

**West Contra Costa Unified School District
School-Based Health Centers (SBHC)
Evaluation Report
2013-2014**

Prepared for: California School-Based Health Alliance

January 2015

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West Contra Costa Unified School District School-Based Health Center Services

The West Contra Costa Unified School District (WCCUSD) School-Based Health Centers (SBHC) currently provide medical and mental health services to youth at six high schools. Their mission 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*.

The SBHC Coordinators collectively define WCCUSD SBHC services as integrated medical, mental health, and youth development services provided on the school campus, throughout the school year that:

- Align with the mission and principles of the SBHC.
- Are promoted, organized, and/or delivered by SBHC staff or partner agencies.
- Participate in an inter-agency referral system with other SBHC providers.
- Coordinate care and services with other SBHC agencies including regular participation in coordinated care team meetings.

Services meeting all of these criteria were assessed and evaluated as school-based health services. To ensure that students had access to high quality, youth friendly health services, the SBHCs offer comprehensive mental health and medical services. Additional health related services provided on campus that did not meet these criteria were tracked by coordinators as a complementary health service but not SBHC services.

| Service Category | Description |
|------------------------------|--|
| Mental Health | Therapeutic individual or group counseling. Provided by a licensed practitioner or clinical intern. |
| Youth Enrichment | 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. |
| Health Education | Primarily classroom or assembly based health education presentations. 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. |
| Confidential Services | Reproductive health services provided by a licensed clinical practitioner. |
| Medical Services | Primary care including sick care, disease management, sports physicals, etc. Provided by a licensed clinical practitioner. |

Evaluation and Report Overview

In an effort to assess progress towards their shared vision and mission, the California School-Based Health Alliance 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 and school climate. 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.

This report summarizes the mental health and medical services delivered in 2013-14 by the primary providers in the district, including the number of students served and number of visits provided by each mental health and medical agency on each campus. The second section of this report describes programs provided by the SBHCs to promote youth development and resiliency. This section also includes the results of a survey administered to these program participants. The final section provides a summary of interviews conducted with Key Stakeholders to assess their perceptions of the SBHC.

Medical Services

The SBHCs offered primary care and reproductive health services through mobile and/or on-site services. The primary medical provider at each of the SBHCs was Contra Costa Health Services (CCHS). Kaiser also provided medical services one day a week at Kennedy High School. A total of 4,607 visits were provided by these two agencies with the average number of visits per student ranging from 1.4 to 3.6, as seen in the table below.

| School | Provider | # Students Served ¹ | # Visits | # Visits Per Student |
|----------------------|---|--------------------------------|--------------|----------------------|
| De Anza | CCHS (mobile health van & on-site through a fully operational clinic as of 02/14) | 233 | 792 | 3.4 |
| El Cerrito | CCHS (on-site through a fully operational clinic) | 268 | 887 | 3.3 |
| Richmond | CCHS (on-site through a fully operational clinic) | 353 | 1,232 | 3.5 |
| Hercules | CCHS (mobile health van) | 157 | 480 | 3.1 |
| Kennedy | CCHS (mobile health van) | 120 | 431 | 3.6 |
| | Kaiser ² | 101 | 145 | 1.4 |
| Pinole Valley | CCHS (mobile health van) | 207 | 640 | 3.1 |
| Total | | 1,439 | 4,607 | 3.2 |
| | CCHS | 1,338 | 4,462 | 3.3 |
| | Kaiser | 101 | 145 | 1.4 |

¹ While the number of students served by each agency represents a unique number of clients, because each agency tracks students and visits individually, there is probable duplication in the number of students served by different providers.

² Kaiser Clinic was held once a week at Kennedy High School.

The following table shows the number of clients who received medical services by gender. Most clients were female (71%).

| School | Male | Female | Total |
|-------------------------|------------|------------|--------------|
| De Anza | 76 | 157 | 233 |
| El Cerrito | 110 | 158 | 268 |
| Hercules | 50 | 107 | 157 |
| Kennedy | 23 | 97 | 120 |
| Pinole Valley | 76 | 131 | 207 |
| Richmond | 55 | 298 | 353 |
| Total Number | 390 | 948 | 1,338 |
| Total Percentage | 29% | 71% | 100% |

The following table shows the number of clients who received medical services by race/ethnicity. Most clients were Latino (51%) or African American (23%).

| School | African American | Asian/Pacific Islander | Latino | White | Other | Unknown/Missing |
|-------------------------|------------------|------------------------|------------|------------|-----------|-----------------|
| De Anza | 72 | 21 | 99 | 31 | 9 | 1 |
| El Cerrito | 87 | 35 | 87 | 33 | 21 | 5 |
| Hercules | 50 | 58 | 23 | 10 | 12 | 4 |
| Kennedy | 32 | * | 80 | * | 7 | 1 |
| Pinole Valley | 46 | 30 | 93 | 30 | 7 | 1 |
| Richmond | 24 | 17 | 297 | * | 12 | 3 |
| Total Number | 311 | 161 | 679 | 104 | 68 | 15 |
| Total Percentage | 23% | 12% | 51% | 8% | 5% | 1% |

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

Mental Health Services

The SBHCs also offered a range of mental health services including individual and group counseling. At all of the schools, trainees and professionals in psychology and social work employed by YMCA's Y-Team provided the majority of mental health services. These services were provided along with Bay Area Community Resources (BACR) staff at two of the schools (De Anza and Hercules). At El Cerrito High School, the SBHC (James Morehouse Project) served as the primary mental health provider.

