

SBIRT:

An Overview of Screening, Brief Intervention, and Referral to Treatment Approaches for Adolescents



Youth Opioid Response California

This presentation is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.





Amy Ranger, MPH

Director of Programs,
CSHA



James Peck, Psy.D.

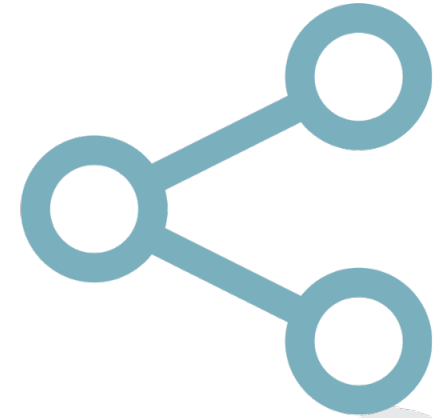
Senior Clinical Trainer,
UCLA Integrated Substance Abuse
Programs



**For higher quality
audio, dial the
number from your
webinar invitation
link**



**The webinar is
being recorded**



**Supporting
materials will
be shared**

Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to **improving the health & academic success** of children & youth by **advancing health services in schools**.

Learn more:
schoolhealthcenters.org



Thank you to our co-sponsors



Who We Are:

- 150+ nonprofit nationally accredited organizations
- Serving children, youth and families in public systems (child welfare, adoption, behavioral health, education, juvenile justice and prevention)
- Over 700,000 children and youth served by member organizations



What the Catalyst Center Does:

- Training and Technical Assistance for service providers
- ACES Aware Initiative
- Provider Helpline
- Youth First Project
 - Developing model programs to meet the needs of youth with complex needs
- Diversity, Equity and Inclusion Initiative

About the California School Nurses Organization

CSNO is the ONLY statewide organization supporting professional school nurses and school health team members.

Our objectives:

School nurses have the skills and resources needed to provide exceptional care

Every student will have access to a credentialed school nurse

Students will have optimal health and attend class ready to learn



An Overview of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents

James A. Peck, Psy.D.

UCLA Integrated Substance Abuse Programs

August 12, 2021

Start Code: 1739

Please make a note of this; you will need it if you would like 1 hour of CE credit

Learning Objectives

After this workshop, participants will be able to:

- Identify two components of the rationale for using SBIRT with adolescents.
- Apply two alcohol/drug screening instruments to detect substance use patterns among youth.
- Determine at least three of the Motivational Interviewing “microskills”.
- Integrate at least two Motivational Interviewing strategies into the Brief Negotiated Interview for reducing substance use among youth.

BACKGROUND

USPSTF Recommendation

In 2013, the USPSTF (U.S. Preventive Services Task Force) recommended that clinicians screen adults age 18 years or older for alcohol misuse and provide those reporting risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

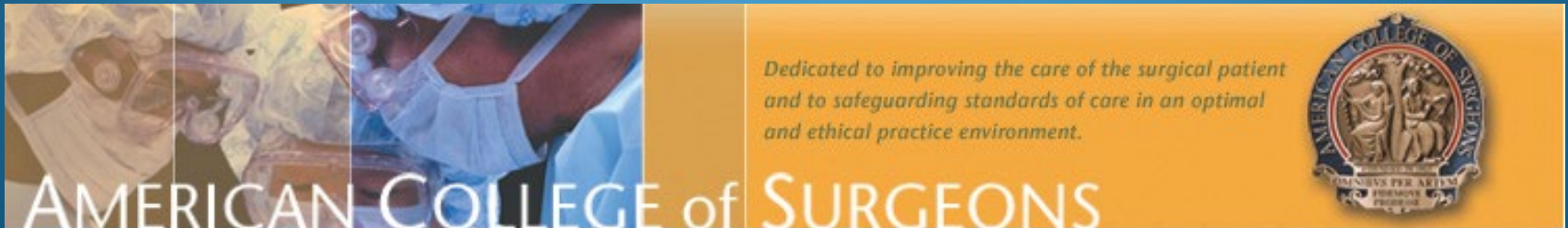
In some states like California, adolescent Medi-Cal (Medicaid) beneficiaries ages 11-17 are to be assessed annually in primary care settings using the CRAFFT.

** Effective January 1, 2014, the law requires that Alternative Benefit Plans cover preventive services described in section 2713 of the Public Health Service Act as part of essential health benefits. Section 2713 includes, among others, alcohol screening and brief behavioral interventions. (Affordable Care Act Section 4106).**

SBIRT Origin:

American College of Surgeons: Committee on Trauma

- The trauma center needs a **mechanism to identify patients** who are problem drinkers: Level I and II Trauma Centers
- The trauma center has the **capability to provide an intervention** for patients identified as problem drinkers: Level I Trauma Centers



Medical Consequences of Substance Abuse

Substance abuse is a leading cause of illness and death. It can:

- Lead to unintentional **injuries** and **violence**
- Exacerbate **medical conditions** (e.g. diabetes, hypertension, sleep disorders)
- Exacerbate **neuropsychiatric disorders** (e.g. depression, sleep disorders)
- Induce **injury/illness**(e.g. stroke, dementia, cancers)
- Result in **infectious diseases** and infections (e.g. HIV, Hepatitis C)
- Affect the **efficacy of** prescribed **medications**
- Be associated with **abuse of prescription** medications
- Result in **low birth weight, premature** deliveries, and **developmental** disorders
- Result in dependence, which may require multiple treatment services

Conclusion: Substance abuse has a major impact on public health

Why Screen for Underage Drinking/Drug Use?

