or (c). Individuals seeking the School Child Welfare and Attendance area must also hold or be issued concurrently an authorization in School Counseling, School Social Work, or School Psychology. (5 CCR 80049(a)) The clear Pupil Personnel Services Credential authorizes the services specified in Section 80049.1. (5 CCR 80049(d))

5 CCR 80049.1 provides:

(a) A Services Credential with a specialization in Pupil Personnel Services authorizes the holder to perform pupil personnel services in the specialization(s) named, as described below, in grades 12 and below, including preschool, and in programs organized primarily for adults:

(1) The Pupil Personnel Services: School Counseling Credential authorizes the holder to develop, plan, implement and evaluate a school counseling and guidance program that includes academic, career, personal and social development; advocate for the higher academic achievement and social development of all students; provide school-wide prevention and intervention strategies and counseling services; provide consultation, training and staff development to teachers and parents regarding students' needs; and supervise a district-approved advisory program as described in [Education Code Section 49600 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000205&cite=CAEDS49600&originatingDoc=I78784DF34C6911EC93A8000D3A7C4BC3&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=1bfece9a6c404cd7bd231d01f5d0620c&contextData=(sc.Category)).

(2) The Pupil Personnel Services: School Social Work Credential authorizes the holder to assess home, school, personal and community factors that may affect a student's learning; identify and provide intervention strategies for children and their families including counseling, case management, and crisis intervention; consult with teachers, administrators and other school staff regarding social and emotional needs of students; and coordinate family, school and community resources on behalf of students.

(3) The Pupil Personnel Services: School Psychology Credential authorizes the holder to provide services that enhance academic performance; design strategies and programs to address problems of adjustment; consult with other educators and parents on issues of social development, behavioral and academic difficulties; conduct psycho-educational assessments for purposes of identifying special needs; provide psychological counseling for individuals, groups and families; and coordinate intervention strategies for management of individual and school-wide crises.

(4) The Pupil Personnel Services: Child Welfare and Attendance Credential authorizes the holder to access appropriate services from both public and private providers, including law enforcement and social services; provide staff development to school personnel regarding state and federal laws pertaining to due process and child welfare and attendance laws; address school policies and procedures that inhibit academic success; implement strategies to improve student attendance; participate in school-wide reform efforts; and promote understanding and appreciation of those factors that affect the attendance of culturally-diverse student populations.

(b) An individual holding any of the authorizations described in this section may serve as an administrator of a pupil personnel services program per [Education Code Section 44270.2 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000205&cite=CAEDS44270.2&originatingDoc=I78784DF34C6911EC93A8000D3A7C4BC3&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=1bfece9a6c404cd7bd231d01f5d0620c&contextData=(sc.Category)).

(c) Nothing in this section shall be construed to preclude school districts from utilizing community-based service providers, including volunteers, individuals completing counseling-related internship programs, and state licensed individuals and agencies to assist in providing pupil personnel services, provided that such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization.

The California Board of Behavioral Sciences (BBS) promulgates regulations aimed at ensuring competency in the mental health professions and protecting consumers.[[8]](#footnote-9) BBS regulations require that “all persons engaging in the practice of marriage and family therapy, educational psychology, clinical social work, or professional clinical counseling via telehealth, as defined in Section 2290.5 of the [California Business & Professions] Code, with a client who is physically located in this State must have a valid and current license or registration issued by the Board.” (16 CCR 1815.5(a)).

In addition to the BBS licensing/registration requirements, referenced above, for those providing telehealth services:

* All psychotherapy services offered by board licensees and registrants fall within the jurisdiction of the board just as traditional face-to-face services do. Therefore, all psychotherapy services offered via telehealth are subject to the BBS’ statutes and regulations (16 CCR 1815.5(b)).
* Upon initiation of telehealth services, a licensee or registrant shall do the following:
  + Obtain informed consent from the client consistent with Section 2290.5 of the California Business & Professions Code.
  + Inform the client of the potential risks and limitations of receiving treatment via teletherapy.
  + Provide the client with his or her license or registration number and the type of license or registration.
  + Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the student’s geographic area. (16 CCR 1815.5(c)).
* Each time a licensee or registrant provides services via telehealth, he or she shall do the following:
* Verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.
* Assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the student’s psychosocial situation.
* Utilize industry best practices for teletherapy to ensure both client confidentiality and security of the communication medium.

(16 CCR 1815.5(d))

**Mandated Reporters[[9]](#footnote-10)**

Article 2.5 of Chapter 2 of Title I of the California Penal Code is known as the Child Abuse and Reporting Act (CANRA), the intent of which is to protect children from abuse and neglect. In any investigation of suspected child abuse or neglect, all persons participating in the investigation of the case shall consider the needs of the child victim and shall do whatever is necessary to prevent psychological harm to the child victim (Penal Code 11164).

Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff’s department, not including a school district police or security department, county probation department, if designated by the county to receive mandated reports, or the county welfare department (Penal Code 11165.9). A comprehensive list of all mandated reporters in California can be found in Penal Code 11165.7. See appendix H of this guidance for further information.

School districts, county offices of education, state special schools and diagnostic centers operated by the State Department of Education, and charter schools shall:

* Annually train their employees and persons working on their behalf specified in Penal Code 11165.7(a) in the duties of mandated reporters under the child abuse reporting laws. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting. (Penal Code 11165.7(d); *See also EC* 44691(b)-(d) which contain additional information and/or mandates on mandated reporter training)
* Develop a process for all persons required to receive training pursuant to *EC* 44691 to provide proof of completing the training within the first six weeks of each school year or within the first six weeks of that person’s employment. The process developed under this paragraph may include, but not necessarily be limited to, the use of a sign-in sheet or the submission of a certificate of completion to the applicable governing board or body of the school district, county office of education, state special school and diagnostic center, or charter school. (*EC* 44691(b)(2)

Considerations in assessing for abuse/neglect virtually should be made when training or working with clinicians who are providing telehealth services, in addition to assessing for risk (self-harm, suicidal or homicidal behavior). As an example, verifying and documenting a student’s location at the beginning of the telehealth session is important. If there is a safety concern, the clinician can provide the contact information and location of the student to emergency responders should the student log off or if the connection is lost.

## Emergency Response Protocols

Given that telehealth necessarily means that the clinician is seeing the student outside of the control of an office setting, the Department of Health and Human Services recommends preparing for potential crisis situations by creating an emergency response plan ([Creating an emergency plan for telebehavioral health | Telehealth.HHS.gov (External Link)](https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-behavioral-health/preparing-patients-for-telebehavioral-health/creating-a-telehealth-emergency-plan)). If, during a telehealth session, a clinician identifies suicidal ideation or other potentially dangerous indicators, the clinician will need to take all legally mandated steps to keep the student and community safe. As factual scenarios vary, the CDE recommends all clinicians contact their respective licensing agencies and/or legal counsel for more information on applicable legal mandates.

## Telehealth Program Design

Similar to in-person school-based mental health and counseling services, the scope and range of telehealth services will depend on many variables unique to the school community. As such, program design, scope, and breadth of engagement should be determined by the LEA and the clinician(s).

