JOURNEY MAP

Adolescents Using Telehealth For Mental Health Care At Urban School-Based Service Sites

U.S. Department of Health and Human Services
Health Resources & Services Administration
Bureau of Primary Health Care

Table of Contents

Background

This is one in a series of four journey maps that depict the journeys experienced for populations as they access, receive, and engage in virtual care at health centers, including:

- People experiencing homelessness in urban areas accessing synchronous telehealth for primary care.
- Older adults in rural areas using remote patient monitoring technologies to manage chronic conditions.
- Pregnant residents of urban public housing using mHealth app for prenatal care.
- Adolescents using telehealth for mental health care at urban school-based service sites.

How Your Health Center Can Use Journey Maps

These journey maps are illustrative examples your health center can adapt and use to map the journeys of people in your community and expand your understanding of different populations and priority health topics.

The intent of these journey maps is for your health center to gain additional understanding of:

- Issues impacting peoples' ability to access, receive, and engage with virtual care at a health center.
- Actionable strategies to address populations' barriers to equitable access to virtual care.

Your health center staff can apply information from the journey maps to promote equity in virtual care programs to:

1. Think strategically to promote equity in virtual care access and delivery.
2. Identify equity-related issues and actionable strategies to mitigate health care disparities.
3. Prepare to establish or expand virtual care.
4. Implement and evaluate virtual care.
5. Enhance peripheral workstreams in health care delivery.

Guide to the Virtual Care Journey Maps, References, and Other Resources

This journey map is one in a series of four journey maps that depicts the experiences for populations as they access, receive, and engage in virtual care at health centers. The following materials can be found at the Optimizing Virtual Care webpage:

- Links to each of the four journey maps.
- Guide to the Virtual Care Journey Maps: Background and Tips for Review which contains detailed information on the journey map development process and glossary of terms.
- References for OVC Journey Maps which contains references cited throughout the journey maps.
- Additional information on the OVC program overall, including the OVC Implementation Toolkit.

Adolescents Using Telehealth for Mental Health Care at Urban School-Based Service Sites

Scenario

This journey map is about adolescent patients (between 10 and 18 years old) seeking non-emergency, non-urgent mental health care at an urban school-based service site (SBSS) operated by a health center.[1] In this scenario, the adolescents are existing patients at the SBSS and have a history of mental health concerns previously discussed with a mental health care provider at the SBSS. The adolescents can engage with a mental health provider at the SBSS by using telehealth services,[2,3] including:

- Asynchronous (telehealth) to communicate with the SBSS and their care provider between visits. Asynchronous telehealth (also known as "store-and-forward") is a communication approach that uses technology (e.g., a patient portal) to electronically transmit medical information.[4]
- Synchronous telehealth to have appointments with a pediatric mental health provider either at a place in the community (e.g., at home) or in a private room at the SBSS when there is not a provider available on site. Synchronous ("real-time") telehealth are video or audio-only services for remote, live appointments.[5,6]

The SBSS, which provides a range of health care services in addition to mental health, would like to help the adolescents continue to use telehealth services to seek mental health care. The SBSS has already:

- Vetted the telehealth platforms.
- Provided the adolescent patients with education and training on how to use the telehealth platforms.
- Received permissions from adolescents' parents, caregivers, or guardians required for adolescents to seek care and use telehealth services at the SBSS. [7,8]

Social Determinants of Health (SDOH)[9] That Can Impact the Journey to Access Care

