- Lessons from the Field -

Expanding School-Health Center Partnerships

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Transcript

Tim Duffey: Good afternoon and welcome everyone to today's listening, excuse me, Lessons from the Field Webinar, Expanding School-Health Center Partnerships. On behalf of the US Department of Education we're pleased to join us today. In fact, some 1,400 people have registered for today's webinar. So additional people will certainly be joining us as we kick off here in the early minutes of the event. Thanks to all of you who are already online with us. My name is Tim Duffey. I'm the training specialist at the National Center on Safe Supportive Learning Environments or NCSSLE and I will be moderating today's webinar. NCSSLE is funded by the office of safe and supportive schools within the office of elementary and secondary education at the Department of Education. To learn more about NCSSLE and to access a range of resources that address school, climate, and conditions for learning, we encourage you to visit our website to give you a sense of what the website looks like and the content it contains.

Here, we share an image of our page on the left, along with some of our most popular products on the right side of your screen. Please note that all materials you will see today, including the presenter slides, reference resources and the recorded version of this webinar will be available on the event webpage within this website. And this information has just been posted into the chat for you as well. Please also note you can access previous lessons from the field sessions by visiting the webinar series webpage, which is also listed here at the lower right corner of your screen, and feel free to return to that in the slides from the website, if you wish to after were to see the presentations that are included there. Before I review our agenda for today and introduce today's speakers, I want to quickly review information that was shared by those of you who registered for the webinar to provide a sense of who's joined us today. This is helpful information for our speakers as well.

I'll return to the other category in a moment. But aside from that, the two top categories of roles described were school based health center personnel and student support personnel followed relatively closely by a state education agency, staff and advocates. And then we dropped down to 5% or less of youth who registered today were school administrators, other local education staff, community, or school board members or parents and family. The other category weighing in at 41% is a wide variety of individuals, but I'll give you some idea of some of those roles that I saw repeated was some regularity in that registration included physicians, state health department staff, public health staff, grant coordinators, federally qualified health center staff, federal employees, and members of the media. And this information is from the first 1,400 or so registrants of today's event.

So, after completing this introduction, which is item one on the agenda, we'll be kicking off the event with an overview of health center programs and models of care. We'll then hear information on the benefits of school-based health services for a variety of audiences. Next, we'll explore two case examples from North Carolina and from West Virginia. These case examples will provide insight into how this looks in action on the ground. After which we'll consider resources that are available to assist you all in taking next steps to explore and or implement school health partnerships in your settings. We'll wrap up with a Q&A discussion and some important closing remarks. So, regarding our speakers, we're joined today by a slate of speakers with deep experience in the intersection of schools and health centers in a wide variety of settings. The first of those speakers will be Dr. Jen Joseph, Director of the Office of Policy and Program Development and the Health Resources and Services Administration's Bureau of Primary Care.

We'll then be joined by Ms. Andrea Shore, chief program officer for the school-based health alliance. Following their presentations, we'll have the good fortune to hear from Tammy Greenwell and Matt Gruebmeyer from North Carolina and from Jessica McColley from West Virginia. These practitioners will ensure our conversation today is grounded in real world realities of implementing school health center partnerships. As noted at the bottom of this slide, all speaker bios are available on the event webpage for your reference. So, let's begin with hearing from Dr. Jen Joseph, director of the office of policy and program development at HRSA. In her role at HRSA, Jen provides leadership and oversight of the strategic development and expansion of access to primary care services. Health center policy, excuse me, health center program policy, and BPHC capital and loan guarantee programs. Jen, I'll turn it over to you.

Jen Joseph: Thank you so much. And thank you to my Department of Education colleagues for hosting this webinar and giving us this really incredible opportunity to talk with this audience. I'm so pleased to be with you to provide an overview of the Health Center Program and to be with my colleagues who will give life and lessons learned from the field on the potential role of health centers in establishing new or expanding or helping to sustain access to health services in schools. Next slide. So, for those of you not already aware, I wanted to share

that the Departments of Health And Human Services and Education issued a joint letter to governors on March 22nd, just last week, that provides a really important foundation for our time together today, the letter highlights the many ways in which COVID-19 has impacted the nation's children and youth. In particular, the significant impacts of COVID-19 on mental health impacts that many of you are undoubtedly observing and responding to every day.

A few takeaways just to set our stage for today, approximately 140,000 children have lost a parent or grandparent, caregiver to COVID-19. Youth reports of psychological distress have doubled since the pandemic began. Trauma and stress or related disorders are now common among children under five. These impacts of COVID-19 have disproportionately fallen on children in youth with intellectual or developmental disabilities, children in youth with prior childhood trauma, and those who have faced previous discrimination in the healthcare system, including children of youth of color, immigrant children, children with disabilities, and those who are LGBTQ+.

In recognition of these challenges, the letter outlines commitments of the departments of health, human services and education to develop and align resources to ensure the children have the physical and behavioral health services and supports that they need to build resilience and thrive. And today's webinar is one of many of these joint efforts underway. I think we're all hopeful that the information that we share today will help to build new bridges across education and health by highlighting the potential partnerships with health centers, and the way that health centers can meet children and youth where they are with services tailored to their needs. With a particular focus on the potential of health centers in helping to support and sustain access to health services, including mental health services that schools may have established with one-time American rescue plan act funds.

So, I come to you from the Health Resources and Services Administration or HRSA, as we are often referred to. This is the agency in the Department of Health and Human Services charged with increasing access to basic healthcare for those who are medically underserved. The next slide brings us to the organization I come to you from. So, within HRSA, the Bureau of Primary Healthcare administers the health center program. Health centers improve the health of the nation's underserved communities and populations by ensuring access to comprehensive, culturally competent quality primary healthcare services. Those of you wondering what is the difference between a health center and a federally qualified health center or an FQHC, for today's purpose, you can think of them as one and the same. I will refer to them as health centers. They're approximately 1,400 health centers that operate nearly 14,000 service delivery sites. In every state, US territory and the district of Columbia.

So, it's likely there's a health center in or near your community. Health centers provide primary medical care, oral health and behavioral health, mental health, and substance use disorder services to medically underserved areas and populations such as populations including those who are experiencing

homelessness, agricultural workers and residents of public housing. Health centers also provide services that address barriers to care. Services like case management, outreach, health education, transportation, and translation. And you'll see those services sometimes refer to enabling services and other slides that I'll share with you. A snapshot of who health center served in 2020. One in three people living in poverty, one in five people who are uninsured, one in five rural residents. Of the 29 million individuals served by health centers in 2020, 91% had incomes below 200% of the federal poverty guidelines. 24% were served in a language... Best served in a language other than English and 62% were racial or ethnic minorities. This included almost 1.3 million individuals experiencing homelessness, nearly 1 million agricultural workers, and more than 376,000 veterans.

