School-Linked Telehealth Pilot Project

Evaluation Report

2022 – 2025

 OREGON
HEALTH
AUTHORITY

Contents

Executive Summary

Introduction

In 2021, the Oregon Legislature passed [House Bill 2591](#) resulting in the availability of $900,000 in grant funds to be allocated to medical sponsors of three state-certified School-Based Health Centers (SBHCs) for School-Linked Telehealth Pilot Projects. Grant funds were awarded to La Clinica (Jackson County), Multnomah County Health Department (Multnomah County), and Orchid Health (Clackamas County).

The goals of the School-Linked Telehealth Pilot Project were:

- To expand student access to mental and physical health care.
- To improve student health and education outcomes.
- To test the viability and sustainability of telehealth models in a school setting.

Evaluation Purpose

HB 2591 directs the Oregon Health Authority (OHA) Adolescent & School Health Program to conduct an evaluation of the School-Linked Telehealth Pilot Project and submit a report by December 31, 2025. HB 2591 states that the evaluation should include a study of telehealth workflows and billing and reimbursements and measure any impact on student attendance and access to care.

Key Takeaways

Data sources for this evaluation were primarily qualitative and included annual written reports from grantees, notes taken during monthly learning collaboratives, grantee implementation plans, and key informant interviews during the final stages of the pilot.

Workflow Practices

When grantees formed strong partnerships within schools they observed improvements to workflow efficiencies. Unexpected IT issues posed the greatest challenge to workflows, causing delays in pilot implementation and disruptions in service delivery.

Billing & Reimbursements

Annual reports showed 70-100% of billed telehealth visits being reimbursed, but grantees generally considered rates to be low relative to time spent per visit.

Student Attendance

Grantees reported most students returning to class after telehealth appointments, minimizing absentee time. Direct impacts on individual students' attendance was not measured due to FERPA privacy restrictions.

Access to Care

Students with behavioral and chronic health conditions primarily utilized telehealth, but it was also used for acute sick visits. Grantees expressed a shared perception that students and families were reluctant to use telehealth for primary care.

Recommendations

To Policy Makers: Continue to support Oregon's population health goals for youth by supporting novel approaches to expanding school-based health services.

To School-Based Health Centers: Engage with local community members, school partners and students to determine need and readiness for school-linked telehealth. See Telehealth Evaluation Report [Appendix: Checklist for New School-Linked Telehealth Programs](#) for a full list of lessons learned from this pilot.

To School Districts: Assess the capacity of your school buildings to accommodate the logistical needs of school-linked telehealth and consider adding this service to support students with unmet medical or behavioral health needs.

Introduction

Background

School-Based Health Centers (SBHCs) are medical clinics located in or on school grounds, offering a full range of medical and behavioral health services. During the 2023-24 school year, Oregon state-certified SBHCs served an estimated 43,000 people, most of whom were school-aged youth.[1] These 87 health centers are situated across 28 counties, with more than half located in rural or frontier zones.

In 2021, the Oregon legislature passed House Bill 2591, which provided $900,000 in grant funds to SBHCs for School-Linked Telehealth Pilot Projects. The purpose of the pilot was to increase the reach of SBHCs by virtually connecting their medical and behavioral health providers with students at schools that lacked an SBHC. Additional aims of the pilot were to improve education outcomes by reducing student absences and to test telehealth as an approach to supporting financial sustainability of SBHCs.

Pilot Project Description

A Request for Letter of Interest (RFLOI) was opened during October 2021, resulting in the application and selection of three SBHC grantees. Each site was awarded $150,000 per year for the duration of the pilot period (Spring 2022 to June 2025), totalling $600,000 across the two biennia. Grant funds could be applied towards telehealth equipment and infrastructure, staffing, or technical assistance. A portion of funds were to be allocated to school district partners to offset costs relating to time spent directly supporting telehealth visits and/or district planning. For a complete list of grant requirements, see Appendix: Project Requirements.

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[1] Oregon Health Authority. (2025). School-Based Health Centers 2025 Status Update.

Grantee Snapshot

SBHC Medical Sponsor	County	School Districts	# of Pilot Schools
La Clinica	Jackson	Phoenix-Talent Central Point	1 high school 1 middle schools 6 elementary schools
Multnomah County Health Department	Multnomah	Centennial Reynolds Portland Public	1 high school 2 middle schools
Orchid Health	Clackamas	Estacada Sandy	1 middle school 2 elementary schools

Project Planning Activities

Grantees were asked to conduct a series of planning activities, including youth and adult engagement, community resource mapping, and collaborative workflow development with districts and schools.

Planning activities were designed to:

- Determine the health service needs of the community, focusing on the services students and families want or would be willing to receive via telehealth.

- Collaborate with communities that have historically experienced health disparities and inequities in health care access to develop service models.

- Identify existing local health services, focusing on building referral networks for in-person care and care coordination.

