

**West Contra Costa Unified School District
School-Based Health Centers (SBHC)
Evaluation Report
2014-2015**

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

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 mental health, medical, health education, and youth enrichment services, described in the table below, to youth at six high schools: De Anza, El Cerrito, Hercules, Kennedy, Pinole Valley, and Richmond High Schools.

Service Category	Description
Mental Health	Therapeutic individual or group counseling. Provided by a licensed practitioner or clinical intern.
Medical	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.
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.
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.

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 medical and mental health services delivered in the 2014-15 school year by the primary providers in the district, including the number of students served and number of visits provided by each medical and mental health agency on each campus. The second section of this report includes the results of a survey administered to SBHC clients and participants in youth development programs about their experiences. These data are supplemented with data from focus groups conducted with SBHC clients and program participants. The next section provides a summary of interviews conducted with teachers and administrators at the SBHC schools to assess their perceptions of the SBHCs. The report concludes with a summary of evaluation findings.

Medical Services

The WCCUSD 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 4,387 visits were provided by these two agencies with the average number of visits per student ranging from 1.2 to 3.4, as seen in the table below.

School	Provider	# Students Served ¹	# Visits	# Visits Per Student
De Anza	CCHS (on-site through a fully operational clinic)	238	970	4.1
El Cerrito	CCHS (on-site through a fully operational clinic)	273	856	3.1
Richmond	CCHS (on-site through a fully operational clinic)	301	1,049	3.5
Hercules	CCHS (mobile health van)	131	442	3.4
Kennedy	CCHS (mobile health van & on-site through a fully operational clinic as of Spring 2015)	98	321	3.3
	Kaiser ²	65	81	1.2
Pinole Valley	CCHS (mobile health van)	208	668	3.2
Total		1,314	4,387	N/A
	CCHS	1,249	4,306	3.4
	Kaiser	65	81	1.2

The following table shows the number of clients who received medical services by gender. Most clients were female (70%).

School	Male	Female	Total
De Anza	48	190	238
El Cerrito	113	160	273
Hercules	42	89	131
Kennedy ³	51	112	163
Pinole Valley	70	138	208
Richmond	73	228	301
Total Number	397	917	1,314
Total Percentage	30%	70%	100%

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 one afternoon a week at Kennedy High School.

³ May include duplicate clients.

The following table shows the number of clients who received medical services by race/ethnicity. Most clients were Latino (48%) or African American (25%).

School	African American	Asian/Pacific Islander	Latino	White	Other	Unknown/Missing
De Anza	74	23	102	23	11	5
El Cerrito	95	23	94	36	20	5
Hercules	32	46	29	*	22	2
Kennedy ⁴	55	*	94	*	13	1
Pinole Valley	51	23	71	28	33	2
Richmond	28	11	246	*	13	3
Total Number	335	126	636	87	112	18
Total Percentage	25%	10%	48%	7%	9%	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.

Referrals for Mental Health Services

During the school year, the SBHCs received 1,315 referrals for mental health services and providers completed 1,005 psychosocial intake/assessments, though many students were also seen who had self-referred.⁵ Prior to accessing services, many students received a psychosocial, non-clinical assessment performed by the SBHC coordinator. While some of these visits resulted in referrals to other SBHC services, they also resulted in referrals to external services or other school-based services (e.g., tutoring, mentoring, etc.). At times, these short visits were sufficient to resolve students' issues and did not require any additional referrals.

School	Referrals for Mental Health Services	Number of Psycho-social Intake/Assessments Completed
De Anza	159	102
El Cerrito	308	187
Hercules	148	107
Kennedy	206	187
Pinole Valley	140	153
Richmond	354	269
Total	1,315	1,005

⁴ May include duplicate clients.

⁵ Referrals and intake/assessments may include duplicates.

Individual Counseling

A total of 8,692 visits were provided by BACR, Y-Team, and JMP, with the average number of visits per student ranging from 4.6 to 13.0. The breakdown by school and provider is summarized below.

School Provider	# Students Served ⁶	# Visits	Average # Visits Per Student
De Anza BACR ⁷ (Y-Team)	297 (65)	1,592 (378)	5.4 (5.8)
El Cerrito JMP Y-Team	187 35	2,424 264	13.0 7.5
Hercules BACR	124	441	3.6
Kennedy Y-Team	288	2,030	7.0
Pinole Valley Y-Team	163	791	4.9
Richmond Y-Team	234	1,150	4.9
Total	1,328	8,692	N/A
BACR	356	1,655	4.6
Y-Team	785	4,613	5.9
JMP	187	2,424	13.0

The following table shows the number of clients who received individual mental health services by gender. Most clients served were female (61%).

