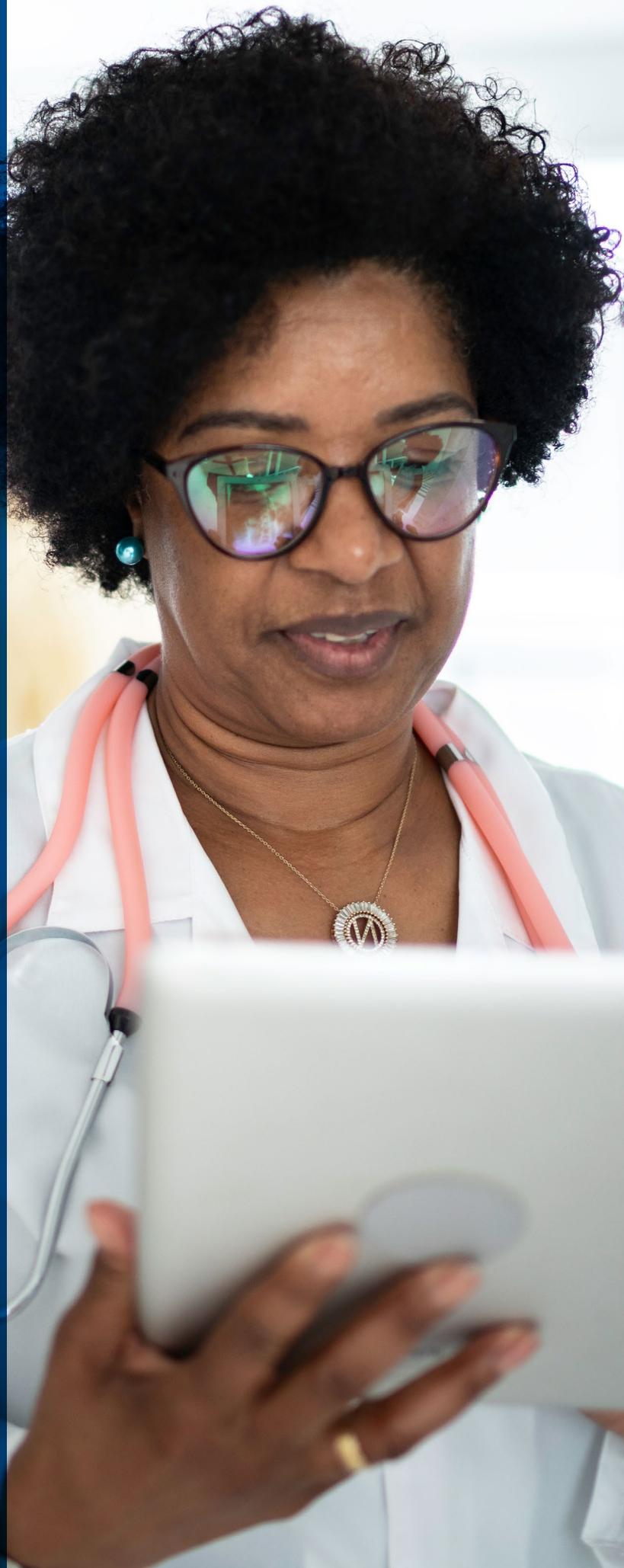


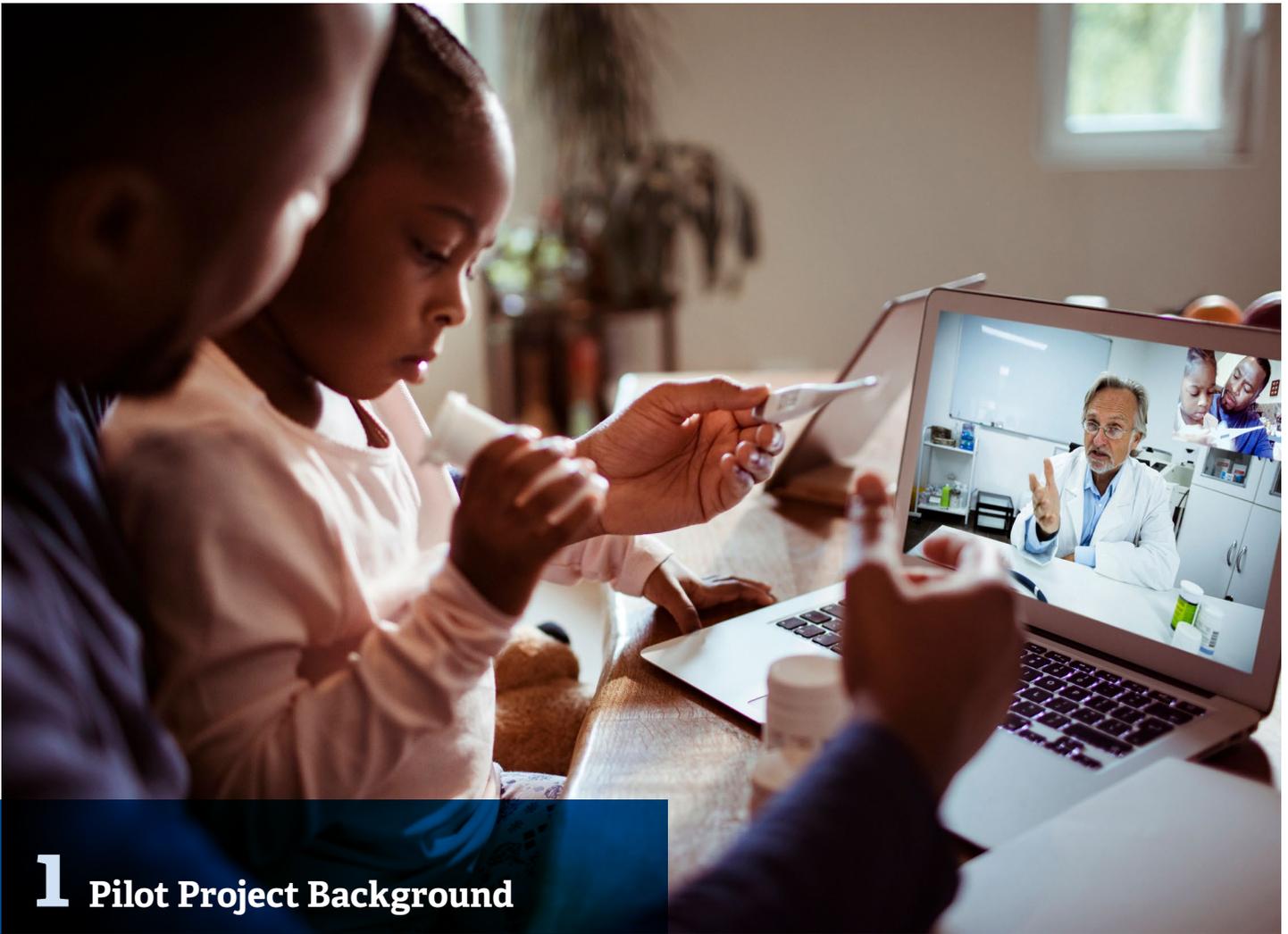
# TELEHEALTH IN SCHOOLS BLUEPRINT

BroadbandOhio

INNOVATE  hio

Mike DeWine, Governor | Jon Husted, Lt. Governor and Director





## 1 Pilot Project Background

In March 2020, the state announced a telehealth pilot project to connect students with behavioral health providers in the Switzerland of Ohio Local School District (SOH). SOH is Ohio's largest school district, covering all of Monroe County and parts of Belmont and Noble Counties. The district serves over 2,000 students in eight buildings across 536 square miles.

The project will improve infrastructure to support telehealth services, taking a step toward implementing InnovateOhio's "Ohio Broadband Strategy" to improve access to high-speed internet connectivity for all Ohioans.

