

RESTART & RECOVERY: SUPPORTING CONTINUITY OF HEALTH SERVICES DURING COVID-19



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This brief provides an overview of guidance and other actions by state education and health agencies to ensure continuity of school-provided health services amid the COVID-19 crisis. This document was compiled for the Council of Chief State School Officers by Child Trends, a non-profit, non-partisan research organization working to use research to improve the lives of children, youth and their families. It was created with support from an on-going project to support state policymakers to create policies that support safe and healthy learning environments. States can repurpose this document to meet their needs. If you repurpose, please use the following language: “This resource draws on a resource created for the Council of Chief State School Officers (CCSSO) that is based on guidance compiled from state education agencies and national and local organizations.”

“Continuity of health services” refers primarily to two types of services, as defined in the [Whole School, Whole Community, Whole Child](#) model:

1. Health services, including first aid and emergency care; management of chronic conditions; wellness promotion; and access and referrals to the student’s medical home or private healthcare provider.
2. Counseling, psychological, and social services, including screenings, evaluations, and assessments; individual or group counseling and consultation; and referrals to school and community support services. Providers include certified school counselors, school psychologists, and school social workers.

STATE EXAMPLES – HEALTH SERVICES

The following state examples were culled from state education and health agency websites.

Many states have provided guidance for schools and districts to continue providing health services to students during school closures. States have issued recommendations for the role of school nurses who remain on-site, ensuring that students have access to medications and medical supplies, and coordination of off-site care. For example:

The **Arkansas Department of Elementary and Secondary Education (DESE)** released [guidance for school health services](#) that encourages school administrators to deploy school nursing staff to assist students and families with continued access to health services. DESE also provided [specific guidance for school nurses](#) to establish plans for continued health service supports, including holding open virtual “office hours.”

The **Georgia Department of Community Health** [waived site requirements for patients receiving telehealth services](#) for various Medicaid/PeachCare for Kids providers, including local education authorities. Telehealth services may be provided using telephone communication, webcam or other audio-video technology, or video cell phone communication.

The **Kentucky Department of Education (KDE)** [clarified in an FAQ](#) that school-based health clinics may remain open during school closures, so long as they comply with the governor’s orders concerning elective procedures. KDE also stated that while each district can decide how school nurses will be deployed during closures, most nurses will stay on site, and some will deliver medications to students who do not otherwise have access to them.

The **Tennessee Department of Education** developed the [School Closure Toolkit: Health and Wellness](#) guidance that includes recommendations for districts to coordinate with local community partners and determine viable service options to support continuity of health services. The toolkit also includes potential duties for on-site nurses such as contacting parents and guardians to ensure that medications and supplies are available to continue management of students’ acute or chronic health conditions.

The **Washington Office of Superintendent of Public Instruction** shared [guidance for continuous learning plans](#) that includes recommendations for continuity of health services. Districts are encouraged to consider daily nursing “office hours” to be available to educators, students, and families as well as regular check-ins with families of students with life-threatening and chronic medical conditions.

The **West Virginia Department of Education’s Remote Learning Framework** guides school nurses to make themselves available via telehealth modalities to students who may need to contact their nurse for social-emotional support or health guidance. The “School Nurse Supports” portion of the Remote Learning Framework also instructs school nurses to ensure that all students with health care plans have the medical resources at home needed to remain safe and healthy.

The **Wisconsin Department of Public Instruction** produced guidance for school nurses practicing [21st Century School Nursing during COVID-19](#). Guidance includes recommendations for school nurses to determine which students are at increased risk of health complications or illness and coordinating care off-site, if necessary. During school closures, school nurses should continue to practice care coordination for their students with chronic health conditions, students with IEPs and related services, and students who received medication while at school.

STATE EXAMPLES – COUNSELING, PSYCHOLOGICAL, & SOCIAL SERVICES

The following state examples were culled from state education and health agency websites.

Many states are encouraging districts to prioritize mental health and psychological services for students during school closures. Although distinct from counseling, psychological, and social services, many states are also encouraging districts and schools to prioritize social-emotional learning. Given the interconnectedness of this work, additional state examples on SEL and mental health can be found in CCSSO's [Supporting SEL & Mental Health During Covid-19](#). Available state guidance for counseling, psychological, and social services includes:

The **Alabama State Department of Education** established the [Superintendent's Extending Access to Learning \(SEAL\) Task Force](#), which meets weekly to assess ongoing work to provide services to students, including mental health supports. The SEAL Task Force will identify students' most immediate needs related to mental health supports and long-term needs that must be addressed on the first day of school re-opening.

The **Arkansas Department of Elementary and Secondary Education (DESE)** provided [recommendations for the continued provision of school-based mental health](#), including guidance for mental health providers to offer telehealth services to students. In circumstances where students do not have access to technology, districts may permit school-based mental health providers to provide in-person services at central offices located both on and off school campuses. Guidelines for social distancing must be followed during in-person service delivery. DESE also adapted [guidelines and best practices for virtual school counseling](#) from the American School Counselor Association. DESE recommends that school counselors make regular contact with students and parents to check on social-emotional concerns, and provide one-on-one virtual counseling and check-ins.

The **Connecticut Department of Social Services** added [Medicaid coverage of certain school-based child health services](#) for participating districts when those services are rendered via telemedicine, including group psychotherapy, mental health assessment, and behavior modification services.

The **Florida Department of Education (FDOE)** developed [guidance for school-based counseling, health, and related services](#) in a remote learning environment. The guidance defines the roles of school psychologists, social workers, and counselors during school closures. FDOE is also allowing K-12 districts to redirect unspent 2019-2020 funds from the [Safe Schools and Mental Health allocations](#) to virtual and telephonic mental health counseling services.