Telehealth programs can be designed with a [time-bound model (External Link)](https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.samhsa.gov%2Fsites%2Fdefault%2Ffiles%2Fnc-smart-goals-fact-sheet.pdf&psig=AOvVaw03Z1ifDn21o76xFXL43LHP&ust=1718312452843000&source=images&cd=vfe&opi=89978449&ved=0CAUQn5wMahcKEwjA9bf9-taGAxUAAAAAHQAAA) based on severity levels. As with school-based mental health and counseling program services, however, LEAs should remember that clinical calendars and school calendars are not always programmed congruently. For example, it may not be possible to see students at the beginning or end of a semester due to testing. Flexibility and communication are important components for success.

## Space, Technology, and Collaboration for Success

### **Space/Location of the Services to Provide Optimum Engagement and Confidentiality**

One of the key potential advantages of telehealth as a service delivery platform is the flexibility it offers students to be empowered to decide where and when they receive services while on site. The potential of this flexibility can be mitigated, however, by issues around equity, access, and confidentiality of services.

When working with a student to determine where and when services will be accessed, it is important to maximize student choice and discuss the options with the student and, when appropriate, with their families. Student comfort and confidentiality should be prioritized in determining where they will access services, and this plan should be discussed with the student and/or their family prior to the commencement thereof.

The space assigned for students to access telehealth services at the school site should be inviting, private, and sound resistant to help ensure that students feel safe and comfortable during their sessions and can talk openly, freely, and confidentially with their clinicians. Schools with office space constraints can leverage other potential and creative spaces for telehealth sessions including wellness centers, meeting rooms, empty classrooms, or building out confidential spaces in any unused rooms on campus.

Clinicians should work with the student to ensure the selected location has minimal interruptions and is comfortable for the student. Depending on the student’s age, headphones can be an effective way to focus the student on their session and/or ensure privacy.

Once private, secure venues for services have been identified, LEAs can enhance privacy by soundproofing the space and/or using noise machines or other white noise devices. “In session” signs and other additional signage can also help minimize additional disruption. The CDE suggests that schools and any agency partners regularly check in with students about their comfort level with the space and logistics as part of their sessions.

If an LEA is working with an outside agency for the provision of services, this engagement can be initiated by either the LEA or agency. The CDE suggests that LEA and/or school-based staff work collaboratively with agency staff and the student to establish a telehealth services plan that allows for student buy-in and success. At every juncture, the LEA and agency should work together to ensure access to the needed technology and other resources that remove any barriers to accessing services.

LEAs also need to balance student safety with confidentiality at every phase of the telehealth process. Programs that hold the best chance of achieving this balance are those that prioritize building intentional relationships between the LEA and the clinician, including when the clinician is from an outside agency.

### **Telehealth Models**

There are [models](https://www.childrenspartnership.org/what-we-do/telehealth/#:~:text=School%2Dbased%20telehealth%20is%20health,and%20familiar%20setting%3A%20their%20school.) (External Link) of LEA/school site and outside agency collaboration, should the LEA choose to utilize outside agencies. These models could be adapted for building strong partnerships to support student success through telehealth. One of these models is the Coordination of Services Team (COST) model. In this model, a COST team chair calls together all partners, teachers, support staff, and partner agency staff for weekly or biweekly meetings to align services and educational support to best intervene and build that student’s assets and strengths. Virtual platforms could allow the telehealth provider and/or the supervisor/coordinator to participate in these care teams (Please refer to appendix J for additional information on a COST model).

**Professional Development/Input**

It is important that school staff receive information about telehealth services offered at the school site and have an opportunity to provide input about the structure and administration of the program. Offering a professional development session about services offered, objectives, referral process, and available resources can help with operationalizing the partnership to meet gaps in service to families and improve academic outcomes for all. The better all staff understand and feel connected to the goals of the partnership, the more likely they will be to support the effort. In the [most successful implementations (External Link)](https://mhttcnetwork.org/telehealth-toolbox-for-school-personnel/), LEA staff at every level are engaged early in the program.

**Intentional Scheduling**

LEAs, clinicians, and students/families should work together to determine when students can access telehealth services. If a student is accessing telehealth during a class in which the student may be struggling academically, considerations should be made to identify a different time for the telehealth session to take place. Students should also follow up with their teachers to discuss any assignments that they missed while participating in telehealth.

**Communication**

As with any new partnership, program or initiative, ongoing communication, program monitoring, and dynamic feedback centered on improving student and family well-being are central to successful program implementation. This is also true for LEAs implementing telehealth services. Establishing clear lines of communication between the LEA and/or school site lead, the clinician and/or contracting agency, and the student can be essential to success. Communication protocols should be developed to meet the specificity of each community, certain best practices will further strong program implementation. These [best practices (External Link)](https://telehealth.hhs.gov/providers/best-practice-guides?gad_source=1&gclid=CjwKCAjwg8qzBhAoEiwAWagLrE8D6BwSqiTVlSiSA77UN3oC-Kjqm0zCQmdeaJAoi1a_4GFfHSKoyBoC4rIQAvD_BwE) include:

* Regularly scheduled check-ins between the school site project/program lead and the agency supervisor/project director (if applicable)
* Regularly scheduled collaborative staff meetings engaging all participating agency and school site/LEA staff (if applicable)
* Meetings to manage/address issues with technology/technology protocols around accessing services, connectivity, and other specific logistics
* A communications protocol for all crisis situations, reporting situations or needed non-crisis communication (academic impacts, counselor collaboration, family notification, disclosures affecting other students, etc.)

Communication between the school site, the partnering agency (if any), and students should also be intentional and strong. While the majority of communication with elementary age students will likely be through their families, communication with students old enough to consent for sensitive services (for example, those 12 years old or older[[10]](#footnote-11)) may be directly through the student. Protocols around student communications should be discussed by the LEA/school site and the partnering agency (if an agency is utilized). Beyond protocols, all students engaging with services though the telehealth platform should expect honest, open, and direct communication. Care should also be taken so that logistical communication (scheduling of appointments, location for appointments and summons from class) with students can be direct and seamless. The platform for communications should be chosen by the student, with the exception of special education students accessing services pursuant to an IEP (as decisions regarding a student’s IEP are made by the IEP team, which includes the student’s parent/guardian. Once a student turns 18, the student’s educational rights transfer to the student (unless the student is conserved), and the student has the authority to decide whether to consent to the IEP (Ed Code 56041.5)[[11]](#footnote-12). Students should also be aware of communication protocols and how their confidentiality is to be maintained within those protocols.

Family communication is also important, if permitted, for a successful implementation strategy. Appropriate clinician/school site/LEA communication protocols for family communications are encouraged. This communication design should be strategic both in terms of outreach and service initiation throughout the telehealth process. Family communication should be aligned with prioritization of student confidentiality and must comply with Health Insurance Portability and Accountability Act (HIPAA)/Family Educational Rights Privacy Act (FERPA)[[12]](#footnote-13). For some programs and sites, it may prove useful to hold family and/or student meetings to describe the program and services available through the telehealth platform.

Finally, ongoing communication about telehealth services with school-based staff should be intentional and ongoing. The school site and the agency (if applicable) should be aligned as to when and how to engage staff (teachers, counselors, nurses, etc.) to communicate needed information with one another. The agency and site leads could present an all-staff professional development training to build understanding and staff buy-in before the program launches and at the beginning of each academic year. This can provide the leads with the opportunity to answer questions about the overall initiative and address potential concerns about the telehealth platform.