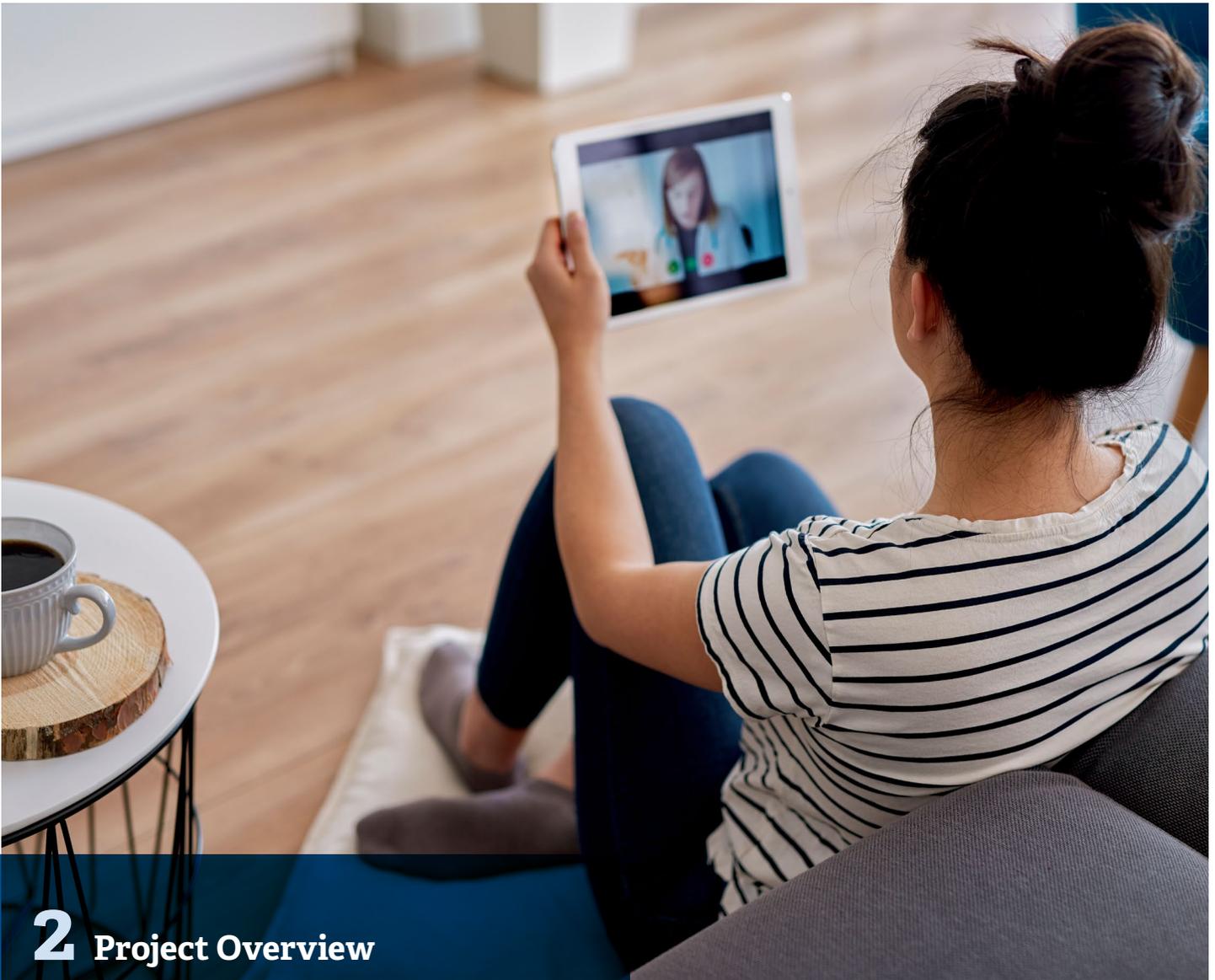
The first phase of the project will create spaces for providers to deliver care within each of SOH's school buildings that are safe, comfortable, compliant with state and federal regulations, and capable of live video and audio. SOH's school buildings already have access to a fiber-optic connection through OARnet. Phase one will enhance and add interactive video capabilities and limit travel required by existing behavioral health counselors between SOH's eight buildings, some of which are over 30 miles apart and require an hour to travel between, to deliver needed care in a more timely and efficient manner.