- Develop partnership and workflow processes between distant site SBHC and originating site schools to support the school-linked telehealth operations.

- Build relationships with local partners to support family engagement with the School-Linked Telehealth model.

Grantees were encouraged to finalize all planning activities and work towards providing telehealth services prior to the end of the first grant period, June 30, 2023.

SBHC & School District Partnerships

Due to the unique nature of health service providers offering care to students while they are at school, grantees had to work with school districts to develop a Memorandum of Understanding (MOU) for the pilot project. Telehealth services were all to be provided via a hub-and-spoke model, with clinicians located at the SBHC (the hub) and student-patients located at their respective schools (the spokes). For the purposes of this report, the students' location will be referred to as the "originating site" and the clinicians' location will be referred to as the "distant site." (For a complete list of definitions, see [Appendix: Pilot Project Requirements](#).) MOUs between the grantees and school districts identified the physical locations of the distant site SBHCs as well as the originating site schools. MOUs also needed to identify a "presenter" to facilitate the telehealth appointments at the originating site. Presenters in most cases were health care professionals (e.g., district nurses or travelling SBHC staff) who would chaperone the patient during the visit and operate the telehealth equipment as needed.

Finally, MOUs outlined mutual agreements regarding telehealth infrastructure needs, grant allocations to the school district, collaborative efforts to promote the pilot within the community and anticipated workflow practices.

Scope of Care

HB 2591 directs SBHCs in the pilot project to provide services that increase student access to both mental and physical health care. To address the mental health component, two of the grantees offered behavioral health counseling with a social worker or other qualified licensed provider. The third grantee already employed on-site behavioral health providers within each of the schools in their service area, therefore they offered psychiatric medication management via telehealth.

For the provision of physical health care, each of the participating SBHCs applied a portion of grant funds towards the purchase of specialized telehealth equipment and software. Following their planning and community engagement processes, grantees opted to purchase either [CureCompanion](#) telemedicine carts or [TytoClinic](#) kits for their

originating site schools. Both options allowed for examination and monitoring of most minor illnesses and injuries, as well as management for chronic conditions. For a full list of services and capabilities, see [Appendix: Telehealth Service Description](#).

OHA Program Resources

There were financial, staffing, and technical assistance resources available for this project. In addition to the grant funds that were awarded directly to the SBHC grantees, OHA Public Health Division Adolescent & School Health Unit also provided staff to support the pilot project. A School-Linked Programs Coordinator was hired to provide program management and operations support for the pilot in February 2022. A part-time research analyst was hired in November 2024 to conduct evaluations and provide technical assistance to all school-linked health services grantees, including those in the telehealth pilot. A public health RN from the SBHC state program office (SPO) supported the grantees as an SBHC and school health subject matter expert. Lastly, grantees were enrolled in a monthly learning collaborative facilitated by the SPO to support one another throughout the pilot, and to collect information on progress, challenges, and successes.

