Workshop: A1   Date: Mon, Jun 27   Time: 1:15-2:15   CE Credit: 1

Title: Importance of Adaptability within Community Outreach

Category: Business/Systems

Lead Presenter: Yubelly Perez, MS, Community Outreach Manager, St. David's Foundation

Co-Presenter(s): Yudith Amaran, CCM, Dental Case Manager, St. David's Foundation

Workshop Summary: The St. David's Foundation Mobile Dental Program has been in existence since September 2000. With a fleet of nine mobile dental clinics, the program offers free dental screenings, sealants, and acute care to students at Title I elementary schools in Central Texas.

In Texas, on April 17, 2020, Governor Abbott issued an order to close all school buildings statewide for the remainder of the school year. The dental program had to shut operations and begin researching and looking for best practices about how to reopen the program safely to begin delivering dental treatment at the start of the 2020 – 2021 school year.

Early in the Dental Program, one clear thing was the high staff turnover in school districts. A Brookings Institute report released in March 2021 mentions that "State and local governments implemented formal or informal hiring freezes last year [2020] that meant they were no longer growing their payrolls organically or replacing the employees who left. As many colleges and most K-12 schools continued to operate remotely in the fall, they didn't hire the same number or type of employees they would have in the normal year".

The initial school outreach and data prompted the St. David's Foundation Dental Program to change how children were seen on campus under COVID-19 restrictions. The importance of our Complex Care Program and the ability to adapt to the current climate swiftly were crucial.

During the past two years, for the Dental Program to maximize the time at each campus, it has been vital to adapt to each campus' regulations. Once treatment resumed in August 2020, it was evident that the levels of decay had increased, which also increased the number of students referred to the Complex Care Program. The session will discuss the constant changes and adaptability within the school system and the importance of having an open line of communication with various school staff and dentists partnering with the program.

Objectives:

Participants will learn about the Seven steps used in the Strategic Planning Process to help build partnerships and how to implement these while working with external partners

Participants will learn how to communicate and adapt while working remotely, and building relationships with urban school districts staff

Participants, through role-play and examples, will learn about best practices in strengthening relationships with school districts, dental providers, and families

Workshop: A2   Date: Mon, Jun 27   Time: 1:15-2:15   CE Credit: 1

Title: Building Youth Leadership and Community Partnerships Through SBHC Food Pantries

Category: Business/Systems

Lead Presenter: Hannah Smith, BA, MS, CHES, School Health Analyst, Oregon School-Based Health Alliance

Workshop Summary: When Milwaukie High School went through a two-year renovation and most buildings were torn down, the Free Food Market on campus was indefinitely closed. Students from the school-based health center's (SBHC) Youth Advisory Council (YAC) suggested expanding food services to include a pantry. In partnership with the Oregon Food Bank and other local donors, the YAC implemented a food pantry in the SBHC to address the complex needs of students. Community partnership programs like Milwaukie High's Food Pantry reduce the fiscal burden on each entity involved, making the programming more sustainable.

Incorporating food access into clinical services can enhance integrated care and strengthen inter-disciplinary teams. This interactive workshop will highlight techniques for youth engagement to disrupt food insecurity and teach participants how to implement inexpensive, low-barrier food programming in clinical settings. Additionally, topics about reducing stigma around free food programs will be addressed. Tools for evaluation will be discussed to teach Participants how to adapt systems to meet the needs of patients better frequently. Additionally, participants will learn strategies for community outreach, client satisfaction, youth leadership, volunteer management, and nutrition education to sustain food and nutrition programs. Participants will think critically about clinic or school-related scenarios in breakout groups and discuss how to refer students and engage community partners appropriately through motivational interviewing. A participant from each breakout group will report to the larger audience for further discussion.

Objectives:

Participants will identify three potential sustainable strategies to address food insecurity within their school community.

Participants will learn three ways to implement the Youth-Adult Partnership Model into their SBHC or school health services.

Participants will learn two techniques to evaluate food services or programming in their school community.

Workshop: A3   Date: Mon, Jun 27   Time: 1:15-2:15   CE Credit: 1

Title: Videogame to address mental health and prevent the initiation of opioid misuse in adolescents

Category: Mental Health Clinical Skills

Lead Presenter: Tyra Pendergrass Boomer, MEM, Deputy Director of Programs & Partnerships, play2PREVENT Lab at the Yale Center for Health & Learning Games

Co-Presenter(s): Jennifer Anziano, MPH, Postgraduate Associate, play2PREVENT Lab at the Yale Center for Health & Learning Games

Kathy Stinchfield, BA, MS, LPC, RPT, Licensed School Counselor, Senior Program Manager, School-Based Health Alliance

Workshop Summary: For over ten years, the play2PREVENT Lab has developed and evaluated video games that promote healthy behaviors in youth and young adults.

With funding from the National Institute on Drug Abuse's Helping to End Addiction Long-Term (HEAL) Initiative, the play2PREVENT Lab, in partnership with the National School-Based Health Alliance (SBHA) and Schell Games, recently developed a new videogame intervention (PlaySMART) focused on mental health and preventing opioid misuse in adolescents, aged 16-19.

PlaySMART teaches players strategies to prevent the initiation of opioid misuse. The game also highlights how to find help for mental health challenges that can co-occur with substance misuse.

We are working with ten high schools with school-based health centers to enroll 532 students to participate in a Randomized Controlled Trial (RCT) to test the game's efficacy. SBHC staff assist with recruiting and screening participants for eligibility for the project. Participants' knowledge, attitudes, intentions, and behaviors will be assessed before and after playing the video game.

Additionally, as a part of the HEAL initiative, the SBHA is spearheading an arm of the project to implement PlaySmart in 15 school-based health centers in high schools across the United States. This arm of the project will assess best practice implementation strategies for the game. Data about the real-life costs and challenges of implementing PlaySmart in a school and school-based health center setting will be collected.

This workshop will briefly describe the development of the PlaySMART Videogame, how the efficacy of the videogame intervention is being tested, and the current progress on the implementation arm of the project. The workshop will be a mixture of a brief presentation, a hands-on component where participants can play a portion of the game, and an interactive Q & A session.

Objectives:

Participants will be able to explain how the mental health and opioid misuse prevention game, PlaySMART, was created.

Participants will be able to utilize the videogame, PlaySMART.

Participants will be able to identify how their school-based health center and the school can become involved with testing the effectiveness of the videogame, PlaySMART.

Workshop: A4   Date: Mon, Jun 27   Time: 1:15-2:15   CE Credit: 1

Title: What is right with you?: Responding to ACEs by fostering youth resilience

Category: Mental Health Clinical Skills

Lead Presenter: Rebecca Gostlin, M.Ed., LPC, Director of Clinical Initiatives, Colorado Association for School-Based Health Care

Co-Presenter(s): Christy Boland, MPH, Program Manager, Colorado Association for School-Based Health Care

Workshop Summary: Clinicians' data and practical experience throughout the COVID-19 pandemic indicate increased instances of adverse childhood experiences (ACEs). It has also presented unique opportunities to witness the power of resilience and the importance of youth engagement in cultivating resilience. This session shows an overview of a current project Colorado Association for School-Based Health Care (CASBHC) is facilitating with six school-based health clinics (SBHCs) that seek to increase screening for adverse childhood experiences (ACEs) in SBHCs, respond to youth with resilience-building strategies, and engage youth in a resilience-building project for their community. The SBHCs in the project represent various urban and rural SBHCs and federally qualified and non-federally qualified health organizations. The unique approaches each SBHC has developed to do this work successfully in their communities will be highlighted.

The project has focused on applying a Healing Centered Engagement framework to responses to screening and interactions with youth. The necessary relationship between primary care and behavioral health providers in doing this work and engagement and buy-in from all members of an organization will be included.

This presentation will share workflow challenges and successes for implementing screening and responses and provide an overview of how Healing Centered Engagement, coupled with Healing Outcomes through Positive Experiences (HOPE) frameworks, manifest in this work. We will then dive deeper into the Healing Centered Engagement framework and HOPE components pivotal to resilience-building efforts.