**Progress Monitoring**

Progress monitoring is a beneficial tool that is used to assess student growth. Frequently measuring students’ progress can aid staff in determining whether any adjustments or changes are needed to improve student outcomes. The use of data-sharing agreements can enhance progress monitoring by ensuring data is shared securely, responsibly, and ethically. Therefore, fostering a collaborative environment that supports continuous improvement for student health.While some LEAs which build district-wide relationships with agencies to provide telehealth services may explore data-sharing agreements as part of their contracting process, the CDE defers to individual LEAs and County Offices of Education (COEs) to determine the terms of such agreements. LEAs can weigh any potential benefits and risks that data-sharing agreements may offer when determining the best course of action for each district or school community.

At the site level, progress monitoring should be a bi-directional collaboration for ongoing feedback about both the telehealth services and the student’s comfort with the telehealth platform. School site and agency staff, if applicable, should collaboratively identify a menu of potential qualitative and quantitative indicators of student progress that can be personalized for individual cases. These indicators may be identified and solidified at the local level based on the specificity of each LEA or school site’s program goals. In all cases, the opportunity for students to give direct feedback about both the telehealth services and the platform should be prioritized. In addition to direct feedback from the student, the following data points may be included collaboratively determined progress monitoring:

* Student’s consistent attendance for schedule telehealth services appointments
* Student’s confidential feedback about efficacy/utility of counseling sessions and connectivity to the telehealth provider
* Student’s grades, attendance, and disciplinary records (shared individually with permission from students and parent/guardian or shared in the aggregate without student-level data)
* School-Wide data either from LCAP or APR from community schools, CYBHI or other statewide programs
* Data from the California Healthy Kids Survey or School Climate Surveys

**This guidance is for information purposes only. LEAs and COEs are encouraged to confer with current federal and state laws.**

Services offered to students and families through the telehealth platform can be a component part of a larger, comprehensive student, family, and community support services program. As such, program monitoring could take place in the context of a comprehensive reciprocal practice to build community and capacity. To potentially maximize positive program outcomes and individual student and family progress, the CDE recommends that the program partners meet regularly to review data (subject to all applicable laws), student, family and staff feedback, and other program measures. This could include a reflective practice process through which the data drives appropriate changes or adjustments in program design and implementation.

**A Final Word about Student Voice**

The CDE urges all LEAs and school sites to elevate authentic student voice at all stages of telehealth service implementation. Only through listening to and engaging with students can we work in solidarity with them to design, develop, and implement a comprehensive counseling program that successfully integrates telehealth services. The CDE encourages the use of student advisory boards and other forms of empowerment to codify the centrality of student voice in the process.

### **Potential Sources of Funding for Necessary Equipment and Technology Infrastructure**

Potential funding for the purchase of necessary equipment and technology infrastructure for school-based telehealth services can potentially come from various sources, including federal, state, and local government programs, private foundations, and grants. By way of illustration, not limitation, here are some examples of potential sources of funding[[13]](#footnote-14):

1. [Local Control Funding Formula (LCFF)](https://www.cde.ca.gov/fg/aa/lc/lcffoverview.asp)

LCFF funds, as specified in *EC* Section 42238.02, are unrestricted funds that may be used for any purpose allowable by law. They can be used to purchase equipment, technology, add staff and/or contract for services to implement telehealth services.

1. Federal Grants:

[The Office for the Advancement of Telehealth (OAT) (External Link)](https://www.hrsa.gov/telehealth/grants) may offer grants that can be used to support telehealth funding and administers programs focused on direct services, research, and technical assistance.

Private Foundations:

[Bill & Melinda Gates Foundation (External Link)](https://submit.gatesfoundation.org/): This foundation may support education technology initiatives.

[The Kellogg Foundation (External Link)](https://www.wkkf.org/grants/): This foundation has a history of supporting programs to improve children's health and education, which may include telehealth initiatives in schools.

[The Chan Zuckerberg Initiative (External Link)](https://chanzuckerberg.com/grants-ventures/grants/): This foundation in part focuses on education and may provide funding for technology infrastructure in schools.

1. E-Rate Program:

Administered by the Universal Service Administrative Company, the [E-Rate program (External Link)](https://www.usac.org/e-rate/) may provide discounts on telecommunications services and internet access to eligible schools and libraries.

1. Telecommunication Companies:

Some telecom companies may offer grants or discounts to schools to improve their internet connectivity and technology infrastructure. Contact local providers to inquire about available programs.

1. Community Foundations:

Local community foundations may have grant programs that support education and healthcare initiatives. These foundations may be interested in funding telehealth projects in schools.

When seeking funding from these sources, the CDE suggests thoroughly researching their eligibility criteria, application deadlines, and requirements. Additionally, consider collaborating with local healthcare providers, school districts, and community organizations to strengthen grant proposals and potentially increase the chances of securing funding for telehealth services in schools.

### **Reimbursement Through Medi-Cal or Other Sources**

1. Local Educational Agency (LEA) Billing Options Program

According to the California Department of Health Care Services (DHCS), the LEA Billing Options Program (LEA BOP) reimburses LEA BOP providers (school districts, county offices of education, charter schools, state special schools, community college districts, California State Universities, and University of California campuses) the federal share of the maximum allowable rate for approved health-related services provided by qualified health service practitioners to Medi-Cal-eligible students.

For more information, please visit this link: [LEA Medi-Cal Billing (External Link)](https://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx).

* School-Based Medi-Cal Administrative Activities (SMAA):
* The DHCS’ SMAA program reimburses school districts for the federal share (50%) of certain costs for administering the Medi-Cal program. Those activities include Outreach and Referral; Facilitating the Medi-Cal Application; Arranging Non-Emergency/Non-Medical Transportation; Program Planning and Policy Development; and MAA Claims Coordination. For more information, visit: [School-Based Medi-Cal Administrative Activities (External Link).](https://www.dhcs.ca.gov/provgovpart/Pages/SMAA.aspx)
* Federal funding is available for the cost of administrative activities that directly support efforts to identify and enroll potential eligibles into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan. To the extent that school employees perform administrative activities that are in support of the state Medicaid plan, federal reimbursement may be available. However, Medicaid Third Party Liability (TPL) rules limit the ability of schools to bill Medicaid for some of these health services and associated administrative costs. [SMAA Manual (ca.gov)](https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/SMAA/SMAA%20Manual/SMAAManual-Section1-2-3.pdf), p.2-3.

In addition to these programs, mental and behavioral health services providers in California may explore other potential reimbursement sources for telehealth services, including:

1. Medi-Cal Telehealth Services:

* Medi-Cal may cover specific telehealth services when provided by eligible healthcare providers. Mental and behavioral health professionals who are Medi-Cal providers may be able to bill for covered telehealth services, subject to Medi-Cal guidelines. More information can be found on DHCS’ [Telehealth web page (External Link)](https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx).

1. Medi-Cal Managed Care Plans:

* If a pupil is enrolled in a managed care plan under Medi-Cal, the plan may offer coverage for telehealth services provided by in-network providers. Providers should check with the specific managed care plan for details on coverage and reimbursement. The DHCS published an All-Plan Letter regarding telehealth services in managed health care plans which can be found on DHCS’ [Telehealth web page (External Link)](https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx).

1. Medi-Cal Waiver Programs and Initiatives:

* The DHCS has a number of Medi-Cal waiver programs that provide home and community-based services, family planning services, specialty mental health services, and managed care to specific groups of eligible individuals. For more information, visit: [Medi-Cal Waivers (External Link)](https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx). Providers should monitor updates from the DHCS on their [Medi-Cal Waivers web page (External Link)](https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx) for information on these opportunities.