School	Male	Female	Total
De Anza	110	187	297
El Cerrito	101	121	222
Hercules	55	68	123
Kennedy	112	176	288
Pinole Valley	52	111	163
Richmond	86	148	234
Total Number	516	811	1,327⁸
Total Percentage	39%	61%	100%

⁶ 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.

⁷ In 2014-15 De Anza (BACR) switched to a new reporting system; data reported by De Anza includes services from the Y-Team.

⁸ One student who identified as "other" gender is excluded from this table.

The table below shows the number of clients who received individual mental health services by race/ethnicity. Most clients were Latino (43%) or African American (39%).

School	African American	Asian/Pacific Islander	Latino	White	Other	Unknown/Missing
De Anza	110	35	118	33	1	0
El Cerrito	91	19	74	38	0	0
Hercules	45	31	30	17	1	0
Kennedy	167	16	97	0	8	0
Pinole Valley	76	*	65	16	6	0
Richmond	29	0	189	16	0	0
Total Number	518	101	573	120	16	0
Total Percentage	39%	8%	43%	9%	1%	0%

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

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.

School	# Student Participants <i>(possibly a duplicated count)</i>	# Groups	# Sessions	# Visits
De Anza	76	8	94	514
El Cerrito	99	9	163	2,195
Hercules	22	4	35	130
Kennedy	93	5	77	1,597
Pinole Valley	48	5	96	667
Richmond	18	2	64	1,152
Total	--	33	529	6,255

School	African American	Asian/Pacific Islander	Latino	White	Other
De Anza	38	*	24	*	14
El Cerrito	34	16	27	21	1
Hercules	16	*	*	*	6
Kennedy	60	*	32	*	1
Pinole Valley	40	*	*	*	8
Richmond	*	*	10	*	8
Total Number <i>(possibly a duplicated count)</i>	188	16	93	21	38

*Cells with less than 10 clients or no clients were categorized as "Other."

WCCUSD SBHC Client and Group Participant Feedback

In addition to the clinical services described previously, the SBHCs 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 SBHC and/or participated in Youth Enrichment Programs sponsored by the SBHC completed a survey at the end of school year (May-June 2015). 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. A small number of students from each school also participated in focus groups to provide qualitative feedback about the SBHC services and programs.⁹ Findings from the surveys and focus groups are summarized below.

Survey Respondent Demographics

Nearly 500 SBHC clients and group program participants (n=495) completed end of the year surveys. Of these respondents, 64% (n=316) were female. One-third of respondents were in 10th grade (32%, n=156), 22% were in 9th grade (n=111), 24% in 11th grade (n=117), and 22% in 12th grade (n=109). Over one-quarter of respondents were Latino (28%, n=139), while 28% were African American (n=135), 25% (n=122) were Bi/Multi-Racial, 12% Asian/Pacific Islander/Filipino (n=59), 6% White (n=29), and 2% were other or had missing data on ethnicity (n=11). The following table shows the number of surveys from each site by gender.

School	Male	Female	Total ¹⁰
De Anza	53	131	185
El Cerrito	34	51	88
Hercules	27	49	76
Kennedy	18	23	41
Pinole Valley	24	31	56
Richmond	18	31	49
Total Number	174	316	495
Total Percentage	35%	65%	

Respondents reported that they had health insurance through Kaiser (39%, n=184), Medi-Cal (27%, n=127), and private sources like Health Net, Blue Cross and Aetna (12%, n=55). One out of five students (21%, n=97) was not sure if they had health insurance and 2% (n=9) reported that they did not have insurance.

Fourteen percent (n=63) reported that they usually went to the School Health Center for health care. Other participants responded that they usually went to Kaiser (41%, n=177), private doctors (13%, n=58), a hospital or emergency room (10%, n=45), community clinics (7%, n=30),

⁹ Thirty-eight students participated in focus groups representing all SBHC schools, including De Anza (n=4), El Cerrito (n=10), Hercules (n=6), Kennedy (n=10), Pinole Valley (n=4), and Richmond (n=4). Not all of the focus group participants necessarily completed surveys. One-third of participants were in 10th grade (34%, n=13); 32% in 11th grade (n=12); 29% in 12th grade (n=11) and 5% in 9th grade (n=2). Half of respondents were Latino (50%, n=19); 24% (n=9) were African American; and 16% (n=6) were Bi/Multi-Racial. Most participants were female (79%, n=30).