And perhaps not surprising at this point is that health centers play a large role in providing access to care to children and youth. One in nine children and youth in the US receive care at a health center. Health centers have played a vital role during the COVID-19 public health emergency in ensuring equitable access to testing, treatment and vaccination services for the nation's most underserved and vulnerable populations, including providing almost 1 million COVID vaccines to children and youth. Health centers also had a long history, and some of you today are parts of this history of providing care in school-based settings. 41% of health centers provide health services to children and youth through over 3,200 school-based sites. And you'll hear from two of those health centers soon and shortly. Even with the many school closures due to COVID-19 in 2020, nearly 666,000 students access health center services through school-based location. In addition to vaccinating children at their community sites, health centers have posted more than 7,600 school based COVID vaccination clinics. And these are new relationships that have the potential to be built upon in the future.

So, with that high level scope and nature of the program, I'll share a few details about how health centers work. The health center model of care is grounded in statutory requirements that health centers adhere to, but more importantly, perhaps build upon in ways that best meet the unique circumstances and needs of the communities and the populations they serve. They serve high need areas and that could be areas that have concentrations of poverty, low income, areas that are rural or geographically isolated and, or populations facing those historical barriers to care. Including, as I mentioned previously, individuals experiencing homelessness, and agricultural workers, and residents of public housing, folks who are racial and ethnic minor, low English proficiency, and LGBTQ+ populations. They provide comprehensive primary care and those enabling services to facilitate access as mentioned previously. They're required to collaborate with other health centers and other community providers and an important foundation of what makes a health center a health center is that these are independent organizations that operate under the direction of patient majority governing boards.

Another critical aspect of what makes a health center a health center is that they provide services regardless of patients' ability to pay and charge on a

sliding fee scale. And last but not least, they meet many, many administrative clinical and financial operations requirements, which help to ensure that they achieve the mission of providing access to those high-quality services. So, a bit more about the care model of health centers. This is a general picture on the slide. It varies based on the needs of the population a health center serves. I think the takeaway for this slide is really when you put this into practice, it means that a patient of a health center, a child or adult, in all likelihood can have access to affordable dental care, behavioral healthcare, vision services, at the same organization that provides their well visits and their acute or chronic disease care. I think another important takeaway for this slide is you think about how it might benefit a student population to have services in the school and to partner with a health center is that health centers do provide high quality care.

So, one of the indicators, one of many indicators is that 77% of health centers achieved patient centered medical home recognition in 2020. This is a voluntary but intensive undertaking that identifies medical practices that have invested in a model of care that puts patients at the forefront and where continuous quality improvement is a priority. And then a little bit here about how health centers operate. So, health centers operate in typically in more than one location with multiple modes of care delivery. One health center organization will typically serve a defined geographic area and on average, has 10 different service delivery sites. These sites could include community sites that are in those geographic areas of high need or in areas where medically underserved populations reside. They could include mobile units to help them to reach populations in the community, such as providing dental sealants to children's in schools across the community or providing vaccinations at a homeless shelter or behavioral health services at a migrant camp.

They also have partnerships where they leverage community resources to help meet the needs of their patients. And then certainly school-based sites, as we just discussed, which are extensions of that health center model of care that occur in those school based settings. They provide in-person and virtual care and all health center activities, regardless of where they occur are conducted on behalf of the health center. So, the next slide brings us to a little bit more of this on behalf of consideration. So, while a health center may use a school parking lot for a mobile dental clinic or an office space in a school for a mental health provider, or has space in a school where they provide comprehensive services to students in the school and in the community, these are all effectively extensions of the health center. They are working on behalf of their organization under the direction of their patient majority board. So, while they can provide health center services in a school under a defined set of circumstances, they can't provide services on behalf of the school.

And that I know connects to some of the questions that we've gotten about IEP requirements and what are the ways that health centers can serve those student populations in school. So happy if there are questions in that space to talk about those at that time. And then last I wanted to just share a couple of takeaways for you. There's lots on this slide. I think that the key takeaways here

that health centers are not federal assets, they're independent organizations, again, governed by those patient majority boards. So, they and their boards are deciding and requesting as needed, our approval to add sites in schools, to add services beyond those that are required and make those related decisions in order to best meet the needs of their community. They receive grants and other benefits by being part of the health center program and remaining compliant with all of our requirements.

But again, they aren't federal assets. The chart on the right shows their revenue sources and you don't to memorize this. The takeaway though, is that a grant from HRSA is a relatively small portion of the pie. Medicaid is actually the largest source of revenue for health centers nationally that could vary tremendously based on the actual population that is served by health center. But on average, the grant from HRSA supports less than 20% of the revenues. They also have other state and local resources, other third-party payers, Medicare and self-pay. And the takeaway of this is that health centers come to a potential school partnership with a billing infrastructure, and the potential to maximize revenues in a way that can provide services in a school that depending on a variety of factors could possibly be supported without additional resources. So, if there is a health center near your school, your students are likely already a part of the population they serve.

And the sweet spot of a partnership between a school and that health center could really be a mutually beneficial relationship where the health center has greater access to the population. They are already trying to serve by virtue of being able to provide those services within the wall of the school, the students benefit learning improves. We all know the broader benefits of healthy students that are ready to learn. So, with that said, we also know that resources help and that health centers can and do provide services in schools without resources specifically targeted to that purpose. And also, we do, when we can, provide resources which are dependent on congressional appropriations. So, with that, I hope you're primed for further details and examples that inspire you to explore new and expanded partnerships with health centers, contact information on this slide. You can refer back to if you have specific questions for us later, and I will pass it off at this point.

Tim Duffey: Thank you, Jen. Really timely information, particularly in light of that recent letter being released, which reminds me to mention to all of you as participants, again, to make sure you're monitoring the chat. Daniel is dropping links that are mentioned as our speakers move along in the chat so that you can access them there once the slide passes by you. So please do monitor that carefully. That was a really essential baseline of information on the role of health centers, which is a good grounding for us as we move forward. So, let's move on now to hear from Andrea Shore from School Based Health Alliance. As a reminder, Andrea is chief program officer for SBHA with a rich background in public health that you'll see referenced in her bio when you access that. Andrea now leads programs and consulting teams, telehealth work, and the development of new partnerships at the Alliance. So, Andrea, take it away.