- It's common
- It's risky (unintentional injury/death, suicidality, aggression and victimization, infections and unintended pregnancies, academic & social problems, increased risk for alcohol/drug problems later in life)
- Marker for other unhealthy behaviors (drinking, smoking tobacco, illicit or prescription drug use, unprotected sex are all risk factors for the others)
- Often goes undetected until it has more severe consequences

Why Screen for Youth *Opioid* Use in Particular?

- A recent study of over 3,000 high school students in Los Angeles County found that teens who use prescription opioids when they are younger are more likely to start using heroin by high school graduation
 - Study enrolled freshmen, followed them thru senior year
 - Racially/ethnically diverse
 - 54% female/46% male
 - 35% reported depressive symptoms
 - 22% reported anxiety symptoms
 - 70% reported family history of substance use
 - Almost 600 reported prescription opioid use

Kelly-Quon et al. (2019). Association of non-medical prescription opioid use with subsequent heroin use initiation in adolescents. JAMA Pediatrics 173(9).

What is SBIRT?

SBIRT is a **comprehensive, integrated, public health** approach to the delivery of early intervention and treatment services

- For individuals *with* substance use disorders
- Individuals *at risk of* developing these disorders

Primary care centers, trauma centers, and school-based health programs provide opportunities for early intervention with at-risk substance users

Before more severe consequences occur

SBIRT Goals

- Increase **access to care** for persons with substance use disorders and those at risk of substance use disorders
- Foster a **continuum of care** by integrating prevention, intervention, and treatment services
- **Improve linkages** between health care services and alcohol/drug treatment services

SBIRT: Review of Key Terms

Screening: Very brief set of questions that identifies risk of substance-related problems

Brief Intervention: Brief counseling that raises awareness of risks and motivates client toward acknowledgement of problem

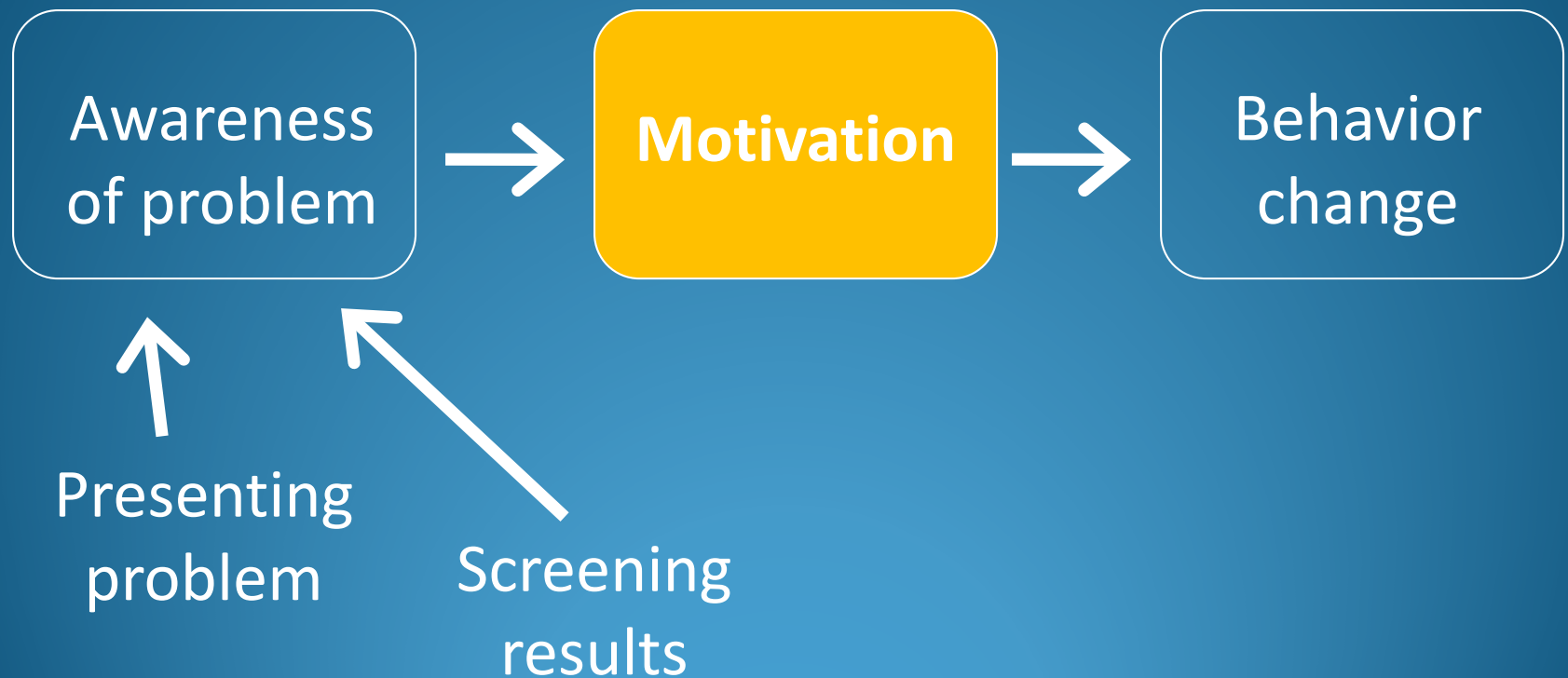
Brief Treatment: Cognitive behavioral work with students who acknowledge risks and are seeking help