The second phase of the project will connect SOH's existing fiber-optic network directly to the remote offices of the district's behavioral health provider partner, Southeast Healthcare Facilities.

Students will then have access to care and additional services beyond those provided by the counselors working in-person in the district. This phase may result in the addition of fiber-optic lines running through Monroe County.

The main-fiber optic conduit may then be accessible to the general public as a last-mile connection point for the community, expanding broadband internet to underserved areas of the county.

The project's goals are to expand access to behavioral health services for SOH students and provide the opportunity for expanded access to broadband internet to underserved areas of Monroe County, while creating a blueprint to be used in other districts and communities across the state.



## 2 Project Overview

The objective is to connect the school district with behavioral health services while also providing high-speed internet connections to Ohioans who have been left behind. This project has two phases:

### **Phase 1: School-to-school connectivity**

*Ohio's Academic Resource Network (OARnet) connects the school buildings in the district through a fiber-optic connection. This project will create telehealth spaces within the schools that are compliant with federal regulation and are capable of live video and audio feed. This meets the need, in a virtualized manner, with the district's health professionals.*

### **Phase 2: Connect schools to local behavioral health provider**

*Connect the school's existing fiber-optic network directly to remote offices of behavioral health professionals, so students can have access to care and additional services.*

This project also serves a dual purpose in connecting the surrounding communities with high-speed internet access. Additional fiber-optic lines being run through rural areas of the county to connect the remote provider with the school could potentially be accessible to the general public in the area as a possible last-mile connection point.

The guidelines outlined in this document result from the pilot project with Switzerland of Ohio Local School District. **This blueprint is intended to be a living document that is updated as the pilot progresses.**

### 3 Pilot Project Timeline



### 4 Why Should My School District Implement a Telehealth Program?



Telehealth adoption allows health care providers to increase continuity of care, extend access beyond normal clinic hours, reduce patient travel burden, and help overcome clinician shortages, especially in rural and other underserved populations. This ultimately helps health systems and physician practices focus more on chronic disease management, enhance patient wellness, improve efficiency, provide higher quality of care, and increase patient satisfaction. Telehealth services, by their inherent remote nature, are also less likely to contribute to infectious disease spread.<sup>1</sup>

The Switzerland of Ohio school district was chosen for the pilot project due to their significant need for expanded behavioral health services. As a rural district with sparse connectivity and a county-wide service area, in recent months, the district has experienced three tragic deaths by suicide within students' families, along with several additional suicide attempts.

1. American Medical Association, *Telehealth Implementation Playbook* <https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>

# 5 Checklist for Telehealth

This blueprint details the steps taken by the telehealth working group when standing up the initial SOH pilot project. It is provided in a question and answer format. As additional school districts utilize this blueprint, answers will be expanded to include lessons learned through new projects.

## 5.01 Understand Needs

The initial question is to determine what need you want to address with telehealth. Each school district will be different. Your needs will not necessarily match those of the SOH pilot project. You may need to provide speech therapy services remotely, or give a nurse the ability to connect with students from the office. Here, we provide the needs of the SOH pilot project as an example:

### 1. Time lost travelling from school to school

The SOH pilot is working to address the challenge behavioral health therapists face when driving from one building to another in a large district. Because the school district encompassed eight school buildings and over 500 square miles, time was lost as therapists needed to travel from one building to the other. Phase one, connecting the eight schools in the district together so that school counselors could more quickly connect with any students at any school, addressed this need

### 2. Inadequacy of connectivity between the provider and the school

The contracted local community behavioral health provider had only two therapists providing services within the schools, and limited ability to provide remote telehealth services from their office. Phase two addresses this need, making sure that the therapists can communicate with students from the office, and possibly into their homes, instead of being limited to providing services in the school.

