

**Returning to School: Mitigation and Mental Health Strategies**  
**January 13, 2021**

Sandy Williamson: Good afternoon, everyone and thank you for joining today's webinar. On behalf of the US Department of Education, I would like to welcome everyone. We have probably close to 2,000 people that are going to be joining the line this afternoon, so those of you that are on already, thank you for joining. A few more folks are going to be coming in. My name is Sandy Williamson and I'm the Director for the National Center on Safe and Supportive Learning Environments. The center is funded by the Office of Safe and Supportive Schools within the Office of Elementary and Secondary Education. Next slide, please. This is our center website and we welcome you to please visit this site after today's session. All materials that you will see today and the archived version of the recording will be made available at our website. Next slide, please. I'm going to turn it over for just a minute to our logistics people and let them refresh your memory of how to work the Zoom control panel. Deirdre?

Deirdre Magnan: Thank you, Sandy. We want to make sure everyone is familiar and comfortable with using Zoom today. For audio options, you can click in the bottom left-hand corner of the attendee control panel. That's where it says "audio settings" there. Depending on how you joined, you can switch between those two options, either computer audio or telephone audio. You should see additional options there with telephone numbers for telephone audio, and to choose your microphone if you are listening over computer audio. Please feel free to click there and poke around if you need to adjust any settings there or switch between audio options.

Towards the center of that control panel, you can see the chat icon. That's where you can enter any messages if you have a comment or a question, and you would just click on that. That's going to open up a panel over to the right-hand side of your screen in Zoom. You can click to type in your message and then hit "Enter" to send it. You'll want to choose in the two menus there who you're sending that message to. If you would like it to go to all panelists only, that would be your presenters and staff, choose that option. If you want everyone who's here today to see your message, please choose "All panelists and attendees". That will be sent to the entire audience and panelists if you choose that option. If you need to send it to one person in particular, you can find their name in the list and just send it to that one person.

You'll also see the option that says "Raise hand". If you need assistance, you can go ahead and click on that and raise your hand. We'll be scanning that list and checking in with you if you use that, and we'll see if you need anything, we can help you.

You'll also notice on the bottom here the Q&A icon. Now, when you hover your mouse towards the bottom of the screen, you're probably not seeing that. No worries there. We're not using Q&A today. We'll be communicating with you strictly through the chat, so that's why you're not seeing the Q&A option.

I also just want to mention that if you're having any technical issues, please use the chat to communicate with us. I, Deirdre Magnan, and Tara Zuber are here to help you, so you can send messages to us directly through the chat and we'll help you. Also, you can see her on the screen that you can contact us through Tara's email as well as the phone number listed there on the slide.

Also, one more thing to note, if you need to leave the meeting early, you can always click that "Leave meeting" red text there in the bottom right-hand corner to leave Zoom and exit the webinar early.

Also, there's a link there at the bottom of the screen where you can access the recording and a PDF file of the presentation later on after the webinar. Those will be posted there soon. I think that's everything, Sandy. I'll turn things back over to you.

Sandy Williamson: Thank you, Deidre. Appreciate it. This is just a quick view of today's agenda. We will start as we have with the introduction on logistics. We will move to a welcome from the US Department of Education, and then move to our panelists from CDC who will be presenting on new school tools for a healthy new year, and mental health trauma, COVID-19, and the value of schools. After their presentation, we will review questions and provide some answers that we will be taking from the chat box. Please know that we will do our best to answer as many questions as possible that are in the chat, but we will use all of your questions to inform the Department of Education and CDC of any need for information you have, and that will help inform upcoming webinar sessions related to these topics. Many thanks for

your questions that you'll be adding throughout the session, and then we will close with a wrap-up. Next slide, please.

Today's speakers, we will first have Ruth Ryder who is the Deputy Assistant Secretary of the Office of Elementary and Secondary Education at the US Department of Ed. We'll have some opening remarks. We will then pass it to Cria Perrine and Marci Hertz. Cria is the commander in the US Public Health Service and an epidemiologist in the Centers for Disease Control and Prevention at the National Center for Chronic Disease Prevention and Health Promotion. Dr. Perrine joined CDC in 2008 as a part of the Epidemic Intelligence Service, CDC frontline training program of disease detectives. She's currently serving as the task force lead for the Community Intervention and Critical Population Task Force in CDC's COVID-19 response. Marci Hertz is the Senior Behavior Specialist Scientist, Division of Adolescent and School Health at CDC. Since 2003, Miss Hertz has worked for the Centers for Disease Control and Prevention as the Lead Behavioral Scientist at the National Center for Injury Prevention and Control and in the Division of Adolescent and School Health, DASH. She is currently a senior behavioral scientist in DASH, focusing on promoting mental health and preventing substance use and violence in school settings. Next slide, please. Now, I'm going to pass it on to Ruth Ryder. Ruth, welcome.

