



# Enhancing Health Center and School Partnerships to Establish Telehealth Emergency Preparedness Plans

## Introduction

Health centers play critical roles in the health and well-being of school-aged children. They serve the most vulnerable patients and reduce barriers such as cost and lack of insurance. Partnerships between health centers and schools create transformative results, including increasing access to care. These partnerships can be essential for emergency preparedness.<sup>1-3</sup>

This resource is designed to assist health centers in partnering with schools to offer telehealth services to school-aged children during emergencies and environmental health impacts. It highlights the significance of telehealth, provides guidance on planning and delivering telehealth care during emergencies, and outlines strategies to ensure school-aged children receive timely access to these services.



## Why Telehealth?



Emergencies such as weather-related events (e.g., hurricanes and snowstorms), infectious disease outbreaks (e.g., measles and COVID-19), crime or safety concerns (e.g., weapons or bomb threats), and environmental hazards (e.g., wildfires and chemical spills) can force schools to fully or partially close. During these times, visiting school-based health centers and/or other healthcare facilities in person becomes challenging or impossible. As a result, school-aged children may need access to quality healthcare while learning from home. Telehealth reduces barriers and ensures school-aged children can receive timely care. It is crucial in enabling health centers and schools to provide acute and continuous care during emergencies or environmental health impacts. Telehealth allows school-aged children and community members to access medical consultations, follow-ups, and mental health support without traveling to a physical location.

Telehealth ensures continuous monitoring and management for school-aged children with chronic conditions or other health needs during emergencies. These situations can increase anxiety, stress, and other mental health issues. Telehealth provides school-aged children and their families access to behavioral and mental health services, which are crucial for maintaining overall well-being during a crisis. The use of telemental health programs expanded significantly since the COVID-19 pandemic began, enabling more patients to receive the mental health care they need at any time.<sup>4-6</sup> By incorporating telehealth into emergency preparedness plans, health centers and schools can establish partnerships that enhance their ability to handle emergencies, maintain continuity of care, and support the health and well-being of their communities during times of crisis.

## Health Center and School Partnerships to Establish Telehealth Emergency Preparedness Plans



To establish and sustain a school-based telehealth emergency preparedness plan that supports school-aged children’s health, well-being, and academic success, it is essential to develop partnerships among school leaders, health centers, school-aged children, and families. Strong partnerships with schools can build trust and communication channels with families so that school-aged children are comfortable seeking telehealth care during emergencies from health centers. Establishing a school-based telehealth partnership helps navigate barriers to implementing a successful preparedness plan. Health centers and schools can partner through the following stages:

- **Initial planning**
- **Coordination**
- **Communication and building trust**
- **Consent**
- **Technology**
- **Implementation**
- **Staffing and training**
- **Monitoring and debriefing**



For additional strategies and resources on building telehealth partnerships between health centers and schools, see the [School-Based Health Alliance’s School-Based Telehealth Playbook](#).<sup>7</sup>

# Initial Planning

Begin your health center’s telehealth emergency preparedness planning by establishing a committee of health center and school representatives. Meet with school administrators to discuss goals and objectives and develop a shared vision and mission for emergency telehealth services. Establish clear communication channels and schedule regular check-ins to discuss progress and address challenges. Invite partners from the community. This partnership will strengthen the telehealth emergency preparedness plan and create additional networks and channels for emergency care information to flow into the population served by the health center.



Committee members may include:



Community organizations, including local nonprofits, healthcare providers, and community groups, to enhance resource sharing and support.



Parents/guardians, school-aged children (age appropriate), and the school community, including teachers. This partnership will help ensure buy-in and cooperation.



Regional Emergency Preparedness Team(s)

Work with local and regional emergency management agencies to integrate school and health center plans into broader emergency response efforts. Including representatives from these teams in your planning committee will enable your health center and school(s) to participate in local and regional emergency preparedness planning efforts.

Funding is another crucial aspect to consider in the initial planning stage. Consider seeking government grants and philanthropic funding to support these initiatives.

- Federal funding
- Non-federal funding
- Rural telehealth funding

# Coordination Between Health Center and School

Clear communication and coordination between health centers and schools is essential for a successful telehealth emergency preparedness plan.

- Identify who will be involved in the communication channels. Will the same individuals be serving on the planning committee?
- Establish a telehealth champion at each location and determine primary contact(s).
- Develop protocols for scheduling and conducting telehealth appointments with students during emergencies.
- Create a system and policies around securely sharing student health information and ensuring compliance with privacy laws and regulations (for example, the Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA)) during an emergency.
- Create emergency protocols for urgent health issues discovered during telehealth visits.
  - How can these referrals be handled?










## Communication and Building Trust with Students, Families, and School Staff

Emergency telehealth preparedness for school-aged children requires culturally appropriate communication and trust between stakeholders (children and adolescents, parents/guardians, and school staff). Collaborating with schools on communications regarding emergency telehealth is essential.

Develop messages for school staff that help them see their essential role in the telehealth emergency preparedness plan. Schools are often a trusted resource, particularly for families who unjustly experience disparities in outcomes. Joint messaging with schools can increase school-aged children's, and parents'/guardians' comfort levels and trust. Your health center can collaborate with the school to address virtual care concerns and gain support. Your health center can inform parents/guardians about telehealth services and benefits, billing, patient confidentiality, and the Health Insurance Portability and Accountability Act and the Family Education Rights and Privacy Act regulations.

