

MEMORANDUM

TO: Superintendents
FROM: Daniel M. French, Secretary, Agency of Education
Sarah Squirrell, Commissioner, Department of Mental Health
SUBJECT: Continuity of Mental Health Services
DATE: April 8, 2020



Daniel French
Secretary of Education


Sarah Squirrell
Commissioner

Background

Questions have arisen regarding supervisory districts'/unions' obligations to continue to provide contracted mental health supports to students during this period of school closure. Questions have been whether to "pause" such services while adjustments to Individualized Education Programs (IEPs) are being adjusted, how to fund such services, and how to ensure student privacy when those services are delivered via digital and telephonic methods.

Continuity of Mental Health Supports

Mental health services are more essential than ever during this time of heightened uncertainty and anxiety for students, when the traditional support of familiar, structured educational environments is no longer available. The Designated Mental Health Agencies (DAs) are continuing to provide essential mental health services, including through Success Beyond Six (SB6) school mental health services, during this COVID-19 emergency period ([DMH Essential Services](#)).

To support students who currently receive mental health services, supervisory districts/unions and schools must work with school staff, their DAs, and other contracted providers to maintain mental health supports for students, without a break in services, whenever possible. There is no need to pause such services while awaiting possible adjustments to IEPs or 504 plans.

Contact Information:

If you have questions about this document or would like additional information, please contact:
Anne Bordonaro, Agency of Education at anne.bordonaro@vermont.gov or Laurel Omland at the Department of Mental Health at laurel.omland@vermont.gov.

Additionally, in their [Continuity of Learning Plans](#) (CLP), LEAs are asked to explain how their plans address students' and families' needs, including their mental health needs.

Compensation for Contracted Services

Guidance is forthcoming from the Agency of Education concerning continued compensation for contracted services, including special education contracted providers. Emergency financial supports from the federal government to address unanticipated expenditures related to COVID-19 are pending and guidance on this is forthcoming. Financial concerns should not drive decisions regarding continued provision of mental health services to students at this time.

COVID-19 Guidance for Mental Health Service Delivery

The mental health supports and services schools provide must reflect Vermont Department of Health (VDH) and Centers for Disease Control and Prevention (CDC) [guidance around physical distancing](#), [VDH guidance for Home-Based Service Delivery](#), and [Department of Mental Health \(DMH\) guidelines](#). Providers shall leverage remote service delivery options wherever possible, including phone and video conferencing options.

The Department of Vermont Health Access (DVHA) and DMH have leveraged COVID-19 related Medicaid flexibilities to alleviate restrictions on service delivery and payment mechanisms, including for school mental health services provided through SB6 Medicaid. All SB6 school mental health services may be provided through [telehealth \(video + audio\) or phone \(audio only\)](#) with the student and/or family in their home or chosen setting during this period. The DAs have shifted their service delivery methods and are connecting remotely with families and students to arrange services based on clinical need, family availability and ability to access supports through alternate methods, while following the Governor's directives and VDH/ DMH guidance.

Typically, mental health providers are required by DVHA/Medicaid to use HIPAA compliant platforms to communicate with their student clients. Schools should feel assured that if the mental health provider sends a password-protected meeting invite to a student and the student clicks on that link, then the student's HIPAA rights are being protected. During this COVID-19 emergency, the federal government has lifted some restrictions for health care delivery, including mental health services, to ensure that essential services are available to those in need. Providers are encouraged to use secure/private methods of remote service delivery whenever possible, but if those means are not possible, the provider may use *"everyday communications technologies, such as FaceTime or Skype, when used in good faith for diagnosis or treatment during the COVID-19 nationwide public health emergency"*.¹

¹ [DVHA guidance](#) to VT Medicaid providers: *"Vermont Medicaid-participating providers are encouraged to continue to use [telemedicine for health care delivery](#) by a provider at a distant site for a Medicaid member at an*

Summary Recommendations

DAs will continue to provide essential mental health services following all CDC/AHS guidelines. DMH has asked that DAs coordinate their plans for school mental health service delivery during the remote learning period with their LEAs.

There is no need to pause mental health services while awaiting adjustments to existing IEPs or 504 plans.

Given the technological feasibility of remote mental health service delivery, the primary drivers for school and LEA-level decisions about provision of services must be student need and the availability of mental health professionals. If professionals are available to provide services, the expectation is that those services continue, with the understanding that provider availability may change as the COVID-19 crisis unfolds.

originating site for the purposes of evaluation, diagnosis, consultation, or treatment, using telecommunications technology via two-way, real-time, audio and video interactive communication when possible...Importantly, it was announced on Tuesday, March 17th by the Office for Civil Rights at the U.S. Department of Health and Human Services (HHS) that effective immediately, the Office will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies, such as FaceTime or Skype, when used in good faith for diagnosis or treatment during the COVID-19 nationwide public health emergency."