# SCHOOL HEALTH ADVISORY BOARD (SHAB)

## May 29, 2026

## 9–11 a.m.

### Kelly Leadership Center, Room 2011

## Meeting Minutes

**Present:** Ashley Ausborn, Larry Chicas, Dr. Vanessa Gattis, Katheryn Johnson, Becky Howery, Shelley Legall-Brickey, Dr. Miriam Saad Lender, Connie Meade, Brenda Miller-Dorick, Kerry Murphy, Callie Nickles, Dr. Robin Norris, Telisha Parker, Dr. Latrice White, Linda Woods, Andrea Young

**Call to Order:** 9:02 a.m.
**Icebreaker Activity – Summer Wellness**

- Participants introduced themselves
- Members engaged in an icebreaker centered on shared personal wellness activities, fostering greater participation and creating a comfortable atmosphere among attendees:
    - **"What activity do you use in the summer to reduce stress and support mental health?"**

**Approval of Previous Minutes (2/27/2026)**

- Members were reminded to review previously distributed meeting minutes.
- Time was provided for any revisions or corrections.
- No revisions were noted.
- **Action:** Minutes were approved by member vote.

**SHAB Norms**

- Punctuality
- Parking Lot
- Respect
- Full Attention
- Stay Focused

**The Child Find Process-Refer Evaluations and Eligibility Determinations**
**Shelley Legall-Brickey, Supervisor of Child Find and Eligibility Supervisor of Child Find and Eligibility**

**Overview**

- Provided a comprehensive overview of the Child Find process in Virginia and PWCS.
- Emphasized that Child Find:
    - Is a legal requirement (federal, state, and local)
    - Applies to identifying, locating, and evaluating students (birth–21) who may need special education services

**Who is Included**

- All PWCS students
- Private school students within PWCS jurisdiction
- Homeschooled students
- Migrant, homeless, and wards of the state
- Students in correctional settings (under age 18)

**Importance of Child Find**

- Ensures early identification and intervention
- Supports student success through appropriate services
- Obligation exists even if a student is ultimately found ineligible

**Child Find Process Framework (Three Components)**

- Part C: Birth–3 (Early Intervention; medical model)
- Part B (Preschool): Ages 2–5 (educational model, not kindergarten eligible)
- School Age: Kindergarten–12th grade

**Key Distinction**

- Medical diagnosis does not equal automatic eligibility for special education
- Must demonstrate:
    - Adverse educational impact
    - Need for specialized instruction

**Process and Timelines**

- Referral
    - Can be initiated by any individual (parents, staff, providers, community members)
    - Must be addressed within 10 business days
- Evaluation
    - Requires parent consent
    - Assessments are based on suspected disability
    - Multiple data sources are used (no single data point determines outcome)
- Eligibility Determination
    - Must occur within 60 business days (PWCS timeline)
    - Team reviews all evaluation data
    - Outcome:
        - Eligible → Individualized Education Program (IEP) developed
        - Not eligible → May continue with interventions
- IEP Development
    - If eligible, IEP must be developed within 30 calendar days
- Important Notes
    - Child Find operates year-round, including summer months
    - Referral window is always open

**Additional Clarifications & Discussion**

- Private and Homeschooled Students:
    - Parents contact Child Find office (preschool) or base school (K–12)
    - Students are registered (not enrolled) to begin process
- Evaluation Logistics:
    - May occur at school, evaluation center, or alternative settings (case-by-case)
    - Students may be brought in or evaluators may travel
- Role of Healthcare Providers:
    - Providers may submit referrals or recommend evaluation
    - Schools will follow up directly with parents
    - Contact information can be provided to families or shared directly with the division
- Medical vs. Educational Eligibility:
    - Educational eligibility criteria are more stringent
    - Requires clear impact on academic functioning

**Secondary Device Initiative Update**
**Connie Meade, Administrative Coordinator, Student Health Services**

**Overview of Initiative**

- Initiative began in Fall (prior academic year).
- Focus: Implementation of secondary monitoring devices for students with diabetes.
- Purpose:
    - Provide an additional safety layer through centrally monitored devices
    - Support real-time monitoring of glucose levels in school settings

