CHALLENGES
The most commonly expressed challenge regarding re-entry was safety for students, school staff, and providers. Many clinicians identified concerns about the health of students who return with trauma or exacerbated conditions due to lack of treatment while school is closed. Procedural changes that will have to occur for them to provide care also emerged as a challenge. Less commonly shared were concerns about the re-entry timing and screening for COVID.

RE-ENTRY
When asked what they hear about re-entry, the majority of respondents indicated hearing nothing or very little. Others reported that ideas are not concrete, or they are getting information from news sources rather than from their partners. Participants shared a wide range of re-entry anticipated start dates--from starting the 2020-2021 school year early, to January 2021. However, several repeated ideas about re-entry emerged. Some mentioned a staggered start to bringing students back to school. Others discussed were possibilities of hybrid-learning models--with some classes or days completed in-person, and others virtual. Also mentioned were precautionary measures while in school, such as maintaining social-distancing and wearing masks.

RE-ENTRY APPROACHES
Many participants reported waiting for plans from their medical sponsors or partner districts, who are not prioritizing SBHCs at this time. Very few mentioned inclusion in re-entry conversations at a broader level. One shared proactively reaching out to the school’s superintendent, offering involvement in discussions regarding re-entry. Participants are thinking through what their SBHC might look like when students return to schools and how to best care for their clients.

(1) Screenings and prevention
Participants discussed several SBHC approaches to keep schools safe and communities healthy when schools reopen.

- **COVID-Testing:** Several participants mentioned considering the role their SBHC can play in minimizing risk to students and staff through school-wide testing for COVID-19 or antibodies.
- **Infection Control:** Participants described operational and structural changes to keep SBHCs safer. Rather than accepting walk-ins, some SBHCs will require appointments, thereby limiting and controlling the number of individuals in the center. Another approach discussed is seeing students for well-child visits and immunizations in the morning, reserving sick visits for the afternoon, and supplementing throughout the day with telehealth. Some are going to
require staggered appointments to minimize clients interfacing in common areas. Many highlighted a need for P.P.E, not just for center staff but also for clients. One site shared that they are relaxing dress codes—allowing staff to wear scrubs or something easy to launder so they feel safer returning to their homes. A few participants reported considering re-arranging their centers, disinfect surfaces more frequently, and remove high-touch objects such as toys from common areas. Several behavioral health providers mentioned their SBHCs are thinking through the need to reduce in-person group sessions.

(2) Telehealth
SBHCs plan to continue to utilize and expand telehealth, even as they consider re-entry into schools. Several mentioned they see telehealth as a way to supplement in-person care and limit the number of clients who visit the center. Other providers predicted using technology to allow for virtual health education presentations and group sessions. Clinicians indicated that they view telehealth as an option for extending care when schools are closed, or students are absent from school. Participants shared outreach strategies to students and families, particularly to encourage use of telehealth visits. Examples included targeted outreach for students due for care, engaging school partners, creating hotlines for each school that address healthcare and other needs, and sharing fun videos to let students know their providers are thinking of them.

(3) Vaccinations
Another SBHC re-entry issue discussed is ensuring students have their necessary immunizations as many put off these services during the pandemic. One participant from Minnesota shared that SBHCs in their district typically run school-based services that vaccinate 10,000 children over a four-week period. They are thinking through other approaches for reaching these children while minimizing COVID-related risk.

(4) Caring for the whole-child
Many clinicians are concerned about the experiences of their clients while out of school. They anticipate that addressing mental health will be a priority upon re-entry and that the pandemic will have indirect effects on student health through increased poverty and unemployment. Participants noted that while they are considering school-wide COVID-testing, they are also thinking of school-wide screening possibilities for emotional wellness, trauma, and other new health risks. Participants discussed considerations for school-wide screening and limitations due to staff resources and size. Clinicians anticipated that reaching all students may be challenging. They also noted that before implementing this approach, providers should be sure that they have the resources to follow-up with or a plan for responding with the necessary level of care to any uncovered needs.

RESOURCES

(1) Missouri Task Force and Re-entry Guidelines
The Governor of Missouri created a task force, comprised of several state agencies, to create a plan for re-entry. The task force recently released comprehensive guidelines, including operations, academics, and healthcare. The document (linked here) encourages schools to reach out to all community partners to leverage resources.

(2) Telehealth resource
A participant shared the following continuing education platform that offers a telehealth certification: https://www.pesi.com/store/onlinecourse

(3) Mental health, trauma, and whole-school resources
Below are several resources shared regarding trauma and whole-school health:
- https://www.closegap.org/
- https://tools.sbh4all.org/t/hallways-to-health/
- https://possibilitiesforchange.org/raaps/
- https://istss.org/clinical-resources/assessing-trauma/ucla-ptsd-assessment-tools
- https://apexeval.org/just-health/

SUMMARY
The Alliance will continue to host weekly Listening and Learning sessions, aiming to provide a platform for the field to share best practices, innovations, and ask questions of their peers. For more COVID specific information and updates for SBHCs and Alliance efforts, visit our website https://www.sbh4all.org/resources/covid-19-resources/.