



COMMUNICATION WITH SCHOOLS

CHILD AND ADOLESCENT
HEALTH CENTER
RETURN TO SERVICES GUIDANCE

INTRODUCTION

As Fall 2020 approaches, school personnel, parents and students are all anticipating what “back to school” will look like during the midst of the global COVID-19 pandemic.

The MI Safe Start Plan and the MI Safe Schools Roadmap offer direction for a safe return to school in Michigan. Possible scenarios include full-time in-person instruction or a hybrid of in-person and online instruction for communities in MI Safe Start Phases 4, 5 and 6; and online instruction only (required if a community is in MI Safe Start Phase 1, 2 or 3). However, schools will have the authority to enact stricter requirements than what is required or recommended by the Roadmap; and will maintain authority to close school buildings even if not mandated to do so. For more information, view the [MI Safe Start Plan](#) and the [MI Safe Schools Roadmap](#).

Whether schools re-open for in-person or online-only instruction, the Michigan Department of Health and Human Services' (MDHHS) Child and Adolescent Health Center program is positioned to support school staff, students and parents by providing safe, quality care to young people through various models of care: Clinical Child and Adolescent Health Centers (CAHC), School Wellness Programs (SWP), Behavioral Health Sites (BHS) and Enhancing, Expanding Emotional Health (E3). The providers in these programs are natural leaders for health services in the school setting. Early and continuous collaboration among program staff and the sponsoring medical/fiduciary organization, school administration and local health department is **critical** to ensuring support for student health and learning during this transitional time.

GUIDANCE FOR CHILD & ADOLESCENT HEALTH CENTERS IN MICHIGAN

MDHHS CAHC program staff, together with the School-Community Health Alliance of Michigan (SCHA-MI) and over 30 representatives from funded program sites across the state, convened a series of work groups to develop the considerations contained herein. This brief is intended to help your program plan communications with school partners, clients and families during the return-to-school process. Along with your school partners, you will need to identify: respective roles, what information needs to be communicated and when, who is responsible for communication, and methods of communication. While this brief pertains more specifically to school-based models, school-linked CAHCs can also find ways to assist schools in their respective communities with a safe and supported return to school. Some guidance will pertain to CAHC and SWP sites, but not to BHS or E3 sites where a medical provider is not part of the program staffing model. Regardless of what your individual program is able to offer, your involvement demonstrates the value of your integration in the school to school staff, parents and students.

IDENTIFY YOUR ROLES

When identifying your role in the return-to-school process, begin by asking your school partners what you can do to support them as they transition back, as well as when potentially transitioning between Safe Start phases. Identifying the issues and concerns that schools need assistance with can help you clarify what your program can offer, and what limitations or boundaries exist. Also be sure to ask for what you need from the school. This opens the door to brainstorming solutions in areas where a gap exists between needs and resources for either party.

BASED ON YOUR MODEL TYPE, CONSIDER THESE ROLES:

Participate in school health-related committees and crisis response team

- Assist in reviewing communicable disease policies, in conjunction with the local health department
- Clarify roles between school personnel (e.g., school nurse, school social worker) and program staff
- Identify and share local resources for COVID-19 testing
- Assist in the development of school procedures and collaborate with the Local Health Department immediately if a positive COVID-19 case occurs in the building, including a plan for first 24 hours after identification

GUIDANCE FOR CHILD & ADOLESCENT HEALTH CENTERS IN MICHIGAN

CONSIDER PROVIDING SCHOOL STAFF TRAINING ON:

- Establishment of screening protocols (e.g., at school entry) and management of persons exhibiting signs/symptoms of COVID-19
- Guidance on confidentiality laws (HIPAA) that protect student's health information
- Review and explain limits on release of information specific to what information can be shared and with whom

CONSIDER ASSISTING WITH ENVIRONMENTAL ASSESSMENT OF SCHOOL SPACE:

- Directional flow (entry and exit into buildings and classrooms; movement through hallways, cafeterias, etc.)
- Physical (social) distancing parameters
- Placement of hand washing/sanitizing stations and waste cans (ensure hand sanitizer contains at least 60% alcohol)
- Where to post signage with reminders on physical (social) distancing, wearing a mask, covering sneezes with tissues or elbows, possible symptoms and how to report them
- Identification, monitoring, cleaning and disinfection of isolation rooms (sick rooms), with closeable doors, located near the school entrance and/or office
- Establishing effective cleaning policies and practices
- View the list of disinfectants that meet EPA criteria for use against SARS-CoV-2 (COVID-19)

CONSIDER PROVIDING EDUCATION AND SUPPORT ON:

- Hygiene, in relation to respiratory/communicable disease e.g., appropriate use of masks, hand washing, what to do if you feel ill (self-monitoring)
- Social-emotional health, social-emotional skill-building, identifying stressors and coping strategies, self-care
- How to identify and refer students who may be in need of medical and/or social-emotional support services
- Appropriate behavioral health screening tools and processes for students and staff
- If classroom access is limited, make/post videos for viewing
- Process for referrals for school staff and/or families who may need services

CONSIDER ASSISTING WITH:

- Messaging to school staff (includes coaches, maintenance, cafeteria staff, etc.), students and families on precautions, policies, and procedures put in place to protect students and staff
- Temperature checks and/or train school staff on temperature checks
- Establishing protocols for persons exhibiting fever and/or other symptoms

IDENTIFY WHAT TO COMMUNICATE

The connection between student health status and academic performance is well-established – children who are healthier learn better. Research, including that done in Michigan’s school-based health center program, has shown that users of program services report significantly better health outcomes and behaviors including fewer threats to achievement, more active social problem-solving skills, and less physical and emotional discomfort - to name just a few. Because poor health affects educational achievement, it is vital that school partners understand that your program is prepared to help meet the needs of students so that they remain in school, healthy, and ready to learn to their highest potential, with minimal time spent out of the classroom for appointments.