**Participation**

- 38 schools participating
    - 25 Elementary Schools
    - 10 Middle Schools

    - 2 High Schools
    - 1 Traditional School
- Total Parent Requests: 63

**Device Types**

- 56 Dexcom Continuous Glucose Monitors (CGM)
- 4 Libre devices
- 2 Islet devices
- 1 Twist device

**Key Trends & Outcomes**

**Usage Trends**

- Majority of requests occurred early in the school year following pilot implementation
- Additional requests have continued throughout the year

**Positive Impacts**

- Improved student safety and monitoring
- Increased proactive care by school nurses
- Faster response to glucose changes due to:
    - Audible alarms
    - Visibility of student data in shared monitoring areas
- Students remain in class more consistently, resulting in:
    - Reduced time out of instruction
    - More stable learning environment

**Operational Observations**

- Secondary devices are typically placed in central clinic/office areas
- Staff in those areas respond quickly to alerts due to:
    - Audible alarms
    - Visibility of glucose readings
- Devices complement—not replace—students' primary personal devices

**Challenges Identified**

**Technology & Connectivity**

- Wi-Fi connectivity issues in certain school buildings, particularly:
    - High schools
- Device-specific challenges:
    - Twist device connectivity issues
- Recess-related disconnects:
    - Students lose connectivity when far from building Wi-Fi, while school device remains active

**Device Transition**

- Dexcom G6 discontinuation (effective July 1)
    - Pending clarification on continued app support

**Recommendations for Next School Year**

- Add Dexcom G7 Follow App to all school iPads
    - Prepare for G6 discontinuation
- Continue collaboration with IT to:
    - Resolve Wi-Fi and connectivity challenges
    - Improve system reliability across buildings

**Discussion & Q&A Highlights**

**Impact on Nurse Workload**

- Nurses continue to:
    - Conduct assessments
    - Respond to alerts
    - Document care
- While students remain in class longer:
    - Nurses are more proactive, not necessarily less engaged
    - Still required to follow full care and documentation protocols
- Some coordination with teachers occurs (e.g., providing snacks), but:
    - Nurses remain responsible for clinical decision-making

**Classroom Response Protocol**

- Teachers receive training (Level 2 training) and:
    - Can recognize signs/symptoms
    - May initiate immediate response (e.g., providing juice)
    - Must still notify the nurse
- Emergency snack bags are recommended in classrooms

**Equity & Access Considerations**

- Discussion raised about students without personal cell phones:
    - No formal data collected on number of impacted students
    - No reported requests from families for support in obtaining devices
    - Limitation acknowledged but currently not tracked
- Overall feedback from nurses and families has been very positive
- Program continues to improve safety, monitoring, and student classroom participation

**Hazel Health Telehealth Services**
**Brenda Miller-Dorick, Supervisor of Student Health Services (on behalf of Anthony Clark, Supervisor of School Social Workers)**

**Overview**

- Hazel Health Telehealth is in its second year of implementation in PWCS.
- Provides short-term teletherapy services to students.
- Purpose:
    - Reduce barriers to accessing quality mental health care
    - Address shortages of in-person providers (counselors, psychologists, etc.)
    - Serve as a bridge to long-term community or insurance-based services

**Program Features**

- Available to all students (K–12)
- Conducted outside of school hours (not during the school day)
- Accessible via:
    - Tablet, computer, or smart device
- Offered in 19 languages
- Requires parent opt-in/consent
- Delivered by licensed local therapists
- Focus areas include:
    - Anxiety, depression, and stress
    - Mood and behavior changes
    - Grief and loss
    - Social skills and peer relationships
    - Bullying

**Referral and Utilization Data (Current School Year)**
**Referral Pipeline**

- 946 referrals submitted by families/staff
- 889 families expressed interest after outreach
- 896 appointments scheduled
- 729 appointments completed

**Active Participation**

- 273 students engaged in ongoing services
- 1,243 total telehealth visits conducted
- Approximately 95% of participating students completed at least one visit