Individual Counseling

A total of 6,210 visits were provided by BACR, Y-Team, and JMP, with the average number of visits per student ranging from 2.4 to 10.9. The breakdown by school and provider is summarized below.

| School Provider | # Students Served ³ | # Visits | Average # Visits Per Student |
|----------------------|--------------------------------|--------------|------------------------------|
| De Anza | | | |
| BACR | 195 | 476 | 2.4 |
| Y-Team | 28 | 304 | 10.9 |
| El Cerrito | | | |
| JMP | 247 | 1,713 | 6.9 |
| Y-Team | 6 | 50 | 8.3 |
| Hercules | | | |
| BACR | 39 | 235 | 6.0 |
| Y-Team | 6 | 31 | 5.2 |
| Kennedy | | | |
| Y-Team | 109 ⁴ | 1,706 | N/A |
| Pinole Valley | | | |
| Y-Team | 44 ⁴ | 290 | N/A |
| Richmond | | | |
| Y-Team | 91 ⁴ | 1,405 | N/A |
| Total | 696⁵ | 6,210 | N/A |
| BACR | 234 | 711 | 3.0 |
| Y-Team | 215⁵ | 3,786 | N/A |
| JMP | 247 | 1,713 | 6.9 |

³ While the number of students served by each agency represents a unique number of clients, because each agency tracks students and visits individually, there is probable duplication in the number of students served by different providers.

⁴ Includes individual and group clients.

⁵ The number of students served is an undercount since students (n=69) who might have received both individual and group services were excluded.

The following table shows the number of clients who received individual mental health services by gender. Half of clients served was female (52%).

| School | Male | Female | Total ⁶ |
|-------------------------|------------|------------|--------------------------|
| De Anza | 112 | 111 | 223 |
| El Cerrito | 123 | 130 | 253 |
| Hercules | 26 | 18 | 44 |
| Kennedy | 36 | 71 | 107 ⁷ |
| Pinole Valley | 23 | 21 | 44 ⁷ |
| Richmond | 42 | 49 | 91 ⁷ |
| Total Number | 362 | 400 | 762^{7,8} |
| Total Percentage | 48% | 52% | 100% |

The table below shows the number of clients who received individual mental health services by race/ethnicity. Most clients were Latino (34%) or African American (35%).

| School | African American | Asian/Pacific Islander | Latino | White | Other | Unknown/Missing |
|---------------------------------|------------------|------------------------|------------|-----------|-----------|-----------------|
| De Anza | 70 | 24 | 71 | 22 | 9 | 27 |
| El Cerrito | 96 | 45 | 67 | 42 | 3 | 0 |
| Hercules | 22 | * | * | * | 23 | 0 |
| Kennedy ⁷ | 43 | 10 | 56 | 0 | 7 | 0 |
| Pinole Valley ⁷ | 21 | * | * | * | 23 | 0 |
| Richmond ⁷ | 18 | 0 | 68 | * | 5 | 0 |
| Total Number⁷ | 270 | 79 | 262 | 64 | 70 | 27 |
| Total Percentage | 35% | 10% | 34% | 8% | 3% | 9% |

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

⁶ In the ethnicity table, Kennedy is over-reported by 7 students (n=762 gender; n=772 race/ethnicity).

⁷ Includes individual and group clients.

⁸ Three students who identified as "other" gender are excluded from this table.

Group Counseling

In addition to individual counseling sessions, BACR and Y-Team also provided group counseling services. The breakdown by school and provider is summarized below. BACR group participants were mostly female (72%).

| School | # Student Participants <i>(*possibly a duplicated count)</i> | # Groups | # Sessions/ Visits |
|-----------------------------|---|-----------|--------------------|
| De Anza BACR | 62 | 10 | 231 ⁹ |
| El Cerrito JMP | 117 | 9 | 1,124 |
| Hercules BACR | 18 | 2 | 11 ⁹ |
| Kennedy Y-Team | 35 | 2 | 46 ⁹ |
| Pinole Valley Y-Team | 21 | 2 | 70 ⁹ |
| Richmond Y-Team | 13 | 2 | 32 ⁹ |
| Total | -- | 25 | 1,514 |

⁹ For group counseling data, the number of sessions was used for the number of visits when visit data were absent. In such cases, there is likely an undercount of visits provided.

WCCUSD SBHC Youth Development Services

In addition to providing individual medical and mental health services, the SBHCs also offered a variety of programs to promote youth development and resiliency. These programs aim to improve students' personal and interpersonal skills, connections to school, and academic performance. Participants in the Youth Development Programs sponsored by the SBHCs, as well as SBHC clients, completed a Client and Youth Development Program Participant Survey in May-June 2014. The survey asked students how SBHC services and group programs affected them.

