

PROGRAM INFORMATION:

Program Title:	All 4 Youth - PEI	Provider:	Fresno County Superintendent of Schools (FCSS)
Program Description:	<p>All 4 Youth is a partnership program between The Fresno County Department of Behavioral Health (DBH) and Fresno County Superintendent of Schools for children and youth ages 0-22 years old experiencing difficulties that affect them at school and at home.</p> <p>All 4 Youth is designed to enable youth and their families to access behavioral health services at school, in the community, or in the home. The goal of All 4 Youth is to remove barriers and increase access to a positive healthy environment in which to live and learn.</p> <p>All 4 Youth provides positive behavioral supports and mental health prevention and early intervention services in a school, preschool, community and home setting to children and youth.</p> <p>The purpose of the Prevention and Early Intervention (PEI) component is to prevent mental illness and reduce the long-term adverse impact on individuals and their families and reduce the impact of untreated mental illness. Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in challenging circumstances. All 4 Youth</p>	MHP Work Plan:	4-Behavioral health clinical care Choose an item. Choose an item.

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

utilizes a three-tiered integrated approach emphasizing primary preventions, secondary preventions, and linking to tertiary interventions (specialized/individualized systems for youth at risk of school failure, severe emotional and behavioral problems, abuse, neglect, trauma resulting from co-occurring substance use disorder, and/or risk of juvenile justice involvement).

Age Group Served 1:	CHILDREN	Dates Of Operation:	January 7, 2019-June 30, 2019
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2018 - June 30, 2019
Funding Source 1:	Prevention (MHSA)	Funding Source 3:	Choose an item.
Funding Source 2:	Early Intervention (MHSA)	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$1,587,823.00	Program Actual Amount:	\$793,097.63
Number of Unique Clients Served During Time Period:	875 (see explanation on page 26 of this report)		
Number of Services Rendered During Time Period:	2056		
Actual Cost Per Client:	\$903.39		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	July 1, 2018-June 30, 2021 (with options for two (2) additional twelve (12) month periods)	For Other:	Click here to enter text.
		Renewal Date:	July 1, 2021
Level of Care Information Age 18 & Over:	Enhanced Outpatient Treatment (caseload 1:40)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

Target Population: PEI programs will take place in a school setting, a preschool setting and in the home throughout Fresno County. In particular, programs in the schools and preschools will be a mixture of school-wide, classroom, and non-classroom or non-instructional settings. Professional involved in various aspects of these programs will include school administrators, teachers, and school psychologist/therapist, rehabilitation specialists in addition to personnel from outside the particular school, including CONTRACTOR's behavioral health staff.

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Community collaboration

Cultural Competency

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Integrated service experiences

Please describe how the selected concept (s) embedded :

Community collaboration will be demonstrated by the partnering of FCSS with school districts throughout Fresno County for the provision of client services within the school setting. It will be further demonstrated by creating hubs within identified regions throughout the county. Clients and families will be able to access services within the hub settings as an alternative to the school setting.

Cultural competency will be addressed through the provision of training of clinical staff in multiple cultural domains that are reflected by the various cultures and ethnicities of youth and families living in Fresno

County. Clinical staff will be assigned to hubs and schools that are a good fit to the school and community culture.

Individual/Family-driven, Wellness/Recovery/Resiliency-Focused: Client services will be focused on improving social/emotional/behavior functioning, increased ability to cope with the school and/or home environment. These characteristics may be impacting their relationships with others, their ability to make progress at school and their overall health and well-being. The goal of this program is to increase school and home success.

Integrated Service Experiences: Services will be provided at the school individually, in the classroom and on the campus. They will also be provided in the community and in the home when needed.

Access to underserved communities: By year 5 of the contract, all schools within Fresno County will have access to clinical staff including rural and underserved communities where services are limited and client transportation is a barrier to access.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder

- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

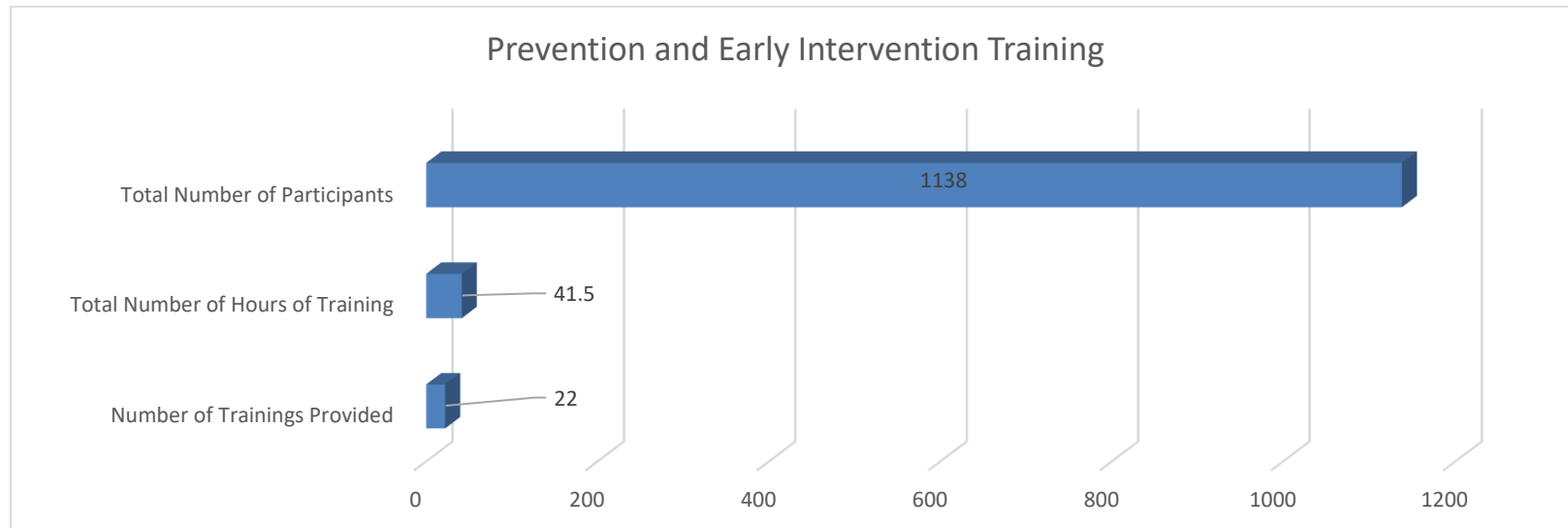
1. Efficiency**i. Prevention and Early Intervention (PEI)**

Prevention refers to reducing risk factors or stressors, building protective factors and skills and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in challenging circumstances. Early Intervention refers to services directed toward individuals and families for whom a short-duration (up to one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. PEI categories include outreach and engagement, early intervention, screening and assessment, crisis and referral training, school-based/education, and parent education and support services.