**Key Takeaway**

- Strong engagement:
    - Students are not only referred but are successfully connecting to care
    - High follow-through and completion rates demonstrate effective utilization

**Top Reasons for Referral**

- 25% – Feeling sad, anxious, or withdrawn
- 19.7% – Difficulty expressing themselves
- 17.2% – Socialization challenges

- 17.1% – Academic struggles

**Program Impact**

- Expands access to mental health support for students
- Helps address service gaps in the community
- Provides an accessible and flexible option for families
- Supports early intervention and ongoing care connections

**Closing & Questions**

- Update was presented on behalf of program staff (unable to attend)
- Members were invited to ask questions:
    - No questions were raised at this time
- Additional questions can be routed back to program staff

**PWCS Summer Meals Program**
**Callie Nickles, MPH, RDN, Administrative Coordinator for Nutrition Food & Nutrition Department**

**Overview**

- Provided an update on **summer meal access** for students when school is not in session.
- Emphasized:
    - Many students rely on school meals during the academic year
    - Food insecurity continues during the summer
    - Importance of maintaining accessible meal programs for families

**In-Person Summer Meal Sites**

- Meals provided through the USDA Summer Food Service Program (separate from the school-year meal programs)

**Eligibility Criteria**

- Sites must meet area eligibility requirements:
    - At least 50% of students in the area qualify for free or reduced-price meals
- Schools that do not meet eligibility:
    - Still provide meals to students enrolled in summer school
    - Not open to the general public

**Open Community Sites**

- 16 summer school sites are open to the public
- Any child 18 years or younger may:
    - Receive free breakfast and lunch
    - Eat meals on-site
- Site details (locations, dates, times) available on the program website (QR code referenced)

**New Initiative: "To-Go" Summer Meal Program**
**Location**

- Colgan High School

**Dates & Schedule**

- Operates June 24 – July 29
- Distribution occurs:
    - Wednesdays only
    - 3 a.m. – 6 p.m.
- Program runs for 6 weeks

**Program Highlights**

- Families can:
    - Pick up meals without children present
    - Take meals home (non-congregate model)
- Designed to reduce barriers such as:
    - Transportation challenges
    - Work schedules

**Meal Kit Contents**

Each kit includes:

- 5 breakfasts and 5 lunches

- Bag of frozen items (safe to eat cold if needed)
- Bag of fresh produce
- Milk and chocolate milk

Additional Support

- Potential partnership to include:
    - Non-perishable food items (via community collaboration)

**Food Quality & Sourcing**

- All produce is locally sourced through regional suppliers
    - Includes items such as:
        - Peaches, plums, nectarines
        - Zucchini, cucumbers, tomatoes, lettuce
- Benefits:
    - Provides fresh, nutritious food
    - Supports local agriculture

**Communication & Outreach**

- Program information shared through:
    - Website postings
    - School messaging (School Status)
    - Social media
    - Media press releases
- Acknowledged:
    - Ongoing need to improve community awareness

**Discussion & Feedback**

**Community Awareness**

- Members expressed interest in expanding outreach:
    - Athletic programs
    - School networks
    - Flyers and direct communication

**Volunteer Support**

- Opportunities available for:
    - Students needing volunteer hours
    - Community volunteers
    - Court-ordered service participants
- Meal preparation occurs at:
    - Off-site location near central office

**Participation Expectations**

- Anticipated high participation, including:
    - Students from neighboring divisions (Manassas City & Manassas Park)
- No enrollment requirement:
    - Any child 18 or younger may participate

**Food Pantry Expansion**

- Additional update:
    - 6 new school food pantries launching this summer
    - Total expanding to 20 schools
- Pantries provide:
    - Non-perishable food items
    - Access for students and their families
    - Monthly distribution (typically third Thursday)

**Closing**

- Strong enthusiasm for expanded summer meal access and new to-go model
- Emphasis on:
    - Increasing awareness
    - Leveraging partnerships and volunteers to support program success

**Response to HIV/STI trends in the Greater Prince William Area: Partnering to expand prevention strategies with youth.**

**Andrea Young, RN, MPH, Population Health and Disease Prevention Manager**
**Prince William Health District, Virginia Department of Health**

