Behavioral Telehealth

A Guide for Effective School-based Implementation

Access to behavioral health is more important than ever as our communities of color, and especially our children and youth, experience elevated rates of insecurity, anxiety, depression, grief and loss while isolated from the protective support that school affords. To meet this need during the current pandemic, many schools and communities have moved from face-to-face clinical services to behavioral telehealth. While this is critical to the wellbeing of children and youth, implementation is not without significant challenges. In order to help you more easily implement and scale telehealth offerings, we've crafted this list of considerations drawn from our own experience.

Developing Your Plan

Many students, especially with behavioral health needs, feel overwhelmed under the current circumstances so it becomes even more critical to establish protocols and procedures that ensure coordination and consistent communication from a unified team.

1 Establish clear protocols and procedures that ensure telehealth services are effectively serving students. Our Pivot to Prevention toolkit is a comprehensive, easy-to-use compilation of resources that has been found to be highly effective when transitioning to telehealth.

2 Ensure that schools and clinical partners continue to 'meet' virtually to assess, refer, and coordinate telehealth services.

3 Determine the right mix of school-based clinicians and partnering clinicians from community-based organizations. Think about how to best distribute the caseload. For example, school-based staff could focus on reaching out to those who are uninsured and under-insured.

4 Explore available options for funding for telehealth through Medicaid in your region. Please see our accompanying document, 'Funding Flexibility for Behavioral Telehealth' for more guidance.

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Find Out if Your Students:

- Have time for appointments – at least an half hour. Some students struggle to balance schoolwork with the household chores demanded by family.

- Need support from their family to access services – often the case for younger students.

- Have a physical space where they can have a private conversation.

- Trust that what they say will be kept confidential.

- Are able to focus given the many demands on their time and attention.

Determine if Families:

- Have the resources to pay for cell phones and data plans or computers and internet.

- Have good cell or wi-fi coverage where they are. This will determine the type of platform clinicians may choose for Telehealth.

- Have enough time or devices in the household to allow the student to have regular access to one.

- Are hesitant about transitioning from face-to-face to virtual.

- Are comfortable sharing video of their home and potentially others in the family.

- Need or want services for other family members.

Ask Clinical Partners:

- What their work-from-home protocols are and how they establish healthy boundaries.

- About their availability for sessions later in the day when many clients have more time.

- To guard against assumptions about clients' basic needs and financial resources – for instance, not all families have phones.

- To prepare for higher rates in domestic violence, suicidality, and abuse due to social isolation.

- To acknowledge that without school as primary reporters, clinicians may have more interaction with child welfare.

- To provide frequent reminders of appointments since less structured days make remembering more of a challenge and to expect a higher attrition of cases during this time of upheaval.

- To maintain contact with school for referrals and feedback loops.

- Whether they can offer other family members clinical supports or refer out to other agencies.

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Our Implementation Experience

- In March, 2020 CYC and its clinical partners transitioned over 300 students to behavioral telehealth within weeks of schools closing due to the pandemic.

- This large-scale transition has been successful in large part due to using our Pivot to Prevention tools, particularly the focus on well-coordinated Referral Teams.

- As the shut down has continued, more individuals have been added to the caseload as youth and families understand this is the best current option for clinical supports.

- Family members (often adults) are now being added to caseloads as they become familiar and comfortable with the telehealth platform, have more contact with clinicians and self-identify greater behavioral health needs.

- An added advantage is that families report that they are more connected with schools through coordination of clinical and other support services.

- The expanded flexibility to draw down Medicaid for telehealth has made these essential clinical services possible.

- There is a consensus among youth, families and clinicians that behavioral telehealth will need to be continued as a necessary and at times desirable option in the near and intermediate future.

NEED MORE?
We're Here to Help

CYC is available to provide technical assistance and coaching to organizations and coalitions who are interested in implementing the Pivot to Prevention approach, with or without telehealth. Please contact Rebecca Boxx for more information: rebecca_boxx@cycprovidence.org