

PROVIDING SPACE FOR MENTAL HEALTH CARE THROUGH TELEHEALTH

The following document outlines the procedures South St. Paul Secondary School and Community Learning Center will follow for requests for mental health care through telehealth during the school day, consistent with Minnesota Statutes Section 121A.216.

REQUESTING ACCESS TO SPACE

Parents/guardians or students (if 16 years of age or older) may contact their school social worker to request access to space for telehealth sessions during the school day. Parents/guardians or students (if 16 or older) must provide the following information to the school social worker: student's name, grade, and full contact information for the mental health provider. Mental health providers may not contact the District directly to schedule or request a telehealth appointment with a student.

CONSENT FORM

Parents/guardians or students (if 16 or older) must submit a signed and dated consent form authorizing the student's licensed mental health provider to confirm the student is currently receiving mental health care and to provide telehealth services to the student during the school day. If the student is 16 years of age or older, the student may sign the consent form. The consent form is valid for the current school year. The District is not financially responsible for any telehealth services that are provided during the school day. The consent form can be found at the end of this procedure.

MEETING WITH SCHOOL SOCIAL WORKER

Before the first telehealth session, the student must meet with the school social worker to ensure the student understands the importance of accessing school personnel after a telehealth appointment.

SCHEDULING THE TELEHEALTH APPOINTMENT

When a parent/guardian or student (if 16 years of age or older) requests space for a telehealth appointment, the person making the request must provide preferred times for the appointment. The school social worker will assess the availability of space during regular school hours. Staff are not available before or after the regular student day. The school social worker will also assess the potential impact of the preferred time on the student's classes. The school social worker will inform the parent/guardian or student (if 16 years of age or older) whether the preferred time can be accommodated.

ATTENDING THE TELEHEALTH APPOINTMENT

The school social worker will provide the student with a pass to leave class and attend the telehealth appointment at the designated time and location. The District will ensure the designated space provides privacy for the student during the telehealth session.

POST-SESSION MEETING WITH SCHOOL SOCIAL WORKER

Immediately following each telehealth session, the student will meet with the school social worker to check in on the student's status and to obtain a pass to return to class. The school social worker will exercise discretion in determining whether additional support should be offered to the student.

EMERGENCY SITUATIONS

If an immediate safety concern arises during or after the session, the school social worker will follow the school's emergency protocols and contact the parents/guardians, if necessary.

TECHNOLOGY AND TECHNICAL ISSUES

Students may use a school-issued device to access telehealth services during the school day. However, students are responsible for ensuring they can connect with the mental health provider during the telehealth session. The District is not responsible for technical issues. Students should have a backup plan, such as rescheduling or switching to a phone call, in the event of connectivity or other technology-related issues.

MINNESOTA STATUTES SECTION 121A.216

- (a) Beginning October 1, 2024, to the extent space is available, a school district or charter school must provide an enrolled secondary school student with access during regular school hours, and to the extent staff is available, before or after the school day on days when students receive instruction at school, to space at the school site that a student may use to receive mental health care through telehealth from a student's licensed mental health provider. A secondary school must develop a plan with procedures to receive requests for access to the space.
- (b) The space must provide a student privacy to receive mental health care.
- (c) A student may use a school-issued device to receive mental health care through telehealth if such use is consistent with the district or school policy governing acceptable use of the school-issued device.
- (d) A school may require a student requesting access to space under this section to submit to the school a signed and dated consent form. This consent should come from the student's parent or guardian, or from the student if the student is age 16 or older. The consent form authorizes the student's licensed mental health provider to release information from the student's health record, as requested by the school, to confirm the student is currently receiving mental health care from the provider. The consent is valid for the school year in which it is submitted.

CONSENT FORM FOR PROVIDING SPACE FOR MENTAL HEALTH CARE THROUGH TELEHEALTH

South St. Paul
Public Schools



Student's Name: _____ Date: _____

Person Completing This Form: _____ Student's Grade: _____

Name of Mental Health Provider: _____

Phone Number for Provider: _____ Email Address for Provider: _____

Complete this section if you are the parent or guardian of the student

PARENT/GUARDIAN CONSENT FORM

I, as the parent/guardian of the student named below, hereby give consent for my student, to reserve space to receive mental health care via telehealth during the regular school day. I also consent to the district reaching out to the mental health provider to confirm the dates and times of sessions. I also acknowledge that this consent allows my student to use a school-issued device to receive mental health care through telehealth services. I understand that this use must be consistent with the district's acceptable use policy.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Complete this section if you are a student who is 16 or older:

STUDENT (IF AGE 16 OR OLDER) CONSENT FORM

I, as an age 16 or older student of South St. Paul Public Schools, hereby give consent for me to reserve space to receive mental health care via telehealth during the regular school day. I also consent to the district reaching out to the mental health provider to confirm the dates and times of sessions. I also acknowledge that this consent allows me to use a school-issued device to receive mental health care through telehealth services. I understand that this use must be consistent with the district's acceptable use policy.

Student Name: _____

Student Signature: _____

This consent form is valid for one calendar year from the date the form is received by the district.

SCHOOL USE ONLY:

Date Received: _____ Received By Who: _____