

## **Demonstration Projects Providing Tele-Behavioral Health to Students in Underserved Rural and Urban Communities**

### ***Introduction***

The Partnership for a Connected Illinois (PCI) seeks to use technology in an innovative way to increase access to behavioral health care to students in Illinois elementary and high schools.

PCI, a nonprofit organization, oversaw the expenditure of over \$305 million for the expansion of broadband over 3,593 miles in the state. In 2015, PCI created the Illinois Telehealth Initiative (ITI), a project to promote broadband adoption. Telemedicine has been shown as an effective means to increasing access to care, removing barriers to care and maximizing provider capacity. Through this technology, a provider is able to serve multiple locations, which increases health care access points and brings services into areas (like schools) that would not be able to sustain a full-time provider.

Partnering with clinics, health systems and schools, ITI seeks to create demonstration projects of financially sustainable business models for tele-behavioral health (TBH) in elementary and high schools throughout the state. TBH would be provided to students and their families in the schools via a HIPPA-compliant, secure video platform on a computer located in an unlabeled, sound-secured room at the school near the nurse's office or in a school-based clinic. The school or the clinic would provide a behavioral health coordinator staff to complete intake paperwork with students and their parents, to prioritize referrals, to assign cases to the clinicians, to train students and providers on the telehealth equipment and, when needed, to accompany the students during the provider consultation.

### ***Problem***

In a world where there is a drastic deficiency in the number of mental health providers, innovation of novel ideas to reach students with behavioral health illnesses is a necessity. It is estimated that 20% of children living in the United States experience a mental and substance abuse disorders in a given year.<sup>1</sup> Between 60-90% percent of students do not receive treatment for their mental illness.<sup>2</sup> With Illinois' 2.1 million students in the public schools, those studies would suggest that there are about 300,000 students not receiving needed behavioral health care. These students have no appropriate forum to voice their frustrations. The lack of treatment manifests itself in increased suicides, school failure, juvenile justice involvement and healthcare costs and decreased academic involvement<sup>3</sup>

### ***The Need for Behavioral Health in Illinois Schools***

When school personnel become aware that a student might need behavioral health, they generally refer the child to a community mental health clinic. Only a small proportion of

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<sup>1</sup><http://www.cdc.gov/ncbddd/childdevelopment/documents/CMfeature20130514.pdf>;  
<https://profiles.nlm.nih.gov/ps/access/NNBBHV.ocr>

<sup>2</sup> <http://nahic.ucsf.edu/downloads/MentalHealthBrief.pdf>

<sup>3</sup> <http://www.apa.org/about/gr/issues/cyf/child-services.aspx>;  
<http://www.apa.org/about/gr/issues/cyf/child-services.aspx>

students actually receive care at the community clinic, however, because students frequently find a stigma associated with the clinic and refuse to go to the clinic. Students find the atmosphere of the community clinics uncomfortable. Furthermore, delays in scheduling consultations reduce the likelihood that the students will actually attend the appointment.

About 40 of Illinois 4,500 public schools, have clinics operated by Federally Qualified Health Clinics (FQHC) or Rural Health Clinics (RHC). These clinics provide a broad array of health care services, including behavioral health care. It is reported that these clinics have difficulty meeting the demand for behavioral health care and would like to find ways of expanding access to care.

### ***Tele-Behavioral Health in Schools Works***

Due to these issues, several states have begun to focus their efforts on tele-behavioral health options to resolve the current provider gap. TBH has been shown to be an effective modality for providing that care. TBH in schools has worked in Kansas<sup>4</sup>, Texas,<sup>5</sup> Maryland<sup>6</sup> and Missouri<sup>7</sup>. It works because:

- Interactive and secure video equipment is not expensive;
- The school does not have the stigma of a community mental health facility;
- The consultation with a mental health provider is immediate;
- The school location is non-threatening and part of the student's social context; and
- The students enjoy the technology.

### ***Proposed Demonstration Projects***

Illinois has been slow to embrace TBH services in the schools. Provider organizations are nervous about regulations and reimbursement. Provider organizations and payers are not aware of:

- How care for students would be improved;
- How productivity of providers is increased and
- How financially sustainable business models can be developed.

