



School-Based Behavioral Telehealth for Rural Access

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May 21, 2026



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Changing What's Possible

Disclosures/Funding

- ▶ We do not have any disclosures.
- ▶ This presentation was supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of the National Telehealth Center of Excellence Award (U66RH31458) totaling \$4,250,000 with 100 percent funded by HRSA/HHS. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA/HHS or the US Government.



Objectives

- ▶ 1. Assess the benefits of school-based telehealth as a care delivery model to improve access to care and reduce health disparities for children in rural areas.
- ▶ 2. Describe best practices to overcome the specific barriers programs in rural areas encounter when delivering behavioral health care to children in school.
- ▶ 3. Apply lessons learned from real-world implementation to plan, launch, or strengthen school-based behavioral telehealth services in your own setting.





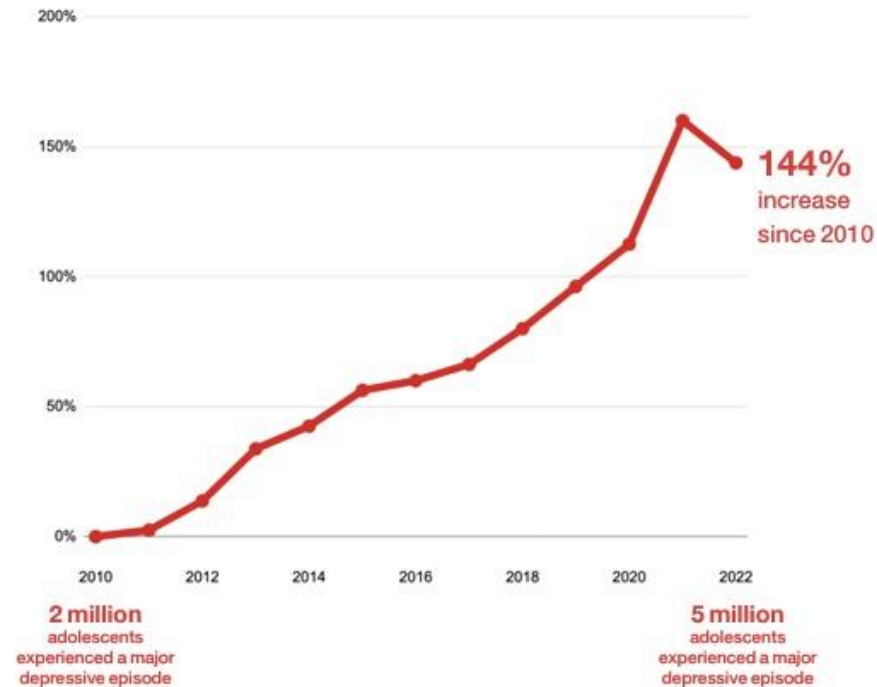
Benefits of School-Based Health

Behavioral Health Crisis

- ▶ 20% of youth aged 12-17 in US reported at least one major depressive episode in the last year
- ▶ 60% of children in US with major depression do not receive any behavioral health treatment
- ▶ Racial health disparities exist with youth of color less likely to receive services than white youth

Depression

Youth ages 12 to 17 with a major depressive episode in the United States
Percent change since 2010