## 5.02 Identify Partners

### 1. Are there other school districts to partner with?

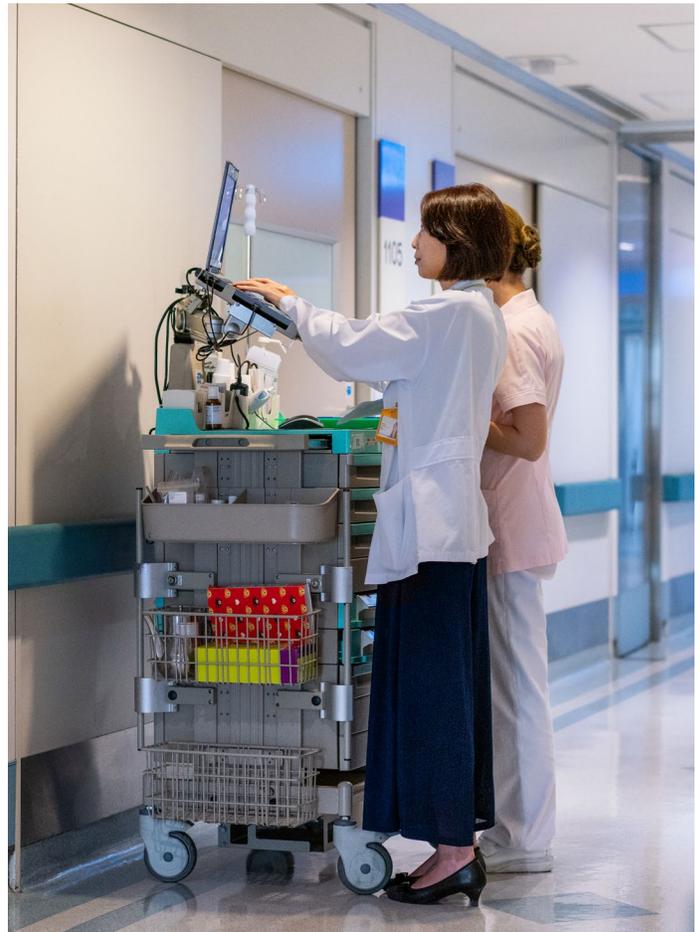
The SOH pilot project was focused on a single school district as it had eight separate buildings and over 500 square miles in the district. You may have a smaller district and fewer miles to cover. You may be in a different scenario, and may want to partner with another school district to provide services.

### 2. Do you have an existing partner for the services you want to provide through telehealth?

The SOH school district was already partnered with a behavioral health provider, and was able to work with them quickly to determine some of the needs for the project. Do you have a provider that will be able to assist you in providing these services already?

### 3. Do you have community partners and champions?

You may find that local industry and employer groups, patient advocacy groups, parent groups and health care provider organizations may be interested and can provide various types of support and champion the project in the community.



## 5.03 Understand Capacity

Do you have the capacity to add more services and/or additional students with existing staff, resources, and funding?

### 1. Recommend conducting a needs assessment

The pilot focused on increasing behavioral health services to students. SOH was chosen as the pilot in part because of the district's distinct need for an increase in behavioral and behavioral health services. As each school district faces unique challenges, a needs assessment will assist in identifying the services that the students require.

### 2. Recommend conducting a gap analysis

Like the needs assessment, a gap analysis will provide additional guidance on possibly utilizing telehealth services to meet the health needs of students. The State of Ohio identified SOH as a district in need of behavioral health services.

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## 5.04 Gauge School Readiness for Change

### 1. Are there internal change champions? (business unit, licensed providers, support personnel, patients/consumers, other healthcare partners)

SOH is a rural district with sparse connectivity and was short-handed with counselors. The superintendent and the district's lead counselor both recognized the lack of resources and need for increased services, resulting in open-mindedness in implementing a pilot. Their leadership from the beginning resulted in a cohesive team approach and implementations from the start. SOH also had some experience with telehealth, as they had piloted using it as a means to connect students with the speech therapist.

### 2. Is there community support?

SOH suffered recent deaths in the surrounding communities resulting from behavioral health issues, leading to a community-wide acceptance of identifying and implementing new measures for help.

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## 5.05 Assess Access to Reliable High-Speed Internet

You will need to conduct an impact analysis on your district's current capabilities.

### 1. At primary site

SOH, along with most K-12 districts around the state, are connected by OARnet, one of the most advanced statewide telecommunications networks. This network provides a 100Gbps connection.

### 2. Will your existing internet connection support both your current school needs (data/phones) and the addition of bi-directional video? The speed and bandwidth must be acceptable for both receiving video as well as sending.

OARnet's capabilities meet SOH's needs.