Evaluation Purpose

As outlined in HB 2591, the School-Linked Telehealth Pilot Project evaluation was required to study workflow practices and billing and reimbursements, and to assess the impact on student attendance and access to health care services. Additionally, the SPO sought to explore the implications of Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations on school-linked telehealth service provision, the role of partnerships on ability to provide culturally specific services, and client (student and family) satisfaction.
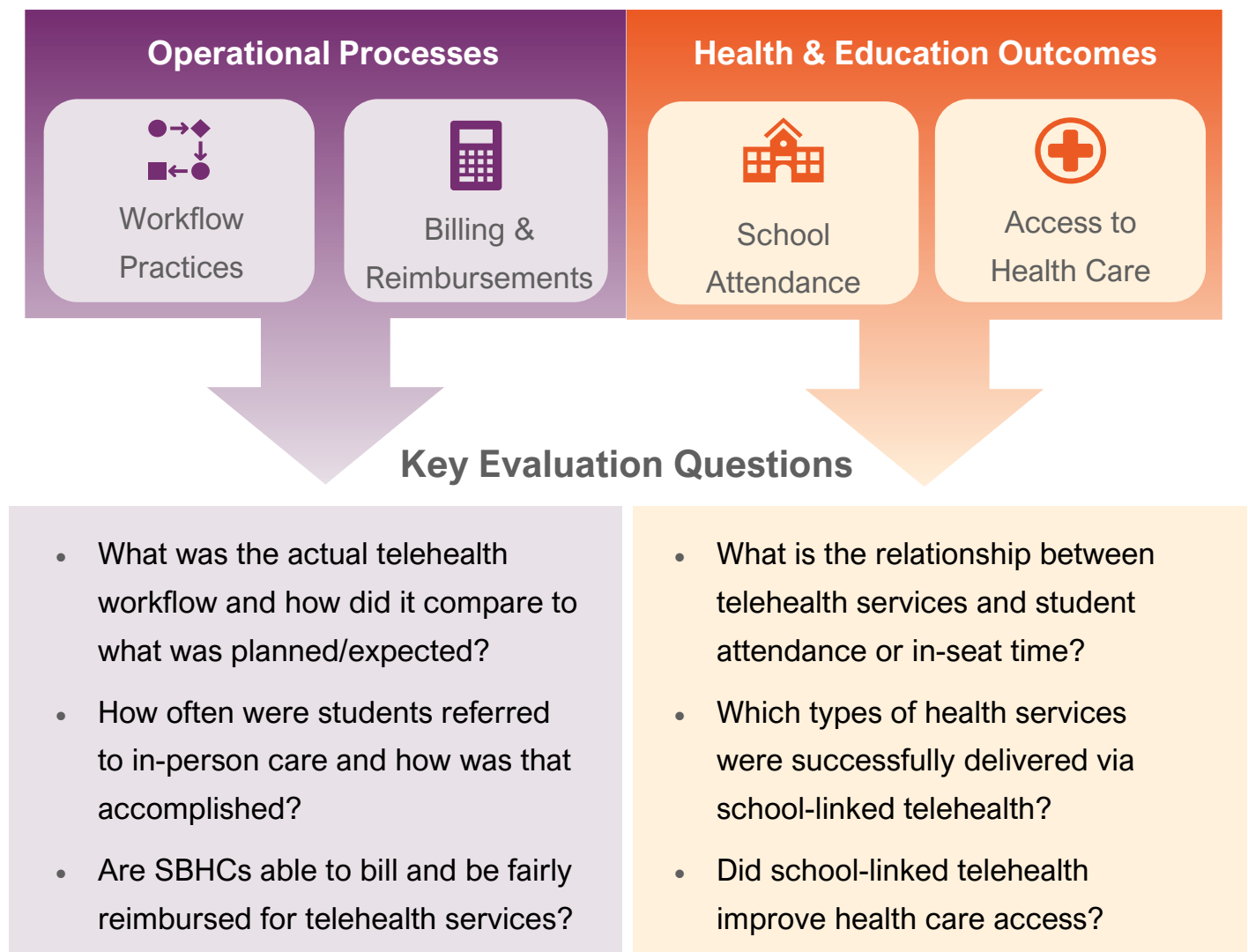
The findings and resources in this evaluation report may help SBHCs and schools jointly determine if a telehealth program could work for their community. This report will also be used to help the SPO provide technical assistance, guidance, and support to other SBHCs who have an interest in implementing telehealth.

Evaluation Design & Methods

The evaluation plan and logic model were developed by the SPO through an iterative process involving consultation with school health partners at the Oregon Department of Education (ODE), school nurse consultants, and project grantees. The approach to the telehealth evaluation was to organize the 4 previously mentioned legislative priorities into 2 objectives (see Figure 1):

1. Describe the core **operational processes** of School-Linked Telehealth, including **workflow practices** and **billing and reimbursements**.

2. Assess the **health and education outcomes** of School-Linked Telehealth, including **school attendance** and **access to health care services**.

Figure 1. Evaluation Design

Operational Processes		Health & Education Outcomes	
Workflow Practices	Billing & Reimbursements	School Attendance	Access to Health Care

Key Evaluation Questions

- What was the actual telehealth workflow and how did it compare to what was planned/expected?

- How often were students referred to in-person care and how was that accomplished?

- Are SBHCs able to bill and be fairly reimbursed for telehealth services?

- What is the relationship between telehealth services and student attendance or in-seat time?

- Which types of health services were successfully delivered via school-linked telehealth?

- Did school-linked telehealth improve health care access?

Using this framework, the SPO created a set of key evaluation questions to understand the pilot projects' operational processes and measure health and education outcomes. The initial question set was drafted in collaboration with the grantees, as well as with partners at ODE. The SPO further refined the questions to align with the evaluation objectives and priorities.

Data Collection Methods

Data sources for the evaluation were primarily qualitative, such as annual written reports from grantees, notes taken during monthly learning collaboratives, grantee implementation plans, and key informant interviews during the final stages of the pilot. For a complete list of methods, see [Appendix: Data Collection Methods](#).

Limitations

There are several notable limitations to this evaluation, all of which require the findings to be interpreted with caution. The first limitation is the small number of participating SBHCs, school districts, and schools. By design, the School-Linked Telehealth Pilot included three SBHC grantees, serving a combined total of 14 out of more than 1,200 public K-12 schools in Oregon. In addition to the small pilot size, each of the projects had fewer unique patients than anticipated, making it even more challenging to answer several of the key evaluation questions.

The second limitation is that the SPO was unable to directly measure the impact of school-linked telehealth on student attendance. FERPA restrictions on student records prevented both the grantees and the SPO from collecting attendance data on students who accessed care via school-linked telehealth. Population level impacts on attendance could potentially be estimated via a cohort study in which schools outside of the pilot served as controls, but that was outside of the scope of this evaluation.