### Communication vehicles:

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|  |  |  |  |  |  |  |
| Social media  | School website  | Robocalls   | Mass texts  | Email blasts  | Send home printed resources with students   | Internal promotion efforts by school staff  |

## Parents/Guardians communications:



Essential for building parent/guardian trust so they are comfortable accessing services for their child during an emergency.



Helps with the successful return of consent forms.

## School staff communications:



Buy-in and support ensure successful reach and trust-building with families.



Have direct parent/guardian contact.



May collaborate on tracking those who have not returned consents.



Can help assess student internet and technology access at home.

## Parent/Guardian Consents

Health centers may already have signed consent forms that include telehealth services for school-aged children at their partner schools. However, if health centers develop new or expanded school partnerships, collecting consents before emergencies will ease the workflow burden.

- Ensure consents include language about telehealth emergency services.
- Develop an electronic consent process and paths for alleviating accessibility issues.
- Consider a verbal process for low literacy or language barriers to obtain consent.
- Consider the verbal consent process for the first time of service if your health center policies allow.
- Develop a system in collaboration with the school to send messages about the emergency telehealth plan at key times of the school year, such as back-to-school events. Include consent forms in those messages.
- Implement a system for follow-up to those who have not returned consent forms.



# Technology

Safe, effective, and accessible technology is vital to the success of a telehealth emergency preparedness plan.

- Consider pre-installing and testing software needed for telehealth visits on student laptops (or whatever distance learning solution the school district uses) in advance for telehealth visits.
- Establish a plan to maintain regular software updates.
- Ensure reliable internet connectivity and establish technical support for troubleshooting issues related to connecting with a telehealth visit.
- Plan for broadband infrastructure failures during emergencies. Create a contingency plan for internet access for telehealth and communications.
- Partner with local or regional Emergency Preparedness Teams to understand the current emergency communication plan.
- Plan to use the telephone for visits when video is unavailable due to bandwidth or internet issues.
- Identify and share the location of multiple emergency-use telehealth access points with schools, parents/guardians, school-aged children, and other patients. These access points should be publicly accessible locations such as schools or community centers, public libraries, and fire stations. In some situations, patients may access Wi-Fi in the parking lot or outside the building if an emergency closes these buildings. When conducting visits outside, the provider should assess the patient's privacy visually or through oral description and consent.
- Discuss the readiness of health center providers to handle increased demand during emergencies.
- Secure appropriate telehealth software platforms and provide necessary telehealth equipment (for example, cameras, microphones, computers).
  - The National Telehealth Technology Assessment Resource Center provides information about telehealth technology, including the benefits and challenges of different platforms, training videos, and more.
  - Ensure your health center has a defined process for documenting the telehealth visit within the Electronic Health Record if it is not integrated.
  - Ensure software is integrated with the scheduling system so the provider and patient know which "video" room to join.


## Implementation

Developing emergency protocols with workflows is essential before an emergency.

- Consider having a clinically oriented operations point person (the telehealth champion) or telehealth coordinator if one does not already exist to oversee the development of your telehealth emergency preparedness plan protocols and workflows.
- Consider a variety of emergency scenarios, such as when providers need to work from home or alternate locations and when patients need to use telehealth access points, to identify what protocols and workflows are needed.

- Develop these new protocols and workflows around scheduling appointments and conducting telehealth visits for each emergency scenario.
  - Identify your health center’s operational priorities during an emergency event by answering these questions:
    - What type of care and for whom?
    - Only crisis management?
    - Only already scheduled appointments to avoid care disruptions?
  - Audit possible access points and locations. Assess providers’ capabilities to securely conduct telehealth from home or other access points while maintaining privacy (knowing that in some emergency situations this may not be possible).
  - Make available the telehealth emergency preparedness plan protocols and workflows in electronic and hard copy formats (in some emergencies, electronic materials may not be accessible), including telehealth emergency preparedness plan protocol “cheat sheets” for schedulers.

**Sample telehealth workflow from the Upper Midwest Telehealth Resource Center.**




## Staffing and Training

Staff training for telehealth emergency preparedness plans ensures that staff are familiar with the procedures, can effectively use the technology, respond swiftly and correctly in emergency situations, and maintain the continuity and quality of patient care, even under stressful conditions.

- Schedule a training session to review the newly developed telehealth emergency preparedness plans and workflows with all staff, including community partners.
- Consider either having an annual refresher training or a training module that is kept up to date that can be deployed quickly in anticipation of an event (for example, a weather forecasted event) or at the very start of an emergency.
- Perform regular mock “drills” to test the plans and workflows for each scenario, obtaining feedback from all users, such as school staff, school-age children, parents/guardians, and providers, and updating the plans, workflows, and training materials as needed.



## Monitoring and Debriefing

Monitoring metrics and conducting debriefings provide insights into performance, identify areas for improvement, and ensure telehealth emergency preparedness plans remain effective and up-to-date.

- Metrics to consider tracking during an emergency:
  - Utilization by clinician
  - Audio/video versus audio-only encounters
  - Technical issues
  - Clinician satisfaction
  - Patient satisfaction
  - Number of new patients
- Debrief 7 – 10 days after the emergency has ended:
  - Systematically assess what went well and what needed improvement.
  - Update your protocols and workflows accordingly.
- Regularly review and update telehealth practices based on feedback and outcomes.



### Additional Telehealth Resources

- American Medical Association Telehealth Playbook
- Billing for Telehealth Tip Sheet
- Mid-Atlantic Telehealth Resource Center
- School-Based Telehealth Playbook
- Telehealth and Telemental Health Innovations
- Workflow for Telehealth Tip Sheet



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## Acknowledgments

*This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$625,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*