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## 5.06 Evaluating Space Needs

Will you have space, especially if you decide on larger-sized equipment or need to have dedicated desktop computers and/or internet connections vs. mobile equipment with secure, encrypted WIFI connections?

### 1. Will the space accommodate the new equipment?

SOH identified a room or rooms within each of its buildings to designate as telehealth rooms. Minimal construction and/or updates were needed to accommodate the necessary equipment.

### 2. Will you need to paint, add additional lighting, other furniture, cover windows or install sound buffers?

These additions were much more sustentative to the pilot in order to have the designated rooms meet standards and comfort levels. New lighting, desks, chairs, and sound barriers were needed before services could begin. *See appendix for a complete list of items.*

## 5.07 Qualified IT Support

Will you need any qualified IT technical support that does not already exist within your organization? What about technical support at any partner or remote sites?

SOH needed to onboard an additional IT staffer to help with the increased caseload of implementing the pilot. *See Appendix 2 for SOHIT staff costs.*

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## 5.08 Designing the Workflow

Telehealth appointments will likely require an adjusted workflow to ensure that you are offering a positive experience for both your students and care team. Daily logistics such as your physical workspace arrangement, appointment scheduling procedure, staff time, and communication may have to be altered to integrate telehealth into your school.

Consider how to incorporate telehealth appointments with the least amount of workflow disruption, especially at first, to help seamlessly introduce the technology to your school. Seek to understand the preferences and needs of both students and counselors, such as the times of day that may work best for them and what types of barriers they may have to engage in a telehealth visit, to ensure your workflow accounts for these details.

1. **How will you schedule patients/consumers, provider time, support staff and space?**
2. **How will you allocate resources? (front desk time, support staff, clinical staff)**
3. **Will your billing process need to change?**
4. **How and what will need to be documented?**
5. **How will you share or communicate clinical information in a manner that meets HIPAA, HITECH and 42 CFR requirements when needed across sites? (i.e. physical exams, medication lists, medical or psycho-social history, etc.)**
6. **How will you collect clinical information, billing/ insurance information and signed informed consents from patients/consumers?**
7. **Will you need additional staff or other resources?**
8. **How will you orient patients/consumers?**
9. **How will you collect parental informed consents for health services?**
10. **Do you have a HIPAA compliant electronic health record system and will it need to be updated?**

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## 5.09 Minimum Technical Specifications

### 1. Internet speed of 384 kbps

SOH, along with most K-12 districts around the state, are connected by OARnet, one of the most advanced statewide telecommunications networks. This network provides a 100Gbps connection.

### 2. Fully encrypted transmissions that comply with HIPAA, HITECH and 42 CFR requirements with secure passwords (reminder that users should NEVER share their individual password nor should you ever have common passwords.)

SOH added a SonicWall TZ400 firewall to increase network security. Also, SOH purchased an antivirus Sophos Central Intercept X 3 year subscription. Additionally, the meeting software is licensed through Google and includes the necessary compliance and security measures. SOH also onboarded an additional IT staffer to assist with this project.

### 3. Can the equipment/software/service/program meet needs and expectations?

SOH subscribed to a licensed meeting software through Google to provide telehealth services. This subscription includes administrative privileges, ensures necessary cybersecurity and meets all compliance guidelines.



## 6 Protocols and Organizational Operations

Video conferencing technology can expand availability of behavioral health services to many patients and consumers. Use of this technology simply becomes a tool or mode of delivering the services you may already offer.

This means that you will need to provide the clinical care under the same Ohio laws, professional licensing rules, certification standards, ethics, professional scope and standards as you do when you provide in-person, face-to-face services. Care provided via interactive video should be of a quality that is equivalent to in-person services.

Many centers and states with active telebehavioral/telemedicine programs strongly recommend that an organization develop clear and detailed policies and operating procedures and protocols prior to the implementation of clinical service provision. We have consolidated many of those recommendations and best practices into the following list for your consideration and use. This is not an all-inclusive list and providers are encouraged to obtain legal guidance if there are any questions.

As with any change to an organization's daily operations, the implementation of a telebehavioral health program will be more successful with careful detailed planning. While real-time interactive video is just another mode or vehicle to providing services it does take on-going coordination and staff dedicated to keep things running smoothly. Assigning and communicating roles and responsibilities will minimize confusion, disruptions and assumptions. A simple way to think about it is as though you are opening another operational site. You will not have the building costs yet you need to have a staffing plan. Procuring adequate/suitable/the appropriate equipment is important but you will need the right people in the right roles at the right time to keep things running. You still need to build the relationships, both internal and external.

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### 6.01 Determine Staff – Roles and Responsibilities

1. **How will you schedule staff time to include video-related duties along with their other responsibilities?**
2. **Define and determine exact roles and responsibilities**
  - a. Who runs the system/equipment and provides technical system support?
  - b. Who schedules patients?
  - c. Who collects, organizes and/or finds any needed records/health information prior to the video appointment and transmits the information to other providers in a manner that is compliant with HIPAA, HITECH, 42 CFR and other Ohio laws regarding PHI?
  - d. Who provides on-going orientation, training and support to patients/consumers?
  - e. Who will provide on-going training/updates to staff?
  - f. Who will work with vendors?
  - g. Who will be responsible for repairs, maintenance, licensure, lease agreements, and upgrades?
  - h. Who will confirm patient/consumer appointments?
  - i. Who will follow-up with the patient/consumer after clinical service?
  - j. Who will be the contact person/number for patients/consumers served through video?
  - k. Who will be the lead staff person responsible for ensuring on-going daily operations?
  - l. Who will be the liaison to partner/remote sites?
  - m. Who will train remote site staff?
  - n. Which providers will participate in telebehavioral health services?
  - o. Who will perform quality improvement activities?
  - p. Who will respond to crisis situations?

