

**West Contra Costa Unified School District  
School-Based Health Centers (SBHC)  
Evaluation Report  
2015-2016**

**Prepared for:**

California School-Based Health Alliance and West Contra Costa Unified School District

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## Executive Summary

The West Contra Costa County Unified School District School-Based Health Centers (SBHCs) provide comprehensive medical, behavioral health, dental, health education, and youth enrichment services designed to support the overall health and wellness of their students so they are ready to learn and succeed in life. Evaluation data on service utilization and client experiences from the 2015-16 school year demonstrate that the SBHC services have increasingly supported students' health and wellness needs.

### Medical and Dental Services

Since the SBHCs began tracking medical services in 2012-13, they have collectively and consistently served over 1,300 students annually. Additionally, approximately one out of five students enrolled in the SBHC schools received medical services annually. In 2015-16, 206 clients also received a total of 623 dental health visits that included dental exams, X-rays, cleanings, preventive care (sealants, fluoride), and fillings.

### Behavioral Health Services

Evaluation data documented increases in the behavioral health services provided to students. Since 2012-13, the percentage of the student populations at the SBHC schools that received individual counseling services increased from 11% to 23%. There were also increases in the number of referrals for behavioral health services (41% increase) and psychosocial intake/assessments to assess client needs (39% increase) since 2013-14, when this data was first collected. In 2015-16, 1,649 clients received 11,378 individual counseling visits, representing increases of 137% and 83% respectively from two years prior. These increases may reflect improvements in documenting these data and/or increased awareness of the SBHC as a resource for behavioral health support, increases in service availability, and improved referral processes.

### Health Education and Wellness Services

In Spring 2016, SBHC coordinators began documenting broader health and wellness support services provided beyond medical and behavioral health services. The highest number of non-clinical contacts with youth were made via health fairs/outreach, health education about nutrition, classroom presentations/interventions, healthy snack distribution, and peer health education. While the data were limited estimates for 2015-16, they highlight the need to better track these data in order to more accurately illustrate the comprehensive support the SBHCs offer their school communities.

### Client Experiences

SBHC clients and youth enrichment program participants reported positive experiences with the SBHC services. Respondents to an end of the year survey reported that the SBHC staff helped them feel like they had an adult they could turn to if they needed help or support (97%), helped them get services they wouldn't otherwise get (97%), and helped them get services sooner than they normally would (97%). Nearly all respondents who participated in SBHC youth enrichment programs indicated that participating in the program helped them learn skills for the future (96%) and do better in school (92%).

In summary, the West Contra Costa SBHCs have provided consistent support to their school communities by delivering comprehensive medical, behavioral health, dental, health education, and youth enrichment services. In 2016-17, the evaluation team will continue to work with the existing SBHCs, as well as the six new SBHC and Full Service Community School sites, to track service utilization and refine data collection instruments and processes in order to most accurately reflect the breadth and reach of the support they offer.

## School-Based Health Center Services Overview

The mission of the West Contra Costa Unified School District (WCCUSD) School-Based Health Centers (SBHCs) is *to foster student well being and strengthen school communities through an integrative and coordinated approach that builds equity and promotes academic success*. Their vision is for the SBHCs *to provide students with health and wellness services they need to be ready to learn and succeed in life*.

To ensure that students have access to high quality, youth friendly health services, WCCUSD SBHCs offer comprehensive medical, behavioral health, dental, health education, and youth enrichment services, described in the table below, to youth at seven high schools: De Anza, El Cerrito, Greenwood Academy<sup>1</sup>, Hercules, Kennedy, Pinole Valley, and Richmond High Schools. Limited services were additionally offered at Helms Middle School and Coronado Elementary.<sup>2</sup>

Service Category	Description
<b>Medical</b>	Primary care including sick care, disease management, sports physicals, etc., provided by a licensed clinical practitioner. May also include confidential reproductive health services provided by a licensed clinical practitioner.
<b>Behavioral Health</b>	Therapeutic individual or group counseling. Provided by a licensed practitioner or clinical intern.
<b>Dental</b>	Dental care including screenings, diagnostic services (X-rays), cleanings, etc., provided by dentists and registered dental assistants. <sup>3</sup>
<b>Health Education</b>	Primarily classroom or assembly based health education presentations. May also include one-on-one health education conducted in a clinical setting. Facilitated by trained health educators (including peer educators). Focused on a specific health topic or concern. May be delivered as part of a series.
<b>Youth Enrichment</b>	All non-counseling, non-therapeutic groups. Focus on promoting youth development, youth organizing, or youth leadership principles. Meet regularly (weekly, bi-weekly) and provide ongoing services to a target group of youth.

<sup>1</sup> Medical services were not provided at Greenwood Academy in 2015-16 but will be in 2016-17.

<sup>2</sup> Service data were not collected at Helms and Coronado, however client feedback was solicited via end of the year surveys.

<sup>3</sup> Dental services were provided at four sites: De Anza, El Cerrito, Kennedy, and Richmond.

## Evaluation and Report Overview

In an effort to assess progress towards their shared vision and mission, the California School-Based Health Alliance (CSHA) in Fall 2010 identified a need for a comprehensive, ongoing data monitoring system that would allow WCCUSD to track the delivery of health services at schools, and to assess the impact of services on the student populations. Since that time, CSHA and the WCCUSD SBHCs have collaborated with a team from the University of California, San Francisco to collect standardized data on the SBHC clients and services.

Data collection methods for 2015-16 included:

- **Medical, Dental and Behavioral Health Services Logs:** SBHC representatives provided aggregate data on clients served and services provided in quarterly tracking logs.
- **Behavioral Health Referral and Psychosocial Assessment Logs:** SBHC coordinators provided aggregate data on referrals to behavioral health services and psychosocial assessments conducted by SBHC providers in quarterly tracking logs.
- **Health and Wellness Activity Logs:** In March 2016, SBHC coordinators began to track the delivery of non-clinical services to students, school staff, and parents that support the health and wellness of the school community in aggregate quarterly logs.
- **Client and Youth Enrichment Program Surveys:** in Spring 2016, students who received clinical services from the SBHCs and/or participated in youth enrichment programs sponsored by the SBHCs completed a Client and Youth Program Survey at the end of school year (May-June 2016). The survey asked participants to assess whether the services or programs impacted their health behaviors, leadership skills, academic performance and satisfaction with their school experience.

This report summarizes data collected through these methods during the 2015-16 school year. The first section of this report summarizes the clinic-based medical, dental, and behavioral health services and the non-clinical health education and wellness services provided to the school community. Trend data since 2012-13 are presented when available. Detailed data on services by site are provided in the appendices. The second section presents the results of a survey administered to SBHC clients and participants in youth enrichment programs about their experiences.

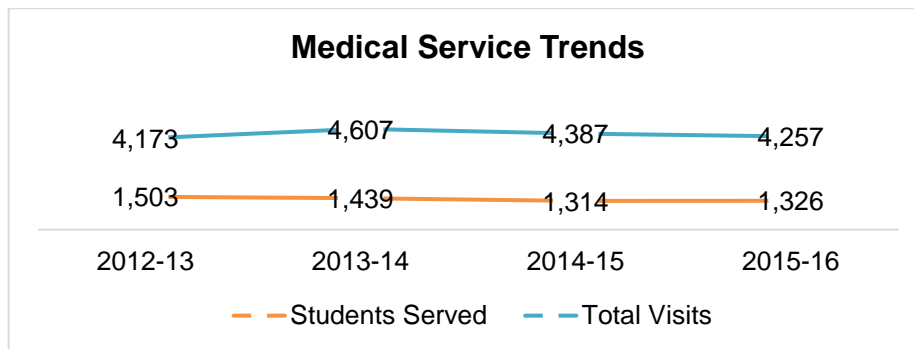
## Medical Services

The WCCUSD SBHCs offered primary care and reproductive health services on-site through fully operational clinics at De Anza, El Cerrito/JMP, Kennedy and Richmond.<sup>4</sup> Two of the sites, Hercules and Pinole Valley, provided services through mobile health vans.

The primary medical provider at each SBHC was Contra Costa Health Services (CCHS). Kaiser also provided medical services one day a week at Kennedy High School. A total of 4,257 visits were provided, with the average number of visits per student ranging from 1.7 to 3.8, as seen in the table below.

