

Alameda County School-Based Health Center Coalition Report

June 2003





OUR MISSION

To improve the *health, well-being and success* of adolescents in school by increasing access to comprehensive, high quality health care services, reducing barriers to learning, and supporting families and communities through the provision of basic medical care, mental health services, and health education in a respectful and teen-centered environment.

REPORT AUTHORS

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF) EVALUATION TEAM

- Sara Peterson, MPH, *Project Director*
- Samira Soleimanpour, MPH, *Project Coordinator*
- Claire Brindis, DrPH, *Principal Investigator*
- Gorette Amaral, *Research Associate*
- Serena Clayton, PhD, *Consultant*

Institute for Health Policy Studies, UCSF
3333 California Street, Suite 265
San Francisco, CA 94143-0936
Phone: 415.476.0746
Fax: 415.476.0705
Web: <http://reprohealth.ucsf.edu>
Email: sara@itsa.ucsf.edu

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY (ACHCSA)

- Yvette Leung, MPH, RD, *SBHC Program Administrator*
- Olis Simmons, *Children's Services Coordinator*

1850 Fairway Drive
San Leandro, CA 94577
Phone: 510.667.7990
Fax: 510.483.0269
Email: yleung@co.alameda.ca.us

ALAMEDA COUNTY SCHOOL-BASED HEALTH CENTER COALITION REPORT

JUNE 2003

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SBHC COALITION PARTNERS

The following talented individuals and organizations provide their expertise and commitment to ensure that Alameda County students have access to quality School-Based Health Centers:

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY (ACHCSA)

- David Kears, Agency Director
- Vana Chavez, Finance Director
- Olis Simmons, Children's Services Coordinator
- Yvette Leung, MPH, RD, SBHC Program Administrator
- Shandra A. Sheard, Administrative Assistant
- Deana White, Administrative Assistant

ALAMEDA COUNTY SBHCS STAFF & PARTNERS

- **Berkeley High School Health Center**, Berkeley Unified School District, Berkeley High School and City of Berkeley Health & Human Services: Michelle Burns, NP, MPH, Kimi Sakashita, MPH & staff
- **Logan Health Center**, New Haven Unified School District, James Logan High School, Tiburcio Vasquez Health Center, Inc. & Asian Community Mental Health Services: Maricela Gutierrez & staff
- **Roosevelt Health Center**, Oakland Unified School District, Roosevelt Middle School, East Bay Asian Youth Center, Asian Community Mental Health Services & La Clínica de La Raza: Samantha Blackburn, CPNP & staff
- **San Lorenzo High Health Center**, San Lorenzo Unified School District, San Lorenzo High School, La Clínica de La Raza, Mary Peifer-Moore & staff
- **TechniClinic**, Oakland Unified School District, Oakland Technical High School, La Clínica de La Raza & Girls Incorporated of Alameda County/Pathways Counseling Center: Mara Larsen-Fleming & staff
- **Tiger Clinic**, Oakland Unified School District, Fremont High School, La Clínica de La Raza, & Girls Incorporated of Alameda County/Pathways Counseling Center: Katherine Culberg, RN & staff
- **Tri-High School Health Services**, Alameda Unified School District, Alameda & Encinal High Schools, Xanthos, Inc. & Native American Health Center: Tamar Kurlaender, MPH & staff
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RESEARCH & TECHNICAL ASSISTANCE CONSULTANTS

- Cynthia Burnett, Fund Development Consultant, ACHCSA
- Dee Freitas, Billing Consultant, ACHCSA
- David Kaplan, MD & Angela McCauley, *Clinical Fusion*, National Center for School-Based Health Information Systems, Children's Hospital, University of Denver
- Jude Kaye & Anushka Fernandopulle, Consultants, CompassPoint Nonprofit Services
- Kassin Laverty, Regional Coordinator, *California Healthy Kids Survey*, WestEd
- Sara Peterson, MPH & Samira Soleimanpour, MPH, UCSF

SBHC COALITION STEERING COMMITTEE

- Lara Bice, Alameda County Supervisor Keith Carson's Office
- Claire Brindis, DrPH, Center for Reproductive Health Research and Policy, UCSF
- Michelle Burns, NP, MPH, City of Berkeley Health & Human Services
- Serena Clayton, PhD, California Adolescent Health Collaborative
- Marge Deichman, MOTR, MBA, Alameda County Public Health Department
- Karen Guthrie, Tri-High School Health Services Advisory Board
- Barbara Loza-Muriera, Interagency Children's Policy Council of Alameda County
- Cheryl Pascual, Alameda County Supervisor Alice Lai-Bitker's Office
- Jennifer Scanlon, Kaiser Permanente
- Ralph Silber, Alameda Health Consortium
- Barbara Staggers, MD, MPH, FAAP, Children's Hospital & Research Institute at Oakland

PLANNING & START-UP SBHC COMMITTEES

- **Tennyson Health Center**: Hayward School Board, Hayward Unified School District, Tennyson High School & Tiburcio Vasquez Health Center, Inc: Joel Pena & staff
- **Project YES! Steering Committee**: City of Oakland, Alameda County and Oakland Unified School District
- **McClymonds Health Center Planning Committee**: Oakland Unified School District, McClymonds High School, Supervisor Keith Carson, Lara Bice & Children's Hospital & Research Institute at Oakland: Barbara Staggers, MD, MPH, FAAP, Alex Briscoe MFTI, DPS & staff

EXECUTIVE SUMMARY

ALAMEDA COUNTY SBHC COALITION OVERVIEW

Established in 1996 by the Alameda County Health Care Services Agency (ACHCSA), the Alameda County School-Based Health Center (SBHC) Coalition is a unique model that seeks to improve adolescent health by providing base funding and building the capacity of comprehensive health centers located on school campuses. It is one of the few existing SBHC consortia of its kind in the country. The SBHC Coalition works to promote capacity building and partnerships using a Strategic Plan that guides the infrastructure, services, and comprehensive evaluation. The key health outcomes of this Strategic Plan are that students have enhanced access to health care services, that students and the SBHC clients have increased utilization of health care services, and that SBHC clients have improved health status and behaviors.

Since its inception, the SBHC Coalition has grown from three to eight SBHCs, which are located in five school districts. Seven of these SBHCs are on high school campuses and one is on a middle school campus:

- Berkeley High School Health Center, Berkeley High School
- Logan Health Center, James Logan High School
- Roosevelt Health Center, Roosevelt Middle School
- San Lorenzo High Health Center, San Lorenzo High School
- TechniClinic, Oakland Technical High School
- Tiger Clinic, Fremont High School
- Tri-High School Health Services, Alameda and Encinal High Schools

The Alameda County SBHCs provide confidential and student-friendly health services. The underpinning of each SBHC is a strong partnership between the ACHCSA, the school district, and the lead agency, which acts as the fiscal agent and service provider. These three partners share responsibility for obtaining sustainable funds for the SBHCs, ensuring the provision of quality services in a safe and accessible environment for students, and establishing the SBHCs as a strong presence in the communities they serve.

ALAMEDA COUNTY SBHC CLIENTS AND SERVICES

The Alameda County SBHCs utilize a comprehensive approach to health care and focus on the early identification of risk factors to promote the health and well-being of youth. By offering preventive medical, mental health, and health education services to youth on school grounds, the SBHCs surmount numerous barriers that can prevent youth from accessing care. In Alameda County, where nearly 45,000 residents have no medical coverage, the SBHCs provide many students with their only access to health services, including preventive care. Even with other sources of health care, many adolescents prefer SBHCs because they are often more responsive to their needs.

The seven Alameda County high school SBHCs collectively provided more than 14,000 visits to over 4,200 students during the 2001-02 school year.¹ Medical (72%), mental health (21%), and health education (7%) staff provided services during these visits. The majority of medical visits were for first aid and acute care (47%) and reproductive health services (38%). SBHC staff, along with peer health educators, also provided information, referrals, outreach, and health education services to their school communities.



¹ Clinical Fusion data from Roosevelt Middle School SBHC is not included with the high school data presented in this report.

“I go to the health center because it’s confidential.

You can talk to someone and feel confident and comfortable with them.”

■ *Female student
SBHC client*



BUILDING INFRASTRUCTURE TO SUSTAIN SBHCS

The distinct leadership and collaborations in Alameda County have contributed to the success of the SBHC Coalition. Each SBHC has benefited enormously from the SBHC Coalition’s funding, technical assistance, information sharing, and networking, as well as the SBHC Coalition-wide evaluation.

The Alameda County SBHC Coalition experienced many recent successes:

- The SBHC Coalition collaboratively developed a Strategic Plan to improve SBHC service provision and strengthen the infrastructure of the member organizations.
- The Roosevelt Health Center joined the SBHC Coalition as the first middle school member. This expansion demonstrates the County’s commitment to promoting health access for younger adolescents.
- The SBHC Coalition continued efforts to expand to twelve SBHCs, with four high school SBHCs currently in the planning and start-up phases.
- A Centers for Disease Control & Prevention (CDC) Community-Based Participatory Prevention Research Grant was awarded to the University of California, San Francisco Evaluation Team to integrate student research teams into the comprehensive SBHC Coalition evaluation.