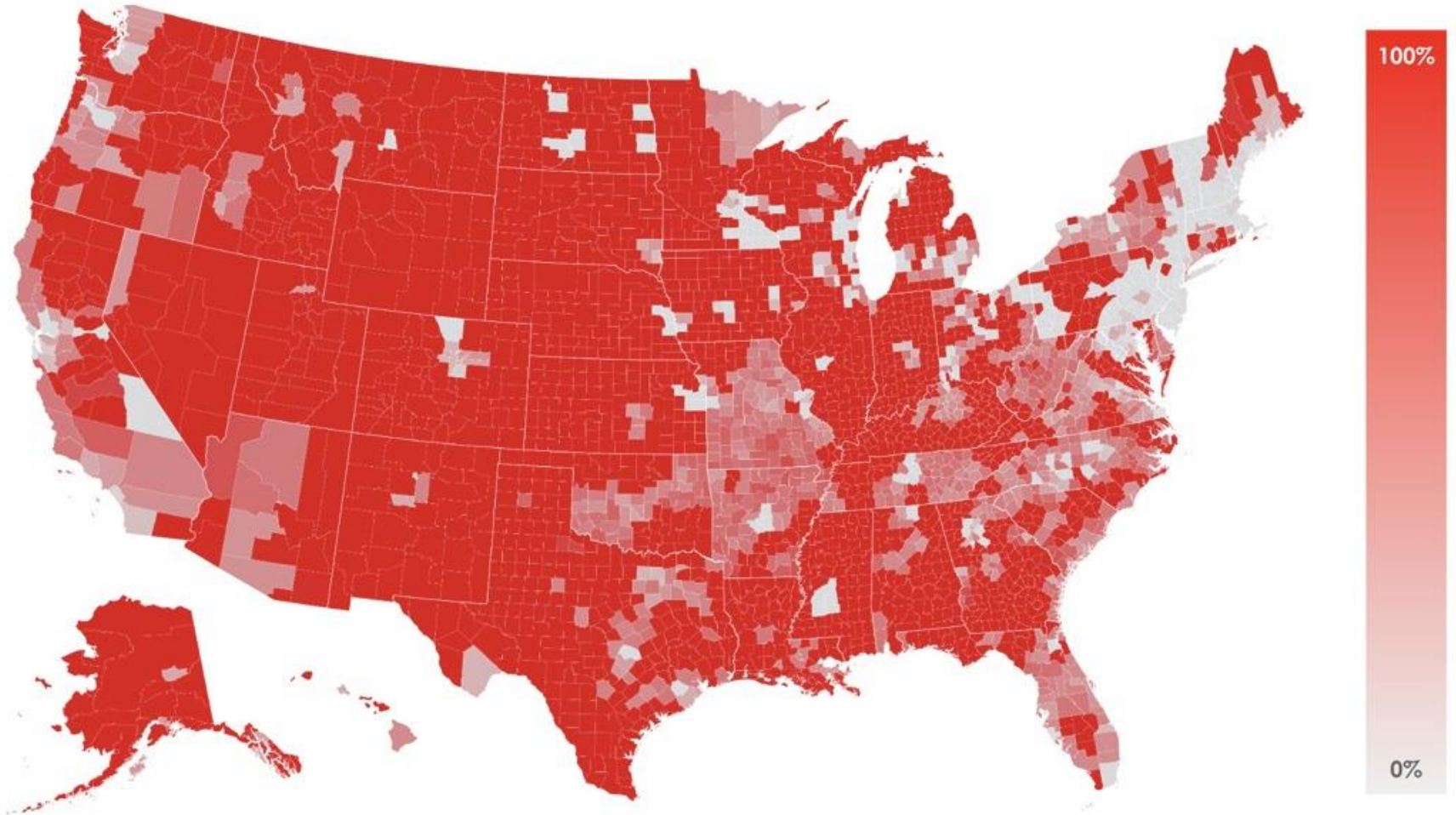


Sowa NA, Gaffney K, Sanders A, Murrell C. School-Based Tele-Behavioral Health: A Scoping Review of the Literature. J Sch Health. 2024 Jun;94(6):571-580. doi: 10.1111/josh.13435. Epub 2024 Jan 23. PMID: 38263701.



Percent of children who lack adequate access to mental health workers

Based on federal Mental Health Shortage Area data for each county



Source: Crisis Text Line and Common Good Labs analyses of data from the Health Resources and Services Administration, 2021.



Barriers to Care leading to Rural Disparities

- ▶ Decreased access
 - ▶ Long wait times
 - ▶ Inconvenient scheduling
- ▶ Financial constraints
- ▶ Mistrust of health care providers
- ▶ Privacy concerns

Shull JL, Mann CM. Caregiver Perceptions of Barriers and Facilitators to Adolescents' Access to Mental Health Care in a Rural Pediatric Practice. *Journal of Pediatric Health Care*.



Case 1: Bobby goes to traditional clinic

- ▶ **Sept 1:** Bobby is an 8-year-old boy with parental and teacher concern for hyperactivity/impulsivity.
- ▶ **Sept 10:** Mom makes an appointment with the pediatrician but has to reschedule because her work won't give her time off.
- ▶ **Oct 1:** An aunt brings Bobby to the clinic but she isn't sure what's going on at school and has limited info about home concerns. You give Bobby's aunt Vanderbilt forms for teacher and mom to fill out and schedule a follow-up.
- ▶ **Nov 15:** After a few reschedules due to transportation issues, mom brings Bobby to the clinic. He has been suspended from school. Based on her Vanderbilt form (unable to get teacher's) and urgency of school situation, you start Concerta 18mg and schedule 1 month follow-up.
- ▶ **Feb 1:** Mom brings Bobby to the follow-up appointment. The Concerta 18mg helped a little but she has run out and Bobby is suspended again. You increase to Concerta 27mg and request 1 month follow-up.
- ▶ **Apr 15:** Mom brings Bobby to the follow-up appointment. The Concerta 27mg worked well before he ran out. He did not do well on his end of year testing and he will have to do summer school and is in danger of failing 2nd grade.



What is School-based Telehealth?

- ▶ Provision of high-quality healthcare for children in the school setting using telehealth technologies
- ▶ Telemedicine equipment is placed in school nurse's office
- ▶ Secure video conferencing
 - ▶ Special equipment for assessments like stethoscopes



Scope of School-based Health

- ▶ **Acute Care**
 - ▶ Cough, cold, sore throat
 - ▶ Rashes
- ▶ **Chronic Care**
 - ▶ ADHD
 - ▶ Anxiety/depression
 - ▶ Asthma
- ▶ **Behavioral Care**
 - ▶ Brief interventions
 - ▶ Trauma-focused CBT
 - ▶ Crisis Management



Process of Providing Care

- ▶ District enrolls in program, signs contract to provide services
- ▶ School identifies a point of contact to handle logistics
 - ▶ Scheduling, space, device, coordination of care
- ▶ Identified students are referred to a coordinator or patient care specialist
- ▶ Informed consent (HIPAA and FERPA) is obtained from guardian of student
- ▶ A patient intake is performed
- ▶ Appropriate services are arranged



Who Benefits from School-Based Telehealth?

School

- Improved attendance
- Improved behavior
- Improved academic performance
- Healthier students and staff

Community

- Improved access to care
- Decreased preventable ER visits and hospitalizations
- Decreased healthcare costs
- Increased productivity

School-Based Telehealth

Child

- Increased access to care
- Improved health outcomes
- Improved attendance
- Improved behaviors
- Improved academic performance

Family

- Decreased missed workdays
- Decreased preventable ER visits
- Decreased anxiety
- Cost Savings



Health interventions provided by schools

- ▶ **Nutrition**
 - ▶ Federal feeding programs including breakfast, lunch and others
- ▶ **Physical activity**
 - ▶ Mandated PE curriculum and PA time
- ▶ **Behavioral/mental health**
 - ▶ School behavioral health staff and district interventions (such as for substance misuse)
 - ▶ School-based individual counseling
- ▶ **Physical health**
 - ▶ Comprehensive Health Education Act 1989 (including sexuality education)
 - ▶ Emergency preparedness
 - ▶ CPR training & AEDs
 - ▶ SAVE Act (safe access to vital epinephrine, now also albuterol & Narcan)
- ▶ **School nursing**
 - ▶ Screening for vaccination status, vision and hearing
 - ▶ Basic services for all students
 - ▶ Administer medications with health care provider order that is co-signed by parents/guardians
 - ▶ Vaccinations