Andrea Shore: Thank you so much, Tim. I'm so thrilled and honored to be here, to talk with all of you today about school-based healthcare and how schools and health centers can work together to support students. As mentioned, I'm Andrea Shore with the School-Based Health Alliance. If you're unfamiliar with us, we are a DC-based nonprofit, and we serve as the national voice for school-based healthcare. You see here, our focus includes policy, standards, data, and training and technical assistance to support and grow school-based healthcare, particularly school-based health centers. We believe that all children in adolescence deserve to thrive, but too many struggle because they lack equitable access to healthcare services. School-based healthcare is the solution bringing healthcare to where students typically spend majority of their time, in your schools. When health and education come together, great things happen. Attendance improves. Conditions like or diabetes are better managed. Mental and behavioral health issues, as we're highlighting today, get quick expert attention. And we all know that healthy students make better learners.

Here's a diagram on the slides of the intersection of health and education and a list of example school-based health services that fall under this intersection. Many of these that you see on the right are required by law for schools, as you're aware, to address under free, appropriate public education. You're properly familiar with many of these positions like school nurses, school psychologists, school of counselors and school social workers, health educators, and school nutritionists. We also consider school-based healthcare within these services, including school-based health centers. With school-based health care community providers, like nurse practitioners, mental health counselors, physician assistants and physicians deliver care to students. We'll get to a little bit more of this in a minute, but for now I wanted to give you a glimpse of the types and extents of school-based health services. So why school-based healthcare? Let's zoom in on that a bit in many of your schools, mental health providers and school nurses and other school health professionals are stretched thin, or may even be absent altogether.

Supporting students by adding community sponsored school-based healthcare like provided by health centers, as Jen introduced us to today, can result in improved access to healthcare. The services listed on this slide give examples of school-based healthcare that can be offered by health centers in partnership with schools. Health centers are a type of partner that can bring this care onsite or be a telehealth. As we saw earlier as well. School-based healthcare comes in many shapes and sizes. We've seen a whole range offered by health centers. Sometimes they'll offer only primary care. And even with primary care providers, particularly when offered by health center, those primary care clinicians do deliver some behavioral, mental health care. They can conduct mental health and behavioral health screenings and do brief interventions, and of course they can make referrals to mental health providers. Sometimes behavioral mental health is the first service added within a school and health center partnership. Of course, there's such a huge need, particularly now for this mental health care, and it doesn't require much space or equipment.

So it can be an easier place to start. This is especially easy to add with telehealth. Then if a health syndrome school realize that students need more services, it could result in eventually opening up a comprehensive school-based health center. So what is a school-based health center? A school-based health center is a shared commitment between a school community and healthcare organization working together for students and families. They provide students access to care on site at school, supporting students' health, wellbeing, and academic success by providing an array of services. Services are delivered in person or via telehealth, or a combination of both. Medical and primary care services are available. And school-based health centers often include additional services like mental, behavioral health, oral healthcare, and vision care. Very important to note is that school based health center staff work with existing school services staff members and care providers, and do not replace them.

So what does the research tell us about school-based health centers? The Community Preventive Services Task Force is an independent panel of experts that provides guidance on which approaches work and which do not based on available scientific evidence. The task force's findings are shared via the community guide. On this slide here, you see a major report of findings about school-based health centers. These findings indicated that school-based health centers led to improved educational outcomes, including school performance, grade promotion, and high school completion. School-based health centers also led to improved health outcomes, including the delivery of vaccinations and other preventive services. We also see decreases in asthma morbidity, decreases in emergency department utilization, and decreases in hospital admission rates. As Jen mentioned, health services also address many of the barriers you see here on the screen, in addition to delivering care. So when a health center partners with the school, they can help connect families to all of these types of services when a student or family enrolls in their services.

Partnerships are at the heart of all of this. And for success, we particularly need partnerships between schools and school district and the health centers. For school-based healthcare to be successful, there must be contributions from both parties. Very often, the education partner will provide some contributions to the partnership like those you see on the left hand column here. Space and school, access to IT services, cleaning services, sometimes security, utility services, staff support for the health services delivered by the health center staff. So that means promoting and supporting the use of the school-based healthcare services. And very often, education partners contribute these services in kind, but they also find some funds for these services as well, and these contributions. Sometimes from ESSA, from ESSA's funding, as well as title for some examples of where education partners fund their contributions.

The health center then often provides the resources in the right column. Clinicians and other staff, equipment, electronic health records, coding and billing capability, lab services, marketing, and enrollment efforts and consent forms. How do these partnerships start? In many, many ways, you'll hear about a few of them today from our next speakers. Sometimes a health center

initiates this partnership. They might contact a school board member, a school administrator, or they might have an existing relationship such as with a school nurse. Sometimes the education partner initiates reaching out to a health center in their local area directly. Sometimes a parent or guardian or other community champion gets the idea going in a community.

So today, I've shared what school-based healthcare makes possible for students when schools and school districts partner with health centers. We in school health accept and thrive in our responsibility to improve educational outcomes. We welcome our education partner support for health outcomes. They are so mutually important and tied together. I hope today's session will inspire you to connect to your local health centers in your community. And now we'll hear from some health centers who provide the school-based healthcare and schools. And I'll go ahead and pass it back to Tim. Thank you.

Tim Duffey: Thank you, Andrea. Great information, a nice overview of the School-Based Health Alliance, and also an important reminder about that intersection of health and education. Andrea will return to the webinar shortly to give us some information about additional resources, that'll support your school health center efforts. But in the meantime, those two presentations, I hope provided a solid context for school health center partnerships. And it's time now for us to turn to those two field case examples, to explore what these efforts can look like on the ground. So first, we'll hear from the work of Blue Ridge Community Health Services located in Western North Carolina.

It's my pleasure now to introduce Tammy Greenwell and Matt Gruebmeyer. Tammy is chief operations officer for Blue Ridge Health, a nonprofit federally qualified health center. Tammy provides operational management for over 30 practice sites with a wide array of services to the communities they serve. Matt is director of student services for Henderson County Public Schools in Hendersonville, North Carolina, which falls within Blue Ridge Community Health Services Catchment Area. Full bios for both speakers are available again on the website for today's event. So for the delay, let me turn things over to Tammy and Matt to introduce you to the work underway in North Carolina. Tammy, take it away.

Tammy Greenwell: Thanks, Tim. Just a little background on our federally qualified health center in Western North Carolina, and I will use the terms Blue Ridge Community Health Services and Blue Ridge Health interchangeably. We use both to describe our organization. We've been in Western North Carolina for over 50 years. Actually, as one of the nation's first migrant health centers, we started in Henderson County. We were founded by a public health nurse, really in response to the conditions of our migrant and seasonal farm workers and their families who came to Henderson County. And then in the eighties, we really expanded our scope of services to become a community health center. And since that time, we've continued to expand. We're in additional counties now in the Western part of the state providing comprehensive services and programs. A lot of what Jen already mentioned as far as primary care dental services, both mobile and

fixed sites, behavioral health and substance use disorder services, pediatrics, which includes our school-based health center services, along with pediatric psychiatry and pediatric neurology.