¹⁰ Includes students of "other" or missing gender.

or some other place (3%, n=14). Ten percent (n=44) did not know where they usually went for health care. When asked what they would have done about their health problems or needs if the SBHC was not at their school, most respondents indicated that they would have gone to another doctor or nurse (50%, n=191), while 22% (n=82) would have talked to their friends, and 28% (n=107) would have done nothing.¹¹

SBHC Services Received and Group Program Participation

The following table provides an overview of the services that respondents reported receiving from the SBHC during the school year. Most received counseling to talk about stress, sadness and family problems (57%, n=282).¹²

Respondents Reported Receiving the Following Services from the SBHC this School Year	n	%
Counseling or talking to someone about issues like stress, feeling sad, or family problems or alcohol/drug use	282	57%
Medical care such as a physical/wellness exam or check-up	105	21%
Information on or help with sexual health issues, like birth control/condoms or testing for pregnancy/STDs	175	35%
Help with planning academic/behavioral goals, getting information/resources, or other personal support	80	16%
Information on or help with diet, nutrition or exercise	44	9%
Counseling or talking to someone about alcohol or drug use	33	7%
Other services	14	3%

The table below provides an overview of the group youth enrichment programs offered by the SBHCs, though participants from all programs did not necessarily complete surveys. One-third (30%, n=147) of survey respondents had not participated in any group programs.

School	Programs	
De Anza	<ul style="list-style-type: none"> • Conflict Mediation • Discovering the Reality of Our Community (DROC) • Expect Respect • Familias Unidas • Girls Anger Management • Girls Empowerment Group • Grief and Loss Group • Guys Anger Management Group 	<ul style="list-style-type: none"> • Guys Group/Coping • No More Bull Group • Peer Educator for Bullying/Harassment Education • Peer Educator for Peer Drug Education • Peer Mentoring • Yoga and Mindfulness • Other
El Cerrito	<ul style="list-style-type: none"> • Art/ Self Expression Group • Club Beauty • Fairmont Mentors • Individuals/Lunch Time Group 	<ul style="list-style-type: none"> • Peer Conflict Mediators • Skittles • Understanding Anger Young Women’s Group

¹¹ Excludes respondents who checked “does not apply.”

¹² Respondents could select more than one service; 79 respondents reported that they had never used the SBHC services. These students had only participated in SBHC group programs.

School	Programs	
	<ul style="list-style-type: none"> • Migration Journey • My Strength Young Men's Group 	<ul style="list-style-type: none"> • TUPE • Other
Hercules	<ul style="list-style-type: none"> • Anti-Bullying Peer Education • African American Girls Group • Boys Group • Familias Unidas • Girls Group • GSA • Latinas Unidas 	<ul style="list-style-type: none"> • No Place for Hate Peer Educators • Q-Scouts • STAND! • Titan 10 • Youth Advisory Board
Kennedy	<ul style="list-style-type: none"> • Healthy Lifestyles (Health Education, Nutrition, Safe Routes) • Youth Advisory Board 	<ul style="list-style-type: none"> • Young Ladies Group • Young Men's Group • Other
Pinole Valley	<ul style="list-style-type: none"> • AOD Group: Alcohol and Other Drugs (CHAA) • Girls Empowerment Group • Teen Pregnancy Prevention (Familias Unidas) 	<ul style="list-style-type: none"> • Violence Prevention – Expect Respect • Youth Advisory Board • Young Men's Group – Man Talk • Young Women's Support Group
Richmond	<ul style="list-style-type: none"> • Alive & Free: African American Young Men's Group • BEATZ Group • Community Violence Solutions-Young Women's Group • ELD (English Learner) Support Group 	<ul style="list-style-type: none"> • Girls Inc.'s African-American Girls Group • RYSE-Alphabet (LGBTQ) Group • STAND! for Families Free of Violence Girls Group • STAND! Promoting Gender Respect (PGR) Boys Group

Frequency of Service Receipt or Program Participation

Over half of respondents had been to the SBHC to get services or to participate in group programs ten times or more (52%, n=254), while others had been there one or two times (7%, n=36), three to five times (16%, n=79), or six to nine times (17%, n=81). Thirty-five students 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.