Wellness in Schools – Whole School, Whole Community, Whole Child Model



Lewallen, T. C., Hunt, H., Potts-Datema, W., Zaza, S., & Giles, W. (2015). The Whole School, Whole Community, Whole Child Model: A New Approach for Improving Educational Attainment and Healthy Development for Students. *Journal of School Health*, 85(11), 729–739. [doi:10.1111/josh.12310](https://doi.org/10.1111/josh.12310)



School-Based Behavioral Health

- ▶ Mental health services, interventions, and supports delivered directly within a school setting to enhance students' social, emotional, and behavioral well-being
- ▶ Potential Components
 - ▶ Counseling/therapy
 - ▶ Case management
 - ▶ Medication management
 - ▶ Crisis intervention
 - ▶ Well-being



Case 2: Suzie (Bobby's sister) goes to school-based health clinic

- ▶ **Sept 1:** Suzie is a 6-year-old girl with parental and teacher concern for inattention. Mom consented for Suzie to participate in school-based health clinic services at an open house for the school in August.
- ▶ **Sept 1:** The school nurse checks with mom about interest in an appointment in school health for behavioral evaluation and mom agrees to schedule a visit. The nurse walks down the hall to give and collect a Vanderbilt from the teacher.
- ▶ **Sept 15:** An appointment is made for Suzie at 8am in the school health clinic right after mom drops Suzie to school. Teacher and Parent Vanderbilts are available for the school health provider. A diagnosis of ADHD is made and Concerta 18mg is started as this helped Bobby. Mom fills out the nurse administration and pharmacy delivery forms. A local pharmacy delivers Suzie's Concerta to the nurse who gives it to Suzie daily.
- ▶ **Oct 1:** After 2 weeks of Concerta, the teacher lets the school nurse know that Suzie's work has improved but she continues to struggle. She is scheduled the next day in school-based health clinic. The Teacher fills out a Vanderbilt and gives it to the nurse.
- ▶ **Oct 2:** Suzie is pulled from music class for a 15min appointment. The provider calls mom who agrees that an increase to Concerta 27mg is warranted. An order is sent to Delta pharmacy to deliver the new medication to school and a form is sent to the school for the nurse to administer the increased dose.





Best Practices to Overcoming Barriers

Challenges with Partnering with Schools

- ▶ Gaining trust in new communities
- ▶ Tracking and reimbursement
 - ▶ Secure record sharing
- ▶ School nurse availability and adoption of telehealth
- ▶ Appointment request workflow
 - ▶ On-demand visits
 - ▶ Scheduled visits



A word cloud of terms related to healthcare, legal, and administrative challenges. The words are in various shades of blue and purple, with some appearing in a lighter, semi-transparent font. The terms include: secure transmission, awareness, provider, FERPA, HIPAA, EHR, nurse, reimbursement, understanding, availability, consents, documents, and provider.



Challenges with Telehealth

1. Patient or therapy type considerations

- ▶ Play therapy
- ▶ Too young
- ▶ Children exhibiting aggression

2. Connectivity issues



Best Practices – Key Components

- ▶ **Integrated Care:** Services are delivered in schools, often via partnerships with community providers to facilitate easy access, reducing barriers such as transportation or scheduling.
- ▶ **Comprehensive Approach:** Programs range from school-wide mental wellness promotion and classroom-based interventions to targeted individual counseling, group therapy, and crisis intervention.
- ▶ **Collaborative Care:** It involves a team approach involving school staff (teachers, counselors), mental health professionals (social workers, psychologists), and families to support the student's emotional and behavioral needs.
- ▶ **Positive Outcomes:** These services aim to improve school culture, boost attendance, reduce student conflict, and foster better coping skills