We have a large three 340B program, which affords families, the ability to buy prescription medications. Homeless services, street outreach, migrant seasonal, agricultural outreach, and a large community health worker program. In 2020, we provided over 160,000 visits to over 40,000 unique patients. Our mission is to provide comprehensive quality healthcare that is accessible and affordable to all. And we can't possibly do all the work to support those needs, but we have great collaborative partnerships with like minded agencies like schools, health departments, free clinics and others to help us provide that safety net of services for those that are most vulnerable in those communities we serve. So switching over to school-based services, we currently provide school-based services in a seven county area in Western North Carolina. This expansion has been ongoing since 2008 and was really in response to school and community needs.

We have a team of seven that provides the administrative and clinical oversight for our program and school-based services. And our school-based health center sites are again, mixed models of school-based healthcare. We have a comprehensive model of care, which would include a physical location with medical and behavioral health services accessed onsite at the school. Those interpreting services, nutrition and other services usually are provided via telehealth, and we have dental mobile services that also provide those services on a rotating schedule at those schools. It's usually staffed with a registered nurse, an advanced practitioner, along with the behavioral health counselor. We're also a teaching health center. So we have family medicine residents that also rotate through our school-based health center sites as part of their pediatric rotations. We currently have 10 school based health center locations providing this model of care.

But we also provide school length services, which really extends those school-based services to other schools who don't have a physical location, but are close in proximity. They may even be on the same campus. And so that could include any adjacent schools that are close by where students can access the school-based health center site. We also provide telehealth services and that is really medical services. It provides access to our school-based medical providers, utilizing the school nurse. They can connect to a Blue Ridge health provider using a title care telehealth unit, which has peripherals, things like stethoscopes, otoscopes, ophthalmoscopes, so that they can provide a comprehensive exam during the school day for any acute issues. We have also been able to extend our CLIA waivers to those schools so the nurses can also provide those rapid testing procedures for strep, flu, COVID, mono, those sorts of things, which really assist the provider in diagnosis.

And then for behavioral health services, we do strongly believe that onsite, face to face behavioral health services really is the best choice for student and family

engagement in the long term. However, we have expanded our behavioral health capacity by providing telemental health services at some schools. The school provides a private location for students to be able to access their care, and we send a link to the student's email address at school. So, that process has worked really well. Staff assist the student with connecting and there's communication back and forth, and it also provide a lot of continuity in summer months and flexibility for parental involvement because appointments can also be made outside of school hours. And then in additional school districts, we actually have behavioral health counseling onsite without the medical component. So in that model, students and families are referred to our clinics nearby for medical and dental services. And these models of care really, as I mentioned before, have been a result of responding to the needs of the various school districts and the students and families we serve.

So how did we get started in school-based health? We've been utilizing a school-based health this model since 1996, and that started in Henderson County at Apple Valley Middle school. And at that time funding was specifically designated from HRSA for school-based health centers. So we had that one school-based health center site for a long time. And then in 2008, we participated in Speak Out For Kids in Henderson County. And this was a collaborative meeting of child services agencies in the community. It was concerned parents, it was private citizens, and of course the schools were there as well. And during that meeting, the top issues that were identified were really around the school nurse to student ratio, along with mental health services for kids. So we really responded by beginning the expansion of school-based health services at that time, and went from one site to four comprehensive sites in Henderson County. That took us about three years to complete that expansion and a lot of grant funding from private foundations.

And then the rest of our program expansion has really taken place over time, as our community health center has received HRSA funding, either through a new access point grant or other designated funding. And with that expansion, we also looked at our staffing models. We had to evolve in order to create sustainable programs and services. Our team has been extremely supportive and responsive to changes, and that's really allowed our program to be so successful. We learned how to utilize appointment scheduling and telehealth for medical coverage when providers weren't on site and our partnership with school nurse programs really has been essential to our access, creating those open lines of communication, sharing information through business associate agreements, through data agreements, which really allows us to have successful collaboration that really just enhances the care for the student and the family. And as our model has continued to evolve, one of the things that really has been apparent is you need that grant support for those first two to three years to ensure stability and sustainability.

And we've been very fortunate utilizing the school-based health model because it provides some lasting outcomes that make supporting the program very attractive to funders. So how do we leverage our health center infrastructure?

As I mentioned after many years of providing school-based health center services, we've found that the model of care can be sustained with the right mix of staffing and services within two to three years of program startup. It certainly requires billing under the PPS rate for appropriate services, supplies, testing, and other items provided during school-based health center visits. So ensuring your billing systems are equipped to build for these, is essential to your sustainability. We also see the family of students. We see siblings, onsite faculty, faculty's children, faculty from other schools. These are just different ways that help support our billing structure and increase our encounter rates. Also, ensuring that providers in those school-based health center locations are credentialed appropriately with state Medicaid and commercial insurances is key. Further applying for those HRSA grant opportunities, as Jen had mentioned earlier, are really key for expansion.

We plan now for the next school-based health center site that we're going to open. We start that plan, we start having those discussions, and when funding becomes available, we're ready to get started. We also link students and families to additional primary care, dental and specialty services provided by our health center. So we share an integrated electronic health record, which really prevents duplication. If a student is seen at the school-based health center and then they access one of our clinics later in the evening, that provider can see what was completed at the school-based health center. So it prevents duplication of services or testing. We also are very flexible with behavioral health counseling. It can be completed at the school. Our pediatrics office or our behavioral health offices, which are integrated and, or co-located in all of our locations. So our goal has always been to provide what is best for the student and family, and really try to be flexible as we're meeting those needs.

So what happens after COVID? I really hope that we are seeing the end of that, but I just wanted to take a step back and say, when COVID started, our partners at Henderson County Schools were immediate connectors in providing space and access for mass vaccination events and testing events. When teachers became eligible for the vaccine, we were there providing the first access to those vaccines at Apple valley Middle School, our first site. So as schools have come back into session, we have been there to collaborate with the school nurses on testing and medical evaluation of students providing those required, missing immunizations. We continue to support COVID-19 testing, providing vaccines and boosters per CDC guidelines, providing in 95 mask distribution. And in-home COVID-19 testing kits for families. As COVID-19 is subsiding, at least for now, we hope, our school-based health center services have also been providing well child appointments to get those students back on track with any health needs that were neglected. Along with utilizing our evidence-based risk assessment screening tools, we are also addressing student needs that have materialized during COVID that we weren't aware of.