The **Kentucky Department of Education (KDE)** provided [recommendations for district decision-making to support mental health and wellness](#) during COVID-19, including considerations for innovative check-ins with students and families, connection to mental health services, and needed supports for crisis response. KDE also developed [Virtual Crisis Response Guidance](#) to help schools and districts respond to the loss of a student, faculty member, or community member during COVID-19. The guidance encourages school counselors and other school mental health professionals to provide support to students and families by hosting open virtual drop-in meetings and proactively checking in with individuals. The state education website has [archived webinars and other resources](#) for providing virtual school counseling.

STATE EXAMPLES – COUNSELING, PSYCHOLOGICAL, & SOCIAL SERVICES (cont.)

The **Massachusetts Department of Elementary and Secondary Education's (DESE)** [Strengthening Our Remote Learning Experience](#) guidance encourages districts to prioritize foundational wellness for all students and recommends providing direct one-on-one support from a school counselor for students experiencing mental health challenges.

The **Montana Office of Public Instruction's (OPI)** [school re-entry guidance](#) for districts that elect to reopen by May 7 recommends that districts activate their mental health and student support service teams. These teams, comprised of school counselors and community mental health partners, should plan to provide support to students and staff upon school re-opening, including post-traumatic stress counseling.

The **New Mexico Public Education Department** developed an [implementation guide](#) for districts' continuous learning plans that includes guidance for staff to conduct regular check-ins with students through virtual methods and to contact a counselor or mental health team member if that student is identified as needing counseling services. Counselors and social workers are encouraged to establish virtual "office hours" for families and students and publicly announce when office hours are held.

The **North Carolina Department of Public Instruction (NC DPI)** has compiled a [Frequently Asked Questions document for virtual related services in school psychology](#). NC DPI recommends that school psychologists work with district staff to determine school psychological services that align with broader district and local efforts, including the development of a system-wide case review protocol for evaluations to determine next steps for supporting students.

The **Ohio Department of Education** provided [telehealth guidelines for service providers](#) that include recommendations for districts to partner with health care providers and community organizations to deliver mental and behavioral health services to students. The Ohio Department of Medicaid established an emergency rule to expand telehealth options and allow students with disabilities as well as general education students to receive Medicaid-reimbursable services normally provided in school.

The **Oregon Department of Education** released [mental health guidance for school counselors](#) and other mental health professionals that encourages service providers to organize their caseloads by determining the level of threat and severity of a student's presenting symptoms and situation. Oregon also has [specialized guidance for supporting LGBTQ+ youth](#) with mental health services and social supports.

The **Tennessee Department of Education's** [School Closure Toolkit for Health and Wellness](#) includes recommendations for schools to develop referral procedures that outline when and how teachers should refer students to support staff such as school counselors and social workers. The toolkit also outlines potential duties for coordinated school health coordinators during school closures, including developing community partnerships to provide health and wellness support to the whole school.

The **West Virginia Department of Education** created a [Remote Learning Framework](#) with recommendations for school counselors to develop plans to check on students who are normally provided therapy services at school by local mental health agencies or providers. School counselors are encouraged to contact local providers and ensure that students' needs are being continually monitored and addressed.

OTHER CONTINUITY OF HEALTH SERVICES RESOURCES

The **Association of State and Territorial Health Officials** released an issue brief reviewing OSHA, CDC, and FDA regulations governing the use of [personal protective equipment \(PPE\)](#) in healthcare settings during the COVID-19 response.

The **Centers for Medicare and Medicaid Services** have released a toolkit to help states accelerate state use of [telehealth in Medicaid and CHIP](#), clarifying that states are not required to submit a state plan amendment if telehealth services are made in the same manner as they would be provided in a face-to-face setting.

The **National Health Law Program** has released a fact sheet on [telehealth and Medicaid](#) during COVID-19, with examples of how states have put in place policies regarding reimbursement for telehealth services.

The **National Association of School Nurses** has released interim guidance on the [role of school nurses in planning for school reopening](#), including considerations regarding the use of mass screening, staff and student exclusions from school due to COVID-19 exposure, maintaining safe learning conditions, and coordinating health care for students.

The **Center on Online Learning and Students with Disabilities** previously published a study to understand [teletherapy as an option for K-12 students with disabilities](#), particularly as a means of delivering services provided by occupational therapists, physical therapists, and speech-language pathologists.

The **National Academy for State Health Policy** released a brief on state Medicaid strategies [to maintain access to care for children with special health care needs](#) during a pandemic, including options to have prior authorization requirements for services waived and to close home health service gaps.

KEY THEMES & QUESTIONS FOR CONSIDERATION

1

Most state education agencies are encouraging school communities to rely on school nurses to provide and coordinate health services for students, as well as take on new roles related to infectious disease prevention and coordination with local health agencies. However, according to the National Association of School Nurses, less than half of schools have a full-time school nurse, 35 percent have a part-time school nurse, and a quarter of schools do not employ a school nurse. How might state education agencies provide support and guidance to schools that do not have school nurses?

2

While many states address health care coordination, additional guidance related to record-keeping is needed to support ongoing care coordination between schools, external health providers, and parents and to support future consideration of compensatory services. How might state education agencies support school health personnel, as well as providers supporting students with disabilities, on effective record keeping? For instance, which records should providers prioritize, what templates and formats should they use, and how should these data be stored to safeguard privacy?

3

Some states have provided guidelines regarding the provision of in-person health services. However, for school nurses, psychologists, counselors, and others providing in-person services, how might state health and education agencies clarify what personal protective equipment (PPE) is most appropriate for such occasions? How might they collaborate to ensure that school health personnel have access to scarce PPE resources?