Over 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 (54%, n=264), while others had been coming for two years (25%, n=123), three years (14%, n=68) or four years (7%, n=32).

Experiences with the SBHC Services and Programs

Overall, respondents were either very satisfied (87%, n=421) or somewhat satisfied (9%, n=42) with the SBHC services and programs. Nearly all respondents were very pleased in general with their experiences with the SBHCs, as seen in the following table reflecting the percent who “strongly agreed” or “agreed” with each statement.

Respondents Reported the Following Experiences with the SBHC ¹³	n	%
I was welcomed and greeted warmly.	477	99%
The people who work there helped me to work through my problem.	442	99%
The people who work there were easy to talk to.	467	99%
They helped me get information and resources I need.	439	99%
It felt like a safe place.	472	99%
I liked having it at my school.	475	99%
I would recommend it to my friends.	464	98%
They helped me to get services I wouldn't otherwise get.	419	97%
It was easy to see someone when I needed to.	435	97%
They helped to get help sooner than I normally would.	413	96%

During focus group discussions, many participants shared that benefits of the SBHC included that it was close by and convenient and the staff were familiar because they were at their school. One focus group participant shared that, “after losing health insurance, everything I had was at the health center.” Another shared that the health center “has other programs to keep you out trouble and focused on school.” Many students also shared that benefits of the SBHCs included that they offer “lots of resources”, like connecting to food banks, Medi-Cal, and academic counseling to “keep up grades.”

Nearly all focus group participants shared that it was the staff that kept them coming back to the SBHC for services, as well as the counseling and programs. Most students said they felt connected the first time they visited or after the first few visits. As one focus group participant shared, they felt “connected since the first day there. You just feel you can open up; you feel good that they are there. Even if you don't know them, the way they listen to you and care for you...still the same and hasn't changed. They're still caring and there for you.”

“I know if something were ever to happen to me, I know I have something to fall back on. If I need help with anything I know I have some place to go.” – WCCUSD Student

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

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

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

Respondents Agreed that SBHC Services and Programs Affected Their Health Behaviors ¹⁴	n	%
Feel safe talking about my problems.	431	98%
Feel like I had an adult I could turn to if I needed help or support.	440	98%
Feel more confident.	407	96%
Deal with stress/anxiety better.	370	95%
Use protection (like condoms, birth control) more often when I have sex.	317	95%
Deal with personal or family issues.	365	94%
Treat people better (like less name calling or teasing).	330	92%
Avoid getting into fights.	305	90%
Stop using or use less tobacco, alcohol or drugs.	226	84%
Eat better (i.e., eat less junk food and/or more fruits/vegetables).	265	81%
Exercise more.	263	81%

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

As the table below shows, the majority of respondents “strongly agreed” or “agreed” that many additional positive impacts had occurred as a result of receiving SBHC services and/or participating in the program.

Respondents Agreed that SBHC Services and Programs Affected Their School Experiences and Future Plans ¹⁵	n	%
Have goals and plans for the future.	402	98%
Stay in school.	342	96%
Do better in school.	367	94%
Feel more connected to people at my school.	364	93%
Have better attendance (cut classes less).	298	89%
Get involved in leadership programs.	286	84%

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

¹⁵ Excludes respondents who checked “don’t know/does not apply.”

Focus group participants had a mixed response when asked if the SBHC helped them with their attendance, grades, or experiences at school. Those that said it helped shared that SBHC staff checked in with them regularly about their grades; that counseling services helped them improve their grades; and that the SBHC staff “kept them on track for graduation.”

Self-Reported Impacts on Personal Skills

As the table below shows, the majority of respondents “strongly agreed” or “agreed” that the SBHC programs and services affected their personal skills.

Respondents Agreed that SBHC Services and Group Programs Affected Their Personal Skills ¹⁶	n	%
Have a stronger college application.	330	97%
Learn skills that will help me in my future.	401	96%
Feel more like a leader.	353	92%
Feel like I can teach others.	368	92%
Make my school a better place.	354	91%

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:

- “I was able to form a bond with one of the counselors who checks on me frequently. That makes me feel good about myself.”
- “It’s always here; always have someone to talk to.”
- “They made me feel safe and confident.”
- “I have more leadership in me and there’s people I feel connected with.”
- “Mainly just being able to come to [the program] every week makes my school year better.”
- “They helped me with my personal issues, problems, stress, sad and family.”
- “Helped me not to feel like an outcast.”
- “I am able to go there and take some time for myself.”
- “I was able to assist others in utilizing the health center and felt like I made a difference.”
- “The health center has helped me deal with stress and anxiety.”
- “Helped me come out of my shell and be a better person a more open person.”
- “They have provided me with a better understanding of drugs and sex. Also a secure feeling knowing that there is a safe place like this on campus.”
- “When no one was able to help me and I thought I was alone, the Health Center Staff was there for me.”
- “It gives me a place to relax and feel less stressed out.”
- “They have helped me when I was injured and when I needed personal help.”
- “They allowed me to be more connected with my school and make new friends.”
- “They have helped me build leadership skills provided me with counseling.”
- “They taught me nutritional facts.”

¹⁶ Excludes respondents who checked “don’t know/does not apply.”

- “The health center has helped me in many different ways. It's nice to know you're not alone and that you have your own kind of safe spot.”
- “They have helped me a lot when I need someone they're always there.”
- “The health center has helped me in more ways than I can imagine. The staff is incredible, all of them make me feel like I'm wanted all the time.”
- “It helped me control my anger problems.”

When asked for suggestions to improve the SBHCs services and programs, most students responded that they liked things the way they were. Suggestions included:

- Provide a garden or more rooms for students to relax when stressed.
- Advertise around the school more frequently, particularly the group programs.
- Have counselors available every day of the week and during the summer.
- Hire male counselors.
- Extend health center hours so that students could come after school and not miss classes.
- Provide a website with SBHC staff contact information.
- Provide additional programs, including internships, cultural programs for recent immigrant youth, weight management support groups, meditation groups, programs that introduce students to health careers, orthodontic services, community programs for students to volunteer and clean up the community, support groups for youth with incarcerated parents, and substance abuse support groups.

WCCUSD Key Stakeholder Feedback

In Spring/Summer 2015, eleven stakeholders, including ten teachers and one school administrator, participated in brief interviews about the SBHC services and programs. The interview participants had worked at their respective schools for an average of six years, with a range of nine months to twenty-six 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.¹⁷

Top Student Health Concerns

Teachers and school administrators were asked to describe the top health concerns facing students in their schools.¹⁸ Nearly all teachers and administrators mentioned **mental health issues**, including depression, anxiety, substance use, eating disorders, and peer conflicts. As one teacher noted, *“So many of our students suffer from depression and anxiety.”* Others mentioned students face **community and family problems**, and experience trauma caused by volatile home situations, violence in neighborhoods and housing/homelessness. One stakeholder explained, *“Some students come from violent family situations or neighborhood situations, and some are homeless.”* Another explained, *“[We work] in a place where kids can walk in and say that they just saw someone who got shot this weekend.”* Finally, stakeholders described **physical health issues**, including sexually transmitted diseases, diet and nutrition, and chronic illnesses, like asthma and diabetes. One teacher explained, *“some students aren’t receiving health care like they should for accidents or injuries... they aren’t getting care as urgently as they should be.”*

Students’ Access to Health Care

Teachers and school administrators were asked whether they felt students in their schools had access to the health care they needed. They responded that students generally have access to needed services, though pointed to **barriers**, such as limited finances or poverty, limited awareness of how and where to get services, undocumented families, and limited confidential services in the community. Some teachers explained:

- *“Students don’t have adequate access to health care... I’ve wondered if it was an economic thing. I see this on multiple occasions because it costs money, there’s a co-pay or maybe it’s difficult to get to a doctor.”*
- *“Maybe it’s too expensive, I don’t know... a lot of times it seems like people don’t have health care because either they don’t know how to access the health care system or it’s too expensive...there are too many bureaucratic things in order to get the health care.”*

Most interview participants felt **students would not have access to health care without the SBHC**. One teacher explained, *“A significant fraction of students wouldn’t get the care they need if [the health center] wasn’t on campus.”* Another teacher shared, *“From what I have learned,*

¹⁷ 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 24 administrators and teachers were contacted. One declined, ten did not respond to email invitations, and two agreed to participate but interviews could not be scheduled. Eleven stakeholders participated in the final interviews, yielding a response rate of 46%.

¹⁸ 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.

there are a lot of parents who don't have health care so the SBHC and van are a vital part of their life."