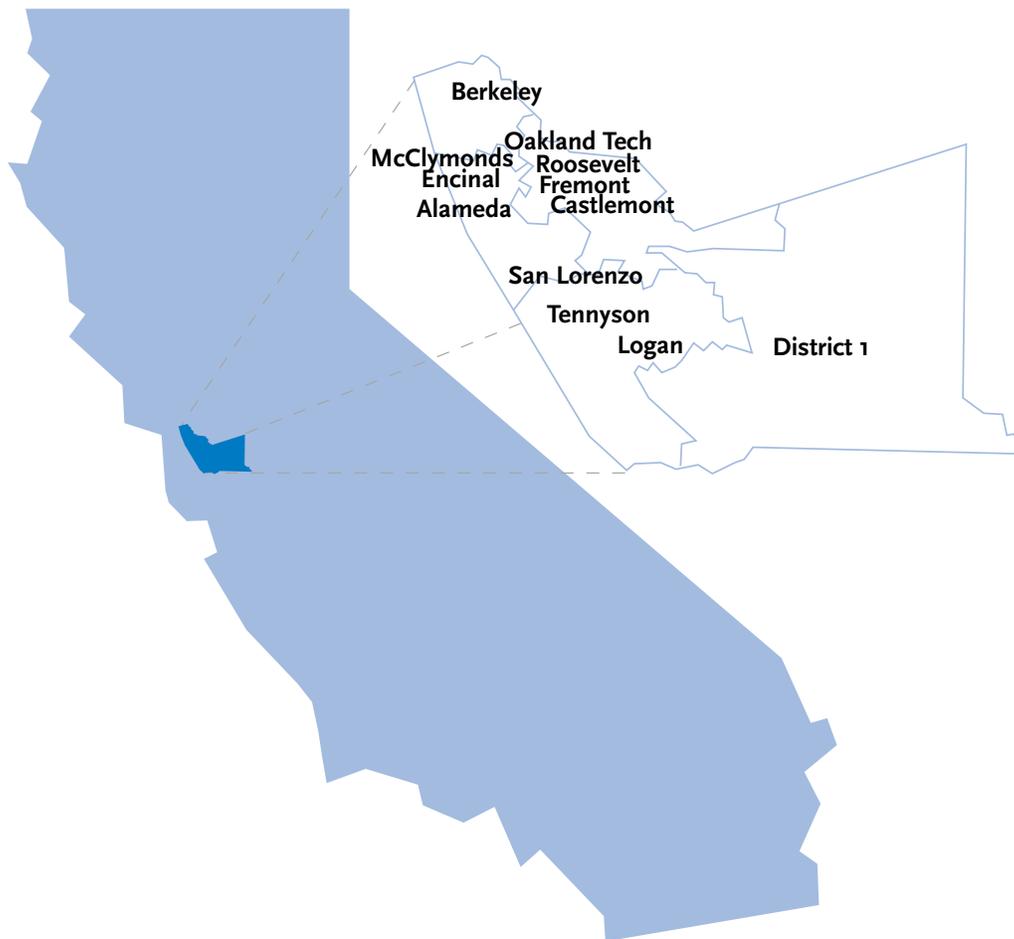
The Alameda County SBHC Coalition has made tremendous progress toward its goal of promoting the health of Alameda County’s youth and will continue to build upon these successes moving forward. The SBHC Coalition model is a worthy investment representing a synergy of schools, health organizations, and community agencies working together to build a healthy future for our young people.

ALAMEDA COUNTY SBHC COALITION: JOINING FORCES FOR HEALTHY TEENS

School-Based Health Centers (SBHCs) are increasingly recognized as an effective strategy for meeting the health care needs of youth because they utilize a comprehensive approach, focus on the early identification of risk factors, and address students' immediate physical and emotional needs. SBHCs also promote long-term health and wellness by helping adolescents avoid unhealthy behaviors that lead to serious health consequences in adulthood. Moreover, education and health experts agree that SBHCs play a positive role in enhancing educational outcomes by improving students' physical and mental health. An accessible and convenient source of valuable medical and mental health services on campus can help to remove barriers to learning and thereby increase student success.

SBHC COALITION MEMBERS

The Alameda County SBHC Coalition currently supports eight SBHCs operating in five school districts. Four additional high school SBHCs are currently in the planning and start-up phases.



“Education and health are inextricably related. Good health facilitates learning, while poor health hinders it, each with lifelong effects. Commensurately, a positive educational experience promotes the formation of good health habits, while academic failure discourages it.”

■ *Carnegie Council on Adolescent Development*

Individual SBHC profiles provide a more detailed review of the services provided at each SBHC. To receive a copy of an individual SBHC's profile, please contact the Alameda County SBHC Coalition at 510-667-7990 or yleung@co.alameda.ca.us.

“The beauty of the SBHC Coalition is our collaboration with a diverse group of sponsoring agencies who have taken the lead in partnering with school districts in the provision of health care at school settings. Their expertise, unfailing commitment, and willingness to work with others make them our “star” pupils.”

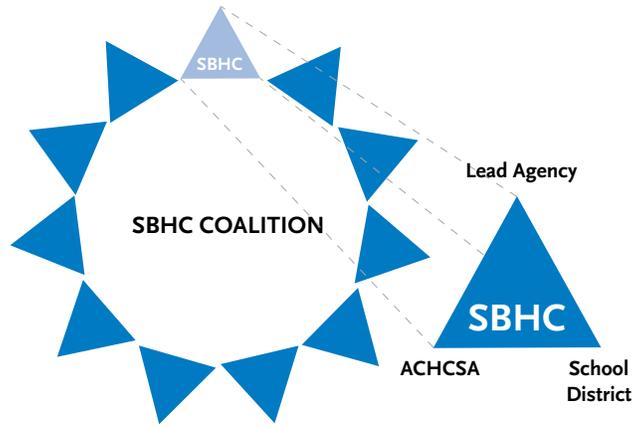
■ *Dave Kears,*
Alameda County
Health Care Services
Agency Director



PARTNERSHIPS TO EXPAND CAPACITY

Since its establishment in 1996 with three SBHC members, the Alameda County SBHC Coalition has grown to include eight members. The SBHC Coalition promotes partnerships to build the capacity of the existing SBHCs and to expand the number of SBHCs in the County.

- **County, School & Lead Agency Partnerships:** The partnership between the Alameda County Health Care Services Agency (ACHCSA), the school districts, and the lead agencies offers funding and policy support for the SBHCs. ACHCSA provides base funding, fund development, technical assistance, and in-kind staffing. School, district, and board contributions include the provision of physical space, funding, additional staffing, utilities, janitorial services, and equipment to the SBHCs. The lead agencies act as the fiscal agents and primary service providers, implement their own fund development strategies, employ the SBHC staff, and serve as liaisons with subcontractors.



- **SBHC Partnerships:** The SBHC staff members collaborate to share best practices and discuss operational and programmatic issues. SBHC Directors meet monthly to network, strategize around adolescent health efforts, discuss evaluation methods, and receive technical assistance. Mental health and medical providers also meet to discuss service provision issues. An Evaluation Advisory Committee has recently been formed to provide input to the evaluation.
- **SBHC Steering Committee Partnerships:** The SBHC Steering Committee is comprised of adolescent health experts and policymakers who meet bimonthly to provide overall guidance to the SBHC Coalition on issues such as financing, quality assurance, organizational development, and capacity building.

These partners work together to provide Alameda County SBHCs access to greater resources, a stronger foundation for service provision, and solidarity in their efforts to improve the health of youth in Alameda County.

STRATEGIC PLAN FOR INFRASTRUCTURE & SERVICES

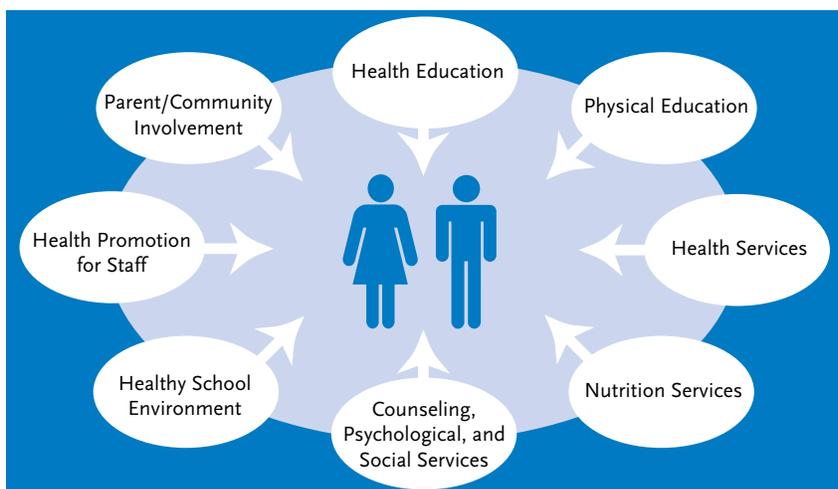
In 2002, the SBHC Coalition facilitated discussions with the SBHC Directors and Steering Committee members to develop a shared vision to strengthen the overall infrastructure of the SBHCs and therefore improve service provision. The product of this collaborative planning process was a Strategic Plan whose overarching goal is to “Establish a national SBHC model with integrated medical, mental health, and health education services that is supported through blended funding.”

Based on the Centers for Disease Control & Prevention’s (CDC) Coordinated School Health (CSH) model for infrastructure development,¹¹ the two-component Strategic Plan includes an **Infrastructure** component that outlines the fundamental mechanisms that support the SBHCs in the areas of:

- Resources and Funding
- Policy
- Personnel and Organizational Development
- Communication and Linkages

The second component of the Strategic Plan, **Service Provision**, begins to outline how the existing SBHC services address the eight service components of the CSH model. The key health outcomes of this Strategic Plan are that students have enhanced access to health care services, that students and the SBHC clients have increased utilization of health care services, and that SBHC clients have improved health status and behaviors.

Coordinated School Health Model



The TechniClinic Director, the Oakland Technical High School Principal, the Oakland Unified School District Office of Health and Safety Programs Coordinator, and the UCSF Evaluation Director formed a Coordinated School Health (CSH) Team in 2002. They participated in CSH Leadership Institutes in 2002 and 2003 sponsored by the California Department of Education and are working to implement the CSH model at Oakland Technical High School and to expand to the other SBHCs through the school district. The SBHC Coalition plans to provide assistance to the other school districts with SBHCs to implement the CSH model as well.



“San Lorenzo High School Health Center has integrated the *Clinical Fusion* software program into their SBHC operations beyond the evaluation data collection. We meet regularly with the other SBHC Directors to collectively share our experiences with using our data and evaluation for program planning to better tailor our health center services for our students.”