Referral: Procedures to help students access specialized care

Brief Intervention Effect

- Brief interventions trigger change
- A little counseling can lead to significant change, e.g., 5 min. has same impact as 20 min
- Research is less extensive for illicit drugs, but promising
- Cocaine/heroin users seen in primary care: 50% higher odds of abstinence at follow-up after receiving BI than those who didn't get BI

Goal of Brief Interventions



Substance Use Problems among High School Student Populations

Severe Problem
Users

SBI**RT**

Hazardous & Harmful
Users

SBIRT

Non-Users or Low Risk Users

Why Screening and Brief Intervention?

Rationale for Screening and Brief Intervention

- Substance use is a **global public health issue**
- Substance use is associated with **significant morbidity and mortality**
- Early identification and intervention **reduces** substance-related health consequences

The Key to Successful Interventions

Brief interventions are most successful
when clinicians relate students'

risky substance use

to

improvement in their overall

health and well-being

*Why are they here to see you today? Draw
connection between that & their substance use*

Opportunities and Indications for Screening

- When seeing students who:
 - You haven't seen before
 - Are likely to drink, i.e. students who smoke
 - Have conditions associated with increased risk for substance use, i.e. depression, anxiety, conduct problems
 - Have health problems that might be alcohol/drug-related, i.e. accidents or injuries, STI's or unintended pregnancies, changes in eating or sleeping patterns, GI disturbances, chronic pain
 - Show substantial behavioral changes, i.e. increased oppositional behavior, mood changes, loss of interest in activities, drop in grades, unexcused school absences

Screening to Identify Students At Risk for Substance Use Problems



Drinking Guidelines

- **Adult Men**: No more than 4 drinks on any day and 14 drinks per week
- **Adult Women**: No more than 3 drinks on any day and 7 drinks per week
- **Men and Women >65**: No more than 3 drinks on any day and 7 drinks per week

NIAAA, 2011



Beer
12 oz



Wine
5 oz



Fortified Wine
3.5 oz



Liquor
1.5 oz

Introducing the Screener

- I am going to ask you some ***personal questions*** about alcohol (and other drugs) that we ask all our students.
- Your responses will be ***confidential***.
- These questions help me to provide the ***best possible care***.
- You ***do not have to answer*** them if you are uncomfortable.

Screening Tools

- **S2BI**
- **CRAFT**
- Students are more likely to provide honest answers if they fill out the screener themselves (rather than the clinician asking them questions)

S2BI Administration

- Ask the student (or instruct them to do it if is self-administered) to complete the 1st 3 questions on the S2BI.
- If all 3 responses are “Never”, stop there
- Provide positive reinforcement i.e. “Good for you, sounds like you’re making healthy choices”
- If any response is other than “Never”, have them answer the remaining S2BI questions and then follow the decision tree on the slide titled “S2BI Actions”.

S2BI

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

Tobacco? Never ☐ Once or twice ☐ Monthly ☐ Weekly or more ☐

Alcohol? Never ☐ Once or twice ☐ Monthly ☐ Weekly or more ☐

Marijuana? Never ☐ Once or twice ☐ Monthly ☐ Weekly or more ☐

STOP here if answers to all previous questions are “never.” Otherwise, continue with the following questions.

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)? ☐ Never ☐ Once or twice ☐ Monthly ☐ Weekly or more ☐

Illegal drugs (such as cocaine or Ecstasy)? ☐ Never ☐ Once or twice ☐
☐ Monthly ☐ Weekly or more ☐

Inhalants (such as nitrous oxide)? ☐ Never ☐ Once or twice ☐ Monthly ☐
☐ Weekly or more ☐

Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)? ☐ Never ☐
☐ Once or twice ☐ Monthly ☐ Weekly or more ☐

