



2022, Issue 4: August

Greetings, adolescent health superheroes,

When my oldest was in kindergarten, I volunteered to help out with the classroom's Halloween "Spider Party." As the kids told me about their trick-or-treating costumes, one girl got right up in my face. She declared proudly, "I'm gonna be Batgirl!" She communicated that she wasn't just dressing up: she planned to fully manifest all of Batgirl's power and energy.

Fast-forward thirteen years, and this back-to-school season is one like no other at my house: my oldest is off to her first year of college.

I sat at a parent orientation a few weeks ago, hearing about young adults' developmental stages and how we parents can support the transition. Fighting back tears and a lump in my throat the entire time, I saw that I had persuaded myself that I was ready for this – because, you know, I work in adolescent health and know the theories and anticipate the next stage of development in my own kids (spoiler alert: not ready).

I realize it's not just me feeling this ambivalence: back-to-school season is emotionally loaded, whether you're headed to Kindergarten or college. It's equal parts excitement and dread, anticipation and grief, beginnings and endings. Each new teacher, new friend, and new classroom demands from kids some level of risk.

Applied to young people, "risk" is 4-letter word in American culture. We adults tend to only imagine the dangerous risks young people may take (experimenting with substances, for example). We forget that we implicitly expect kids to take developmentally-appropriate risks every day. And that gradually developing the skills to navigate the next phase is what healthy youth development is all about.

We're dedicating this issue of "Connections" resource digest to a crucial support for young people taking these daily, courageous, age-appropriate risks: School Based Health Centers (SBHCs). SBHCs offer students an on-site connection to health literacy, healthcare access, and caring adults.

As my conversations with Alexis in Washington and Faith and her team in Louisiana reminded me (see state feature below), SBHCs are the Batgirls of healthy youth development, helping young people use their power and energy in positive ways.

As you step into this next school year, my hope is that each one of you feels like Batgirl. Use your power for good, friends.

On behalf of the State Adolescent Health Resource Center Team,

[Lynn Bretl](#), MPP

Director, State Adolescent Health Resource Center at the University of Minnesota

Coming soon in the October Connections digest: resources on adolescent and young adult development.

Need or have a specific AYA development resource? Please contact our technical assistance guru, [Rena Large](#).

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states in action

Health Centers, it was clear (again) that partnerships make for more robust programs that have greater reach, stronger impact, and are more sustainable. While their programs are at different stages of development, both find that partnership and collaborations help both states succeed in supporting SBHCs.

LA: a long history of sbhcs



The Louisiana Department of Health (LDH) has a long history of supporting the growth of SBHCs in Louisiana.

For over 31 years, LDH has actively supported the development and continued operation of SBHCs throughout the state. The 1991 legislative mandate addressed the high morbidity and mortality rates of children and adolescents in the state, resulting in resources to develop a network of SBHCs. Currently, there are 20 sponsoring agencies that sponsor a network of 57 LDH-affiliated SBHCs within 25 parishes across the state.

The [Adolescent School Health Program](#) (ASHP) is responsible for monitoring the contract deliverables, setting standards, and providing technical assistance to the LDH-affiliated SBHCs.

For more than six years, Faith Boudreaux, has lead the initiatives and strategies of the Adolescent School Health Program in the Louisiana Department of Health (LDH)-Office of Public Health (OPH)- Bureau of Family Health (BFH). Her team includes Lakeisha Green, program monitor, and a program coordinator, Grady DuBose.

Together, the team is responsible for assessing the needs and opportunities to improve the quality and performance of each SBH, facilitate leadership meetings, and managing the relationships between the state leadership, agencies, community partners and consultants. Their charge is to help clinics align with the [seven core competencies defined by the National School-Based Health Alliance](#). These competencies represent the knowledge, expertise, policies, practices and attributes that SBHCs should demonstrate in the pursuit of student wellness.

As the Adolescent School Health Program manager, Faith has identified opportunities to elevate the state's SBHC model. Within the first few years as manager, Faith provided a comprehensive plan that evolved the capacity of LDH from monitoring and compliance to engaging and partnering with each SBHC to encourage implementation of adolescent-friendly methods of health care services and emphasizing the need for collaboration between the SBHC and school. Faith noted "at the onset of COVID, the SBHCs that continued to provide services were those programs that had the best collaboration with their school system and the community in which the school is located."

In the overall context of adolescent health in Louisiana, Grady sees SBHCs as key partners in prevention: they help school administrators and officials provide needed supports for students facing risks for health issues, and partner on initiatives to reduce adolescent health risk factors while on campus.

School-Based Health Centers increase access to services for students who would not otherwise have access. Data shows us the [link between adolescent health outcomes and academic success, and the role that SBHCs play](#) to bridge the two. Faith never fails to point out that connection, and hopes in years to come that they will be able to show the direct impact Louisiana SBHCs had on educational outcomes. In partnership with the Department of Education the team is working to identify the performance indicators that demonstrate the impact SBHCs have on student success. Some key indicators being considered include an examination of the impact SBHCs have on chronic absenteeism, suspension and expulsion.

To achieve this goal, Lakeisha will use observation, interviews and data verification to provide SBHC staff the opportunity to examine their strengths, opportunities and need for training to ensure that SBHC staff are being utilized to their fullest potential in each school, not just for minor acute illness but for larger, long-term issues for which SBHC staff are trained to respond.

Learn more in this [SBHC FAQ](#).

WA: statewide sbhc model gains traction



Washington state has more than 30 years experience with SBHCs, but until recently did not have a long term plan for expanding or sustaining SBHCs statewide.