■ *Mary Peifer-Moore,*
San Lorenzo High
Health Center Director

COMPREHENSIVE EVALUATION

One of the benefits of SBHC Coalition membership is participation in a comprehensive evaluation led by a research team from the University of California, San Francisco (UCSF). Since 1997, the Alameda County SBHC Coalition has supported the team to design and implement an evaluation of the SBHCs. In 2002, UCSF also received a significant grant from the Centers for Disease Control to fund the evaluation and to launch a participatory student research project.

UCSF has worked closely with the SBHC Coalition to develop a set of evaluation indicators, to establish common evaluation tools, and to collect and analyze data on the SBHC services. A variety of data collection methods are used to evaluate the SBHCs, including:

- **California Healthy Kids Survey:** Between Fall 1999 and Spring 2002, 4,483 9th and 11th grade students in the SBHC schools and 598 9th and 11th grade students in two schools without SBHCs completed both the Core Module and the SBHC Custom Module of this instrument. The California Department of Education requires each school to administer the Core Module every two years. This data provides a school-wide student health risk profile.
- **Client Survey:** From February to December 2002, 567 registered SBHC clients completed a *Client Survey* to provide information on a range of health and risk indicators and to facilitate client education, treatment, and referrals to other providers within the SBHC.
- **Clinical Fusion:** From July 2001 to June 2002, data on 4,281 clients and 14,229 client visits were recorded in *Clinical Fusion*, a computer software program specifically designed for SBHCs.
- **Student Focus Groups:** Between December 2002 and March 2003, *Student Focus Groups* were conducted with 73 male and 74 female students in the SBHC schools to gather their perceptions of the SBHC services.
- **SBHC Staff Data Collection:** Between August and October 2002, 11 SBHC *Mental Health Provider Interviews* were conducted and each of the SBHC Directors completed a *Clinic Operations Survey* to provide descriptive information on SBHC services and policies.

The 2002 Annual Report draws on this evaluation data to describe the successes and challenges of providing SBHC services and expanding the capacity of the SBHCs through the infrastructure support.

FEEDBACK FROM SBHCS ON THE UCSF EVALUATION:

In the 2002 *Clinic Operations Survey*, all eight SBHC directors reported that the major benefit of the evaluation is that it provides them with accessible, accurate data on student behaviors and risk factors and SBHC services and operations. The SBHCs use the evaluation findings for accountability and reporting to their stakeholders, including lead agencies, Boards of Directors, funders, and school administrators.

ALAMEDA COUNTY SBHCS: CLIENTS AND SERVICES

SBHC CLIENTS

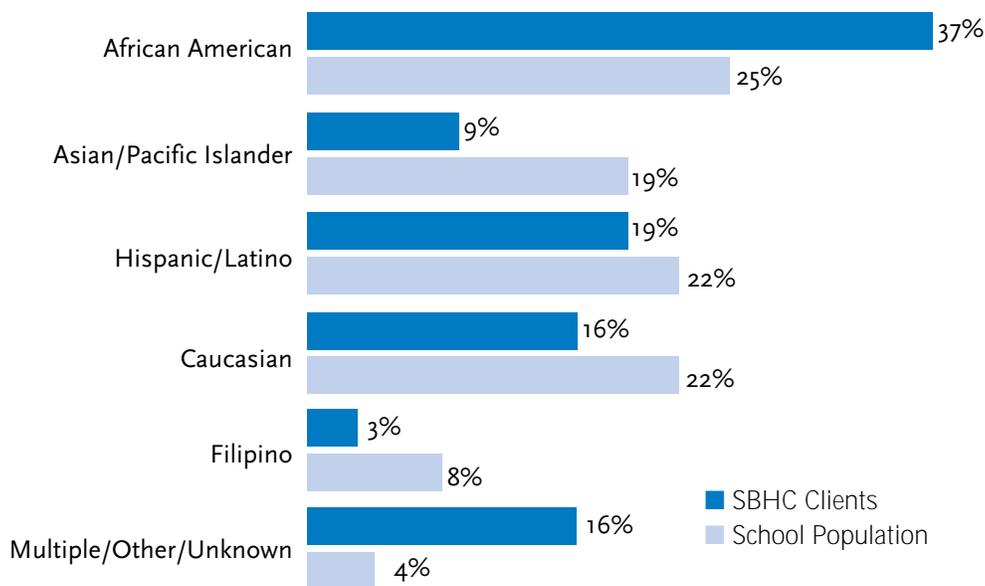
The Alameda County SBHCs collectively provided more than **14,000 visits to 4,281 registered clients** during the 2001-02 school year, representing over one-quarter (27%) of the 15,907 students enrolled at the seven high schools with SBHCs. Services to registered clients were provided by **medical (72%), mental health (21%), and health education (7%)** providers,² and health education and health promotion occurred at every visit.

Alameda County SBHCs **comply with California state law regarding parental consent policies.** Adolescents can receive reproductive health services, substance use counseling, and crisis intervention without parental consent. However, SBHC providers encourage adolescents to discuss these issues with their parents. Students must receive written parental consent before they can receive other SBHC medical services, including first aid and sports physicals, as well as ongoing mental health counseling.

Collectively, the SBHCs provided an average of 2,022 visits to registered clients per month.³ The **average number of SBHC visits per client was 3.4**, with **30% of the clients visiting the SBHCs four times or more.** The fact that such a large number of clients made repeat visits to these SBHCs is a strong indicator of the need for these services, the high levels of client satisfaction with the services, and the continuity of care provided by the SBHC staff.

The majority of registered **clients were 15-18 years old (87%) and female (66%).** As shown in the figure below, African-American students and students of multiple or unknown ethnicities were more represented in the client population as compared to their representation within the school population, while Asian/Pacific Islander and Filipino students were underrepresented.

Racial/Ethnic Profile of Client vs. School Population



Source: Clinical Fusion, 2001-02, n=4,281 and California Department of Education DataQuestⁱⁱⁱ, 2001-02, n=15,907. Note: Students could choose only one response.

Approximately half of the student body (50%, n=8,000) used the SBHCs, either as registered or non-registered clients. Non-registered clients use the health center for information, referrals, crisis interventions and brief first aid services.



² This varied considerably across the SBHCs, depending on staffing and availability of services.
³ This ranged from 42 to 428 at each individual site, depending on staffing and availability of services.

According to the *California Healthy Kids Survey*, 68% of students in Alameda County schools with SBHCs reported that they always received medical care when they felt they needed it in the past year. This is significantly higher ($p \leq 0.01$) than Alameda County students in schools without SBHCs where only 61% received the care they needed.

ACCESS TO CARE

A significant barrier to addressing adolescent health needs is their limited access to health care services. In 2001, 12% of California's youth between the ages of 12-17 were uninsured.^{iv} Moreover, even those youth with insurance often do not receive the care they need due to a variety of reasons, including limited access to confidential and teen-appropriate health services; lack of insurance for services such as mental health counseling; and lack of a medical home that provides consistent, comprehensive and integrated services.^v

In Alameda County, where nearly 45,000 residents have no medical coverage, the **SBHCs provide some students with their only access to health care**. The availability of SBHCs greatly facilitates access to the types of physical, mental, and health education services that many adolescents need by overcoming barriers to accessing care.

Even if they have other sources of health care, **many adolescents prefer SBHCs** because they are often more responsive to their needs.^{vi} Alameda County SBHC clients reported in the *Client Survey* that they decided to visit the SBHC even if they normally get care somewhere else because the services were private and confidential (50%), the hours and location were convenient (33%), the SBHC offered the services they needed (26%), and services were free and low cost (19%).⁴ These reasons, along with comfort, familiarity, and availability of teen-friendly services, were also common themes during focus group discussions about why students prefer to use the SBHC services.

MEDICAL SERVICES

Each of the SBHCs offers between **8 to 32 hours of medical services per week**,⁵ during which they screen clients for risk factors and provide treatment and/or referrals for appropriate services. The staffing structure of medical providers varies by SBHC, but is usually comprised of physicians, mid-level practitioners, medical assistants, and/or medical residents. School nurses work in two of the SBHCs where they play a valuable role in providing care. A total of 3,928 registered clients made over 10,000 medical service visits during the 2001-02 school year.

CLIENT STORY

"Antonio" is a 16-year-old immigrant from Mexico who was having difficulty adjusting to life in the USA. He wanted to play soccer, but did not know how to get his required sports physical. The soccer coach directed him to the SBHC. In the health center, Antonio met Monica, the front desk worker, who explained the registration process to him in Spanish. Antonio was told to return when he and his parents had completed a (Spanish) consent form, medical history form, and (if possible) provided vaccine information. With the forms completed, Antonio was seen the following week. His appointment took an hour and included a lengthy psychosocial assessment, hearing and vision screening, a complete medical exam, vaccines, and a Tuberculosis (Tb) screening. Antonio was found to have a positive Tb test and mild case of asthma. Arrangements were made for a free x-ray at the county hospital and he was given a prescription for his Tb and asthma medications. His family was notified of these services and also provided information on how to find a primary care clinic. The following month Antonio was seen again at the health center. He reported that he was playing on the school soccer team, but that he had still not been to a primary care clinic. The Case Manager then worked with his mother to ensure that he made his first appointment.

⁴ Clients could provide more than one answer to this question.