<b>Medical Services, 2015-16</b>					
SBHC	Provider	Location	# Students Served <sup>5</sup>	# Visits	# Visits Per Student
<b>De Anza</b>	CCHS	On-site	311	1,051	3.4
<b>El Cerrito/JMP</b>	CCHS	On-site	222	670	3.0
<b>Hercules</b>	CCHS	Mobile van	129	401	3.4
<b>Kennedy</b>	CCHS	On-site	123	367	3.0
	Kaiser <sup>6</sup>		58	96	1.7
<b>Pinole Valley</b>	CCHS	Mobile van	186	711	3.8
<b>Richmond</b>	CCHS	On-site	297	961	3.2
<b>Total</b>			<b>1,326</b>	<b>4,257</b>	<b>N/A</b>
	<b>CCHS</b>		<b>1,268</b>	<b>4,161</b>	<b>3.3</b>
	<b>Kaiser</b>		<b>58</b>	<b>96</b>	<b>1.7</b>

As illustrated in the chart below, the numbers of medical visits<sup>7</sup> and clients<sup>8</sup> have remained fairly constant over the past four years.



<sup>4</sup> Medical services were not provided at Greenwood in 2015-16 and service data were not collected for Helms or Coronado.

<sup>5</sup> While the number of students served by each agency represents a unique number of clients, because two agencies, that track students and visits separately, provided services at Kennedy there is probable duplication in the number of students served at Kennedy.

<sup>6</sup> Kaiser Clinic was held one afternoon a week at Kennedy High School. Peds clinic data is not included.

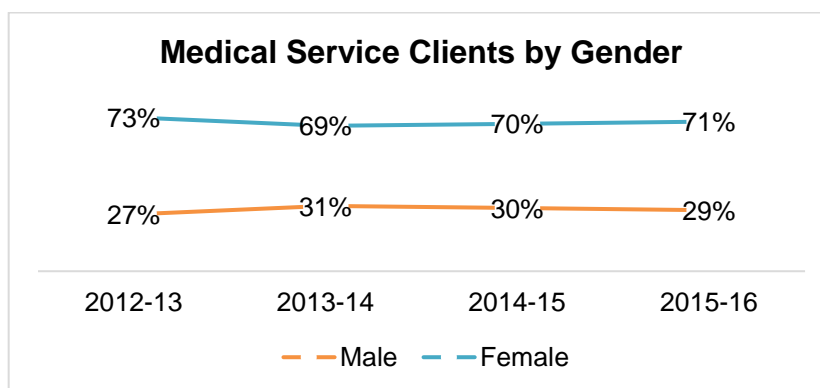
<sup>7</sup> See Appendix for detailed trend data, by SBHC site.

<sup>8</sup> Because three sites (De Anza, Kennedy and Pinole Valley) in 2012-13 had multiple providers (Planned Parenthood, Kaiser and CCHS) that provided services, and tracked students and visits individually, there is probable duplication in the number of students served that year. The portion of likely duplicate counted students served is minimized the following years, when only Kennedy had multiple providers (CCHS and Kaiser).

The following table shows the majority of medical service clients were female (71%).

<b>Medical Service Clients by Gender, 2015-16</b>				
<b>SBHC</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	
<b>De Anza</b>	96	215	311	
<b>El Cerrito/JMP</b>	74	148	222	
<b>Hercules</b>	45	84	129	
<b>Kennedy<sup>9</sup></b>	51	130	181	
<b>Pinole Valley</b>	56	130	186	
<b>Richmond</b>	56	241	297	
<b>Total Number</b>	<b>378</b>	<b>948</b>	<b>1,326<sup>10</sup></b>	
<b>Total Percentage</b>	<b>29%</b>	<b>71%</b>	<b>100%</b>	

The majority of medical service clients have consistently been female, with little variation across the years (69-73%), as detailed in the chart below.<sup>11</sup>



The following table shows the number of clients who received medical services by race/ethnicity. Most clients were Latino (50%) or African American (24%).

<b>Medical Service Clients by Ethnicity, 2015-16</b>						
<b>SBHC</b>	<b>African American</b>	<b>Asian/ Pacific Islander</b>	<b>Latino</b>	<b>White</b>	<b>Other<sup>12</sup></b>	<b>Unknown/ Missing</b>
<b>De Anza</b>	92	44	128	28	11	8
<b>El Cerrito/JMP</b>	73	17	70	40	18	4
<b>Hercules</b>	35	40	30	*	21	3
<b>Kennedy<sup>13</sup></b>	64	*	105	*	12	0
<b>Pinole Valley</b>	33	27	73	18	33	2
<b>Richmond</b>	17	11	261	*	6	2
<b>Total Number</b>	<b>314</b>	<b>139</b>	<b>667</b>	<b>86</b>	<b>101</b>	<b>19</b>
<b>Total Percentage</b>	<b>24%</b>	<b>10%</b>	<b>50%</b>	<b>6%</b>	<b>8%</b>	<b>1%</b>

<sup>9</sup> May include duplicate clients.

<sup>10</sup> To protect client confidentiality, sites with 5 or fewer students who identified as Other were collapsed with female clients since they are usually the majority of clients.

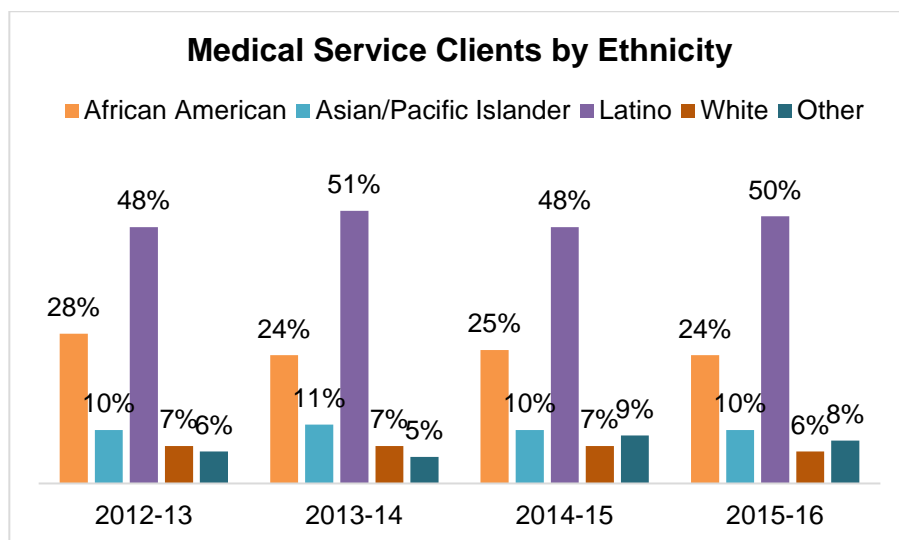
<sup>11</sup> See Appendix for detailed trend data, by SBHC site.

<sup>12</sup> The "other" ethnic category presents higher than in actuality due to collapsing at the individual site level when there were fewer than 10 clients identified in an ethnic category, in order to protect client identification.

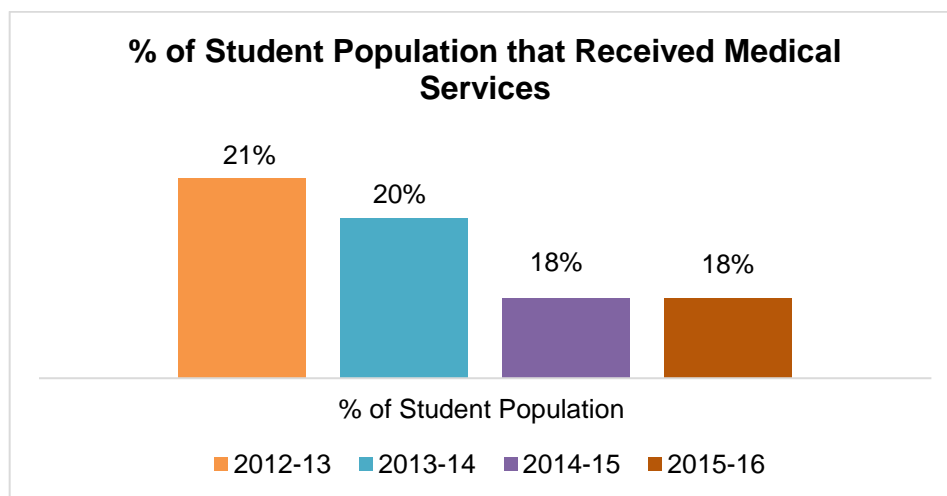
<sup>13</sup> May include duplicate clients.

\*Cells with less than 10 clients were categorized as "Other."