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. The most commonly cited barrier related to **maturity level and stigma**, particularly surrounding mental health services among boys and some cultural groups:

- "Some people still have stigma against going to the health center... just the stigma attached to seeking mental health services, especially the boys."
- "There are barriers to getting services or support they need, like maturity or culture...it's the machismo Latino persona or the very alpha African American male who feels it's a sign of weakness. It requires them to be vulnerable and for some, they are not open to that."
- "Occasionally it might be shyness and they need more encouragement, particularly for younger students."

There were differing opinions on whether **lack of awareness** was a barrier for students accessing the SBHC. One teacher explained, "Lack of knowledge of [the SBHC] might be a problem too because I don't think there's a concentrated program to inform students of what all the services are." Another explained, "[the health center] really reaches out to students and comes in to classes and tells them what kinds of services are available and hands out forms if students are interested in being seen. If they don't access it, it's not because they don't know it's there."

One stakeholder stated there could be **language barriers** "for students that don't speak Spanish or English."

Concern was also expressed about **students missing classroom time** to visit the SBHC. One stakeholder explained, "...some kids have a lot of academically rigorous course loads – like 4-5 Advanced Placement classes – so time within the day might be a challenge for them."

Participants offered several **suggestions to improve students' access to the SBHC**:

- "They could use strong men facilitators or **role models for specific groups** to break down the barriers and to work with them, so a young male who might not feel he can identify with any cultural similarities to a white female [becomes more open to the idea]. Having a lot of people who look like the youth to facilitate the programs might be better."
- "They could **outreach more to teachers** to get them to pull out students during non-academic classes or as they see fit."
- "As a teacher, reminders are nice. The health center director comes and does a presentation at the beginning of the year but it would help to get maybe an email or 5-minute check in at staff meetings for teachers. We are always on the go with deadlines and forget... **frequent reminders of services on campus** would be helpful to make their presence known. It's my third year here and it's still nice for me personally to get a reminder."
- "Conduct more **classroom presentations** sharing what services are available at the health center."

While there were a variety of thoughts on the barriers to care some students face, some stakeholders expressed concern that the health centers are at capacity and shared concern of potential clinic budget cuts. One stakeholder explained, "The health center doesn't have enough staff to see more students. They are at capacity, and can't see students until the end of year,

unless it's an emergency." Another said, "I'm concerned funding will be cut in the next year. Trying to prepare fiscally for the what-ifs. I just can't imagine if kids had to deal with all their troubles by themselves."

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
Crisis intervention/support	3.0
Alcohol or drug use counseling	2.9
Services/education on sexual health issues, like birth control/condoms or testing for pregnancy/STDs	2.9
Community resources or referrals	2.8
Medical care, such as a physical/wellness exam or check-up	2.7
Group programs/activities (like Girls or Young Men's Group)	2.7
Help with planning academic/behavioral goals, getting information/resources, or other personal support	2.7
Counseling/education on diet, nutrition or exercise	2.6

Referrals to the SBHC

All stakeholders were asked how they interacted with the SBHC, and they indicated they primarily used the SBHC as a **referral source**, particularly when students were in crisis or in need of counseling support, and some teachers indicated they received **support services that increased their competence** to handle these situations on their own. For instance, one teacher explained, "We have received several trainings done by health center staff to help us teachers become more competent with mental health issues and become aware of how students deal with trauma and help serve them better in the classroom." Additionally, some teachers received **support self-care services** from the health center, such as "little breaks with things like massage, or cookies and coffee that we are not able take advantage of during our work day."

All stakeholders interviewed indicated they had made referrals to the school health center and felt the **referral process was easy**. Moreover, participants seemed **satisfied with the feedback they received from the SBHC on these referrals**.

- "Someone will always get back to me at least to tell me if something is happening or not, like if the student refuses services, but not the details. I had a student reported to CPS [Child Protective Services] and the health center helped the child with mental health issues. The health center was able to find a program for him, and went over and beyond the call of duty."
- "They give me good feedback within the parameters of providing confidential services to the student."