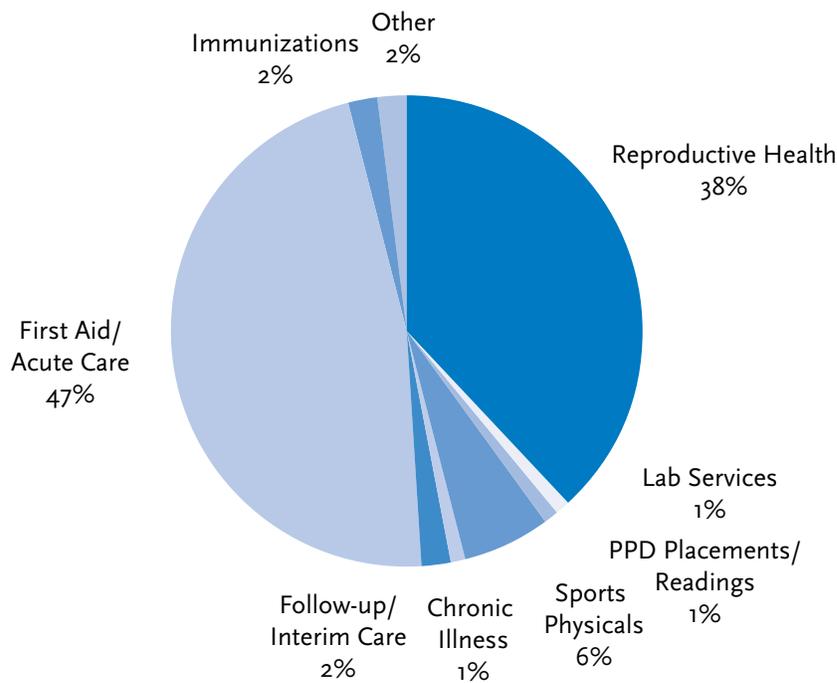
⁵ The variation in medical clinic hours per week depends on available funding and phase of SBHC operation.

Over half (53%) of the SBHC clients reported in the *Client Survey* that other than the SBHC, they did not know or were not sure where else to get care without having to involve their parents.

FIRST AID AND ACUTE CARE

Almost half (47%) of medical services were for **first aid and acute care**. Students who received these services often presented with specific, immediate concerns that included headaches (27%), minor injuries (17%), stomachaches (15%), cold and flu symptoms (14%), and menstrual cramps (14%). A smaller percent of students presented with more serious problems including asthma attacks (1%) and seizures (>1%). These first aid and acute care visits were also opportunities for SBHC staff to provide screenings and/or referrals on issues such as anemia, nutrition, tobacco use, sexual activity, psychosocial issues, and school performance.

Types of Medical Services Provided



Source: *Clinical Fusion, July 2001 - June 2002, n=10,217 visits (3,928 clients)*

Anemia in adolescent females causes fatigue, affects growth and development, and has been linked to decreased verbal learning and memory.^{vii} The CDC recommends screening non-pregnant women for anemia every 5–10 years throughout their childbearing years during routine health examinations and screening women who have risk factors for iron deficiency annually (e.g., extensive menstrual or other blood loss, low iron intake, or a previous diagnosis of iron-deficiency anemia).^{viii} Given the importance of early detection and treatment of anemia, the SBHCs focus on screening students and identifying those in need of further education and medical care. For example, from January to July 2002, Berkeley High School Health Center conducted 522 anemia screenings, of which 82 (16%) demonstrated levels that required attention. These clients were given iron pills and/or nutritional information and education and were asked to return regularly for follow-up care.

“The health center is a lot closer, so we don’t really have to go anywhere. Mostly all the problems are at school. So you can just go there to the health center, and then back to school life. I also feel more comfortable with the staff here, because I talk to them often.”

■ *Male student SBHC client*



“I think
it’s key that
people get aware
of safe sex
because it’s better
to learn about it
before it’s too late.”

■ *Male student
SBHC client*



REPRODUCTIVE HEALTH SERVICES

Reproductive health related services comprised over one-third (38%) of the SBHC medical services provided. The majority of these visits were for contraceptive prescriptions but clients also received abstinence and safer sex counseling, pregnancy testing, sexually transmitted infection (STI) screening and treatment, HIV testing, and gynecological services including pelvic exams with Pap smears that help to diagnose pre-cancerous abnormalities earlier and more effectively.

Safer Sex Counseling, Birth Control and Condoms

Early intervention and health education are essential to help clients avoid risky sexual behaviors that can lead to STIs and unwanted pregnancies. The SBHC staff members strive to **inform students about healthy and safe sexuality by providing reproductive health counseling, including discussions of both abstinence and safe sex practices, during medical and health education visits.** Many of the SBHCs also have peer health educators who conduct in-class and on-campus workshops on birth control methods and STI prevention, and also serve as a referral source to SBHC services. Furthermore, the SBHCs provide health education materials throughout the health center, including information on responsible decision making and birth control options, which youth can access easily.

Teens often have concerns about the cost, confidentiality, and accessibility of services that could provide them with birth control and condoms. SBHCs are often the most viable option for many teens that seek to obtain these supplies. The provision of contraceptives and condoms varies by site, with **many SBHCs offering prescriptions or referrals instead of actual supplies.** Every SBHC has a formal procedure for following up with a student after a birth control visit. The most common methods are automatic reminder systems that trigger staff to send confidential notes to students in class requesting a follow-up visit.

According to the *Client Survey*, almost two-thirds (62%) of SBHC clients are sexually active. Most of the sexually active clients (70%) reported that they use condoms or dental dams “often” or “almost always”. Almost one-quarter (28%) of the SBHC clients use condoms and another form of contraception together “often” or “almost always”, while nationally only one in six teenage women (17%) practicing contraception combine two methods.^x Overall, the data indicate the **success of the SBHCs in promoting sexually responsible behavior. However, there is certainly a need for ongoing interventions to increase students’ protective behaviors to prevent pregnancy and STIs.**

Pregnancy Prevention

Teen pregnancy has been demonstrated to have a number of negative consequences, including lower levels of high school completion among teen mothers.^x As described above, the SBHCs utilize a variety of strategies to help teens avoid unwanted pregnancies. Health educators and medical providers **assess risk for pregnancy and provide reproductive health education and comprehensive options** for pregnancy prevention. **All SBHC clients, regardless of their pregnancy test result, receive follow-up visits for counseling and care.** For clients who are not pregnant, the SBHCs can provide an immediate link to a provider who can help them determine appropriate pregnancy prevention options. SBHC staff members provide clients who are pregnant with a range of community referrals for follow-up services. The SBHCs conducted 523 pregnancy tests from January to June 2002. Approximately 8% (n=44) of the pregnancy tests were positive and nearly all of the pregnancies were detected in the first trimester. This rate is lower than the national rate of 10% of sexually active females between the ages of 15-19 who become pregnant annually.^{xi}

STI and HIV Screening

Chlamydia is the most frequently reported infectious disease in the United States.^{xii} Moreover, the highest rates of this STI are found in young females between the ages of 15 to 19. Nationally, approximately 10% of sexually active adolescent females tested for chlamydia are infected.^{xiii} According to CDC recommendations, all sexually active adolescents should be screened for chlamydia annually.

Screening for and treatment of chlamydia is an important service provided by the SBHCs.

From January to June 2002, the SBHCs conducted 709 chlamydial screenings for female clients and 114 screenings for males. Approximately 3% (n=27) of clients screened were diagnosed with chlamydial infections, all of whom received follow-up visits for counseling and treatment.

In 1998, the Alameda County Board of Supervisors declared a **state of emergency for African Americans and AIDS**. The AIDS prevalence among African American women (26.2 per 100,000) is now 16 times the prevalence among white women (1.6) and over five times the prevalence among Latinas (4.6).^{xiv} SBHCs are uniquely positioned to help adolescents who are impacted by HIV/AIDS and to screen students for potential exposure. **Over half of the Alameda County SBHCs offer HIV testing and counseling.**

CLIENT STORY

“Angela” is a 16-year-old who scheduled an appointment for birth control method counseling at an SBHC. She came to the health center the Monday before her appointment because she had unprotected intercourse over the weekend. The SBHC staff took the opportunity to enroll her as a client that day. During her appointment, the SBHC staff gave her a prescription for “Plan B” and also took the time to review the Client Survey with her. Through this discussion, Angela reported that she lived in a group home because her father was in jail and her mother was missing. At school she often felt ostracized because of the style of her hair and appearance. She acted out her anger by picking fights and engaging in risky sexual behavior. After talking with the SBHC staff, Angela was referred to and enrolled in group counseling for anger management, individual counseling, and case management services to address her complex needs. She was also given a medical appointment for STI screening and to receive an ongoing birth control method.

All medical visits, including first-aid, acute care, and reproductive health visits, are a tremendous opportunity used by SBHC providers to identify and link students to a much wider range of health and support services. SBHC staff members **screen all registered medical clients for psychosocial factors** including their home life; diet/exercise; tobacco, alcohol, and other drug use; safety (e.g., seat belt use, fighting); school; family; and peer relationships. This assessment often reveals other social or emotional needs and may result in a referral for mental health counseling, academic support or other services.

The Berkeley High School HIV Prevention and Education Program has a long history of providing services in Berkeley public schools. The Berkeley High School Health Center’s HIV antibody test site has been in existence since 1996. Last year, over 200 teens received HIV screenings and counseling. The HIV Peer Education Program reached several thousand middle and high school students through 169 classroom presentations on HIV and distributed over 4,700 safer sex packets to community members in collaboration with the City of Berkeley HIV Program.

“It’s good for them to know that there is a place they can go when they are having a bad day... This is the first step when they have problems; this reduces destructive behavior that could follow.”

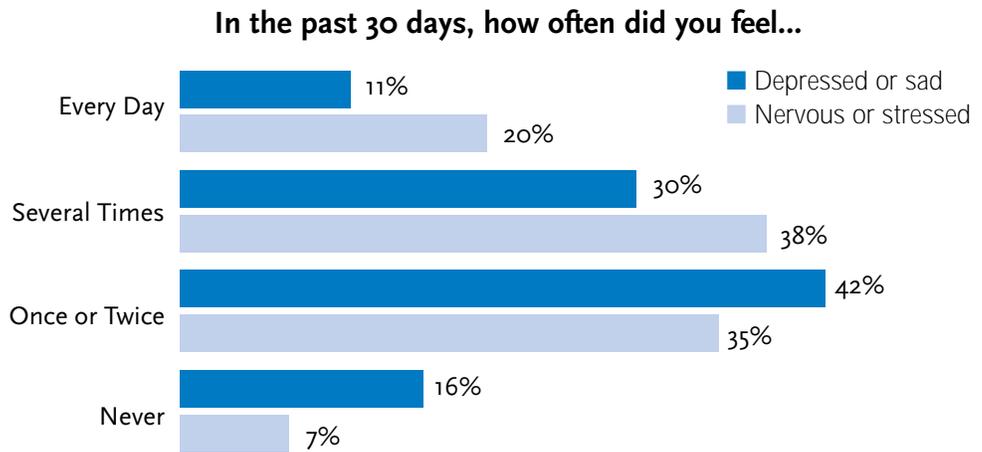
■ *Mental health provider*

“The health center is not just for us to get a bandage or help when we’re hurt. Sometimes it’s just about being able to talk about what’s going on, about your problems, especially in high school.”