Objectives:

Participants will be able to identify at least three considerations to address before establishing screening youth for ACEs in school-based health center settings.

Participants will be able to describe how Healing Centered Engagement and HOPE frameworks extend traditional trauma-informed practices to promote resilience in youth.

Participants will identify two ways to incorporate the five principles of Healing Centered Engagement into their work with youth.

Workshop: A5   Date: Mon, Jun 27   Time: 1:15-2:15   CE Credit: 1

Title: Practical Ways to Incorporate Equity into SBHC Sexual and Reproductive Health Services

Category: Primary Care Clinical Skills

Lead Presenter: Elizabeth Cook, MSPH, Research Scientist, Child Trends

Co-Presenter(s): Arin Kramer, FNP, Family Nurse Practitioner, La Clínica de La Raza

Workshop Summary: Many SBHC staff want to provide sexual and reproductive health services that promote health equity, but they struggle with doing it. This session will provide Participants with a brief overview of what "health equity" means and in-depth, concrete clinical examples from a nurse practitioner at La Clínica in Oakland, CA, who has been integral to bringing a health equity focus to many aspects of La Clínica's services.

Objectives:

Participants will define what health equity means in an SBHC setting.

Participants will describe three concrete ways to incorporate health equity into SBHC sexual and reproductive health services.

Participants will identify one equity-related challenge from their own SBHC and one possible way to address it.

Workshop: A6   Date: Mon, Jun 27   Time: 1:15-2:15   CE Credit: 1

Title: Hoof Beats Sometimes Do Mean Zebras IX, Part I

Category: Primary Care Clinical Skills

Lead Presenter: Steve North, MD, MPH, Founder and Medical Director, Center for Rural Health Information/Health-e-Schools

Co-Presenter(s): Ryan Pasternak, MD, MPH, Professor of Pediatrics, Department of Pediatrics, LSU Health Sciences Center, School of Medicine

Workshop Summary: All health care providers face challenging cases where the history, clinical findings, and studies do not provide a concise diagnosis. Determining a diagnostic approach to challenging cases is important for understanding how possibly contradictory parts of the history, clinical signs and symptoms, and test results relate. Developing these skills in advance of encountering a complex patient allows a clinician to evaluate the information, determine what additional information is needed, and the diagnosis and best treatment options. This workshop will use six challenging clinical cases drawn from the presenters' school-based health center adolescent health experiences that have required expanding the differential diagnosis. Participants will be provided with the initial case presentation and then collaboratively expand the history, direct the physical exam, and determine what initial tests should be performed. From this initial round of information, the group will develop a differential diagnosis and then work to narrow the diagnosis through gathering additional history, expanding the physical exam, and focusing the work-up through additional testing. Following this process, the presenters will share the diagnosis and discuss the pathophysiology of the disease process and provide the participants with resources for further review.

Objectives:

Participants will assess complex clinical cases.

Participants will explain the resources available to find the best evidence in adolescent health.

Participants will recognize the value of considering the less obvious diagnosis.

Workshop: B1   Date: Mon, Jun 27   Time: 3:45-4:45   CE Credit: 1

Title: Implementation of School-Based Virtual Care for Increased Access to Primary Care

Category: Business/Systems

Lead Presenter: Samantha Schaap, AAS, Project Coordinator, Denver Health and Hospital Authority

Co-Presenter(s): Karen Espinoza, AAS, Patient Access Supervisor, Denver Health and Hospital Authority

Workshop Summary: Denver Health is a high-quality integrated health care system that includes a hospital, 9 FQHCs, 19 SBHCs, the Rocky Mountain Poison & Drug Center, and the Denver Public Health Department. Denver Health School-Based Health Centers (DSBHCs) have seen large growth over the past decade, growing from 12 to 19 clinics serving 12,000 students annually for services for over 30 years.

According to the School-Based Health Alliance Children's Health and Education Mapping Tool, Denver is the only county in Colorado that scores below the national average in all 11 health, education, and socioeconomic status indicators, with the next lowest scoring Colorado county at eight indicators. Despite the number of SBHCs, there remains a large gap for the remaining student population (80,000 students) in easily accessing services. DSBHC has expanded by offering telehealth services through 15 additional Denver Public Schools (DPS) in partnership with the school nurse in this current school year. The DSBHC telehealth project aims to ameliorate inequity in accessing healthcare and improve access to education.

Denver is the most populous county in Colorado, and approximately 95,000 (13%) residents are school-aged youth ages 5 to 18. According to the School-Based Health Alliance Children's Health and Education Mapping Tool, Denver is the only county in Colorado that scores below the national average in all 11 health, education, and socioeconomic status indicators, with the next lowest scoring Colorado county at eight indicators. Despite the number of SBHCs, there remains a large gap for the remaining student population (80,000 students) in easily accessing services.   This current school year, DSBHC has expanded by offering virtual care services through 15 additional Denver Public Schools (DPS) in partnership with the school nurse.

We will provide a brief overview of the initial steps to set up this partnership with our school district. Participants will have plenty of time to ask questions regarding the virtual care program from the clinic and administrative staff who have been involved in the entire process. This session will share workflow and standard of work replicated across diverse sites that others can utilize in their home SBHC.

Objectives:

Participants will be able to come away with a proposal for their organization to begin implementing telehealth services virtual care.

Participants will have a step-by-step plan, including issues to look out for and a list of grants to look at to start a school-based telehealth program.

Participants will be able to describe a variety of marketing materials that can be used for outreach.

Workshop: B2   Date: Mon, Jun 27   Time: 3:45-4:45   CE Credit: 1

Title: Piloting a School-friendly Health System Framework to Support Children's Health and Learning

Category: Business/Systems

Lead Presenter: Julia DeAngelo, MPH, Program Manager of School Strategies, Children's National Hospital

Co-Presenter(s): Desiree de la Torre, MPH, MBA, Director, Community Affairs and Population Health Improvement, Children's National Hospital

Workshop Summary: Education is a critical social determinant of health and has long-term effects on children's health and economic outcomes. Missed educational instruction during the COVID-19 pandemic impacted families and was compounded by a lack of access to critical services and supports in schools, such as meals, physical education, and school-based health services. As students, educators, parents, and pediatricians face the ongoing challenges of the COVID-19 pandemic, and it is critical for the health and education sectors to align efforts to address the needs of children. Partnering with local schools in a health system's local service areas will improve service delivery to the students that the health system services and contribute to improving health outcomes and overall student performance. Hospitals and healthcare delivery systems need a framework for such partnerships, including ambulatory settings. In 2019, Children's National Hospital in Washington, D.C., launched an initiative to articulate principles of a school-friendly health system (SFHS), a school health partnerships framework, based on lessons learned from nationally recognized baby-friendly hospitals and age-friendly health systems initiatives. Becoming school-friendly means that hospitals and health systems have committed to actively helping children reach optimal health and achieve their full academic potential. In Fall 2021, Children's National launched a pilot planning process with an initial cohort of hospitals and primary care centers to utilize the five SFHS principles leading and coordinating school health programs and initiatives serving urban and rural populations. The five SFHS principles were developed through the input of expert stakeholders, including pediatricians, educators, health care delivery system and school administrators, school nurses, parents and guardians, and community health experts. In this workshop, the presenters will describe the SFHS principles, share initial learnings from the pilot launch and engage with Participants about how they are partnering with the education sector and what is needed to improve health services and relationships with the education sector. We will also share examples of how the SFHS pilot sites have partnered with local school districts during the COVID-19 pandemic to support recovery and reopening plans.

Objectives:

Participants will be able to articulate the overview, rationale, and examples of school-friendly health system (SFHS) principles.

Participants will be able to summarize SFHS pilot sites' approach to building partnerships with school districts during the COVID-19 pandemic to support recovery and reopening plans.

Participants will be able to discuss how health systems partner with the K-12 education sector and what is needed to improve services and relationships.