Participant Demographics

Over 400 SBHC clients and group services participants completed the end of the year surveys. Of these respondents, about one-quarter were in 9th grade (26%, n=106), 30% were in 10th grade (n=123); 25% in 11th grade (n=102); and 17% in 12th grade (n=71). One-third of respondents were African American (30%, n=123); 29% (n=118) were Latino; 8% (n=31) were White; and 16% (n=67) were Bi/Multi-Racial. The following table shows the number of surveys from each site by gender.

| School | Male | Female | Total ¹⁰ |
|-------------------------|------------|------------|---------------------|
| De Anza | 33 | 64 | 100 |
| El Cerrito | 37 | 50 | 89 |
| Hercules | 52 | 44 | 97 |
| Kennedy | 12 | 39 | 51 |
| Pinole Valley | 18 | 34 | 52 |
| Richmond | 8 | 12 | 20 |
| Total Number | 160 | 243 | 409 |
| Total Percentage | 39% | 59% | 100% |

Respondents reported that they had health insurance through Kaiser (43%, n=172), Medi-Cal (23%, n=94), and private sources like Health Net, Blue Cross and Aetna (10%, n=41). Four percent (n=18) reported that they did not have insurance and 19% (n=76) were not sure.

SBHC Services Received

The following table provides an overview of the services that respondents reported receiving from the SBHC during the school year. Most received group programs and activities (75%, n=308), followed by counseling to talk about stress, sadness and family problems (50%, n=204).

| Respondents Reported Receiving the Following Services from the SBHC this School Year | n | % |
|--|-----|-----|
| Group programs/activities (like Girls or Young Men's Group) | 308 | 75% |
| Counseling or talking to someone about issues like stress, feeling sad, | 204 | 50% |

¹⁰ Includes students of "other" gender.

| Respondents Reported Receiving the Following Services from the SBHC this School Year | n | % |
|--|-----|-----|
| or family problems | | |
| Information on or help with sexual health issues, like birth control/condoms or testing for pregnancy/STDs | 121 | 30% |
| Medical care such as a physical/wellness exam or check-up | 89 | 22% |
| Help with planning academic/behavioral goals, getting information/resources, or other personal support | 49 | 12% |
| Information on or help with diet, nutrition or exercise | 38 | 9% |
| Counseling or talking to someone about alcohol or drug use | 26 | 6% |

Most respondents had been to the SBHC to get services or to participate in group programs ten times or more (58%, n=234), while others had been there one or two times (11%, n=44), three to five times (13%, n=53), or six to nine times (12%, n=49). Five percent (n=22) reported that they had never been to the SBHC, though it is likely these students were not considering group program participation when they responded to this question.

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 (53%, n=214), while others had been coming for two years (33%, n=132), three years (11%, n=44) or four years (3%, n=13).

Youth Development Program Participation

The table below provides an overview of the programs in which students who completed the end of the year surveys had participated. These programs all met the criteria for WCCUSD SBHC youth development programs.

| School | Programs | |
|------------|---|--|
| De Anza | <ul style="list-style-type: none"> • Anger Management Group • Discovering the Reality of our Community (DROC) • Conflict Mediation • Expect Respect • Familias Unidas (Teen Pregnancy Prevention) • Family Group • Girls Empowerment Group • Grief and Loss Group | <ul style="list-style-type: none"> • Guys Group • Heritage Group • No More Bull Group Peer Drug Education • Peer Stress and Coping and Bullying/ Harassment Education • Peer Mentoring • Power to the Rainbow Support Group • Restorative Justice |
| El Cerrito | <ul style="list-style-type: none"> • Art Group • Club Beauty • Discovering the Reality of our Community (DROC) • Drumming Group • Expression • Fairmont Mentors • Hero Book | <ul style="list-style-type: none"> • International Origins • Knowledge is Power • Legacy Grief Writing Project • Migration and Journey • Paul Robeson Society • Richmond Experience • Skittles • Solid Ground |

| School | Programs | |
|---------------|---|--|
| Hercules | <ul style="list-style-type: none"> • Anti-Bullying Peer Education • Community Violence Solutions • Familias Unidas (Teen Pregnancy Prevention) • Gay-Straight Alliance (GSA) • Girls Group • Latinas Unidas | <ul style="list-style-type: none"> • Managing Transitions • Moving into the Future • Personal Power • STAND! • SMILE • Tobacco Use Prevention Education (TUPE) |
| Kennedy | <ul style="list-style-type: none"> • Healthy Lifestyles • Young Men's Group | <ul style="list-style-type: none"> • Young Ladies Group • Youth Advisory Board |
| Pinole Valley | <ul style="list-style-type: none"> • Familias Unidas (Teen Pregnancy Prevention) • Expect Respect (STAND! Violence Prevention Program) • Health Education Seminar | <ul style="list-style-type: none"> • Man Talk Young Men's Group • Young Women's Health Seminars • Youth Advisory Board |
| Richmond | <ul style="list-style-type: none"> • African American Collaborative-Black Student Union • Community Violence Solutions • Young Women's Group | <ul style="list-style-type: none"> • Familias Unidas Health Education Group • RYSE-Alphabet LGBTQ Group • STAND! for Families of Violence Girls Group |

Experiences with the SBHC Services and Programs

Overall, respondents were either very satisfied (81%, n=314) or somewhat satisfied (16%, n=61) with the SBHC services and programs. A small percentage (4%, n=15) reported that they were neither satisfied nor dissatisfied and no students reported that they were dissatisfied with the SBHC. Nearly all respondents were very pleased in general with their experiences with the SBHCs, as seen in the table below reflecting the percent who “strongly agreed” or “agreed” with each statement.