■ *Female student SBHC client*

MENTAL HEALTH SERVICES

Adolescence is a time of great transition in an individual’s life that can often lead to emotional strains. According to the *California Healthy Kids Survey*, students at the SBHC schools report experiencing numerous difficulties in the past year, including trouble with school work (66%), loss of a close friend or relationship (30%), and problems getting along with parents or neighbors (27%).⁶ As the figure below demonstrates, 30% of students reported that they had felt depressed or sad several times in the past month and 38% felt nervous or stressed. Furthermore, 21% of students reported that in the past year they had felt so depressed and hopeless that they seriously considered attempting suicide.



Source: CHKS Custom Module, 1999–2002, n=4,483

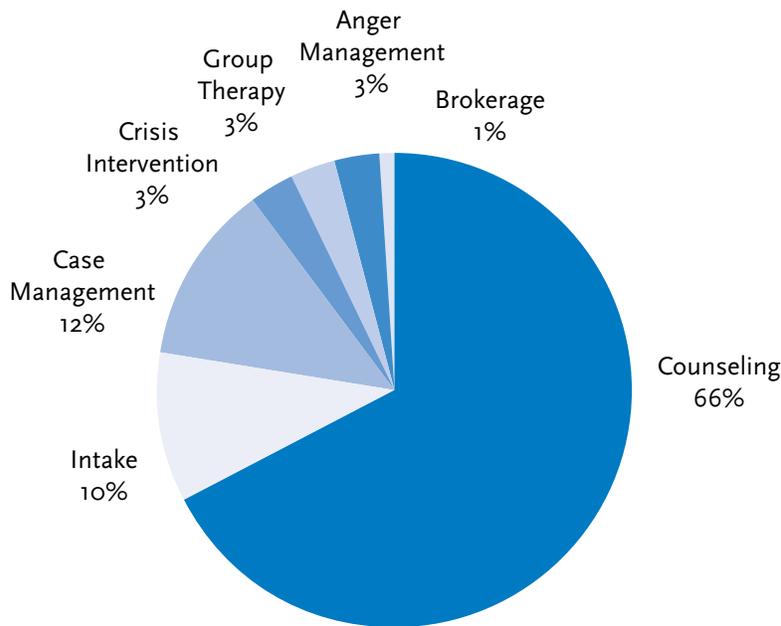
To help address student mental health needs, the Alameda County SBHC mental health services provide a convenient location and a familiar, youth-friendly environment for students to access care. Each of the SBHCs offers between **8 to 32 hours of mental health services per week**,⁷ during which they screen clients for risk factors and provide assessment, counseling, and/or case management services. The staffing structure of mental health providers varies by SBHC, but is usually comprised of a licensed clinical director, doctoral and masters level mental health providers, and mental health interns.

Mental health services provided at the SBHCs consist primarily of **individual counseling (66%)**, but also include other services, such as intake/assessment (12%) and case management (12%). Additional resources are being targeted to increase the number of students receiving case management services. Topics discussed during SBHC mental health visits included relationship issues, academic problems, peer pressure, depression, anxiety, grief/loss, suicidal ideation, substance use, acculturation, and eating disorders. The SBHCs also **refer a portion of their clients to community mental health services** and then follow-up with students to ensure that these services are used.

⁶ Students could provide more than one answer to this question.

⁷ The variation in mental health clinic hours per week depends on available funding and phase of SBHC operation.

Mental Health Services Provided



Source: Clinical Fusion, July 2001–June 2002, n=2,955 visits (641 clients)

The SBHCs collectively provided **over 2,900 mental health visits to 641 SBHC clients** during the 2001-02 school year, for an average number of nearly **five visits per client**. The SBHC mental health clients were predominantly **female (67%) and between the ages of 15-17 (71%)**. The majority (60%) of mental health visits resulted in “deferred” diagnoses. This is a standard practice of establishing an initial assessment period prior to the determination of a diagnosis. Of the 40% of visits where a diagnosis was made, students were diagnosed with adjustment disorders, dysthymic disorders, depression, parent-child problems, and other diagnoses.

National studies have documented improvements in adolescent mental health outcomes as a result of SBHC interventions. Research has shown a significant decline in depression among students who received SBHC mental health services,^{xv} and a reduced likelihood of suicide ideation among students attending schools with SBHCs.^{xvi} In interviews, mental health providers described several **clients who had made tremendous progress during the course of their SBHC mental health treatment**. The SBHC mental health providers believe that there are more students in need than they are serving and that additional outreach efforts to the school would raise awareness of the availability of care. They explained that they are not able to serve more clients, however, without additional resources for more clinic hours, staff, and space.

CLIENT STORY:

“Beth” was repeating her senior year, was in danger of failing several of her classes, was in an abusive relationship, and had ongoing depression and suicidal ideation. After almost a year of consistent SBHC mental health counseling, her outlook had improved dramatically. She attended night school, improved her grades, and graduated high school. She later visited the SBHC mental health provider to thank her for the support and encouragement she received and to let her know that she was attending college and was in a positive and supportive relationship.

“Every client who comes and receives services is a success story.”

■ *Mental health provider*

“They listen. When you need somebody to talk to, they’re here. They help guide you in the right direction...to keep you from making the wrong decisions.”

■ *Female student SBHC client*

“I’ve had people in my class who have needed attention immediately and the teacher can just write them a pass and they can come here, instead of going to a doctor or far away. They wouldn’t be able to get there.”

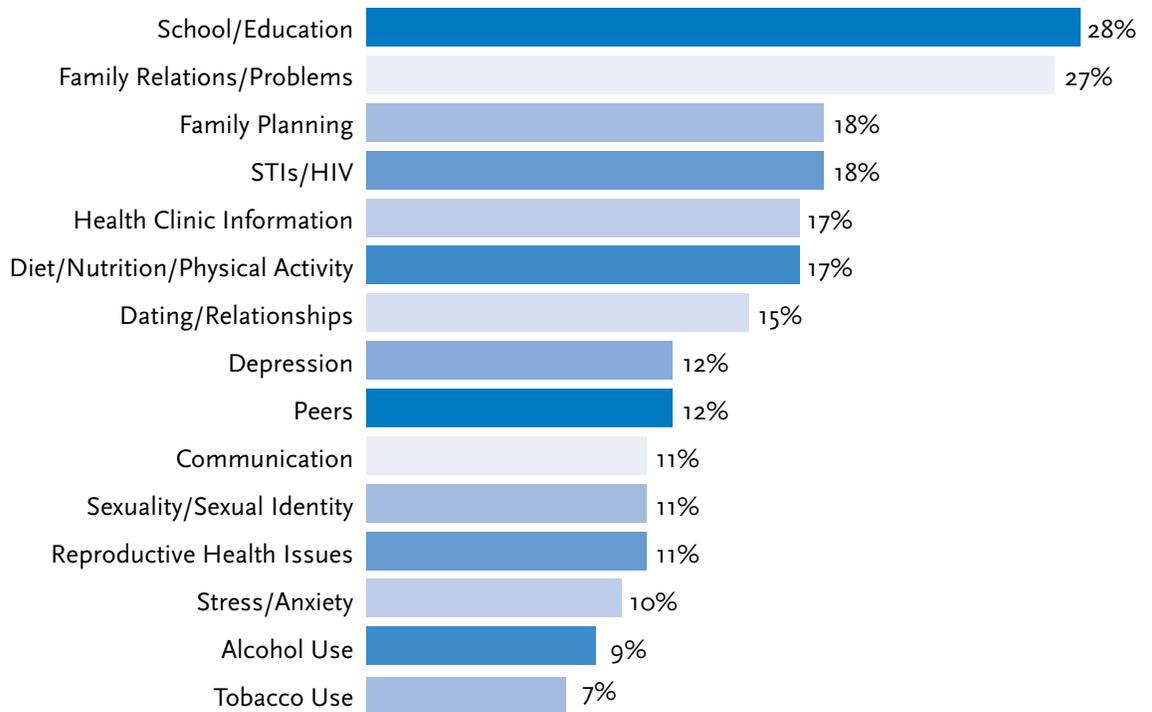
■ Male student
SBHC client



HEALTH EDUCATION SERVICES

Health education is the front line of prevention and is **an integral part of all services, including medical and mental health services, provided at the SBHCs.** This education helps to ensure that youth are equipped with the information and skills they need to make informed decisions about their health. Using a comprehensive approach to adolescent health, SBHCs can cover a wide range of adolescent issues not always addressed in traditional health care settings. The topics covered most frequently during all SBHC visits in 2001-02 are illustrated in the following figure:

Topics Discussed During SBHC Visits



Source: *Clinical Fusion, July 2001-June 2002, n=14,229 visits (4,281 clients).*

Note: More than one topic may be covered during each visit.

