

COVID-19 UPDATES

As we enter the 2020-2021 school year, it has never been more important for Behavioral Health Services (BHS) providers to engage with their school partners to ensure youth and families receive the support and services they need through telehealth and/or face-to-face sessions. Ongoing outreach to schools and families and simplifying referral processes are critical to ensuring timely access to care.

San Diego schools quickly shifted from in-person to distance learning due to the COVID-19 pandemic and California's stay at home order in March of 2020. Since then, behavioral health service utilization for children and youth has decreased, despite overwhelming media, school staff and anecdotal reports of increased student distress and isolation. In response, the SchoolLink system of care is adjusting protocols and service delivery to ensure that students get the care they need. This SchoolLink Module provides guidelines and best practices for BHS providers during the COVID-19 pandemic.

FRAMEWORK FOR CARE

Providers are reminded to view service delivery through the lens of the social determinants of health and the five *Live Well San Diego* areas of influence outlined in the [Children Youth and Families Framework](#).

During the COVID-19 pandemic, providers may spend a portion of each appointment assessing and educating the client/caregivers about the importance of sleep, physical activity, daily schedules, nutrition/healthy eating, and safe socialization as they pertain to the client/caregivers' mental health and treatment plan.

CONNECTING WITH SCHOOLS

- Due to the rapidly changing environment, BHS Program Managers are expected to have no less than monthly contact with schools assigned to their program, and more frequently if needed or when finding that referrals are not being received.
- Annual SchoolLink Meeting - while meetings require a different format this school year, it is critical that BHS providers schedule their Annual SchoolLink Meetings as soon as possible with their assigned schools.
 - [Module 3](#) provides detailed information regarding Annual SchoolLink Meeting requirements.

- Providers will work with their assigned schools to modify processes and services in the context of distance learning and remote work.
 - It is critical to update the BHS provider and school points of contact for referrals, where and how to submit referrals, and required referral information.
 - BHS providers shall make at least a weekly call and/or email attempts to set-up their Annual SchoolLink Meetings until they are able to connect with the appropriate school staff and solidify plans for the beginning of the 2020-2021 school year. Respecting that schools are initially focused on initiating remote learning, the weekly outreach by BHS providers will ensure that the behavioral health component is prioritized.
 - BHS providers are to notify their COR if they are unable to schedule the Annual SchoolLink Meeting within six weeks of the start of school.
- BHS Providers may also contact schools that are not assigned to any SchoolLink providers, but refer to outpatient clinic location(s) to ensure they are aware of how to refer students and caregivers for services. This practice will promote outreach and engagement that is particularly important during the pandemic.

Service Delivery Models: Telehealth and Face-to-Face Options

As an essential service, BHS programs must have clear guidelines for program staff on how to work with the clients and families upon receipt of referrals.

- Client choice is always a priority. Programs should work with families to establish their preference for therapy delivered face-to-face or via a telehealth platform.
- Programs must have systems in place to appropriately respond to urgent/high risk referrals and/or existing clients experiencing a crisis.
- Programs need to have a protocol to educate families in advance on what to expect when they select telehealth or face-to-face services.
- Programs need to evaluate and tailor the length and frequency of therapeutic interactions based on client needs (i.e. – increased number of contacts for a shorter period). Session based Utilization Management (UMs) are currently suspended to reduce any barriers with modifying service delivery when indicated.

Best Practices

The overarching goal is to formalize best practices at the program level that will promote timely access to care and remove and minimize barriers with an emphasis on flexibility. Successful implementation is often contingent on having program level practices that are

clearly communicated to program staff with continual review of the implemented practices and ongoing adjustments as needed.

REFERRALS:

- BHS Providers should accept SchoolLink referrals via phone, fax or encrypted email.
- School staff is not required to use the SchoolLink Referral Form during distance learning/remote work.
- As long as a legal guardian has provided verbal or written consent to school staff to submit a SchoolLink referral, BHS Providers should work to accept the referral with limited information. BHS Providers' emphasis should be placed on following up directly with the family to gather additional information.
- Review the HIPPA-FERPA Infographic for questions about permitted sharing of student information.

SCHOOL COMMUNICATION:

- The most productive BHS providers maintained very regular communication with their school partners during spring distance learning.
- Some schools added SchoolLink referrals as a standing agenda item for virtual staff meetings. Teachers were encouraged to forward the names of students they were concerned about to the school's SchoolLink point of contact, who would then follow-up with the family to get the required consent and make a referral. This reminded school staff about SchoolLink resources and increased referrals. BHS Providers can highlight this best practice when they communicate with schools.
- After launching the Annual SchoolLink Meeting, a best practice is for the BHS provider to check-in with their school contacts at least biweekly and share their updated Monthly Communication Log more frequently as needed.
- As the impacts of the pandemic continue to evolve, having a reliable pathway for frequent and consistent communication will allow adjustments to be made in real time for schools and providers, which will promote optimal care for children, youth, and families.