We've certainly seen behavioral health referrals and requests increase threefold, and the need is greater now than it ever has been before. So with that in mind, we keep continuing to provide that flexibility in our school-based

health model of care for those medical and behavioral health services, and really meet those families and students where they are. So we really try to provide that hybrid model between school and home, and we really want to continue collaborating with our school partnerships to make sure any shift in services is really based on the needs of students and the families that we serve. So beyond COVID, lots of challenging behavioral health needs, and I'm going to turn it over to Matt now, who has been an amazing partner with Henderson County Schools to discuss how we've worked together with the school system and how we continue to collaborate on the needs at this school level.

Matt Gruebmeyer: Thanks, Tammy. And again, I'm Matt Gruebmeyer. I'm the director of student services here in Henderson County Schools. For context, we've got 23 schools and about 13,000 students. Student services, the department I lead is only four years old this year. And so that is part of my comments today because we're just learning how to do student services here in Henderson county. And we're doing that of course, in the aforementioned mental health crisis and right during COVID. The other thing I want to mention just for context is that I'm not clinical. I don't have medical training. I don't have any behavioral health background. I'm an educator, a teacher and a coach, a school administrator. And so having school-based health center partners has been super important for our work. The first and obvious place, especially with COVID and in the co-occurring mental health crisis is that Blue Ridge Health and our school-based health center partners have been really helpful when it comes to crisis support services. As a practitioner in a school, sometimes we are the folks that are talking to the families about what's going to happen now.

And our relationships with the school-based health center folks help us help a family whose child is in crisis and they have questions about, "Gosh, what's next," right? The other thing that has happened is that our school-based health center partnership has developed into a partnership where we also employ a crisis counselor with Blue Ridge Health. And so we have a very fine mobile crisis unit that responds to our school system from Asheville, which is a nearby town, but it's also nice to have a school-based health center partner who's able to respond to crisis as it happens in this school. The other thing that I would say from a practitioner standpoint that's been helpful from a school-based health center partner is that, of course, we hear that what's in our communities is also in our schools. So by having behavioral health and medical partners at Blue Ridge Health, we are better able to predict what's going to happen in our schools, both in terms of the challenges that are likely to present themselves to our students and our families.

And then also what new resources are out there in our community. So that when we do make a referral from student services, we're doing so more accurately, and we're including some of those newer providers that our school-based health center partners let us know about. I think it's also true that success begets more success. And so, one of the things I wanted to mention today is that our successful partnership with Blue Ridge Health has helped us form new partnerships. Folks see that as a successful collaboration between the schools

and our school-based health centers and other agencies want to participate in that. And so we have lots and lots of folks who have offered to jump on board and help us serve the children and the families that we share.

The other thing that happens, of course, is that when we apply for grants or we ask to be the first place in North Carolina for a new initiative, those school-based health center partnerships and the other collaborations help us to get those awards. And so like my friends who are going to present next from West Virginia, one of the big payoffs of having a school-based health center is that we are also the first place in North Carolina to implement the handle with care program, which is awesome. The other thing that happens, especially as a brand new department in student services, is that schools and our employees say, "Where's the protocol? What's procedure for that?"

And so having school-based health center partners gives us the clinical expertise and the shared vocabulary that's necessary to write a good protocol around, for example, suicide prevention or threat assessment and safety planning. And so that is another example of how we benefit here in student service from having our partnership. And then finally, of course, it's COVID, and it's a mental health crisis and we're kids first in Henderson County, but we also want to thank our partners at Blue Ridge Health, because they help us support staff wellness. And we know that a kid who's healthy learns best, and we know a staff member who's healthy teaches best. And so thanks for including me, and I'm hopeful that our collaboration will continue. Thank you, Tammy.

Tim Duffey: Thank you, Tammy and Matt, both for your comments there. I'm struck by a couple of things. One is a very impressive history of your work since the early days sort of setting this up in your area, that's fantastic. Also, you spoke very clearly about the impact of COVID and the continued impact that it's going to have on schools, students, educators, and families for some time to come. And the awareness about that, I think, is key for us to be caring with us all. The final thing I would just say is that it sounds like the partnership there should be a capital P partnership.

Sounds very effective and powerful instrument for change and for bringing services to people who need it there. So thanks to all of you, again, both of you again, and let's hear now from our second case example from the state of West Virginia. It's my distinct pleasure to now introduce Dr. Jessica McColley. Jessica is chief medical officer for Cabin Creek Health System in Kanawha County, West Virginia, and sustains clinical practice at a dual school-based and community health center based at Riverside High School. Her complete bio is again found on the event webpage for today's webinar. So Dr. McColley, I'll turn the program to you.

Jessica McColley: Thank you so much, Tim. And it's Kanawha.

Tim Duffey: Kanawha. Thanks.

Jessica McColley: Yeah. So good afternoon, everyone. And firstly, I'd like to thank all of the attendees for tuning in and hopefully learning more about the importance of strengthening the relationship between school-based health centers and health centers and schools, and that we can all just grow together better. And also, we have this captive audience of kids in the school. So that is my favorite thing about being a school based health physician is I can call them down from class if I would need to. So Cabin Creek Health System has been a community health center and FQHC for five decades. We started in a rural mining community in Southern West Virginia. We were able to then expand from that one site to six main community sites, and in additional, nine school located sites since. With our school based services beginning in 2001 at my site, the Riverside Health Center at the Riverside High School in Eastern Kanawha County, I've served there as a maternal child health, excuse me, physician since 2013, right out of fellowship in Chicago.

So we currently have three physicians, two PAs, two FNPs, two doctorate level psychologists, one licensed clinical social worker, and six MAs who are covering our school-based services, as well as medical and psychology students and pediatric residents. In addition to our existing centers which cover three main parts of Kanawha County and their feeder cluster schools, we anticipate expansion in all of our clusters for our elementary schools in the coming years. We in school-based medicine, pride ourselves on flexibility and resiliency. One of our high school health centers was involved in the catastrophic 2016 flood and was washed away. The whole high school was deemed... You could not enter. So we were able to quickly pivot. We were able to meet acute needs, including walking door to door in the local communities with tetanus vaccines. We changed the location of care. We set up tents outside. We were able to increase access to behavioral health, including the use of telemedicine. That was before the pandemic. So it wasn't as actionable as it is now. And we were able to then see people meet people where the need was, meet them where they are.

And that is what we continue to strive to do, including that hybrid model for wraparound coverage. As we like to say, we don't just have a kid in a school that we maybe see for an acute need or a chronic need, we have a kid in a school who lives in a home, who might not have enough food, who might also have a primary care provider, might be living with a grandparent, might be living with an aunt or an uncle. And our job, our goal is to include that wraparound coverage with that communication into all of those pieces. So some of our funding sources are local grants include from the sisters of St. Joseph Health and Wellness, which is a charitable organization locally. Many other local and federal partnerships may have already been mentioned, HRSA being one of course. The after picture here on this slide does show one of the FEMA purchased portables that became the high school currently.