Finally, the SPO did not collect primary data from students or their families regarding their experiences with the pilot. Therefore, the evaluation findings in this report on workflow practices, student attendance, and access to care are limited to the records and observations of the grantees alone. Future evaluations should include satisfaction data from students and families who have access to school-linked telehealth.

Operational Processes

This section of the report begins with a brief description of the telehealth programs at each of the three pilot sites: La Clinica, Multnomah County Health Department, and Orchid Health (see Figure 2). Detailed descriptions of telehealth services are included in the Appendix. The section ends with lessons learned for the legislative priorities: **Workflow Practices** and **Billing & Reimbursements**.
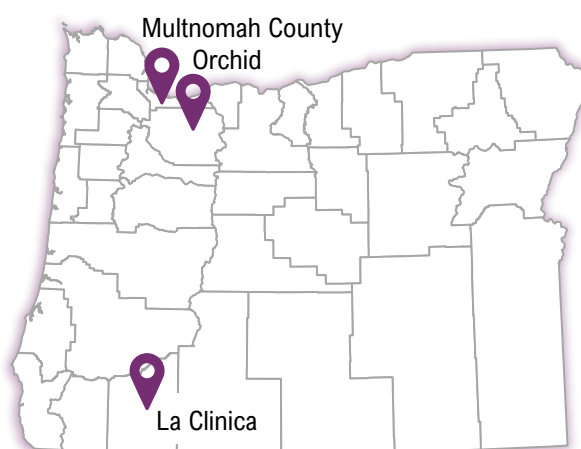

Figure 2. Map of Participating SBHCs

Grantee Profiles

La Clinica

La Clinica operates 11 state-certified and nine non-certified[2] School-Based Health Centers across Jackson County. Through the School-Linked Telehealth Pilot Project, La Clinica expanded student access to care at eight of their non-certified health centers by providing primary care and psychiatric medication management.

Staffing Model & Workflow

La Clinica selected eight schools in Jackson County to serve as originating sites (one high school, one middle school, and six elementary schools). Using funds from the grant, each originating site was staffed with an SBHC RN at least two days per week from 8am-2pm. This RN served as the presenter during telehealth visits and was also

[2] Oregon Health Authority. (2014). *Oregon School-Based Health Centers Standards for Certification, Version 4*.

responsible for triaging students for appropriateness for telehealth (versus an in-person medical appointment). Designated medical and psychiatric telehealth clinicians were available during all school hours and were physically located at various La Clinica state-certified SBHCs.

By providing their own staff to manage the telehealth workflow at the originating site schools, La Clinica attempted to eliminate any burden on school staff to refer students to telehealth, schedule appointments, and chaperone them during their visits. However, district/school nurses also had access to La Clinica's scheduling software and could schedule students for telehealth and communicate with clinicians when La Clinica nurses were not on site or otherwise unavailable.

Once a student was referred to telehealth, their parents/guardians were contacted and notified of the opportunity to schedule an appointment. Consent for treatment could be provided verbally over the phone or online via e-signature. Parents/guardians also had the option to remotely connect to the telehealth appointment from their own computer or mobile device, giving them the opportunity to fully participate in their child's care. For a complete list of La Clinica's telehealth services and capabilities, see Appendix: Telehealth Service Description.

Multnomah County Health Department

The Multnomah County Health Department (MCHD) sponsors state-certified SBHCs at nine high schools throughout Multnomah County. For the telehealth pilot, MCHD contracted with the Multnomah Education Service District (MESD) to provide primary and behavioral health care access via telehealth to one high school, one middle school, and one elementary school, all of which lacked an on-site health center. Telehealth appointments were available at each originating site four or five days per week during school hours.

Staffing Model & Workflow

Telehealth referrals, registration and scheduling were primarily handled by an MESD RN who also acted as the presenter at the originating sites. The distant site was the

SBHC at Cleveland High School (Portland, OR), which staffed a Nurse Practitioner (NP) for medical visits and a Licensed Master Social Worker (LMSW) for behavioral health. MCHD's model allowed for a parent/guardian to provide verbal consent for the first encounter but required written consent for each subsequent visit.

Orchid Health

Orchid Health sponsors three state-certified SBHCs – two in Clackamas County and one in Lane County. The grant proposal from Orchid identified one middle school and two elementary schools to serve as telehealth originating sites with medical and behavioral health clinicians being physically located at either Sandy or Clackamas High School SBHCs. Orchid experienced significant delays relating to IT (lack of a HIPAA-compliant network within the schools) and staffing issues (repeated failed recruitments and turnover in leadership). This grantee did not provide any telehealth services during the pilot period.