Workshop: B3   Date: Mon, Jun 27   Time: 3:45-4:45   CE Credit: 1

Title: Pediatric Suicide Prevention for Primary Care Providers and School-Based Health Centers

Category: Mental Health Clinical Skills

Lead Presenter: Virna Little, PsyD, LCSW-r, SAP, CCM, Chief Operating Officer, Concert Health

Workshop Summary: The crisis of pediatric suicide in the United States is growing. Suicide is the second leading cause of death in those aged 10-24, with the fastest-growing rates among youth ages 10–14. Furthermore, the crisis is marked by significant racial disparities. However, primary care providers at school-based and other health centers have a crucial opportunity to intervene. The Association of Clinicians for the Underserved recently developed a new pediatric suicide prevention toolkit for such providers. In this session, drawing on the recent publication and other resources, Dr. Virna Little, a former Senior Vice President of a large FQHC network in New York, will provide an overview of the crisis and why providers at school-based health centers can play an important role in prevention, discuss common warning signs and risk factors. Detail effective pediatric suicide prevention practices include stools such as the PHQ-A and ASQ and clinical pathways and evidence-based interventions. Also discussed will be unique considerations in suicide prevention at school-based health centers, including navigating confidentiality concerns and changing policies.

Objectives:

Participants will be able to explain the crisis of pediatric suicide and why primary care providers, including those at school-based health centers, can play an important role in prevention.

Participants will be able to discuss common risk factors and warning signs.

Participants will be able to describe screening tools, clinical pathways, and evidence-based interventions for pediatric suicide prevention.

Workshop: B4   Date: Mon, Jun 27   Time: 3:45-4:45   CE Credit: 1

Title: Blending an Integrated Model of Primary Care and Behavioral Health with Brick and Mortar and Telehealth Components

Category: Mental Health Clinical Skills

Lead Presenter: William Kuzbyt, Psy.D., JD, MCAP, Director of Behavioral Health, PanCare of Florida

Co-Presenter(s): Robert Thompson, MPH, Chief Operating Officer, PanCare of Florida

Workshop Summary: PanCare of Florida is an FQHC located in Panama City and serves ten counties with Primary Care, Dental, Pharmacy, Behavioral Health, Outreach, Laboratory, and Radiology services via 13 facilities and mobile units. PanCare serves approximately 46,000 patients via 115,000 encounters.

PanCare provides a fully integrated medical home model for its patients. This model has been expanded and is now offered to Bay District Schools. A combination of onsite providers and telehealth has enabled PanCare to provide this fully integrated experience to the students of Bay District Schools. The use of telehealth for the continuum of Behavioral Health Services is a new piece of the integration.

Objectives:

Participants will be able to identify at least three obstacles to achieving a fully integrated system of care at a School-Based Health Center.

Participants will be able to list the steps to providing integrated medication management in a School-Based Health Center.

Participants will be able to identify components of a fully integrated, school-based Primary Care and Behavioral Health medication management system.

Workshop: B5   Date: Mon, Jun 27   Time: 3:45-4:45   CE Credit: 1

Title: Providing Care to Rural Schools Requires Specialized Training

Category: Primary Care Clinical Skills

Lead Presenter: Charlotte Halverson, RN, BSN, COHN-S, Clinical Director, AgriSafe Network

Workshop Summary: Agriculture production provides a spectrum of risks caused by machinery, livestock, weather, chemicals, stress, and a lack of health care access. Farmers and ranchers are part of medically underserved populations with health disparities that correlate with occupational exposures. Agriculture is unique – the workspace is also a home and family area, which means kids are exposed to worksite hazards every day.

 Health education for rural youth and their families is a critical strategy for implementing health promotion and disease prevention practices.

There is much information in the literature about a shortage of healthcare providers, especially in rural communities, evidenced in our rural schools. With nursing shortages, access to a school nurse has decreased, and it is acute in underserved rural districts. Nurses in agricultural communities are frequently the go-to community educators and need to be prepared to spot signs of heat stress, cold stress, zoonotic diseases, the root cause of respiratory illness, noise exposures, ergonomics, sleep deprivation, and mental health stressors related to agriculture

 Nursing education programs lack the time and space to provide in-depth training specific to working in rural communities as mandatory requirements result in full teaching agendas. Nurses in rural hospitals, clinics, and schools often have minimal preparation in rural healthcare practice.

A National Institute of Health article reported rural school nurses were twice as likely as metropolitan nurses to provide clinical services to multiple school campuses. Rural school nurses identified online courses and telehealth as the preferred means for receiving continuing education.

The AgriSafe Nurse Scholar program is a 20 – hour ANCC accredited online, on-demand learning experience taught by national rural health and safety experts and experienced nursing educators. The course increases competence in preventing, identifying, and assessing diseases and conditions commonly experienced by people working in agriculture. Topics include ergonomics, respiratory disease, noise exposures, mental health issues in agriculture, skin diseases, heat-related illnesses, emerging issues, and special populations, including immigrant and migrant families, older adults, and youth.

Objectives:

Participants will be able to recognize four aspects of agricultural exposures that directly impact school-age youth.

Participants will be able to identify three personal protective options available for youth living and working in an agricultural environment.

Participants will be able to access a minimum of three educational training opportunities for rural school nurses.

Workshop: B6   Date: Mon, Jun 27   Time: 3:45-4:45   CE Credit: 1

Title: Hoof Beats Sometimes Do Mean Zebras IX, Part II

Category: Primary Care Clinical Skills

Lead Presenter: Ryan Pasternak, MD, MPH, Professor of Pediatrics, Department of Pediatrics, LSU Health Sciences Center, School of Medicine

Co-Presenter(s): Steve North, MD, MPH, Founder and Medical Director, Center for Rural Health Information/Health-e-Schools

Workshop Summary: All health care providers face challenging cases where the history, clinical findings, and studies do not provide a concise diagnosis. Determining a diagnostic approach to challenging cases is important for understanding how possibly contradictory parts of the history, clinical signs and symptoms, and test results relate. Developing these skills in advance of encountering a complex patient allows a clinician to evaluate the information, determine what additional information is needed, and the diagnosis and best treatment options. This workshop will use six challenging clinical cases drawn from the presenters' school-based health center adolescent health experiences that have required expanding the differential diagnosis. Participants will be provided with the initial case presentation and then collaboratively expand the history, direct the physical exam, and determine what initial tests should be performed. From this initial round of information, the group will develop a differential diagnosis and then work to narrow the diagnosis through gathering additional history, expanding the physical exam, and focusing the work-up through additional testing. Following this process, the presenters will share the diagnosis and discuss the pathophysiology of the disease process and provide the participants with resources for further review.

Objectives:

Participants will be able to Assess complex clinical cases.

Participants will be able to explain the resources available to find the best evidence in adolescent health.

Participants will be able to recognize the value of considering the less obvious diagnosis.

Workshop: C1   Date: Tue, Jun 28   Time: 1:15-2:15   CE Credit: 1

Title: California's Student Health Index: Making the Case for New SBHCs Using Data

Category: Business/Systems

Lead Presenter: Lisa Eisenberg, MSW, MPP, Policy Director, California School-Based Health Alliance

Workshop Summary: The California Student Health Index is the first statewide comprehensive analysis to identify the counties, districts, and schools where new SBHCs will have the greatest return on investment for improving student health and education equity. This workshop will provide information about how the Index was created using publicly available health and education data, highlight some of the findings from the analysis, and discuss how the Index is leveraged to advance local and statewide advocacy for more SBHCs in California. The workshop will also cover strategies for how other states and advocates can design a similar data-driven approach to SBHC expansion and develop a coordinated communications plan.

Objectives:

Participants will be able to identify health and education data sources that can be used to evaluate the need for SBHCs at a specific school site.

Participants will be able to develop similar data-driven campaigns to make a case for more SBHCs in their respective states.

Participants will be able to identify important allies and audiences to engage in and with a communications plan to advance their advocacy objectives.

