



STATE OF MARYLAND

Community Health Resources Commission

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Recommendations Regarding School-Based Health Centers and Public Health Emergencies and/or Long-Term School Closures

Summary: When Maryland school buildings were closed in March 2020 in accordance with Phase 1 of the Governor’s Plan to address the coronavirus pandemic, all school-based health centers (SBHCs) statewide were closed as well. In keeping with its legislative mandate to provide recommendations to improve the health and educational outcomes of students who receive services from SBHCs, the Maryland Council on the Advancement of School-Based Health Centers (the Council) generated the following recommendations that would allow SBHCs to most effectively fulfill their critical role as public health and educational resources during public health emergencies and/or extended school closures.

These recommendations are grounded in three core principles: (1) continuity of care consistent with MDH guidance for the re-opening of ambulatory practices and other guidance from the Governor, (2) working collaboratively to support readiness for school reentry, and (3) deepened integration of SBHCs as public health resources. The Council’s comprehensive recommendations span three phases: (1) current summer school closures, (2) re-entry, and (3) future closures. While these recommendations have been generated in response to the current coronavirus pandemic, they may be applied more broadly to other public health emergencies, natural disasters, or other causes of emergency school closure.

Five overarching recommendations emerge that support these principles throughout all phases:

- 1. Actively promoting continuity of care for vulnerable students**
- 2. Developing clear processes and lines of authority to provide SBHC flexibility**
- 3. Supporting remote care (telehealth) by SBHC practitioners**
- 4. Enhancing central agency resources for the SBHC program**
- 5. Considering access to closed school buildings for certain SBHC activities**

Background: School-based health centers (SBHC) play a critical role in preventive care, chronic disease management, and acute care for some of the most vulnerable students in Maryland schools. SBHCs can continue to serve these functions during school closures *and* can serve as public health resources during the current COVID-19 crisis and in future planning around long-term school closures. SBHCs have existing medical facilities, equipment, and supplies – as well as skilled clinicians with existing patient relationships.

The closure of Maryland school buildings and SBHCs due to the COVID-19 pandemic left many SBHC assets underutilized, and jeopardized continuity of care for many SBHC patients. A small number of SBHCs made requests to transition to remote services and were permitted to do so. Many other SBHCs, however, were unable to provide care for their patients. A number of factors contributed to this, including questions about how and whether SBHCs could pivot

operations, obstacles to communication with patients, reduced staffing and supplies due to redeployment, and other barriers. Because SBHCs are safety net providers and in some cases the child's only source of primary care, this reduction in services may have put at risk the health of some of Maryland's most vulnerable children, potentially exacerbating health disparities. In preparation for another emergency, the Council, in collaboration with MSDE and MDH, is reviewing the needs and desires of SBHCs to provide services. At a time when primary care capacity is being strained, SBHCs must be considered as an additional source of high quality primary and preventive care.

During school closures, SBHC practitioners could provide many services to patients remotely or through partner organizations, thus helping to keep children out of urgent care and emergency rooms. Other services that require face-to-face interaction could be conducted in other settings or in limited SBHC sites that remain open and serve additional schools, in coordination with the Governor and State Superintendent's policy guidelines. Besides ensuring continuity of care for existing SBHC patients, an alternative scenario could involve integrating SBHC personnel and assets into county- and state-wide responses to COVID-19.

As we emerge from this crisis, SBHCs could serve a critical role in addressing gaps in care (eg. routine immunizations, school physicals, etc.) that will allow students to return quickly to school and could have a role in population-wide vaccination programs and other public health functions specific to COVID-19.

Because of their unique nature, authority for SBHCs spans across diverse agencies and levels of government, including the State Department of Education (MSDE), Health Department (MDH), local education agencies, and others. The Council recognizes that this governance structure means progress on many of the following recommendations will require significant collaboration across diverse government entities.

The Council further recognizes that every school and school district is different, and every SBHC and SBHC sponsor is different. Therefore, many of these topics do not have a one-size-fits-all solution.

Moreover, the Council recognizes that while some of these recommendations could be implemented fairly easily, others may require legislation, regulatory change, revision of emergency orders, or other action.