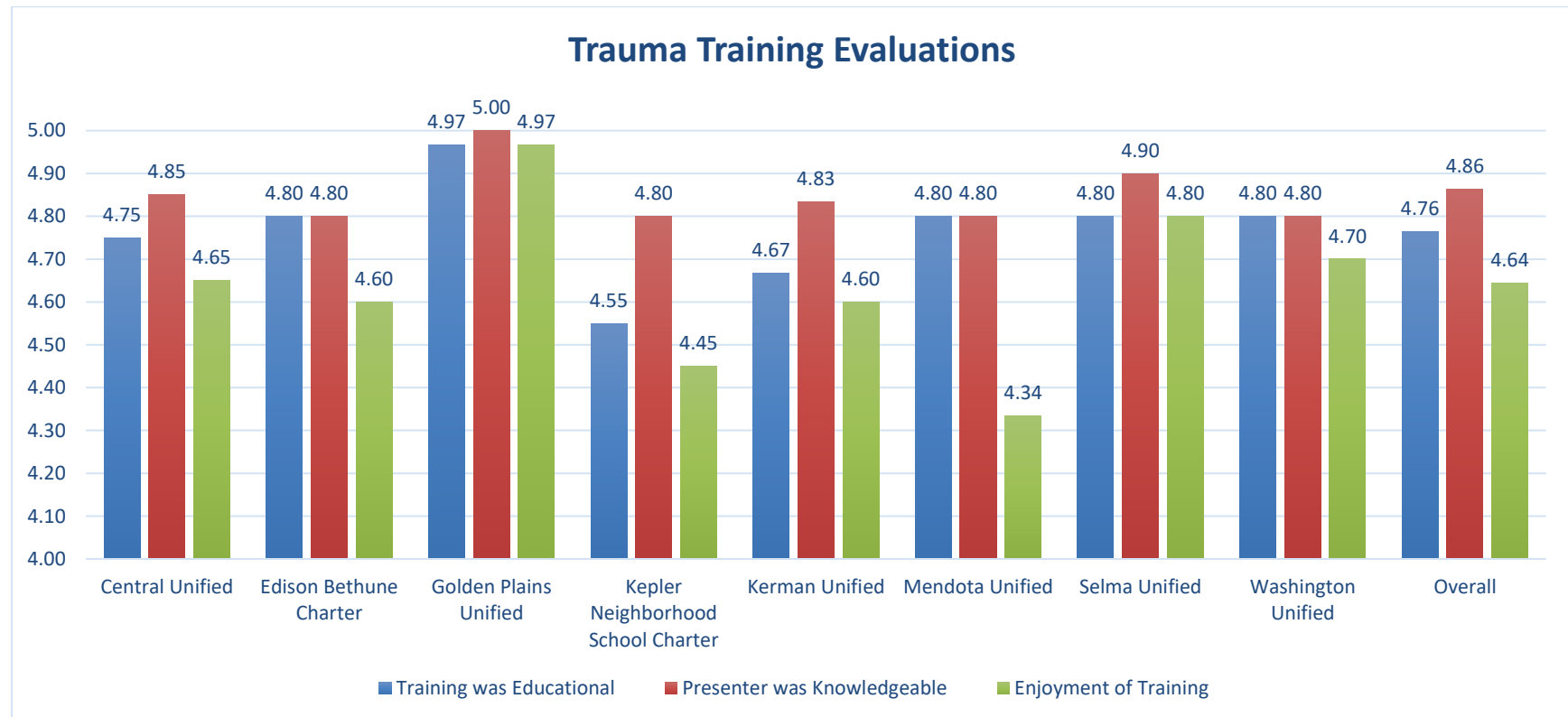
- i. Objective: Increase number of hours and number of trainings provided to youth, families, and school personnel related to prevention and early intervention.
- ii. Indicator: Number of individuals trained in prevention and early intervention categories.
- iii. Who Applied: Stakeholders (i.e. youth, families, school personnel) in onboarded schools.
- iv. Time of Measure: Program inception (July 1, 2018) to June 30, 2019
- v. Data Source: FCSS All 4 Youth training logs
- vi. Target Goal Expectancy: To increase the number of stakeholders who have been trained and are familiar with Prevention and Intervention related services.
- vii. Outcome: Prior to onboarding of the Year 1 districts/schools, training had been provided to school staff in only one district, Sierra Unified. The training was provided by request of the district in 2017 with the goal of becoming a trauma sensitive district and adopting Positive Discipline in the classroom as a social-emotional support component/curriculum at the elementary school site. In addition to Positive Discipline training, elementary school staff were also provided with training in Dynamic Mindfulness, a strategy for assisting students with self-regulation. No evaluation data was collected from these trainings and they are not included in the training summary table below.

From July 1, 2018 to June 30, 2019, 22 trainings totaling 41.5 hours have been provided to Year 1 onboarded districts/schools (Sierra Unified data is not included in these totals). Training content included prevention and early intervention knowledge and strategies: trauma responsiveness & ACES, mindfulness and verbal de-escalation strategies. Participants included classified staff, certificated staff and administration (see table for specific job titles). The number of staff trained is the data source, and this number is based on the number of evaluations completed (1,138). Through the trainings provided, school staff have gained an increased awareness of prevention and intervention strategies. They have increased their knowledge of ACES (Adverse

Childhood Experiences) and understanding of the impact ACEs have on brain development and behavior for both children and adults. They have gained skills and strategies for interpreting student behavior and responding to student behavior in a way that assists the child with regulating their behavior. (See table below for specific examples)



The below graph reflects respondents' rating on the satisfaction with the Trauma Training provided within this reporting period from July 1, 2018 - June 30, 2019. Most of the Districts listed are Year 1 Districts with the exception of Selma Unified and Washington Unified who were pro-active in scheduling the training early (before June 30th), prior to on-boarding in Year 2.



The below chart is a comprehensive list of all Trauma Trainings provided to date. This chart reflects all detailed information related to: District Trained, Training Date, Type of training provided, Audience, Total Number of Evaluations Completed, Likert Scale of satisfaction with training based on "Training was educational", "Presenter was knowledgeable", "Overall enjoyment of training", and specific comments.