Workshop: C2   Date: Tue, Jun 28   Time: 1:15-2:15   CE Credit: 1

Title: Exploring Opportunities for Meaningful Youth Engagement

Category: Business/Systems

Lead Presenter: Tara Melinkovich, MPH, Youth Program Coordinator, Denver Health And Hospital Authority

Workshop Summary: Inviting youth to participate without understanding the needs of an effective youth-adult partnership is a set-up for failure. This session explores opportunities for meaningful youth engagement and examines common pitfalls when building youth-adult partnerships. Participants will learn from our efforts to inform and improve our Denver Health School-Based Health Center (DSBHC) care through various youth engagement activities. Session Participants will be able to identify strategies for engaging young people in a meaningful and effective manner and walk away understanding what it means to "Bring youth to the table."

Recognizing that young people have a wealth of knowledge and are experts in their own lives and health needs, DSBHCs have employed 1-2 Youth Advisors (YAs) for the past four years to integrate youth voices in informing all aspects of the program. This is an evolution from the previous standard, in which DSBHCs had not previously had youth sit at the table to collaborate. However, after a YA hired for the quality improvement goal of improving the youth-friendliness of the clinics provided invaluable input and guided meaningful changes within our department, the motto "Nothing About Us, Without Us" was adopted, and YAs became a critical component of program design.

Many youth-serving organizations, including School-Based Health Centers, do not commonly have youth sit at the table to collaborate. The greatest way to serve youth is by incorporating their voice into programmatic activities. Some organizations may find the idea of partnering with youth overwhelming. This session will support participants in taking manageable steps towards incorporating youth voice through: sharing our experiences and what we've learned since prioritizing youth partnerships, outlining multiple changes youth-serving programs can implement, and identifying opportunities for partnering with youth.

Session participants will leave with a broader understanding of meaningful youth engagement, how to advocate for it within their organizations, and how to think outside of the box when exploring opportunities to amplify youth voice. This session will include hands-on opportunities to broaden understanding of effective youth engagement and address common pitfalls of failed attempts at youth involvement. Participants will learn through a combination of lectures and small group activities, providing the opportunity to begin planning the next steps in their journey to support meaningful youth-adult partnerships to inform program improvement.

Objectives:

Participants will be able to identify at least three characteristics of a meaningful youth-adult partnership

Participants will be able to list at least three common pitfalls of failed attempts at youth engagement

Participants will leave the session with at least one actionable step they can take to engage youth in their programming effectively.

Workshop: C3   Date: Tue, Jun 28   Time: 1:15-2:15   CE Credit: 1

Title: The Imaginary Student: A Clinical Approach to Working with Students in SBHC

Category: Mental Health Clinical Skills

Lead Presenter: Scott Bloom, MSW, LCSW, Advisor, New York School-Based Health Foundation

Workshop Summary: The intake form crosses your desk: "male student threw a chair in class, always disruptive, mother not helpful, child failing in school, needs meds. Please see ASAP!!" You haven't even met the student yet, but you feel like you "know" him. Yet when you meet him, he's not as you imagined he would be… What's going on here?

From the first teacher referral crossing their desk, the school clinician is already anticipating the student walking through their office door. This "imaginary student" becomes solidified in the clinician's mind even before they are seen. After the clinician meets the student, they must begin to alter their imaginary construction based on the relationship with the actual student.

For the SBHC clinician, creating an "imaginary student" happens often, and this internal construction impacts the treatment. Even the most respected evidence-based practice will fall short if the clinician is not in touch with their perceptions and biases and engaging students with self-awareness.

Providing clinical services in school-based health centers comes with a myriad of students' concrete needs and clinical issues. With the many tasks that school clinicians (e.g., social workers, psychologists, behavioral therapists) are asked to do, the ability to utilize insight-oriented strategies. This workshop will review the concept of the imaginary student in the school setting and how it impacts the treatment goals and objectives if not worked through. Participants will increase self-reflective skills related to transference and counter-transference issues, including attending to their own implicit biases, to improve efficacy when working with diverse student populations.

Objectives:

Participants will be able to describe the imaginary client's concept and address its limitations on treatment.

Participants will understand how to create effective, organized, personal working environments within a school setting.

Participants will gain the necessary tools to effectively understand the client's meta and symbolic communications and integrate them into the treatment process.

Workshop: C4   Date: Tue, Jun 28   Time: 1:15-2:15   CE Credit: 1

Title: Getting Candid: Framing the Conversation Around Youth Substance Use Prevention

Category: Mental Health Clinical Skills

Lead Presenter: Flannery Peterson, MPH, PMP, Director, National Council for Mental Wellbeing

Co-Presenter(s): Pam Pietruszewsk, MA, Senior Advisor, National Council for Mental Wellbeing

Workshop Summary: The COVID-19 pandemic has caused incredible disruption in the lives of young people during a time when they are already vulnerable in their growth, development, and identity. To better understand the pandemic's impacts on youth well-being and substance use, the National Council for Mental Wellbeing (National Council) conducted a national assessment in January 2021 of youth ages 13-18 and youth-serving providers. Early findings indicate that 78% of youth felt the pandemic increased stress for them and their families, and 69% reported increased feelings of loneliness. Nearly a quarter of the youth respondents said accessing substances was easy or very easy during the pandemic. Understanding these impacts is essential for addressing health equity and will continue to affect the mental well-being of today's youth for decades to come. 75% of young people believe the pandemic will have a lasting impact on their generation's mental health, and more than half believe it will have a lasting effect on their generation's use of substances.

Early intervention and prevention of substance use are essential to impeding future substance use challenges and disorders. To address the rising concern of substance use during and in the wake of the pandemic, the National Council created a comprehensive message guide and toolkit based upon findings from the national assessments of youth and youth-serving providers, as well as key informant discussions and message testing with focus groups and a follow-up assessment of youth, to assist youth-serving providers to engage with youth in meaningful substance use prevention conversations.

Objectives:

Participants will be able to identify the impacts of the COVID-19 pandemic on knowledge, attitudes, and beliefs about substance use and substance use prevention among youth ages 12 – 18 years.

Participants will be able to recognize best practices for building trust and rapport with a young person to deliver substance use prevention and intervention messages.

Participants will be able to explain how to utilize the five steps within the message guide to engaging youth in substance use prevention and intervention conversations.

Workshop: C5   Date: Tue, Jun 28   Time: 1:15-2:15   CE Credit: 1

Title: How SBHCs Can Promote Positive Health Outcomes by Addressing Food Insecurity in Their School Communities

Category: Primary Care Clinical Skills

Lead Presenter: Katy Stinchfield, BA, MS, LPC, RPT, Licensed School Counselor, Senior Program Manager, School-Based Health Alliance

Co-Presenter(s): Sarah Mills, MPH, RDN, Manager, Health Strategies, Share Our Strength

Workshop Summary: School-based health centers (SBHCs) are a trusted resource and conduit to varied health efforts and outcomes – from primary care to mental health, oral health, etc. They can also play a critical role in addressing social determinants of health, including food insecurity. Nationally, one in six children may face hunger this year. Children struggling with hunger are more susceptible to obesity and its health consequences, more likely to have generally worse health, and experience mental health disorders than their food-secure peers[1]. Conversely, when children have access to healthy food through federal nutrition programs or other community food programs, they improve dietary intake and health and learning outcomes.[2] In partnership with the national School-Based Health Alliance, No Kid Hungry is working with 16 SBHCs across the nation to embrace and build on families' trust in SBHCs by promoting federal nutrition programs and nutritious food consumption in support of positive health outcomes and improved food security. Presenters will share updates on project progress, relevant data, peer learning and innovations, and next steps for SBHCs interested in addressing food insecurity in their communities.

Objectives:

Participants will be able to define food insecurity.

Participants will be able to describe how addressing food insecurity improves overall health outcomes.

Participants will be able to highlight the unique role SBHCs can play in addressing food insecurity.