Over the past four years, the majority of medical service clients have consistently been Latino (48-51%) and African-American (24-28%), as shown in the chart below.<sup>14</sup>



The following chart shows approximately one out of five students enrolled in the SBHC schools received medical services with only slight fluctuation, from 21% in 2012-13 to 18% in 2015-16.<sup>15,16</sup>



<sup>14</sup> The "other" ethnic category presents higher than in actuality due to collapsing at the individual site level when there were fewer than 10 clients identified in an ethnic category, in order to protect client identification.

<sup>15</sup> Because three sites (De Anza, Kennedy and Pinole Valley) in 2012-13 had multiple agencies (Planned Parenthood, Kaiser and CCHS) that provided services, and tracked students and visits individually, the portion of likely duplicate counted students served is likely larger that year compared to other years, when only Kennedy has had multiple providers (CCHS and Kaiser).

<sup>16</sup> See Appendix for detailed trend data, by SBHC site.



## Dental Health Services

The WCCUSD SBHCs offered dental services through mobile and/or on-site services. During the 2013-14 school year, CCHS began providing dental services at Richmond and expanded to De Anza, El Cerrito and Kennedy in 2014-15. Services provided include exams, X-rays, cleanings, preventive care (sealants, fluoride), and fillings.

A total of 623 dental health visits were provided by CCHS to 206 clients, with the average number of visits per client ranging from 2.6 to 3.4. The breakdown by school and provider is summarized below.

<b>Dental Services, 2015-16</b>			
<b>SBHC</b>	<b># Students Served</b>	<b># Visits</b>	<b># Visits Per Student</b>
<b>De Anza</b>	43	144	3.3
<b>El Cerrito/JMP</b>	42	143	3.4
<b>Kennedy</b>	52 <sup>17</sup>	133	2.6
<b>Richmond</b>	69	203	2.9
<b>Total</b>	<b>206</b>	<b>623</b>	<b>3.0</b>

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<sup>17</sup> Dental services at Kennedy High School are open to the broader community and data is partial as it reflects only clients ages 13 and up.

## Behavioral Health Services

All of the SBHCs also offered a range of behavioral health services including individual and group counseling.<sup>18</sup> Trainees and professionals in psychology and social work employed by YMCA's Y-Team provided the majority of behavioral health services. Bay Area Community Resources (BACR) also provided services at De Anza and Hercules. At El Cerrito High School, the SBHC (James Morehouse Project/JMP) served as the primary behavioral health provider.

### Referrals and Psychosocial Assessments

In the 2015-16 school year, the SBHCs received 2,029 referrals for behavioral health services, which includes self-referrals.<sup>19</sup> Prior to accessing services, 1,436 of these students received psychosocial assessments to identify behavioral health needs. Most were referred to SBHC behavioral health services, while some were referred to external services or other school-based services (e.g., tutoring, mentoring, etc.). Occasionally, the short assessments were sufficient to resolve students' issues and did not require any additional referrals.

<b>Behavioral Health Referrals and Psychosocial Assessments, 2015-16</b>			
<b>SBHC</b>	<b>Referrals for Behavioral Health Services</b>		<b>Psychosocial Intake/ Assessments Completed</b>
<b>De Anza</b>	360		98
<b>El Cerrito/JMP</b>	568		429
<b>Greenwood</b>	85		67
<b>Hercules</b>	142		103
<b>Kennedy</b>	302		254
<b>Pinole Valley</b>	195		159
<b>Richmond</b>	377		326
<b>Total</b>	<b>2,029</b>		<b>1,436</b>

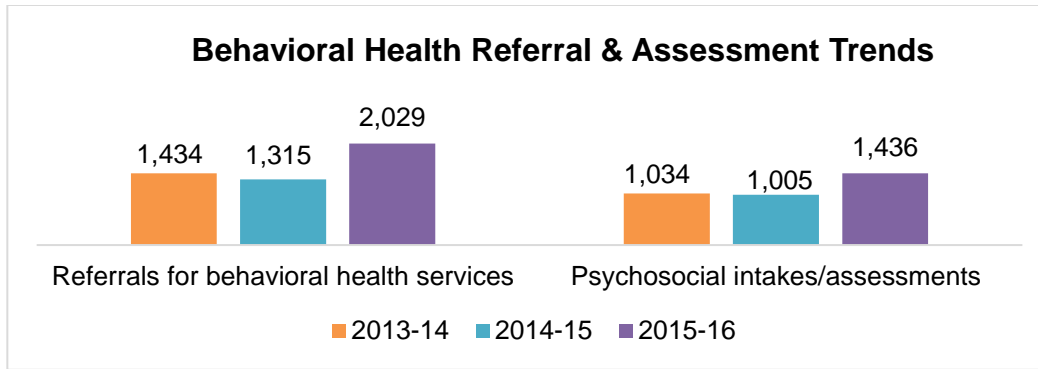
As illustrated in the following chart, the number of referrals for behavioral health services decreased slightly between 2013-14 and 2014-15, but increased 54% in 2015-16 (from 1,315 to 2,029). Psychosocial intake/assessments also decreased slightly between 2013-14 and 2014-15, but increased 43% in 2015-16 (from 1,005 to 1,436).<sup>20,21</sup>

<sup>18</sup> Service data was not collected for Helms or Coronado.

<sup>19</sup> Referrals and intake/assessments may include duplicates.

<sup>20</sup> This data was collected beginning in 2013-14.

<sup>21</sup> See Appendix for detailed trend data, by SBHC site.



## Individual Counseling

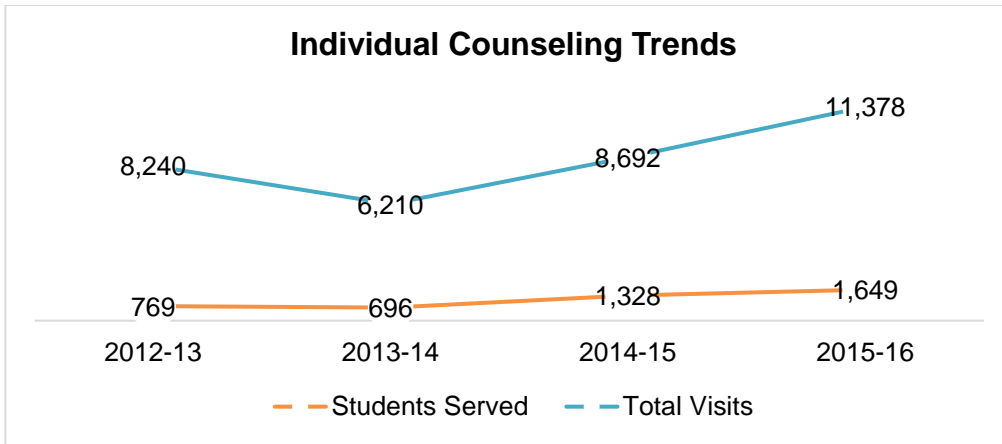
A total of 11,378 individual counseling visits were provided by BACR, Y-Team, and JMP, with the average number of visits per student ranging from 3.9 to 14.6. The breakdown by school and provider is summarized below.

Individual Counseling, 2015-16				
SBHC	Provider	# Students Served <sup>22</sup>	# Visits	Average # Visits Per Student
De Anza	BACR	347	2,013	5.8
	Y-Team	13	170	13.1
El Cerrito/JMP	JMP	229	1,996	8.7
	Y-Team	10	146	14.6
Greenwood	Y-Team	85	1,176	13.8
Hercules	BACR	190	913	4.8
Kennedy	Y-Team	254	1,726	4.8
Pinole Valley	Y-Team	195	751	3.9
Richmond	Y-Team	326	2,487	7.6
Total		1,649	11,378	N/A
	BACR	537	2,926	5.4
	Y-Team	883	6,456	7.3
	JMP	229	1,996	8.7

The number of individual counseling clients has increased by 137%, from 696 in 2013-14 to 1,649 in 2015-16. Similarly, individual counseling visits have steadily increased (by 83%) from 6,210 in 2013-14 to 11,378 in 2015-16. These increases were partially attributable to the addition of behavioral health services at Greenwood Academy, where 85 clients received 1,176 visits in 2015-16, as well as expanded services offered at all SBHCs each year. These trends are presented in the following chart.<sup>23</sup>

<sup>22</sup> Because two sites (De Anza and El Cerrito) have multiple agencies (BACR, Y-Team and JMP) that provided services, and tracked students and visits individually, there is probable duplication in the number of students served. However because the second provider at these sites served a relatively small portion of clients, there is likely minimal duplication in the client counts.