So Herbert Hoover High School, if you are familiar with the 2016 catastrophic flood in West Virginia, became a series of portables that sits in the Elk View Middle School parking lot, or what used to be the parking lot. One of these

portables, we were able to be fitted to be the clinic. It is quite small, as you can see, but my team was able to help design the brand new clinic in the new high school building that will be opening in December of this year. Why is this work important? I think we should all always ask ourselves, why do you do what you do? Why is it important? Why does it matter? For me, for us, West Virginia has a very high incidence of the grandparents' parents or other kinship care secondary to having lost an inordinate amount of young and middle aged people to the opioid epidemic, unfortunately.

This is the led to health systems relying heavily on integrated behavioral and primary care services, particularly in schools to maximize the reach of safety and social services, including what we can provide at the school, but also in that communication and that wraparound coverage. We are able to have that seamless access to our high risk students, including those in vulnerable or marginalized populations, such as the LGBTQI+ community, very low socioeconomic status, low health literacy, et cetera, Our mission in real time. So I chose this header because I'd like to highlight a few examples at each school level of what we attempt to accomplish. So we work hand in hand with school nurses in all of our populations. All of the children that are seen in our health centers are consented to do so. The parent or the guardian has the ability to sign the consent and say, "Yes, we would like them to have these vaccines."

And then sign by each vaccine. "Yes, we would like them to have their well visits or no, we would not like them to have their well visits, only their acute visits." So in elementary schools, our very first goal is to educate parents, students, children, on how to navigate access to care and increase health literacy. There is a very high probability that children may not have been seen by a medical provider since their preschool entrance exam, which includes required vaccinations in the state of West Virginia. So if you are meeting a 5, 6, 7 or 8 year old in elementary school, they may have not been seen by a doctor or otherwise provider for maybe the last four or five years By middle school focus would become geared toward continued health and wellness, catching up on immunizations, wellness care, as well as education on primary prevention of substance use. We do utilize standardized risk screenings such as the ACE questionnaire and the craft as well.

This is one of my favorite slides honestly, because I love these pictures. A common theme that we discuss amongst our staff in the school-based health setting is that if a child is hungry, they cannot learn. So to that end, we've further utilized school-based health centers as medical homes, including determination of social determinants of health, connecting with behavioral health, offering supportive programs, such as the ones that you're seeing in these pictures here, including food is fuel, mindfulness training, resilience boosting. These pictures are all at middle school. Our high school clinics are all deemed teen friendly, certified health centers. That's a real thing. We have a plaque. Before COVID, the medical team met weekly with the school team for socially or medically high risk patients to discuss plans of care, next steps, and coverage assignments for each team member. If there was a follow-up as in, if a

student needed to see a behavioral health provider, either the behavioral health provider or not other member of the team would ensure that visit was at least scheduled, something like that.

We do utilize confidential medical records for adolescents when necessary, including contraception and STI treatment. Another thing is that we do provide gender affirming care for transgendered students. Even an action as small or as simple to you and I of using the correct pronoun or a chosen name has been statistically proven to decrease a trans person's lifetime risk of suicide. It's a very easy thing for us to do. And if it saves one life, then we will do it. One of our behavioral health providers has also worked with a school counselor to create a sensory and mindfulness room. And those were using COVID associated funds. I've been in one time and it is so calming. Immediately, when you walk in, it is salt lamps everywhere. There are some sensory, zero gravity swings. There are some fidget tools. If someone just needs to lay on a yoga mat and think, they can sign up to do that.

COVID onward. So I also don't love talking about COVID all the time. I do feel like I talk about COVID a lot, but our community and our school-based health centers worked together to cover all of the gaps in care. There are still several schools in Kanawha County alone that do not have school-based health services. We were able to work with our local health departments in helping to fill those gaps in care. At Riverside, we had the first 500 person vaccination event in the gym. We went way up from there. I think our biggest event was about 1,400, but we felt pretty good about that 500 that first time. We also do employ a population of health manager to identify gaps in coverage, such as immunizations necessary for entering certain grains. Also, for well visits. A lot of the times after a child has gotten their entrance vaccinations, they no longer have well visits.

They no longer need wellness care. So it helped to ensure that this is a normalization of care, a normalization of access to healthcare as well. Our goal moving forward in so much as recruitment and retention would be to continue to recruit for any of our missing coverage points, especially behavioral health. We do have two licensed IDs on site at two of our high schools, but we could use one everywhere. We could use one for all of our expansions. We do have one licensed clinical social worker onsite at a middle school, but we could use 10 more. And everyone, I'm sure, is hearing the same things, feeling the same things. So we do know that now, we need access and action more than we ever needed it before. Thank you.

Tim Duffey: Hey, thank you so much, Jessica. What a testament to the resilience of your community and the commitment you and your staff bring to this important work? It was great to hear that. And my apologies for the mispronunciation of the county. You can see, I have an issue with that today, it seems, but we appreciate all those comments. All right. Before moving on the question and answer section of the agenda, I want to welcome Andrea Shore to join us once again. Andrea, can you highlight for us of the key resources our audience should

know about this as they explore, implement, and, or reinforce their school health center partnerships?

Andrea Shore: Absolutely. Thank you, Tim.

Tim Duffey: Sure.

Andrea Shore: I'm just going to briefly share a few resources available through the School-Based Health Alliance, and we are happy to connect directly with people as well for further support or questions. A first tool that you may find helpful is our children's health and education mapping tool that we launched in 2014. This tool uses GIS capabilities to identify areas where there's disparities in children's health, education, socioeconomic status, and health delivery systems, and other key indicators. It pulls together a lot of data that are traditionally reported in separate silos. So by using this, the tool allows communities to identify existing resources and create new connections between stakeholders. We actually recently added contact information for health centers. So for example, if you are from a school district or you're a school administrator, you could look on this mapping tool and find your local health center if you're not already aware of them or working with them, get their contact information, and you can even see if there's other schools in the area that they're working with.

Next, I wanted to share two resources we developed about schools and health center partnerships. The first is found here that we designed with the National Association of Community Health Centers. It's called advancing health center and school partnerships to improve COVID 19 vaccination administration for children and families. It's got lots of ideas about partnering with schools and health centers, who to reach out to, how to work together, planning steps, communications, and sample resources. The main content is about vaccinations, but the ideas and resources apply to building almost any kind of health partnership between schools and health centers. Okay. And then next, this is another partnership resource we developed a few years ago. It's broadly focused on health centers and schools' partnerships with many stories and interviews from the field. So you can hear directly in video format from health centers about how they established initial collaborations with education partners and how the partnerships launched and progressed.

