COVID-19 & TELEMENTAL HEALTH SERVICES: OVERVIEW

With the outbreak of COVID-19, many California Community Colleges (CCC) and other providers quickly launched or expanded their telehealth services to minimize face-to-face contact and risk of transmission. This brief is the first in a series about telemental health (TMH) services within the context of COVID-19.[1]

The "Telemental Health Services" series explores the telemental health model, student privacy and consent concerns, technology and set-up, telemental health training options, telemental health in rural communities, and crisis response. Each guide includes practical tips, best practices, and information that is specific to the California Community Colleges setting.

WHAT ARE TMH SERVICES?

Telemental health involves using information and telecommunications technologies to provide health care services and real-time communication between a clinician and a patient. TMH can be delivered through videoconferencing or video chat, telephone, email or secure messaging, apps (including those that send biometric data to clinicians), or a combination of these.

Examples of TMH Services
- Information and resource referral
- Screening
- Referral to community-based providers
- Brief intervention
- Short-term counseling services

Technically, any behavioral health services can also be provided through the telehealth model; telehealth is a delivery mechanism, not a specific set of services (please see list above for examples). However, at the start of COVID-19, many campuses did not yet have the capacity or infrastructure to provide full-scale TMH through videoconferencing platforms. This is understandable, and the reality is that many colleges varied in their level of implementation of telemental health services.

Even if services are minimal via telehealth, there are still remote supports you can provide. For example, you might offer screening and brief intervention by phone; resource referrals by phone or a dedicated email address (to local clinics, county behavioral health services, private mental health practices, etc.); or even electronically distributed lists of local and national resources. It's important to note that some telehealth services that your college provides in the context of the COVID-19 pandemic may need to transition back to in-person services after the pandemic ends. For example, colleges are currently unable to screen students in person before providing telehealth services, but this is normally considered a best practice. The college may also find that some services implemented during the pandemic are worth maintaining as colleges return to in person learning.

WHO CAN PROVIDE TMH SERVICES?

All clinicians who are licensed in California can provide TMH services to clients in California, including licensed marriage and family therapists (MFTs), educational psychologists, clinical social workers, and professional clinical counselors. During COVID-19, some regulations have been relaxed to allow associate or trainee MFTs, clinical social workers, and professional clinical counselors to provide telemental health. The COVID-10 information guidance from the California state Board of Behavioral Sciences (BBS) explains the supervision requirements for associates and trainees.

Note that BBS guidance only covers clinicians in California. If a client connects to telehealth from another state, it is advisable for clinicians to check with that state's licensing board to ensure they understand and adhere to that state's licensing laws such as informed consent, mandated reporting, and security and privacy laws (for more information visit State Telehealth Laws).

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[1]This document is provided for informational purposes only. It is not intended as legal or ethical advice.

ARE TELEHEALTH SERVICES BILLABLE?

Colleges have multiple options for funding their remote services, and typically at the same rate as in-person services. In the California Community College system, colleges can use Mental Health Support Grant Program funds for telehealth services and certification or training, for example. Telehealth is not considered a separate service, but rather a different delivery mechanism for health care services. For that reason, telehealth is billable to Medi-Cal in all counties at the same rate as traditional health services (see the California Department of Health Care Services Telehealth FAQs). During the COVID-19 outbreak, some Medicare restrictions have been temporarily lifted, such as the requirement that patients live in rural areas.

HOW CAN PROVIDERS BECOME PROFICIENT IN DELIVERING TMH?

Although many elements of TMH practice are similar to in-person mental health services, there are key areas (such as technological management, crisis intervention, and student privacy or safety) that will be different and may be unfamiliar. Discussing and preparing for these challenges in advance can help you and your team feel equipped to respond in the moment. This fact sheet series is designed to offer a brief introduction and quick reference guide for launching TMH services in the context of COVID-19. Another fact sheet in this series will discuss training opportunities and options. One resource you might review with your team is the "Interprofessional Framework for Behavioral Health Competencies" – the Appendix section provides a detailed description of the seven competency domains, and you can use it to self-assess your internal proficiency and areas for growth.