## 6.02 Determine Your Reach And Partners

### 1. Will you connect directly to patients/consumers/ family in their homes?

The pilot is currently limited to students during school hours and only within the schools. However, similar projects could be expanded outside of this setting if necessary and complies with guidelines and standards.

### 2. Will you connect and partner with other sites within your organization's current business model?

Currently, the pilot is only available to SOH students within the respective district. However, cross-collaboration between districts is certainly feasible, especially when encompassing entire counties. SOH is unique in that it covers the entirety of Monroe County, creating a large geographic footprint.

### 3. Will you connect and partner with contract providers for services and/or capacity that you do not currently have?

SOH will partner with a locally certified community behavioral health center to provide ongoing behavioral health telehealth services outside of the scope of the district's counselors.

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## 6.03 Determine What Students You Will Serve Via Telehealth

### 1. Will you limit the types of services you provide through video?

SOH pilot provides behavioral health services to students.

### 2. Do you have providers that are willing to provide all the services via video?

Phase two of the SOH pilot connected the district with a local behavioral health provider to provide additional services beyond the scope of the schools' resources. The pilot required both setting up teleconferencing services within SOH as well as ensuring that these services work properly with the local behavioral health provider.

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## 6.04 Develop Protocols

### 1. How and what will you document?

### 2. Where will the patient/consumer records reside?

### 3. How will emergencies/crisis situations be handled, how will staff/providers be trained?

### 4. Where will a written protocol be kept with emergency telephone numbers pertinent to the patient location, (suicidal, homicidal, psychosis, and other safety issues)?

### 5. How will disconnection of video during a service be handled?

### 6. How will the signing of informed consent be handled?

### 7. How will you verify identity of patient/consumer, especially if they are never seen in person?

### 8. How will you handle non-patients/consumers in the room with the patient/consumer?

### 9. If the patient/consumer is at the location of another school you will need to determine clear roles and responsibilities between the sites?

### 10. Will there be any formal documentation generated to other providers (consult report, case notes, updates, treatment plans, other health reports, etc.)?

### 11. How can the student request or schedule a video appointment?

### 12. Will there need to be any adjustments or accommodations in treatment plans to allow for video-based services?

### 13. Will you be recording and storing the sessions? How will this be handled?

## 6.05 Ensure Quality of Service

### 1. Address Facility Issues

SOH faced upgrading the designated rooms at every building where services are provided. For phase one, SOH requested \$215,000 in funding for supplies and aids. This includes medical supplies to support clinical professional for nine rooms, office and room aids for visual communication, and medical supplies such as blankets, sheets, and gloves. SOH requested an additional \$35,000 for phase two medical supplies.

### 2. Set up a Quality Improvement Process

- a. Will there be a way for students to provide feedback to improve the teleconferencing services?

### 3. Orientation and Training

- a. Develop a staff/provider orientation plan and curriculum.
- b. Develop a patient/consumer orientation plan and curriculum.
- c. Set up an ongoing training plan (new procedures/services, new technology, new staff, refreshers for existing staff, updates on trouble shooting technical or safety issues).
- d. Orientation and marketing to parents.

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## 6.06 Technology Considerations

### 1. Equipment

SOH required front-end funding to build out equipment to provide the appropriate services. The following items were needed initially:

- Direct attached optical transceiver
- Multinode jumper
- Backup power rack mount
- Access points for redundancy with licensing and management software
- Managed switches
- Microsoft Office subscriptions
- TVs and stands
- Additional routers
- Computers for each room
- Basic office equipment such as printers

*See Appendix for list and prices of items.*

### 2. Services and Video Connections

### 3. System and Transmission Security

SOH added a SonicWall TZ400 firewall to increase network security. Also, SOH purchased an antivirus Sophos Central Intercept X 3 year subscription.

Additionally, the meeting software is licensed through Google and includes the necessary compliance and security measures. SOH also onboarded an additional IT staffer to assist with this project.