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:**

- *“The health center gives people somewhere where they can talk about what’s going on in their lives. That can directly impact how students are in the classroom or how they perform in the classroom.”*
- *“I strongly believe that kids can’t possibly learn if they have struggles outside of the classroom. It is unrealistic to think you sit a kid down who has significant struggles outside the classroom and want them to pay attention closely. I think the health center is really critical.”*
- *“It’s hugely important. Some students are really going through some challenging things that make it nearly impossible to focus in class. I’m a firm believer in supporting the whole child.”*
- *“The health center provides a safety net; it gives us a place to send kids when they can’t cope when they’re having difficulties; giving them another connection at school. It saves them from dropping out or being truant, and encourages them to come to school.”*
- *“At our school, the big thing that’s stopping kids from doing their work is just stress, or exhaustion, or having trouble with regulating their emotions. The health center teaches them how to manage or work through their issues so that they are actually able to learn when they are in class.”*

“Some students are so overwhelmed...it creates a mental block for their academic work. As a teacher, I’m not a therapist or counselor; I don’t know how to provide these services with 37 other students in the class. So having SBHC to pull them out, it’s the most productive time for the child. When the student is struggling to the point where they can’t resume their work, at least they’re receiving these services during school hours when they would be sitting there attempting some work but not quite invested in the academic work.” – WCCUSD Teacher

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

- *“As a teacher, we do care [about the emotional health of our students] but we also have 40 other people who need our attention at the same time, so it’s hard to give them that kind of attention and help; where the health center is there for them and they’re able to do that. Also, they are just not getting these services anywhere else.”*
- *“I think that there are kids who need crisis and ongoing services that are definitely taken care of by the health center who may otherwise have serious life issues. Some of them I think would commit suicide as a result of not having any help. I think it fills a huge gap.”*
- *“Working in a place where kids can walk in and say that they just saw someone who got shot this weekend, you can have compassion but you can’t sit down and talk to them because I have other students and I’m not that kind of professional. Having someone to refer them to is invaluable.”*

“Some students really need support with emotional issues or trauma, losing a family member at home. They really can’t focus in the classroom until they get support with some of those issues or get tools to deal with them so they can sit in the classroom with 39 other kids and a teacher who may or may not be supportive.” – WCCUSD Teacher

The stakeholders interviewed shared their thoughts on how the SBHC benefited them in their work. Primarily the teachers felt they **directly benefit when their students' needs are addressed**. As one teacher shared, *"I benefit when the kids get the help they need so they can do the things I need them to do."* Another explained, *"The way they help the students is helping us (as teachers)."* Others reported that the health center **offered teachers and school staff a safe and supportive place**. One teacher explained, *"The health center is a nice resource to be able to go some place to relax and enjoy a break from the teaching day but also be among other professionals who are aware of what it's like to work in the type of school that we all work in. It's kind of a refuge from the rest of the school."* Others reported that the SBHC **helps maintain self-care**. Teachers shared, *"The health center taught us breathing exercises to do in the classroom that take no more than 5 minutes"* and *"the health center does the best teacher appreciation day with acupuncture, massage and food each year."* When asked how the SBHC could help the teachers and school staff more, a few suggested providing more self-care services, such as meditation and massage services.

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 welcoming place."* A significant reported impact was a **reduction in campus fighting and conflict**.

- *"Our school used to be known for riots, gang, and race wars. They [school staff] used to yell on the megaphones for students to go to class but they don't do that anymore. The health center mediated a lot of that and helped students understand each other better."*
- *"The school now has a better culture and is a kinder place...I remember before...this place used to be a regular high school; kids weren't always so nice to each other. Because of the health center, we have a place where kids are welcomed, no matter who they are, what they are, whatever sexuality, they are welcome here."*
- *"Shooting and violence outside of school are from verbal disputes. By teaching kids how to deal with disputes, we're making them safer. The health center has been an intrinsic part of that change."*
- *"I think that the LGBTQ kids on campus really have a huge resource in the health center as far as support and in helping to support clubs and also help create a climate where kids feel safe and less bullied at school and feel more okay to be themselves."*

*"I think that in the 5 years I have been at this school, I've seen a huge change in the climate of the kids in that area [LGBTQ related issues] ...to a much more accepting school community where kids go to prom together."
– WCCUSD Teacher*

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:

- *"SBHC staff come to our meetings and have ongoing communication with the principal and [SBHC] director; representatives [of the health center] come to various meetings with teachers. They [SBHC staff] join committees."*

- *“One example of collaboration is it’s hard for kids to miss math because it’s sequential; it used to be that kids were called out [to the health center] whenever, but [we] talked to them [SBHC staff] and now they don’t generally take kids from math.”*
- *“[The SBHC] coordinator is very approachable... she is always willing to speak with teachers and administration on how we can better work together.”*

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

- *“Being here on campus is important – we are all here for one purpose – to educate and mentor kids and the SBHC is a major help with that.”*
- *“It [SBHC] has a wider impact than just...the individual kids receiving...services. When those individuals are helped, then the impact is felt in the wider community.”*
- *“In general I think it makes everyone feel safer - both students and staff; I know as a staff member, I feel really supported by the health center.”*