Mental and behavioral health services providers should stay informed about program updates, billing guidelines, and eligibility criteria through official channels such as the DHCS website, as program details can change over time. Additionally, providers may benefit from consulting with their billing departments, Medicaid specialists, or professional associations for guidance on navigating reimbursement for telehealth services in California school settings.

## Consent for Services

Section 2290.5 of the California Business & Professions Code requires certain providers of telehealth services[[14]](#footnote-15) to obtain verbal or written informed consent from the student or the parent/guardian (depending on the circumstances) before delivering the services. Generally, when the student is a minor, the parent or legal guardian will be the one to provide the informed consent. There are exceptions to this general rule which include, but are not limited to, situations in which a student is accessing services per their IEP (as decisions regarding a student’s IEP are made by the IEP team, which includes the student’s parent/guardian)[[15]](#footnote-16). Again, once a student turns 18, the student’s educational rights transfer to the student (unless the student is conserved), and the student has the authority to decide whether to consent to the IEP (Ed Code 56041.5)[[16]](#footnote-17).

Additionally, there are instances in which minors of certain ages or others can provide consent (discussed immediately below). The CDE recommends providers contact their licensing boards and/or legal counsel for further information depending on the specific circumstances.

One such exception is set forth in Section 6924 of California Family Code. The current version of this section, *operative* ***until July 1, 2024****,* permits minors, aged 12 or older, to consent to mental health treatment or counseling on an outpatient basis if both of the following requirements are satisfied: 1) the minor, in the opinion of the attending professional, is mature enough to participate intelligently in the outpatient services; 2) the minor would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or is the alleged victim of incest or child abuse (Fam. Code 6924(b); *See also* Health & Safety Code 124260). ***As of July 1, 2024****,* Family Code 6924 provides that minors, aged 12 or older, can consent to mental health treatment or counseling on an outpatient basis if the minor, in the opinion of the attending professional, is mature enough to participate intelligently in the outpatient services. Per both versions of Family Code 6924, the professional treating or counseling the minor is still required to involve the parent/guardian in the minor’s treatment or counseling, unless the professional determines that such involvement is inappropriate (Fam. Code 6924(d); *See also* Health & Safety Code 124260).

Involving the parent/guardian, however, does not mean the parent/guardian is automatically entitled to inspect/obtain the minor’s medical records without a signed release of information from the minor (Health & Safety Code 123110(a) and 123115(a); Civ. Code 56.10 and 56.11).[[17]](#footnote-18) For these reasons, LEAs using outside agencies should align their respective procedures to ensure compliance.

### **Data Security and Privacy**

As stated, telehealth means the mode of delivering health care services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a pupil's health care while the pupil is at a school site and the health care provider is at a distant site.[[18]](#footnote-19) With the increased use of telehealth systems, cybersecurity risks increase as well, including threat actors looking to exploit system vulnerabilities to gain access, steal sensitive information, or cause disruption.

To better manage these risks, the CDE recommends that LEAs consider reviewing system and account configurations, securing data in transit and while data is at rest (e.g., data stored on hard drives and portable media), ensuring the physical security of the system, providing a place to securely store non-electronic records, and establishing written administrative and technical processes and procedures.

In the [table provided below (External Link)](https://www.schoolhealthcenters.org/resources/sbhc-operations/telehealth/), the following high-level security recommendations should be considered when securing telehealth systems. However, the CDE also highly recommends reviewing more comprehensive and specific guidelines for securing telehealth systems. Please see appendix E (Securing Telehealth Systems) for additional information.

| Item | Guidance |
| --- | --- |
| Securing System, Communications, and Data | * Apply the concept of “Defense in Depth”, using multiple defensive measures in case a control or system fails * Configure geolocation blocking on firewalls and all other security appliances * Only allow necessary ports, protocols, and services needed for the system to operate * Enable encryption for data in transit by utilizing Hypertext Transfer Protocol Secure (HTTPS) and Transport Layer Security (TLS) protocol version 1.2 or higher; use a virtual private network if available * Utilize encryption (meeting Federal Information Processing Standards (FIPS) 140-2 or higher standards) for data at rest with full disk encryption and on portable devices * Update the default passwords of all endpoint devices, Wi-Fi, and other network components and devices * Configure the email system to block emails sent from spoofed email addresses and emails containing malicious attachments or links * Ensure the telehealth system is in a secure location (e.g., locked room or requiring badge access) * Ensure there is a secure place to store sensitive paperwork and devices * Verify antivirus is up-to-date and running on all endpoints |
| User Accounts | * Leverage role-based access control (RBAC) * Separate administrator and standard user accounts; administrative accounts should only be used to conduct administrative tasks * Apply the principle of least privilege – users should only access what they need to accomplish their tasks with the appropriate level of system permissions * Configure passwords to require a mix of upper and lowercase letters, numbers, special characters and be a length of eight (8) characters or longer * User multi-factor authentication (MFA) |
| Users and Training | * Provide information security and privacy awareness training and emphasize the importance of handling sensitive information * Provide guidance on reporting privacy or security incidents or disclosures * Prohibit the connection of personal devices to enterprise systems * Conduct regular phishing exercises |
| Processes and Procedures | * Verify operating systems and software are supported * Regularly scan systems to identify vulnerabilities * Ensure systems and software are patched regularly to address vulnerabilities * Have an Acceptable Use Policy in place * Conduct asset inventory * Conduct periodic reviews of accounts and permissions * Establish written procedures to on-board and decommission assets * Establish written procedures for the first day and last day in office for personnel (hiring and separation) * Ensure data collection and retention policies and procedures are in place |

Technical controls and administrative processes should be implemented to help maintain privacy and safeguard systems from cyberattacks. These controls and processes can help to strengthen the security of a telehealth system, maintain patient privacy, and lower the risk of an incident.

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In addition to data security, the privacy of student data and medical records is also essential. Students receiving telehealth services are entitled to confidentiality, and the laws regarding confidentiality and breaches thereof vary depending on the age of the student and the applicable federal or state law, including FERPA,[[19]](#footnote-20) HIPAA,[[20]](#footnote-21) and the Confidentiality of Medical Information Act (CMIA), among others.[[21]](#footnote-22)

For more information on FERPA, please visit the [CDE’s FERPA Summary Page](https://www.cde.ca.gov/ds/ed/dataprivacyferpa.asp).

For more information on HIPAA, please visit the [U.S. Department of Health and Human Services’ Health Information Privacy web page (External Link)](https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html).

For more information on Data Privacy see the [CDE’s Data Privacy web page](https://www.cde.ca.gov/ds/ed/dataprivacy.asp).

### **Potential School District, County Office of Education, and Charter School Liability Associated with the Provision of Telehealth Services**

LEAs can be vulnerable to a variety of legal claims, whether or not valid. Some legal theories under which LEAs may be sued include general negligence, negligent supervision, vicarious liability of employees, and liability for the actions/inactions of independent contractors.

In terms of telehealth services specifically, there are potential liability risks of which LEAs should be aware. These include, but are not limited to, risks associated with breaches of confidentiality (including minor consent), failure to obtain informed consent, and failure to comply with mandated reporting requirements. While these risks also exist with traditional in-person health services, telehealth technology can create incremental risks for an LEA.