ACCESS TO SERVICES

To assure students are able to access services when needed, be sure to clarify the following with school partners:

- The best times for students to be called out of class for appointments
- Procedures for students to access services during the school day
- Access to program space and/or telehealth on days when school is not in session, or if building closes for instruction altogether

FLEXIBILITY

Additionally, school staff, clients and families need to know important information on how your program will continue to operate during the various Safe Start phases in which your local community may find itself. To that end, consider the following key points to communicate to each of these stakeholders:

- Range of services that will be provided onsite
- Reminders on the importance of physical exams and keeping immunizations up-to-date
- How services will be provided (in-person, telehealth, or both)
- 24/7 coverage and outreach plans in the event of building closure, with no access to program site
- Policies and process for consent for services so students can be provided access to care

GUIDANCE FOR CHILD & ADOLESCENT HEALTH CENTERS IN MICHIGAN

MAKE ACCOMMODATIONS

Communicate clearly the accommodations you have made to provide services safely. These are good reminders for clients before visits occur. Accommodations may include:

- Program access including preference and procedures for appointment scheduling vs walk-ins vs telehealth
- Screening processes in place (temperature checks, screening questions)
- Waiting area physical (social) distancing
- Limits to number of clients in the program space at one time
- Expectations for use of masks, hand washing or hand sanitizing
- Use of PPE (personal protective equipment), such as face coverings by program staff during appointments
- Installation of Plexiglas, air filters, UV-C lamps, “angel lights” or other equipment
- Cleaning and disinfection practices
- For more information, refer to the [CDC Guidance for Schools and Childcare](#)

PREPARE FOR CLOSURE

Communicate clearly how services may change in the event of school closure and the school building cannot be accessed:

- Who to contact and how in the event school closures prevent access to the school building
- Availability of telehealth and telephone-only services
- What to expect in the look and feel of telehealth visits
- Best practices for ensuring privacy and confidentiality of telehealth and telephone visits
- Options and resources if technology access is limited and/or for limited data plans (identify in conjunction with schools and other community resources)

COMMUNICATION AVENUES

Develop a clearly detailed communication plan that identifies who is responsible for communicating what information to school staff, clients and/or families, and when and how that information is communicated. Some information will be communicated independently, while other communications will occur in conjunction with school partners. Having a plan in place before school starts, and before a school transitions between phases, will help avoid delays and confusion during rapidly changing circumstances. Plan communications to non-English speaking (ESL) students and families consider how language and cultural differences will be addressed. Consider reading level for all communications.

GUIDANCE FOR CHILD & ADOLESCENT HEALTH CENTERS IN MICHIGAN

COMMUNICATION METHODS

Depending on what information you need to communicate and to whom, methods to consider include:

- Interior and exterior signage
- Letters, fact sheets or tip sheets that are emailed, snail-mailed or sent home with students
- Social media postings
- Website postings (school, sponsoring medical/fiduciary organization, program websites)
- Text messages and phone calls, especially to high-risk clients
- Patient portal messages, if available in your EMR
- Local media outlets (newspapers and “shoppers”)
- Community Advisory Council and/or Youth Advisory Council
- Create QR codes for quick links to websites, consent forms, tip sheets and/or other resources
- Develop messaging templates that are ready to go
- Community distribution in youth centers, grocery stores, community yard sales, etc.

COORDINATED MESSAGES

Partner with schools to ensure your program's information is included in any back-to-school communications. In coordination with schools and local health departments, consider using these methods to develop and disseminate information:

- School staff meetings
- PowerSchool/RenWeb or other education technology
- School newsletters
- School marquees and bulletin boards
- Morning announcements
- Back-to-school events (orientation, Meet-the-Teacher)
- Back-to-school packets (include consent forms, release of information forms, services brochures)
- Robo-calls, emails and/or text messages

Thank you!

SCHA-MI and the MDHHS CAHC team would like to thank the members of all of the Return to Services work groups who volunteered their time to provide invaluable insights.





WHAT WE CAN DO

BE A GOOD PARTNER

Switch the conversation with schools from "what we cannot do" to "what we can do." Now is the time to show your host school just how vital of a role your health center can play in keeping children and adolescents healthy.

COMMUNICATE EARLY AND OFTEN

Participate in your school's planning efforts. Ensure that your health center has a presence during preparations for COVID-19 and return-to-school efforts this fall.

ASSESS ROLES REGULARLY

Assess how efforts are going once school returns. Be flexible and willing to adapt your communication response.