The Council applauds actions already taken by policymakers, administrators, practitioners, and others in the face of this unprecedented challenge. In particular, the Council is grateful for expanded authorities related to telehealth, steps to ensure reimbursement for remote services including well child visits, large-scale distribution of meals to families, the deploying of countless health professionals to testing and other sites, outreach to children with behavioral health and other needs, the release of *Maryland Together: Maryland's Recovery Plan for Education*, and many others.

Above all, the Council acknowledges the extraordinary efforts of countless agencies, organizations, and individuals dedicated to the health and well-being of Maryland communities. The following recommendations are offered in the spirit of building upon our shared commitment to the health of Maryland children.

About the Council: The Council on Advancement of School-Based Health Centers was created by the Maryland General Assembly in 2015 to issue policy recommendations to promote the advancement of school-based health centers in Maryland, and to offer recommendations to improve

the health and educational outcomes of students who receive services from SBHCs. It is comprised of 15 members appointed by the Governor representing a range of providers, educators, administrators, and other experts from across the health care and education sectors, as well as six ex-officio members from across state government. Since 2017, the Community Health Resources Commission has provided staffing support for the Council. More information about the Council can be found at: <https://health.maryland.gov/mchrc/Pages/Maryland-Council-on-Advancement-of-School-Based-Health-Centers.aspx>

RECOMMENDATIONS

The following recommendations are grounded in rigorous research that supports the efficacy of SBHCs in improving health and educational outcomes, particularly for marginalized and vulnerable students and communities. They are based on expert consensus among Council members informed by the organizations they represent, a survey of Maryland SBHCs conducted by the Council, and best practices identified through the Maryland Assembly on School-Based Health Centers (MASBHC). Recommendations align with previously issued Council recommendations on the need for integration of SBHCs into public health, educational, and healthcare networks and systems.

Listed first are core recommendations, which apply to all three phases of the pandemic. These are followed by additional recommendations specific to each phase. Decision-makers are indicated in brackets following each recommendation.

Appendix 1 organizes these recommendations by implementing agency, and attempts to rank them by degree of feasibility.

Appendix 2 organizes these recommendations by core principle, recommendation for practice, implementor, corresponding policy action, and funding considerations.

CORE RECOMMENDATIONS

1. Promote continuity of care for vulnerable students

SBHCs are a safety net provider to vulnerable populations, and continuity of care during current and future extended school closures is critical. The Council appreciates the highlighting of SBHC continuity of care capacities in MSDE's planning document, *Maryland Together: Maryland's Recovery Plan for Education*, and supports cooperation between local schools and SBHCs to reach out to provide behavioral health supports, especially to at-risk children.

The Council recommends that MSDE and MDH offer guidance to clarify that SBHC practitioners are permitted and encouraged to continue offering clinical care to their patients even if their physical building is closed, provided that such care can be provided in ways that are consistent with other guidelines. [MSDE and MDH]

Each SBHC sponsor should determine the best way to ensure continuity of care for its patients during current and future school closures. Approaches should be aligned with approved/acceptable practices of that sponsor. If permitted by the Governor and State Superintendent, some SBHCs could consider reopening, potentially with limited staff. [Governor, MSDE, LEAs, SBHCs] Some SBHCs may offer video telemedicine or telephonic care. [SBHCs and sponsors] Some may encourage visits to partner organizations such as affiliated clinics. [SBHCs and sponsors, LEAs] All SBHCs should

encourage patient outreach to primary care providers. [SBHCs, PCPs] SBHCs should communicate these plans with MSDE and local education agencies.

Other recommendations to promote continuity of care include:

- with appropriate permissions (see next section), allowing patients from a closed SBHC to receive services from an open SBHC [SBHCs and sponsors, LEAs]
- with appropriate permissions, implementing brief, low-contact services, including in an outdoor setting if appropriate, for such needs as injections, medications, and vaccines [SBHCs and sponsors]
- conducting outreach to students to inform them of continued SBHC operations, including through contact databases, social media, and at food distribution sites [SBHCs, local schools and school districts]

2. Develop clear processes and lines of authority for flexibility in SBHC services

Because of the unexpected, rapid changes in the educational and public health landscape due to COVID-19, schools and other institutions have had to make changes in the way they deliver services. Likewise, many SBHCs have had to be flexible, and would like additional flexibility. The Council’s survey of SBHC administrators identified confusion regarding how to make changes to operations such as service delivery, particularly during State emergencies. Surveyed administrators expressed uncertainty about which of the SBHC governing authorities to approach, and in what manner, in order to make needed changes (eg. implementation of remote service delivery approaches such as telemedicine).