Okay. And then if your school or district is considering opening up or expanding a school-based health center, we developed a high level school-based health center startup checklist. This gives you a macro level sense of what it takes to plan and open a school-based health center. And then we also published recently a resource with the National Association of School Nurses. This talks a lot about how school-based health centers and school nurses together and complement each other, not replace each other, which has been one of the themes we mentioned today. And I saw some questions related to that as well. Okay, great. And then lastly, in February, JAMA placed this on their pediatrics patient webpage online. It's an article called, what are school based health clinics? And so we were really excited to see this on JAMA's website.

Lastly, I'd like to invite you, if you are interested, to two virtual workshops that we are co-hosting with the National Association of Community Health Centers. The first one is on April 7th and it's called School and Health Partnerships. It's focused on helping health centers, creatively partner with education to deliver school-based healthcare. So it's building off of the baseline information we shared today. The second workshop is on May 17th and it's called do school-based health center models, expand your community reach. Yes. Come learn the recipes for success. This workshop is going to dive deep into training health centers on sex for planning and starting up school-based health centers. Thank you so much for letting me share some key resources. Again, as I mentioned, if there's any supports you need or questions you have, please feel free to reach out to the School-Based Health Alliance and I'll turn it back to Tim.

Tim Duffey: Thank, Andrea. Participants in this series have historically expressed a real hunger for resources tied to the content in every session. So thank you for helping achieve that goal with those important resources you just mentioned. Another thing our participants request over and over again is time to ask questions of our presenters. Then by tracking the question and answer pod, I can see that this is not a shy group, and we do have a good amount of questions to turn to. So it's time for us to move to that segment of the webinar now. So I'd like to invite all of our speakers to turn on their cameras and join me on screen. And we'll launch into this question and answer portion of the webinar. Welcome back, everyone. First, a word to all of you who are listening in today, I invite you to, if you haven't already invite you to click on the Q&A icon at the bottom of your screen and submit any questions you may have for our speakers. We'll get to as many of those as we can in the time allotted here.

If you want a particular speaker to address one of the questions, please indicate that, so we know who to direct the questions to. We'll capture all questions raised and utilize them to inform upcoming webinars in this series. And our presenters may have some additional time once we wrap up this conversation to post responses into the Q7A pod so please stay tuned for that as we wrap up today. So with that, let's begin with a question that came in during registration, if we could. And so Tammy, Matt and Jessica, I'm going to cue you up for this one. I think at being on the ground, you may be the most logical ones to respond to this is, if you've experienced this, the question is, is there a solution to the communication gap between school-based health centers and primary care providers? So have you seen that as an issue in your sites? And if so, how might you addressed that might be helpful to these folks. Tammy, can I ask you first if you have a response there?

Tammy Greenwell: Sure. So I think as Andrea had mentioned also, we don't require students to be primary care to our health center in order to access services at the site. We work very closely with the PCP. My experience in the school-based health centers I work in, we have an expectation for our provider team that we share consult notes and information with those providers within 24 hours of providing that care. And the way our electronic medical record is set up, we actually have fax numbers for those PCPs and others listed, so we can actually fax it as soon as

the note is complete. So we do really pride ourselves on making that communication available.

Tim Duffey: Excellent. Thanks, Tammy. Jessica, Matt, anything to add? Matt says no. Go ahead.

Jessica McColley: Yeah, I would say that since we have been in this area for such a long time Cabin Creek Health System, it's a name in Kanawha County, so even though some of the schools we do not have current partnerships with, they know that we are continually expanding. There is always discussion between our schools and where to expand next. Where's the most need? Our school nurses, we rely heavily on the communication from them. And then also back to the PCPs, as the providers, we basically do that coverage ourselves with that communication.

Tim Duffey: Excellent. Thank you. All right. The next question that rolled in today during the event I'll direct to Jen. So Jen, the person's indicating that if they understood you correctly, health center sites are independent and are not federal assets. The question is, so why then must they get certain permissions from HRSA.

Jen Joseph: That is a great question. And so I think it ties to the fact that HRSA is administering this program, the health center program, which in part is ensuring that not just the grant, but the whole operation of the health center is being conducted consistent with the authorities that we have to not just fund health centers, but to recognize them as health centers. So when a health center becomes part of the health center program, they not only get the grant from us, but they also are afforded other benefits. So when I talked about Medicaid being a source of revenue, they're reimbursed by Medicaid in a different way that recognizes the kind of care that they deliver. They have access to discounted drugs under 340B Program. So there are other programs that help them to do what they do because they can't do what they do with just our grant dollars. They need our grant dollars, they need those other reimbursements to fill the gap because we're asking them and frankly requiring them to not turn anybody away and to provide services that aren't compensated.

And so the grant helps to fill that gap, but doesn't necessarily do all of the filling of that gap. So we are asking questions in the example of if health center's asking us to add, our board has decided that we want to add this school based sites, a site at a school we ask the question, is that expanding the area served by the health center? If it's expanding the area served by the health center, is that meeting a need? And they're articulating to us what those needs are. If they're providing only one or two services in that school-based setting, are those services available to the whole community and not just the children in the school and that the children in the school have access to all of the other services that the health center provides in the community. So it's really connecting back to our responsibility to make sure that the health center is meeting its obligations to the whole community served and more generally statutory obligations.

Tim Duffey: Sure, absolutely. That makes great sense. Thank you so much for addressing that question. The next one question is for Tammy. So gear up, Tammy, here it comes. Are your school-based health centers closed for the general community or are they open to serve everyone in the community?

Tammy Greenwell: So we determine that based on the location of the school-based health center. Is it on school property? Is it within the school? We have to follow the school security protocols. We would never want to create an unsafe environment for those students or others accessing the school-based health services. I can tell you that we are working on an expansion project now in another county where the school-based health center is going to be located on school grounds, but it's off to the back of the school. So they're like, "We're fine with community members coming in." So we really work closely with the school to determine what that access level would be. As I mentioned, we would never want to jeopardize the health and safety of students or the faculty in the schools by having anyone and everyone walk in. We still follow all of those protocols when we're there.

Tim Duffey: Great. Thanks for clarifying. And while that question was asked directly to Tammy, I'll see if Jessica, Matt, anything you'd want to say about your site to add to that?

Jessica McColley: So I will add to that. So Riverside is a dual community and school-based health center. And what that means is that there is a fully separate entrance and community triage with a community hallway. And then there is a locked door between the school-based entrance and the school-based hallway, the exam rooms. And so that was something that, again, we just got our nurse coordinator involved with, the board of education. Everyone was in agreeance that if there are these two separate locations, then that is copacetic. We're good there. All of our schools that have a singular entrance through and they have to come through the main school is school associated only, but it does also include the principals, the teachers, the janitors, that type of thing.