| Respondents Reported the Following Experiences with the SBHC ¹¹ | n | % |
|--|-----|------|
| I was welcomed and greeted warmly. | 400 | 100% |
| The people who work there helped me to work through my problem. | 364 | 98% |
| The people who work there were easy to talk to. | 387 | 98% |
| It was easy to see someone when I needed to. | 359 | 97% |
| It felt like a safe place. | 392 | 98% |
| I liked having it at my school. | 393 | 99% |
| I would recommend it to my friends. | 378 | 98% |
| They helped me to get services I wouldn't otherwise get. | 356 | 96% |
| They helped to get help sooner than I normally would. | 332 | 95% |

¹¹ Excludes respondents who checked “don't know/does not apply.”

| Respondents Reported the Following Experiences with the SBHC ¹¹ | n | % |
|--|-----|-----|
| They helped me get information and resources I need. | 366 | 97% |

Self-Reported Impacts of SBHC Services and Programs on Students' Behaviors

As shown below, survey respondents attributed improved skills and personal development to their participation in the SBHC services and programs. Most respondents indicated that they “strongly agreed” or “agreed” that participating in the SBHC services and programs affected their behaviors, including dealing with personal or family issues and dealing with stress/anxiety.

| Respondents Agreed that SBHC Services and Programs Affected Their Behaviors ¹² | n | % |
|---|-----|-----|
| Feel like I had an adult I could turn to if I needed help or support. | 357 | 97% |
| Feel more confident. | 342 | 96% |
| Feel safe talking about my problems. | 348 | 96% |
| Deal with personal or family issues. | 310 | 95% |
| Use protection (<i>like condoms, birth control</i>) more often when I have sex. | 247 | 95% |
| Deal with stress/anxiety better. | 306 | 94% |
| Treat people better (<i>like less name calling or teasing</i>). | 292 | 94% |
| Avoid getting into fights. | 257 | 89% |
| Stop using or use less tobacco, alcohol or drugs. | 186 | 87% |
| Eat healthier foods. | 243 | 86% |
| Exercise more. | 242 | 86% |

Self-Reported Impacts of SBHC Services and Programs on Students' School Experiences and Plans for the Future

As the following table shows, the majority of respondents “strongly agreed” or “agreed” that participation in the SBHC services and programs positively affected their school experiences and future plans.

| Respondents Agreed that SBHC Services and Programs Affected Their School Experiences and Future Plans ¹³ | n | % |
|---|-----|-----|
| Have goals and plans for the future. | 332 | 96% |
| Stay in school. | 291 | 95% |

¹² Excludes respondents who checked “don't know/does not apply.”

¹³ Excludes respondents who checked “don't know/does not apply.”

| Respondents Agreed that SBHC Services and Programs Affected Their School Experiences and Future Plans ¹³ | n | % |
|---|-----|-----|
| Do better in school. | 308 | 93% |
| Feel more connected to people at my school. | 311 | 91% |
| Have better attendance (cut classes less). | 247 | 88% |
| Get involved in leadership programs. | 261 | 86% |

Group Participants' Self-Reported Impacts of Program Participation

As the table below shows, the majority of students who had participated in the SBHC group programs or activities “strongly agreed” or “agreed” that many additional positive impacts had occurred as a result of participating in the programs.

| Respondents Agreed that SBHC Group Programs Affected Their Personal Skills ¹⁴ | n | % |
|--|-----|-----|
| Learn skills that will help me in my future. | 331 | 94% |
| Have a stronger college application. | 279 | 92% |
| Feel more like a leader. | 282 | 91% |
| Make my school a better place. | 296 | 91% |
| Feel like I can teach others. | 296 | 89% |

Other SBHC Impacts and Suggestions for the Future

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

- *“They helped me with my problems and are always checking up on you. It shows that they care.”*
- *“It helped me realize the consequences of having sex without protection.”*
- *“The SBHC provided a safe and private environment whenever we talk about private problems in school.”*
- *“It helped me realize my potential and how easy it is to make change.”*
- *“Whenever I was having a bad day, I would come to the health center and it was nice to know that there was a place where I could go to and talk to people.”*
- *“Taught me to eat healthier and be more fit.”*
- *“They helped me build a better relationship with my family.”*
- *“[The SBHC] is a safe place to be at and you feel very welcomed.”*
- *“Very positive, has definitely helped the school reduce violence.”*
- *“Making school more exciting to go to.”*
- *“During my bad days, it got me through and on to better.”*
- *“They helped me with depression.”*

¹⁴ Excludes respondents who checked “don’t know/does not apply.”

- *“Kept me from becoming severely depressed.”*
- *“I feel more comfortable asking for help for my personal issues.”*
- *“They helped me know that I’m not alone and I have people to talk to.”*
- *“They helped me cope with my emotions in a more stable manner.”*

SBHC clients and program participants overall seemed satisfied with the programs and services that were offered by the SBHCs. However, a few offered suggestions for other services, including:

- Exercise programs, like hiking, swimming or dance clubs.
- Dental services.
- Bullying and violence prevention groups.
- Information on jobs for underage youth.
- Charity work for students to give back to the community.
- Cooking classes.
- Internships or jobs for students who are interested in medical/health professions.
- More programs to raise awareness and support for LGBTQ community.

When asked for suggestions to improve the SBHC services and programs, most students responded that they liked things the way they were. Suggestions from a few students included increasing hours, funding and staff, especially counselors; advertising services and programs more through posters and visits to classrooms; and providing snacks.