Prior to the provision of telehealth services, LEAs should consult with their own risk management professionals, including legal counsel and insurance agents, to manage these and any other risks they may face based on their unique programs. As a part of these consultations, LEAs should consider the potential need for additional or different insurance products to cover telehealth services provided by LEA staff or outside clinicians, the potential need for insurance, indemnity, defense and other contract provisions with any vendors and contractors who are supporting the LEA’s telehealth services, the sufficiency of LEA policies and procedures that are followed in providing telehealth services, the administrative processes used to ensure staff comply with those applicable policies and procedures, and any other risk mitigation strategies or techniques that may be appropriate.

**Telehealth Services and Special Education**

In general, Local Education Agencies (LEAs) must follow a special education student’s IEP. If an LEA proposes to deliver a student’s mental health related services via telehealth, the IEP team, which includes the student’s parent/s or guardian/s, will need to discuss and consider this proposal since the location of the services is a necessary component of the IEP per 34 CFR 300.320. If the IEP team (including the student’s parent/s or guardian/s) determines telehealth services meet the individual needs of the student, the IEP will need to reflect the frequency, location, and duration of those services (34 CFR 300.320(a)(7)).

### **Background**

*Mental Health Services as Related Services*

Some students with IEPs may need “related services” in order to access their education. “Related services” are defined as “…such developmental, corrective, and other supportive services… as may be required to assist an individual with exceptional needs to benefit from special education….” (*EC* 56363(a)). Related services may include but are not limited to: counseling and guidance services; psychological services other than assessment and development of the individualized education program; and social worker services (*EC* 56363(b)(9), (10), and (13)).

A student’s IEP and the components thereof (such as related services) are determined on an individual basis as part of the IEP process pursuant to 34 CFR 300.320 through 34 CFR 300.324 (34 CFR 300.320(a); *See also* 5 CCR 3051(a)(2)). Subject to limited exceptions, informed parental/guardian consent is required before an LEA provides a student with special education and related services (*EC* 56346).

“All entities and individuals providing related services shall meet the qualifications found in 34 CFR 300.156(b) and 3001(r) and the applicable portions of section 3051 et seq. and shall be either:

1. Employees of the school district or county office, or
2. Employed under contract pursuant to *Education Code* sections 56365-56366, or
3. Employees, vendors or contractors of the State Departments of Health Care Services or State Hospitals, or any designated local public health or mental health agency….”

(5 CCR 3051(a)(3))

“An individual providing related services out of state, pursuant to sections 56365 and 56366 of the *Education Code*, as required in a [student’s] IEP, must:

1. Hold a current valid credential or license to render that related service as required by that state, and
2. Be employed by a nonpublic, nonsectarian school or agency certified by the CDE.”

(5 CCR 3051(a)(5))

*Telehealth Delivery Model for Mental Health Related Services*

If a student with an IEP requires related services (which could include but are not limited to counseling, psychological services, or social worker services), the student’s IEP must include “a statement of the . . . related services … to be provided to the child” (34 CFR 300.320(a)(4)). The student’s IEP must also contain the “projected date for the beginning of the services” and “the anticipated frequency, location, and duration of those services” (34 CFR 300.320(a)(7)).

## Conclusion

This guidance emphasizes that this is a critical moment regarding school-based mental health and counseling services, marked by significant challenges but also tremendous hope. Even before the pandemic, technology has been utilized as a strategy to eliminate barriers to accessing mental health, counseling, and student support services, which has only intensified throughout the pandemic. The implementation of telehealth services highlights the importance of adhering to the required codes, policies, and standards to ensure student security and safety.

This comprehensive approach to student health and safety is thoroughly outlined in this guidance. By implementing telehealth services and utilizing the necessary tools, models, protocols, best practices, and resources, student comfort and confidentiality are prioritized, and LEAs and/or school-based staff, agency staff, students’ families, and students, including the clinician(s) can establish a telehealth services plan that foster student buy-in and success. The telehealth models and professional development opportunities discussed throughout this guidance provide the ability for student voices and those of LEAs and agency staff to be heard, promoting the formation of robust partnerships that support student success through telehealth at all levels.

Establishing clear lines of communication between the LEA and/or school site leads, clinicians, external contracting agencies, and students, alongside implementing tools such as progress monitoring, can be essential to student success and overall growth. This guidance also highlights the potential funding opportunities for the purchase of necessary equipment and technology infrastructure for school-based telehealth services. These funds may be sourced from various entities, including federal, state, and local government programs, private foundations, and grants.

By encouraging the successful implementation of these recommendations, it is the hope of CDE that together we can build a more accessible and effective telehealth system for the benefit of all students.

## Appendices

### **Appendix A: Preparing for the Provision of School-Based Telehealth Services: Potential Elements**

School staff should consider the following elements when preparing for the coordination of school-based telehealth services. This list is not exhaustive:

* Develop protocols and procedures to enable students to access telehealth services
* Designate confidential space for students to access telehealth services
* Secure equipment to facilitate telehealth service (computer, camera, internet connection, etc.)
* Develop a referral system for telehealth services
* Designate a telehealth coordinator or case manager who will receive referrals and coordinate service delivery with providers, schedule appointments, and follow up as necessary
* Identify service provider clinicians who will provide telehealth services to students
* Develop policies and procedures for addressing consent, authorization, and information sharing
* Incorporate privacy and security systems
* Develop emergency response clinical protocols and procedures
* Identify community resources that may provide wraparound services to students
* Develop staff trainings in telehealth policies, procedures, regulations, and relevant federal and state laws

### **Appendix B: Telehealth Informed Consent**

***Please see the following resource for Telehealth Informed Consent on the*** *[California School-Based Health Alliance website (External Link)](https://www.schoolhealthcenters.org/resources/sbhc-operations/student-records-consent-and-confidentiality/california-guide/key-points-about-hipaa-and-ferpa-in-california/)*

[Sample Forms for Release of Information or Records**[[22]](#footnote-23)** (External Link)](https://www.schoolhealthcenters.org/resources/sbhc-operations/student-records-consent-and-confidentiality/california-guide/additional-resources/)

These sample forms can be used for release of information or release of records. Please note the following before using these forms:

* These are compliant with either FERPA (Family Educational Rights and Privacy Act) for education records or HIPAA and CMIA (Health Insurance Portability and Accountability Act and California Confidentiality of Medical Information Act) for health records.
* Do not use these forms for the release of information or records that may be subject to other confidentiality laws, such as certain drug treatment, mental health and special education records.
* All forms can and often should be adapted to meet specific needs of a program.
* All forms should be reviewed by legal counsel before use.
* These are not consent to treatment forms.

[Authorization to Release Education Records (Word Doc) (External Link)](https://www.schoolhealthcenters.org/wp-content/uploads/2021/02/Release-of-Education-Records-1-2021.docx)

[Authorization to Release Health Information (from California DHCS) (External Link)](https://www.schoolhealthcenters.org/wp-content/uploads/2021/02/Release-Health-Info_DHCS.pdf)

[Authorization to Release Health Information (from California Hospital Association) (External Link)](https://calhospital.org/wp-content/uploads/2018/03/form_16-1.pdf)

[Authorization to Release Health Information (from California Hospital Association) in Spanish (External Link)](https://www.schoolhealthcenters.org/wp-content/uploads/2021/02/Release-Health-Info_CHASpanish.pdf)

### **Appendix C: Child Abuse Mandated Reporter Training**

The California Department of Social Services (CDSS) offers free training for mandated child abuse reporters, so that they may carry out their responsibilities properly and understand their critical role in the lives of children and families. For information regarding the content of the training modules, visit the [Mandated Reporting website (External Link)](https://www.mandatedreporterca.com/) to see which training modules are currently available. For additional resources and information regarding mandated reporting and how to report suspected child abuse or neglect, please click on the resources below.