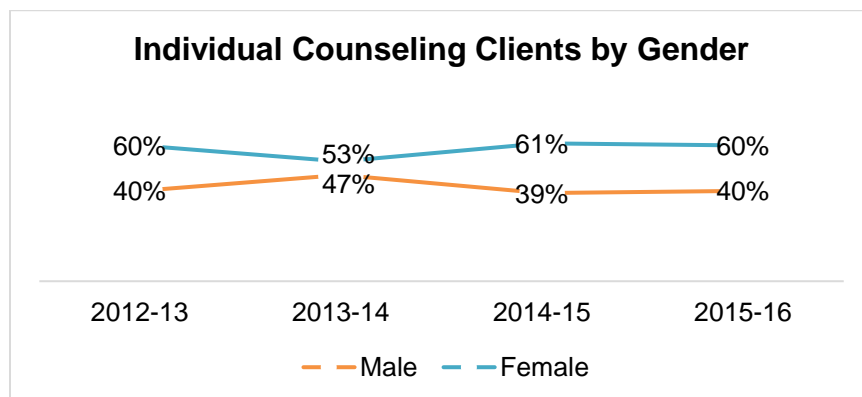
<sup>23</sup> See Appendix for detailed trend data, by SBHC site.



The following table shows that the majority of individual counseling clients were female (60%).

Individual Counseling Clients by Gender, 2015-16			
SBHC	Male	Female	Total
De Anza	119	241	360
El Cerrito/JMP	111	128	239
Greenwood	40	45	85
Hercules	67	123	190
Kennedy	117	137	254
Pinole Valley	80	115	195
Richmond	127	199	326
<b>Total Number</b>	<b>661</b>	<b>988</b>	<b>1,649<sup>24</sup></b>
<b>Total Percentage</b>	<b>40%</b>	<b>60%</b>	<b>100%</b>

As illustrated in the following chart, the majority of individual counseling clients have consistently been female (53-61%), however male clients were most equally represented in 2013-14 when they represented 47% and females represented 53% of clients.<sup>25</sup>



<sup>24</sup> To protect client confidentiality, sites with 5 or fewer students who identified as Other were collapsed with female clients since they are usually the majority of clients.

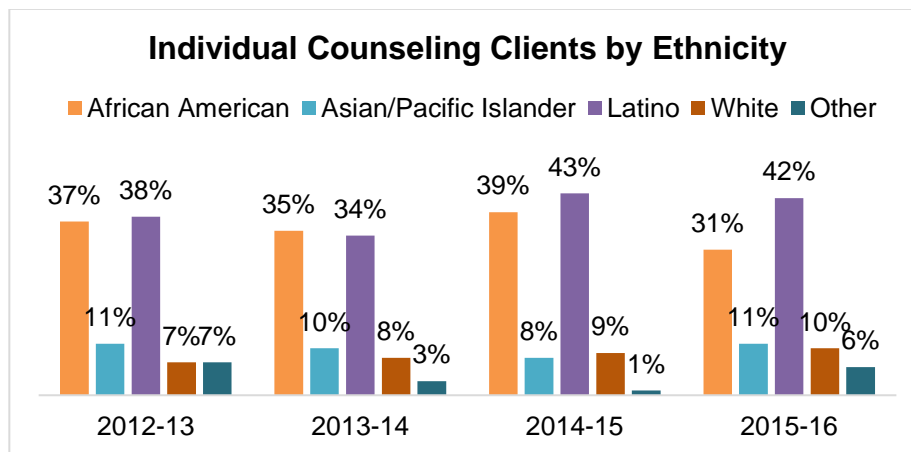
<sup>25</sup> See Appendix for detailed trend data, by SBHC site.

The table below shows the number of clients who received individual behavioral health services by race/ethnicity. Most clients were Latino (42%) or African American (31%).

<b>Individual Counseling Clients by Ethnicity, 2015-16</b>					
<b>SBHC</b>	<b>African American</b>	<b>Asian/ Pacific Islander</b>	<b>Latino</b>	<b>White</b>	<b>Other<sup>26</sup></b>
<b>De Anza</b>	108	49	98	60	45
<b>El Cerrito/JMP</b>	101	33	65	39	1
<b>Greenwood</b>	35	*	44	*	5
<b>Hercules</b>	60	52	39	37	2
<b>Kennedy</b>	113	16	108	*	17
<b>Pinole Valley</b>	67	15	73	24	16
<b>Richmond</b>	27	13	269	*	17
<b>Total Number</b>	<b>511</b>	<b>180</b>	<b>696</b>	<b>160</b>	<b>103</b>
<b>Total Percentage</b>	<b>31%</b>	<b>11%</b>	<b>42%</b>	<b>10%</b>	<b>6%</b>

\*Cells with less than 10 clients were categorized as "Other."

The majority of individual counseling clients have consistently been Latino (34-43%) and African-American (31-39%), with Latinos representing the largest portion of clients across all years except 2013-14 when the percentage of African American clients was slightly higher, as detailed in the following chart.<sup>27,28</sup>

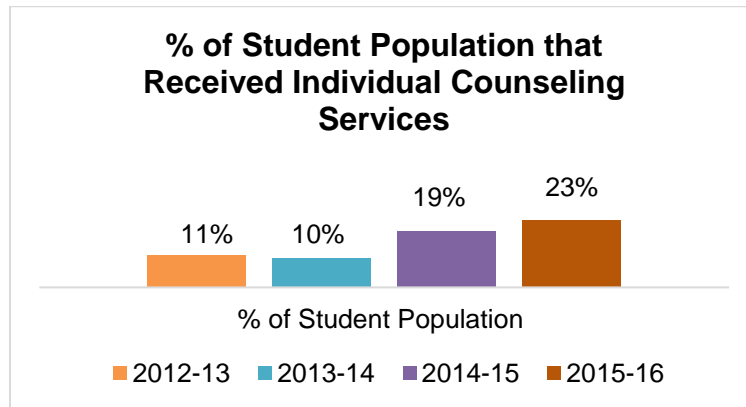


<sup>26</sup> The "other" ethnic category presents higher than in actuality due to collapsing at the individual site level when there were fewer than 10 clients identified in an ethnic category, in order to protect client identification.

<sup>27</sup> The "other" ethnic category presents higher than in actuality due to collapsing at the individual site level when there were fewer than 10 clients identified in an ethnic category, in order to protect client identification.

<sup>28</sup> Pinole Valley under-reported by 2 students for ethnicity in 2012-13. Kennedy over-reported by 7 students for ethnicity in 2013-14.

The following chart shows that the percentage the combined student populations that received individual counseling services has increased from only 11% in 2012-13 to 23% in 2015-16.<sup>29,30</sup>



## Group Counseling

In addition to individual counseling sessions, BACR, Y-Team and JMP also provided group counseling services. The breakdown by school is summarized below.

Group Counseling Services, 2015-16				
SBHC	# Student Participants (possibly a duplicated count)	# Groups	# Sessions	# Visits
De Anza	97	8	96	1,164
El Cerrito/JMP	211	17	235	2,414
Greenwood	129	10	300	2,000
Hercules	21	3	27	118
Kennedy	308	10	185	1,797
Pinole Valley	89	7	99	1,258
Richmond	305	21	292	1,921
<b>Total</b>	--	<b>76</b>	<b>1,234</b>	<b>10,672</b>

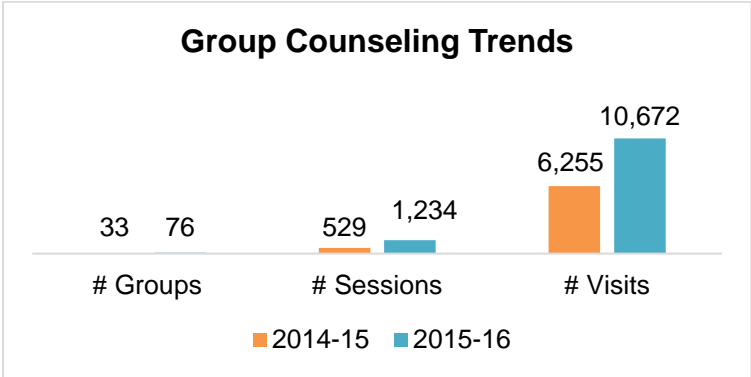
As illustrated in the chart below, the number of counseling groups more than doubled in 2015-16 compared to 2014-15.<sup>31</sup> Similarly, the number of counseling group sessions more than doubled while visits nearly doubled.<sup>32</sup> This is due to expanded services, as well as improved documentation of data.