The SBHCs also provide health education services through **professional health education staff and trained peer health educators** who meet with students individually and make presentations to the general school population. During the 2001-02 school year:

- A total of 718 SBHC clients met **individually with health education providers**; 87% were female clients. Almost half (44%) of these individual health education visits were related to pregnancy prevention and contraception; 16% were related to screening and follow-up of STIs.
- Over 3,600 students received **classroom presentations** on a variety of health-related topics including nutrition, tobacco use prevention, sexual harassment, and pregnancy and STI prevention.
- Over 14,500 students were reached through **outreach, school assemblies and health fairs.**
- More than 15,000 students, school staff, parents and community members were reached by SBHC staff through **information and referrals, community presentations and outreach efforts.**

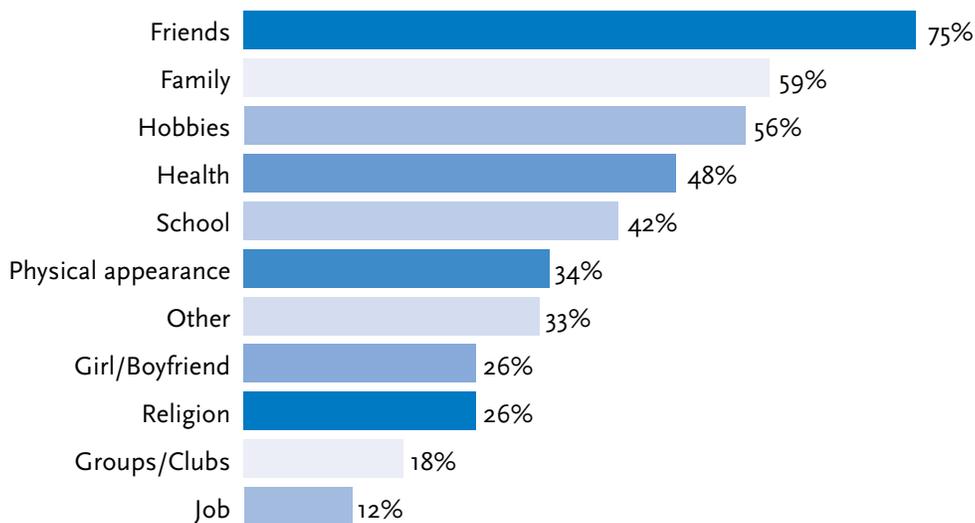
SPECIAL FOCUS: TOBACCO USE PREVENTION

Tobacco cessation and prevention are an ongoing priority area for health education efforts both in the SBHC setting and in the schools. Nearly one in five (18%) of SBHC clients and 12% of all students in Alameda County SBHC schools report they had smoked in the past month. All SBHC clients are screened during medical and health education visits for tobacco use under newly implemented 'smoking as a vital sign' protocols. Last year, tobacco use was discussed in detail during 7% of SBHC client visits. The SBHC Coalition and the Alameda County Office of Education are working to increase the collaboration with the Tobacco Use Prevention Education (TUPE) Coordinators at their schools who conduct health education groups on tobacco awareness and smoking cessation for students.

YOUTH DEVELOPMENT PROGRAMS

Research shows that youth with strong protective factors, such as feeling supported by people in the community and school environment, are less likely to experience negative consequences during adolescence and later in life.^{xvii, xviii} As the figure shows, students in schools with SBHCs report many positive factors in their lives, including friends (75%), family (59%), and hobbies (56%).⁸

Students in schools with SBHCs report: What are the best things going for you right now?



Source: CHKS, 1999-2002, intervention n=4,483



“People would come [to the SBHC] for healthcare because there isn’t anywhere else to go.”

■ Female student
SBHC client

⁸ Students could provide more than one answer to this question.

To engage more students in the SBHC services, several SBHC Youth Advisory Boards designed and painted murals to decorate the outside of the health centers.



Through youth development programs, the SBHCs build upon these student strengths and equip students to deal with difficulties they confront in their daily lives. With this in mind, the Alameda County SBHCs are committed to providing opportunities for young people to develop leadership skills and increase their self-esteem and self-efficacy. The following are examples of youth development and leadership programs at the SBHCs.

- Three of the Alameda County SBHCs currently have **Youth Advisory Boards** that contribute to decision-making and spearhead efforts such as mural projects and school-wide surveys to improve the SBHC services.
- In two SBHCs, **Independent Work Experience Students** assist the SBHC staff on a daily basis with the reception desk and other administrative tasks. Through these experiences, students are exposed to the health care field and develop relationships with SBHC staff who often serve as role models.
- **Peer Health Education Programs** in six SBHCs train teens in communication, decision-making and public speaking. These programs help students design and conduct classroom presentations on topics including abstinence and birth control; STIs and safer sex; depression and suicide prevention; healthy relationships; tobacco, alcohol and other drugs; and nutrition, fitness and body image.
- **Student Research Teams** are being launched in 2003 in all eight of the Alameda County SBHCs through a grant to the UCSF Evaluation Team from the Centers for Disease Control and Prevention's Community-Based Participatory Prevention Research Program. This project is designed to enhance the capacity of students and SBHCs to participate in and conduct ongoing research on student health needs and interventions.

The Logan Health Center embodies youth development and social justice principles by offering a variety of youth empowerment programs to students, including:

- **The Zone**, an after school health promotion program
- **Y.E.S! (Youth Empowering Society)**, a social justice advocacy club
- **Hip-Hop/Spoken Words Club**, a forum for creative expression through hip-hop and poetry
- **Bakit Why**, a club for youth interested in Filipino Martial Arts techniques and creative expression
- **Peers in Action**, a class elective that trains students to become peer counselors and educators

CLIENT STORY:

"My introduction to the SBHC started with tears and frustration. I was 15 and in a very bad place. I was overweight, had horrible self-esteem, no confidence and a GPA of 1.85. I cut class every day, hung out in the parks and smoked pot. Then I met someone who became one of the most important people in my life—Dave, a counselor at the health center. At orientation for my junior year Dave recruited me to serve as a peer counselor with the health center. I signed up that day and went to every meeting. Being a peer counselor for those two years gave me something to be proud of. I drew strength from it because of how rewarding it was. After my two years I received the Neilson Award for achievements and graduated with a GPA of 3.0. I have come along way from the angry, mohawked, mismatched 15 year old girl and, although the hard work was mine, the tools were given to me by the health center and Peer Counseling."

— Female student SBHC client

STRATEGIC PLANNING: BUILDING INFRASTRUCTURE TO SUSTAIN SBHCS

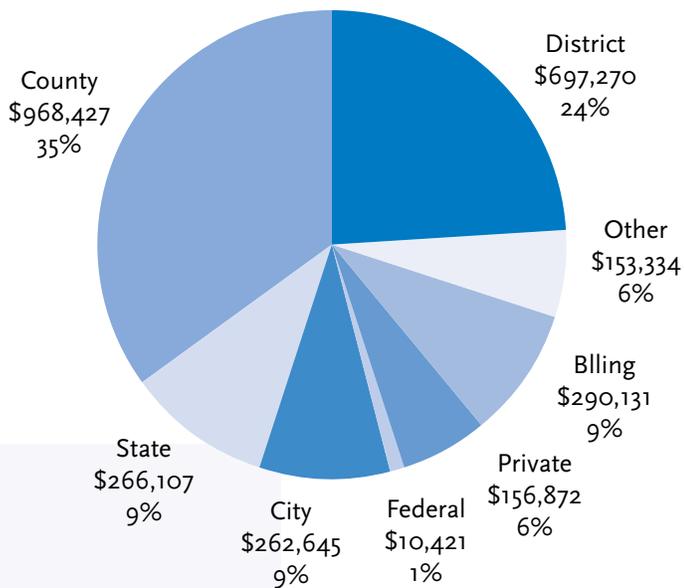
The **Infrastructure** component of the SBHC Coalition's Strategic Plan describes how the SBHC Coalition supports the SBHCs through Resources and Funding, Policy, Personnel and Organizational Development, and Communication and Linkages to ensure the long-term sustainability of the SBHCs.

RESOURCES AND FUNDING

In 2002, the SBHC Coalition developed the first *Alameda County SBHC Coalition Fund Development Plan*.⁹ The goal of this plan is to help promote the financial stability of existing SBHCs and to provide a County-wide strategy to support SBHC expansion in middle and high schools. The Plan provides a detailed analysis of the revenue structure for the eight Alameda County SBHCs, strategies to strengthen the financing infrastructure of the existing centers, and policy recommendations to guide future fund development activities.

In Alameda County, the school districts, lead agencies, and County share responsibility for obtaining sustainable funds for the SBHCs, which require a minimum budget of \$250,000 per year for clinic operations. The figure below illustrates the aggregate revenue sources of the SBHCs for FY 2002-03.⁹ Notably, while California is third in the nation in the number of SBHCs,¹⁰ no specific state funds are dedicated to fund them. However, SBHCs are eligible to bill for services rendered under existing state programs, such as the state's Family PACT (Planning, Access, Care and Treatment), Medi-Cal, Local Educational Agency (LEA) Medi-Cal, and Child Health and Disability Prevention (CHDP) programs.¹⁰

FY 02-03 Aggregated SBHC Revenue by Sources:
Total Budget \$2,805,207



“They don’t treat you like you’re just the average teenager here. If you go to [a private doctor], they’ll treat you like a textbook example of a teenager. People here are used to dealing with teenagers and actually believe them.

■ Female student
SBHC client



⁹ Budget information is from FY 02-03.

¹⁰ The Fund Development Plan categorizes funding sources based upon the direct provider of funds.

Tri-High School Health Services has been a leader in increasing billing and reimbursements from funding agencies, such as Medi-Cal. Their successful billing efforts have provided them with sufficient funds to pay for the medical services provided at their SBHCs, as well as increase medical clinic hours.



ALAMEDA COUNTY provides approximately one-third (35%) of current SBHC revenues. A significant portion of this funding is through the award of Tobacco Master Settlement Funds (TMSF) to the SBHC Coalition, which provides \$1 million annually for three years (2001-2003) to support up to ten SBHCs at \$90,000 per site per year. These funds are given as base revenue used to leverage other resources. Each grantee is required to meet a 1:1 cash match. TMSF funds are discretionary and thus allow the SBHCs to fill gaps in services not provided by categorical funds. The SBHC Coalition will request continued TMSF fund reallocation for future fiscal years. In addition to the County TMSF, Behavioral Health Care Services within the Alameda County Health Care Services Agency and the Alameda County Office of Education also provide funding.