Adolescents may

	Economic Stability	• Live with parents or guardians that do not have enough money to pay for basic needs such as housing, clothing, and food.[10] • Be eligible to receive free or reduced-price lunch at school.[10]
	Education Access and Quality	• Have evolving cognitive developmental needs as they determine their identity and place in the world.[11-13] • Receive varying levels of health education in school, impacting awareness and understanding of mental health topics.[14] • Have limited or controlled access to technology or the internet due to parent, guardian, or school decisions.[15,16]
	Health Care Access and Quality	• Feel comfortable using technology for health.[17,18] • Have mental health benefits with access to SBSS.[19,20] • Develop strategies, including seeking mental health care, to support their resilience to manage mental health challenges.[21-24] • Have mental health needs that increased during the COVID-19 pandemic.[25-30] • Manage additional health conditions (e.g., Type 2 diabetes, attention-deficit/hyperactivity disorder [ADHD]).[31,32] • Need to obtain additional consent from a parent or guardian for specific care or treatment, such as mental health screenings.[33-35] • Encounter stigma or can be influenced by family or peer beliefs about seeking care for mental health.[36,37] • Find it difficult to schedule with a mental health provider due to a shortage of pediatric mental health providers.[26,38] • Not have health insurance or use public health insurance to cover costs if they need to seek care outside the SBSS.[39]
	Neighborhood and Built Environment	• Live in high crime areas that increases their exposure to violence and adverse childhood events (ACEs).[39,40] • Experience housing instability.[40]
	Social and Community Context	• Have changes in social development and needs, including increasing importance of social roles and circles.[12,41] • Develop internal or have access to external protective factors that build resilience in response to ACEs.[42] • Experience ACEs, such as traumatic violence or abuse (directly or indirectly), discrimination, and stigma because of their identities (race, ethnicity, gender identity, sexual orientation, ability).[43-46]

All references can be accessed in the "References" document available at https://bphc.hrsa.gov/funding/funding-opportunities/optimizing-virtual-care.

Adolescents Using Telehealth for Mental Health Care at Urban School-Based Service Sites
JOURNEY MAP SUMMARY

Step 1
Understanding mental health care needs and telehealth services available
Page 7

Adolescents need to identify their mental health needs and know how the school-based service site (SBSS) can help. The SBSS wants to help adolescents know how to identify issues they would want to seek care for and how the SBSS can help address those issues. Adolescents may also want to talk to their regular mental health provider.
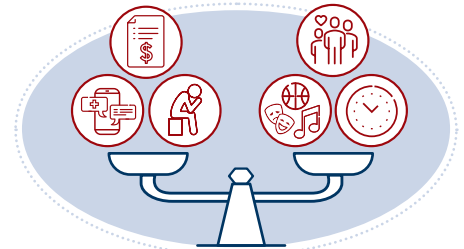
Step 2
Considering the costs and benefits of using telehealth for mental health
Page 8

Many adolescents are comfortable using technology in their daily lives for multiple purposes which is a key asset that SBSS can leverage. The SBSS wants to help adolescents leverage assets and address barriers in seeking mental health care via telehealth.

Step 3
Preparing for a mental health visit at the SBSS using telehealth
Page 9

The adolescents have made an appointment and need to prepare for the visit. Part of the preparation can include making accommodations to attend the visit. The SBSS wants to help them prepare for their visit and address any barriers or concerns regarding using telehealth and seeking care.
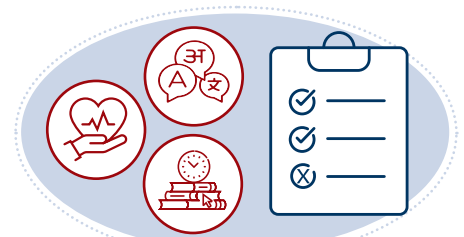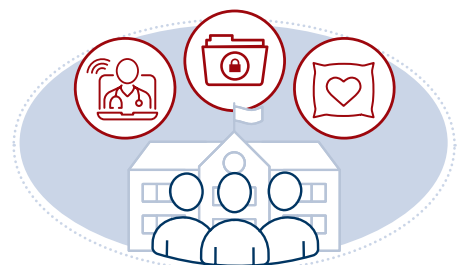
Step 4
Using telehealth to attend a mental health visit at the SBSS
Page 10

Adolescents go to the SBSS and are shown to the private room containing a computer set up for the synchronous telehealth (ST) visit. The SBSS wants to ensure they can easily complete pre-visit forms and engage in the telehealth visit.
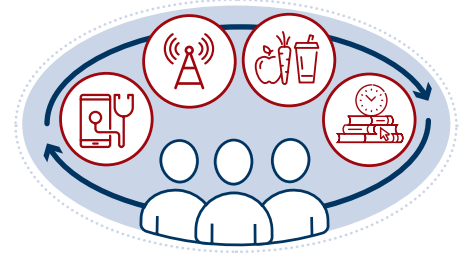
Step 5
Continuing to engage in mental health and telehealth services
Page 11

To continue engaging in care, adolescents act on what they discussed with their mental health care provider to support their mental health. The SBSS wants to help them address any challenges using telehealth, accessing mental health care, or transitioning to adult care.

