PHIMC **HEALTHY SCHOOLS CAMPAIGN**
Public Health Institute of Metropolitan Chicago

Pilot Results Overview

In 2021, the School Health Access Collaborative (SHAC) - with the leadership of the Public Health Institute of Metropolitan Chicago (PHIMC) and Healthy Schools Campaign (HSC) launched a first-of-its-kind pilot effort in Chicago to test the potential of connecting behavioral and mental health providers through a shared data network, aiming to demonstrate a new option to improve health and education outcomes for students.

This work matters

Members of SHAC have long recognized the need for more behavioral and mental health support for young people, and have seen systemic inequities in access to care among Black, Latinx, and youth from low-income families. SHAC members believed that increasing protected access to data about student mental health needs, resources, and outcomes would reveal valuable insights, enabling providers to make informed decisions, improve services and programming, and achieve their social mission more effectively.

> SHAC is a community of practitioners, educators, researchers, advocates, funders, and community leaders who share the same goal: healthy kids who thrive and grow academically, socially, and emotionally in schools.

Over the course of the pilot, de-identified record linking was successfully completed with data from four mental and behavioral health providers in Chicago. SHAC's technology partner, Asemio, successfully combined client data and created composite client profiles without accessing sensitive Personally Identifiable Information (PII). This was a significant hurdle without precedent in the Chicago education and healthcare ecosystem!

Our process set a new standard

We aimed to demonstrate the feasibility of a cross-sector data sharing model, test and analyze the applicability of a new tool in Chicago, and generate interest in a long-term scaled model for collaboration.
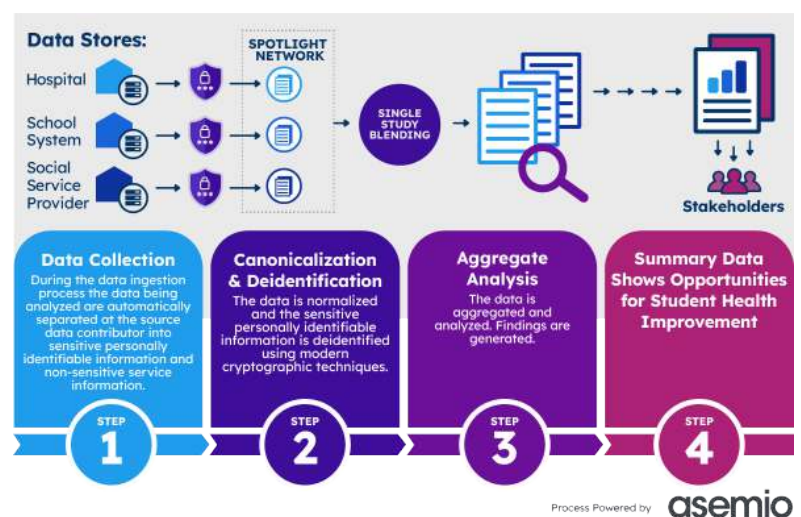
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We gained valuable insights

The pilot engaged four data contributors[1], including support services, health clinics, and education/basic needs' assistance focused organizations.

While we expected to see evidence of service overlap among the four service providers, that wasn't evident. The minimal overlap across these four service providers aligns with their

respective geographic areas of service and partnerships with CPS schools. Instead, the pilot highlighted greater need for collaboration and coordination to support the work of more organizations to increase synergistic effects and greater insights city-wide.

Our shared insight into the data allowed us to better understand the landscape:

43,293 clients received services from one or more participating organizations. Of these, **1,601** clients **(3.7%)** were served by more than one organization.

Of the youth served, providers reported **31%** suffered from Anxiety, **29.5%** suffered from Depression, **24.6%** reported stress and trauma related disorders, and **21.6%** reported behavioral issues, such as Oppositional Defiant Disorder and Conduct Disorders.

Of the youth served, **63.2%** of clients received social emotional learning skills training, **57.3%** received mental health group counseling, and **30.3%** received health wellness services.

Among youth served by multiple pilot partner sites compared to the total population, significantly more students experience depression (**52.2% vs 29.5%**) and anxiety (**41.5% vs 31%**).

There is still work to be done

Pilot leaders recognize that to provide effective and data-driven services to youth in Chicago, collaborative stakeholders need to come together to examine overlaps in service delivery, explore health issues faced by students informed by their background, and make visible opportunities for increased service delivery inside and outside of school walls.

We believe that CPS, providers and partners, and public health entities will continue to benefit from access to accurate and timely information about student health needs and available services to best target resources.

We've shown what a different way of collaboration can look like among stakeholders in this space - sharing data in a way that adds value to all participating partners, with real potential to inform programmatic design, funding decisions, and policy priorities.

Our shared end goal remains the same - to connect young people to services when they need it, while better understanding what students are experiencing and the support and interventions they are receiving so that we can improve outcomes for youth.

To learn more, visit:

https://healthyschoolscampaign.org/programs/school-health-access-collaborative/#current-projects
https://phimc.org/initiatives/shac/shac-current-projects/

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[1] De-identified record linking was successfully completed with data from all four pilot sites: Youth Guidance, Tapestry 360, UCAN, and Alternatives for Youth.