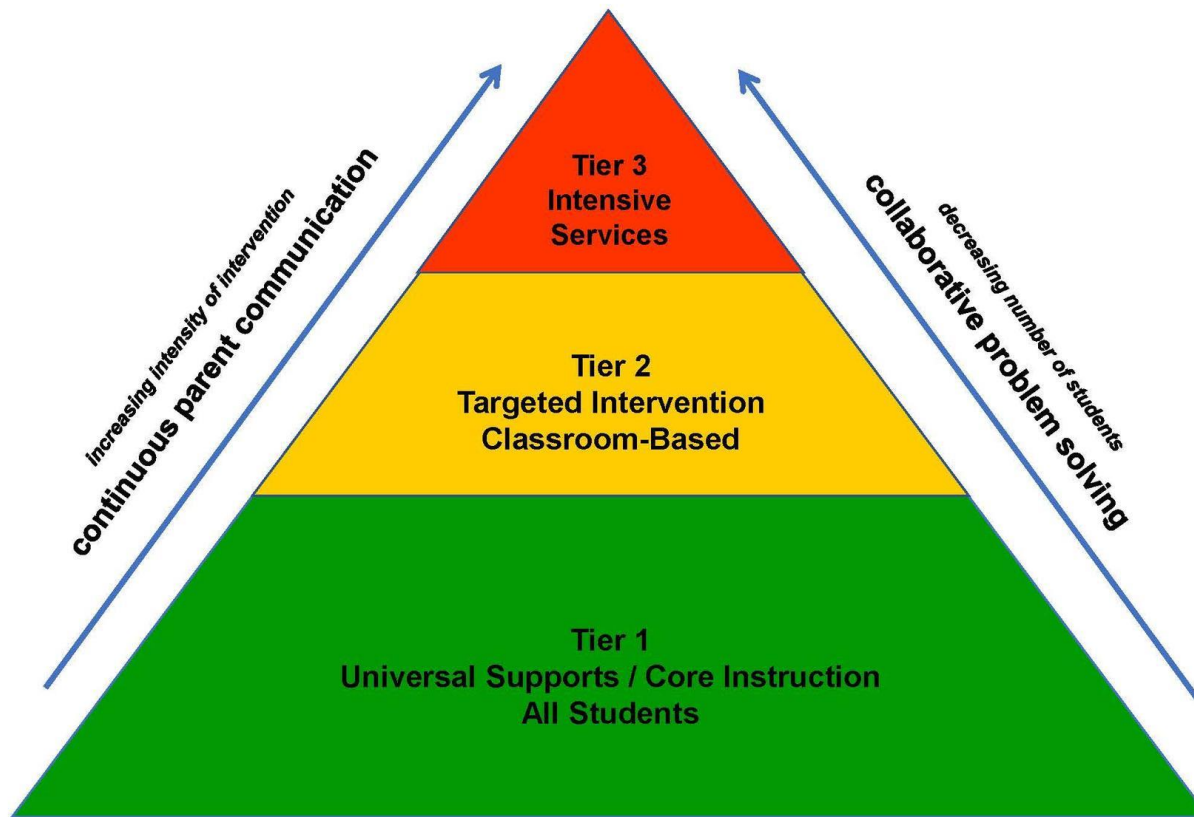
Integrated – Community Partnerships



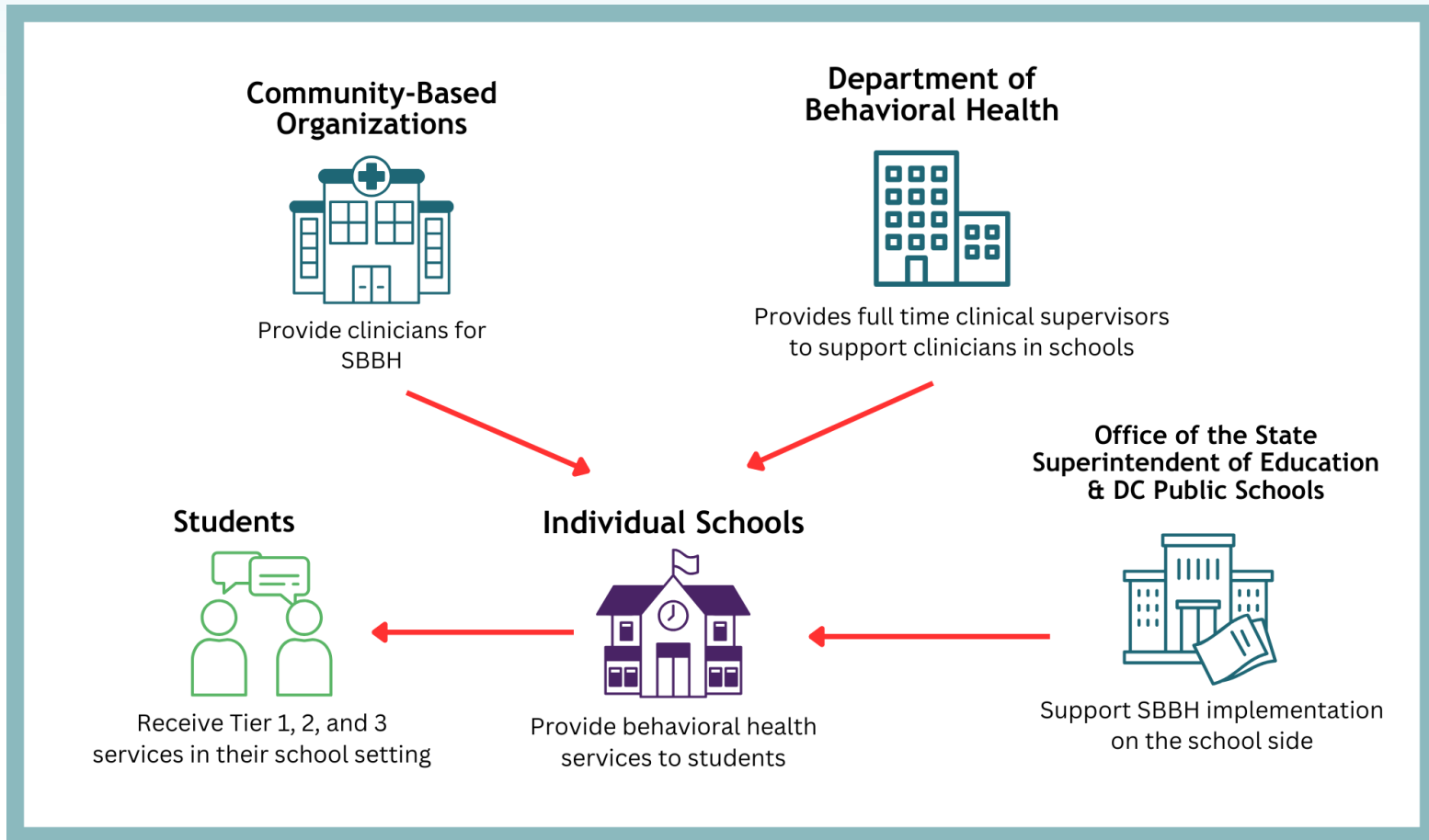
<https://www.ruralhealthinfo.org/project-examples>