<sup>29</sup> Because two sites (De Anza and El Cerrito) have multiple agencies (BACR, Y-Team and JMP), and Hercules did just for 2012-13 to 2013-14, that provided services, and tracked students and visits individually, there is probable duplication in the number of students served throughout the years. However because the second provider at these sites served a relatively small portion of clients, there is likely minimal duplication in the client counts.

<sup>30</sup> See Appendix for detailed trend data, by SBHC site.

<sup>31</sup> Because the group counseling data was collected and reported in a different format prior to 2014-15, previous years' data do not allow for comparison. However it's important to note the format for collecting counseling data was streamlined in 2015-16 and some of the increase in groups could be attributable to improved data collection processes.

<sup>32</sup> See Appendix for detailed trend data, by SBHC site.



## Health Education & Wellness Services

In addition to medical and behavioral health services, the WCCUSD SBHCs offer non-clinical services to students, school staff, and parents to support the health and wellness of the school community. SBHC coordinators began tracking these services in March 2016. Some, but not all, reported retroactively to the beginning of the school year. The data presented in this section are thus estimates and likely are undercounts of the services provided.

### Youth Services

As the table below shows, the highest number of non-clinical contacts with youth were health fairs/outreach, health education about nutrition, classroom presentations/interventions, healthy snack distribution, and peer health education. Detail by SBHC is presented in the Appendix.

Youth Services	# Contacts with Participants <sup>33</sup>
Health fairs/outreach	5,797
Health education, nutrition (including gardening/cooking)	4,761
Other classroom presentation/intervention (topics not listed in other options)	4,412
Healthy snack distribution	3,896
Peer health education group/peer counseling/mentoring	3,375
First aid supplies given	3,079
School-wide assembly or special event	1,344
School safety/climate presentation/activity	945
Self esteem/image/empowerment	613
Health education, tobacco and alcohol/drug use	548
Social skills/communication/anger management/conflict resolution	515
Health education, reproductive health	473
Other	423
Job training/career exploration (e.g., applying, internships, shadowing)	408
Academic support	276
Youth advisory board/leadership/research/advocacy group	234
Restorative justice/circle activities	150
Acculturation support (for newcomers, unaccompanied youth, etc.)	109
Screening, dental	87
Insurance screening/enrollment	75
School/teacher consultation (including COST; count # of youth cases)	64

<sup>33</sup> Most likely duplicative count for clients at sites.



## Adult Services

As the following table shows, the highest number of non-clinical contacts with adults, including school staff and parents or families, were health education about nutrition, walk-through registrations, and volunteer activities. Detail by SBHC is presented in the Appendix.

Adult Services	# Contacts with Participants <sup>34</sup>
Health education, nutrition (including gardening/cooking)	1,347
Walk-through registration	1,185
Volunteer activities (including trainings, onboarding)	523
School-wide assembly or special event	438
Food Bank distribution	352
Staff workshop or training	307
School safety/climate presentation/activity	199
Weekly COST Meetings	192
Acculturation support (for newcomers, etc.)	142
Health fairs, outreach	132
Teacher Appreciation	87
Parent/family support group	81
Teacher orientation	46
Other	43
Trauma training (for school or SHC staff)	35
Insurance screening/enrollment	23

<sup>34</sup> Most likely duplicative count for clients at sites.

## Client and Group Participant Feedback

In addition to the clinical services described previously, the SBHCs also offered a variety of youth enrichment programs to promote youth development and resiliency. These programs can improve students' personal and interpersonal skills, connection to school, and academic performance. Students who received clinical services from the SBHCs and/or participated in youth enrichment programs sponsored by the SBHCs completed a Client and Youth Program Survey at the end of school year (May-June 2016).<sup>35</sup> The survey asked participants to assess whether the services or programs impacted their health behaviors, leadership skills, academic performance and satisfaction with their school experience.<sup>36</sup>

### Survey Respondent Demographics

The table below shows the number of Client and Youth Program Survey respondents by gender. Of these respondents, 65% (n=336) were female.

<b>Client and Youth Program Survey Respondents by Gender, 2015-16</b>			
<b>SBHC</b>	<b>Male</b>	<b>Female</b>	<b>Total<sup>37</sup></b>
<b>De Anza</b>	47	82	134
<b>El Cerrito/JMP</b>	48	49	98
<b>Helms</b>	2	18	20
<b>Hercules</b>	15	54	72
<b>Kennedy</b>	4	37	41
<b>Pinole Valley</b>	33	47	80
<b>Richmond</b>	31	49	80
<b>Total Number</b>	<b>180</b>	<b>336</b>	<b>525</b>
<b>Total Percentage</b>	<b>35%</b>	<b>65%</b>	

The respondents were from mostly high school students, 19% (n=99) were in 9<sup>th</sup> grade, 31% (n=158) 10<sup>th</sup>, 28% (n=145) 11<sup>th</sup> and 18% (n=95) in 12<sup>th</sup>. Only 4% (n=20) were 7<sup>th</sup> and 8<sup>th</sup> grades. Most were Latino (42%, n=217), African American (23%, n=118) or Bi/Multi-Racial (17%, n=87). Fewer were Asian/Pacific Islander/Filipino (10%, n=52) or White (5%, n=26). The majority reported that their families had health insurance through their parents' work/plans (34%, n=175) or government sources, i.e., Medi-Cal (35%, n=177). Over one-quarter were not sure what type of health insurance they had (29%, n=146) and 2% (n=11) reported that they did not have insurance.

<sup>35</sup> Coronado Elementary School students' responses are not included in this summary because they received a different, more developmentally appropriate version of the survey. Greenwood Academy did not administer the survey.

<sup>36</sup> Client Survey trend data are not presented as survey questions changed over time making only limited comparisons possible. Where there was consistency in the questions, insignificant variations were seen in the results over time.

<sup>37</sup> Includes students of "other" or missing gender.

## Sources of Health Care

When asked where they had gone for health care during this school year, 39% (n=202) reported going to the SBHC.<sup>38</sup> Additionally, 40% (n=208) reported Kaiser, 16% (n=83) the hospital or emergency room, 10% (n=53) a private doctor; 9% (n=46) a community clinic; and 4% (n=22) some other place. Four percent (n=23) said they hadn't gone anywhere and 11% (n=57) did not know where they had gone.

When asked what they would have done about their health problems or needs if the SBHC was not at their school, many respondents indicated that they would have gone to another doctor or nurse (36%, n=184), while 13% (n=67) would have gone to the ER; 12% (n=59) would have gone to the main office at their schools; 31% (n=158) would have called their parents; and 30% (n=152) would have done nothing.<sup>39</sup> Five percent (n=25) reported that they would have done something else, such as talk to their friends.

## SBHC Services Received

Half of the respondents indicated that this was the first year that they had been coming to the SBHC to get services or participate in group programs (51%, n=256), while others had been coming for two years (28%, n=141), three years (16%, n=81) or four years (5%, n=27).

The following table provides an overview of the services that respondents reported receiving from the SBHC during the school year. Most received counseling services (53%, n=262).

Services Received from the SBHC this School Year	n	%
Counseling or talking to someone about issues like stress, feeling sad, or problems with school, friends or family	262	53%
Group or after school programs	200	40%
Help with sexual health issues, like birth control/condoms or pregnancy/STD testing	176	35%
Medical care such as a physical/wellness exam or check-up	115	23%
Other services	24	5%

## Experiences with the SBHC

Nearly all respondents were pleased overall with their experiences with the SBHC, as seen in the following table reflecting the percent who “strongly agreed” or “agreed” with each statement.

Experiences with the SBHC Staff <sup>40</sup>	Strongly agree/agree	
	n	%
They listen carefully to what I have to say.	472	99%
They make the health center feel like a safe place.	476	99%
They are easy to talk to.	475	98%
They care about what I have been through.	453	97%
They helped me get services I wouldn't otherwise get.	429	97%
They helped me get help sooner than I normally would.	419	97%

<sup>38</sup> Respondents could choose more than one answer.

<sup>39</sup> Respondents could choose more than one answer.

<sup>40</sup> Excludes respondents who checked “don't know/does not apply.”

## Self-Reported Impacts of SBHCs on Students' Health Behaviors

As shown below, survey respondents attributed improved health behaviors to their participation in the SBHC services and programs.

SBHC Effects on Health Behaviors <sup>41</sup>	Strongly agree/agree	
	n	%
Feel safe talking about my problems.	446	98%
Feel like I had an adult I could turn to if I needed help or support.	441	97%
Use protection ( <i>like condoms, birth control</i> ) more often when I have sex.	324	96%
Deal with stress/anxiety better.	390	95%
Stop using or use less tobacco, alcohol, or drugs.	241	86%
Eat healthier foods and/or exercise more.	290	83%

## Self-Reported Impacts on Students' School Experiences and Plans for the Future

As shown below, survey respondents attributed improved academic experiences to their participation in the SBHC services and programs.