SCHOOL DISTRICTS provide one quarter (25%) of SBHC revenues. The participating school districts and host schools make significant contributions both monetarily and through in-kind donations of staff time, clinic space, and even financing and labor for SBHC construction projects. Two school districts provide operational income through their Local Educational Agency (LEA) Medi-Cal funds. Another three schools provide funds through general dollars to support school nurses who provide first aid and triage. Each host school provides access to the school data systems and, in many cases, janitorial services and telecommunication equipment and services.

PATIENT REVENUE/BILLING from third parties account for approximately 10% of SBHC revenues. State programs such as the Medi-Cal Minor Consent Program, Family PACT, and the Child Health and Disability Prevention Program reimburse SBHC providers for certain types of patient visits. However, low reimbursement rates, carve-outs of mental health services from many third party reimbursement arrangements, and the complexity of record keeping and reporting dissuade many SBHCs from maximizing their potential to increase billing revenue from third-party reimbursement. To address this concern, the County has dedicated resources to strengthen billing infrastructure as a part of the SBHC Coalition's efforts.

CITY FUNDS account for approximately 9% of SBHC revenues. At this time, only the longest-running SBHC has diversified its fund base to include ongoing revenue from city funds. Local cities are seen as a critical partner in the future development and sustainability of SBHCs. Solicitation for city support, monetary and in-kind, will be an increasing aim of fundraising activities.

STATE FUNDS provide resources to support programs implemented in the SBHCs, accounting for approximately 9% of SBHC revenues. For example, funds from California's Office of Family Planning Community Challenge Grant, Male Involvement Program, the California Family Health Council, and the Office of Maternal and Child Health Branch substantially strengthen the ability of SBHCs to develop and implement health promotion and disease prevention programs.

PRIVATE FUNDING AND GRANTS represent 6% of total revenue. Since its inception in 1996, the SBHC Coalition has received approximately \$1.7 million in private foundation grants to fund direct services and evaluation. Private donations and foundation grants to individual SBHCs include grants from the Elizabeth & Stephen Bechtel, Jr. Foundation, The Women's Foundation, Witkin Charitable Trust, Kellogg Foundation, and the American Lung Association. Private foundation funding will continue to be sought for the Alameda County SBHCs, with an emphasis on startup needs such as capital development, equipment, other one-time costs, and innovative new service programs.

FEDERAL FUNDS given directly to the SBHCs comprise the smallest portion (approximately 1%) of the current SBHC revenue picture. Funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) support mental health services in one of the eight centers.

OTHER FUNDS, at approximately 5% of the total revenue pie, represent support received from individual contributions, fundraising events, and contributions from community-based organizations. For the 2002-2003 fiscal year, other revenue was primarily comprised of in-kind contributions from SBHC lead and partner agencies in the form of staff and administrative support.

LOCAL UNIVERSITIES also contribute staff, interns, and funding to several of the SBHCs. This past year, SBHCs have recruited student interns from doctoral-level clinical psychology programs as well as masters-level social work and marriage and family therapist programs. For example, Alliant University, San Francisco State University, and Smith University mental health interns provide counseling services under professional supervision and AmeriCorps workers provide health education at two SBHCs.

The SBHC Coalition is actively working toward a sustainable future by leveraging existing resources, diversifying funding streams, and exploring additional strategies to assure long-term viability. They are collecting baseline data to assess how well the SBHCs bill for all services. Given the current budget crisis in California, as well as the funding uncertainties of the future, expanding and enhancing existing resources and funding will be a high priority for the SBHC Coalition in the coming year.

“The health center staff let you talk. They take care of you but they're also people you can come to if you have problems. You can look up to them like they're mentors.”

■ *Male student
SBHC client*

GROWTH OF SBHCS IN ALAMEDA COUNTY

SBHCs vary in the number of hours of core services they provide primarily due to the number of years of operation. The following is a description of the various developmental phases of the SBHCs in Alameda County. Currently, three SBHCs are in the “seed” phase, one is in the “sprout” phase, five are in the “tree” phase, and two SBHCs are in the “forest” phase. The table at the end of this report describes the specific growth stage of each of the SBHCs.



SEED or Planning Phase: Schools in this phase cultivate interest in sponsoring an SBHC. The Alameda County SBHC Coalition provides planning grants (up to \$5,000) to help students and parents; the school site, district and board; and communities explore the feasibility of developing and sustaining a new SBHC.



SPROUT or Start-up Phase: Defined by limited fund diversification and the instability of revenue to support core service delivery of medical, mental health and health education services. Service hours vary and are primarily reflective of an operating budget totaling \$250,000 or less.



TREE or Operating Phase: Defined by a funding infrastructure that supports 25-32 hours of core service delivery. On-call referral coverage may also be available. Overall funding is more diversified and the total operating budget is \$250,000 or more.



FOREST or Expanded Care: Defined by a diversified fund portfolio; funding for core services is sustainable and care is accessible 32-40 hours weekly with the provision of 24-hour on-call assistance. Additional resources are generated that enable service capacity expansions, i.e., nutrition, on-site pharmacy, dental services, after school programs, etc. The total operating budget is likely to exceed \$500,000.



Fremont High School's Tiger Clinic sponsored the successful application of an SBHC client to the California Center for Civic Participation and Youth Development's Policy Leadership Program on Adolescent Health, through which she is learning about the legislative process and serving as a policy advocate.

POLICY

Policies that support SBHCs are critical to their long-term sustainability. The Alameda County SBHC Coalition's success in policy advocacy is evidenced by accomplishments with the school community, community providers, and the County. As SBHC lead agencies, community-based organizations serve as active partners in efforts to increase local, state, and federal financial contributions to SBHCs. A few of the SBHC Coalition's seminal policy accomplishments to date include:

- The Alameda County Health Care Services Agency Director's commitment to financially support the establishment of the SBHC Coalition and designate a full-time staff person to coordinate services has resulted in an increase from three to eight SBHCs operating in the county from 1996 to 2002.
- The Alameda County Board of Supervisors' allocation of \$1 million annually for three years in Tobacco Master Settlement Funds provides base funding for Alameda County SBHCs.
- School districts and sites provide LEA Medi-Cal funds and staffing to some of the SBHCs, as well as space, utilities, janitorial services, and equipment.
- The University of California, San Francisco's comprehensive SBHC Evaluation has garnered national recognition for the SBHC Coalition, strengthened fund development efforts, and informed program planning and operations.
- The Alameda County Office of Education, the Alameda Health Consortium, and the American Lung Association conducted trainings with the SBHC providers to implement the 'smoking as a vital sign' protocol.
- The Alameda County SBHC Coalition Steering Committee is in the process of developing policy recommendations at the federal, state, and local levels that support the SBHCs. Key to this policy discussion is the County's commitment to serving the health needs of the adolescent community.

PERSONNEL AND ORGANIZATIONAL DEVELOPMENT

To promote quality health care through staff retention and development, the SBHC Coalition contracted in 2002 with CompassPoint Nonprofit Services, a nonprofit training, research, and consulting organization. This effort entails the implementation of the *Achieving Retention and Increasing Satisfaction of Employees* (ARISE) project. Prior to 2002, all of the health centers experienced a high level of staff turnover among their providers and administrative personnel, as well as with the SBHC directors. A key feature of ARISE was the development, fielding, and analysis of a staff survey. Survey results indicated that the Alameda County SBHC staff members were highly satisfied with their jobs despite limited compensation and space issues. To build on this strong foundation, each SBHC is implementing staff development plans and the County is providing professional development grants to support an array of employee assistance and development efforts. With a greater emphasis on professional development, the health centers experienced a lower rate of staff turnover this year.

COMMUNICATION AND LINKAGES

Communication and linkages at multiple levels are a vital component of the SBHC Coalition Strategic Plan. Coordination between the ACHCSA, school boards and districts, and the lead agencies is particularly crucial. One way that the SBHCs ensure clear communication is through the development of a *Memorandum of Understanding* which lists all partners' commitments and is signed by the school district superintendent, school principal, executive director of the lead agency, and the ACHCSA Director.

Another important aspect is communication between students and the SBHCs. For example, SBHC staff members have successfully made students in their schools aware of the availability of their services. In fact, of the students who reported in the *California Healthy Kids Survey* that they had not used the SBHC, only 10% reported that the reason they had not used it was because they did not know it existed. The SBHCs introduce students to their services through student flyers, classroom presentations, outreach to teachers, and informational pamphlets for parents in school registration packets.

The SBHCs also act as a referral hub to link clients to providers within the school, as well as to primary care providers, mental health services, and social service agencies in the community. During the 2001-02 school year, case managers helped over 314 students with a variety of needs including transportation to outside clinic appointments, temporary housing, graduation expenses, clothing, and enrollment in health and other social welfare programs. The case managers and other staff members also meet with clients to ensure that they receive the services to which they were referred.

Finally, communication between clients and their parents is also facilitated through the SBHCs. As described earlier in this report, the SBHCs comply with California state law regarding parental consent policies. Written consent forms that describe the scope of services offered by the SBHC are distributed to parents. In addition, SBHC providers encourage clients to discuss their health issues with their parents.

The Alameda County
SBHC Coalition
sponsored the
TechniClinic Director's
participation in the 2002
Advocates for Youth's
"European Approaches
to Adolescent Sexual
Behavior & Responsibility
Study Tour." Her
experiences will help to
promote innovative teen
pregnancy prevention
messages throughout
Alameda County.



CRITICAL ISSUES: LOOKING FORWARD

The many successes of the Alameda County SBHCs position them well to achieve sustained integration into their school communities and to promote the ongoing health and well being of youth in Alameda County. While this Annual Report documents the SBHC Coalition's accomplishments in 2002, to realize the potential of SBHCs in Alameda County, the SBHC Coalition has identified several critical issues that impact the future of the SBHCs and their clients that need to be addressed moving forward:

Critical Issue #1: Enhancing health care access: The very intent of the recent changes in the state's Medi-Cal Administration is to reduce state costs by requiring that adult Medi-Cal recipients reenroll quarterly instead of annually. The California HealthCare Foundation estimates that 550,000 adults in California will lose Medi-Cal coverage as a consequence to the proposed changes.^{xvi} Though the mandate focuses on reenrollment for adults, health providers may see the impact trickle down to adolescents. For example, the SBHCs may see an increase in the number of clients who previously received health care through Medi-Cal providers, as well as an increased need to provide more case management services to families who lose their health care coverage as a result of these changes.