Step 1 Understanding mental health care needs and telehealth services available

In this step, adolescents want to talk to their regular SBSS mental health provider about a non-urgent, non-emergency issue. To seek help for their mental health issue, adolescents need to be able to:

1. Identify their mental health needs.
2. Know how the SBSS can help them with the issue, including synchronous telehealth visits with mental health providers.
3. Understand how they can communicate their needs with a care provider using their current access to asynchronous telehealth.

The SBSS wants to help adolescents know how to identify issues they would want to seek care for and how the SBSS can help address those issues.

Issues adolescents may face at this step

Exposure to, and ability to understand, information about mental health and technology. Developmental stage, grade in school, languages spoken, and experiences with telehealth can impact exposure to and use of mental health and technology information (health literacy and digital health literacy).[47-50]

Social support and acceptance. Relationships with family, caregivers, teachers, SBSS staff and providers, and peers and exposure to public figures (e.g., athletes) who publicly talk about mental health can impact mental health beliefs and care seeking behaviors.[50,51]

Comfort with telehealth. Knowledge about the features and functions of telehealth services, telehealth data privacy and security concerns, and feeling that telehealth can help address mental health needs can impact use.[52,53]
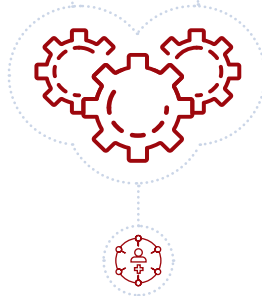
SBSS activities that impact access to care

Relationship with the school. The type and extent of partnerships with the school hosting the SBSS can impact opportunities to support mental health outreach, education, screening, and care for students.[40,54]

Education and outreach methods. The strategies used to develop and share developmentally appropriate and linguistically inclusive information about mental health and telehealth services can impact outreach success.[55]

Societal factors impacting adolescents

Policies impacting health education, health care, and telehealth. Availability of mental health services and telehealth can be impacted by policies that require health topics taught in public schools[56] (e.g., California law requires mental health instruction in schools[57]), provide adolescent mental health funding (e.g., over $40 million in youth mental health grants were made available in 2022[58]), fund SBSS services (e.g., about $25 million was made available for SBSSs in 2022[58]), impact telehealth access[62] (e.g., state-dictated Medicaid reimbursement[63]), and ensure data privacy and security (e.g., Health Insurance Portability and Accountability Act of 1996 [HIPAA][64]).

Mental health stigma. Widespread beliefs and cultural norms about mental health (e.g., that having a mental illness is a personal failing or seeking mental health care shows weakness) can lead to a lack of public support for mental health funding and patient reluctance in seeking mental health care.[65,66]

Ways an SBSS Can Support Adolescents at This Step

Normalize mental health care seeking

- Use resources (e.g., SAMHSA's school-based mental health screening toolkit[67]) to establish universal education, screening, and referral protocols to inform and connect all students to mental health care at the center.[51,54,68-72]
- Partner with schools and youth advisory councils to develop student-centered ways to support awareness of SBSS services, and students' and caregivers' health literacy and mental health.[40,51,54,73-80]

Support telehealth use

- Create, or partner with existing, youth advisory councils to inform outreach, education, care pathway design, technology selection, and telehealth platform usability testing.[80,81]
- Educate adolescents and family or caregivers about telehealth privacy, security, and permissions needed from caregivers for adolescents to use telehealth services.[64]

### Regularly engage with adolescents to assess their needs

- Use asynchronous telehealth or other technologies preferred by adolescents to regularly screen for, and address, mental health and basic needs (e.g., ecological momentary assessments).[54,67,82-86]
- Engage community health workers (CHWs) for support outreach, screening, and support for mental health and basic needs.[87,88]
- Share mental health information through technologies preferred by adolescents to complement their school-based health education.[89,90]

Step 2

Considering the costs and benefits of using telehealth for mental health

In this step, adolescents contemplate if it is realistic for them to use telehealth to support their mental health. As they think about this, they weigh the costs and benefits of seeking mental health care and using telehealth. Many adolescents are comfortable using technology in their daily lives for multiple purposes which is a key asset that SBSS can leverage.[89]

To assist them through this step, the SBSS wants to help adolescents leverage assets they have and address barriers in seeking mental health care via telehealth.
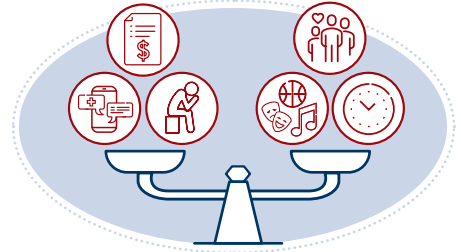
Issues adolescents may face at this step

