Telemental Health School Partnerships

Pilot Programs

Project AWARE - SEA

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Telemental Health Pilots

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Overview
Through Project AWARE - SEA, the South Dakota Department of Education (DOE) in partnership with the South Dakota Department of Social Services, Division of Behavioral Health (DSS-DBH) aim to build a multi-tiered approach in support of school age youth and their mental health needs. The funding is through a five-year grant awarded by SAMHSA (Substance Abuse and Mental Health Services Administration) to DOE and allows for district/LEA (local education agency) participation. The funding continues each year upon successfully meeting SAMHSA requirements for renewal. The grant was started September 2018 and is currently in the second year of the grant.

The scope of the telemental health component within the grant seeks to build pilots which support the community mental health center (CMHC) partners in each of the LEAs for Cohort I. The grant research base is the tiered framework under Positive Behavior Interventions and Supports.

The purpose of this document is to provide the LEAs with considerations for having telemental health services as a part of the Tier 3 component used in the grant.

Figure 1 SD Project AWARE Interconnected Systems
Technology as a frame of life

The evolution of technology within the past decade has brought innovation and comfort with technology devices for children and adolescents as they navigate ways to interact with each other and adults as part of daily life.

Also, schools have developed the capacity to provide digital educational opportunities beyond the walls of school sites. Remote access through laptops, tablets, and phones evolved by necessity to reach children under medical care or student selected online courses. As a choice in teaching methods, it has become commonplace for instruction to include digital content and teacher video conferencing accessed through the internet daily.
Merging of Services and Children’s Access

Telehealth has become prevalent. Under such phrases as telebehavior health, telemedicine, and virtual visits, providers “explore ways to reduce gaps and increase access to essential behavioral health services. This option falls under the telehealth umbrella—a tool that capitalizes on technology to provide health services remotely.”¹

As schools work on telehealth partnerships with behavior and mental health services, one major area of concern is the possible lack of internet and technology access commonly called a digital divide. Great strides have been made in lessening the digital divide² (Pew Research, April 30, 2020) for students and will be an ongoing process. The use of remote or telehealth services is a life reality. National practice models show progress in digital access, especially during the COVID-19 pandemic response, and is part of the considerations of the pilot programs.

Behavior Health Approach

Systems of Care improve families’ access to needed services and, as a result, the lives of children, youth, and their families.³

SAMHSA Systems of Care

Tier 3 work with Systems of Care is the starting place from which community mental health centers and the schools establish wrap-around services for the student.

If mental health service is then made available to the student, the telemental health option could be a possible tool for access to this type of health care.

For more information about Systems of Care see South Dakota Division of Behavioral Health.


Considerations for Schools

What kind of overall parental, community, school and staff acceptance with the use of the telehealth modality would be beneficial? Types of communication and outreach needed?

What would determine the overall well-being of the students in relation to their health? School attendance and engagement? Lack of involvement in the juvenile justice system?

How would HIPPA be upheld in the school setting? How would FERPA be supported with the provider? What other legal considerations are necessary?

Within the grant, the school or the CMHC are primary points of contact, so what other entities may be considered for referrals? Social service organizations, the court system or family members? May a student self-refer to the program?

How would this be separate from a child served through Individuals with Disabilities Education Act (IDEA) and IEPs?

What language or cultural considerations would need to be supported?
What policy and procedures are needed?
- Develop models for delivery in a variety of school types, school sizes, and grade levels
- Identify procedures and practices that may cause changes in the school’s operations
- Explore possibilities of care for the student between consultations.

What data would be beneficial to understanding the progress? What data share agreements would need to be in place?

What mental health services would be provided by the virtual delivery if the student is virtually available through a school site? Would it be left up to the service provider?
- treatment for depression
- eating disorder
- anxiety disorders
- attention deficit hyperactivity disorder
- conduct disorder
- substance abuse

What would be ongoing responsibilities and financial resources required by the school?
- Training and support for school staff who would facilitate the space where students would go for the virtual visits at the school.
- Consultants
- Equipment
- Facility costs of renovations

How would this service be integrated into a school’s overall plans for virtualization due to the need to close school sites?
Resources