WCCUSD Key Stakeholder Feedback

In Spring/Summer 2014, twelve stakeholders, including five SBHC directors, five teachers, and two school administrators, participated in brief interviews about the SBHC services and programs. The interview participants had worked at their respective schools for an average of four years, with a range of one year to ten years. Participants were asked to share their perceptions of the SBHC, including the benefits and contributions to students and the overall school climate, and suggestions for program expansion. The following is a summary of the interview findings.¹⁵

Top Student Health Concerns

Teachers and school administrators were asked to describe the top health concerns facing the students in their schools.¹⁶ Nearly all teachers and administrators mentioned **mental health issues**, including stress, depression, substance use, peer conflicts, and suicide. As one administrator noted, *“For us, it’s a lot of stabilizing students through crises and figuring out what support we need to get them going forward.”* Others mentioned **community and family health problems** that impact students, such as housing/homelessness, troubled family situations and trauma. One stakeholder explained, *“It’s really hard to say because there [are] so many things that these kids are suffering; the trauma of our area – we live in a high crime, high trauma area – kids show signs of PTSD. We have shootings and school gets locked down....”* Finally, stakeholders described **physical health issues**, including sexually transmitted diseases, diet and nutrition, and chronic illnesses, like asthma and diabetes.

Students’ Access to Health Care

Teachers, school administrators and SBHC directors were all asked whether they felt students in their schools had access to the health care they needed. They responded that students faced many **barriers**, as described by the following quotes:

- *“There are many barriers, including language, work, transportation, and co-pays, especially for families with multiple children. Even with insurance [access is] hard because it can be incredibly expensive and not cover all of the health care you need. Getting medications is hard too because they are not always covered or co-pays are expensive. Access to confidential care is very hard outside the community. So this is where the SBHC is able to fill the gaps.”*
- *“In our community, we have County facilities and Kaiser, but the majority [of students] in the community may not have actual health care – a lot are undocumented and they may not have access to health care.”*

¹⁵ SBHC directors provided contact information for one or two school administrators and two to three teachers at their respective schools who were familiar with the SBHC services and programs to the UCSF team. The UCSF team contacted these individuals, along with the SHC directors, to request their participation in brief phone interviews about the SBHCs. A total of 31 administrators, teachers and SHC directors were contacted. Two declined, 13 did not respond to email invitations, and four agreed to participate but interviews could not be scheduled. Twelve stakeholders participated in the final interviews, yielding a response rate of 39%.

¹⁶ It is important to note that many participants reported concerns in the context of health issues that they felt students used the SBHC to address.

Most interview participants felt **students would not have access to health care without the SBHC**:

- *“Without the health center? No. The health center fills a real void in people’s access to mental health and physical health. Part of the reason that we’re aware of that is because we work with families and kids to try to utilize what programs they already have in place - like if a student already has insurance that covers mental health, we try to work with them to use that before we use site-based services. If they don’t have any other access, then we’re sending them to the health center. We’re the place that fills that space for kids.”*
- *“Many students are English language learners, not citizens, so they don’t have outside health care. If we didn’t provide it, many students would go without health care. It’s a high poverty area- most times they just go to the ER when it’s a crisis, not for ongoing maintenance health.”*
- *“Off campus [there are many] other [access] issues because they might not be able to afford it, parents don’t know how to access care, or they lack of information.”*

Two directors and one teacher shared that **access to mental health services** was a concern in particular, despite having services provided by the SBHC:

- *“As for mental health, no we don’t have enough to support our students. We currently have three full-time staff with a waitlist. We don’t have funding for non-Medi-Cal [students] on a consistent basis. We find other avenues to serve them, like groups, but otherwise we don’t have enough support for all students to access mental health services if they need them.”*
- *“We have students who are referred on the mental health side who are on waiting lists. I know they are not getting fully what they need... we don’t have enough clinicians to support the need we have.”*
- *“In general, I think most of them have access to physical health care that they need because most of our students have Medi-Cal or something similar; I think mental health and dentistry are something they lack good access to for financial reasons because most can’t afford it except through school.”*

Reasons Students Are Not Using SBHC and Suggestions to Improve Access

Stakeholders were asked why students may not be using the SBHC and what could improve their access. One stakeholder felt that current **referral policies were too restrictive** for students to access care when needed, in part because the school administration did not fully understand students’ significant need for services, particularly when in crisis. Others felt barriers to access included **peer pressure and stigma**, particularly surrounding mental health services:

- *“I’ve had students come in and say, ‘I don’t want anyone seeing me going into the van.’”*
- *“There’s still stigma surrounding accessing SBHC services – a lot of students are maybe misinformed; rumors going around that all we do is confidential services.”*
- *“I think some of it is - specifically for the mental health services - students not wanting to be seen as needing support that way. Given the cultural context of the school, there are reasons that students don’t access mental health services.”*

“Since [the health center has opened], the perception of receiving health care services has changed. At first students faced peer pressure, but the perception has changed over time because they offer so many different types of services. They could come for a Band-Aid, small snack, etc..”