Acknowledging that authority may at times reside with MSDE, local superintendents, MDH, or other entities, the Council recommends that MSDE, as the lead oversight agency for SBHCs, create a document that clarifies lines of authority and processes for SBHCs to gain approval for changes to their emergency operations including: telemedicine (see next section), hours/months of operation, staffing changes, expanding service population, changes to services provided, grant modifications, operations during school closures, etc. [MSDE] The Council urges that SBHC sponsors be given maximum authority to make such changes.

Other recommendations to provide flexibility to SBHCs include:

- Permitting the carryover of FY 2020 funds to FY 2021 [Governor, policymakers]
- Allowing reporting and other flexibility for SBHC grantees [MSDE, Budget Agency]

3. Supporting remote care (telehealth) by SBHC practitioners

Social distancing requirements have led some SBHC practitioners, like other healthcare providers, to utilize telehealth, both video and audio-only. Such remote services are likely to become part of the “new normal” even after the immediate crisis passes, particularly if schools reopen with staggered schedules. As such, the Council appreciates the discussion of SBHC telehealth capacity in MSDE’s planning document, *Maryland Together: Maryland’s Recovery Plan for Education*, while urging additional measures.

The Council supports the guidance and flexibility for emergency telehealth provided by MDH and Maryland Medicaid, including the expanded definition of a telehealth originating site, and

recommends that this flexibility remain in place. [Maryland Medicaid] The Council appreciates efforts by Maryland Medicaid to ensure reimbursement for telehealth, both video and audio-only, and urges that this reimbursement remain in place.

The Council is concerned about difficulties some SBHCs have faced in trying to transition to telehealth. SBHC Administrators surveyed by the Council cited a lack of clarity on steps required to gain authorization for telehealth during the COVID-19 pandemic. Council discussions with MSDE and MDH have shed light on different approval processes required for different circumstances (emergency vs non-emergency), different sponsor types (eg. general clinics, Local Health Departments, Federally Qualified Health Centers), and different types of telehealth (eg. originating site at the school vs the patient's home, telehealth requiring specialized equipment vs no specialized equipment, etc). Some scenarios may require a checklist and site visit to authorize telehealth, while many others, particularly during an emergency, do not and should not. The Council recommends that additional clarity on telehealth authorization during different scenarios be communicated to SBHC Administrators and sponsors, and that any unnecessary barriers be eliminated. [MSDE and MDH]

Anticipating that remote services are likely to become part of the “new normal,” the Council recommends that MDH develop a process to ensure that real or perceived barriers to reimbursement identified by SBHC administrators or sponsors be efficiently communicated to MDH/Medicaid, that Agency responses be collated and shared with sponsors, and that technical assistance be provided as needed. Agencies may wish to utilize contractors including but not limited to MASBHC. [MDH]

Other measures to support remote care include:

- Providing equipment, technical assistance, and training to SBHCs related to telemedical and telephonic care [SBHC sponsors, Policymakers, MDH, and MSDE and/or their partners or contractors]
- Utilizing school and/or community hot spots for video telehealth visits, particularly in communities lacking broadband access [SBHCs, MSDE, LEAs]
- Expanding affordable high-speed internet/broadband services to underserved parts of the state [Governor, policymakers]

4. Enhancing central agency resources for the SBHC program

Independent consultants have noted that Maryland's SBHC program has less central agency support than other states', both in terms of grant funding and SBHC-dedicated staffing. The Council is deeply appreciative of the high level of commitment to SBHCs of staff at both MSDE and MDH, and acknowledges that these staff members have other responsibilities and are constrained in their capacity. Additional central resources for SBHCs are also warranted due to the complexities of inter-agency cooperation. Such resources would expand oversight of and support for SBHCs during crisis periods, as well as periods of normal operation. [Policymakers]

The Council further recognizes that additional financial resources may be required to support funding for technical assistance, training, supplies, and other recommendations of this report. [Policymakers]