SBHC Effects on School Experiences and Future Plans <sup>42</sup>	Strongly agree/agree	
	n	%
Have goals and plans for the future.	378	94%
Stay in school.	306	89%
Get better grades.	278	82%
Have better attendance ( <i>skip school or cut classes less</i> ).	261	80%

## Youth Enrichment Group Participation

The table below provides an overview of the group programs in which students who completed the end of the year surveys reported participating. These programs all met the criteria for WCCUSD SBHC youth enrichment programs. Seventy-five percent (n=393) of survey respondents reported participating in group programs.<sup>43</sup>

SBHC	Youth Enrichment Programs	
<b>De Anza</b>	<ul style="list-style-type: none"> <li>• LGBTQ Group</li> <li>• Girls Empowerment</li> <li>• Girls Anger Management Group</li> <li>• Coping Skills</li> <li>• Grief Group</li> </ul>	<ul style="list-style-type: none"> <li>• DROC</li> <li>• Stand – Expect Respect</li> <li>• Stand – PGR</li> <li>• Peer educators/ Youth workers</li> </ul>
<b>El Cerrito/ JMP</b>	<ul style="list-style-type: none"> <li>• DROC</li> <li>• Culture Keepers</li> <li>• Diverse Abilities</li> <li>• TUPE</li> </ul>	<ul style="list-style-type: none"> <li>• Migration Journey</li> <li>• Tree of Life</li> <li>• Individuals</li> <li>• Grief Group</li> </ul>

<sup>41</sup> Excludes respondents who checked "don't know/does not apply."

<sup>42</sup> Excludes respondents who checked "don't know/does not apply."

<sup>43</sup> Respondents could participate in more than one program.

SBHC	Youth Enrichment Programs	
	<ul style="list-style-type: none"> <li>Promoting Gender Respect</li> <li>Key of a Life</li> <li>Youth Health Workers</li> <li>Issue Circles</li> </ul>	<ul style="list-style-type: none"> <li>Girl's Empowerment</li> <li>Club Beauty</li> <li>My Strength</li> <li>ELAC Youth Group</li> </ul>
<b>Greenwood</b>	<ul style="list-style-type: none"> <li>Young Men's Group</li> <li>Life Skills (Bay Area Peacekeepers)</li> <li>Sister Circle</li> <li>STAND (Relationships)</li> </ul>	<ul style="list-style-type: none"> <li>Teen Parent Program</li> <li>Leadership</li> <li>Youth Advisory Board</li> <li>UNI (Youth Nutrition Advocacy)</li> <li>DROC</li> </ul>
<b>Helms</b>	<ul style="list-style-type: none"> <li>Xinachtli</li> <li>Boys Group</li> <li>Girls Groups</li> </ul>	<ul style="list-style-type: none"> <li>New Comer Group</li> <li>Joven Noble</li> <li>Project Success</li> </ul>
<b>Hercules</b>	<ul style="list-style-type: none"> <li>SMILE</li> <li>African American Girls Group</li> <li>STAND!- Expect Respect</li> <li>CVS- My Strength Group</li> </ul>	<ul style="list-style-type: none"> <li>Latinas Unidas</li> <li>Youth Health Workers</li> <li>Anti-bullying peer educators</li> <li>TUPE Peer Educators</li> </ul>
<b>Kennedy</b>	<ul style="list-style-type: none"> <li>Young Men's group</li> <li>Young Ladies group</li> <li>Freshman Girls group</li> <li>Wellness Group</li> </ul>	<ul style="list-style-type: none"> <li>Youth advisory Board group</li> <li>Independent Living Skills</li> <li>Health Education Support Group</li> </ul>
<b>Pinole Valley</b>	<ul style="list-style-type: none"> <li>Expect Respect (STAND!)</li> <li>PGR - Promoting Gender Respect (STAND!)</li> <li>Young Men's Group</li> </ul>	<ul style="list-style-type: none"> <li>Young Women's Group</li> <li>Case Management</li> <li>Youth Advisory Board</li> </ul>
<b>Richmond</b>	<ul style="list-style-type: none"> <li>AOD Group 1</li> <li>AOD Group 2</li> <li>Alive and Free</li> <li>Alphabet Group</li> <li>Beatz</li> <li>CVS Young Women's Group</li> <li>El Joven Noble</li> <li>Expect Respect</li> <li>Expression</li> </ul>	<ul style="list-style-type: none"> <li>Female Expression Group</li> <li>Girl Circle</li> <li>Girls, Inc.</li> <li>Grief Group</li> <li>Male Empowerment Group</li> <li>My Strength</li> <li>Promoting Gender Respect</li> <li>Xinachtli</li> <li>Youth Health Worker Program</li> </ul>

As the table below shows, the majority of group program participants “strongly agreed” or “agreed” that the SBHC programs affected them in positive ways.<sup>44</sup>

SBHC Group Program Effects on Personal Skills <sup>45</sup>	Strongly agree/agree	
	n	%
Learn skills that will help me in my future.	339	96%
Feel like there is an adult at school who cares about me.	344	96%
Feel more confident.	335	95%
Make my school a better place.	317	93%
Feel more connected to people at my school.	328	93%
Do better in school ( <i>get better grades or get in trouble less</i> ).	282	92%

<sup>44</sup> Does not include data from Coronado Elementary School or Greenwood Academy.

<sup>45</sup> Excludes respondents who checked “don't know/does not apply.”

## Other SBHC Impacts and Suggestions for the Future

Clients and group program participants reported that the SBHC affected them in a number of other ways, including:

- *The counselors at my health center are very helpful and helped me through all my problems. I feel really happy when I talk to them. I am thankful that we have health center and amazing counselors.*
- *The Health Center supported me through the death of my father, being diagnosed with [a health condition], and even day to day inconveniences. The health center has made school a better place to be.*
- *At the health center the people here are always willing to help you and give you what you need to get through something or just when you need someone to talk to.*
- *They helped me understand how to help myself and others and to love life.*
- *They helped me with my anger issues.*
- *Help me stay out of trouble.*
- *Helped me realize what I deserve and what my self worth is.*
- *They have really helped me gain more knowledge about life, relationships, communication, and my health.*
- *They made me feel like I could talk to someone.*
- *The school health center has helped simply by letting me express how I feel, and get things off my chest.*
- *Made me a complete person, also made me move forward in my education.*
- *Made me feel safe.*
- *They make me happy.*
- *In many ways have helped prepare me for the future.*
- *They helped me get better grades.*
- *It's motivated me to go to college.*
- *They helped me not hold all of my feelings inside, to express myself.*
- *With college applications, just been there for me.*
- *To stay out of trouble and to do better in life.*
- *Helped me to connect to people I can trust.*

When asked for suggestions to improve the SBHC's services and programs, suggestions from a few students included offer healthy snacks, increase staff and counselors, advertise groups and services more to increase students' awareness, expand the space, offer services more often and for longer hours, and provide a mobile "app" for students to see upcoming appointments.

## Appendix A: Medical Services

<b># Students Served through Medical Services<sup>46</sup></b>					
<b>SBHC</b>	<b>Provider</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
<b>De Anza</b>	CCHS	155	233	238	311
	PPSP <sup>47</sup>	96	-	-	-
<b>El Cerrito/JMP</b>	CCHS	225	268	273	222
<b>Hercules</b>	CCHS	158	157	131	129
<b>Kennedy</b>	CCHS	80	120	98	123
	PPSP	120	-	-	-
	Kaiser	97	101	65	58
<b>Pinole Valley</b>	CCHS	167	207	208	186
	PPSP	89	-	-	-
<b>Richmond</b>	CCHS	316	353	301	297
<b>Total</b>		<b>1,503</b>	<b>1,439</b>	<b>1,314</b>	<b>1,326</b>
	<b>CCHS</b>	<b>1,101</b>	<b>1,338</b>	<b>1,249</b>	<b>1,268</b>
	<b>PPSP</b>	<b>305</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Kaiser</b>	<b>97</b>	<b>101</b>	<b>65</b>	<b>58</b>

<b>% of Student Population Who Received Medical Services</b>				
<b>SBHC</b>	<b>2012-13<sup>48</sup></b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
<b>De Anza</b>	24%	21%	19%	23%
<b>El Cerrito/JMP</b>	17%	20%	20%	16%
<b>Hercules</b>	16%	15%	14%	13%
<b>Kennedy</b>	36%	27%	19%	21%
<b>Pinole Valley</b>	19%	16%	17%	16%
<b>Richmond</b>	20%	24%	20%	19%
<b>Total</b>	<b>21%</b>	<b>20%</b>	<b>18%</b>	<b>18%</b>

<sup>46</sup> Because three sites (De Anza, Kennedy and Pinole Valley) in 2012-13 had multiple providers (Planned Parenthood, Kaiser and CCHS) that provided services, and tracked students and visits individually, there is probable duplication in the number of students served that year. The portion of likely duplicate counted students served is minimized the following years, when only Kennedy has had multiple providers (CCHS and Kaiser).