Competing priorities. Academic, extracurricular activities, and social obligations can impact adolescents' availability for mental health visits.[91]

Social costs and concerns. Fears about family or social isolation, stigma, privacy, and negative consequences of engaging with service agencies because of citizenship status can impede care seeking.[92]

Cost of care seeking. The cost of health insurance and connecting to the internet can impact care costs.[91]

SBSS activities that impact access to care

Accommodations available for visits. Appointment options available can impact adolescents' ability to address their care seeking concerns and **competing priorities.**[93,94]

Ability to address care seeking costs. Social support services at the school or via external partners can help adolescents address direct costs and competing priorities.[95]
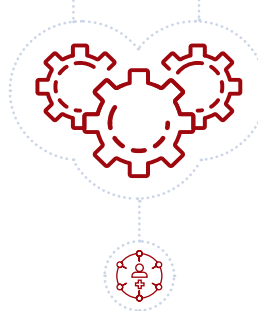
Societal factors impacting adolescents

Policies impacting access to services. Differential access to services for basic needs and health care based on race, citizenship status, LGBT+ identities, and other factors are impacted by: federal laws regarding citizenship status (e.g., health services available to noncitizens[96-98]), federal or state laws impacting schools[99] (e.g., bills restricting LGBT+ topics taught[100]), and policies impacting access to resources by race[101-103] (e.g., exclusionary housing practices impacting people of color[104,105]).

Policies impacting telehealth services. Policies regarding telehealth reimbursement (e.g., state-based CMS rules about what services are reimbursed[106,107]) and data confidentiality (e.g., federal regulations on sharing student and patient data[108-110]) can impact the availability and provision of telehealth services.

Ways an SBSS Can Support Adolescents at This Step

Address barriers to care seeking

- Collaborate with the school to identify ways for adolescents to attend appointments that do not disrupt their school day (e.g., offer appointments during lunch and outside of school hours).[111]

Minimize telehealth costs for adolescents

- Ensure that telehealth options at the SBSS are covered by patients' insurance or can be provided free of charge.[107,112,113]
- Help adolescents and their caregivers access health insurance, basic needs, and free or low-cost internet subsidies and services.[114-117]

Keep up to date on policies impacting access and use of telehealth

- Join or create a task force of community organizations and the SBSS to coordinate efforts to track policies and funding impacting adolescents' care access.[118-120]

Adolescents Using Telehealth for Mental Health Care at Urban School-Based Service Sites

Step 3

Preparing for a mental health visit at the SBSS using telehealth

Prior to this step, adolescents decided to make a telehealth appointment with a mental health care provider and chose to have the appointment at the SBSS rather than at home. In this step, they need to prepare for the visit. Part of the preparation can include:

- Making accommodations for school and other obligations so they can attend the visit with minimal disruption.
- Working with the health center to access any needed supports for the visit (e.g., translation services).

Simultaneously, the SBSS wants to help adolescents prepare for their visit and address any barriers or concerns regarding using telehealth and seeking care.

Issues adolescents may face at this step

Ability to accommodate competing obligations. Autonomy, experiences with discrimination, and access to support from family, peers, and staff can impact adolescents' ability to make accommodations for their appointment.[121]

Ability to seek supports needed to engage in a telehealth visit. Cultural values, languages spoken, identities (e.g., gender, race), and trust of SBSS providers and staff can impact adolescents' options for seeking the help they need to engage in a telehealth appointment at the SBSS.[122,123]
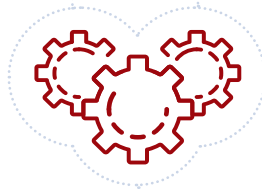
SBSS activities that impact access to care

Appointment availability. Hours of operation and availability of appointments outside of school days (e.g., during the summer) can impact the extent adolescents need to make accommodations to attend their appointment.[124]

Provision of culturally appropriate care. The cultural and linguistic diversity of staff and providers, organizational norms and policies, and cultural inclusiveness of services provided can impact the SBSS's ability to provide care that is appropriate for patients.[123,125,126]