Other measures to increase central agency resources for SBHCs, both of which were passed by the Maryland General Assembly as part of the Blueprint for Maryland's Future legislation, which was subsequently vetoed by the governor, include:

- Providing new “primary contact employee” positions in MSDE and MDH, to focus exclusively on SBHCs [Policymakers, General Assembly]
- Increasing SBHC grant funding by \$6.5 million annually [Policymakers, General Assembly]

5. Considering access to closed school buildings for certain SBHC activities

The Council observes that some SBHCs regularly operate in school buildings when buildings are open to staff but school is not in session, and recommends that this be considered a possible model for the consideration of SBHC use when school buildings are closed. The Council further observes that some closed school buildings are being used in a limited capacity during COVID-19 closures, including for food preparation and, during Phase 2, for special education purposes. Accordingly, during current and future times of school closure, the Council recommends policymakers plan for occasional building access to SBHCs for the purpose of obtaining supplies, health records, data files, and other materials necessary for continuity of care, coordinated through local schools and school districts. [Policymakers, State Superintendent, LEAs]

The Council further urges policymakers to consider allowing the provision of care in SBHCs’ brick and mortar location during times of school closure, particularly in facilities that have separate entrances and/or barriers between the centers and the rest of the school. [State Superintendent, Policymakers, LEAs, SBHCs] Such in-person care may be particularly warranted for high needs, large schools, or those also serving community members, and should include safeguards identified in State guidance for the reopening of ambulatory practices.

Other recommendations related to building access:

- Using available SBHC facilities for public health purposes during future emergencies, including for vaccines, screenings, non-pandemic-related services, continuity of care, or other purposes [Policymakers, MDH, MSDE]
- Studying whether concerns about HVAC systems should be an obstacle to SBHC operations in the event of school closures. [MSDE or MDH]

ADDITIONAL RECOMMENDATIONS, BY PHASE

Phase One: Short-Term Recommendations Related to Current School Closures

During the current phase, continuity of care should be a top focus. As stated above, a clear process to allow flexibility to SBHCs is needed, as are policies to promote remote care and permit some building access. Additional central agency resources would help to coordinate such efforts. Also during phase one:

- At a minimum, continuation of existing funding for SBHCs should be prioritized, to allow SBHCs to maintain staff and supplies for essential functions. [Governor, Budget Agency, policymakers]
- Given the disruptions of this school year and strains on primary care capacity, some SBHCs may wish to continue or resume SBHC services during the summer, with appropriate permissions and safeguards. [State Superintendent, SBHCs, Sponsors, MSDE, LEAs]

Phase Two: Preparing for Reentry

As schools reopen, SBHCs should be utilized in protocols developed by MSDE and LEAs to monitor and address COVID-19 cases in schools. This may include collaboration with school health services on school-wide screenings for fever or other symptoms, isolation areas and barriers inside the existing SBHC and potentially in other areas of the school, and possibly COVID-19 testing. Technical assistance and training should be provided as needed, as well as funding for isolation areas, supplies and other materials. [Policymakers, MSDE, LEAs] Telehealth capacities should be retained in order to ensure continuity of care, and flexibility should be facilitated. Also during phase two:

- In preparation for the reopening of schools, SBHCs and school health services should make plans for increased staffing and PPE replenishment. SBHCs that offer behavioral health services may require additional behavioral health staffing. SBHCs that offer dental care may require additional resources for deferred dental services. The Council recommends that MSDE provide support for such replenishment and staffing needs. [SBHCs, sponsors, MSDE, local schools, Policymakers]
- SBHCs should coordinate with PCPs to provide medical services such as well-child visits, sports physicals, medical forms, and vaccines that have been deferred due to the current crisis. Some may be able to work with patients remotely to begin health history and other parts of visits that do not require in-person encounters. When in-person encounters are permitted, these appointments may be shortened. This process could be started in the summer months to spread out the volume. [SBHCs, PCPs]
- SBHCs should be considered a public health resource and therefore utilized in any COVID-19 mass-vaccination campaign, including to populations beyond SBHC patients, such as school staff, families, and potentially the broader community. [Governor, Policymakers, MDH]