Ruth Ryder:

Thank you, Sandy, and welcome everyone to our webinar. The Department of Education, Office of Elementary and Secondary Education, Office of Safe and Supportive Schools is pleased to join today's presentation by the Centers for Disease Control and Prevention, CDC, on how to facilitate a safe return to school in this new year by optimizing mitigation strategies, including addressing mental health needs. I want to start by thanking the National Center on Safe and Supportive Learning Environments, NCSSE, for their work on this webinar that kept growing and growing and growing, and also thanks to Carly Robb who worked with CDC on behalf of the Department.

We're hearing daily from state and local education agencies, school personnel, professional associations, and parent and family groups who are requesting information, guidance, tools, and resources on how to ensure a safe return to school, but also how to support their students who are experiencing difficulties and challenges during this unprecedented time. We know you all want students back in school buildings in a safe and responsible manner for students, for teachers, for all

school personnel, and for families. Increasingly, we are hearing about the need for strategies for keeping children safe and healthy; creating safe places for learning; strategies for connecting students to mental health services; support to help students in special populations such as children with disabilities, English learners, American Indians, Alaska Native students, children who are homeless, and so on, and also strategies for ensuring that classrooms are safe for in-person learning.

The Department of Education, CDC, and other federal partners have made collections of free resources available to support school administrators, classroom teachers, school personnel, students, and families during this pandemic, but we recognize that there is a lot of information available and you don't have a lot of time to sort through it all. Our goal is to help you find what you need to support your efforts. I want to recognize all the great work that CDC has done and continues to do, and express the Department's appreciation for our partnership to get information out to you. Hopefully, just the right information at just the right time. I know that's a lot to ask, but that is our goal.

We are also looking forward to hearing from you today, our stakeholders and partners, about ways in which the Department and CDC can provide needed resources, guidance, and in some instances, technical assistance as you return to school, recognizing the differences in state school reopening models during the resurgence of COVID-19 pandemic.

Finally, this webinar is the first in a series of events the Department will be hosting in collaboration with CDC, and in coordination with NCSSE. Our plan is to do regular conversations between Ed, CDC, and you to get out resources. These will be short coffee break sessions that you can fit in between meetings. You can look to receive forthcoming announcements about returning-to-school conversations with Ed and CDC in the near future. Thanks for joining us today and we look forward to our ongoing engagement to support you as you support your students. Back to Sandy.

Sandy Williamson: Thank you, Ruth. Next slide. At this point, I would like to welcome Cria. Cria, if you want to come on camera, we are all set for you to begin.

Cria Perrine: Perfect. Thank you, Sandy, so much, and thanks to all of you who have decided to give us your hour today. I've been watching the chat pop up and seeing everybody

introducing themselves and saying where they are from, and it's wonderful to see such a diverse group from across the country come in to talk about these issues here today. Thank you all because you are at the forefront of trying to navigate this really challenging environment and figuring out how to safely and effectively educate our children. You heard from Sandy a little bit about my bio, my background, working at CDC currently during this pandemic on a lot of the school documents, but one other thing that I think contributes to my experience in this area is I am a mom. I have a first-grader who has been doing virtual learning in a pod, so I'm experiencing this from the side of a parent as well. Next slide.

What I'm going to talk about are some tools that CDC has developed to hopefully help you all in figuring out your plan for beginning in-person education if you're in a school that hasn't done so so far, or if you already are open in-person to figure out how to continue to maintain safe operation. The things I'm going to present are certainly not exhaustive and there are a number of different tools and resources on CDC's website specifically for K-12 schools. If you haven't looked at those yet, I would certainly encourage you to do so. Next slide. Next slide.

I think most of you are probably pretty familiar with what we know about COVID-19 and school-aged children. There's actually late-breaking as of an hour ago, a brand-new report that was just released in CDC's Morbidity and Mortality Weekly Report, and it looks at trends in cases in children and young adults from March through December. It's pretty clear that cases in children under 10 years of age are lower than all other age groups. When you look at the trend and the pattern of what cases look like, they look very similar to what we see for older age groups in the country as a whole. We don't see any spike in cases after the period when a lot of schools started to reopen, so that's really reassuring. In general, we know that COVID-19 does not seem to be as severe for young children. Overall, the incidence of severe illnesses is just lower. They can transmit the virus and there are cases of severe illness, so it's not to say that kids are not at risk at all, but they're at much lower risk than older adults. Among children who might be at higher risk when you look at children who have been hospitalized or had a severe illness, rates have been higher in Black and Hispanic populations as well as in children who have underlying medical conditions. Then when you look at household transmission studies, so there have been a couple of these studies where you look at a case and you see how transmission occurred within a household, and transmission does pretty clearly occur from kids to adults as well as from adults to kids. When you're

in close environments like within a household, it can happen pretty quickly. Earlier on in the pandemic where we thought that maybe children didn't transmit the virus very much, it's still not clear if they transmit as much as adults, but they certainly can transmit the virus. Next slide.

