CHALLENGES
A third of participants shared challenges related to preparedness and operations, and many also mentioned financial concerns, safety, and reopening. In Missouri, several new SBHCs were planning to open this spring, and some opened just before stay-at-home orders were issued. School-based healthcare stakeholders in the state worry that these SBHCs may not be able to reopen or may need to postpone opening due to funding cuts.

RE-ENTRY
When asked what they hear about re-entry in their states, most participants indicated hearing nothing, or that plans are still very uncertain. Many shared hearing about delayed reopening, ranging from July to January 2021. In Georgia, schools plan to finish the academic year in-person and proceed with graduation ceremonies. After schools reopen in other states, schedules may stagger, with students attending classes on alternate days. Many shared plans for disinfecting classrooms and SBHCs using personal protective equipment (PPE).

RE-ENTRY APPROACHES

(1) Screenings and prevention
Regardless of when schools and SBHCs reopen, all expect an increase in screenings and other preventative measures. Participants discussed strategies such as screening students and staff for COVID symptoms; providing in-person care only for well-child visits; reserving mornings for well-child visits of children younger than five years old; seeing one patient in-person at a time; and conducting “car visits” in the SBHC parking lot. A participant in Missouri shared an encouraging story of earning a local community foundation’s $5,000 grant to purchase PPE for SBHCs.

(2) Telehealth
Participants cited telehealth as a crucial strategy for re-entry. Some SBHCs will shorten in-person visit times by conducting initial screenings and assessments through telehealth, while others will increase telehealth visits and only see one patient in the SBHC at a time. Participants recommend providers do what’s possible via telehealth now and conduct in-person portions of visits once permitted.

Currently, telehealth is working well for reproductive healthcare counseling and prescriptions, asthma prescriptions, and behavioral health visits. SBHC stakeholders in Connecticut see telehealth as a strategy for extending care beyond the traditional school day or school year. SBHCs in the state are reaching more families because providers can extend their days beyond a conventional 9 to 5 schedule, and students’ families are more engaged in the care provided. A
participant from Connecticut also explained that telehealth could provide a pathway to maintain
connections with graduating seniors: instead of transitioning these students to adult care,
clinicians can continue to provide virtual “young adult” care.

Some participants are unsure of how to bill for telehealth and wondered about requirements for
an initial face-to-face visit before billing for a telehealth visit. The Center for Connected Health
(https://www.cchpca.org/) is compiling and sharing updated policies for each state.

(3) Helping patients and their families in all ways possible
Participants shared stories of efforts to help their patients and communities who are particularly
struggling during this pandemic. In Colorado, a rural SBHC applied and received a grant to
purchase food and pay rent and utilities for families recently out of work. This SBHC relies on
the school to determine priority populations to receive financial contributions. In Georgia, an
SBHC is collaborating with local food banks and the YMCA to distribute food to families in need.
The SBHC staff and teachers deliver this food along school bus routes, wearing their SBHC
shirts for visibility.

(4) Engaging with school administrators and community members
SBHCs are strengthening their partnerships with schools and SBHC stakeholders, working to
better integrate within school and health systems. In Georgia, an SBHC has weekly check-ins
with school administrators about the school’s challenges and needs, hoping that when schools
initiate conversations about re-entry, the SBHC will be at the table. Similarly, Connecticut held
two mental health summits with 25 teachers and school administrators. They were discussing
transitioning the summit to a community-wide forum to discuss COVID-related trauma warning
signs and solutions. Several participants remarked on the importance of a COVID-response
communications plan that outlines regular meetings with SBHC and school staff.

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 that cover a wide
range of topics, including operations, academics, and healthcare. The document (linked here)
encourages schools to reach out to all community partners to leverage resources.

(2) Telehealth resources
Below are several telehealth resources shared during this Listening and Learning session.

• https://www.telehealthresourcecenter.org/wp-content/uploads/2020/03/Telehealth-
  and-COVID-19-FINAL.pdf
• https://www.matrc.org/telehealth-essentials-checklist-training-event/
• https://www.cahctelehealth.com/getting-started/

SUMMARY
The Alliance will continue to host Listening and Learning sessions, aiming to provide a platform
for the field to share best practices 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-resource.