Tim Duffey: Excellent. Thank you, Andrea, a question that for you relates so could you share thoughts on how to best present or promote the benefits of partnering with a health center to the community and proactively address concerns commonly raised within a community?

Andrea Shore: Yes. Thanks. I saw that one come in. That's a great question. There are a whole variety of examples and stories that we could share with you individually, but broadly we really, really bring everything back to keeping the students at the center of every single messaging and every single conversation. And it just takes lots and lots of relationship building, lots and lots of meetings. For example, there's one community we worked with where there were some resistant local providers and the team that was working on messaging went out and had... Made the rounds to all the individual primary care private offices in the area, brought them bagels had lots of relationship in community building. And then of course, depending on the audience sharing data about how having the care

onsite does lead to health and education outcomes, if that's the right audience to be sharing with, but really that trust building.

But we do have lots of interesting stories and creative ways. And in fact, as I mentioned, the two webinars were workshops we're hosting with NAT coming up. One of them is going to feature three different health centers talking about community challenges that they overcame in order to build out their school-based healthcare programs. And I believe that is our first webinar on April 7th. So if you are able to join, there should be some nuggets in there, but certainly have to share examples, but the most important is through bringing everything back to how we all want to collectively benefit the students. And that's what's most important at the heart of all the conversations.

Tim Duffey: Excellent. So I hear a lot of outreach, a lot of communication and particularly communicating about the message that that particular audience needs to hear to respond affirmatively to the idea. Excellent. Thank you for that. And Jen, I've got another question for you that came in from a participant today. They're asking to please explain your statement regarding health centers not being able to provide services on behalf of a school. Could you go into a little more depth about that for us please?

Jen Joseph: Sure. I think that connects back to this idea that the setting of a health center in a school, any range of services provided in a school, really an extension of that health center into that space. And so examples of how that translates might be, so the school might work with the health center and say, "We want these services to be provided to students at no cost." So the health center wouldn't be able to do that because they're providing those services in alignment with their requirements around sliding fee scales. They're not turning anybody away. Or if the school wanted the health center to provide a particular specialty service that the health center wouldn't be able to make available to others in the community, that wouldn't be something that the health center could do.

So it's really making sure the health center is maintaining... That the governing board is really maintaining its authorities over the key decisions of the health center, the providers or employees or contractors of the health center, not the school, the personnel policies are those of the health center, not of the school, which does not mean that all of the partnering about what makes sense best in the school is still at the root of what happens. It's just when it's happening and how those decisions are made really need to be ultimately in alignment with the health center program requirements.

Tim Duffey: Needs and priorities. Sure. Okay. Thank you for clarifying that. I've got another question here that goes probably to those of you representing the health centers today. So Tammy, Matt, and Jessica, what does... Where, excuse me, where does sexual health lie in the service model for a school-based health center? Could you speak to that for a little bit and Jessica, we'll start with you this time, if you don't mind.

Jessica McColley: Absolutely. I think especially for our high school health centers and our adolescents and teenage population, it is central to some of the work that we do. Sexual health is very important in adolescents. We know that if we are able to properly educate adolescents on all of their different choices regarding to sexual health, how to maintain wellness, how to make good choices, how to support good decisions, how to seek care. If they made a mistake, if something went wrong, if something didn't go the way that they intend it to go, we are there. And so it's pretty continually throughout our day there, and also that they know they can come to us for full spectrum family planning services. And we talk about it pretty often and definitely at every... For the high schoolers, when they have their step update for the ninth graders, we talk about it then too.

Tim Duffey: Thanks Jessica. Tammy, Matt, anything you would add for your sites?

Tammy Greenwell: I'll add something.

Tim Duffey: Okay.

Tammy Greenwell: So in the state of North Carolina, you're not allowed to make contraception available on school grounds. So it is against the law. So we do not make contraception available on school grounds. However, what happens between the provider and the student in the course of their visit and how prescriptions or other things are communicated, that is really between the provider and the patient relationship. We also do a lot of health education and promotion. We make sure that students know we are a safe place to come. We also work very collaboratively with the school nurses who are with the local health department.

So we make referrals. We want to make sure the students are seen and that they're taken care of. And if it's not by us, we're going to find a provider who can do that for the student. We also follow North Carolina Minor Consent Law. I think Jessica had mentioned a sensitive chart. So if someone comes in, there are four conditions. One of those being family planning and STI treatment that minors can consent for without their guardians consent, then we follow those procedures and we follow the law for minor consents as well.

Tim Duffey: Thank you. Obviously, procedures steeped in wisdom experience and legal authority, right? So that's good. Thank you for that. I want to thank our panelists for your time today. I see that we are closing in on the end of our time. So kudos to all of you, appreciate your wisdom. I will turn you loose to answer additional questions in the Q&A pod that might be appropriate for you to address in the time that remains. We really greatly appreciate that. As we close, we're posting a link to the feedback form on screen and Daniel just posted it in the chat as well. We really encourage everyone who's been with us today to take just a few minutes to provide us feedback on the session today and share topics and formats that you would prefer to see in future sessions of this series. We're working hard to try and meet the needs of the field and hope that you will help us do that by providing us that feedback.

In addition, please visit our website, where today's presentation will be posted. Daniel has been posting that periodically in the chat, I'm sure is likely to do that again before we wrap up. So this recording will be posted there. You can listen to segments of it again that you might want to refresh your memory on. Also, it's a great way to share it with colleagues who may be interested in this topic, who weren't able to be with us today. You can also see all of the slides that were shared along with the links to all the resources referenced during this session on that webpage. As a reminder, we will be capturing all questions posted in the Q&A box so that we make sure that information is shared with HRSA and with the Department of Education to inform upcoming events in this lessons from the field webinar series.

So thank you for all those questions you're posting there. So with that, I want to again, thank all of our presenters, Jen, Andrea, Matt, Jessica, Tammy, thank you all for your wisdom and experience that you shared with us today. Excellent information that will inform people who are working to replicate some of the work that you all have done. We also want to thank all of you who participated. Some nearly 800 at one point in the webinar I saw. So we appreciate your active engagement and posting a lot of really good questions. We're going to leave the Zoom room open for five minutes after the closing here so that you can click on the feedback link or go to the survey and provide us with additional questions that you might have. By way of information, our next lessons from the field webinar will be conducted on April 13th.

And in that event, we will be addressing support of transgender and non-binary students. So watch for that announcement coming soon, and we hope you'll join us for that event, as well as others in this series. Again, we greatly appreciate your time today, and we thank you for all you do to provide students with safe, supportive learning environments. We know how important that is to each and every one of them and how important you all are to that effort. I hope to see you again on a future lessons from the field webinar. Have a great rest of your afternoon.