**Purpose of Presentation**

- Share emerging public health trends related to HIV and sexually transmitted infections (STIs)
- Increase awareness among SHAB members
- Identify opportunities for partnership, outreach, and prevention strategies
- Serve as a call to action due to limited public health staffing capacity

**Key Public Health Concerns**

**Rising HIV Trends (Virginia & Local Data)**

- 41% increase in new HIV cases among ages 15–19 (2023–2024)
- In Virginia overall:
  - Case rate increased from 7.4 to 12.5 per 100,000
- In Prince William County:
  - Approximately 72% increase in cases from 2023–2024

**Demographic Disparities**

- Disproportionate impact on:
  - Black and Hispanic/Latino populations
- Although representing ~19% of the population:
  - These groups account for over **50% of HIV cases**

**Gender Distribution**

- Higher prevalence among:
  - Males (~80%)
  - Females (~20%)

**Contributing Factors Identified**

- Reduced testing rates post-COVID
- Risk behaviors:
  - Unprotected sexual activity
  - Substance use
  - Lack of knowledge/awareness
- Limited access or awareness of:
  - Testing services
  - Prevention tools (e.g., PrEP, PEP)
- Anonymous encounters complicating contact tracing
- Population movement patterns within the region

**Prevention & Intervention Strategies**

**Education & Awareness**

- Increase public awareness to reduce stigma
- Expand conversations beyond traditional settings
- Emphasize that HIV/STIs impact all populations

**Medical Prevention Options**

- PrEP (Pre-Exposure Prophylaxis):
  - Preventive medication (daily pill or periodic injection)
  - Highly effective when used consistently
- PEP (Post-Exposure Prophylaxis):
  - Medication taken after potential exposure to reduce risk

**Testing & Outreach**

- Health Department provides:
  - Free STI/HIV testing (no cost to patients)
  - Confidential services regardless of insurance status
- Community outreach efforts include:
  - Deploying community health workers
  - Partnering with local businesses and organizations
  - Distributing educational materials and prevention resources

**Access to Services**

- Local Health Department locations:
  - Manassas

    - Woodbridge
- Services include:
    - Testing
    - Initial treatment/prevention (e.g., PrEP initiation)
    - Referral to long-term care providers
- At-home test kits:
    - Available through state-supported ordering (HIV testing)

**School & Youth Considerations**

**Current School-Based Limitations**

- School nurses:
    - Cannot diagnose or test for STIs
    - Must notify parents in most cases
- Family Life Education (FLE):
    - Includes STI education (Grades 5–10)
    - Curriculum constraints due to state regulations (abstinence-first policy)
- Limited instruction on:
    - PrEP/PEP
    - Advanced prevention methods

**Opportunities Identified**

- Update curriculum with:
    - More current, data-driven information
    - Expanded prevention education
- Improve student access to trusted, confidential resources
- Explore safe spaces for student questions and guidance

**Discussion Highlights**

**Communication & Outreach Ideas**

- Develop simple, shareable messaging (e.g., social media graphics)
- Focus outreach on:
    - Parents (via school networks and community groups)
    - Students (via data-driven messaging rather than fear-based messaging)

**Community Partnerships**

- Potential collaboration with:
    - Local health providers (e.g., FQHCs such as Greater Prince William/Lake Ridge clinics)
    - Regional task forces
- Consider:
    - Mobile health units
    - Community-based testing opportunities

**Barriers Identified**

- Stigma and discomfort discussing sexual health
- Limited provider availability for preventive care
- Lack of awareness among both parents and students
- Confidentiality concerns among youth

**Next Steps / Action Items**

- Health Department to:
    - Share educational materials and data with SHAB members
- SHAB members to:
    - Disseminate information within their networks
- Future focus:
    - Include HIV/STI awareness as a priority topic for the next school year
    - Revisit discussion at next meeting (September 18)
    - Explore potential program or partnership opportunities

**Immunizations and School Physicals**

**Brenda Miller-Dorick, Supervisor of Student Health Services (on behalf Cindi Sutton, Administrative Coordinator, Student Health Services**

