

Stephanie Daniel, Ph.D. serves as the Executive Director for the School Health Alliance for Forsyth County (SHA), a partner and supporting organization for the Winston-Salem/Forsyth County Schools (WS/FCS) in NC. Dr. Daniel served for several years as the Lead Evaluator for the SHA and has been instrumental in the development and expansion of school-based mental health services, quality assessment and improvement, and evaluation and outcome measurement initiatives within school-based health centers in NC and the school-based health centers within the WS/FCS district.

The School Health Alliance for Forsyth County (SHA) uses an annual evaluation plan to measure the success of their school-based programs.

Adolescent risk management is a critical component of the SHA SBHC programs – both in identifying and reducing risk among students, and also as a core element of the annual evaluation process. Risk data is used and compared to all available clinical and evaluation data including the following:

- the physical, behavioral, and emotional problems and overall psychosocial functioning of students; and
- the frequency of psychiatric diagnosis for students.

The risk data are used to inform clinical care and recommendations, as well as future program needs and development for the students.

In the past, gathering this data was a challenge. The SHA and the NC Cross County School-Based Mental Health Collaborative had been using a paper-and-pencil administered adolescent risk assessment questionnaire. The questionnaire was time intensive to administer in the SBHC setting and presented data management and summary challenges as well since it was not automated. All of the risk data had to be manually keyed into a database (with associated manpower requirements and the potential for entry errors); additionally, data analysis and interpretation also required a time-intensive, manual process.

In January 2013, SHA and the NC Cross County School-Based Mental Health Collaborative began to implement RAAPS (Rapid Assessment for Adolescent Preventive Services) — an integrated, cloud-based risk assessment platform designed specifically for the needs of adolescents.

SHA selected RAAPS both for the data portal which facilitated program insight and oversight and also for the benefits at the SBHC level. The validated, short-format survey benefits SBHC workflow as it can be completed by adolescents in a SBHC setting in just 5-7 minutes using any device connected to the Internet; and the integrated counselor platform automatically provides risk-specific evidence-based messaging to support counselors on any risk topic. Additionally, the system provides a set of rich reports and analysis to better inform decision making and measure outcomes. Over the next year, SHA gradually rolled out RAAPS to all of their sites.

About School Health Alliance (SHA) for Forsyth County

Mission: Improve the ability of students to learn by improving their health, safety, and academic success.

Schools: 44 elementary, 15 middle, 14 high, and 5 non-traditional schools.

Services:

- Health and Wellness Centers
- Mental Health Consultation Clinic
- School-based Social Work Program
- Mobile Medical Unit
- NC Cross County School-Based Mental Health Collaborative using the RAAPS

“Currently we have sixteen sites across our three counties that are using the RAAPS, and one of our sites serves eighteen different schools in the Winston-Salem Forsyth county school district,” Dr. Daniel said, *“The use of the RAAPS fits not only with our Cross County Collaborative objectives, but also has allowed the School Health Alliance to accomplish the goal of increasing access to mental health screening and in turn, mental health treatment for the students in our school district.”*

By implementing the RAAPS system, NC Cross County School-Based Mental Health Collaborative goals were to:

- Improve reliability of the survey responses by moving the assessment process to a “non-judgmental” computerized intake
- Reduce the burden of administering assessment and analyzing data through automation
- Improve the feedback loop – using population data to more precisely inform both clinical care and future programs and services

In just the first ten months of use, the NC Cross County School-Based Mental Health Collaborative used RAAPS to administer 1569 surveys.

One of the key benefits of RAAPS in working with teens is the electronic delivery, since it offers the feeling of anonymity and increases a willingness to provide honest responses. And from the SBHC staff perspective, RAAPS is easier and faster to administer than the previous system.

As Dr. Daniel explains, *“When the student enters their answers to the RAAPS, it automatically populates the database. This reduces staff burden to enter the data, and allows them to focus on providing services to our students and tend to other school-based health center tasks.”*

Additionally for SHA and individual sites, data analysis is much easier with RAAPS, *“It really is a welcome breath of fresh air...all of the data reports are easily retrieved from the RAAPS portal, and this reduces evaluator effort and time – it puts your data right at your fingertips,”* added Daniel.