Supports for students to participate in telehealth. SBSS relationships with school administration, staff, and teachers as well as how inclusive the SBSS and telehealth platforms are regarding language can impact the SBSS ability and need to provide support to students during a visit.[123,127,128]

Societal factors impacting adolescents

Biases regarding mental health and diverse cultures. Commonly held negative beliefs about mental health care seeking and diverse cultures can lead to underfunding for mental health provider training, a shortage of pediatric mental health providers (especially those from diverse backgrounds), and a lack of services that support a diversity of people.[129-138]

Ways an SBSS Can Support Adolescents at This Step

Collaborate with the school to support adolescents' ability to make accommodations and seek support

- Make appointments available during lunch time, after school, or at the start of a class period (instead of in the middle of a class period) to minimize impact of the appointment logistics on adolescent mental health, schooling, and social relationships.[139]
- Partner with administrators, teachers, and other school staff to align mental health training with staff professional development and contract requirements.[140-142]

Enhance the ability to provide culturally appropriate and accessible telehealth visits

- Partner with adolescents to understand what language and technical supports they need and develop ways to provide those supports.[143-145]
- Review internal policies and trainings to ensure that the health center supports and welcomes patients, staff, and providers who are from populations that face discrimination.[136,146-150]
- Hire, support, and retain staff and providers who represent the school population regarding culture, languages spoken, and identities (e.g., race, LGBTQI+).[136-150]

Step 4

Using telehealth to attend a mental health visit at the SBSS

In this step, adolescents attend their appointment with a mental health provider via ST in a private room at the SBSS. Before the appointment, they receive an appointment reminder via the asynchronous telehealth platform and a link to fill out an intake form and screeners for mental health, general health, and basic needs. At the time of the appointment, adolescents go to the SBSS and are shown to the private room containing a computer set up for the ST visit.

During this step, the SBSS wants to ensure adolescents can easily complete the pre-visit form and screeners using asynchronous telehealth as well as reach and engage with the mental health provider during the synchronous telehealth visit.

Issues adolescents may face at this step

Ability to go to the SBSS without barriers. Autonomy on school grounds without fear of stigma associated with seeking mental health treatment can impact adolescents' comfort in going to the SBSS.[151]

Access to a working personal device and internet to access asynchronous telehealth. Having their device during school hours, up to date software to access the telehealth platform, and an internet connection can impact adolescents' ability to receive reminders and complete pre-visit forms and screeners.[152-154]

Ability to use synchronous telehealth platform. The usability of the computer, peripheral devices, and ST platform, and the ST platform's inclusiveness with language, disability, and digital literacy can impact adolescents' ability to use the ST platform and engage in the visit.[150]

Comfort and privacy of the visit. The configuration of the synchronous telehealth room, interactions with providers during the ST visit, and adolescents' understanding of potential uses of visit-generated data can impact their comfort in attending the visit, including privacy concerns.[151,152]
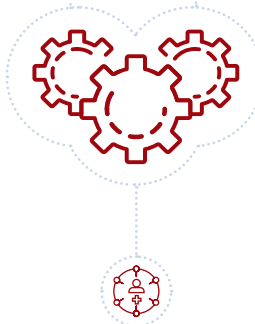
SBSS activities that impact access to care

Physical location of and space within the SBSS. The location of the SBSS within the school (e.g., if it is near common areas), and the ability to have and create a private space within the SBSS can impact adolescents' comfort going to and engaging in a visit.[155,156]

Technology and internet quality. The availability of quality devices, software, and internet available through the school can impact visit quality.[157]

Processes to support ST comfort and usability. The ability to build in time before the visit to let adolescents get comfortable with and practice using the ST technologies can help identify supports they may need from staff to address usability issues.[158]

Staff and provider interpersonal and technical skills. Quality of interpersonal communication via ST and technology training of staff can impact the ability to address technical issues during the visit.[159,160]

Societal factors impacting adolescents

Policies impacting health care, school, and mental health service funding. The spaces and services available at SBSSs can be impacted by policies dictating funding for school-based health care[161,162] (e.g., federal funds provided in 2022 for SBSSs[163]), mental health[164] (e.g., federal funds made available in 2022 for child and young adult mental health[165]), and schools[166] (e.g., Washington State public school funding that is impacted by state legislation[167]).