OUTREACH & FAMILY COMMUNICATION:

- BHS providers must prioritize providing updated and ongoing SchoolLink outreach materials to their sites, including:
 - Draft social media posts for the school's social media channels;

- Draft emails for school leadership to send to teachers about SchoolLink services, referral processes and potential student warning signs;
 - SchoolLink flyers that can be sent to a school's parent email list and posted in Google Classrooms or other learning platforms.
 - Sample scripts that school leadership can use to record robo-calls about SchoolLink services; and
 - Sample texts about SchoolLink services that schools can disseminate via Remind or other texting applications.
- Updated SchoolLink flyers and communications templates are located under SchoolLink Resources on the [website](#). Remember, all independent brochures/flyers must be reviewed by the COR.
 - Outreach materials should encourage families to contact the Access & Crisis Line or SchoolLink providers directly if they are concerned about their child. Including Access & Crisis Line information is important as they can support linkages beyond SchoolLink.
 - Some providers are offering information sessions for families if they want to learn more about SchoolLink services before agreeing to therapy for their child. This can be a less intimidating way to initiate care and is considered a best practice.
 - Having separate written protocols for staff, caregivers, and clients (age appropriate) about how to successfully engage in telehealth is a best practice.
 - Families must be given the choice of working with other SchoolLink or BHS providers if needed due to location, schedule, wait lists or other considerations.

SUICIDE, CRISIS, AND HIGH-RISK CONSIDERATIONS:

- Suicide Prevention - The San Diego Suicide Prevention Council has disseminated resources to support schools and those providing behavioral health services to youth/students, including [self-care tips](#), [suicide prevention and intervention toolkit](#), and [resources and considerations specific to preventing suicide during distance learning](#).
- The Center for Practice Intervention developed a [guide for Managing Suicidal Students during the COVID-19 Pandemic](#).
- Child Welfare Service (CWS) Reporting - CWS referrals in April and May of 2020 were down by approximately 40-50%. BHS Providers may encounter a higher frequency of unreported child abuse in the coming months, should make all mandatory reports, and work in partnership with CWS as needed.

ADVANCING THE SYSTEM OF CARE

- The SchoolLink COVID module is intended to guide BHS Providers and is to be shared with the program staff.
- BHS providers are encouraged to also share the module with their school contacts to highlight the philosophy of coordination and flexibility, as well as promote the exchange of resources.
- BHS providers are encouraged to share their best practices with the County of San Diego COR so they can be shared with other providers and potentially incorporated into an updated module so the system as a whole can benefit from effective practices.

RECOGNITION:

BHS Providers, school districts, and many other entities are doing tremendous work in promoting and adjusting practices that lead to optimal support to the members of the community. Another critical best practice that is being promoted is the self-care of the workforce that is also personally impacted by the pandemic. Collectively, the San Diego community is coming together and supporting each other. Thank you for your contributions!

SchoolLink COVID-19 Flyers

- [COVID-19 SchoolLink Fillable Flyer](#)
- [COVID-19 SchoolLink Flyer](#)
- [COVID-19 Spanish Fillable Flyer](#)
- [COVID-19 Spanish Flyer](#)

RESOURCES

- San Diego Access & Crisis Line 1-888-724-7240 (24 hours, 7 days per week, over 150 languages)
- [County of San Diego COVID-19 Information](#) that links to the HHS website and many other resources.
- San Diego County Office of Education (SDCOE) [Mental Health Resources](#)
- [SDCOE Teen Guide to Mental Health and Wellness \(English\)](#)
- [SDCOE Teen Guide to Mental Health and Wellness \(Spanish\)](#)

- [SDCOE A Young Person's Guide to Wellness](#)
- [Heard Alliance's K-12 Toolkit for Mental Health Promotion & Suicide Prevention](#)
- [National Association of School Psychologists' Comprehensive School Suicide Prevention in a Time of Distance Learning](#)
- [Center for Practice Innovations' Telehealth Tips: Managing Suicidal Students During the COVID-19 Pandemic](#)
- [Technology Checklist for School Telehealth Services](#)
- [The PREPaRE Model, Crisis Intervention, and Global Pandemic](#) - a sequential, hierarchical approach to school crisis preparedness that illustrates its application when responding to the stress generated by a pandemic.
- [HIPAA-FERPA Infographic](#)
- [National Domestic Violence Hotline](#)

For any victims and survivors who need support, call 1-800-799-7233 or 1-800-787-3224 for TTY, or if you are unable to speak safely, you can log onto [thehotline.org](https://www.thehotline.org) or text LOVEIS to 22522
- [TASK TASK](#) helps families navigate special education, disability services and assistive technology.

Administrative Information

For administrative information or to provide feedback about the SchoolLink training program, please email BHSContactUs.HHSA@sdcounty.ca.gov with subject line: SchoolLink or call 619-563-2700 and ask to speak with the Deputy Director of Behavioral Health Services for Children, Youth, and Families.