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				Rating Scale: 5 point Likert Scale (Lowest 1 to Highest 5)				
District	Date	Type	Audience	Total # of Evaluations Completed 1138	Training was educational	Presenter was Knowledgeable	Overall Enjoyment of Training	Comments: What aspects of this training were most beneficial? How would you describe this training?
Central Unified	3/6/19	Trauma Responsiveness & ACES	Harvest, HB & Biola Elem	59	4.8	4.9	4.7	•Informative •Applicable •Insightful •Interesting •Fun •Engaging •Learning about how trauma impacts brain development • Self-Reflective •Discipline Styles •Emotions can be mirrored •ACE Study
Central Unified	5/1/19	Trauma Responsiveness & ACES	McKinley, & Polk Elem	60	4.7	4.8	4.6	• Informative •Engaging •Helpful •Insightful •Motivating •ACE Study •Types of Trauma •Understanding how trauma affects children from birth to 3
Edison Bethune Charter	3/4/19	Trauma Responsiveness & ACES	District wide	36	4.8	4.8	4.6	• Informative • Helpful • Engaging • Entertaining •Insightful •Inspiring • Educational
Golden Plains Unified	2/3/18	Trauma Responsiveness & ACES	Certificated & Admin	10	5	5	5	• Informative •Fun •Helpful •Interactive •Self-reflection •Understanding different approaches to deal with challenging behavior • How to de-escalate tools •Empathy is key •All aspects gives me opportunity to learn about my own behavior and how I might improve as an administrator
Golden Plains Unified	4/23/19	Trauma: Mindfulness	Admin Only	14	4.9	5	4.9	• Informative •Inspirational •Interesting •Needed •Today's training helped me better understand that I do have much more control on how I react to situations •How to remain calm and face stress •Strategies to overcome stress •Understanding the 90-10 rule.
Golden Plains Unified	5/14/19	Trauma: De-escalation strategies	Admin Only	10	5	5	5	•Informative •Fun •Helpful •Interactive •Understanding different approaches to deal with challenging behavior •Empathy is key •Aspects of handling frustration because we can learn to relate & not react •All aspects give me opportunities to learn about my own behavior and how I might improve as an administrator
Kepler Neighborhood School Charter	3/26/19	Trauma Responsiveness & ACES	District wide	16	4.5	4.6	4.4	• Informative •Thoughtful/Thought provoking •Interesting •Enlightening •Learning about different types of trauma & how students may be affected by trauma •Learning about brain development & attachment •Kind & firm discipline
Kepler Neighborhood School Charter	4/2/19	Trauma: Mindfulness	District wide	24	4.6	5	4.5	•Informative •Reflective •Useful •Relevant •Review of the brain •Knowing how to be more empathetic towards students & co-workers •The flipping lid metaphor
Kerman Unified	1/23/19	Trauma: Road to Resilience	Certificated	156	4.8	4.9	4.7	•Informative •Helpful •Inspiring •Interesting •Entertaining •Educational •Insightful •Practical
Kerman Unified	2/27/19	Trauma: Mindfulness	Certificated	150	4.6	4.8	4.5	•Informative •Educational •Insightful •Interesting •Eye Opening •Engaging •Useful •Learning about Discipline styles(Kind & Firm) •Learning about how trauma impacts brain development • Group Discussion
Kerman Unified	3/27/19	Trauma: De-escalation strategies	Certificated	141	4.6	4.8	4.6	•Relaxing/Calmng •Informative •Helpful/Beneficial •Useful/practical •Eye-opening •Positive •Breathing exercises •List of self-care tips •Self-reflection of triggers