S2BI Scoring

S2BI Response

Never

Once or Twice

Monthly+

Risk Category

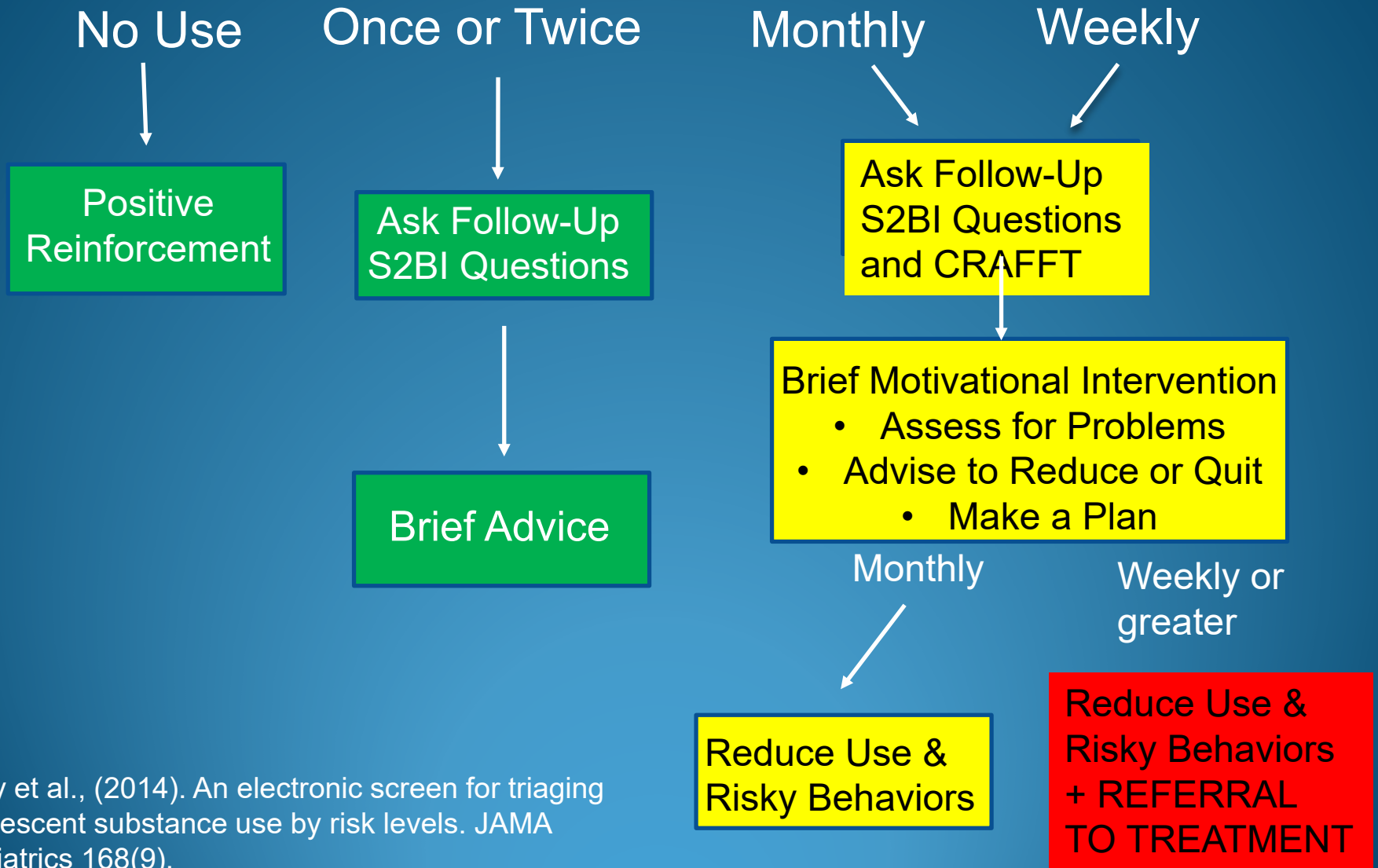
No Reported Use

Lower Risk

Higher Risk

*Boston Children's Hospital 2014. All rights reserved. This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License.
May 2015*

S2BI Actions



Levy et al., (2014). An electronic screen for triaging adolescent substance use by risk levels. JAMA Pediatrics 168(9).

CRAFFT

- **Car, Relax, Alone, Forget, Family, Trouble**
- The CRAFFT is a behavioral health screening tool for use with adolescents and young adults under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents
- Consists of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously
- Short and effective
- Designed to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted

CRAFFT 2.0

- Similar to the original CRAFFT, the CRAFFT 2.0 is validated for use with adolescents aged 12-18 years old.
- The CRAFFT 2.0 screening tool begins with past-12-month frequency items, rather than the previous “yes/no” question for any use over the past year.
- This new set of frequency questions was tested in a recent study of 708 adolescent primary care patients ages 12-18 that found good sensitivity and specificity for detecting past-12-month use of any substance.
- This suggests better performance in identifying substance use compared to that of the “yes/no” questions found in the prior study (Harris et al., 2015; Harris et al., 2016).

CRAFFT 2.0 Instructions

- If the student answered “0” to all the opening “frequency of use” questions, ask the CAR question only.
- If the student provided an answer >”0” to any of the “frequency of use” questions, ask the full set of six CRAFFT questions.
- Two or more “yes” answers to any of the CRAFFT questions indicates an elevated risk for a substance use disorder (SUD), and a need for further assessment.
- Further assessment may include a follow-up visit with you and/or a referral to treatment.

The CRAFFT 2.0 Questionnaire

To be completed by student

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put “0” if none. _____
2. Use any marijuana (pot, weed, hash, or in foods) or “synthetic marijuana” (like “K2” or “Spice”)? Put “0” if none. _____
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or “huff”)? Put “0” if none. _____

READ THESE INSTRUCTIONS BEFORE CONTINUING:

If you put “0” in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.