<sup>47</sup> Planned Parenthood Shasta Pacific (PPSP) was a medical provider in 2012-13.

<sup>48</sup> Because three sites (De Anza, Kennedy and Pinole Valley) in 2012-13 had multiple providers (Planned Parenthood, Kaiser and CCHS) that provided services, and tracked students and visits individually, the portion of likely duplicate counted students served is likely larger that year compared to other years, when only Kennedy has had multiple providers (CCHS and Kaiser).

<b># Medical Services Visits</b>						
<b>SBHC</b>	<b>Provider</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	
<b>De Anza</b>	CCHS	462	792	970	1,051	
	PPSP	124	-	-	-	
<b>El Cerrito/JMP</b>	CCHS	713	887	856	670	
<b>Hercules</b>	CCHS	537	480	442	401	
<b>Kennedy</b>	CCHS	262	431	321	367	
	PPSP	211	-	-	-	
	Kaiser	97	145	81	96	
<b>Pinole Valley</b>	CCHS	487	640	668	711	
	PPSP	121	-	-	-	
<b>Richmond</b>	CCHS	1,159	1,232	1,049	961	
<b>Total</b>		<b>4,173</b>	<b>4,607</b>	<b>4,387</b>	<b>4,257</b>	
	<b>CCHS<sup>49</sup></b>	<b>3,620</b>	<b>4,462</b>	<b>4,306</b>	<b>4,161</b>	
	<b>PPSP</b>	<b>456</b>	<b>-</b>	<b>-</b>	<b>-</b>	
	<b>Kaiser</b>	<b>97</b>	<b>145</b>	<b>81</b>	<b>96</b>	

<b>Average # Medical Services Visits Per Student</b>						
<b>SBHC</b>	<b>Provider</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	
<b>De Anza</b>	CCHS	3.0	3.4	4.1	3.4	
	PPSP	1.3	-	-	-	
<b>El Cerrito/JMP</b>	CCHS	3.2	3.3	3.1	3.0	
<b>Hercules</b>	CCHS	3.4	3.1	3.4	3.4	
<b>Kennedy</b>	CCHS	3.3	3.6	3.3	3.0	
	PPSP	1.8	-	-	-	
	Kaiser	1.0	1.4	1.2	1.7	
<b>Pinole Valley</b>	CCHS	2.9	3.1	3.2	3.8	
	PPSP	1.4	-	-	-	
<b>Richmond</b>	CCHS	3.7	3.5	3.5	3.2	
<b>Total</b>		<b>2.8</b>	<b>3.2</b>	<b>N/A</b>	<b>N/A</b>	
	<b>CCHS</b>	<b>3.3</b>	<b>3.3</b>	<b>3.4</b>	<b>3.3</b>	
	<b>PPSP</b>	<b>1.5</b>	<b>-</b>	<b>-</b>	<b>-</b>	
	<b>Kaiser</b>	<b>1.0</b>	<b>1.4</b>	<b>1.2</b>	<b>1.7</b>	

<b>Medical Service Clients by Gender<sup>50</sup></b>								
<b>SBHC</b>	<b>2012-13<sup>51</sup></b>		<b>2013-14</b>		<b>2014-15</b>		<b>2015-16</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>De Anza</b>	66	185	76	157	48	190	96	215
<b>El Cerrito/JMP</b>	73	152	110	158	113	160	74	148
<b>Hercules</b>	42	116	50	107	42	89	45	84
<b>Kennedy</b>	113	184	76	145	51	112	51	130
<b>Pinole Valley</b>	77	179	76	131	70	138	56	130
<b>Richmond</b>	39	277	55	298	73	228	56	241
<b>Total Number</b>	<b>410</b>	<b>1,093</b>	<b>443</b>	<b>996</b>	<b>397</b>	<b>917</b>	<b>378</b>	<b>948</b>
<b>Total Percentage</b>	<b>27%</b>	<b>73%</b>	<b>31%</b>	<b>69%</b>	<b>30%</b>	<b>70%</b>	<b>29%</b>	<b>71%</b>

<sup>49</sup> In 2014-15, more clinic hours were added at De Anza. Compared to other years in 2015-16, there was a decrease in clinic hours at multiple sites due to cancelled clinics related to staffing and van maintenance.

<sup>50</sup> To protect client confidentiality, sites with 5 or fewer students who identified as Other were collapsed with female clients since they are usually the majority of clients.

<sup>51</sup> Because three sites (De Anza, Kennedy and Pinole Valley) in 2012-13 had multiple providers (Planned Parenthood, Kaiser and CCHS) that provided services, and tracked students and visits individually, there is probable duplication in the number of students served that year. The portion of likely duplicate counted students served is minimized the following years, when only Kennedy has had multiple providers (CCHS and Kaiser).



## Appendix B: Behavioral Health Services

Behavioral Health Referrals and Psychosocial Assessments						
SBHC	Referrals for Behavioral Health Services			Number of Psychosocial Intake/Assessments Completed		
	2013-14	2014-15	2015-16	2013-14	2014-15	2015-16
De Anza	194	159	360	173	102	98
El Cerrito/JMP	320	308	568	247	187	429
Greenwood			85			67
Hercules	147	148	142	104	107	103
Kennedy	251	206	302	166	187	254
Pinole Valley	112	140	195	47	153	159
Richmond	410	354	377	297	269	326
<b>Total</b>	<b>1,434</b>	<b>1,315</b>	<b>2,029</b>	<b>1,034</b>	<b>1,005</b>	<b>1,436</b>

# Students Served through Individual Counseling <sup>52</sup>					
SBHC	Provider	2012-13	2013-14	2014-15	2015-16
De Anza	BACR	80	195	297 <sup>53</sup>	347
	Y-Team	38	28	65	13
El Cerrito/JMP	JMP	194	247	187	229
	Y-Team	11	6	35	10
Greenwood Y-Team	Y-Team				85
Hercules	BACR	70	39	124	190
	Y-Team	19	6	-	-
Kennedy	Y-Team	164	109 <sup>54</sup>	288	254
Pinole Valley	Y-Team	76	44 <sup>53</sup>	163	195
Richmond	Y-Team	117	91 <sup>49</sup>	234	326
<b>Total</b>		<b>769</b>	<b>696<sup>54</sup></b>	<b>1,328</b>	<b>1,649</b>
	BACR	<b>150</b>	<b>234</b>	<b>356</b>	<b>537</b>
	Y-Team	<b>425</b>	<b>215<sup>55</sup></b>	<b>785</b>	<b>883</b>
	JMP	<b>194</b>	<b>247</b>	<b>187</b>	<b>229</b>

<sup>52</sup> Because two sites (De Anza and El Cerrito) have multiple agencies (BACR, Y-Team and JMP), and Hercules did just for 2012-13 to 2013-14, that provided services, and tracked students and visits individually, there is probable duplication in the number of students served throughout the years. However because the second provider at these sites served a relatively small portion of clients, there is likely minimal duplication in the client counts.

<sup>53</sup> In 2014-15 De Anza (BACR) switched to a new reporting system; data reported by De Anza includes services from the Y-Team.

<sup>54</sup> Includes individual and group clients.

<sup>55</sup> The number of students served is an undercount since students (n=69) who might have received both individual and group services were excluded.