One of the things that I wanted to share, and I know it's a question that we always get, is how do we decide when it is safe for schools to open for in-person education. Just to be very upfront, the short answer is it depends. Anyone looking for an absolutely clear cut, if you hit these numbers you can open safely, that doesn't exist, but at least I'm going to talk you through a couple of different things to think about in making those decisions for when it may be safe to open for in-person instruction or when a school may want to consider closing for in-person instruction. There are a couple of different indicators that we use. CDC has developed some core indicators as well as some secondary indicators, but then there's a lot of different things that in different communities may be more appropriate for considering or not, and on the next slide, I'm going to talk a little bit more about what those indicators are. Next slide.

We have three core indicators that we recommend looking at when thinking about what kind of transmission may or may not occur in a school in an in-person setting. The first two are related to community transmission. These indicators are not school-level indicators. Not how many cases do you have in your school, but how many cases are in the community surrounding the school, so often, those are county-level indicators. The first one is the number of cases, new cases that are occurring, and then the second is we often call it "percent positivity". Of the total number of tests that are being done by labs and by hospitals, what percent of those are positive, and the higher that number is, the more likely there's a higher transmission and you may just be missing some of the cases. You can see them categorized here from lowest level of transmission into a school to highest risk of transmission in a school. Then the third indicator is not about rates or cases, but is about the school's ability to implement mitigation measures. That includes correct use of mask; the ability to be able to distance; hand hygiene and respiratory etiquette, which is fancy terms for saying washing your hands and teaching kids how to use Kleenex or blow their sneeze into their elbow; cleaning and disinfection; and then the ability to do contact tracing if a case is identified in the school.

You may think “How do I find out these cases in my community or percent positivity in my community?” CDC now has all that data at the county-level on our CDC COVID tracker data. Right before this presentation, I went on and looked at my county and we are in the highest risk of transmission, the farthest over to the right category for both recent cases as well as percent positivity. Unfortunately, I think a lot of the country is in that area at the moment, but just because you're in those two levels, doesn't mean you shouldn't open. This chart right here is not saying that if you're in the orange to red categories, you shouldn't open. It's telling you the potential for risk of transmission in the school, and you may end up with two of your indicators in one color and another indicator in another color. Again, none of this is explicit or telling you exactly how to make a decision. It's meant to help you think through when it may be safe to open and what the risk of potential transmission in the school setting would be. Next slide.

Regardless of the decisions that are made, when students are back in school, mitigation is absolutely critical. These are the same indicators that I just described that are in the tool, but no one indicator is perfect. Social media - throughout this pandemic, there have been various pictures of a Swiss Cheese model, which is I think a good illustration of layered mitigation. Masks are not perfect. Distance [\[Unintelligible\]](#) is not perfect. Hand hygiene or cleaning is not perfect, but the more of these that you put together, the more likely you are to prevent transmission of the virus in any given setting. Next slide.

That was a little bit of background and information and now I want to move really specifically into some of the tools that we have. Next slide. This is the K-12 Schools COVID-19 Mitigation Toolkit, and this really was developed after - CDC put out a lot of different guidance to schools, things that they could do and things to talk about and to think about, and we got a lot of feedback that schools and administrators needed really specific concrete things to work through. That's why these were developed. The mitigation toolkit has an at-a-glance strategies which help schools assess where they are and what they have in place. Then there are six easy-to-use checklists that correspond to the mitigation strategies that I just mentioned about the importance of layering them.

You can see two of them over here on the side. I know the print is pretty small, but the headers above of the checkbox say "Completed", "In progress", "Not started", and "Not feasible" because not every strategy is going to be feasible for every

school, but it gives a good assessment of where things are already done or where more work may need to be done, or if something's not feasible, what other things need to be considered. These can be really useful for walking through and figuring out where a school is in assessing the preliminary stages.

There are also two appendices. The first one is special considerations for specific staff, and there is a lot of different information there for all of the different people that are involved in supporting a school, so how to keep food service workers safe, janitorial staff, security staff, bus drivers. All of those people who are not just in a specific classroom need to be considered and thought about. The second appendix, Appendix B, is called "Hierarchy of Controls", but essentially, what that is is helping to think through where resources may be more limited or all of these different measures can be implemented, what are the most important ones and where to start. Next slide.

I think I saw someone pop up in the chat that I crossed off the word "disinfection". That's a good catch and I am coming back to that, but yes, that was intentional. The next tool to talk about is planning and executing a COVID-19 mitigation walkthrough for in-person learning. This is really important because sometimes you don't realize where there may be issues until you actually physically walk through and think about everyone coming back to an in-person setting. Things like the front hallway where everyone may enter, where it may be nearly impossible to distance, and do you need to think about different entry and exit points in order to keep space. This gives really explicit instructions of the things to think through - what needs to be planned before doing that walkthrough, and then how to actually do it, and then how to follow up and try and address anything that was identified in the walkthrough. Next slide.