**Resources**

* + [One Page Reporting Tip Sheet PDF (External Link)](https://www.cdss.ca.gov/Portals/9/OCAP/Reporting%20Tip%20Sheet%20ADA%20Compliant.pdf)
  + [Report Suspected Child Abuse or Neglect (External Link)](https://www.cdss.ca.gov/reporting/report-abuse/child-protective-services/report-child-abuse)
  + [California Suspected Child Abuse Report Form 8572 (External Link)](https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf)
  + [8572 Instructions (External Link)](https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/8572_instruct.pdf)
  + [Promotional Materials (External Link)](https://cdss.ca.gov/inforesources/forms-brochures)
  + [What You Should Know About Mandated Reporting (External Link)](https://www.cdss.ca.gov/Portals/9/OCAP/what-you-should-know-about-mandated-reporting-2020.pdf)

### **Appendix D: Training/Coursework Requirements for the Provision of Mental Health Services via Telehealth**

Assembly Bill 1759 (Chapter 520, Statutes of 2022) added, in part, sections 4980.395 (marriage and family therapists), 4989.23.1 (educational psychologists), 4996.27.1 (clinical social workers), and 4999.67 (professional clinical counselors) to the Business and Professions Code. With regard to telehealth, these sections require certain applicants for licensure and licensees to complete a minimum of three hours of telehealth-related training or coursework. Specifically:

“(a) On or after July 1, 2023, an applicant for licensure… shall show, as part of the application, that they have completed a minimum of three hours of training or coursework in the provision of mental health services via telehealth, which shall include law and ethics related to telehealth. This requirement shall be met in one of the following ways:

(1) Obtained as part of their qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.

(2) Obtained by completing a continuing education course that meets the requirements of Section [4980.54 for marriage and family therapists, 4989.34 for educational psychologists, 4996.22 for clinical social workers, and 4999.76 for professional clinical counselors]. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) As a one-time requirement, a licensee before the time of their first renewal after July 1, 2023, or an applicant for reactivation or reinstatement to an active license status on or after July 1, 2023, shall have completed a minimum of three hours of training or coursework in the provision of mental health services via telehealth, which shall include law and ethics related to telehealth, using one of the methods specified in subdivision (a).

(c) Proof of compliance with subdivision (b) shall be certified under penalty of perjury that they are in compliance with this section and shall be retained for submission to the board upon request.

1. The BBS provides information about continuing education and continuing education courses, which can be found using the following link: [Continuing Education - Board of Behavioral Sciences (External Link)](https://bbs.ca.gov/licensees/cont_ed.html)

### **Appendix E: Securing Telehealth Systems**

With telehealth systems it is important to review system configurations, user accounts, software patching, technical and administrative processes, and determine whether controls and documentation are in place to help maintain privacy.

Below are resources from the Center of Internet Security (CIS), the U.S. Department of Health and Human Services, the U.S. Department of Education, and the National Institute of Standards and Technology which provide guidance for securing environments and telehealth systems.

* The CIS provides a list of “Critical Security Controls” (CIS Controls) to help protect an organization and its data from attacks. Although this does not focus on telehealth, it may assist in securing the environment in which the telehealth system operates. For more information, please visit the [18 CIS Critical Security Controls web page (External Link)](https://www.cisecurity.org/controls/cis-controls-list).
* The [U.S. Department of Health and Human Services’ website (External Link)](https://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html?language=es) features guidance materials in PDF format to assist in safeguarding electronic protected health information (ePHI).
* The [U.S. Department of Education’s Protecting Student Data web page (External Link)](https://studentprivacy.ed.gov/data-security-k-12-and-higher-education) provides “a portal to guidance and best practice resources for the educational community to use to enhance the security of their information systems.” Topics include data security and management training: best practice guidance, identity authentication best practices, and a data security checklist.
* The National Institute of Standards and Technology (NIST) is a federal agency within the U.S. Department of Commerce which provides security standards and best practices. NIST provides an overview of how to help secure telehealth remote patient monitoring ecosystems in its [“Securing Telehealth Remote Patient Monitoring Ecosystem” PDF (External Link)](https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.1800-30.pdf).
* For a comprehensive guide on helping to secure information systems from a variety of attack vectors, NIST provides [Special Publication (SP) 800-53: Security and Privacy Controls for Information Systems and Organizations (External Link)](https://csrc.nist.gov/pubs/sp/800/53/r5/upd1/final).

### **Appendix F: Standards of Practice for Telehealth Services**

### In addition to the applicable state and federal laws and regulations discussed earlier in this guidance, Section 1815.5 of the California Code of Regulations (“Standards of Practice for Telehealth”) provides:

1. “All persons engaging in the practice of marriage and family therapy, educational psychology, clinical social work, or professional clinical counseling via telehealth, as defined in Section 2290.5 of the Code, with a client who is physically located in this State must have a valid and current license or registration issued by the [California Board of Behavioral Sciences (BBS)].[[23]](#footnote-24)
2. All psychotherapy services offered by board licensees and registrants via telehealth fall within the jurisdiction of the board just as traditional face-to-face services do. Therefore, all psychotherapy services offered via telehealth are subject to the board's statutes and regulations.
3. Upon initiation of telehealth services, a licensee or registrant shall do the following:

(1) Obtain informed consent from the client consistent with Section 2290.5 of the Code.

(2) Inform the client of the potential risks and limitations of receiving treatment via telehealth.

(3) Provide the client with his or her license or registration number and the type of license or registration.

(4) Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the patient's geographic area.

1. Each time a licensee or registrant provides services via telehealth, he or she shall do the following:

(1) Verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.

(2) Assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation.

(3) Utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium.

1. A licensee or registrant of this state may provide telehealth services to clients located in another jurisdiction only if the California licensee or registrant meets the requirements to lawfully provide services in that jurisdiction, and delivery of services via telehealth is allowed by that jurisdiction.
2. Failure to comply with these provisions shall be considered unprofessional conduct.

The California Mental Health Services Oversight and Accountability Commission (MHSOAC) provides additional resources on telehealth, including the [“Best Practices in Delivering Virtual School-Based Counseling” PDF (External Link)](https://mhsoac.ca.gov/sites/default/files/2020-04/2020%2004%2016%20Best%20practices%20for%20telehealth_vgeneral.pdf).

### **Appendix G: Suicide Prevention Resources**

Here is a list of potential suicide prevention resources:

[California Mental Health Services Authority (CalMHSA) (External Link)](https://www.calmhsa.org/)

According to CalMHSA, it **is a "Joint Powers of Authority (JPA) formed in 2009 by counties throughout the state to work on collaborative, multi-county projects that improve behavioral health care for all Californians.** By pooling resources, forging partnerships, and leveraging technical expertise on behalf of counties, CalMHSA develops strategies and programs with an eye toward transforming community mental health; creates cross-county innovations; and is dedicated to addressing equity to better meet the needs of our most vulnerable populations. As a JPA, CalMHSA is not a state agency but is held to many of the same standards as other public entities, such as the Brown Act for all of its meetings.”