Phase Three: Preparation for future school closures or public health emergencies

Spring 2020 school closures are unlikely to be the last time Maryland schools are required to close, whether for another wave of COVID-19 or a future public health emergency. SBHCs should be incorporated into public health efforts to prepare for both events. While continuity of care for SBHC patients should continue to be prioritized, including through remote care, SBHCs should have the flexibility to serve the broader community. [SBHCs, MSDE, LEAs] Also during phase three:

- SBHCs and sponsors should determine which assets (facilities, staff, supplies, etc) are needed for a continuity of care plan during a long-term school closure, then work collaboratively to determine how additional SBHC assets (if any) could be shared or utilized by Local Health Departments and/or sponsoring agencies in such an event. The Council recommends the development of MOUs between SBHCs and Local Health Departments to clarify roles to this end. [LHDs, SBHCs]
- The Council urges MSDE to continue to prioritize completion of comprehensive SBHCs standards revision, which has not occurred since 2006. In addition to other recommendations the Council has provided to MSDE relative to the standards, the Council recommends that revised standards require SBHCs to develop plans for continuity of care during long-term school closures, promote separate SBHC entrances and/or barriers between the SBHC and the rest of the school, and encourage elements to minimize transmission risk and maximize SBHC effectiveness

during a public health crisis. Standards also should clarify lines of authority and processes required to make changes to SBHC operations in response to a changing landscape. [MSDE]

- The Council recommends that any revision of the MSDE grant process include provisions to reflect SBHC continuity of care planning, assistance in COVID-19 recovery efforts, and public health resource capacity during future emergencies, including through barriers or separate entrances for SBHCs. [MSDE]
- The Council recommends the development of template language for SBHC consent forms to support continuity of care during long-term school closures, including consent for remote services, services by affiliated providers, and patient outreach by SBHCs. [MSDE and contractors, SBHC Administrators and sponsors]

Appendix 1

Summary recommendations sorted by implementing agency and ranked by estimated degree of feasibility.

Governor/Budget Agencies/State Superintendent/ Policymakers

1. Permit intermittent building access to SBHC staff during school closures to obtain needed supplies, files, and other materials
2. Consider allowing SBHC operations in closed school buildings, including during the summer and during future school closures
3. Budget flexibility for FY 20/21
4. Utilize SBHC facilities in planning around future school closures
5. Utilize SBHCs in mass vaccination campaigns for children and other community members
6. Fund new SBHC Ombudsmen positions
7. Robust/increased FY 21 funding for SBHCs
8. Funding to support SBHCs including PPE, supplies, isolation areas, technical assistance, telehealth promotion, central agency infrastructure
9. Expand broadband internet access to underserved parts of the state
10. Increase annual grant dollars for SBHCs by \$6.5 million

MSDE

1. Timely completion of SBHC standards revision, incorporating COVID-19 factors and other recommendations
2. Clarify lines of authority for approval of other changes to SBHC operations, particularly during health emergencies
3. With LEAs, incorporate SBHCs into future COVID-19 protocols for reentry with appropriate training and supplies
4. If/when SBHC grant process is revamped, incorporate COVID-19 factors
5. Flexibility on grant reporting requirements
6. Develop template SBHC consent form language to prepare for future closures with SBHC sponsors and Administrators
7. Financial support for replenishment of supplies if funding is available
8. Support telehealth and telephonic care through funding, equipment, TA, and training if funding is provided

MDH and Maryland Medicaid

1. Maintain site origination flexibility regarding telehealth
2. Maintain Medicaid reimbursement for telehealth including audio-only
3. Clarify and streamline authorization processes for telehealth by SBHCs
4. Develop process to help SBHCs overcome barriers to reimbursement
5. Utilize SBHCs in any mass-vaccination program
6. Consider SBHCs as public health resource in future health emergency planning
7. Support remote care through grant funding, equipment, TA, and training

MSDE and MDH Collaboratively

1. Provide uniform guidance and approval process regarding changes to SBHC operations to insure continuity of care, telehealth, and remote care
2. Study HVAC concerns
3. Provide TA to SBHCs regarding billing during school closures
4. Provide equipment, TA, grants, and training to SBHCs to support telehealth and other remote care, as well as IT infrastructure, if funding is provided