This is our - we call it "What Do I Do" poster series. These are what to do if a child develops COVID-19 symptoms while in school. There are three of them and they're targeted at school nurses, teachers, and parents. They're meant to be printable posters that can be posted around the school. They can be easy references that you can print and have at your desk, but they talk about if a child develops symptoms, what you need to do. Next slide.

Okay, cleaning and disinfection, and we know there have been lots and lots of questions about this. What you see here is our existing cleaning and disinfection

information for schools. There are six of them, which are different checklists and considerations. All of them are available in both English and Spanish. They are, again, resources that can be printed and posted, but we are in the process of revising them. It's not to say that disinfection is not still critical. Cleaning is still really, really important, but as we've learned more about the virus as time has gone on, we've learned a lot more about how the virus is transmitted and there is less concern about the virus being left on things that you touch and more concerned about transmission through the air from coughing, breathing, singing. All the more reasons that distance between individuals, masking, and ventilation are critical. We're going to step back a little bit on the disinfection in particular, so not on cleaning. Cleaning is still critical, but the disinfection which is your bleach and your heavier chemicals, which can have potentially negative effects in terms of those who are using them and particulates that end up in the air, especially for some children who may be at risk. Just to note that it's not updated yet, but it's coming soon. Next slide.

Those are all topics and tools very specific for K-12, and then I just wanted to show a few other things that aren't explicitly for K-12 but may still be useful. We recently released a page that's for school nurses and other healthcare personnel working in schools or childcare. There's not necessarily a lot of new or different information in there, but it pulls all of the information from across different pages, so that nurses don't have to go looking at a bunch of different places. It just pulls everything that's relevant into one specific place. Next slide.

We also have some updated information on considerations for wearing a mask. We have a little bit more information about different types of masks. Three layers is ideal. We don't recommend the mask with the little valves in them because they actually can let out particulates that you don't want to let out. Fit is important, and then there are some different explanations and adaptations for different settings where an individual may have trouble wearing a mask, so children who are hard of hearing and read lips. It can be a challenge in some different settings, so there are different adaptations. Also, saying that masks do offer protection to the wearer. Early on, you knew that it was really important for anyone who was sick to wear a mask because it protects the amount of virus that they released when they talk or they cough, but masks also protect someone who is not sick but who comes into contact with someone who does have the virus. Questions have come up in the broader lay press about whether carbon dioxide would be increased by someone

who was wearing a mask and what they breathe, and a number of studies were done and have shown that is not the case. Then there's a bunch of different graphics that CDC has put out to help promote use of masks. Different individuals, different types of masks. Next slide.

Then options to reduce quarantine. Quarantine is when someone is exposed, comes into contact with someone who is known to be positive for COVID-19, the guidance is that they should quarantine for 14 days. That's in case they are positive and don't know it to prevent them from them passing it on to anyone else. You probably saw in the news that the CDC updated some of that information and said that if individuals can consider ending quarantine at 10 days or at seven days if they have a negative test in the 48 hours before that seven days period is up. Just to clarify, all of that was done to increase compliance with quarantine. We heard and knew from various studies and follow-ups that a lot of individuals weren't quarantined for 14 days. We know it's burdensome. A lot of individuals just don't have the option to quarantine for 14 days. These other options were meant to increase compliance with individuals quarantining for at least seven days and hopefully, getting tested but if regardless of when someone ends quarantine, continuing to wear a mask and continuing to distance after that, that time is really critical. Next slide.

I imagine there will be questions about vaccines, so I just wanted to really briefly touch on this. We currently have two approved vaccines. Pfizer's approved for those ages 16 above and the Moderna is approved for those ages 18 above. For the most part, children will not be getting vaccinated anytime soon. Some older high school students could potentially receive the Pfizer eventually after all other priority populations have been vaccinated. They both require two shots. They both have been shown to be very effective. The guide currently on rolling out vaccines is that frontline workers, which include teachers, would be in this 1B category but then how that's actually getting implemented is up to state and jurisdiction. While CDC puts out this high-level broader guidance, it really comes down to state and local jurisdiction to figure out how that is rolled out. Next slide.

I just wanted to say thanks for my time and to just refer you back to CDC's website for all of these tools and different resources that are available to you as you work through trying to teach in the pandemic. Thank you.

Sandy Williamson: Thank you, Cria. Such wonderful information, thank you so much. The chat line was very busy. We have a few questions but I'm going to hold them until after Marci's presentation, and then we will go through those. Marci, it's all yours.