Comprehensive - MTSS Support Framework



Collaborative – Team Approach



<https://www.strengtheningfamiliesdc.org/how-does-sbbh-work>



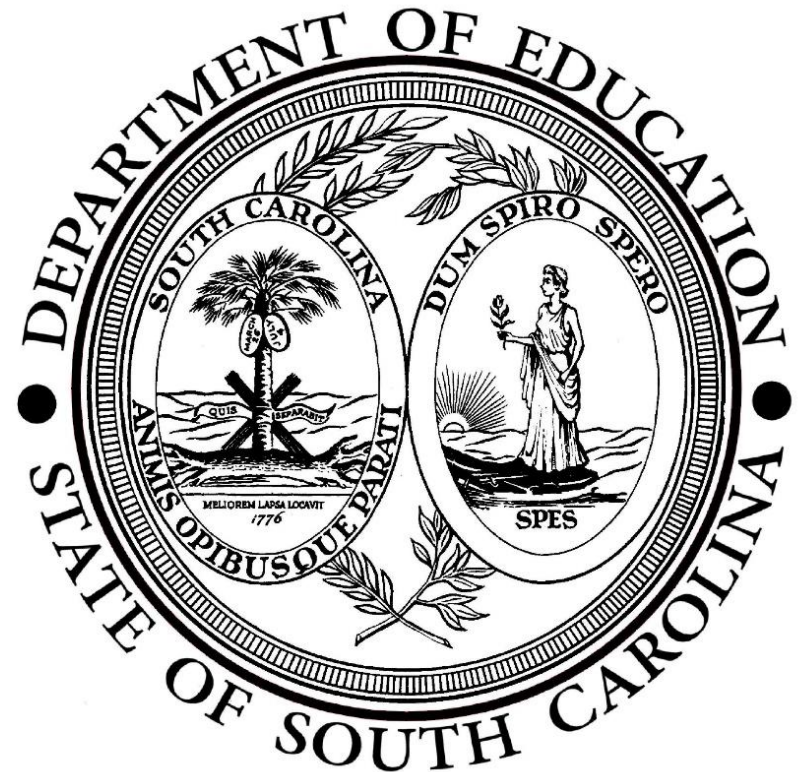
Outcome - Driven

- ▶ Increase “seat time”
- ▶ Decrease ED visits
- ▶ Improve school culture
- ▶ Boost attendance
- ▶ Reduce student conflict
- ▶ Foster better coping skills



Best Practices in Implementation: Agreements and Consents

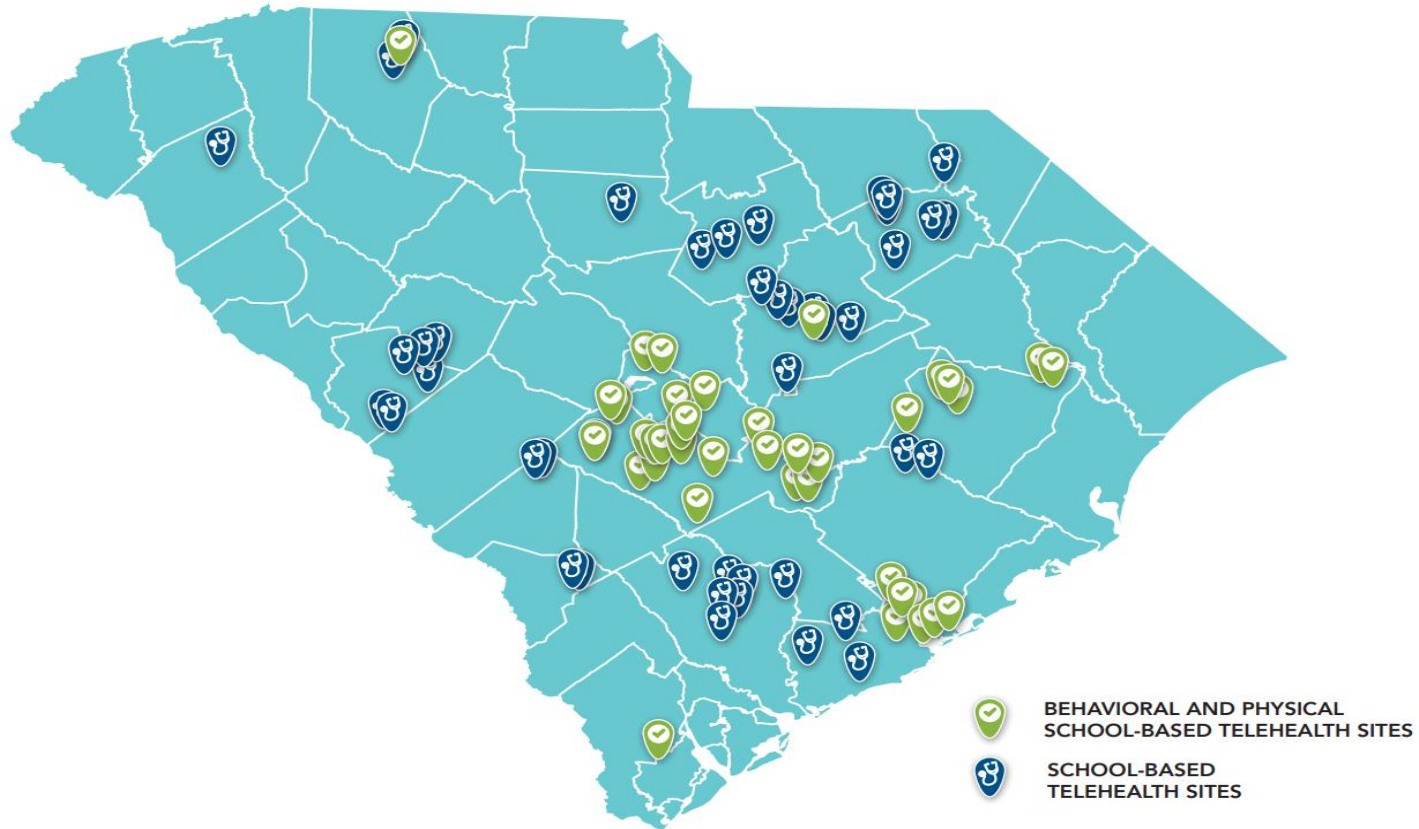
- Partnership with SC Department of Education
- Consent forms
 - Consent to treat
 - HIPAA
 - FERPA
- Agreements
 - School district
 - Local providers