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## 6.07 Parental Consent

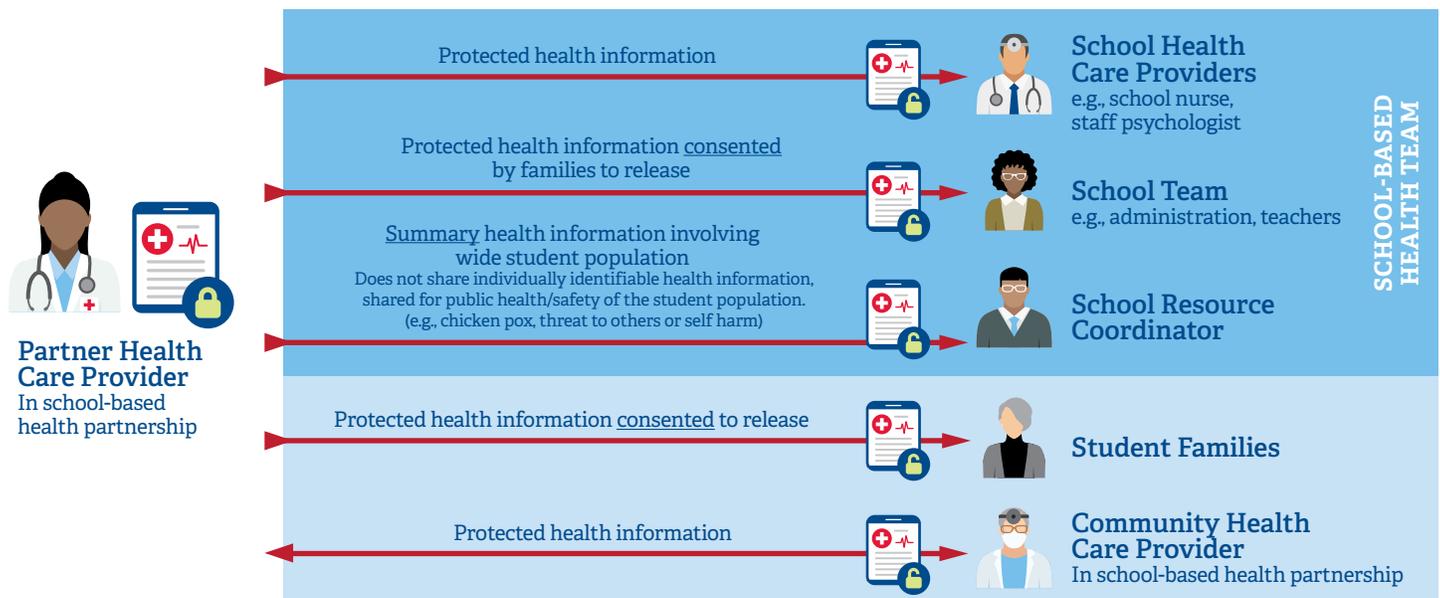
The purpose of parental consent is to assure that a student's family both acknowledges and approves of interaction(s) between the education system and healthcare providers, which can include:

- Assessing and treating the patient
- Keeping the community of care in the loop
- Getting reimbursed
- Evaluating program outcomes

Consent is sought in medical settings to assure that healthcare services are both acceptable and allowable to the recipient. Parental consent typically consists of a short form that requests the ability to treat a student. Consent can either be a blanket consent to deliver any needed healthcare services over a given period of time (e.g., a school year, or the enrollment span of a student in a district), or can be per encounter (e.g., each time a student seeks health services).

There are no federal or state requirements for additional consent to provide services via telehealth. However, some professional licensure boards require written parental consent to provide services via telehealth. For more information, providers may wish to check with the schools they work with along with their professional licensure boards.

## Key roles in school-based health efforts and how they share protected health information



### 6.08 Protecting Student Privacy

Both the healthcare and education realms are governed by specific laws that limit the use and disclosure of data generated within that specific realm, including the Health Insurance and Portability and Accountability Act (HIPAA), Confidentiality of Substance Use Disorder Patient Records regulations, (42 CFR Part 2), and Family Educational Rights and Privacy Act (FERPA).

HIPAA protects the privacy of a student’s medical records and applies to all health services provided in a school building or in the community. Health care providers in schools should obtain parental authorization to share health information protected by HIPAA, which is no different than the authorization that is sought prior to sharing protected health information for any patient records in your usual course of practice. Providers do not need parental authorization to share information with a school nurse or other Ohio Department of Education-licensed school health provider ([as per HHS guidance](#)), or general information that does not contain a student’s protected health information (PHI). See also [HIPAA Compliance and COVID-19 Coronavirus and HIPAA Telehealth](#).

Regulations at 42 CFR Part two protect the confidentiality of patient identified records relating to substance use disorder diagnosis, referral, or treatment. A part two program or other lawful holder of records from a part two program generally must obtain consent prior to release of such records.

FERPA protects the privacy of a student’s education records and applies to all public and private educational institutions who receive federal funds for programs, including the IDEA. School staff should obtain parental consent to share FERPA-protected data that normally is not shared outside the school setting. School staff does not need parental consent to share longitudinal data that does not contain a student’s protected health

information (PHI). See [Protecting Student Privacy – FERPA and the Coronavirus 2019 \(COVID-19\)](#).

The U.S. Departments of Health and Human Services and Education have also issued joint guidance on the application of FERPA and HIPAA to student health records to explain the relationship between the FERPA statute and implementing regulations and the HIPAA Privacy Rule.

In considering telehealth options, it is essential to review important resources that explain HIPAA and FERPA laws and how they may apply to telehealth services, as well as the coronavirus (COVID-19) compliance updates to ensure student and family privacy is protected during this time.