[Our Vision - California Mental Health Services Authority (External Link)](https://www.calmhsa.org/our-vision/)

[Didi Hirsch Suicide Prevention Center Training and Outreach-Los Angeles and Orange County (External Link)](https://didihirsch.org/training/suicide-prevention-training/)

The Didi Hirsch Suicide Prevention Center Training and Outreach-Los Angeles provides trainings to a wide range of community organizations, schools, universities, businesses, and others. They service all Los Angeles and Orange counties, and their virtual (live) workshops reach local, national, and global audiences. Their trainers, including bilingual Spanish, are clinical and non-clinical experts. Their evidence-based content fosters inclusive, culturally responsive suicide prevention training and whole person care.

[Model Youth Suicide Prevention Policy](https://www.cde.ca.gov/ls/mh/suicideprevres.asp)

To help LEAs develop their own model policies, the CDE has collaborated with mental health professionals, including the Student Mental Health Policy Workgroup, to provide a model.

[Online Suicide Prevention Training (External Link)](https://www.sdcoe.net/students/health-well-being/suicide-prevention)

AB 1808 added Section 216 to the California *Education Code* and provided funding to ensure school staff was prepared to identify, support, and refer middle and high school students who may be experiencing thoughts of suicide. The CDE selected LivingWorks Start as the online training program and the San Diego County Office of Education as the lead to make this online training available, at no cost, to local educational agencies (LEAs) to voluntarily use as part of their youth suicide prevention policy.

[Youth Suicide Prevention School-Based Guide (External Link)](http://theguide.fmhi.usf.edu/pdf/Research-Materials.pdf)

This resource serves as a guide for schools to use in developing suicide prevention materials, including a toolkit and an annotated bibliography that was used in developing the guide. Funding to support development of these materials was provided through a contract from the Florida Office of Drug Control.

For additional youth suicide prevention resources, please visit the [CDE’s Youth Suicide Prevention web page](https://www.cde.ca.gov/ls/mh/suicideprevres.asp).

### **Appendix H: Mandated Reporters**

Mandated reporters, as set forth in the Penal Code 11165.7, are defined as:

* A teacher
* An instructional aide
* A teacher’s aide or assistant at public or private school
* A classified employee of a public school
* An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of a public or private school
* An administrator of a public or private day camp
* An administrator or employee of a public or private youth center, youth recreation program, or youth organization
* An administrator, board member, or employee of a public or private organization whose duties require direct contact and supervision of children, including a foster family agency
* An employee of a county office of education or the State Department of Education whose duties bring the employee into contact with children on a regular basis
* A licensee, an administrator, or an employee of a licensed community care or child daycare facility
* A Head Start program teacher
* A licensing worker or licensing evaluator employed by a licensing agency, as defined in Penal Code Section 11165.11
* A public assistance worker
* An employee of a childcare institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities
* A social worker, probation officer, or parole officer
* An employee of a school district police or security department
* A person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in a public or private school
* A district attorney investigator, inspector, or local child support agency caseworker, unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor
* A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section
* A firefighter (except volunteer firefighters)
* A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code
* An emergency medical technician I or II, , paramedic, or other person certified pursuant to Division 2.5 (commencing with [Section 1797) of the Health and Safety Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000213&cite=CAHSS1797&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* A psychological assistant registered pursuant to Section 2913 of the Business and Professions CodeA marriage and family therapist trainee, as defined in subdivision (c) of Section [4980.03 of the Business and Professions Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000199&cite=CABPS4980.03&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=SP&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)" \l "co_pp_4b24000003ba5)
* An unlicensed associate marriage and family therapist registered under Section 4980.44 of the Business and Professions Code
* A state or county public health employee who treats a minor for venereal disease or any other condition
* A coroner
* A medical examiner or other person who performs autopsies
* A commercial film and photographic print or image processor as specified in [subdivision (e) of Section 11166 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000217&cite=CAPES11166&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=SP&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)#co_pp_7fdd00001ca15). As used in this article, “commercial film and photographic print or image processor” means a person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, or who prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image, for compensation. The term includes any employee of that person; it does not include a person who develops film or makes prints or images for a public agency
* A child visitation monitor. As used in this article, “child visitation monitor” means a person who, for financial compensation, acts as a monitor of a visit between a child and another person when the monitoring of that visit has been ordered by a court of law
* An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

(A) “Animal control officer” means a person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) “Humane society officer” means a person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to [Section 14502 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000204&cite=CACRS14502&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)) or [14503 of the Corporations Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000204&cite=CACRS14503&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))

* A clergy member, as specified in [subdivision (d) of Section 11166 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000217&cite=CAPES11166&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=SP&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)#co_pp_5ba1000067d06). As used in this article, “clergy member” means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization
* Any custodian of records of a clergy member, as specified in this section and [subdivision (d) of Section 11166 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000217&cite=CAPES11166&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=SP&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)#co_pp_5ba1000067d06)
* An employee of any police department, county sheriff’s department, county probation department, or county welfare department
* An employee or volunteer of a Court Appointed Special Advocate program, as defined in [Rule 5.655 of the California Rules of Court (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1085231&cite=CASTFAMJVR5.655&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* A custodial officer, as defined in [Section 831.5 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000217&cite=CAPES831.5&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* A person providing services to a minor child under [Section 12300 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000228&cite=CAWIS12300&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)) or [12300.1 of the Welfare and Institutions Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000228&cite=CAWIS12300.1&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* An alcohol and drug counselor. As used in this article, an “alcohol and drug counselor” is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not, in and of itself, a sufficient basis for reporting child abuse or neglect
* A clinical counselor trainee, as defined in [subdivision (g) of Section 4999.12 of the Business and Professions Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000199&cite=CABPS4999.12&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=SP&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)" \l "co_pp_16f4000091d86)
* An associate professional clinical counselor registered under [Section 4999.42 of the Business and Professions Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000199&cite=CABPS4999.42&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* An employee or administrator of a public or private postsecondary educational institution, whose duties bring the administrator or employee into contact with children on a regular basis, or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution. Nothing in this paragraph shall be construed as altering the lawyer-client privilege as set forth in Article 3 (commencing with [Section 950) of Chapter 4 of Division 8 of the Evidence Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000207&cite=CAEVS950&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* An athletic coach, athletic administrator, or athletic director employed by any public or private school that provides any combination of instruction for kindergarten, or grades 1 to 12, inclusive
* A commercial computer technician as specified in [subdivision (e) of Section 11166 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000217&cite=CAPES11166&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=SP&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)#co_pp_7fdd00001ca15). As used in this article, “commercial computer technician” means a person who works for a company that is in the business of repairing, installing, or otherwise servicing a computer or computer component, including, but not limited to, a computer part, device, memory storage or recording mechanism, auxiliary storage recording or memory capacity, or any other material relating to the operation and maintenance of a computer or computer network system, for a fee. An employer who provides an electronic communications service or a remote computing service to the public shall be deemed to comply with this article if that employer complies with [Section 2258A of Title 18 of the United States Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000546&cite=18USCAS2258A&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* An employer of a commercial computer technician may implement internal procedures for facilitating reporting consistent with this article. These procedures may direct employees who are mandated reporters under this paragraph to report materials described in [subdivision (e) of Section 11166 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000217&cite=CAPES11166&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=SP&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)#co_pp_7fdd00001ca15) to an employee who is designated by the employer to receive the reports. An employee who is designated to receive reports under this subparagraph shall be a commercial computer technician for purposes of this article. A commercial computer technician who makes a report to the designated employee pursuant to this subparagraph shall be deemed to have complied with the requirements of this article and shall be subject to the protections afforded to mandated reporters, including, but not limited to, those protections afforded by [Section 11172 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000217&cite=CAPES11172&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* Any athletic coach, including, but not limited to, an assistant coach or a graduate assistant involved in coaching, at public or private postsecondary educational institutions
* An individual certified by a licensed foster family agency as a certified family home, as defined in [Section 1506 of the Health and Safety Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000213&cite=CAHSS1506&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* An individual approved as a resource family, as defined in [Section 1517 of the Health and Safety Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000213&cite=CAHSS1517&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)) and [Section 16519.5 of the Welfare and Institutions Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000228&cite=CAWIS16519.5&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* A qualified autism service provider, a qualified autism service professional, or a qualified autism service paraprofessional, as defined in [Section 1374.73 of the Health and Safety Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000213&cite=CAHSS1374.73&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)) and [Section 10144.51 of the Insurance Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000214&cite=CAINS10144.51&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* A human resource employee of a business subject to Part 2.8 (commencing with [Section 12900) of Division 3 of Title 2 of the Government Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000211&cite=CAGTS12900&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)) that employs minors. For purposes of this section, a “human resource employee” is the employee or employees designated by the employer to accept any complaints of misconduct as required by Chapter 6 (commencing with [Section 12940) of Part 2.8 of Division 3 of Title 2 of the Government Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000211&cite=CAGTS12940&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search))
* An adult person whose duties require direct contact with and supervision of minors in the performance of the minors' duties in the workplace of a business subject to Part 2.8 (commencing with [Section 12900) of Division 3 of Title 2 of the Government Code (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000211&cite=CAGTS12900&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)) is a mandated reporter of sexual abuse, as defined in [Section 11165.1 (External Link)](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000217&cite=CAPES11165.1&originatingDoc=NBFA7681003B711EB9102AE4DF5D07554&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=692108e4c12348b1b559053e9b0f6b4e&contextData=(sc.Search)). Nothing in this paragraph shall be construed to modify or limit the person's duty to report known or suspected child abuse or neglect when the person is acting in some other capacity that would otherwise make the person a mandated reporter.