If you put “1” or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

CRAFFT Questionnaire 2.0 Part B

4. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
6. Do you ever use alcohol or drugs while you are by yourself ALONE?
7. Do you ever FORGET things you did while using alcohol or drugs?
8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

CRAFT: Scoring

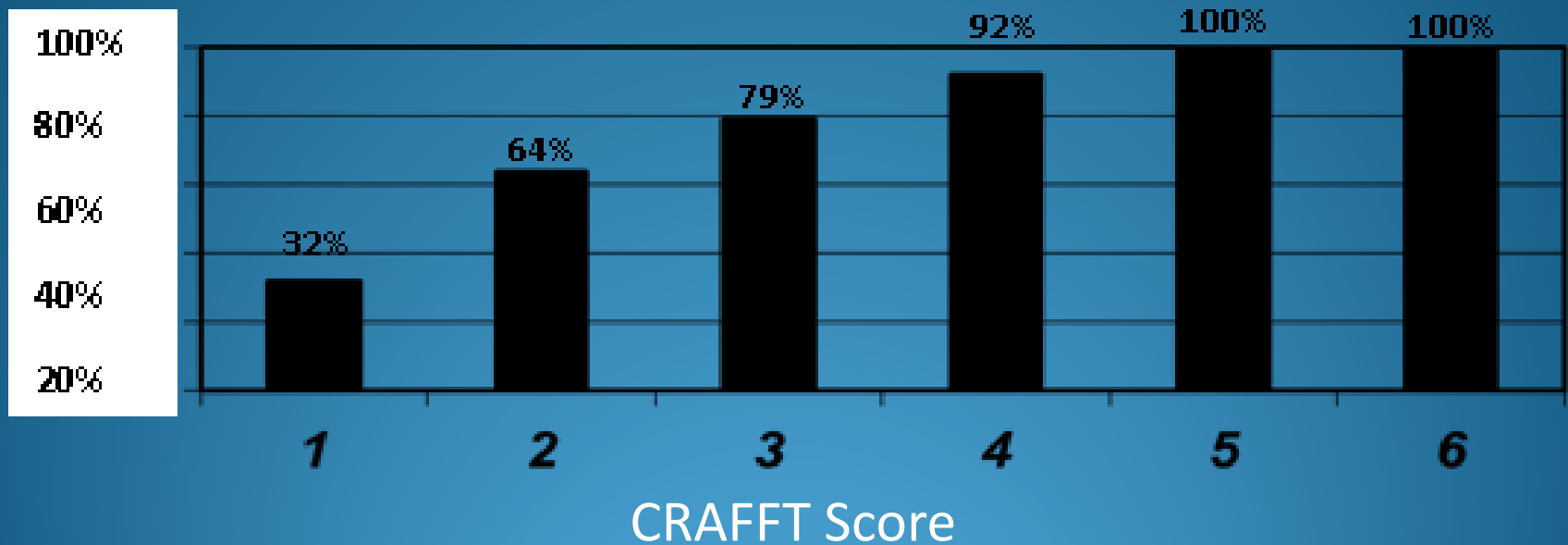
Scores range from 0-6

Score of 0: No Evidence of risk

Score of 1 or more: Positive screen; indicates need for further assessment

Likelihood of having a Substance Use Disorder increases with the number of “yes” responses

Students with a DSM-5 Substance Use Disorder by CRAFFT Score



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

MOTIVATIONAL INTERVIEWING

What is Motivational Interviewing?

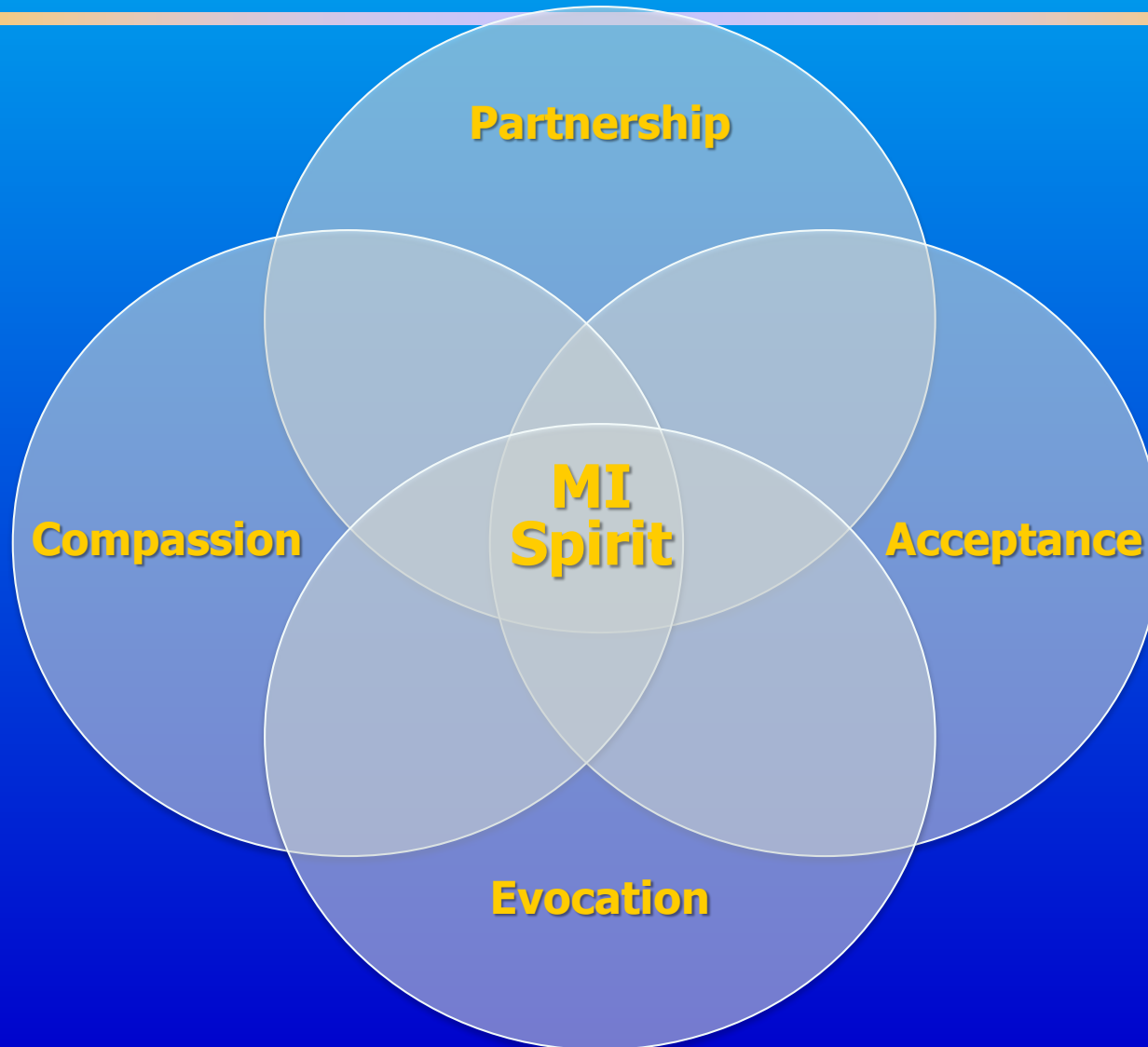
Developed by William Miller (U New Mexico), Stephen Rollnick (Cardiff University School of Medicine), and colleagues over the past three decades. Miller and Rollnick (2012, p. 29) define MI as:

“MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

The Concept of Motivation

- Motivation is influenced by the clinician/counselor's style
- Motivation can be modified
- The clinician/counselor's task is to elicit and enhance motivation
- *“Lack of motivation” is a challenge for the clinician's therapeutic skills, not a fault for which to blame our students*

The Underlying Spirit of MI



Four Processes of MI

Planning

Evoking

Focusing

Engaging

MI: Principles

- Motivational interviewing is founded on 4 basic principles:
 - Express empathy
 - Develop discrepancy
 - Roll with resistance
 - Support self-efficacy

MI Skills (microskills)

Core Skills

- **O**pen-Ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummarizing



Open-Ended Questions

- Are difficult to answer with brief replies or simple “yes” or “no” answers.
- Contain an element of surprise; you don’t really know what the student will say.
- Are conversational door-openers that encourage the student to talk.
- *Is this an open-ended or closed-ended question?*

Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing



OARS: Affirmations

(Positive Reinforcement)

- Must be authentic
- Supports and promotes confidence and self-efficacy
- Acknowledges student's challenges
- Validates student's experiences and feelings
- Reinforcing successes reduces discouragement & hopelessness

Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing



Expressing Empathy through Reflective Listening

Reflective listening is used to:

- Check out whether you really understood the student
- Highlight the student's own motivation for change about substance use
- Steer the student towards a greater recognition of her or his problems and concerns, and
- Reinforce statements indicating that the student is thinking about change (change talk).

Summary Statements

Collection



Linkage



Transition



Brief Negotiated Interview

(one type of brief intervention)

Brief Negotiated Interview

BNI Steps

Introduction/Ask Permission

1. Engagement

Procedures

- “Before we start, I’d like to know a little more about you. Would you mind telling me a little bit about yourself?” “What is a typical day like for you?” “How does alcohol/drugs fit in?” “What are the most important things in your life right now?”

Brief Negotiated Interview

BNI Steps

2. Pros & Cons

- Explore pros and cons
- Use reflective listening
- Reinforce positives
- Summarize

Procedures

“I’d like to understand more about your use of (X). What do you enjoy about (X)? What else?” “What do you enjoy less about (X) or regret about your use?”

If NO con’s: Explore problems mentioned during the CRAFFT: “You mentioned that... Can you tell me more about that situation?”

“So, on one hand you say you enjoy (X) because... And on the other hand you say....”

Brief Negotiated Interview

3. Feedback

- Ask permission
 - Provide information
 - Elicit response
- “I have some information about the guidelines for low-risk drinking, would you mind if I shared them with you?”
 - “We know that for adults drinking more than or equal to 4F/5M drinks in one sitting or more than 7F/14M in a week, and/or use of illicit drugs can put you at risk for illness or injury, especially in combination with other drugs or medication. [Insert medical information.] It can also lead to problems with the law or with relationships in your life.”
 - “What are your thoughts on that?”

Brief Negotiated Interview

4. Readiness

Ruler

- Readiness scale
 - Reinforce positive reasons for change
 - Envision change
- “To help me better understand how you feel about making a change in your use of (X), [show readiness ruler]... On a scale from 1-10, how ready are you to change any aspect related to your use of (X)?”
 - “That’s great! It means you’re ____% ready to make a change.”
 - “Why did you choose that number and not a lower one like a 1 or a 2?”
 - “It sounds like you have reasons to change.”