<b>% of Student Population Who Received Individual Counseling Services</b>				
<b>SBHC</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
<b>De Anza</b>	11%	20%	29%	27%
<b>El Cerrito/JMP</b>	16%	19%	16%	17%
<b>Greenwood</b>				24%
<b>Hercules</b>	9%	4%	13%	19%
<b>Kennedy</b>	20%	13%	33%	30%
<b>Pinole Valley</b>	6%	3%	14%	17%
<b>Richmond</b>	7%	6%	16%	21%
<b>Total</b>	<b>11%</b>	<b>10%</b>	<b>19%</b>	<b>23%</b>

<b># Individual Counseling Visits</b>					
<b>SBHC</b>	<b>Provider</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
<b>De Anza</b>	BACR	451	476	1,592	2,013
	Y-Team	278	304	378 <sup>56</sup>	170
<b>El Cerrito/JMP</b>	JMP	1,490	1,713	2,424	1,996
	Y-Team	158	50	264	146
<b>Greenwood</b>	Y-Team				1,176
<b>Hercules</b>	BACR	401	235	441	913
	Y-Team	160	31	-	-
<b>Kennedy</b>	Y-Team	2,045	1,706	2,030	1,726
<b>Pinole Valley</b>	Y-Team	702	290	791	751
<b>Richmond</b>	Y-Team	2,555	1,405	1,150	2,487
<b>Total</b>		<b>8,240</b>	<b>6,210</b>	<b>8,692</b>	<b>11,378</b>
	<b>BACR</b>	<b>852</b>	<b>711</b>	<b>1,655</b>	<b>2,926</b>
	<b>Y-Team</b>	<b>5,898</b>	<b>3,786</b>	<b>4,613</b>	<b>6,456</b>
	<b>JMP</b>	<b>1,490</b>	<b>1,713</b>	<b>2,424</b>	<b>1,996</b>

<b>Average Individual Counseling Visits Per Student</b>					
<b>SBHC</b>	<b>Provider</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
<b>De Anza</b>	BACR	5.6	2.4	5.4	5.8
	Y-Team	7.3	10.9	5.8 <sup>57</sup>	13.1
<b>El Cerrito/JMP</b>	JMP	7.7	6.9	13.0	8.7
	Y-Team	14.4	8.3	7.5	14.6
<b>Greenwood</b>	Y-Team				13.8
<b>Hercules</b>	BACR	5.7	6.0	3.6	4.8
	Y-Team	8.4	5.2	-	-
<b>Kennedy</b>	Y-Team	12.5	N/A	7.0	4.8
<b>Pinole Valley</b>	Y-Team	9.2	N/A	4.9	3.9
<b>Richmond</b>	Y-Team	21.8	N/A	4.9	7.6
<b>Total</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
	<b>BACR</b>	<b>5.7</b>	<b>3.0</b>	<b>4.6</b>	<b>5.4</b>
	<b>Y-Team</b>	<b>13.9</b>	<b>N/A</b>	<b>5.9</b>	<b>7.3</b>
	<b>JMP</b>	<b>7.7</b>	<b>6.9</b>	<b>13.0</b>	<b>8.7</b>

<sup>56</sup> In 2014-15, De Anza (BACR) switched to a new reporting system; data reported by De Anza beginning in 2014-15 includes services from the Y-Team.

<sup>57</sup> In 2014-15 De Anza (BACR) switched to a new reporting system; data reported by De Anza includes services from the Y-Team.

Individual Counseling Clients by Gender <sup>58</sup>								
SBHC	2012-13 <sup>59</sup>		2013-14		2014-15		2015-16	
	Male	Female	Male	Female	Male	Female	Male	Female
De Anza	56	59	112	111	110	187	119	241
El Cerrito/JMP	83	122	123	130	101	121	111	128
Greenwood							40	45
Hercules	36	53	26	19	55	69	67	123
Kennedy <sup>60</sup>	55	109	36	73	112	176	117	137
Pinole Valley	40	36	23	21	52	111	80	115
Richmond	36	84	42	49	86	148	127	199
<b>Total Number</b>	<b>306</b>	<b>463</b>	<b>362</b>	<b>403</b>	<b>516</b>	<b>812</b>	<b>661</b>	<b>988</b>
<b>Total Percentage</b>	<b>40%</b>	<b>60%</b>	<b>47%</b>	<b>53%</b>	<b>39%</b>	<b>61%</b>	<b>40%</b>	<b>60%</b>

SBHC	# Counseling Groups		# Group Counseling Sessions		# Group Counseling Visits	
	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16
De Anza	8	8	94	96	514	1,164
El Cerrito/JMP	9	17	163	235	2,195	2,414
Greenwood		10		300		2,000
Hercules	4	3	35	27	130	118
Kennedy	5	10	77	185	1,597	1,797
Pinole Valley	5	7	96	99	667	1,258
Richmond	2	21 <sup>61</sup>	64	292	1,152	1,921
<b>Total</b>	<b>33</b>	<b>76</b>	<b>529</b>	<b>1,234</b>	<b>6,255</b>	<b>10,672</b>

<sup>58</sup> To protect client confidentiality, sites with 5 or fewer students who identified as Other were collapsed with female clients since they are usually the majority of clients.

<sup>59</sup> In 2012-13 De Anza under-reported by 3 students. Richmond over-reported 3 students for gender in 2012-13.

<sup>60</sup> May include duplicate clients.

<sup>61</sup> In 2015-16, Richmond High School Health Center (RSHC) for the first time included counseling groups conducted by other (non-Y-Team) behavioral health providers in their data reporting. Prior years data did not include these groups. Therefore the increase of group counseling at RSHC in 2015-16 is the result of improved data reporting,

## Appendix C: Health Education and Wellness Services

<b>YOUTH SERVICES</b>								
<b>Number of Contacts with Participants<sup>62</sup></b>								
<b>Service</b>	<b>De Anza</b>	<b>El Cerrito /JMP</b>	<b>Green-wood</b>	<b>Her-cules</b>	<b>Kenne-dy-</b>	<b>Pinole Valley</b>	<b>Rich-mond</b>	<b>TOTAL</b>
Health fairs/outreach		3,260	245		1,550	652	90	<b>5,797</b>
Health education, nutrition (including gardening/cooking)			20		4,663		78	<b>4,761</b>
Other classroom presentation/intervention		4,112					300	<b>4,412</b>
Healthy snack distribution	10	250				536	3,100	<b>3,896</b>
Peer health education group/peer counseling/mentoring	631	2,570	24				150	<b>3,375</b>
First aid supplies given		2,730					349	<b>3,079</b>
School-wide assembly or special event			100		1,200	44		<b>1,344</b>
School safety/climate presentation/activity					945			<b>945</b>
Self esteem/image/empowerment			25	588				<b>613</b>
Health education, tobacco and alcohol/drug use		200	240			73	35	<b>548</b>
Social skills/communication/anger management/conflict resolution		440		75				<b>515</b>
Health education, reproductive health					63		410	<b>473</b>
Other					82	341		<b>423</b>
Job training/career exploration (e.g., applying, internships, shadowing)		115	245			20	28	<b>408</b>
Academic support	33		20		210		13	<b>276</b>
Youth advisory board/leadership/research/advocacy group		9	8	110		67	40	<b>234</b>
Restorative justice/circle activities		150						<b>150</b>
Acculturation support (for newcomers, unaccompanied youth, etc.)		32	45				32	<b>109</b>
Screening, dental							87	<b>87</b>
Insurance screening/enrollment							75	<b>75</b>
School/teacher consultation (including COST; count # of youth cases)							64	<b>64</b>

<sup>62</sup> Most likely duplicative count for clients at sites.

<b>ADULT SERVICES</b>								
<b>Number of Contacts with Participants<sup>63</sup></b>								
<b>Service</b>	<b>De Anza</b>	<b>El Cerrito /JMP</b>	<b>Greenwood</b>	<b>Her-cules</b>	<b>Ken-nedy</b>	<b>Pinole Valley</b>	<b>Rich-mond</b>	<b>TOTAL</b>
Health education, nutrition (including gardening/cooking)					1,326	21		<b>1,347</b>
Walk-through registration						1,185		<b>1,185</b>
Volunteer activities (including trainings, onboarding)		490				33		<b>523</b>
School-wide assembly or special event					303	75	60	<b>438</b>
Food Bank distribution					352			<b>352</b>
Staff workshop or training		215			77	15		<b>307</b>
School safety/climate presentation/activity	110				24	65		<b>199</b>
Weekly COST Meetings				192				<b>192</b>
Acculturation support (for newcomers, etc.)		70	13			59		<b>142</b>
Health fairs, outreach					120		12	<b>132</b>
Teacher Appreciation		57			30			<b>87</b>
Parent/family support group		65			16			<b>81</b>
Teacher orientation						46		<b>46</b>
Other		27				16		<b>43</b>
Trauma training (for school or SHC staff)		35						<b>35</b>
Insurance screening/enrollment							23	<b>23</b>

<sup>63</sup> Most likely duplicative count for clients at sites.