Real World Examples

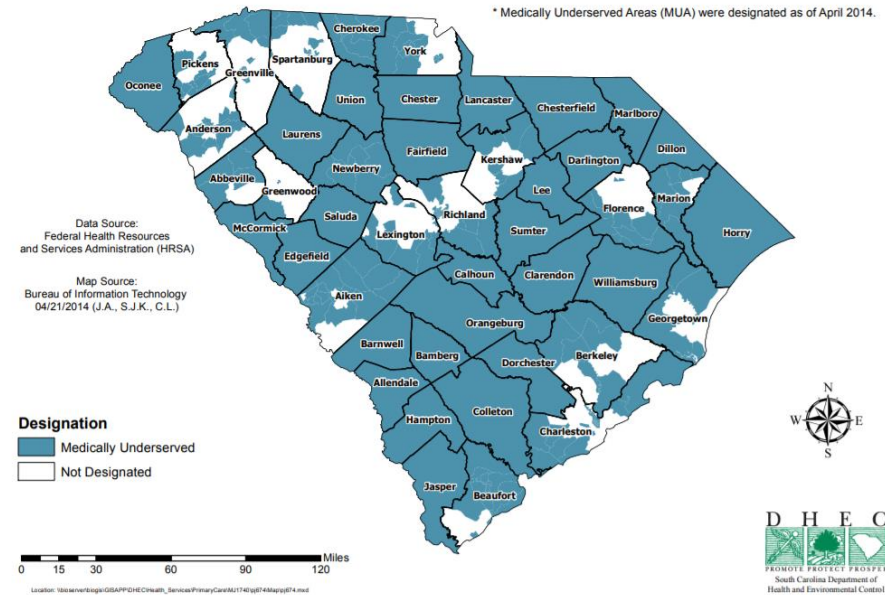
School Based Health Coverage in South Carolina 2024



Disparities in South Carolina

- 25% of children live in poor households (National: 19%)
- 36 out of 46 counties are rural or have portions that are rural
- Majority of the state is designated as a Health Professional Shortage Area or is medically underserved
- 7 counties have no hospital

Medically Underserved Areas in South Carolina*

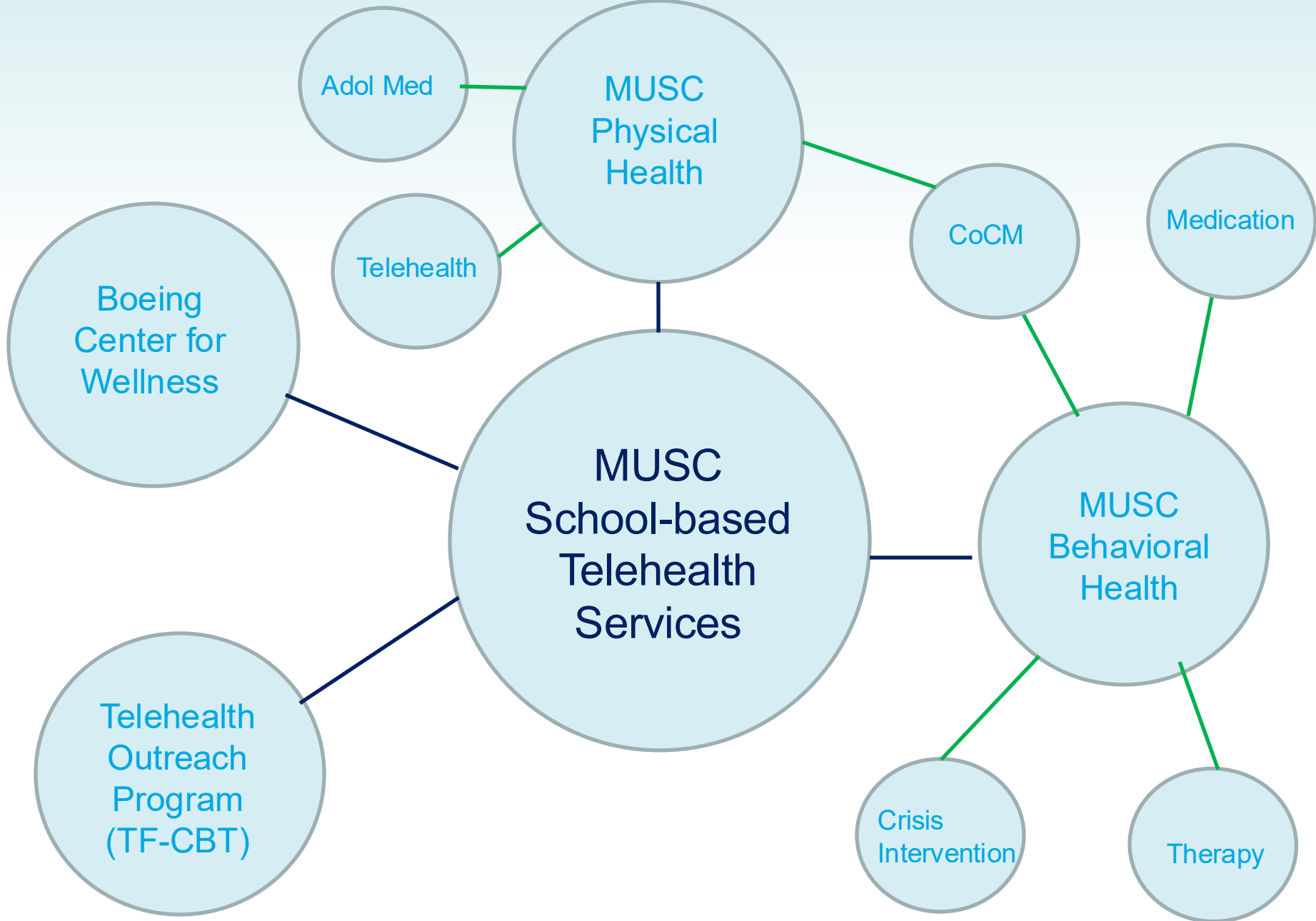


National Center for Children in Poverty. *South Carolina Demographics of Poor Children*. (November 19, 2018) Retrieved 12/3/18 from: http://www.nccp.org/profiles/SC_profile_7.html

Health Resources & Service Administration. *List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties* (2010). Retrieved 12/3/18 from: <https://www.hrsa.gov/sites/default/files/ruralhealth/resources/forhpeligibleareas.pdf>