Operational Processes Evaluation

The first objective of the evaluation was to describe the core operational processes of School-Linked Telehealth, including workflow practices and billing and reimbursements. The SPO reviewed grantee annual reports, implementation plans, interviews with grant managers, and learning collaborative notes to answer the following process-oriented questions:

- What was the actual telehealth workflow and how did it compare to what was planned/expected?

- How often were students referred to in-person care and how was that accomplished?

- Are SBHCs able to bill and be fairly reimbursed for telehealth services?

Telehealth "champions" were essential to utilization of telehealth services.

The presence of a telehealth champion in the schools was the most common factor related to consistent utilization of services. School champions could be administrators, school or district nurses, front office staff, or teachers. No matter the individual, grantees noted the importance of having a strong support person at the school who could promote the program to families, refer students to telehealth providers, and advocate for time and resources to be spent on the program.

> **"**
>
> **Districts currently involved [in the pilot] only have one to two RNs each, and those individuals are already stretched thin managing IEPs, 504 plans, and staff training related to student medical needs.**
>
> -Pilot project grantee

For two of the grantees, school staff were not just advocates of the pilot project, they were essential players in the telehealth workflow. One grantee contracted with the ESD in their county to provide an RN for the telehealth program and the other relied on the school health room staff (typically a Certified Nursing Assistant). In both cases, the school/district staff person was responsible for coordination of appointments, contacting parents/guardians before and after their child's visit, conducting registration procedures, and operating the telehealth equipment during the visit.

> **"**
>
> **We didn't receive pushback… but we lacked strong champions in the schools to help support this pilot due to competing priorities. This was an unexpected setback.**
>
> -Pilot project grantee

Since school staff were essential to the workflow of the telehealth pilots, the absence of a school champion became a barrier to student access to care. All grantees noted that a lack of any strong

support from their school district partners contributed to their program's low service numbers. Grantees also acknowledged that most schools do not have a dedicated nurse on site and the office staff do not always have the time in their schedules to devote to a new project.

Technology issues created unexpected workflow challenges.

All three grantees experienced unexpected IT challenges relating to secure internet connections and telehealth hardware and software. Across the board, timelines were pushed back and workflows had to be revised because of these issues. Some of the challenges that were shared included:

- Rural areas are often not covered by broadband internet networks.
- Wi-Fi connections need to be secure and HIPAA compliant for telehealth. Two grantees had to install their own wireless internet networks in the schools.
- Telehealth hardware would sometimes malfunction during visits.

HIPAA & FERPA rules must be considered before developing workflows.

Grantees who employed a mixed model of school/district staff serving as presenters encountered workflow challenges relating to minor consent rules, patient registration, and medical recordkeeping. All grantees stressed the importance of understanding how HIPAA and FERPA will impact workflows *prior to* developing any workflows, especially in situations when documentation of the telehealth visit could be in both the patient's medical and student records.

Telehealth appointments require a secure & private space in the school.

Grantees noted the importance of determining a physical space for telehealth visits when developing MOUs and selecting originating site schools. Some pilot schools did not initially provide a dedicated room for students to use during telehealth visits. Others were able to repurpose storage rooms, only to discover that they were Wi-Fi dead zones. Students receiving primary and behavioral health care via telehealth need spaces that are comfortable, private, secure, and well-connected.

Patient registration must be made as simple as possible.

Patient registration and parental consent were the most time-consuming and challenging aspects of the telehealth workflow. One grantee was able to streamline these processes by creating QR codes for scheduling and registration paperwork and moved to accept verbal consent from parents/guardians. Another grantee was able to accept verbal consent for the initial visit but required written consent for each subsequent visit. This grantee felt that telehealth appointments needed to be easy and uncomplicated for families, otherwise they preferred to seek out in-person care.

Telehealth providers gave frequent referrals to in-person care.

Grantees were not asked to formally track referrals, but Multnomah County noted that many scheduled telehealth visits ended up being more appropriate for in-person care, whereas La Clinica intentionally used telehealth as a bridge to in-person care. Regarding workflow practices, SBHCs should plan to conduct regular trainings with school staff on the conditions or circumstances that could be eligible for telehealth.

> **Due to the strong partnership between [the SBHC and the school nurse] … students with complex medical needs are getting care… students who were new to the district, with complex/chronic conditions and no medical home were connected to primary care via the telehealth pilot program.**
>
> -Pilot project grantee

▦ Billing & Reimbursements --Key Findings

Medical appointments were almost always covered by insurance.

Two of the grantees (La Clinica and Multnomah County) provided telehealth services during the 2023-24 and 2024-25 school years. During the first year, 100% of billed visits at both sites were reimbursed by insurance. In the second year, only 70-95% of

visits were reimbursed, with behavioral health appointments being less likely to be covered by Medicaid. The typical payer mix for school-linked telehealth services was 80-90% Medicaid with the remainder being private insurers.

Telehealth workflows require much more time than can be billed.