Marci Hertz: Great. Thank you so much, Sandy. Thank you, Cria. Thank you to the US Department of Education for inviting us to present this afternoon. As Sandy mentioned earlier, my name is Marci Hertz, and I'm a Senior Behavioral Scientist in the Division of Adolescent or School Health or DASH at CDC. First, I just wanted to say as a former school counselor in Washington DC Public Schools and as the parent of a sixth and eighth grader, thank you so much for everything you've done this past year. Everything you do every day to educate our children. We know it's always challenging but particularly, I just want to extend a big thank you to all of you on this webinar and all of your colleagues who are not able to attend. Then I just wanted to say at the outset, I've tried to tailor this presentation to synthesize the best available research on mental health, trauma, COVID, and the value of schools but this presentation was created before the attack on the US Capitol last week, but I felt like I would be very remiss in a presentation on mental health and trauma in schools if I didn't mention that those events can constitute additional suicidal level traumas and are weighing heavily on us at this time. Thanks, next slide please.

For those of you who are unfamiliar with the Division of Adolescent in School Health, DASH, I'm just going to provide a brief overview of who we are and what it is we do because I think that what we do is likely relevant and complimentary to your work and because hopefully, our funded partners present an opportunity for new partnerships for you and for your staff. Next slide, please.

This is the mission of DASH, and I really want to emphasize here that our focus is on health promotion, so this is really not just the absence of disease, but the promotion of healthy behaviors. This is really important particularly when we think about mental health, which is often thought of as just the absence of depression or stress or anxiety, and we really need more of that when we talk about mental health, particularly when it relates to children. We mean their ability to reach developmental and emotional milestones, their ability to learn healthy social skills, and their ability to cope or be resilient when they do encounter problems. Next slide, please.

This is the DASH program model. We're a little bit unique at CDC along with our healthy schools branch because unlike other places at CDC, we directly fund education agencies, in our case, local education agencies rather than public health agencies and really, the centerpiece of our model, the lynchpin of it all is that health and wellness coordinator at the district model that's in the middle of your graphic. That person is responsible for working with all the schools in the district to implement the three stools of our critical program, which are quality health education, setting up referral systems to help link youth to youth-friendly sources of care either in the schools or in the communities, and then third, implementing activities to increase school connectedness and parent engagement which improve the school climate. We provide that technical wellness coordinator with technical assistance through our own internal infrastructure and then through our funded NGO partners.

Through this model, we reached 28 local education agencies, about two million students at a cost of less than \$10.00 per student. Although the bulk of our current programmatic funding focuses on reducing sexual risk behaviors, our program evaluation has shown that all of our activities do have impacts and other outcomes like substance misuse, mental health and suicide, and violence victimization. This year, we were also fortunate to be able to use CARES Act funding to provide supplemental funding to 22 of our local education agencies and to fund that health and wellness coordinator at the district level to focus solely on mental health and mental wellbeing. If funding and time permit to complete activities in three different buckets, the first of which is increasing staff capacity. We realize the importance and that critical role that school staff play in supporting our students, so the staff capacity one is focused on providing health services and professional development to school staff to enhance their emotional and mental wellbeing. The second bucket is to increase or enhance partnerships, to increase access to students and family referrals for accessible, affordable, culturally-appropriate services. Then three, to enhance safe, supportive learning environments. Next slide, please.

While COVID can be thought of as a new trauma for our country and for the world, it's really important to consider, and I know that most of you already have, that for many people and families and communities, COVID is yet another trauma layered on top of other pre-existing traumas. Many of you might be familiar with the Adverse Childhood Experiences study or ACEs. This was a jointly funded study

between Kaiser Permanente and CDC. In this study, they asked 17,000 adults sitting in their waiting room, so this was not a particularly high risk population and that the person surveyed or someone in their family was employed and had health insurance and was attending a health appointment. Then they asked them about these three types of experiences you see on your screen here: abuse, household challenges, and neglect and they found among these 17,000 people that more than half of the people reported at least one of these adverse childhood experiences, and more than 25% reported two or more of these. Now, I should mention that more recent research has expanded the definition of ACEs to include things like racism and discrimination and bullying in that definition.

You might wonder how this might differ if we ask about current experiences as opposed to asking adult retrospectively, and the answer is unfortunately, it doesn't change too significantly. The National Study of Children's Health asks parents about their children's experiences with adverse events and excludes child abuse and neglect, and even with that exclusion, they found that about 45% reported that their children had at least one adverse experience and one in 10 of those kids had experienced four or more of these adverse experiences. Unfortunately, this data also emphasized disparities and race ethnicity. While about 40% of white non-Hispanic kids had experienced an adverse childhood experience, 51% of Hispanic children had experienced it, and 61% of Black non-Hispanic children had experienced one or more adverse childhood experiences. Next slide, please.

Unfortunately, even before COVID-19, for many children and adolescents, mental health was moving in the wrong direction. We know this because in addition to the programmatic work that DASH undertakes, as I previously highlighted, we also field every other year the nationally representative Youth Risk Behavior Survey in public and private schools among kids who are in grades nine through 12. Next slide.

Given the number of adolescents experiencing ACEs and the relationship between ACEs and suicide, the most recent YRBS data is even the more concerning. This slide presents trends from 2009 to 2019 and unfortunately, even before COVID-19, you can see all of these indicators were moving in the wrong direction with the exception of making a suicide attempt that had to be treated by a doctor or nurse and unfortunately, that one just remained stable. Next slide, please.