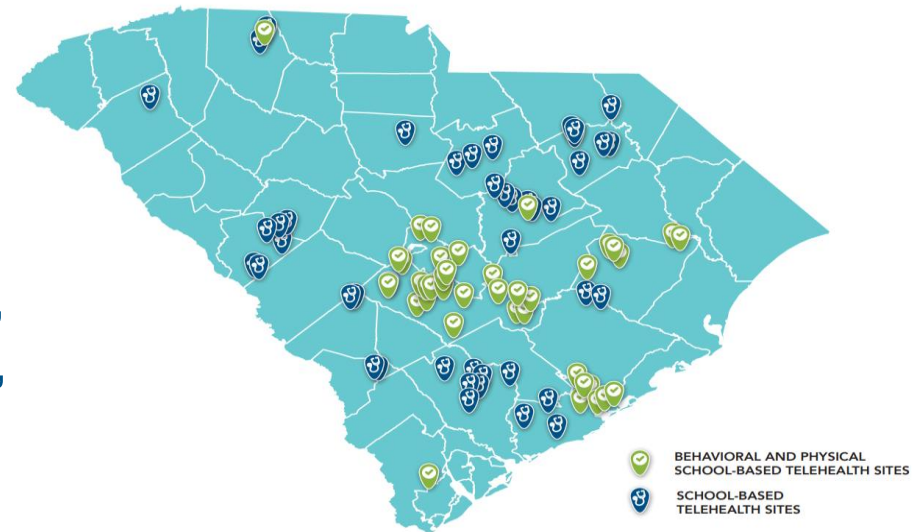
South Carolina Physician Workforce Profile 2015. Retrieved from: <https://www.aamc.org/data/workforce/reports/442830/statedataandreports.html>





MUSC School-based Telehealth at a Glance

- ▶ Active in 31 of 46 SC counties
- ▶ Care provided in over 130 schools
- ▶ Partnering to provide care in over 200 schools
- ▶ Synchronous care
- ▶ Pediatricians, Nurse Practitioners, Physician Assistants, Psychiatrists, Therapists, Respiratory Therapists, RNs, LPNs, Medical Assistants
- ▶ Increase access to care
- ▶ Decrease ED visits
- ▶ Increase seat time



MUSC's School-based Behavioral Health Care

- New 2023/2024 school year
- Therapists and psychiatrists for collaborative model
- Accessible throughout the state
- Implementation of quality monitoring and tracking of key performance indicators to measure ongoing effectiveness and performance



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Infrastructure, Technology, Equipment

- ▶ Developed school-informed telehealth network designed and ready for use with Andor
 - ▶ Includes features to address:
 - ▶ Electronic consenting and caregiver notification
 - ▶ Caregiver inclusion in visits
 - ▶ Bring-your-own-device approach to school side technology
 - ▶ Ability for scheduled and on-demand visits



Medication Management and Therapy

GOAL: Implement school-based therapy services, building on MUSC Center for Telehealth physical health presence



- Team members
 - Licensed therapists
 - Child Adolescent Psychiatrists
 - Behavioral Health Coordinator
- Therapy and medication management appointments continue throughout the summer via direct-to-consumer sessions



Medication Management

- ▶ Provided by Child Adolescent Psychiatrist or School-based Health Provider Team
- ▶ Medication orders can be efficiently sent to the school nurse
- ▶ Pharmacy delivery of medication to schools



Collaborative Care Management (CoCM)

- Co-management of behavioral health patients with physical health team
- Patient sees physical health provider
- Enroll in CoCM if provider feels it would be beneficial and caregiver agrees
- Behavioral Health Care Manager (LCSW) follows patient
 - Case management
 - Brief therapy: coping skills, psycho-education, solution-focus therapy
 - Recommendations from child psych
 - Coordinate with physical health



Crisis Intervention Program

GOAL: Implement school crisis intervention program which is immediately accessible to participating schools to assess students in crisis in the school setting to keep students and teachers safe and keep students in school

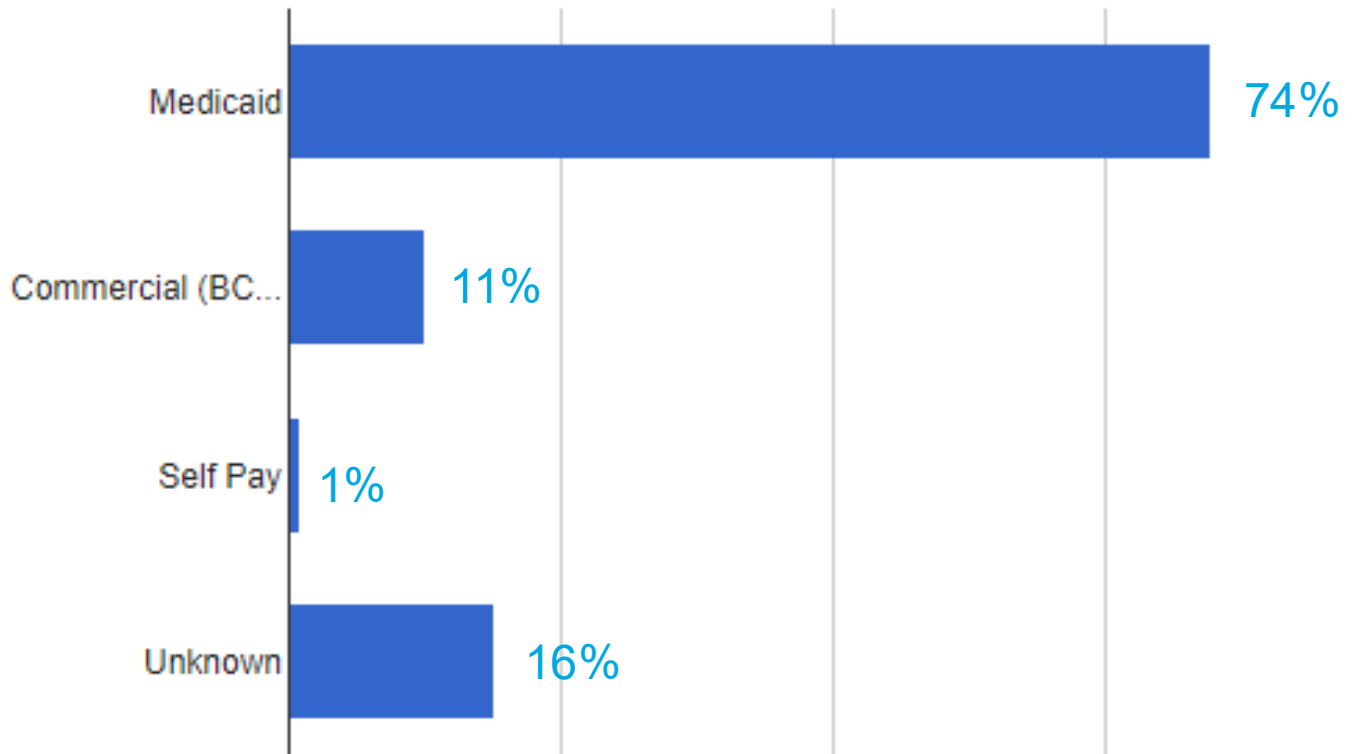
- ▶
- Goal of the OnDemand BH/crisis assessment is to:
 - ▶ Identify the crisis
 - ▶ Assess the level of risk
 - ▶ Create a safety plan to keep student in school if possible
- Psychiatry will be included, when necessary, through consultation with therapist, or directly connected with student