Critical Issue #2: Maintaining SBHC financial stability: The state budget crisis impacts state funds that have been critical in supporting SBHC services. For example, in 2002 both the California Department of Education's Healthy Start Program and the Department of Health Services' Office of Family Planning withdrew their Requests for Application due to budget concerns. Moreover, the California Department of Health Services is using block-grants that limit state spending on mental health services funded through the Medi-Cal Minor Consent Program. The threat of further budget cuts presses upon the need for SBHCs to maximize third party billing efforts and partner with managed care organizations, such as Alameda Alliance for Health and Kaiser Permanente, which collectively have the largest number of clients as members. Finally, it will be crucial to advocate for the expansion of the Expanded Periodic Screening, Diagnosis and Treatment Program (EPSDT) to provide mental health services for full scope Medi-Cal clients. The Alameda County SBHC Coalition will continue to seek new partnerships and provide technical assistance to the SBHCs to maximize all revenue streams.

Critical Issue #3: Building partnerships to promote sustainability: SBHCs are an effective setting for improving the well being of youth. To remain viable, however, SBHCs must be recognized as an integral part of the school community—a partner that enhances, rather than detracts from, the health and academic success of the students they serve. The Alameda County SBHC Coalition will continue to partner at the County, district, community levels and beyond to create innovative, new partnerships to promote a sustainable future for SBHCs. The work ahead will include continuing to educate the school community about SBHC policies and needs, as well as what they are able to offer in improving the health of adolescents.

Critical Issue #4: Documenting the nexus between health and student success: Students who are in good physical and emotional health have better concentration and attendance and subsequently better performance in school. The UCSF Evaluation Team will continue to work closely with the SBHC Coalition to explore data collection strategies that document how SBHCs impact student access to care, utilization of services, and health status and behaviors – and how these outcomes can contribute to improved academic outcomes.

Critical Issue #5: Strengthening programs to focus on HIV/AIDS prevention: SBHCs are uniquely positioned to help African American young women, who have the highest rates of HIV infection in the County,^{xiii} as well as other adolescents impacted by this epidemic. Early screening, intervention, and health education are essential in showing vulnerable populations how to avoid unhealthy behaviors that could lead to serious health consequences, such as HIV/AIDS, in adulthood. Furthermore, early screening can increase the likelihood of positive outcomes through the use of medications and other treatments.

In closing, while further work is needed in these areas, the Alameda County SBHC Coalition has made tremendous progress toward their overall goals of enhancing youth's access to and utilization of health care services to improve their health status and behaviors. With a sense of shared responsibility to support young people in our communities, the SBHC Coalition members and partners are committed to promoting the work of SBHCs in Alameda County and increasing access to comprehensive, compassionate, and quality health care for adolescents. The SBHC Coalition will continue to realize this vision through the expansion of SBHC sites and services, greater collaborations with school and community partners, and the promotion of the long-term sustainability of the SBHCs. The SBHC Coalition model represents a synergy of school, health organizations, and community agencies working together toward a common goal and is a worthy investment to help build a healthy future for our young people.

“You don’t have to be a different person when you come here. You can be yourself and just say whatever you want to say.”

■ *Female student
SBHC client*



SUMMARY OF ALAMEDA COUNTY SBHCS

SBHC NAME	BERKELEY HIGH SCHOOL HEALTH CENTER	LOGAN HEALTH CENTER	TRI-HIGH SCHOOL HEALTH SERVICES	TRI-HIGH SCHOOL HEALTH SERVICES	SAN LORENZO HIGH HEALTH CENTER
HIGH SCHOOL	Berkeley High School	James Logan High School	Alameda High School	Encinal High School	San Lorenzo High School
SCHOOL DIST.	Berkeley USD	New Haven USD	Alameda USD	Alameda USD	San Lorenzo USD
YEAR EST.	1991	1996	1993	1999	1999
SBHC GROWTH PHASE*					
LEAD AGENCY	City of Berkeley Health & Human Services	Tiburcio Vasquez Health Center Inc.	Xanthos Inc.	Xanthos Inc.	La Clínica de La Raza
SBHC HOURS	8:00-4:00, M-F	8:00-5:00, M-F	8:00-4:00, M-F	8:00-4:00, M-F	8:00-3:30, M-F
MEDICAL PROVIDER (hours/week)	City of Berkeley Health & Human Services and Children's Hospital & Research Institute at Oakland (32 hrs/wk)	Tiburcio Vasquez Health Center Inc. (24 hrs/wk; includes primary care services)	Native American Health Center (16 hrs/wk)	Native American Health Center (16 hrs/wk)	La Clínica de La Raza (8 hrs/wk)
FIRST AID PROVIDER (hours/week)	Berkeley Unified School District (32 hrs/wk)	Tiburcio Vasquez Health Center Inc. (40 hrs/wk)	AUSD School Health Clerk (35 hrs/wk)	AUSD School Health Clerk (35 hrs/wk)	N/A
MENTAL HEALTH PROVIDER (hours/week)	City of Berkeley Health & Human Services (32 hrs/wk)	Asian Community Mental Health Services (8 hrs/week) VOICES Support Groups/Gang Prevention (8 hrs/wk)	Xanthos Inc. (35 hrs/wk)	Xanthos Inc. (35 hrs/wk)	San Lorenzo Unified School District (30 hrs/wk)
HEALTH ED PROVIDER (hours/week)	City of Berkeley Health & Human Services (32 hrs/wk)	Tiburcio Vasquez Health Center Inc. (40 hrs/wk)	Xanthos Inc. (10 hrs/wk)	Xanthos Inc. (10 hrs/wk)	La Clínica de La Raza (30 hrs/wk)
PROVIDES 24/7 ON CALL SERVICES	No	Yes	Yes (medical clients only)	Yes (medical clients only)	No
ADDITIONAL SERVICES PROVIDED	<ul style="list-style-type: none"> • Nutritionist • Pharmacy • Peer Education • Youth Advisory Board • Community Advisory Board • Tobacco Cessation • Domestic Violence Prevention • Case Management • Careers in Health 	<ul style="list-style-type: none"> • Case Management • Peers in Action and Peer Counseling Courses • Hip Hop/Spoken Word Club • Filipino Martial Arts Club • Youth Rights Y.E.S. Club • P.H.A.T. Youth Advisory Board • Month of Respect • Community Immunization Clinic • TUPE Collaboration • Pharmacy 	<ul style="list-style-type: none"> • Parent Support Group • Smart Healthy Babies Collaboration • TUPE Collaboration • Community Advisory Board 	<ul style="list-style-type: none"> • Youth Advisory Board • Parent Support Group • Smart Healthy Babies Collaboration • TUPE Collaboration • Community Advisory Board 	<ul style="list-style-type: none"> • Case Management • Community Immunization Clinic • Perinatal Clinic and Women, Infants and Children (WIC) Services by Tiburcio Vasquez Health Center, Inc. • Career Center • Group Counseling

TIGER CLINIC	TECHNICLINIC	ROOSEVELT HEALTH CENTER	TENNYSON HEALTH CENTER	MCCLYMONDS HEALTH CENTER	PROJECT YES!
Fremont High School Oakland USD 1998	Oakland Technical High School Oakland USD 1996	Roosevelt Middle School Oakland USD 2002	Tennyson High School Hayward USD 2003	McClymonds High School Oakland USD 2003	Castlemont High School 2004
					
La Clínica de La Raza	La Clínica de La Raza	East Bay Asian Youth Center	Tiburcio Vasquez Health Center Inc.	McClymonds SBHC Planning Committee leads planning process	Project YES! Steering Committee leads planning process
8:30-3:30, M-F	8:30-3:30, M-F	8:30-4:30, M-F	TBD		
La Clínica de La Raza (19 hrs/wk)	La Clínica de La Raza (28 hrs/wk)	La Clínica de La Raza (11.25 hrs/wk)	Tiburcio Vasquez Health Center Inc.	Children's Hospital & Research Institute at Oakland (8 hrs/wk)	TBD
Oakland Unified School District (30 hrs/wk)	La Clínica de La Raza (included in medical clinic)	Oakland Unified School District/ EBAYC (32 hrs/wk)	Tiburcio Vasquez Health Center Inc.	TBD	TBD
Girls Incorporated of Alameda County/ Pathways Counseling Center (15 hrs/wk)	Girls Incorporated of Alameda County/ Pathways Counseling Center (17 hrs/wk)	Asian Community Mental Health Services and Asian Pacific Psychological Services (16 hrs/wk)	TBD	Oakland Unified School District (35 hrs/wk)	TBD
La Clínica de La Raza (8 hrs/wk)	La Clínica de La Raza (8 hrs/wk)	OUSD/EBAYC/ Community Partners (16 hrs/wk)	Tiburcio Vasquez Health Center Inc.	TBD	TBD
No	No	No	No	TBD	TBD
<ul style="list-style-type: none"> • Case Management • TUPE Collaboration • Teens on Target! Violence Prevention Collaboration • APPS/AOD Counseling • Peer Health Education 	<ul style="list-style-type: none"> • Case Management • Peer Health Education • TUPE Collaboration (with OUSD) 	<ul style="list-style-type: none"> • Roosevelt JAMS (school-wide social skills education) • Drug & Alcohol Prevention Education • Peer Tobacco Health Education 	<ul style="list-style-type: none"> • SBHC Planning Committee • Youth Advisory Board • Health Education Course • Peer Educators • Community Advisory Board • TUPE Collaboration • Healthy Start Collaboration • Parent Institute 	TBD	TBD

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**ALAMEDA COUNTY
SCHOOL-BASED HEALTH CENTER COALITION**

1850 Fairway Drive
San Leandro, CA 94577

(510) 667-7990