### **Appendix I: COST Model Guide on How to Set Up COST Teams**

The Center for Healthy Schools and Communities, staffed through the Alameda County Health Care Services Agency, has published a Coordination of Services Team (COST) Guide. According to the Alameda County Health’s Center for Healthy Schools and Communities, they have been developing and implementing COST as a strategy for school sites to coordinate learning and wellness support for students since 2005. They place staff at schools to coordinate COST and provide training and technical assistance to support districts with universal adoption of the COST strategy.

**What is a Coordination of Services Team?**

A COST constitutes a strategy for managing and integrating various learning supports and resources for students. COST teams identify and address student needs holistically and ensure that the overall system of supports works together effectively

COST is a multidisciplinary team of school staff and providers who:

• Create a regular forum for reviewing the needs of individual students and the school overall

• Collaborate on linking referred students to resources and interventions

• Support students’ academic success and healthy development

**What do COST teams do?**

COST teams perform four major tasks:

• Identify students who need additional supports through a school-wide referral system

• Assess referred students, and explore strengths and supports needed

• Coordinate efforts to link referred students to appropriate supports by tracking progress and tailoring interventions over time

• Assess learning supports and needs school-wide, make recommendations about resource allocation to administration, and recruit new resources.

For more information, please visit [Alameda County Health’s Coordination Practices web page (External Link)](https://achealthyschools.org/solutions/school-health-services/coordination-practices/) and the [Coordination of Services Team Guide PDF (External Link)](https://achealthyschools.org/wp-content/uploads/2020/05/149_01_COST_Guide_email.pdf).

California Department of Education, July 2024

1. See also California *Education Code* Section 49429 [↑](#footnote-ref-2)
2. California *Education Code* Section 49429(a) [↑](#footnote-ref-3)
3. California *Education Code* Section 49429(a) [↑](#footnote-ref-4)
4. See 34 CFR 300.320 through 34 CFR 300.324 (34 CFR 300.320(a); *See also* 5 CCR 3051(a)(2)). [↑](#footnote-ref-5)
5. A student who is 18 and over and not conserved can transfer their educational rights to another adult to act in the student’s interests. [↑](#footnote-ref-6)
6. For purposes of this guidance, the terms mental health and behavioral health will further be referred to collectively as mental health. [↑](#footnote-ref-7)
7. This is not an exhaustive list of all applicable qualifications of those in the mental and behavioral health fields. [↑](#footnote-ref-8)
8. Please see [About the Board - Board of Behavioral Sciences (External Link)](https://www.bbs.ca.gov/about/board_info.html#:~:text=The%20Board%20investigates%20consumer%20complaints,registrants%20who%20violate%20the%20law.&text=The%20Board%20requires%20written%20examinations,license%20is%20competent%20to%20practice.) for additional information. [↑](#footnote-ref-9)
9. This is not an exhaustive list of all requirements pertaining to mandated reporters. [↑](#footnote-ref-10)
10. See page 17 of this Guidance for additional sources of information on this topic. [↑](#footnote-ref-11)
11. A student who is 18 and over and not conserved can transfer their educational rights to another adult to act in the student’s interests. [↑](#footnote-ref-12)
12. 45 CFR 160 et seq.; 20 USC 1232g; 34 CFR Part 99 [↑](#footnote-ref-13)
13. Program staff must carefully evaluate, in consultation with legal advice, the requirements of any non-public funding source to ensure compliance with applicable state and federal law. These guidelines are not intended to endorse any source or category of private funding. [↑](#footnote-ref-14)
14. For a complete list of providers, please see Section 2290.5. [↑](#footnote-ref-15)
15. See 34 CFR 300.320 through 34 CFR 300.324 (34 CFR 300.320(a); *See also* 5 CCR 3051(a)(2)). [↑](#footnote-ref-16)
16. A student who is 18 and over and not conserved can transfer their educational rights to another adult to act in the student’s interests. [↑](#footnote-ref-17)
17. This is not an exhaustive list of state and federal authority regarding informed consent, releases of information, and/or minor consent. [↑](#footnote-ref-18)
18. *Education Code* 49429(d) [↑](#footnote-ref-19)
19. 20 USC 1232g; 34 CFR Part 99 [↑](#footnote-ref-20)
20. 45 CFR 160 et seq. [↑](#footnote-ref-21)
21. See also Ed Code 49602, Civ. Code 43.92, Civ. Code 56 et seq. (CMIA), Civ. Code 1010 et seq., Health & Safety Code 123110 et seq. and 124260, Fam. Code 6924, Bus. & Prof. Code 2290.5, etc. This list is not exhaustive. [↑](#footnote-ref-22)
22. The following information is directly from [www.schoolhealthcenters.org/resources](https://www.schoolhealthcenters.org/resources/sbhc-operations/student-records-consent-and-confidentiality/california-guide/additional-resources/). [↑](#footnote-ref-23)
23. For more information, please visit <https://govt.westlaw.com/calregs/Document/I00E4B2134C8211EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)>. [↑](#footnote-ref-24)