Policies regarding telehealth and data privacy for minors. Regulations about permissions and consent required for providing care to minors and accessing pediatric patients' data (e.g., HIPAA) can impact minors' ability to access and comfort when seeking telehealth and mental health services.[168]

Differential access to technology and internet based on income, race, ability, and other identities (digital redlining). Biases held by decision-makers in technology companies, who have historically lacked in diversity, can lead to technologies being developed and internet being unavailable for select populations based on income, ability, language, and identities[169-172]

Ways an SBSS Can Support Adolescents at This Step

Partner with school to support adolescents' ability to seek care at the SBSS

- Partner with administrators, teachers, and other school staff to find ways to support students' ability to attend their ST visits and normalize mental health care seeking at the school.[151,155,156 173-177]

Address technical needs

- Partner with the school to improve the quality of internet at the school.[172,178]
- Conduct usability testing of telehealth platforms with adolescents, staff, and providers to identify solutions to usability issues.[179-181]
- Train staff or hire digital navigators to address technical issues, digital literacy needs, and data privacy concerns before or during visits.[182,183]
- Use web-based telehealth platforms to mitigate device compatibility issues.[184]

### Create a space and experience that is welcoming and engaging

- Partner with adolescents to create an inclusive, welcoming space.[185,186]
- Give opportunities for providers and staff to participate in online "website manner" training to overcome barriers to engaging, empathetic interactions online.[187-190]

Step 5

Continuing to engage in mental health and telehealth services

In this step, adolescents act on what they discussed with their mental health care provider to support their mental health. They also continue using telehealth to seek care and follow up on any referrals.

Concurrently, the SBSS wants to help adolescents address any ongoing challenges in using telehealth or accessing mental health care. The SBSS also wants to prepare those who will be graduating from high school to transition to adult care and continue to access mental health services.
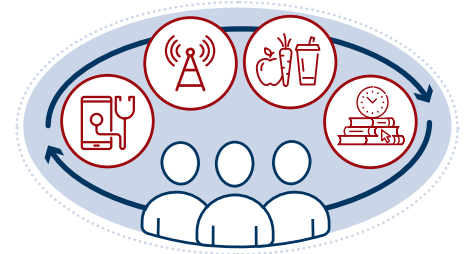
Issues adolescents may face at this step

Social support. Continued support from caregivers, teachers, peers, SBSS staff and providers, and others within their social circle can impact mental health care seeking.[191-193]

Adaptability to changing obligations. The ability to adapt to changes in school demands, basic needs, and other obligations can impact the ability to engage in care.[194-196]

Experience seeking mental health care using telehealth. Experiences with using the asynchronous telehealth platform, participating in the synchronous visit, and engaging with the mental health provider can impact feelings of whether telehealth meets their mental health needs and the desire to continue engaging in care.[193-197]
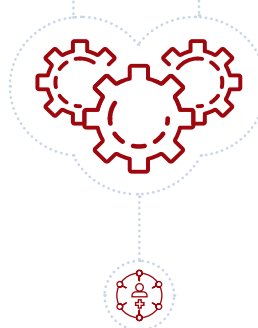
SBSS activities that impact access to care

Relationship with patients. The methods used to communicate with adolescents and the quality of interpersonal interactions between adolescents and SBSS staff can impact retention and continuity of care.[197-200]

Quality of care provided via telehealth. The ability of adolescents to see the same providers over time, whether providers engage in high-standard care via telehealth, and whether SBSS ensures follow-through with referrals or follow-ups with patients can impact quality of care.[201,202]

Availability of providers and cost of telehealth services. The number of pediatric mental health providers to provide on-site care and telehealth reimbursement can impact the ability to provide telehealth services.[203-206]

Societal factors impacting adolescents

Policies impacting adolescents' access to care. Federal and state policies about insurance coverage for minors and those transitioning to adult care, Medicaid and CHIP (Children's Health Insurance Program) coverage for telehealth services, and school-based policies on student wellness can impact adolescents' access to care and telehealth.[207-221]

Beliefs about access to social benefits available to minors and adults with low incomes. Discriminatory beliefs and stereotypes held by the public or decision-makers about people of color and low-income families impact support for policies regarding government-provided benefits.[212-217]

Ways an SBSS Can Support Adolescents at This Step

Connect adolescents to resources

- Collaborate with community partners on program funding to hire social workers and provide wrap around services to meet students' basic, physical, and mental health needs.[218]

