

SBHC Services through Telehealth

Prior to the COVID-19 pandemic, telehealth was being used to provide health services in schools in a variety of models across the country, including to expand the reach of existing brick-and-mortar school-based health centers (SBHCs). While there was limited experience with these models here in Washington prior to COVID-19, the pandemic has, by necessity, accelerated the development of tools and experience in providing health services to students through telehealth.

To increase access to health care services to students through telehealth, there are a few models that may be considered:

- **Extending SBHC services through telehealth.** A brick-and-mortar SBHC might extend its services through telehealth in a variety of ways:
 - A SBHC provider might use telehealth to reach students in other schools in a school district, in a hub-and-spoke model. For example, a school nurse or patient navigator at the school where the student is located (the originating site) may present the student through telehealth to the provider at the SBHC (the distant site).
 - A SBHC provider might present a student at the SBHC (the originating site) to a specialist or other provider in the community (the distant site) when needed.
 - A SBHC provider might reach a student at home through telehealth, when the student is home sick or when school is virtual such as during the COVID-19 pandemic.
- **Connecting students with non-SBHC providers through telehealth.** The school nurse or a patient navigator may present a student at school (the originating site) to a provider in the community (the distant site). In this scenario, there is no SBHC involved in care.
- **Offering both in-person and telehealth services in a hybrid approach.** Some schools may collaborate with healthcare providers in the community to provide a mix of in-person care (for some services, or on some days) and other care through telehealth.

WA SBHA considers telehealth an important tool in the SBHC toolbox to improve access to health care services, particularly for smaller or rural school districts in the state that may not be able to sustain a brick-and-mortar SBHC, or in the case of a public health crisis such as COVID-19.

We would also emphasize the importance of building trust with youth and their families with relationship-based care whenever possible. Integration and collaboration with the school community is also key to providing school-based health care with a coordinated, whole-child approach. Relationship-building and collaboration with the school may both be more challenging if providers are not present on the school campus. In a telehealth model, consider how to establish some consistent in-person presence, and how to coordinate services and follow-ups, such as through a patient navigator at the school and/or a hybrid approach to care.

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Keep in mind that some students and families have limited access to digital devices and connectivity, and may have limited English skills or digital literacy, presenting challenges for equitable access to telehealth if healthcare providers are trying to reach students or families at home.

New telehealth-in-schools models are being piloted in Washington state during the COVID-19 pandemic. WA SBHA is tracking these efforts and will share resources and lessons learned with the SBHC field as experience is gained.