Expanding Statewide School-Based Telehealth and Teletherapy Access

Roanoke City Public Schools

Background: Virginia's students are facing a youth mental health crisis that has grown since the COVID-19 pandemic. More students need help with anxiety, depression, and trauma than ever before. At the same time, many communities, especially rural areas, lack sufficient local therapists or doctors, so wait lists are long, and transportation and other barriers mean that children often do not receive the full care needed.

To help close this gap, some school divisions have started using online health services, such as teletherapy, to connect students with a licensed provider during the school day. Right now, Virginia has no dedicated state funding stream for these services. Divisions that offer them pay for the programs through one-time grants or their own local budgets, making it difficult for any division to guarantee the service will still be available next year.

Current Reality: Relying on grants and local budgets to fund school-based online health services poses many concerns:

1. Without a dedicated funding stream, school divisions cannot count on these services lasting from year to year, risking the continuity of care for students who need it most.
2. Rural and small divisions often face the biggest shortage of local mental health and medical providers, yet they have the least access to grant dollars and staff time to chase them, leaving them the most likely to be left without a solution.

RCPS recommends the General Assembly:

1. Create a permanent, recurring state funding stream for school-based online health services, rather than relying on competitive grants or local discretionary funds. This would:
    a. Provide every division a stable funding source that it can count on year after year, and provide services to all students
    b. Allow divisions the flexibility to plan long-term
    c. Ensure continuity of services
2. Preserve local control by letting each division choose the provider, or combination of providers, that best fits its students and community. This would:
    a. Allow divisions to select community-based organizations, regional behavioral health authorities, or telehealth companies based on local need
    b. Keep online services working alongside, and in coordination with, existing in-person partnerships, rather than replacing them
    c. Prioritize equitable access for rural, small, and underserved divisions with documented provider shortages
3. Set minimum quality and outcome standards for approved providers, including culturally responsive care, multilingual services, and evidence-based treatment, while giving divisions flexibility in how they meet those standards.