- “Fear – fear of being found out; fear of being noticed; fear that their problems can’t be solved so they hide...”
- “I think a lot students are hesitant to seek counseling on their own because there is an idea that there has to be something wrong with you if you are seeking counseling.”
- “Students, especially 9th graders, are overwhelmed with transitioning, work and what’s going on – they’re afraid and too shy to get services; not sure about confidentiality or what that meant; there are young people who don’t know what exactly counseling is at that age.”

Another reported reason for students not using the SBHC was **lack of awareness**:

- “Students might not be aware of the SBHC... it’s not located on the main part of campus...and some students wouldn’t... go to that part of the campus.”
- “I think the students should be provided more information on types of services provided but I don’t know how you do that on a campus this large. I think that’s the biggest thing - they don’t know what services are available.”

There was also concern from both the students and the teachers about **students missing classroom time** to visit the SBHC. One stakeholder explained, “...for students who have more advanced classes, even though teachers aren’t supposed to restrict access to the health center and most don’t, students may feel like they are missing too much class if they leave.”

Participants offered several **suggestions to improve student’s access to the SBHC**:

- “They could use **technology** to reach kids more - the kids are constantly on their phones; they could use Facebook, snap chat, etc. to send out masses of information.... can get more information out that way.”
- “They could **go into classrooms** to say these are our days, these are our times, you can connect with me or this counselor... so [that] kids feel more comfortable coming in when they know someone in the SBHC.”
- “Bring the **health education into the classroom** so everyone gets the benefit – in a more sustainable fashion which will increase access because everyone will feel it’s perfectly alright to go there.”

However, stakeholders cautioned that increased outreach and access might put further demands on the SBHCs, which are already at capacity: “At the same time, being on the receiving end of the outreach is hard. As all school health centers, they are under-sourced as is. It is hard to keep up with the demand. They could reach more kids but don’t necessarily have the capacity to serve more.”

Importance of SBHC Services Provided

Teachers and school administrators were asked to rate how important it was for the SBHC to provide various services to students on a scale of one (not at all important) to three (very important). Nearly all respondents felt it was very important to provide all of the specific services.

| SBHC Service | Rating (3=very important, 1=not at all important) |
|--|---|
| Counseling about emotional problems, like stress, depression, or family problems | 3.0 |

| SBHC Service | Rating (3=very important, 1=not at all important) |
|--|---|
| Crisis intervention/support | 3.0 |
| Group programs/activities (like Girls or Young Men's Group) | 3.0 |
| Community resources or referrals | 2.9 |
| Help with planning academic/behavioral goals, getting information/resources, or other personal support | 2.9 |
| Services/education on sexual health issues, like birth control/condoms or testing for pregnancy/STDs | 2.9 |
| Alcohol or drug use counseling | 2.7 |
| Counseling/education on diet, nutrition or exercise | 2.7 |
| Medical care, such as a physical/wellness exam or check-up | 2.7 |

Referrals to the SBHC

When asked how they interacted with the SBHC, school administrators shared that they oversaw the health center in terms of integration with the rest of the school and used it as a referral source for students with health, mental health and disciplinary issues. Teachers also used the SBHC as a referral source, particularly when students were in crisis or in need of counseling support. All teacher and school administrator interview participants had referred students to the SBHC and felt that the **referral process was “very easy.”** Moreover, participants seemed **satisfied with the feedback they received from the SBHC on these referrals.**

- *“As a teacher I refer students there who either I have concerns about due to things I have observed in the classroom or maybe students who have come to me with an issue that I know a counselor will be better equipped to handle.”*
- *“There are always things you wish you could do one on one but the health center really has that individualized relationship with our students so I see it as a huge asset at our school and I try to take advantage of it as much as possible.”*
- *“Mostly I refer students who I think would benefit from counseling largely to due to trauma.”*
- *“Our teachers are really involved in referring students in a positive way. [They] come in and have conversation with us to find out what can we provide them to help them provide their students an opportunity to not act out or miss class.”*

Benefits of SBHC and Impacts on Student Academic Success

Teachers and school administrators shared their thoughts on the benefits of the SBHC, particularly on students' academic success. They provided examples of how the SBHC had **improved academic outcomes, including attendance and grades:**

- *“Straight up, it improves attendance for a lot of students. Kids who find a safe place and support in the SBHC and that there are people who care for them will come to school more. The goal of that is that it actually connects to academics - they are at*

“If a student is well all the way around, they will be much healthier and have better academic outcomes. That’s why we are on campus – we want kids to have good academic outcomes and to be able to graduate, prosper and go on to college.”

school more, they feel more engaged, they feel they can handle their problems better - hopefully they'll do better in school."

- *"It allows students to be able to learn... So our dropout rate will go down; the illnesses and the absences go down because [their needs] are taken care of on campus."*
- *"I think that students who are healthy and feel safe and supported at school are better able to focus on academics in their lives; having the health center has had a seriously positive impact on students' grades and graduation rates."*
- *"I think that they allow students to come to school and be in school with much more frequency because most of our kids are dealing with a whole lot of trauma and difficulty in their lives because they are adolescents and they live in [this city]."*

Teachers and administrators also explained how the SBHC worked to **address mental health needs of the students, and thereby improved the learning environment:**