Workshop: C6   Date: Tue, Jun 28   Time: 1:15-2:15   CE Credit: 1

Title: Medical Screening for Newly Arrived Immigrant Children and Adolescents in the School-Based Health Center Setting

Category: Primary Care Clinical Skills

Lead Presenter: Rachel Dummigan, BA, BSN, MN, Family Nurse Practitioner, Multnomah County Health Department

Co-Presenter(s): Kristin Case, MSN, BSN, Family Nurse Practitioner, Multnomah County Health Department

Workshop Summary: We are experiencing massive human migration worldwide. People arrive in the United States (US) through different pathways: refugees; immigration through sponsorship of a family member; unaccompanied minors; asylum seekers, undocumented immigrants, and most recently, humanitarian paroles from Afghanistan and those fleeing Ukraine. These latter categories of newly arrived immigrants do not receive an initial medical screening, and many have had little to no health care in their home countries.

Our School-Based Health Centers (SBHC) serve a diverse population and are a safety net clinic for our community. We have noticed an increase in immigrant youth who present to our SBHCs requesting vaccines to register for school. We saw this as an opportunity to provide care for newly arrived youth that meets or exceeds community standards and follows the recommendations from the CDC and AAP.

Our clinic developed a pilot to implement the recommended guidelines while learning how to provide culturally responsive care to our immigrant population. We have worked together to establish workflows with each member to enhance efficiency and quality care.

Objectives:

Participants will be able to demonstrate an understanding of the different pathways newly arrived immigrants come into the US and the impact that this has on access to medical care and resources available to the youth.

Participants will be able to utilize the tools available via CDC, AAP, and CareRef to identify and incorporate recommendations to improve care and ensure equitable health outcomes ultimately.

Participants will be able to implement a new workflow within their SBHC team, which includes distinct responsibilities for each member to provide client-centered care to the newly arrived youth.

Workshop: D1   Date: Tue, Jun 28   Time: 3:45-4:45   CE Credit: 1

Title: The Secret Sauce for Starting Rural SBHCs

Category: Business/Systems

Lead Presenter: Chris Kjolhede, MD, MPH, Director, School-Based Health, Bassett Health Care Network

Co-Presenter(s): Jane Hamilton, RN, Manager, School-Based Health, Bassett Health Care Network

Workshop Summary: SBHCs are increasingly recognized as important safety net providers for health, mental health, and dental health care in many settings. Rural populations and rural schools present very different challenges for agencies that want to sponsor SBHCs. Distances and lack of public transportation, poverty, a chronically stagnant economy, and a paucity of health care providers are the formidable barriers that confront those who might want to start SBHCs beyond the suburbs. The fastest-growing sector where SBHCs are being opened is in rural settings. This session will attempt to clarify the need for and value of rural SBHCs. Additionally, we will outline how we have established new SBHCs in our service area. Lastly, we will review many of the barriers that we have encountered over the years in building our program of 20+ SBHCs in rural upstate New York.

Objectives:

Participants will recognize the need and usefulness of SBHCs for rural populations.

Participants will see a template for the establishment of SBHCs in rural areas and will be able to recognize barriers that confront planners of rural SBHCs.

Participants will understand that the rural model for SBHCs is not static but evolves. Including telehealth technology, flexible staffing models, and partnering with programs from both the private and public sectors to expand services.

Workshop: D2   Date: Tue, Jun 28   Time: 3:45-4:45   CE Credit: 1

Title: Factors Impacting Utilization and Enrollment in a School-Based Telemedicine Program

Category: Primary Care Clinical Skills

Lead Presenter: Rachel Sadlon, MPH, BA, Assistant Director, Research and Evaluation, Center for Health and Health Care in Schools

Co-Presenter(s): Michael Long, SD, Assistant Professor, Department of Prevention and Community Health, the George Washington University Milken Institute School of Public Health

Workshop Summary: The Center for Health and Health Care in Schools at The George Washington University completed a qualitative and quantitative evaluation of the Howard County School-Based Wellness Telemedicine Program, focused on answering the research question, what are the reasons for under-enrollment/under-utilization and how can the program be enhanced to address these issues?

We surveyed parents to identify barriers to enrollment and utilization and perceived benefits of the program. We received responses from 255 parents in the four schools surveyed. Despite extensive communications efforts, 24% of parents reported not knowing about the program. Half (52%) of parents whose child was not enrolled stated that they would rather take the child to their physician. However, 35% reported that they did not enroll because they did not know about the program, and 27% reported that they did not enroll because they did not understand the program. Convenience and keeping children in school were the most common reasons for enrolling in the program.

We conducted interviews with parents (n=20), school nurses (n=6), school principals (n=6), and medical providers (n=13) to gain a deeper understanding of program benefits, barriers, and recommendations for change. Across parents, school nurses, principals, and health providers, the top perceived telemedicine benefits reported were the convenience for the parent and the student's reduced time out of class or out of school due to illness. School nurses, principals, and medical providers most frequently reported technology issues as a challenge with the telemedicine program. The top reported reasons for under-enrollment were lack of awareness and preference to visit the child's physician. The primary reasons for low utilization across stakeholders were limited applicability to prevalent health concerns presented by students and low utilization by nurses for potentially relevant conditions determined to be not eligible based on nurse clinical judgment. Differences in utilization across school sites were perceived to be due to differences in nurse judgments about whether to use telemedicine. Stakeholders provided a range of recommendations to enhance program promotion and improve service delivery detailed in this report.

Objectives:

Participants will be able to describe two barriers to enrollment in a study of a school-based telemedicine program.

Participants will be able to describe two barriers to utilization in a study of a school-based telemedicine program.

Participants will be able to list three strategies to improve enrollment of students and utilization by families, school nurses, and health care providers.

Workshop: D3   Date: Tue, Jun 28   Time: 3:45-4:45   CE Credit: 1

Title: Integrating Behavioral Health into Primary Care and School-Based Settings: Lessons Learned

Category: Mental Health Clinical Skills

Lead Presenter: Erika Franta, PhD, Assistant Professor, Psychology, University of Nebraska Medical Center

Co-Presenter(s): Christian Klepper, PsyD, Assistant Professor, Psychology, University of Nebraska Medical Center

Workshop Summary: Mental health conditions are prevalent among children, making childhood a critical time for prevention, early intervention, and treatment of mental and behavioral concerns when they emerge. Primary care providers are often viewed as de facto mental health providers and co-located behavioral health can improve access to, initiation, and treatment completion (Kolko et al., 2014; Valleley et al., 2019).

School-based health centers increase access to these mental health services, with 70-80% of youth who receive mental and behavioral health services relying on schools (Committee on School Health, 2004; Burns et al., 1995). School-based mental health services promote health equity, reduce racial and ethnic disparities, and enhance engagement in mental health services among youth who face significant barriers to accessing care (Ijadi-Maghsoodi et al., 2018). School-based health centers reduce barriers that schools face in supporting the mental health of students (Shelton & Owens, 2021). These providers must have skills in clinical services (e.g., delivering evidence-based interventions for children and youth) and teaming and collaboration (e.g., supporting the system in which the child is receiving behavioral health treatment).

The Mid-America Mental Health Technology Center is funded by SAMHSA and provides free or low-cost training and technical service in evidence-based behavioral health intervention. Having experience as clinical service providers and consultants who have helped others establish integrated programs in pediatric primary care and school-based settings, the Mid-America MHTTC team has developed training in the skills integral for providing comprehensive and effective interventions.

Objectives:

Participants will be able to explain the key role of integrated school-based health centers in increasing access to prevention, early intervention, and treatment.

Participants will be able to describe the tasks and qualities of a successful mental and behavioral health professionals in integrated school-based settings.

Participants will be able to list strategies for teaching the skills needed to provide evidence-based clinical skills and integrate themselves successfully into the system.