In 2020, a legislative SBHC champion convened a working group of over 30 state-level SBHC stakeholders, including legislators from both parties, state agencies, and associations representing families, schools, and health care.

The working group recognized a tremendous opportunity to increase access to much-needed health services for Washington's children and youth by. It recommended strengthening the capacity and reach of existing SBHCs, and expanding and sustaining the SBHC model across the state over the long-term.

As a result, the **Washington State Department of Health (WA DOH) SBHC Program** was established by [legislation](#) in 2021 to advance [the workgroup's recommendations for expansion and sustainability of the SBHC model statewide](#).

dedicated staff to manage the program: Alexis Bates serves as Adolescent Health Consultant for Office of Family and Community Health Improvement in the Washington State Department of Health.

Part of Alexis' role is building relationships with communities that want to have SBHCs in their district, and working with partners to promote sustainability. She works closely with a team at DOH to carry out this work, including an epidemiologist, two grant coordinators, the Adolescent and Young Adult Health Supervisor, and the WA School-Based Health Alliance.

Alexis sees SBHCs as age-appropriate, culturally-responsive providers located where young people are, and as playing a specific health care access role for young people that traditional providers and clinics can't always fill. Some SBHCs in WA also serve families, staff, and people in the community, making SBHCs important partners in community health.

[Learn more about how SBHCs in WA](#) serve youth and communities.

SBHCs increase adolescents' access to and use of health care services.

SBHCs do way more than just treating acute illness or providing sports physicals.

- SBHCs help reduce chronic absence: they can address health issues that contribute to absenteeism, and they can cut down on the travel time students (and their parents) need to go to off-site doctor appointments.
- SBHCs increase access to health services and for young people (and sometimes their families).
- SBHCs are essential public health partners in addressing mental health and expanding behavioral health care for adolescents.
- SBHCs help build and sustain local partnerships to support expanded health and services.

Learn more from the research cited by the national School-Based Health Alliance: [Benefits of SBHCs](#); [SBHCs and Mental Health](#); [Academic Outcomes](#); and [Cost Savings](#).

SBHCs contribute to healthier communities.

- Global Pediatric Health: [Evidence on SBHCs: A Review](#) (2019)
- Brookings Institute: [Using schools and clinics as hubs to create healthy communities: The example of Briya/Mary's Center](#) (2015)
- CDC: SBHCs, a key strategy in the [Whole School, Whole Community, Whole Child](#) (WSCC) model (formerly the Coordinated School Health Program model)
- Youth.Gov - [SBHCs - Natural Settings to Support Mental Health](#)

SBHCs promote health equity.

- Healthy People 2030: [Promoting Health Equity Through Education Policies and Programs - SBHCs](#)
- Child Trends: [Offering Sexual and Reproductive Health Services to Adolescents in School Settings Can Create More Equitable Access](#)
- Journal of School Health: [Role of SBHCs in Driving Health Justice](#)



"Youth In Health: Inclusive Stock Photography Collection. Adolescent Health Initiative. Heather Nash Photography, 2021"

sbhc go-to resources



Elements of Youth Centered Care:

Key elements of YCC based on the World Health Organization's eight global standards for youth-centered care. An accompanying online searchable database links to more than 150 resources and examples from 33 states including examples from school based clinics and health centers. Compiled by NNSAHC and SAHRC.



Evidence Based Toolkit:
SBHCs addressing Social Determinants of Health in rural and frontier areas.

back to school resources

As our introduction acknowledged, getting back to school is emotionally loaded for both young people and adults. And although most will return to in-person school this year, "back to school" has different connotations than it did in Before Times.

Anxiety around **school shootings**, for example, is on the rise. These pervasive feelings of overwhelming distress and uncertainty can complicate existing mental health challenges. The JED Foundation has created these [tips to support the teens and young adults in your life who may be experiencing anxiety around mass shootings](#).

Getting back to school also means catching up on **vaccinations** and other required exams. Youth.gov's [back-to-school compilation](#) for parents and educators links to resources on health care, insurance, well visits, and immunizations.

Johns Hopkins University e-School+ Initiative compiled this [Equity checklist: How K-12 Schools Should Prepare for Reopening](#) focuses on **centering students of color** and others disproportionately burdened by the last two years of school closures, including students with special education needs or physical, social, or emotional disabilities. It was compiled for the 2020-2021 school year, but it's still relevant.

This 2021 professional development series on [Returning to School With Equity in Mind](#), hosted by YouthNex at The University of Virginia Center to Promote Youth Development, includes archived resources on trauma-informed spaces, mental health, and equitable learning spaces.

about sahrc

The State Adolescent Health Resource Center (SAHRC) works to build a national network of states and territories in which adolescents and young adults (AYA) are bedrock priorities in practice and policy. Created by MCHB in 2000 to elevate AYA health as a state-level priority within the Title V/MCHB structure, we offer workforce development in the form of ongoing responsive leadership, technical assistance, research-based resources, and community-building opportunities. This newsletter is funded through SAHRC's partnership with The Adolescent and Young Adult Health – National Resource Center ("the Center") which also includes the [National Adolescent Health Information Center](#), the [Association for Maternal and Child Health Programs](#), and the [National Improvement Partnership Network](#). The Center is supported by the Maternal and Child Health Bureau, Health Services and Resources Administration, USDHHS cooperative agreement U45MC27709, Adolescent and Young Adult Health Capacity Building Program. The contents don't necessarily represent the views of or an endorsement by HRSA, HHS, or the U.S. Government.



SAHRC respectfully [acknowledges](#) that the University of Minnesota stands on traditional Dakota lands. We #HonorNativeLand and you can too. [Find out whose land you're on.](#)

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