**Program Overview**

- Ongoing initiatives focused on:
    - Student immunization compliance
    - School physical access

- Goal:
    - Ensure students meet requirements to start and remain in school
    - Reduce barriers to accessing vaccines and physicals

**Partnerships & Clinics (School Year Overview)**

**Collaborating Partners**

- MAP Clinic (Mason and Partners / George Mason University)
- Prince William Health District
- Sentara Community Care Clinic

**Clinic Implementation**

- 14 total clinic events
    - 2 weekend clinics (MAP-sponsored)
    - 12 in-school clinics (in collaboration with Health Department)

**Outcomes**

- 726 students vaccinated
- 1,363 total vaccines administered
- Result:
    - Students brought into compliance with school immunization requirements
    - Increased ability for students to remain enrolled and attend school

**School Physical Clinics**

- 2 mobile clinics (Sentara)
- 28 school physicals completed

**Immunization Compliance Data**

**Non-Compliance Trends**

- July 2025: 5,680 students non-compliant
- March 6, 2026: Reduced to 74 students
- May 11, 2026: Slight increase to 116 students

**Key Takeaways**

- Significant reduction in non-compliance due to:
    - Enforcement policies (students unable to attend if non-compliant)
    - Targeted outreach and vaccination campaigns
- Increase in May attributed to:
    - Students becoming due for additional immunizations

**Upcoming Compliance Focus (2026–2027)**

**Projected Needs**

- 7th Grade Students:
    - 2,196 require Tdap and Meningococcal vaccines
- 12th Grade Students:
    - 2,385 require Meningococcal vaccine

**Important Notes**

- Data excludes students with:
    - Approved medical exemptions
    - Religious waivers
- Additional data on waiver trends will be provided at a future meeting

**Summer Support Initiatives**

**Nurse Outreach Team**

- Five nurses (including retirees) assigned over summer
- Responsibilities:
    - Conduct record reviews
    - Contact families of non-compliant students
    - Provide referrals and scheduling support
    - Assist school registrars with compliance verification

**Summer Clinics & Events**

**Vaccination Clinics**

- June 6: Freedom High School (MAP Clinic)
- July 8: Location TBD (MAP Clinic)
- August 4: CASA, Woodbridge (MAP Clinic)

**Health Department Support**

- August 10 – 21:
  - Increased appointment availability
  - Approximately 400 appointments available for vaccines and physicals

**School Physical Clinics**

- AFC Urgent Care (Woodbridge):
  - July 20 – August 21
  - Up to 500 free physicals (sponsored by community foundation)
- Sentara Mobile Clinics (CASA, Woodbridge):
  - June 16, July 14, August 4 → Physicals
  - August 18 → Vaccination clinic for rising 7th graders

**Communication & Outreach**

- Increased effort to inform families through:
  - Flyers and posters
  - School communications
  - Back-to-school outreach campaigns
- Emphasis on:
  - Early action to avoid last-minute scheduling challenges

**Community Engagement Opportunity**

**Back-to-School Event**

- Date: August 14
- Location: Freedom High School
- Time: 11 a.m. – 2 p.m.
- Expected Attendance: 12,000+ community members

**Event Highlights**

- Opportunity for:
  - Community organizations
  - Healthcare providers
- Focus:
  - Resource sharing and education (no direct immunizations or physicals onsite)
- Potential uses:
  - Health awareness outreach
  - Screening information
  - Program promotion

**Discussion Highlights**

- Interest in:
  - Expanding partnerships for physicals and immunizations
  - Increasing provider participation at clinic events
- Noted challenge:
  - Families often unaware of free services, contributing to last-minute demand
- Opportunities to:
  - Improve communication strategies
  - Better utilize summer clinic capacity

**Closing**

- Acknowledged strong progress in reducing immunization non-compliance
- Continued focus on:
  - Expanding summer access points
  - Strengthening communication and outreach efforts
- Members encouraged to:
  - Share information within their networks
  - Participate in upcoming initiatives

**Meeting Adjournment:**

- **Adjourned at:** 11:12 a.m.
- **Next Meeting:** Friday, September 18, 9–11 a.m., Room 3011