Brief Negotiated Interview

5. Negotiate Action Plan

- Write down Action Plan
 - Envisioning the future
 - Exploring challenges
 - Drawing on past successes
 - Benefits of change
- “What are you willing to do for now to be healthy and safe? ...What else?”
 - “What do you want your life to look like down the road?” [Probe for goals.]
“How does this change fit with where you see yourself in the future?”
 - “What are some challenges to reaching your goal?”
 - “What have you planned/done in the past that you felt proud of? Who/what helped you succeed? How can you use that (person/method) again to help you with the challenges of changing now?”
 - “If you make these changes, how would things be better?”

Brief Negotiated Interview

6. Summarize & Thank

- Reinforce resilience & resources
 - Provide handouts
 - Give Action Plan
 - Thank the patient
- “Let me summarize what we’ve been discussing, and you let me know if there’s anything you want to add or change...” [Review Action Plan.]
 - [Present list of resources]: “Which of these services, if any, are you interested in?”
 - “Here’s the action plan that we discussed, along with your goals. This is really an agreement between you and yourself.”
 - “Thanks so much for sharing with me today!”

Example of BNI with a teen using Vicodin

BNI Steps

- Step 1. Engagement

Dialogue/Procedures

- “Before we get started, I’d like to know a little more about you. Would you mind telling me a little bit about yourself?”
- “What’s a typical day like for you?”
- How does Vicodin fit in?”
- “What are the most important things in your life right now?”

Example of BNI with a teen using Vicodin

Step 2. Pros & Cons

- Explore pros & cons of using
 - Use reflective listening
 - Summarize statements
- “I’d like to understand more about your use of Vicodin. What do you enjoy about it?”
 - “What do you enjoy less about Vicodin or regret about your use of it?”
 - IF they can’t think of any cons, explore problems mentioned on the CRAFFT, i.e. “you said that you have gotten into trouble while using Vicodin. Tell me more about that.”
 - “So on one hand you enjoy Vicodin because....and on the other hand it has caused these problems...”

Example of BNI with a teen using Vicodin

Step 3. Feedback

- Ask permission to share information
- Provide information
- Elicit response

“I have some information about the use of opioids by teens that I’d like to share with you. Would that be ok?”

“We know that use of opioids by teens has some negative consequences. For one thing, it’s very easy to become addicted to them to the point that you need them just to be able to function every day. They can lead to short-term problems like impaired ability to learn, poorer grades, and family relationship issues, along with overdose & death, and long-term consequences like collapsed veins, respiratory problems, and liver disease.

Example of BNI with a teen using Vicodin

Step 3 (cont'd)

“Teens who use prescription opioids in their early teens are more likely to be using heroin by the time they graduate from high school. And because your brain is still developing, opioids can cause changes in your brain that may be permanent and make you more vulnerable to addiction as an adult.”

“What are your thoughts about this information?”

Example of BNI with a teen using Vicodin

Step 4. Readiness Ruler

- Readiness Scale
- Reinforce positives of changing
- Envision change

“To help me better understand how you feel about reducing or stopping your use of Vicodin, on a scale of 1 to 10, how ready would you say you are to change any aspect of your use of Vicodin?”

“That’s great, it means you’re ____% ready to make a change.”

“Why did you choose that number and not a lower number, like a 1 or a 2?”

<Their response>

Reflect their response and say “so it sounds like you have some reasons to make a change.”

Example of BNI with a teen using Vicodin

Step 5. Negotiate Action Plan

- Write down action plan
- Envision the future
- Explore potential challenges
- Draw on past life successes
- Benefits of change

“So what are you willing to do right now to be healthy and safe?” (write down action plan)

“What do you want your life to look like down the road?” (Probe for goals) “How does this change fit in with those goals?”

“What might be some challenges in accomplishing your goal with regard to Vicodin?”

“What’s something you have accomplished in the past that you felt proud of? Who or what helped you succeed in that? How can you use that (person or method) to help you with the challenges of making this change now?”

“So if you make this change, how would things be better for you?”

Example of BNI with a teen using Vicodin

Step 6. Summarize and Thank

- Reinforce resilience and resources
- Provide handouts (if available)
- Give them the action plan
- Thank the student for coming today

“So let me summarize what we’ve discussed, and you let me know if there’s anything you’d like to add or change.” (Review action plan)

(If available, present list of local resources)
“Which of these services, if any, are you interested in to help you with your goal?”

“OK, here’s the action plan we’ve discussed. This is really an agreement between you and yourself.”

“Thanks so much for coming in and talking with me today!”

Reasons for avoiding or cutting down substance use:

- Wanting to go to college (60.7%)
- Worrying about parents/family reactions (53.1%)
- Wanting good or better health (47%)
- Avoid getting in trouble
- Avoid getting addicted
- Avoid negative consequences they've seen others experience
- Not wanting substances to interfere with extracurricular activities including sports

Referral to Treatment

- Approximately 5-10% of students screened will require referral to substance use evaluation and treatment.
- A student may be appropriate for referral when:
 - They report weekly or more use of a substance on the S2BI
 - They score higher than 2 on the CRAFFT

These high risk students will receive a brief intervention that is oriented toward a referral to treatment.