Workshop: D4   Date: Tue, Jun 28   Time: 3:45-4:45   CE Credit: 1

Title: Preventing suicide through universal SBHC screening safety plans and lethal means reduction

Category: Mental Health Clinical Skills

Lead Presenter: Naomi Schapiro, RN, PhD, CPNP-PC, Professor Emerita, Family Health Care Nursing, University of California, San Francisco, Department of Family Health Care Nursing

Co-Presenter(s): Shawna Sisler, PhD, MS, MAPP, RN, C-PNP-PC, Assistant Clinical Professor, College of Nursing, University of Utah

Workshop Summary: Suicide is the second leading cause of death in adolescents, and rates have risen steadily in the past decade, increasing during the COVID-19 pandemic. Rates are highest in Native American/Alaska Native youth and increasing rapidly in African American youth, highlighting the impact of racism and other forms of discrimination. Children and youth who are LGBTQ+, in foster care, or incarcerated are also at increased risk for suicide. Depression screens may miss some suicidal youth, and many organizations recommend screening for suicidality at every primary care and urgent care encounter. The use of firearms as a means to die by suicide carries an 82.5% fatality rate, whereas the ingestion of a drug or poison tends only to have a 1.5% fatality rate. Reducing access to lethal means is one of the most powerful ways to remove the physical cues related to suicide and can later interrupt suicidal ideation and prevent a teen from dying by suicide.

Drawing from past experience in training SBHC providers, both locally and nationally, this interactive workshop will provide school-based primary care clinicians and other SBHC staff the skills needed to screen for and assess suicidal youth, provide safety plans and counsel youth and caretakers on the importance of reducing access to lethal means. The workshop will also report on one state's school-based initiative to prevent suicide. The team-based approach of SBHCs is ideal for providing urgent care for suicidal youth, and primary care/behavioral health/school coordination and parameters for urgent hospitalization will be discussed.

Objectives:

Participants will be able to discuss the rationale for screening every youth ages ten and up for suicidality at every encounter

Participants will be able to evaluate their site's protocol for assessing suicidality, safety planning, and emergency care.

Participants will be able to name three elements of lethal means reduction counseling.

Workshop: D5   Date: Tue, Jun 28   Time: 3:45-4:45   CE Credit: 1

Title: Providing Trauma-Informed Care & Building Resilient Providers in a School-Based Health System

Category: Primary Care Clinical Skills

Lead Presenter: Anna Goddard, PhD, APRN, CPNP-PC, Managing Director of Medical Services & Quality Improvement, Pediatric Nurse Practitioner, Child, and Family Agency of Southeastern Connecticut

Co-Presenter(s): Katherine Cushing, MPH, Senior Program Manager, Quality, Research, and Evaluation, School-Based Health Alliance

Workshop Summary: School-Based Health Centers are integral in supporting a trauma-informed community to help school systems meet the needs of our students. This session will review trauma-informed care for SBHC providers and strategies to support and strengthen community-sponsored school-based health services. An overview of trauma and its long-term impacts on physical and mental health will be reviewed. Foundational theory, information, practices, and self-awareness strategies will be presented to prevent compassion fatigue, burnout, and secondary traumatization while prioritizing resiliency building and compassion satisfaction.

Objectives:

Participants will be able to define trauma-informed care and principles for a trauma-informed organization.

Participants will be able to demonstrate professional and personal self-care strategies as part of a trauma-informed environment.

Participants will increase self-awareness on personal development to recognize and reduce the risk of compassion fatigue and secondary traumatization from clinical care.

Workshop: D6   Date: Tue, Jun 28   Time: 3:45-4:45   CE Credit: 1

Title: Screening for Social Risks in School-based Health Centers: Learnings from the Field

Category: Primary Care Clinical Skills

Lead Presenter: Victoria Keeton, PhD, RN, CPNP, CNS, Post-doctoral Research Fellow, University of California, San Francisco

Co-Presenter(s): Emilia Demarchis, MD, MAS, Assistant Professor, University of California, San Francisco

Workshop Summary: The School-Based Health Alliance has called for SBHCs to screen for youth and family social risk factors. Best practices for social risk screening and interventions (aka social care) in health care are evolving. Social care activities are not yet widespread in SBHCs due to a lack of research and evidence on how to best integrate these activities in school-based settings.

In this workshop, we will review the current state of the evidence on healthcare-based social care activities from non-SBHC primary care settings. We will present potential applications of this knowledge base to the SBHC model and consider unique barriers and facilitators such as caregiver engagement, minor consent, workflow considerations, and collaboration with the non-SBHC medical home. We will provide an overview of standardized social risk screening tools and review the potential strengths and limitations of SBHCs. Finally, we will discuss the significant gaps in the literature around social care in SBHCs, and research opportunities. Small group activities to share experiences and expectations around social care integration will provide active participation and the opportunity for shared learning. Participants will leave the presentation with a better understanding of the impact of social risks on health outcomes in youth and their families and of the important considerations for implementing social care in their own SBHCs.

Objectives:

Participants will be able to identify at least three of the most common social risk factors experienced by families in the U.S. and explain their relationship to youth health outcomes.

Participants will be able to describe the content, strengths, and limitations of at least one standardized social risk screening tool.

Participants will be able to evaluate potential barriers and facilitators to the implementation of social risk screening and intervention in an SBHC setting.

Workshop: E1   Date: Wed, Jun 29   Time: 3:45-4:45   CE Credit: 1

Title: Taking Data off the Shelf to Improve Student Wellness

Category: Business/Systems

Lead Presenter: Alex Zepeda, MPH, Senior Data and Research Analyst, The Los Angeles Trust for Children's Health

Co-Presenter(s): Maryjane Puffer, BSN, MPA, Executive Director, The Los Angeles Trust for Children's Health

Workshop Summary: School-Based Health Centers (SBHCs) bring health services to children and adolescents where they are ...at school. In Los Angeles, 16 SBHCs were built and established as Wellness Centers. These Wellness Centers are clinics that serve both the students on the school campuses and the community members. LA's Wellness Centers, run by FQHCs, are in the highest need neighborhoods and are intended to make health services available where health needs are greatest.

To capture the impact of the SBHCs and Wellness Centers, The L.A. Trust developed the Data xChange. The Data xChange is a unique database that includes clinical data from 20 SBHCs and Wellness Centers that are part of the Los Angeles Unified School District and links this to educational data. It is the only known database in the country to integrate student health data with academic data such as attendance, grades, and graduation rates. The Data xChange was designed to be interoperable with other systems, and it seamlessly integrates with different electronic health systems. Data xChange reports focus on the impact of SBHCs and Wellness Centers on student and population health, inform program and staffing investments, home in on the specific needs of each Wellness Center, and provide consistent, seamless monitoring.

Data on the utilization of SBHCs and Wellness Centers during the past six years showed that Wellness Centers are addressing the needs of the community and students. Not only does the Data xChange track trends across the years, but the data is also used regularly by the Wellness Centers and community partners to address the specific needs of the students and community they serve. Student Advisory Boards use the data to drive specific health campaigns on their campuses. Data is used to apply for funding, report to funders, and improve quality. Working with the National Alliance, this automated system reports on the national school-based health performance measures.

Objectives:

Participants will be able to discuss the value of a consistent, seamless technology solution for reporting and monitoring the impact of SBHC on student wellness.

Participants will be able to promote the use of data to drive program strategy.

Participants will be able to Describe how student leaders can use data to develop health campaigns and promote access to care.

Workshop: E2   Date: Wed, Jun 29   Time: 3:45-4:45   CE Credit: 1

Title: Understanding and Addressing the Social Influencers of Health and Education

Category: Business/Systems

Lead Presenter: Rachel Sadlon, MPH, BA, Assistant Director, Research and Evaluation, Center for Health and Health Care in Schools

Co-Presenter(s): Katherine Cushing, MPH, Senior Program Manager, Quality, Research, and Evaluation, School-Based Health Alliance

Shawn Orenstein, MPH, Program and Policy Manager, National Center for School Mental Health

Workshop Summary: A child's health status and educational achievement are influenced by multiple factors, external and not easily controlled by the child or parents/guardians. Factors such as the neighborhood's safety, a family's SES, access to needed services, the availability of healthy food, the quality of the physical environment, and experiences with racism or discrimination profoundly impact well-being and can severely limit growth opportunities. Staff from SBHCs are well-positioned to assess and take actions to help overcome these obstacles to student achievement, social-emotional development, and well-being.