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<sup>4</sup> <http://www.kumc.edu/community-engagement/ku-center-for-telemedicine-and-telehealth/research/mental-health.html> ; <http://crhi.org/MY-Health-e-Schools/docs/ATA-SBHC-2012.pdf> ; <http://www.pathwaysrtc.pdx.edu/pdf/fpS0708.pdf>

<sup>5</sup> <file:///Volumes/NLK%20THUMB/Telehealth/TARGET%20POPULATIONS/School%20Based/Texas/UTMB%20school%20telehealth%20Summary.webarchive> ; <https://innovations.ahrq.gov/profiles/remote-assessment-and-treatment-telemedicine-combined-onsite-case-management-enhance-access> ; [http://www.rwjf.org/content/dam/farm/reports/program\\_results\\_reports/2012/rwjf72279](http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2012/rwjf72279)

<sup>6</sup> <http://www.schoolmentalhealth.org/AboutUs.html>

<sup>7</sup> <http://www.healio.com/psychiatry/pediatrics/news/online/%7B3d55cd0c-0617-48c2-995d-9380081002b1%7D/telepsychiatry-increases-mental-health-care-access-for-children-in-rural-areas>

Provider organizations throughout the state are interested in conducting demonstration projects that would provide needed information to the stakeholders showing the effectiveness of TBH in the school for elementary and high school students. These demonstration projects would:

- Develop models for TBH delivery in a variety of provider organizations, school types, school sizes, geographic regions and grade levels;
- Develop best practices for effective care;
- Maximize provider time by eliminating travel time;
- Minimize lost provider time resulting from student “no-shows.”
- Minimizing time spent by providers on unrelated school matters;
- Identify regulations and practices that burdens service delivery in the schools;
- Identify regulatory burdens and reimbursement practice of payers that interfere with effective service delivery;
- Demonstrate the cost-effectiveness of TBH in the schools and
- Explore possibilities for care for the student between consultations.

In these demonstration projects, TBH would be provided to students in schools via a HIPPA-compliant, secure video platform on a computer located in an unlabeled, sound-secured room at the school near the nurse’s office or in a school-based clinic. The school or the clinic will provide a staff person to complete intake paperwork with students and their parents, prioritize referrals, assign cases to the clinicians based on:

- Level of care needed,
- Clinician specialty,
- Language or cultural needs and
- Clinician availability.

Students with acute mental issues will receive immediate services or referrals to an appropriate emergency provider. Mental health services include treatment for depression, eating disorders, anxiety disorders, attention deficit hyperactivity disorder, conduct disorder and substance abuse. Treatment options include psychiatric, mental health and addiction counseling. A Web-based electronic medical records system would allow the program staff access to the student’s medical records.

The school must have a:

- Computer/laptop/i-Pad or tablet,
- High-speed internet connection,
- Web Cam,
- Microphone,
- Ear bud/headphone and
- Unlabeled sound-secured room.

The student may self-refer to the program or be referred by school personnel, primary care provider, social service organizations, the court system or family members. The services would be available during school hours or when the school-clinic is open.

## Partner Organizations

The following organizations have expressed interest in conducting a demonstration project to provide TBH services in the schools.

### Statewide

Lurie Children's Hospital of Chicago (Lurie)<sup>8</sup> is the pediatric teaching hospital of Northwestern University Feinberg School of Medicine. It serves children from all 50 states and 46 countries. Lurie currently has several telemedicine programs and is interested in expanding its telemedicine services to include TBH services to children in multiple schools around the state.

### Chicago

Adler University (Adler)<sup>9</sup> is a graduate school with an emphasis in teaching psychology. It currently provides its students with faculty-supervised clinical experience in behavioral health services to high school students in two Chicago schools: *Instituto Health Sciences Career Academy Charter High School*<sup>10</sup> (Little Village neighborhood) and *Christ The King Jesuit College Preparatory School*<sup>11</sup> (Austin neighborhood). It is interested in providing these services via TBH because it would:

- Give its students experience in TBH;
- Maximize student and faculty time by:
  - Eliminating travel time,
  - Minimizing time spent on unrelated school matters and
  - Minimizing lost time resulting from student “no-shows.”