- Assist those transitioning from pediatric to adult care with accessing health insurance, mental health care, and telehealth services.[209,219-223]

- Leverage asynchronous telehealth to use mental health screenings or visits as a touchpoint or opportunity for other health screening and referrals.[224]

Support continued telehealth use

- Regularly get feedback from adolescents on the usefulness of telehealth services including whether telehealth meets their needs or if other models of care would be better (e.g., offer group synchronous telehealth sessions with peers).[225-227]

- Provide educational and technical refreshers to adolescents, providers, and staff, especially after platforms have been updated.[228]

Engage in continuous sustainability work

- Continue relationship building with school administration and staff, and school board.[229-231]

- Evaluate the cost and effectiveness of the telehealth program, including obtaining feedback from school administration on how to improve collaboration and coordination of services.[232,233]

- Assess new funding or training opportunities for school-based supports with schools and community partners.[233,234]

Resources

Below are resources relevant to this journey map from U.S. government agencies or organizations funded by U.S. government agencies:

Agency for Health Care Research and Quality (AHRQ)

- Information, tools and professional trainings on health literacy: https://www.ahrq.gov/health-literacy/index.html
- Report on "Accessibility and Beyond: Designing Consumer Health IT for Disabled Individuals": https://digital.ahrq.gov/ahrq-funded-projects/accessibility-and-beyond-designing-consumer-health-it-disabled-individuals#nav-publications
- Report on "Developing Evidence-Based, User-Centered Design and Implementation Guidelines to Improve Health Information Technology Usability": https://digital.ahrq.gov/ahrq-funded-projects/developing-evidence-based-user-centered-design-and-implementation-guidelines

Centers for Disease Control and Prevention (CDC)

- Adolescent and school health: https://www.cdc.gov/healthyyouth/index.htm
- Data and statistics on children's mental health: https://www.cdc.gov/childrensmentalhealth/data.html
- Division of Adolescent and School Health (DASH)
  - Main page: https://www.cdc.gov/healthyyouth/index.htm
  - Mental health page: https://www.cdc.gov/healthyyouth/index.htm
- Guidance to states and school systems on addressing mental health and substance use in schools: https://store.samhsa.gov/sites/default/files/d7/priv/pep19-school-guide.pdf
- Health literacy: https://www.cdc.gov/healthliteracy/index.html
- Improving access to children's mental health care: https://www.cdc.gov/childrensmentalhealth/access.html
- Improving school-based health and education policies: https://www.cdc.gov/healthyyouth/stories/pdf/DASH-Health-Education-Policy-Success-2018.pdf
- Information and tools on health literacy research, practice, and evaluation: Hhttps://www.cdc.gov/healthliteracy/
- Information about digital health literacy: https://www.cdc.gov/healthliteracy/researchevaluate/eHealth.html
- Information on school-based services in Medicaid: Funding, documentation, and expanding services: https://www.medicaid.gov/federal-policy-guidance/downloads/sbscib081820222.pdf
- LGBT youth resources: https://www.cdc.gov/lgbthealth/youth-resources.htm
- School-based health literacy: https://www.cdc.gov/healthliteracy/education-support/schools.html

Department of Education

- Community-based recommendations for developing effective digital equity plans to close the digital divide and enable technology-empowered learning: https://tech.ed.gov/files/2022/09/DEER-Resource-Guide_FINAL.pdf
- Guidance on applying the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to student health records: https://studentprivacy.ed.gov/resources/joint-guidance-application-ferpa-and-hipaa-student-health-records
- Mental health services professional demonstration grants: https://safesupportivelearning.ed.gov/states-and-grantees/current-grantees/mental-health-service-professional-demonstration-grants
- Resource on supporting child and student social, emotional, behavioral, and mental health needs: https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf
- Supporting child and student social, emotional, and mental health needs: https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf
- You for Youth: https://y4y.ed.gov
  - Digital literacy page: https://y4y.ed.gov/y4yclickandgo/digital-literacy/4132

Department of Health and Human Services (HHS)