The social influencers of health and education (SIHE) are rooted in the social determinants of health (SDOH). SDOH refers to the characteristics in a child's surroundings that affect a wide range of health, functioning, the prevalence of risks, and quality-of-life outcomes—in other words, the social, environmental, or economic conditions in which individuals are born, live, learn, play, work, worship, and age. The term influencers have been favored over determinants to highlight the potential for positive change when social and environmental factors are identified and addressed early on. The research underscores that social influencers of health can positively or negatively impact the health of an individual child and drive student educational outcomes.

One strategy is for SBHCs to engage in SIHE assessment. By assessing SIHE, schools and community partners providing school health services can better understand the social and environmental factors that affect youth and their families. SBHCs might undertake screening and assessment based on level of readiness, resource availability, and subject of interest.

Objectives:

The participant will be able to define the social influencers of health and education and understand their impact on student health and learning.

The participant will be able to list three screening or surveillance tools that can be used to assess the social influencers of health in a student population or school community

The participant will be able to describe Tier 1, Tier 2, and Tier 3 interventions to address unmet SIHE needs within a multi-tiered system of support.

Workshop: E3   Date: Wed, Jun 29   Time: 3:45-4:45   CE Credit: 1

Title: LGBTQ+/BIPOC Youth Connection and Mental Health in the Time of COVID

Category: Mental Health Clinical Skills

Lead Presenter: Nicole Mayer, MPH, Project Manager, Multnomah County Health Department

Workshop Summary: During this workshop, you will learn about the power of alternative projects to involve youth in their mental health care outside of the clinical setting. Media forms like podcasting allow youth to build community and talk to enable them to remove the masks they wear around adults, even their mental health care providers. They can openly talk about the issues they face in a venue that can then be shared with other youth for them to feel less alone. This was imperative when the school year began in September 2020, as most students were distance learning and folks from marginalized communities were even more so. The podcast form is also important for adults and providers to listen to youth differently. Peek into the world of youth that many of us cannot see/hear. By providing this youth-led podcast with grant money from The Oregon Alliance to Prevent Suicide in partnership with the Oregon Health Authority (OHA), they were able to buy equipment and hosting, hire an editor and pay themselves for the work they are doing.

Objectives:

Participants will be able to list one new thing they learned about youth mental health.

Participants will be able to list one new thing about how youth talk when adults are not around.

Participants will be able to list one way they will use this information to make an actionable change in out they connect with youth.

Workshop: E4   Date: Wed, Jun 29   Time: 3:45-4:45   CE Credit: 1

Title: Screening for ACEs in SBHCs

Category: Mental Health Clinical Skills

Lead Presenter: Jessica Dyer, LCSW, Behavioral Health Project Director, California School-Based Health Alliance

Co-Presenter(s): Stephanie Guinosso, PhD, MPH, Senior Research Associate, ETR

Workshop Summary: Providers from across California School-Based Health Centers participated in a six-month learning collaborative to gather best practices for implementing the ACEs screening in primary care and behavioral health and learning covered how to develop a trauma-informed clinic, developing a screening implementation plan, developing a network of care and increasing student access to buffering supports and reducing the toxic stress response.

This workshop will deliver lessons learned on the barriers and facilitators of screening implementation in SBHCs. It will cover different models for implementation of the screening tools and examples of how to work with unique sites to develop Networks of Care and utilize student voice in creating access to buffering supports.

Objectives:

Participants will be able to understand what SBHCs need to establish before starting to screen for ACEs.

Participants will be able to identify practices SBHCs can implement to incorporate youth voices into screening practice.

Participants will be able to identify practices SBHCs can implement to create a response to screening and develop a network of care that incorporates community resilience and youth input.

Workshop: E5   Date: Wed, Jun 29   Time: 3:45-4:45   CE Credit: 1

Title: Got Transition? Launching Students From SBHCs Into Adult Health Care

Category: Primary Care Clinical Skills

Lead Presenter: Diana Bruce, MPA, Founder, and Chief Executive Officer, Diana Bruce, and Associates, LLC

Co-Presenter(s): Samhita Ilango, MSPH, Health Research and Policy Associate, The National Alliance to Advance Adolescent Health and Got Transition

Workshop Summary: Launching an adolescent into adulthood is hard work. SBHA and Got Transition (a project of the National Alliance to Advance Adolescent Health Care) have created the Got Transition in School-Based Health Centers Playbook. This presentation will detail the numerous resources and supports available to SBHCs in the Playbook and help you get your HCT program. We will have experts in the field of HCT to answer your questions, provide support, and troubleshoot common issues for SBHCs.

Objectives:

The participant will have a foundational knowledge of Healthcare Transition and its impact on SBHC, students, and the wider community.

The participant will be aware of the new Playbook and the resources.

The participant will be able to identify the first steps in launching their HCT program in their SBHC.

Workshop: E6   Date: Wed, Jun 29   Time: 3:45-4:45   CE Credit: 1

Title: Sharing the Science: Applying a Shared Decision-Making Framework in Contraceptive Counseling

Category: Primary Care Clinical Skills

Lead Presenter: Nishant Shah, MD, MPH, Clinician Trainer, Beyond the Pill, UCSF Bixby Center for Global Reproductive Health

Workshop Summary: Participants will develop a deeper understanding of what it means to provide patient-centered care using a shared decision-making approach and practice doing so in common challenging patient scenarios.

Cases will include patients with concerns about side effects, such as weight gain and irregular bleeding, and patients who have complex and sometimes contradictory feelings around pregnancy prevention. Considerations and best practices for providing inclusive care to transgender and gender diverse patients will also be discussed.

Participants will learn and practice skills to facilitate thorough and patient-centered conversations around contraception throughout the workshop. A review of strategies for sharing scientific data utilizing shared decision-making techniques will help you gain practical skills to counsel adolescents about the risks, benefits, and side effects of contraceptive methods and better equip you to support young people in achieving their reproductive goals.

Objectives:

Participants will be able to describe how to apply principles of shared decision-making to contraceptive counseling.

Participants will be able to review techniques to present scientific data with clarity, using a patient-centered approach.

Participants will be able to discuss how to address common challenging scenarios in contraceptive counseling while remaining patient-centered.

Workshop: F1   Date: Thu, Jun 30   Time: 1:15-2:15   CE Credit: 1

Title: Relationship Building for Equitable and Sustainable SBHC services: A Community School Strategy

Category: Business/Systems

Lead Presenter: Mia Martinez, Technical Assistance Program Manager, United Community Schools

Co-Presenter(s): Katie Savage, MPH, Community School Director, United Community Schools

Workshop Summary: A shared-decision-making (SDM) approach in contraceptive counseling is an evidence-based practice and is associated with positive outcomes related to contraceptive care, including patient satisfaction and increased contraceptive knowledge. In this session, participants will develop a deeper understanding of what it means to provide patient-centered contraceptive care using a shared decision-making approach and practice doing so in common challenging patient scenarios. Cases will include patients with common concerns about side effects, such as weight gain and irregular bleeding, and patients who have complex and sometimes contradictory feelings around pregnancy prevention. Considerations and best practices for providing inclusive care to transgender and gender diverse will also be discussed. Participants will learn and practice skills to facilitate thorough and patient-centered conversations around contraception throughout the workshop. A review of strategies for sharing scientific information utilizing shared decision-making techniques will help you gain practical skills to counsel adolescents about the risks, benefits, and side effects of contraceptive methods and better equip you to support young people in making informed decisions and achieving their reproductive goals.

Objectives:

Participants will be able to examine the relationship between enrollment and utilization at their SBHC.

Participants will be able to identify barriers to SBHC enrollment and develop strategies to address them, integrating Community Schools' best practices.