In addition to the goals described above, Adler would like to conduct demonstration project in its two schools and others:

- To explore the possibility of developing accreditation programs in TBH and
- To identify effective ways to use supervised graduate students to provide care in underserved communities.

PCC Community Wellness Center (PCC)<sup>12</sup> is an FQHC with 12 health centers serving Chicago's Westside and near west suburbs. This year, PCC opened a school-based clinic at *Steinmetz College Prep High School* in Chicago's Northside.<sup>13</sup> The school provides comprehensive primary care and behavioral health services. PCC would like to conduct a demonstration project to supplement its existing behavioral health services for the substantial number of students requiring care and to provide culturally appropriate care when needed.

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<sup>8</sup> <https://www.luriechildrens.org/en-us/about-us/Pages/index.aspx>

<sup>9</sup> <http://www.adler.edu/page/about/welcome>

<sup>10</sup> <http://healthacademy.idpl.org>

<sup>11</sup> <http://www.ckjesuit.org>

<sup>12</sup> <http://www.pccwellness.org>

<sup>13</sup> <http://www.chicagotribune.com/suburbs/elmwood-park/community/chi-ugc-article-pcc-unveils-newly-renovated-school-based-comm-2016-07-07-story.html>

Erie Family Health Center (Erie)<sup>14</sup> is an FQHC with 13 health centers in Chicago and its northern suburbs. Four of Erie's health centers are school-based clinics. Three are in large high schools, while one is in an elementary school. Erie would like to conduct a demonstration project to supplement its existing behavioral health services for the substantial number of students requiring care and to provide culturally appropriate care when needed. Specifically, Erie would like to conduct a demonstration project in *Clemente High School* and *Johnson Elementary School*.

Rush Medical Center (Rush)<sup>15</sup> is a not-for-profit, 664-bed academic medical center in Chicago. It is nationally and internationally known for many specialties of care, areas of research and its new medical hospital building, the Tower. With a mission to improve the health of the individuals and diverse communities they serve, much of Rush University Medical Center's work focuses on addressing and eliminating health disparities in the west and south sides of Chicago. Rush's Department of Community Engagement and Practice administers three school-based health centers in the Chicago Public Schools at *Crane* and *Orr High Schools* and the *Simpson Academy*. Rush has administered the Crane and Orr school-based health centers for more than 20 years and the Simpson Academy for six years.

Near North Health Service Corporation (Near North Health)<sup>16</sup> is an FQHC with a mission to provide accessible, affordable, and high-quality healthcare for those who are underserved, underinsured, and uninsured. Near North Health operates eight community health centers including the school-based health center at *Reavis Elementary School*. Near North Health offers a full array of services including primary care, nutrition education, and social support programs. Near North Health serves over 46,000 patients in over 100,000 patient visits.

#### Chicago Area

Cook County Health & Hospitals System (CCHHS)<sup>17</sup> is the safety net for health care in Chicago and suburban Cook County. With the decreased funding of community-based behavioral health services, the Cook County Board plans to expand behavioral health services in the coming year.<sup>18</sup> CCHHS already provides behavioral health support in one high school location. The demand for behavioral health services within this school location is high and would benefit from expanded capacity. In addition, CCHHS is embedding behavioral health in all of its ambulatory clinics.

Metropolitan Family Services (MFS)<sup>19</sup> provides a broad range of social services to underserved communities in Cook and DuPage counties. It

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<sup>14</sup> <https://www.eriefamilyhealth.org/about-erie/>

<sup>15</sup> <https://www.rush.edu>

<sup>16</sup> <http://www.nearnorthhealth.org>

<sup>17</sup> <http://www.cookcountyhhs.org/about-cchhs/>

<sup>18</sup> <http://www.cookcountyhhs.org/press-releases/cook-county-announces-bold-plans-to-address-behavioral-health/>

<sup>19</sup> <https://www.metrofamily.org/about-us/>

centers. Its services include “Emotional Wellness,” including behavioral health care. MFS currently uses telepsychiatry to serve its clients in two of its centers. MFS would like to expand its behavioral services beyond telepsychiatry at its current locations and at school locations.