SBHCs and Sponsors, in coordination with LEAs and principals

1. Determine best way to provide continuity of care currently, and communicate to patients, MSDE, and LEAs
2. As appropriate, permit patients from closed facilities to visit open ones
3. Encourage patients to utilize “hot spots” in order access telehealth
4. Consider brief, low-contact services, including in an outdoor setting, for injections, etc.
5. Reach out to Primary Care Providers regarding care coordination during COVID-19 closures and after reopening when a surge in deferred appointments may occur
6. Continue to utilize telehealth and other remote services, even when in-person visits are again permitted
7. Sponsoring agencies should provide equipment, TA, and training to SBHCs to support telehealth and other remote care
8. Reevaluate summer plans, to support continuity of care and readiness for school reentry
9. Begin to conduct physicals and other visits in a two-step process, beginning with medical history and other parts that could be done remotely
10. With school health services, plan for increased PPE and staffing requirements when schools reopen

Local Education Agencies

1. Partner with SBHCs on communications and outreach, including contact databases, social media, and food distribution sites, as permissible within HIPAA and FERPA protections
2. Provide building access if approved by Governor and/or State Superintendent
3. Utilize SBHCs in reentry planning

Several Agencies Must Coordinate

1. Consider offering SBHC services to families and broader community
2. MOUs between Local Health Departments and SBHCs to plan roles for future emergencies

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
Continuity of care	Maximize existing funding streams for SBHCs (1)	At a minimum, maintain existing SBHC funding	Governor/ Budget agency, Policymakers	No additional funds needed	
	Maximize existing funding streams for SBHCs (2)	Permit flexibility with existing funds and reporting requirements, including carryover	Governor/ Budget agency, Policymakers MSDE	Flexibility with existing funding	
	Facilitate SBHC flexibility	Articulate clear process for approving changes to SBHC operations, including clear lines of authority	MSDE	No additional funds needed	High Priority
	Encourage continuity of care (1)	Issue guidance to clarify that SBHCs are permitted and encouraged to provide continuity of care	MSDE and MDH	No additional funds needed	
	Encourage continuity of care (2)	Each SBHC determines best way to provide continuity of care, and communicates to patients, MSDE, and LEAs	SBHCs and Sponsors, MSDE, LEAs	No additional funds needed	
	Encourage continuity of care (3)	Allow SBHC staff occasional building access for medical records and supplies, etc.	Governor, State Superintendent LEAs	No additional funds needed	
	Encourage telehealth and telephonic health (1)	Clarify and streamline authorization processes for telehealth by SBHCs	MSDE, MDH	No additional funds needed	High priority

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Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
	Encourage telehealth and telephonic health (2)	Maintain expanded TH reimbursement policies and site origination flexibility	MD Medicaid	No additional funds needed	
	Encourage telehealth and telephonic health (3)	Develop process to address real and perceived barriers to reimbursement	MDH	No additional funds needed	
	Encourage telehealth and telephonic health (4)	Provide TA for remote services and billing	MSDE and MDH, sponsors	No/minimal additional funds needed	
	Encourage telehealth and telephonic health (5)	Provide funding for TH equipment and software	MSDE and MDH, Governor/ budget agency, sponsors	Additional funds or funding flexibility needed	
	Encourage telehealth and telephonic health (6)	Encourage utilization of hot spots for TH	MSDE, LEAs, SBHCs	No additional funds needed	Rural areas and others lacking broadband
	Encourage telehealth and telephonic health (7)	Expand broadband to underserved areas	Governor/ budget agency, Policymakers	Additional funds needed	Rural areas and others lacking broadband
	Permit in-person care with appropriate permissions, PPE, etc. (1)	Allow certain SBHCs to reopen for in-person care	Governor, State Superintendent, LEAs, SBHCs and sponsors	No additional funds needed	Consider offering services during summer

