basics. Clinics are also working to make all methods of contraception available on-site and facilitating training on IUDs and implants for providers. Future assessments will assess differences across practice settings and measure change in implementation of best practices among health centers and the number of youth accessing services and receiving contraceptive methods.
Sources of Support: None.

124.

SAME DAY ACCESS TO LARCS IN ADOLESCENT PEDIATRIC PRACTICE: A RETROSPECTIVE REVIEW

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Purpose: Pediatricians still see the majority of teens in need of contraception to prevent pregnancy and for medical reasons. Traditionally, insertion of long-acting reversible contraception (LARC) methods, including intrauterine devices (IUDs) and implants, has not been considered a pediatric skill. This changed when in their October 2014 Policy Statement, the American Academy of Pediatrics recommended that LARC methods should be considered the first-line contraceptives for adolescents. This quality improvement project documents the evolution of a pediatric adolescent medicine practice into one that adopts the tiered LARC-first approach to contraceptive counseling and provision.
Methods: The entire adolescent medicine practice in a mid-Atlantic children's hospital attended a two-day 10-hour training aimed at transforming the practice in order to provide immediate access to the full range of contraceptive options. This training was for front desk staff, medical assistants, nurses, and providers and was provided by a nonprofit who was contracted by the state for this work. Pediatric providers were then precepted on insertion of intrauterine devices. A retrospective chart review was conducted to determine changes in contraceptive method provision during the year after the training compared with the previous year. Same day insertion is defined as insertion on any visit other than a procedure visit.
Results: A total of 361 charts were reviewed with 103 encounters for LARC placement identified prior to the training and total of 258 LARC encounters occurred after training. Of the 258 LARCs after the training, 47 (18%) were placed during 1st visits vs. 13 (13%) the previous year. A total of 107 patients (41%) had same day access to LARCs vs. 48 patients (47%) patients who received same day access in the year prior to the training. The average age of patients who received a LARC was 16 years old (range 10–20). A marked increase in the number of IUDs placed in the year following the training was noted (144 vs. 17). There were three IUD removals during the study period: two for breakthrough bleeding and one for partial expulsion. A total of 16% of patients in the year post training experienced complications: 1 expulsion, 10 STIs, 1 case of pelvic inflammatory disease. There were no reported perforations. The number of hormonal implant insertions also increased with 114 total insertions vs. 86 implants placed in the year prior. At the end of the study period 81% of LARCs placed before and 88% those placed after the training were still present.
Conclusions: This study shows that in the year after a comprehensive practice training emphasizing a tiered approach to contraceptive counseling, the number of LARCs, number of first visit LARCs, and number of same day access LARCs all increased in a children's hospital adolescent medicine practice. In addition to high numbers of insertions, continuation rates were high and complication rates were relatively low in this practice setting.
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125.

SCHOOL DISTRICT EFFORTS TO INCREASE STUDENT ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES: AN INVENTORY OF DASH-FUNDED PARTNERS

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Purpose: Schools in the U.S. have direct contact with more than 16.5 million students attending grades 9–12, making them sought-after partners in the delivery of needed adolescent health services including HIV, STD, and unplanned pregnancy prevention services. School districts can help adolescents access sexual and reproductive health (SRH) services through on-site provision or referrals to youth-friendly providers in the community. Research has shown increases in contraceptive use and declines in unintended pregnancy associated with school-based health centers (SBHC). Likewise, a school-based referral program connecting students to community providers was associated with increased use of SRH services (contraception, STD testing, counseling) among sexually-active females. The Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) supports efforts of school districts and their community clinical partners to improve students' access to SRH services. In an effort to summarize the real-world strategies used in such efforts, we reviewed the practices of DASH-funded school district partners and identified challenges they face.
Methods: We conducted an inventory of programmatic activities used by DASH-funded local education agencies (LEAs) between 2013 and 2017 to increase student access to SRH. The inventory was developed using information gathered through existing program documents including end-of-year status reports, success stories, technical assistance documents, and qualitative information shared by LEA staff.
Results: LEA efforts to increase student access to SRH services included raising student awareness about SRH (n = 17), implementing SRH referral systems and processes to community providers (n = 15), enhancing services at SBHCs (n = 12), implementing condom availability programs (n = 11), conducting STD/HIV screening (n = 5), and working with partners to bill for reimbursable services (n = 2). With each program strategy, implementation varied widely based on the local context of the district and schools. For instance, the process in which referrals are made varied in that some LEAs designated specific staff (e.g., school nurses, counselors, social workers) to make referrals, while a few use peer leaders and student self-referrals. Some LEAs provide a referral guide to staff members, and some provide guides directly to students in the form of pocket-sized hard copies or mobile applications; some districts included a broader list of health services in their referral guide in order to improve its usability. At least one district faced considerable policy restrictions and organizational changes and had to halt their referral efforts. Challenges to this work include tracking referrals from schools to community providers, protecting student confidentiality, getting support from school