This poor state of adolescent and child mental health may have been exacerbated by COVID-19 and the current environment, including additional ACEs that kids may have experienced as well as social justice infractions. This slide describes some of the potential impacts of trauma for older youth, that is older elementary and adolescents includes worry, irritability, acting out, eating and sleeping changes, depression, and post-traumatic stress disorder. I should add this as an aside, these are the same kinds of symptoms and things that we would expect to see in adults as well, and the number of symptoms and the number of things children experience in adolescence and the severity of them really varies a lot by individual context, including their prior history of trauma as well as the presence or absence of social and economic supports. We know from our prior study that looked at the prior outbreak of H1N1 flu that kids experience a post-traumatic stress disorder were really highly associated with parental symptoms of post-traumatic stress, so if parents have them, it was more likely that kids also had their symptoms.

We also know for other research, unfortunately on mass traumas like September 11<sup>th</sup> and school shootings that post-traumatic stress is more likely in those who knows someone who died or injured as a result of the trauma. The hours spent watching media coverage of the event - so I'm going to talk about that a little later about carefully monitoring the number of hours of media coverage children, adolescents, and adults, and by psychological status prior to the event. I want to also add that these impacts can be seen in children and adolescents who were not able to social distance due to the added anxiety they might have been experiencing as a result of a caregiver who needed to have daily contact with the public, who's working extended hours. Or perhaps, he was now home and unemployed, and while virtual learning is an attempt to address the education of students, there remains a gap in the mental health services that schools may have been able to provide or might be able to provide now in their virtual environment. Next slide, please.

This slide shows the number of adolescents and children receiving mental health services in school settings. You can see here in 2018, 3.4 million students receive services, mental health services in a school-based setting. Those who are in public insurance, had no insurance at all, or were students of color were more likely to rely solely upon the school for mental health-related services. It's unclear what happened to those students in virtual settings. We know that many schools were scrambling to be able to provide telehealth services in virtual schooling, but we also know that there were challenges in terms of related access to technology as

well as concerns about student confidentiality and ability to have those sessions in a confidential environment. Next slide.

In addition to helping to treat or mitigate the impact of COVID-19 and reduce the anxiety, depression, and post-traumatic stress, I really want to focus and talk about the role of schools in promoting positive mental health and wellbeing and resilience. Next slide, please.

What do we know from prior outbreaks and other mass traumas that can help you foster resiliency in the young people you work with? These are some ideas from a study that was published in 2007, and the citation is at the bottom of the slide here. The first is to promote a sense of safety. For those of you who are familiar with Maslow's Hierarchy of Needs, the very foundation of that is people feeling safe and secure, physically safe and secure in their environment. Without that base of safety and security, it's extremely difficult for them to be able to stay on task and to be able to learn and retain any information. The first way you can maintain that [Audio Gap] of safety is to limit media coverage. That's not to say to shield kids from all information about it. You should answer their questions and answer them in a truthful way, but there's no need to have social media or TV, et cetera, on constantly. We're suggesting that you provide truthful information to the students, but emphasize the ways that you and their schools and community are working to keep them safe.

The second suggestion is to promote calming. To normalize their reactions if they are experiencing depression or anxiety, but to utilize their strategies, we'll talk about through social-emotional learning such as meditation, yoga, and mindfulness to help them restore their inner calmness. The next one is to promote a sense in self and collective efficacy. I think we all perhaps feel a sense of helplessness at this time, but there's little we can do to control COVID, but the fact of the matter is, as you've heard from Cria's presentation, there are things that students, adolescents in schools can do to help mitigate the impact of COVID-19. Emphasizing those in terms of hand washing and mask wearing are critically important, and then in terms of collective efficacy, what things can they do to make meals or masks or signs or things for first responders. All of those things are vitally important.

The fourth one is promoting connectedness. I'm going to say a bit more about that in a moment, but I will say here that by connectedness, we mean connectedness to

families, to communities and schools, and we're going to talk a little bit about how you can do that in a virtual environment, which I know is really challenging. Then the last one is promoting hope. We can help people promote hope by focusing more accurately on risk assessment and then providing positive and realistic goals for this time period and building on the strengths they already have as individuals and as communities. Next slide, please.

I want to say a little bit more about connectedness. I'm biased here but I think connectedness is really amazing. It's what I think of as a high leveraged solution or strategy. Because just by focusing on increasing connections between kids and their families and schools, so feeling like there's an adult they can talk to that cares about them, that knows them as an individual and person that they feel the school environment is fair and working to help them be successful, just by doing all of those things, by focusing on the connectedness, research shows that we can improve all of those outcomes that you see here on the screen. We can decrease the risk of being a victim or a perpetrator of violence, of having multiple sexual partners or sexually-transmitted diseases, a misusing prescription or illicit drugs, or of experiencing emotional distress. Our DASH-funded local education agencies have been implementing strategies like mentoring programs, service learning, student clubs like gay-straight alliances, professional development for educators on how to manage classroom behavior, and all of these strategies are important and impactful on all of those outcomes that we see here on the slide. We have seen some great strategies that you all are doing to maintain these kinds of connections even virtually, for example, virtual gay-straight alliances. Next slide, please.