- Compendium for HHS resources for SBSS: https://www.hhs.gov/sites/default/files/school-based-health-services-resources.pdf
- Administration for Children and Families
  - Head start services: https://www.acf.hhs.gov/ohs/about/head-start
- Behavioral telehealth appointments at school based sites: https://telehealth.hhs.gov/providers/school-based-telehealth/behavioral-health-appointments/
- Healthy People 2030:
  - Adolescent health: https://health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents
  - School based health centers: https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/health-equity-school-based-health-centers
- Health literacy resources: https://health.gov/our-work/national-health-initiatives/health-literacy/resources
- Information Related to Mental and Behavioral Health, including Opioid Overdose: https://www.hhs.gov/hipaa/for-professionals/special-topics/mental-health/index.html
- Guidance on Nondiscrimination in Telehealth: Federal Protections to Ensure Accessibility to People with Disabilities and Limited English Proficient Persons: https://www.hhs.gov/hipaa/for-professionals/special-topics/mental-health/index.html https://www.ada.gov/telehealth_guidance.pdf
- Office of Civil Rights
  - Guidance on Nondiscrimination in Telehealth: Federal Protections to Ensure Accessibility to People with Disabilities and Limited English Proficient Persons: https://www.hhs.gov/civil-rights/for-individuals/disability/guidance-on-nondiscrimination-in-telehealth/index.html
- Office of Population Affairs adolescent health resources: https://opa.hhs.gov/adolescent-health
- School-based telehealth guide: https://telehealth.hhs.gov/providers/school-based-telehealth/
- Teen health MedlinePlus topic: https://medlineplus.gov/teenhealth.html
- Tips for health managers supporting caregivers' health literacy: https://eclkc.ohs.acf.hhs.gov/publication/health-literacy-tips-health-managers
- U.S. Surgeon General's advisory on protecting youth mental health: https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

General Services Administration

- Usability toolkit: https://digital.gov/topics/usability/
- User-centered design toolkit: https://digital.gov/topics/user-centered-design/

Health Resources and Services Administration (HRSA)

- Child and adolescent health focus area: https://mchb.hrsa.gov/programs-impact/focus-areas/child-adolescent-health
- Child and adolescent health resources: https://www.hrsa.gov/library/child-and-adolescent-health
- Division of Child, Adolescent, and Family Health (DCAFH): https://mchb.hrsa.gov/about-us/divisions/division-child-adolescent-family-health-dcafh
- Healthy Start program: https://mchb.hrsa.gov/programs-impact/healthy-start
- School-Based Health Alliance: https://www.hrsa.gov/library/school-based-health-alliance
- School-based service sites (SBSS): https://bphc.hrsa.gov/funding/funding-opportunities/school-based-service-expansion

Office of Disease Prevention and Health Promotion

- Research-based guide for developing better health websites and digital tools that support health literacy online: https://health.gov/healthliteracyonline/

Rural Health Information Hub (funded by a Federal Office of Rural Health Policy)

- Toolkit for improving digital health literacy: https://www.ruralhealthinfo.org/toolkits/health-literacy/2/digital-literacy

School Based Health Alliance (funded by HRSA)

- Youth health hub: https://www.youthhealthhub.org
- Resources: https://www.sbh4all.org/resources/

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Behavioral health treatment services locator: https://findtreatment.samhsa.gov
- National guidelines for behavioral health crisis care – A best practice toolkit: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf
- National Child Traumatic Stress Initiative (NCTSI): https://www.samhsa.gov/child-trauma
- School mental health referral pathways toolkit: https://www.escneo.org/Downloads/NITT%20SMHRP%20Toolkit_11%2019%2015%20FINAL.PDF
- Screening for behavioral health risk in schools: https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf

U.S. Department of Agriculture (USDA)

- Child nutrition programs: https://www.fns.usda.gov/cn
- Local school wellness policies: https://www.fns.usda.gov/tn/local-school-wellness-policy
- Mental health and well-being fact sheet: https://www.nifa.usda.gov/mental-health-well-being-fact-sheet

Youth.gov

- Adolescent health: https://youth.gov/youth-topics/adolescent-health
- Involving youth in positive youth development: https://youth.gov/youth-topics/involving-youth-positive-youth-development
- LGBT+ behavioral health: https://youth.gov/youth-topics/lgbtq-youth/health-depression-and-suicide
- LGBT basics: https://engage.youth.gov/resources/what-does-lgbt-mean-know-basics
- Mental health: https://youth.gov/youth-topics/youth-mental-health
- School based mental health: https://youth.gov/youth-topics/youth-mental-health/school-based
- Sexual orientation and gender identity: https://youth.gov/youth-topics/lgbt
- Transition and aging out: https://youth.gov/youth-topics/transition-age-youth