- *"I think that having a place that you can send students when they are having a crisis means that the learning environment is much less disrupted when something happens in the community that has gotten students upset."*
- *"It's anonymous, confidential and by talking to health center staff they get that situation off their chest and learn some ways to possibly resolve it so that they can go back and focus on academics."*
- *"Students don't learn when they don't have their mental and emotional health needs met... especially in our district with class sizes of 40+ kids in a room, there is no way those needs can be met by an individual teacher."*
- *"For me it's a partnership so that my students are prepared emotionally and physically to learn."*
- *"I think that providing them with support and counseling where we are trying to provide them with an education actually helps them come back for their education while they are trying to heal from some really awful stuff that they are going through."*
- *"SBHC lets me know that they are taking care of the student with needs so I can focus on the other kids in my classroom. It does a lot for my own mental health and anxiety to know I have such a great network of people meeting the needs of students in a real healthy way."*
- *"We're just seeing more students with more complex traumatic events and because of that chaotic home life, they are more willing to walk into the SBHC on their own without even having to be referred and say, 'I need help.'" This is good because that same person that walked in there and is getting what they need for themselves is the person who is not in their classroom maybe causing harm to someone else because they are feeling so mad or cutting themselves in class or something like that."*

"The health center is an amazing safety valve for the pressure that builds up in the school and especially in a school like ours."

Impacts of SBHC on School Climate

Teachers and school administrators were also asked what changes they had seen in the school climate or environment as a result of having an SBHC on campus. Overall, they reported that the SBHC had helped their campuses feel *"like a caring and nurturing place."* A major reported impact was a **reduction in campus fighting and conflict.**

- *"Overall, we have had fewer fights because there is more conflict mediation and less lashing out."*

- *“I know we have less incidents this year than last year with a high visibility of the health center staff around campus. I think that’s played a role in kids being able to reach out to them.”*
- *“In terms of the overall climate of the high school, there is a sense from the students that they can go to the health center to talk to somebody, which means that we are able to address more issues before they blow up to keep the actual school a little calmer.”*

Communication and Collaboration between SBHC Staff and School Staff and Administrators

Interview participants described many **successes regarding communication and collaboration** between the SBHC and school administration, teachers and other school staff:

- *“[We] work together to keep the safety of the school. All of us working together has helped keep climate of the school as safe as we possibly can.”*
- *“We have a wonderful relationship with our administration. We rely on them and them on us, and we meet in the middle and make sure we do what we can to improve school climate.”*
- *“I’m finding that once I get to know [the teachers] on a personal level, they are very interested in stepping out of their everyday curriculum and schedule, and interested in doing community work and bringing in programs to move students along in their academic and socio-emotional development. There’s a lot of room for collaboration...and that’s been going really well.”*

There were also numerous reports of **administration and teachers valuing the contributions of the health centers.**

- *“...There has been a big shift with the staff and teachers and with administration from thinking that health was something that they don’t really need to thinking the SBHC is absolutely invaluable.”*
- *“We are referring students when we detect problems so we can calm our classes down so we can teach. If a student is in crisis, the whole class becomes a crisis center and that’s a problem for teaching.”*

“There has been more crisis this past year than the past 10 years combined... traumatic deaths in the community and unusually high number of young people in crisis. Our capacity to do the core work that we do has been huge... we are the “go to” folks... have always been way beyond the normal scope of work.”

However, stakeholders also described challenges. One challenge that was raised was that **teachers and administrators request confidential information about SBHC clients**, but the SBHC is bound by confidentiality laws and cannot share client information.

- *“I would hope that at some point there is additional education that can be provided to them regarding what boundaries we have to adhere to within our environment so they can understand and so they can be clear to what right students have to receive services at the school site in the SBHC, so kids aren’t limited in amount of time they can spend at the SBHC receiving services.”*
- *“I think one of the big communication issues that we run into here is that teachers want to know what’s happening with the student and with that kind of information, there are a lot of privacy issues around a therapist working with students, and with the mobile van and what they can share. And helping people negotiate the privacy component.”*

Other reported challenges around communication were also described:

- *“If all we are doing is seeing crisis walk-ins....then [clients] who have regular appointments get pushed to the margins. So that is hard for them to understand at times.”*
- *“We also have a major drug problem on campus – while we have an agency that does substance abuse groups, the group...can’t see more than ten clients per group. For the school that gets frustrating, ‘Why do we have a program if you can’t see all kids who have a problem?’ So that kind of communication can be a challenge.”*
- *“[We need to have the] health center staff work directly with staff on how they are going to pull kids out of class... so it feels like it’s a partnership and not a fight between health services and access to education.”*
- *“I wish there was more of a way to track which students have already been referred because some teachers may assume that a student has already been referred and I worry about students falling through the cracks.”*

Suggestions for Expanded or New Services

Stakeholders were asked which services would be most helpful if the SBHCs were to expand and/or offer different services. They offered the following suggestions:

- **Expanded Mental Health Services:** *“Expanding out both individual and group mental health services to create more of that connectedness with kids being in groups where they are getting visibility to other students and building empathy around specific issues that they are all dealing with.”*
- **Support Groups on Specific Mental Health Issues:** *“And when you have things like groups around specific issues, we are able to utilize the health center as a component of our disciplinary practice. For example, for a student who gets in trouble for substance use, we can refer to a short term group for substance use [counseling], or a student who interacts with women inappropriately, we can refer them to a group about having healthy relationships with others. This means we can be proactive so kids are not making similar mistakes moving forward.”*
- **Trauma Informed Interventions:** *“Grief or loss counseling groups would be really helpful. A lot of students have witnessed a lot of violence in their growing up and haven’t processed it and it shows up in a lot of ways and it affects their school interactions. I know they are working on it but trauma informed interventions are needed.”*
- **Weekly Check-Ins for ALL Students:** *“If it were possible, I would love for every single student to be on somebody’s caseload – even if it’s just a 10-minute [weekly] check in. I would love for everybody to get individual or group participation from the health center. I haven’t seen a kid who didn’t come out of there come away without something really positive. I think even when you don’t have serious issues, it’s a great thing for students.”*
- **Providing On-Site Services to Insured Students:** *“A way to incorporate already insured students (like Kaiser) to get immediate services on campus rather than having to go off site since they might have to rely on parents to get care (and parents might have work schedules that might be a barrier); be able to serve all students on campus.”*
- **Professional Development for Staff:** *“I would say probably services for the staff. I don’t know what those look like though but maybe some professional development or support services – professional development to understand where our kids are emotionally when they are in crisis.”*

Summary of Findings

The results of this evaluation point to the strong need and support for the West Contra Costa Unified School District (WCCUSD) School-Based Health Centers (SBHC) that currently provide medical and mental health services to youth at six high schools.

Reported Need for SBHC Services

When interviewed, teachers and school administrators reported that **mental health issues**, including stress, depression, substance use, peer conflicts, and suicide were frequent health concerns for students in their schools. Others mentioned **community and family health problems** that impact students, such as housing/homelessness, trauma, and troubled family situations. Finally, they described **physical health issues** included sexually transmitted diseases, diet and nutrition, and chronic illnesses, like asthma and diabetes. Teachers, school administrators and SBHC directors also report that students in their schools face **barriers** in accessing health care services, and mental health services in particular. Most felt **students would not have access to health care without the SBHC**:

SBHCs Provide Comprehensive Services

Medical Services: The SBHCs offered primary care and reproductive health services through mobile and/or on-site services. The primary medical provider at each of the SBHCs is Contra Costa Health Services. Kaiser also provided medical services one day a week at Kennedy High School. A total of 4,607 visits were provided by these two agencies with the average number of visits per student ranging from 1.4 to 3.6. Most clients were female (71%), and most clients were Latino (51%) or African American (23%).

Mental Health Services: The SBHCs also offered a range of mental health services including individual and group counseling. At all of the schools, trainees and professionals in psychology and social work employed by YMCA's Y-Team provide the majority of mental health services. These services were provided along with Bay Area Community Resources staff at two of the schools (De Anza and Hercules). At El Cerrito High School, the SBHC (James Morehouse Project, JMP) served as the primary mental health provider. BACR, Y-Team, and JMP provided a total of 6,210 individual counseling visits, with the average number of visits per student ranging from 2.4 to 10.9. Half of clients served was female (52%), and most clients were Latino (34%) or African American (35%). BACR and Y-Team also provided group counseling services during 1,514 sessions. BACR group participants were mostly female (72%).

Youth Development Services: The SBHCs also offered a variety of programs to promote youth development and resiliency. Over 400 SBHC clients and group services participants completed end of the year surveys describing these services.

- Most received group programs and activities (75%), followed by counseling to talk about stress, sadness and family problems (50%), and information on or help with sexual health issues, like birth control/condoms or testing for pregnancy/STDs (30%).
- Over half had been to the SBHC to get services or to participate in group programs ten times or more (58%), and over half indicated that this was the first year that they had been coming to the SBHC to get services or participate in group programs (53%).

Strong Satisfaction with SBHC Services and Programs

Overall, SBHC clients and program participants were either very satisfied (81%) or somewhat satisfied (16%) with the SBHC services and programs. Nearly all of the 400 survey respondents "strongly agreed" or "agreed" that the SBHC staff helped them work through their problems

(98%); helped them to get services they wouldn't otherwise get (96%); and helped them get help sooner than they normally would (95%). Most also agreed that the SBHC felt like a safe place (98%) and that they felt like they had an adult they could turn to if they needed support (97%).

Self-Reported Impacts of the SBHC Services and Programs

Most survey respondents also “strongly agreed” or “agreed” that the SBHC services and programs impacted them positively, including feeling safe talking about their problems (96%), dealing with personal or family issues (95%), dealing with stress/anxiety better (94%), and avoiding getting into fights (89%). Students also shared that the SBHC impacted their school experiences, including helping them stay in school (95%), feel more connected to people at their school (91%), and have better attendance (88%).

Teachers and school administrators provided numerous examples of how the SBHC had improved student’s academic outcomes, including attendance and grades. They explained that the SBHC worked to address mental health needs of the students, and thereby improved the learning environment. Teachers and school administrators also reported that the SBHC had helped their campuses feel “*like a caring and nurturing place,*” with less campus fighting and conflict.

Suggestions for Service Expansion

Teachers and school administrators shared many praises for the SBHC services and programs and felt it was an important referral resource, particularly for students in crisis. When asked which services would be most helpful if the SBHCs were to expand and/or offer different services, suggestions included expanded mental health services, support groups on specific mental health issues, trauma informed interventions, weekly check-ins for all students, and professional development for staff.

When asked for suggestions to improve the SBHCs services and programs, most students responded that they liked things the way they were. Suggestions from a few students included increasing hours, funding and staff, especially counselors; and advertising services and programs more through posters and visits to classrooms.