Even if your schools are continuing 100% virtually or in some kind of hybrid action, I want you to know that there are concrete activities that you can undertake to help foster school connectedness. These are just small snapshot. I'd love to hear from you all on the Q&A or on the chat, of other ideas that you can share with CDC or with your colleagues about what you're doing to increase school connectedness in a school environment.

The first is daily check-ins with students and families and I would add, and this gets to the last point, daily check-ins with your staff as well as with your administrator. This is important not to just check in on whether they have completed their assignments, but to check in on how they are doing. You can do this by using perhaps some apps that you might already be using. ClassDojo where kids insert

emojis about how they are feeling. Or you can see there, there's a great resource for middle or high school students. This one is from the Association for Middle Level Education that students can complete quickly and some confidentially, choose students to share so you have a sense of how they are doing and identify students who you can follow up with individually to see how they're doing. Recognizing that there are differences in technology access, perhaps following up by telephone or by text message is a better strategy.

Then tying social-emotional learning to management of COVID. There are several great SEL resources available on line. If you're not familiar with the collaborative for academic social and emotional learning or CASEL, please check it out. They've got an online support group for how to implement social-emotional learning online, and there's a lot of SEL programs in curricula that are providing their lessons free of charge online. A lot of those key SEL concepts, like self-awareness and self-management and social awareness are all really relevant and helpful during this time.

Then from a state perspective, several state Department of Education can consider expanding their mental health capacity. For example, several states have worked to expand their mental health education standards including New York, Virginia, Florida just to name a few examples. Then the last point here, administrators, please don't forget about school staff and I know you haven't, but a lot of these strategies that I mentioned, for supporting youth are strategies that you can use to support your faculty and staff as well and I mean not just teachers, but I mean support staff, janitorial staff, cafeteria staff, school bus drivers, and everything as well. Okay, next slide.

The importance of school connectedness and positive experiences are really, really important. Because although we prefer to prevent the traumas from happening in the first place, we know that when they do occur, positive experiences can buffer these impacts, so I don't want to paint a picture of all doom and gloom. There are things we can do even in the wake of trauma that help kids to be more successful and resilient. This is from my former colleague in Boston, [\[Unintelligible\]](#) pediatrician, Bob Sege and his colleagues. They've been looking at the flipside for the adverse childhood experiences, asking adults what positive experiences they had as children and guess what? People who had positive experiences like they could talk to their family about their feelings, they felt like their family stood by

them during difficult times, they enjoyed participating in community traditions, they felt a sense of belonging in their school, and they felt supported by their friends, had non-parental adult who took an interest in them and felt safe and protected. These experiences buffered or protected them from the adverse experience impacts and health risk behaviors, so this is really, really important for you to know and for you to focus on. There are ways to help you and your students and staff be more resilient even in the wake of trauma. Next slide.

This is a model that I think is likely to be familiar to many of you. This is the Multi-Tiered System of Support or MTSS. You might use RTI, PBIS, Positive Behavioral Interventions and Support. Whatever infrastructure you use, the point is you don't reinvent the wheel. You've likely already gotten infrastructure in place and partnerships in place, so the point now is to revisit these and find out what needs to be tweaked or expanded or edited or changed as a result of this past year and as a result of how you were working with students. I want to emphasize Tier 1, that foundational support that you often offer to all students, either school-wide or intergrade. Please don't drop those things off virtually, and I know many of you haven't. I think I saw Carla Shirley from Shelby County Schools in Tennessee who I just spoke with before this call on there. I'm talking about training all staff in SEL and I know many of you are doing something similar and thinking about how you can offer those things virtually or in person. I've seen lots of school districts prioritizing this as students headed back in the fall or this year. We can't underemphasize the importance of those universal support programs.

Then there are Tier 2 strategies. For those kids you were worried about before school, before the school closures, pay special attention to those schools now. Think about how you could implement - safely implement, for example, mental health screening to identify kids who are in distress. Do you have partnerships in place to be able to get access to those services or what other partnerships could you bring to the table? Then I want to also emphasize here the importance of really engaging in a meaningful partnership with community partners, parents, families, and young people and asking them what it is they need and how they'd like to best access services and supports, what supports they need. Then Tier 3 are those more intensive individual one-on-one services that are likely provided by a community partner and again, thinking about how you can access those services and provide what we call a warm hand-off, so not just passing off the name of an organization

and a phone number, but ensuring they are able to get in and get that appointment made. Okay, next slide, please.

I just wanted to note here, again, the importance of primary prevention. I pulled this from the Indiana reopening playbook. Again, reemphasizing the importance of SEL and highlighting some of the strategies and things that Indiana is doing as they prepare for reopening. Next slide, please.