“Warm hand-off”

Approach to Referrals

- Describe treatment options to students based on available services in your community (know what they are)
- Develop relationships between school-based health centers, who do screening, and local treatment centers
- Facilitate hand-off by:
 - Calling to make appointment for student (with student, in a private room, if possible)
 - Providing directions and clinic hours to student
 - Coordinating transportation when needed and if available
- Can you think of any other useful referral strategies?

Resources to Help You Advocate for SBIRT

Reference the endorsement of youth SBIRT by national organizations, such as the American Academy of Pediatrics, National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA).

Visit Community Catalyst Website:

<https://www.communitycatalyst.org/resources/tools/sbirt/mobilize-for-sbirt>

Resources to Help You Advocate for SBIRT

Tips for Advocates:

https://www.communitycatalyst.org/docstore/publications/Tips_Advocates_Decision-maker-advocacy.pdf

Provide evidence on the Effectiveness of SBIRT:

<https://drive.google.com/file/d/0B67gcMqEtX6tWlI4MzBJcFlVekk/view>

Resources

Adolescent SBIRT Toolkit:

<https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf>

(Boston Children's Hospital)

SBIRT Resource Hub:

<https://www.adolescentsubstanceuse.org/>

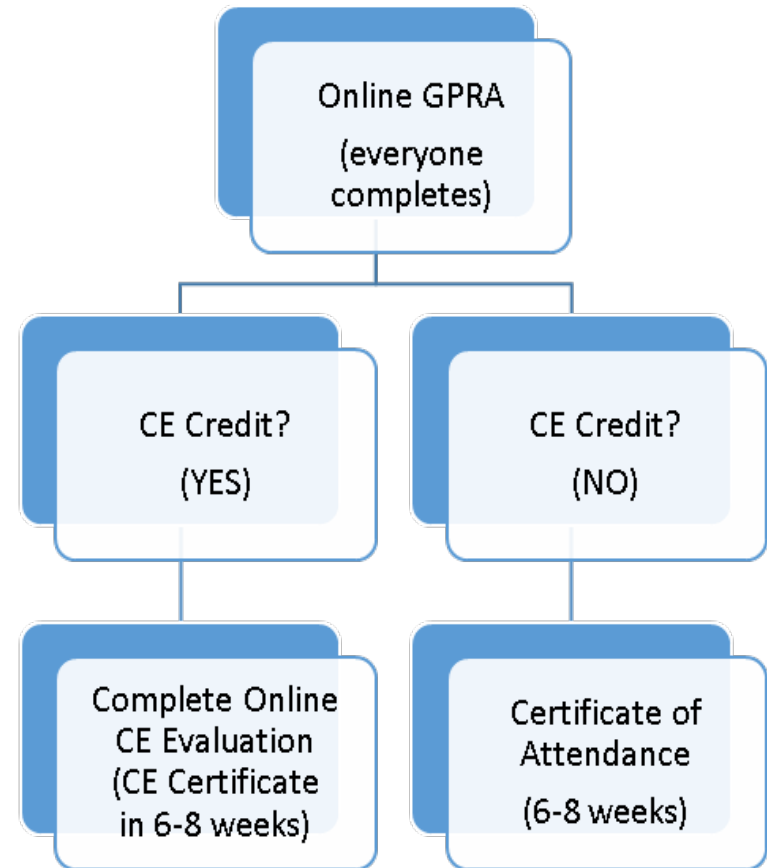
(Hilton Foundation/UCLA)

CA School-Based Health Alliance SBIRT Quick Guides:

<https://bit.ly/CSHASBIRTGuides>

Evaluation and CE Process

Please note: We recommend filling out the GPRA and CE evaluation immediately following the training. All surveys will close within one week of the training.



Post-Training Evaluation (GPRA)

- Please fill out an evaluation!
- We will post the link in the chat and send it via email.
- You can also use your phone to fill out the evaluation using this QR code:



- If you are willing to complete a follow-up survey 30 days from now, please include your email.
 - If you complete the follow-up survey, you will be entered into a drawing for a \$10 gift card.
 - More information on our training evaluation can be found at: <http://uclaisap.org/gpra-survey-disclaimer.html>

Continuing Education (CE) Credit

- After completing the post-training GPRA evaluation, you will find the link to an **online CE course evaluation**. Please choose the link that corresponds with the type of credit you need.
- Once the CE course evaluation is submitted, you will receive your CE certificate via email in 6-8 weeks.
- We will also send you an email with all of these details and links.

End Code: 1831

Please make a note of this; you will need it on the CE evaluation

Save the Date for Our Virtual Conference: November 2-4!

Registration coming soon. Visit www.schoolhealthcenters.org for latest updates.

Building Bridges to Healthy & Resilient Communities

Virtual Conference | November 2–4, 2021

STAY CONNECTED



schoolhealthcenters.org



info@schoolhealthcenters.org



[schoolhealthcenters](https://www.facebook.com/schoolhealthcenters)



[sbh4ca](https://twitter.com/sbh4ca)



[sbh4ca](https://www.instagram.com/sbh4ca)



Gracias

謝謝

Thank you

Cảm ơn

Salamat

Amy Ranger

aranger@schoolhealthcenters.org

Jim Peck, Psy.D.

jpeck@mednet.ucla.edu

www.uclaisap.org