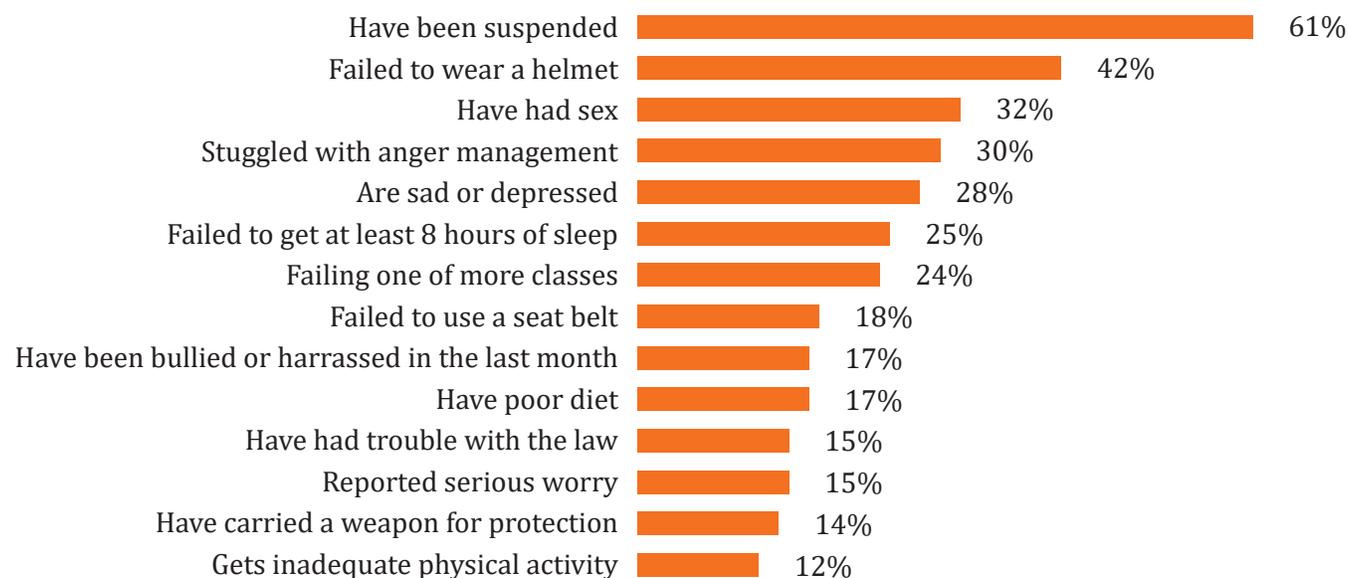
Key Benefits of RAAPS for NC Cross County Collaborative

- Increased comfort in responding to risk behavior questions by teens
- Faster, easier survey administration
- Easier (less manual) data retrieval and analysis

RAAPS provides SHA insight into risk factors across the adolescent population.

A review of the 1569 surveys administered by the NC Cross County School-Based Mental Health Collaborative during the initial ten-month period, revealed the following risk behaviors among teens across the three counties:

Top Risk Factors



Dr. Daniel appreciates the flexibility the RAAPS provides in generating data summaries for the clinics and counties: *“We have the flexibility to quickly and easily look at risk factors for our students by age, gender, clinic, and county,”* she said. *“This could be particularly important if you want to identify a specific risk period for the youth that are responding to the RAAPS in your community.”*

For example, looking at the question, *“Have you ever had sex?”*, the age distribution for students across the three counties tells a much more comprehensive story about the age at which students are starting to have sex. This provides critical programming insight into where to focus overall communication and prevention efforts and how to tailor those messages.

SHA has undertaken an initiative to use this data to inform program development and improvement across their cross county collaborative. In addition, **the goal of the NC Cross County School-Based Mental Health Collaborative is to expand the use of the RAAPS to additional school-based health centers in other counties.**

RAAPS data provides a new opportunity to create more effective interventions and treatment strategies that target programs to the students with the most need. *“It has definitely been worth the investment. We’re using RAAPS data to better and more precisely inform program development. That’s really helping us fulfill our mission: improving the health, safety, and academic success of our students”,* said Daniel. *“It’s been a true partnership across counties – and I think it’s been a tremendous success.”*

“Have you ever had sex?”	
Yes: Ages 9-12	3.5%
Yes: Ages 13-14	15.2%
Yes: Ages 15-16	42.7%
Yes: Ages 17-18	58.8%
Yes: Ages 19-24	62.5%
Yes (Total)	32.1%