As school-linked telehealth projects moved out of the pilot phase, one grantee declined to pursue additional funding. The reason provided to the SPO was that the reimbursement rates for telehealth were too low to account for the time that was spent triaging students, communicating with families, coordinating between staff at the originating and distant sites, and conducting follow up. Additionally, this grantee noted that their presenter was spending more time doing resource navigation and care coordination with families than facilitating telehealth appointments.

Service utilization was too low to test the sustainability of the program.

The two grantees who provided services during the pilot saw a combined total of 281 telehealth appointments with 127 unique patients across two school years. Each site saw increases in year-over-year patient counts, but the volume was still too low to provide an accurate understanding of the financial sustainability of the school-linked telehealth model.

Health & Education Outcomes

The second objective of the evaluation was to assess the health and education outcomes of School-Linked Telehealth, including **school attendance** and **access to health care services**. The SPO reviewed grantee annual reports, implementation plans, interviews with grant managers, and learning collaborative notes to answer the following outcome-oriented questions:

- What is the relationship between telehealth services and student attendance or in-seat time?
- Which types of health services were successfully delivered via school-linked telehealth?
- Did school-linked telehealth improve health care access?

As was discussed in the Limitations section, the scope of this evaluation was restricted to short-term outcomes of the pilot. Direct impacts of school-linked telehealth on attendance and access to care could not be measured.

School Attendance – Short-term Outcomes

Telehealth could be a motivator for students to come to school.

Although impact on individual or population level attendance could not be measured, grantees shared their own observations about the relationship between telehealth and school attendance. School-linked telehealth provided access to behavioral health, monitoring for chronic or complex

> **The presence of on-site mental health services seems to have a positive effect on reducing absenteeism.**
>
> -Pilot project grantee

medical conditions, and primary care. For some students, access to these types of care would not have been available without telehealth. The simple fact that services were available at school could have been a motivator in and of itself.

Grantees also drew important connections between overall health and well-being and the ability to come to school. Students with unmet health needs are shown to be more likely to miss days of school compared with those whose needs are met.[3] As a relatively low-barrier health service, telehealth has the potential to fill gaps in care and support student success.

> **Students with complex medical needs who were not getting the care they needed and thus not attending school have been able to improve their attendance because they were connected to the telehealth program for services like mental health medication prescriptions, specialty care referrals, and vision exams.**
>
> -Pilot project grantee

Telehealth could also have a positive impact on parents and families.

One grantee who provides services in a rural part of the state noted the importance of school-linked telehealth for families who must travel far distances to a health care provider, or for families with working parents. This SBHC considered input that was

> **A parent who misses work frequently sometimes doesn't keep their job… [telehealth] really does create a way for parents to pay attention to their kids' needs without jeopardizing their job.**
>
> -Pilot project grantee

gathered during their planning process and community engagement sessions and prioritized a telehealth platform that allowed parents to dial in and attend the visits virtually. Taking steps to include families in their child's care could go a long way towards building trust and confidence in a telehealth program.

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[3] Oregon Health Authority. (2025). *Student Voices: Addressing the Unmet Health Needs of Oregon Youth*.

Access to Health Care Services – Short-term Outcomes

Telehealth increased access to care for acute and chronic conditions.

Telehealth pilot clinicians reported primarily treating patients who were "healthy overall," but needed care for an acute or urgent situation. The remainder were patients with ongoing needs for mental health support or management of chronic conditions. In rare situations, telehealth was the student's only point of care, but more often it offered a bridge to a medical home, a source of care coordination, a referral to a long-term behavioral health provider, or an intermittent touch point between in-person primary care appointments.

> **Telehealth allowed students to bridge care gaps between [changes in] insurance and during the wait period for a mental health support program.**
>
> -Pilot project grantee

In their final reports, both MCHD and La Clinica highlighted the perceived successes of their respective programs, emphasizing the potential of this program to increase access to care, especially for students with chronic health conditions. Based on their experiences in the pilot, they came to see telehealth as a compliment, not a replacement, for in-person care.

Students and families were reluctant to use telehealth for primary care.

Grantees attempted to educate and inform their communities about school-linked telehealth through regular outreach and engagement activities. However, they all struggled to develop strong community support for the pilot. While there was no clear consensus on the reason for families' reluctance,

> **Parents had a hard time wrapping their head around [the idea that]: their kid is in one place; the provider is in another.**
>
> -Pilot project grantee

each of the grantees shared reflections based on their own conversations with parents and caregivers. Some grantees thought that parents had a hard time understanding how primary care could be delivered via telehealth. Others heard from parents that it was important to them to be present at their children's medical visits and have a face-to-face interaction with the provider. Lastly, one rurally located grantee felt that too much technology creates barriers to connection between provider and patient. Her concern was that telehealth may not be a viable option for people living in rural communities, even if their need for services is high.