Schools should make every effort to use platforms that are HIPAA compliant for telehealth services. In addition, service providers should check with their professional licensure boards for any requirements to use encrypted platforms. The Ohio Department of Education does not endorse or recommend any platform, but the following platforms represent that they are HIPAA compliant:

- Skype for Business / Microsoft Teams
- Cisco Webex Meetings/ Webex Teams
- Updox
- Amazon Chime
- VSee
- GoToMeeting
- Zoom for Healthcare
- Spruce Health Care Messenger
- Doxy.me
- Google G Suite Hangouts Meet

Given the continued presence of COVID-19, rules may continue to change. See the U.S. Department of Health and [Human Services’ Health Information Privacy webpage](#) for updates.

# Appendix 1: SOH Initial Needs for Phase 1

## Initial Funding and Descriptions

Item/Position	Brief Description of Need	Anticipated Cost
IT Specialist	Additional IT person to help additional case load for new project.	\$6,777.00
SFP - 10G	LRM - Direct attached optical transceiver SFP+ (QTY: 16) Double for redundancy	\$7,008.00
SFP - Multimode Fiber	100M OM3 LC LC Fiber Patch Cable   Indoor/Outdoor 10Gb Duplex 50/125 LC to LC Multimode Jumper (Qty:16) Double for redundancy	\$3,055.00
Sonic Wall - Firewall (ASOS) location	TZ400-w Sonic Firewall	\$980.00
Backup Power Rack Mount	Eaton 9PX 9PX2000RTN - UPS (rack-mountable / external) - AC 100/110/120/125 V - 1800 Watt - 2000 VA - Ethernet, RS-232, USB - output connectors: 7 - 2U - black and silver (Qty: 16) Double for redundancy	\$25,744.00
OAW-AP	Access Points Indoor (Qty: 16) Double for redundancy	\$10,386.00
OV-AP licensing	Access Point Licensing for Management (Qty:16) Double to cover for redundancy units	\$5,280.00
Cabling for AP	Cat6 cable drops for APs (plenum for 16 AP drops)	\$4,640.00
Switch POE	Managed switches with POE - 24 Port (Alcatel Lucent) - (Qty: 8) - Redundancy	\$31,536.00
Switch POE	Managed switches with POE - 5 Port (DLink) - (Qty: 2) - Redundancy (ASOS)	\$124.00
Computer Software	MS Office 2019 PRO- Home and Business (Qty: 12) - Cover PCs and Admin Team	\$5,280.00
Computer Software	Antivirus Sophos Central Intercept X (Qty: 12) - Cover PCs and Admin Team -3yr subscription	\$243.00
Bandwidth	(Current Configuration) - Upgrade to 1Gb to all buildings that will be housing telehealth. (Qty:6)	\$66,186.00
Bandwidth	Redundancy	\$54,540.00
Router	Redundancy Equipment for Fiber line	\$8,833.00
TV Mobile Stand	ONKRON Mobile TV Stand (Qty: 9) White	\$1,440.00
TV	Samsung ALED 55" Flat Screen TV (Qty:9)	\$6,462.00
Printer	Office Printer all in one - HP Color Laser Jet (Qty:9)	\$3,860.00
Office Equipment	IP Phones tied into Head End Equipment	\$7,781.00
Computer/laptop	TM 5010 - Windows 10 Pro - Anti-bacteria seamless enclosed unit (Qty 9)	\$24,183.00
<b>Total FY20 Phase 1 Costs</b>		<b>\$275,000.00</b>

Item/Position	Brief Description of Need
IT Specialist	Additional IT person to help additional case load for new project.
Additional Bandwidth per building	Upgrade 1G bandwidth for each building per year
Medical Clinical Assist Carts	Carts for 9 building locations
Licensing for Meeting Software	Meeting Software with Admin Controls through Google per year
Wireless Equipment (New Installs)	New installs for 9 locations
Fiber Redundancy for buildings	WAN Connectivity / Redundancy for 9 locations to serve Telemedicine Rooms per year
Computer/laptop	Mobile devices for 9 medical rooms
TV	Monitors for Conferencing for 9 rooms with a Min of 42"
Cabling for conferencing connectivity	Misc Cabling for conferencing for 9 rooms
Office Equipment for Medical Room	Desk, chairs, tables, and misc room furniture for 9 rooms
Medical Office Supplies	Medical Supplies to support Clinical Professional for 9 rooms
Medical Visual Aids	Office and room aids for visual communication for 9 rooms
Medical Supplies	Medical Supplies - Blankets, sheets, gloves, masks, pillows, wipes, etc... for 9 buildings

## Appendix 2: SOH IT Professional Staff Costs

Effective for school year 2019 – 2020 IT Technician Salary Schedule

Pay Scale (Effective July 2019)	Wages (255 Days)
0	\$38,300.00
1	\$38,874.50
2	\$39,457.62
3	\$40,049.48
4	\$40,650.22
5	\$41,259.98
6	\$41,878.88
7	\$42,507.06
8	\$43,144.67
9	\$43,791.84
10	\$44,448.71
11	\$45,337.68
12	\$46,244.43
13	\$47,169.32
14	\$48,112.71
15	\$49,074.96
18	\$50,056.46
20	\$51,057.59
25	\$52,078.74