Participants will be able to develop an action plan for outreach and enrollment to advance health equity and support SBHC sustainability.

Workshop: F2   Date: Thu, Jun 30   Time: 1:15-2:15   CE Credit: 1

Title: Meeting Children "Where they are at" Models for School-Based Health Clinics During Covid and Beyond

Category: Mental Health Clinical Skills

Lead Presenter: Kristie Ladegard, MD, Psychiatrist, Denver Health and Hospital Authority

Co-Presenter(s): Nancy Beyer, MD, Psychiatrist, The University of Iowa Health Care

Workshop Summary: Estimates in the United States of America (USA) suggest an unmet mental health need for 49% of children (Whitney 2019), with disadvantaged children disproportionately affected. Constraints on child mental health (CMH) services occur at time-escalating concerns for youth substance abuse, suicide, and violence (Cam, 2017, Katsiyannis,2018). In the USA, the majority of minors attend public school; this positions the school as an ideal site for CMH service provision. School-based health clinics (SCHs) are vital to CMH promotion and prevention. Child and Adolescent Psychiatrists (CAPS), primary care providers, and mental health professionals play a critical role in assessing and treating at-risk youth. Models of SHCs vary across the USA, with their development influenced by school dynamics, population needs, and local communities culture. Telepsychiatry became a sustaining practice for many SCHs during the pandemic to ensure youth continued to receive mental health care.   Models of SBHCs will be explored through the following presentations highlighting: 1) Effectiveness 2) Impact on health equity 3 Advantages 4) Disadvantages 5) Adaptations to COVID.   Erika Ryst M.D. will describe the Nevada Project Aware- Advancing Wellness and Resiliency in Education and discuss mental health outcomes for this model. Kristie Ladegard MD will discuss how Denver School-Based Clinics provide comprehensive mental health care to inner-city youth while collaborating with school systems to improve academic functioning for all youth.   Modifications to this system during COVID ensured that services continued. Nancy Beyer M.D. will describe how partnering with the University of Iowa Department of Psychiatry and Iowa's Community School district and their program provided assessment and treatment options to at-risk students through school-based clinics. This program showed that more minority youth were served in school-based clinics than traditional outpatient clinics.

Objectives:

Participants will be able to recognize the role school-based mental health clinics have in promoting mental health and adaptations made during the COVID-19 pandemic.

Participants will be able to compare and contrast current models of school-based mental clinics and demonstrate how they may improve health equity.

Participants will be able to examine the challenges, barriers, and rapid changes that school-based health clinics in different states implemented to sustain school-based mental health services during COVID.

Workshop: F3   Date: Thu, Jun 30   Time: 1:15-2:15   CE Credit: 1

Title: Best Practices in SBHC Substance Use Prevention and Intervention

Category: Primary Care Clinical Skills

Lead Presenter: Amy Manta-Ranger, MPH, Site Supervisor, California School-Based Health Alliance

Co-Presenter(s): Sierra Jue-Leong, MPH, Project Director, California School-Based Health Alliance

Workshop Summary: Between the increase in vaping, opioids, and methamphetamines, as well as the worsening mental health crisis in our youth, substance use is an ever presenting issue in adolescent-serving SBHCs. The California School-Based Health Alliance has partnered with SBHCs and subject matter experts to develop a package of tools for SBHC substance use prevention, screening, and intervention. Learn about innovative and sustainable practices to integrate screening into your clinic flow, offer billable brief individual and group interventions based on Motivational Interviewing, use youth leadership to provide substance use education, and work with school administrators to shift school discipline practices from punitive to supportive.

Objectives:

Participants will learn concrete tools for SBHC substance use prevention and treatment.

Participants will share best practices and lessons learned from their clinical practice and community.

Participants will have an opportunity to apply skills and resources.

Workshop: F4   Date: Thu, Jun 30   Time: 1:15-2:15   CE Credit: 1

Title: Addressing Bias in Contraceptive Care

Category: Primary Care Clinical Skills

Lead Presenter: Stephanie Andaya, CCMA, Contraceptive Training Specialist, Beyond the Pill, UCSF Bixby Center for Global Reproductive Health

Workshop Summary: This session will facilitate dialogue about ways in which implicit and explicit biases can affect students' experience of contraceptive care.

Participants will consider how their individual biases may affect how they talk with students about contraceptive options and how different approaches to counseling may advance or restrict students' reproductive autonomy. An overview of principles and techniques of patient-centered counseling will help establish a framework that supports those adolescents who desire contraception in having access to information about the full range of options and selecting their method of choice.

Participants will review key elements of Cultural Humility and engage in guided practice applying this framework's key principles and learning about additional evidence-based de-biasing strategies. The workshop incorporates interactive activities and discussion throughout.

Objectives:

Participants will be able to identify practical and evidence-based practices that can reduce the impacts of provider bias.

Participants will be able to describe how bias may affect the interpersonal quality of contraceptive counseling and other aspects of sexual and reproductive health care provision.

Participants will be able to practice identifying implicit biases in common counseling scenarios.

Workshop: F5   Date: Thu, Jun 30   Time: 1:15-2:15   CE Credit: 1

Title: Teeth Have Feelings Too: Assessment, preventive measures, treatments, and referral resources

Category: Primary Care Clinical Skills

Lead Presenter: Christine Cogil, DNP, MPS, RN, FNP-BC, Associate Professor, Interim Assistant Dean of Graduate Professional Programs, University of New Mexico, College of Nursing

Co-Presenter(s): Rebecca Casalino, FNP/PNP, Family Nurse Practitioner & Pediatric Nurse, El Pueblo Health Services, University of New Mexico, College of Nursing

Workshop Summary: If the eyes are the window into the soul, then the mouth is the window to the body. Children with a healthy diet who consume sweetened foods or beverages with meals only receive daily oral hygiene, and regular dental visits tend to have fewer health issues. According to the CDC, children with poor oral health miss more school, have lower overall academic performance, and experience reduced self-esteem. School-based health care providers can make a difference for children at risk for or who experience oral health issues. However, many primary care providers have received minimal training on assessing and managing oral health issues. This workshop will provide an overview of oral health basics, including the anatomy and pathophysiology of oral disease. Small group learning involves practicing a quick and straightforward oral examination that can be integrated into the overall physical exam or for focused oral issues. Workshop presenters will present common findings that correlate with each oral exam part. In addition, participants will learn about evidence-based management of common oral problems and dental trauma requiring urgent referral in children and adolescents. Based on the information learned from an oral examination, small group participants will receive a clinical case study from a school-based health center practice.

Objectives:

Participants will be able to demonstrate four aspects of a complete oral examination.

Participants will be able to identify common oral issues and dental emergencies that require urgent referral.

Participants will be able to utilize evidence-based treatments appropriate for some identified oral problems.

Workshop: F6   Date: Thu, Jun 30   Time: 1:15-2:15   CE Credit: 1

Title: Access for Everyone: Addressing Health Equity and Racial Justice within Integrated Care Settings

Category: Mental Health Clinical Skills

Lead Presenter: Pierluigi Mancini, PhD, President/CEO, Multicultural Development Institute, Inc.

Co-Presenter(s): Ana Carina Ordaz, MS, NCC, Doctoral Candidate, Counseling Psychology, University of Georgia, Department of Counseling and Human Development Services

Workshop Summary: Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. Everyone deserves a fair chance to lead a healthy life. No one should be denied this chance because of who they are or their socio-economic opportunities.

This workshop will address health equity in health and healthcare. It will introduce participants to 'Access for Everyone,' a toolkit from the National Council for Mental Wellbeing to address equity and racial and social inequities and support your patients and organizations.

Objectives:

Participants will be able to explain the concepts of Health Equity and Health Disparities in healthcare, specifically mental health and substance use treatment settings.

Participants will be able to describe the value of Integrated Health in health equity.

Participants will be able to understand the purpose and utilize the new toolkit titled, Access for Everyone; Addressing Health Equity and Racial Justice within Integrated Care Settings.