> **This is a model worth trying to figure out the bugs, especially for families who don't have other options. This is a great way to help them get their kids' needs met.**
>
> -Pilot project grantee

Next Steps & Recommendations

Adolescent & School Health Program Next Steps

The Adolescent & School Health SBHC Program will continue to support telehealth as an approach to expanding school-linked health services. One grantee (La Clinica) was successful in navigating most challenges and obstacles related to telehealth operations and has decided to continue the program in their service area. The SPO has approved this grantee's re-application for funding and will continue to provide technical assistance and support. The SPO will continue to evaluate the impacts of this telehealth model and will work with the remaining grantee to determine future program requirements, structure, and needed partnerships to ensure sustainability and success.

The SPO will support both school-linked telehealth and mobile health care services through a combined School-Linked Telehealth and Mobile Project. Beginning in the 2025-27 biennium, all grantees must adhere to a set of Operations Criteria and will be funded based on a new Funding Formula, which was developed in consultation with pilot project grantees.

Recommendations

To Policy Makers

Recent data from the Student Health Survey suggest that Oregon youth continue to experience challenges related to unmet mental and physical health needs. State-certified SBHCs are leading the way in filling health care gaps by providing affordable and convenient care at school. Policy makers can continue to explore and support novel initiatives that increase access to the high-quality care that SBHCs already provide.

To School-Based Health Centers

As experts in providing youth-friendly health care services in schools, SBHCs are well-poised to implement school-linked telehealth. SBHCs that are considering telehealth can use the findings in this report, as well as the resources included in the Appendices to start the planning and preparation process. Planning and implementation grants will be available during the 2025-27 biennium and the Request for Grant Proposals will be posted to the OHA Adolescent & School Health webpage.

To School Districts

Partnerships with district and school leaders and health staff will be essential to the success of any school-linked health program. Districts should carefully consider all available resources (including staffing, physical space, and community outreach capacity) that may be allocated to a school-linked telehealth program. The findings in this report suggest that a full year may be required for planning and development of workflows, followed by ongoing administrative and staff support.

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OREGON HEALTH AUTHORITY

Appendices

Pilot Project Requirements

HB 2591 outlines the following requirements for the School-Linked Telehealth Pilot:

Awards/Funds

Grantees must be certified school-based health centers (SBHCs). Awardees must allocate a portion of funds to the school district partner to increase school nursing capacity and offset costs incurred by the school district as part of this pilot project. The remainder of funds could be used for staffing, technical equipment, or technical assistance related to implementing a telehealth pilot project.

Planning Activities

Grantees must conduct planning activities that will inform the school-linked telehealth operations. Planning activities will include engaging with students and/or families and key school/community stakeholders to determine health service needs, mapping community resources, and developing partnership and workflow processes between the school(s) and SBHC.

Evaluation

A project evaluation must be conducted regarding the following:

- Billing practices and reimbursements
- Access to health care services
- Impact on student absence from schools
- Workflow practices

Definitions

- **Telehealth:** The use of electronic and telecommunication technologies to deliver health care services to a patient (as described in HB 2591).

- **Grantee**: A certified SBHC that can provide youth-friendly primary care and behavioral health services via telehealth.

- **Originating site**: The site where the patient is located at the time the patient receives health care services provided through telehealth.

- **Distant site**: The certified SBHC where a physician or other licensed health care practitioner is located during telehealth appointments.

- **Presenter**: A person trained in the use of the equipment available at the originating site to "present" the patient, manage the cameras and perform any hands-on activities to successfully complete the telehealth exam.

- **Provider**: Medical or behavioral health provider that conducts telehealth visits from the distant site. Providers are typically employed by the SBHC.

Evaluation Data Sources

Source	Legislative Priority	Frequency of Collection
Implementation Plans	Workflow Billing & Reimbursement Access to Care	Start of the pilot
Learning Collaboratives	Workflow Billing & Reimbursement Access to Care	Monthly during school year
Annual Reports	Workflow Billing & Reimbursement Access to Care Absenteeism	End of each school year
Key Informant Interviews	Workflow Billing & Reimbursement Access to Care Absenteeism	End of the pilot

All data sources are securely stored in the OHA SharePoint file management server.

Telehealth Pilot Service Summary

SBHC Medical Sponsor	Service Area (County)	Participating Districts & Schools	Telehealth Visit Counts[4] (2023 – 2025)

La Clinica	Jackson	**Phoenix-Talent School District**
		    Talent Elementary School
		    Talent Middle School
		    Orchard Hill Elementary School
		
		Central Point School District
		    Central Point Elementary
		    Mae Richardson Elementary
		    Patrick Elementary
		    Sams Valley Elementary
		
		Armadillo Community Charter School
			154 Total Telehealth
			    19 Medical
			    135 Behavioral Health
			
			97 Unique Patients

Multnomah County Health Department	Multnomah	**Centennial School District**
		    Parklane Elementary School
		
		Reynolds School District
		    Oliver Middle School
		
		Portland Public Schools
		    Ida B Wells High School
			127 Total Telehealth
			    34 Medical
			    93 Behavioral Health
			
			30 Unique Patients

Orchid Health	Clackamas	Estacada School District Oregon Trail School District	*No telehealth services were provided during the pilot period.*

[4] Visit counts represent combined SBHC services provided to all participating telehealth pilot schools.