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
	Permit in-person care with appropriate permissions, PPE, etc. (2)	Provide PPE, barriers, etc. to reduce transmission	Sponsors, MSDE, MDH Governor/ Budget agency	Additional funds or funding flexibility needed	
	Permit in-person care with appropriate permissions, PPE, etc. (3)	Permit care at affiliated non-school clinics, or selected open SBHCs	SBHC Sponsors, MSDE, LEAs	No additional funds needed	
	Permit in-person care with appropriate permissions, PPE, etc. (4)	Study concerns about transmission via HVAC systems	MSDE or MDH	No/minimal additional funds needed	
	Permit in-person care with appropriate permissions, PPE, etc. (5)	Offer brief, low-contact services, including in an outdoor setting	Sponsors, SBHCs	No/minimal additional funds needed	
	Outreach to inform patients of continuity of care plans	1. SBHCs work with schools, LEAs, and insurers 2. Share/utilize databases and social media 3. SBHC presence at food distribution sites	SBHCs, LEAs	No additional funds needed	Respecting HIPAA and FERPA protections
	Care coordination	SBHCs coordinate with PCPs to provide care to shared patients	SBHCs and PCPs	No additional funds needed	

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
	“Catch up” on deferred services	SBHCs ramp up services during summer as permitted	Governor, State Superintendent, Sponsors, LEAs, SBHCs	Flexibility with existing funding	
Supporting readiness for school reentry	Identify and fund increased staffing, PPE replenishment, barriers, and other supplies for safe reopening of schools and SBHCs (1)	Support through unspent grant dollars and other funding sources	SBHCs and Sponsors, MSDE, Policymakers	Flexibility with existing funding and/or additional funds	Including isolation areas inside the SBHC and potentially in other areas of the school
	Identify and fund increased staffing, PPE replenishment, barriers, and other supplies for safe reopening of schools and SBHCs (2)	Provide full funding for SBHC grant program, as well as proposed \$6.5 million annual increase	Governor and State Superintendent, General Assembly	Additional funds may be needed	
	Expedite routine back-to-school visits	Partial remote visits in summer to expedite sports physicals and other visits that will require in-person attention	SBHCs and Sponsors	No additional funds needed	Coordinate with PCPs
	Reducing COVID-19 transmission in re-opened schools	Utilize SBHCs in school-wide screenings and potentially COVID-19 testing and contact tracing	MSDE, MDH, Policymakers, LEAs	Additional funds may be needed	Provide training and supplies as needed

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
	Enhance Central agency oversight and support of SBHCs	Provide additional positions and resources at MSDE and MDH focused exclusively on SBHCs	Governor/ Budget agency, General Assembly	Additional funds needed	Additional \$6.5 million in SBHC grant funding and 2 new ombudsmen positions
	Modernize SBHC standards	Update SBHC standards to take into account public health emergencies and other priorities	MSDE	No additional funds needed	High Priority
	Promote continuity of care during future school closures (1)	Plan in advance to allow certain SBHCs to remain open during future school closures	Governor and State Superintendent, Sponsors, LEAs	No additional funds needed	
	Promote continuity of care during future school closures (2)	Develop template language for SBHC consent forms	SBHC sponsors, LEAs	No/minimal additional funds needed	Consent for remote services, services by affiliated providers, contact information during closures
	Promote continuity of care during future school closures (3)	Promote continuity of care planning through grant process and standards revision	MSDE	No additional funds needed	
SBHCs as integrated public health resources	COVID-19 Vaccine	Utilize SBHCs in mass vaccinations, including school staff and community members	MDH, Governor, Policymakers	No additional funds needed	

Appendix 2

Principle	Recommendation for practice	Policy requirement for recommendation	Decision-maker	Funding considerations	Notes
	Potentially provide care to community members, particularly during crisis periods	Clear process to permit flexibility to change SBHC operations	Sponsors, LEAs, MSDE	No/minimal additional funds needed	
	Integrate SBHCs into future health emergency planning (1)	Develop MOUs with Local Health Departments to clarify roles	MDH, Local Health Departments	No/minimal additional funds needed	
	Integrate SBHCs into future health emergency planning (2)	Plan in advance to allow certain SBHCs to remain open during future school closures	Governor, State Superintendent, Sponsors, LEAs	No additional funds needed	(also included in “Supporting readiness for school reentry”)
	Integrate SBHCs into future health emergency planning (3)	Encourage separate entrances or barriers between such SBHCs and the rest of the school building so certain SBHCs can remain open	MSDE	No additional funds needed	Including through revised SBHC standards
	Integrate SBHCs into future health emergency planning (4)	Incorporate SBHC public health functions into MSDE grant process and revised standards	MSDE	No additional funds needed	