These are some example resources on your screen that I pulled. We're thankful that there are a lot of great resources that are available to you. Starting on the far left, that is from CASEL. Again, that social-emotional learning is critically important for everybody, so I want you to take a look at that re-opening entry map that's there. I've also got the report from Los Angeles Unified Schools. I saw some folks logging in from there. They are 100% virtual and they've got some great resources there on promoting mental wellness even in a virtual environment. The next resource, the third from left, is from the National Association of School Psychologists and includes a lot of great information. The last resource, the one on the far right, is Mental Health America's 2020 Back to School Toolkit and that is really great because it includes a lot of space for you to personalize and drop in information specific to your state or local school district.

We're running out of time, so I'm going to stop there and leave time for questions. My remaining slides have a bunch of different resources for you on them and I know those are going to be accessible to you after the webinar. All right, thank you so much.

Sandy Williamson: Thank you, Marci. Wow, what an amazing amount of content you covered in such a short period of time. I know we've only got about five minutes left but I want to just ask a couple of questions that have surfaced that seem to be representing a group of questions that folks have put forward. One question is what should schools take care of and what should be referred to other agencies?

Marci Hertz: To quote Cria, "It depends." It depends upon your school and what partnerships that you have. Generally, the things at that Level 3 Tier, those more intensive services, students who are in need of more intensive one-on-one counseling and interventions, are usually those things that are referred to your outside partners but again, that depends upon whether you have a school counselor or the number

of school counselors, and school based mental health staff you have, and then your existing community-based partnerships.

Sandy Williamson: Great. All of the resources that both you and Cria mentioned, are those available in additional languages? People were mentioning they have high populations of Chinese or Vietnamese speaking families and wondering about the language translation issues.

Marci Hertz: Cria, you want to go?

Sandy Williamson: Cria?

Cria Perrine: Yes. I can speak. Some of them are. I will say, I showed a few resources that were more PDFs or documents. A lot of the COVID related stuff right now is just HTML and not even PDFs or more static version, and that's done intentionally just because of how rapidly things change, and we're constantly updating and revising which makes it a little challenging to keep with different languages. We're doing our best and I think you'll see on there, a few are. I would say mostly it's Spanish and not so many other languages, but if there are key things that people would really like in different languages and in some of the shorter, more concise documents, please let us know.

Sandy Williamson: Thank you, Cria. We had quite a few questions when you were in the content area, Cria, around different groups of resources available. When you say teachers are in Group 1B, do you also mean frontline school staff such as bus drivers and [\[care\]](#) professionals?

Cria Perrine: Yes, and it depends. The definition of frontline worker is very, very broad and states are defining it differently when they are figuring out their vaccine roll out, but it often means people that can't work at home, so who needs to go into the school and is helping support it.

Sandy Williamson: Okay, great. Then we got quite a few questions around mental health, mental health concerns, special populations. Marci, we're going to have our hands full in following up from today's webinar, but really good questions. One, this is that the impacts of COVID including isolation and heightened stress have really increased mental health symptoms. What are the suggestions for that group and their parents

and guardians who consistently are denying the need for this pre-COVID? In other words, I think you covered quite a bit of generic Tier 1 and Tier 2, but any additional advice in terms of this isolation and heightened stress for families.

Marci Hertz: I think that's a really good question, Sandy. We didn't get into this. This could be considered a Tier 1 intervention. I think the trauma-informed schools or trauma-sensitive schools is another term that we've heard. I think at this point, we can really assume that nearly every student has experienced that. For those who need more intensive reach out, I would encourage you to reach out to your school based mental health staff, and for school based mental health staff to explore your community-based mental health centers or community-based resources that can provide that more intensive service. A lot of those are providing those via telehealth, some of them are doing text messages related service. For students who don't have a private space, they can text message or email back and forth with that, and that I think the ways that you can make connections, even if you're social isolating is really important but yes. I think that we're going to see a lot of that as a consequence of this and there's going to be a lot of things that we're going to have to do as a society to help build resilience.

Sandy Williamson: Great, excellent. Ladies, we're going to start to wrap up. We've only got a minute or so left. I really want to thank you. We're putting up the link for the feedback form. I would just encourage everyone who attended today to please visit our website where today's presentation will be posted and you can listen to an archived version of the presentation. You can also see all of the slides that Marci and Cria have shared along with all the resources. We'll also be capturing all of your questions that were in the chat box, so that we make sure that that information is shared with CDC and the Department of Ed. Just thanks again to both of you, Cria and Marci, for all the content you covered and many thanks to the almost 1,000 people who joined us this afternoon and listened and asked such wonderful questions and gave us great information about the webinars that will be upcoming over the next two months. We will leave the line open. We will leave Zoom up so that folks can click on the link to go to the survey. Thanks again, ladies. Greatly appreciate your time today and thank you everyone.