Telehealth Service Description

Standard Telehealth Appointment Types

- Review results from lab tests or imaging

- Routine follow up visits not requiring in-person exam

- Prescription management

- Referral requests

- Reproductive health consultation

- Treatment and follow-up for ADD/ADHD

- Chronic condition management (diabetes, high blood pressure, asthma)

- Minor injuries not requiring imaging

- Minor illnesses or acute concerns, including:

  - Cold symptoms (cough, congestion)
  - Ear pain/infection
  - Shortness of breath
  - Sore throat
  - Abdominal pain
  - Fever (children 1yr or older)
  - Flu-like symptoms
  - Allergies
  - Asthma
  - Conjunctivitis, stye, or other eye complaints
  - Skin conditions, rashes, etc.
  - Musculoskeletal pain
  - Fatigue
  - Mild GI issues (heartburn, nausea, diarrhea, constipation)
  - STI symptoms/exposure

CureCompanion Telemedicine Cart Equipment

All carts come equipped with HD webcams and display screens and can be customized with the following medical-grade equipment:

Digital stethoscope	Listen to heart and lungs
Handheld exam camera	Examine skin, throat, teeth and eyes
Digital otoscope	Examine inner ear
Pulse oximeter (Bluetooth)	Measure pulse and blood oxygen level
Blood pressure monitor (Bluetooth)	Measure blood pressure
Lung monitor (Bluetooth)	Monitor lung function
12 lead ECG (Bluetooth)	Monitor heart function
Glucometer	Measure blood sugar level

Checklist for New School-Linked Telehealth Programs

Preparation & Planning

☐ **Community Engagement**

- o Include parents/families, students, school/district administrators, school health staff, CBOs or other youth-serving or culturally specific local partners.

- o Provide multiple opportunities for community to ask questions and provide input (e.g., pulse surveys, listening sessions) prior to formal needs assessment.

- o Identify existing pediatric telemedicine providers in the area.

  - ▪ What can they share about their experience with uptake, delivery of care, and patient and provider satisfaction?

☐ **Needs Assessment**

- o Assess school and community *readiness* and *willingness* to participate in and support a school-linked telehealth program.

  - ▪ Are students and families willing to use school-linked telehealth? What are the cultural, logistical or practical barriers to earning community support?

  - ▪ Involve the district RN/nurse manager in all stages of program design. How will telehealth integrate with school nursing without adding to their workload?

- o Identify any existing gaps in health services that can be addressed by school-linked telehealth.

☐ **Feasibility Study**

- o Identify districts and schools to participate in school-linked telehealth.

  - ▪ Consider: need for specific health services (i.e., chronic conditions, psychiatry, etc.), population demographics, interest from community or schools, existing partnerships with school staff, and general access to health services in the area.

- o Assess essential infrastructure needs at each school:

  - ▪ Broadband internet and IT support.
  - ▪ Availability of a private and secure space to conduct visits.
  - ▪ School staff (district RN, health room staff, or others) who are supportive of the school-linked telehealth model and willing/able to connect students to care.

Program Design

☐ **Scope of care and service provision**

- Define the scope of care for services that will be offered via telehealth.
  - Medical: Primary care or only pre-determined and/or chronic conditions?
  - Behavioral health: Medication management and psychiatric care both available? Will ongoing counseling sessions be offered?
  - Identify equipment and IT needs based on anticipated services.

☐ **Creating Workflows**

- Create a scheduling process and decide who will have the ability to schedule telehealth appointments:
  - School RN, SBHC staff, school health room or office staff?
  - Can students or families self-refer and schedule?
- Review and document protocols for minor consent and determine mode of providing consent for care (consider HIPAA/FERPA).
  - Can verbal consent be given for treatment of minors?
  - Will patients/families have the option to complete registration digitally?
- Create an MOU with the school district outlining telehealth service delivery, with a shared agreement about record-keeping (considering HIPAA/FERPA).
  - If a school nurse supports a student during a telehealth visit, will there be documentation in the student's school health record?
  - How will continuity of care be maintained if a student is seen by both the school nurse and a school-linked telehealth provider?
- Create a process for referrals to in person care.
  - If referred to physical SBHC clinic for follow up, how will scheduling happen in a timely manner?
  - If referred to provider who is outside of the SBHC, how will the telehealth provider follow up with the student to ensure that their health needs have been met?
- Decide how to involve parents/guardians in telehealth visits.
  - Will family members have the option of joining virtually via teleconference?
  - Can families join their student at the school for their visit?