Aunt Martha’s Youth Services (Aunt Martha’s)<sup>20</sup> provides behavioral health services to communities in the Chicago area and several communities in central Illinois. Aunt Martha’s has provided TBH for many years and would like to expand TBH services into school locations.

#### North Central Illinois

North Central Behavioral Health (North Central)<sup>21</sup> provides behavioral health services in seven counties and over 100 communities in North Central and Central Illinois. North Central has provided tele-behavioral health services for over ten years, including telepsychiatry and a variety of other individual, group, rehabilitative and related TBH services. It is interested in expanding its telehealth infrastructure and services to students in high schools across its rural service area.

#### Quad-Cities

The Robert Young Center of Unity Point Health-Trinity (Robert Young)<sup>22</sup> in the Quad-Cities area. The Robert Young Center is a Comprehensive Community Mental Health Center. The Center is currently operating an effective telepsychiatry program in six hospital emergency departments where the quality of care to patients was significantly increased and where the cost of care has been reduced. Robert Young is interested in providing TBH services to five elementary and high school students in Rock Island County.

#### Central and Southern Illinois

Chestnut Health Systems (Chestnut)<sup>23</sup> provides behavioral health services in nine rural communities in central and southern Illinois. Chestnut provides TBH services to students in elementary and high schools on a limited basis. It is interested in expanding its services to students in three schools in McLean County.

#### Rockford Area

Rosecrance Berry Campus (Rosecrance)<sup>24</sup> provides behavioral health services in two north central Illinois counties, one urban and the other rural, including limited services to students in elementary and high schools. Rosecrance is interested in expanding its services to students in the schools. It would like to develop best practices for expanded care based in a school location.

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<sup>20</sup> <https://www.auntmarthas.org>

<sup>21</sup> <http://www.ncbhs.org/about-us>

<sup>22</sup> <https://www.unitypoint.org/quadcities/services-mental-health-and-substance-abuse.aspx>

<sup>23</sup> <http://chestnut.org>

<sup>24</sup> <http://www.rosecrance.org/mental-health/children-and-family-services/>

### *Downstate*

The Egyptian Health Department (Egyptian Clinic)<sup>25</sup> operates a Rural Health Clinic in Gallatin School (K-12) in Junction, Illinois. The Egyptian Clinic currently uses telehealth consultations with medical specialists. The Egyptian Clinic currently provides mental health services with providers that come to the school. The Clinic needs access to additional providers, allowing for culturally appropriate matches between providers and students.

### ***Financial Resources Required***

For a three-year demonstration project, each school site requires financial support for staff, consultants, equipment, non-reimbursed provider services, facility costs and an evaluation. The students would have access to licensed behavioral and mental health providers selected by the organization.<sup>26</sup> Additional providers would be available through Regroup Therapy or a telepsychiatry business. PCI requires financial support to address site concerns related to: law, technology, providers, staff training, reimbursement and fundraising.

### ***Opportunities for Online Intervention To Guide Students to Appropriate Care***

Modeled after studies that have been done with returning veterans, the demonstration projects will make available to general student populations an online tool to self-identify the need for certain mental health services.

The program could also provide a Web site access portal through which students, their families and community partners can access resources and information.

### ***Opportunities for Early Identification***

The project could also participate in a program of the American Psychiatric Association Foundation that teaches parents and school personnel to notice the warning signs of mental health problems. The program prepares parents and school personnel with intervention strategies and to where to refer teens for help addressing issues.<sup>27</sup> Early intervention will encourage the parents and school personnel to refer a student to programs providing tele-behavioral health care.

### ***Opportunities for Tele-behavioral Health Outside of School***

The demonstration projects could an opportunity for the use of a variety of TBH interactive tools. These additional tools could provide synchronous care outside of the school consultation sessions. Mental health apps could provide learning modules for managing stress, anxiety and depression, while at home when the provider may not be available. Other tools can provide access to emergency services and access to the therapist between consultations. The program would create a 24 hour a day telephone hotline for students to obtain information and referrals staffed by program caseworkers.