Patient-reported Gender



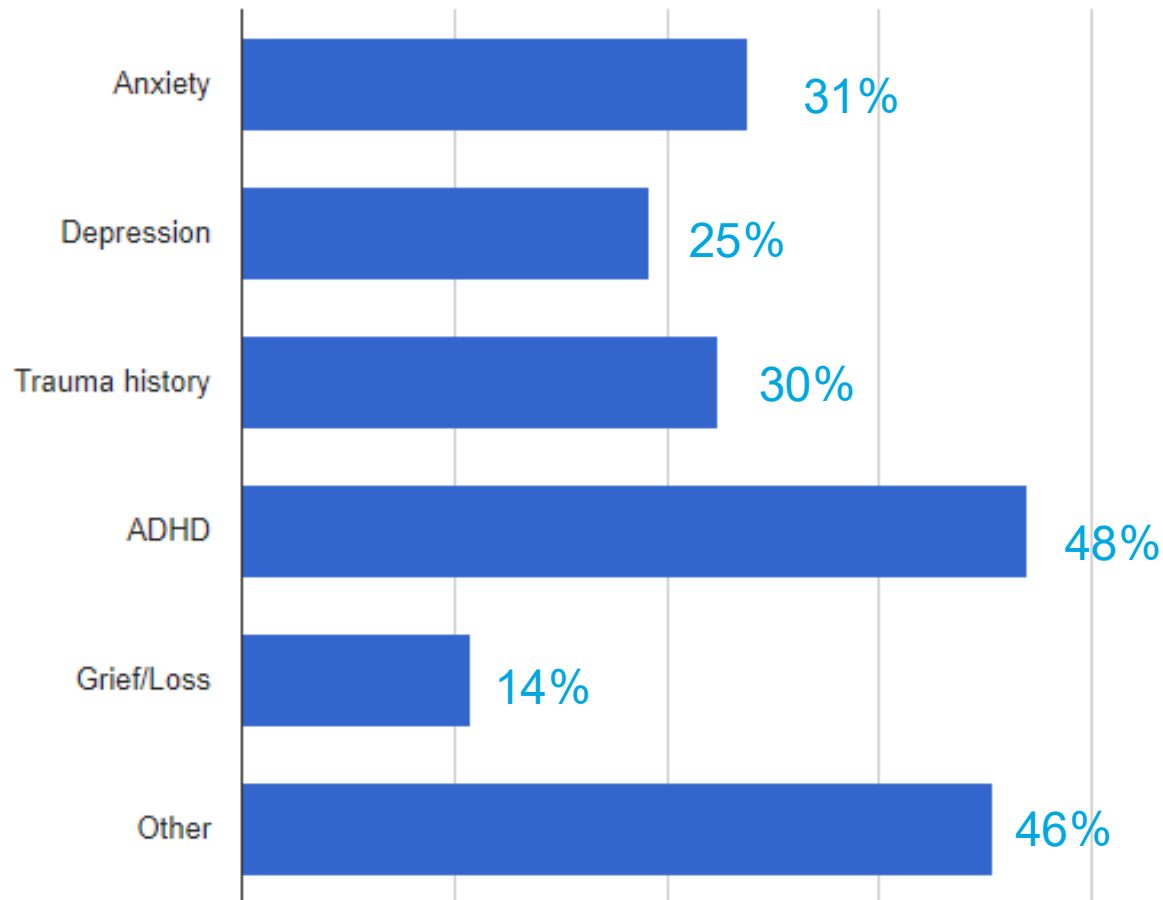
Payor Distribution



Services Provided



Reason for Referral



Therapist Perspective - Facilitators

- ▶ Key facilitators included:
 - ▶ strong community engagement
 - ▶ parent advocacy
 - ▶ structured onboarding and training
 - ▶ collaborative relationships between school and program leadership
 - ▶ streamlined referral processes
 - ▶ high perceived program need
 - ▶ school champion/leader
 - ▶ structured program processes within the schools.



Therapist Perspective - Barriers

- ▶ Identified barriers included:
 - ▶ cultural hesitancy and stigma
 - ▶ lack of parent engagement
 - ▶ technology and space challenges
 - ▶ staff turnover
 - ▶ workforce limitations



School-based Telehealth Team

School Behavioral Health Team

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