However, teachers and school staff also described challenges. One challenge that was raised was that **the SBHC pulls students from class time.** As one teacher explained, *“Missing class can be an issue. Kids are still pulled from class for medical services because medical services are here at set times. It can become a challenge to catch kids up when they miss class.”*

One **suggestion was made to improve communication and collaboration** between the SBHC and school administration. *“Moving people to being more tech cognizant would be helpful. To have a standing communication spot, whether it’s a website or Google drive. Email is bogged down.”*

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** (e.g. individual and group counseling, peer mentoring): *“More mental health professionals available for students to talk to. They have a lot but could always have more.”*
- **Support groups:** *“I’d like to see more groups. Groups for students who deal with stress. Our high end students who are taking a bunch of AP exams and applying to college and having lots of anxiety; support groups for them.”* Also, *“I think they [SBHC staff] need to have more peer pressure groups. Talking to young men about respecting females and females about respecting themselves.”*
- **Youth development groups** (e.g. peer mediator groups and after school programs): *“I think after school programs – they had them before and it would be great to see them back. Giving kids something to do after school; getting them involved in school.”*
- **Support services for English Learners:** *“If they could also expand more into working with students who are ELL [English Language Learners]. Making the connection that way. Whenever we’ve been able to devote someone to ELL population as a school, we’ve seen amazing success happen as a result. If there was a concentration for the health center to focus on this group at our school, that would be really positive.”*
- **Family Support services:** *“Add family counseling or groups for families going through trauma because a lot of these issues that students are going through stem from home.”*
- **Self-care services for school faculty/staff:** *“Services to help school faculty/staff like nutrition information, yoga, meditation.”*

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 (SBHCs) that currently provide medical, mental health and youth enrichment services to youth at six high schools.

Reported Need for SBHC Services

When interviewed, teachers and school administrators reported that **mental health issues**, including depression, anxiety substance use, peer conflicts, and eating disorders were frequent health concerns for students in their schools. Others mentioned **community and family health problems** that impact students, including trauma caused by volatile home situations, violence in neighborhoods and housing/homelessness. Finally, they described **physical health issues** included sexually transmitted diseases, diet and nutrition, and chronic illnesses, like asthma and diabetes. Teachers, school administrators also reported that students in their schools face **barriers** in accessing health care services. 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 4,387 visits were provided by these two agencies with the average number of visits per student ranging from 1.2 to 3.4. Most clients were female (70%) and Latino (48%) or African American (25%).

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. During the school year, the SBHCs received 1,315 referrals for mental health services and providers completed 1,005 psychosocial intake/assessments, though many students were also seen who had self-referred. BACR, Y-Team, and JMP provided a total of 8,692 individual counseling visits, with the average number of visits per student ranging from 4.6 to 13.0 visits. Most clients served were female (61%) and most were Latino (43%) or African American (39%). Group counseling services were also provided during 529 sessions.

Youth Enrichment Services: The SBHCs offered a variety of programs to promote youth development and resiliency, including young women's and young men's groups, conflict mediation, peer education and youth advisory boards. Seventy percent of client survey respondents reported having participated in an SBHC youth enrichment program.

Strong Satisfaction with SBHC Services and Programs

Overall, SBHC clients and program participants were either very satisfied (87%) or somewhat satisfied (9%) with the SBHC services and programs. Nearly all client survey respondents "strongly agreed" or "agreed" that the SBHC staff helped them work through their problems

(99%); helped them to get services they wouldn't otherwise get (97%); and helped them get help sooner than they normally would (96%). Most also agreed that the SBHC felt like a safe place (99%) and that they felt like they had an adult they could turn to if they needed support (98%).

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 (98%), dealing with stress/anxiety better (95%), dealing with personal or family issues (94%), and avoiding getting into fights (90%). Students also shared that the SBHC impacted their school experiences, including helping them stay in school (96%), feeling more connected to people at their school (93%), and improving their attendance (89%).

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 was a safe and supportive place for students and provided “a safety net; *it gives us a place to send kids when they can't cope when they're having difficulties; giving them another connection at school. It saves them from dropping out or being truant, and encourages them to come to school.*”

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, increased support and youth enrichment groups, and family support services.

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 advertising more, increasing counseling staff and hours, and providing additional programs, such as internships, weight management groups, and meditation groups.