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<sup>25</sup> <http://www.egyptian.org>

<sup>26</sup> In the case of Adler University, graduate students will provide care under the supervision of licensed clinicians selected by Adler.

<sup>27</sup> <http://www.americanpsychiatricfoundation.org/what-we-do/public-education/typical-or-troubled>

### ***Psychiatric Evaluation & Care***

If the mental health provider believes that a psychiatrist should evaluate a student to explore the possibility of additional treatment alternatives, the mental health provider shall make such recommendation to the student's primary care physician or provide referrals to an appropriate community-based agency offering primary care or psychiatric services.

### ***Student Advisors***

The Teen Health Council of the Mikva Challenge<sup>28</sup> will support the demonstration projects in several ways:

- Advise the project design and implementation;
- Test the prototype to give specific ideas for refinement;
- Assist in program set-up in a school;
- Identify schools for a demonstration project;
- Facilitate peer workshop training for interested students in demonstration project schools;
- Design evaluation surveys for feedback from participants; and
- Promote the demonstration project in schools and the media.

### ***Outcome Evaluation***

In efforts to measure the success of the projects, the demonstration project will need to perform an evaluation of TBH at different sites. The evaluation will include the following assessment:

- The number of consultation hours each student receives;
- The response time after a student requests a consultation;
- The student's satisfaction with the care they received;
- The ability of the project to meet the students' cultural, religious, and language needs;
- The overall school and staff acceptance and use of the telehealth modality.

The demonstration project should further assess each of these criteria to determine the overall well-being of the students in relation to their health, school attendance and involvement in the juvenile justice system. The demonstration project should also assess the ability of the mental health provider to improve the quality and quantity of care. Where possible, these evaluations will be conducted with clinical comparisons with students that have participated in the TBH program.

### ***Systemic Value of Demonstration Project***

The demonstration project will give public health officials, schools and providers evidence demonstrating sustainable and effective ways that TBH can provide the necessary care for students. The information gained can also be used to reach adolescents in the juvenile justice system.

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<sup>28</sup> <http://www.mikvachallenge.org/programs/youth-policy-making/teen-health-council/>

### ***Process***

1. Needs Assessment. The Illinois Telehealth Initiative (ITI) will convene a mental health stakeholders that will conduct a community mental health needs assessment to identify the major problems facing Illinois students and potential barriers to receiving mental health services.
2. Protocol Development. The ITI will work with the sites on developing a protocol for consultations and evaluations. Protocols will be reviewed every three months.
3. Funding Resources. The ITI, working with each of the sites, will apply for grants to cover the cost of program start up.
4. Training. The ITI will coordinate the on-site training of staff and mental health providers on protocols, equipment, software, electronic medical records and maintaining student, confidentiality. In-service training could be offered to faculty and administrators on identifying early signs of mental illness.

### **Possible Funding Sources**

The ITI and demonstration sites will explore and pursue funding from:

- Federal government agencies,
- Private and public health care payers,
- State agencies and school districts and
- Foundations.

### **Status of Foundation Funding**

Chicago Public Schools Demo: Working with three partners,<sup>29</sup> the ITI has received a planning grant from the Otho S.A. Sprague Memorial Institute to implement demonstration projects in the Chicago Public Schools to provide school-based tele-behavioral health. to develop a proposal for a demonstration project in five Chicago Public Schools (CPS).<sup>30</sup> ITI has proposals pending with three foundations (Field, Fry, Washington Square) for this CPS demo and will be submitting proposal to Sprague Institute and The Visiting Nurse Association.

Rock Island Schools Demo: Working with Robert Young Center of UnityPoint Health, the ITI has submitted a proposal to the Illinois Children's Healthcare Foundation for a demo project in five Rock Island County schools.

### **Organizing Plan**

1. Secure commitments from demonstration sites,
2. Conduct a launch event to present proposal to community stakeholders, including parents, policymakers, government officials and funders,
3. Formalize partner roles and responsibilities,
4. Formalize reimbursement agreements with public and private payers
5. Develop a plan for continued involvement of community stakeholders in supporting the project.

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<sup>29</sup> Erie Family Health, PCC Wellness Center, Rush Medical Center.

<sup>30</sup> <http://spragueinstitute.org/id5.html>