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District	Date	Type	Audience	Total # of Evaluations Completed 1138	Training was educational	Presenter was Knowledgeable	Overall Enjoyment of Training	Comments: What aspects of this training were most beneficial? How would you describe this training?
Mendota Unified		Trauma Responsiveness & ACES	Admin	79			3.97	•Motivating •Insightful •Informative •Positive •Supportive •Helpful •Engaging
Mendota Unified	5/15/19	Trauma Responsiveness & ACES	District wide	68	4.8	4.8	4.7	•Informative •Educational •Insightful •Interesting •Amazing •Efficient •ACE Study •Discipline Styles •Brain Development impact when exposed to trauma 0-3
Orange Center	8/19/19	Trauma Responsiveness & ACES	Certificated	22	4.9	5	4.9	•Informative •Interesting •Engaging •Fun •This was a great reminder to be intentional, not just with our teaching but with how we interact with our students. It is important to make our students feel that they are coming into a peaceful & soothing environment that is conducive to learning •The idea that there is a "Good" amount of stress & we need to keep account of when we need to stop so we don't pass the threshold •Understanding the effects that trauma has on the body
Orange Center	8/26/19	Trauma: Mindfulness	Certificated	21	5	5	5	•Informative •Interesting •Engaging •Fun •Mindful •Insightful •Helpful •Traumatic stress and the brain was very interesting •The education aspect and the activities that can also be used with students. •The content is relevant to teaching and sheds light on some of the experiences students may have had •Understanding that expressing our judgements whether positive or negative can impact students adversely • The ACE training was most beneficial. I can see those kids in my class
Sanger Unified	7/31/19	Trauma Responsiveness & ACES	Administration/Principals	12	4.9	4.9	4.9	•Learning how to make sure the student is safe before I can even help them •De-escalation - Great reminder that you have to connect before you correct •Development of the brain •Movement, personal examples
Selma Unified	6/12/19	Trauma Responsiveness & ACES	Classified	37	4.8	4.9	4.8	•Informative •Educational •Helpful •Engaging •Fun •Awesome •ACE Study •Discipline Styles •Different types of trauma •How to relive or deal with stress •Developmental Trauma
Selma Unified	7/23/19	Trauma Responsiveness & ACES	Classified	22	5	4.8	4.8	•Educational •Eye-opening •Inspirational •Useful •Awesome •Fantastic •Every word the presenter gave •Parts of the brain •The different kinds of trauma. Identifying them & knowing how we can & should deal with them
Selma Unified	7/29/19	Trauma Responsiveness & ACES	Site & District Admin	45	4.9	4.9	4.8	•Informative •Engaging •Fun •Educational •Insightful •Useful •Learning more about trauma •The videos were very helpful & interesting •Easy to understand presentation
Selma Unified	8/1/19	Trauma Responsiveness & ACES	Classified	36	4.9	4.9	4.9	•Educational •Informative •Beneficial/Helpful •Good •Inspirational •Fun •Positive •Thought Provoking •Understanding trauma •Triune Brain •ACE Impact • Developmental Trauma • 4F's - Flock, flight, fight, freeze •Self-Care •How to better work with children

District	Date	Type	Audience	Total # of Evaluations Completed 1138	Training was educational	Presenter was Knowledgeable	Overall Enjoyment of Training	Comments: What aspects of this training were most beneficial? How would you describe this training?
VHEA (FCSS)	8/13/19	Trauma Responsiveness & ACES	School Wide	52	4.9	5	4.8	<ul style="list-style-type: none"> •Informative •Engaging •Fun •Awesome •Educational •Useful •Insightful •Having a reasonable expectations because trauma impacts kids •Kind & firm •Activities made the learning stick •Appreciated the illustrative stories •I liked the organization of material and connected to exercises •90/10 Rule - how some keep thinking about the negativity •Reflection time was great way to focus my thoughts
Washington Unified	5/15/19	Trauma: De-escalation techniques	Middle & High Schools	68	4.8	4.8	4.7	<ul style="list-style-type: none"> •Informative •Educational •Insightful •Interesting •Helpful •Amazing •Efficient •ACE Study info was helpful •Discipline styles •Brain development impact when exposed to trauma 0-3
Classified Staff		Certificated Staff	Administrators					
Administrative Assistants, Clerical, Bus Drivers, Custodial, Classroom Aids/Para Professionals, Cafeteria Staff, Front office Staff, Campus Safety Assistants, Library Staff, Sports Coaches, Sports Assistant Staff, Registrars		Teachers, Learning Directors, Administrators, Support Staff, Academic Coaches, Sports Coaches	Superintendents, Assistant Superintendents, Principals, Vice Principals, Directors, Coordinators, Contents Specialists,					*Original evaluations are available upon request.

Training Descriptions

Understanding Trauma: The road to resilience (Day 1)

Learn what trauma is, how the brain develops, what ACES are and how chronic stress affects well-being. Design your own resilience toolkit to support your students.

AB 2691: Trauma Informed Schools Initiative

AB 2691 recognizes the importance of providing school districts and charter schools information on how trauma impacts staff and students, paths of recovery, and how to avoid trauma inducing practices. Furthermore, staff development on how to become a trauma informed school is also included as a priority in AB 2691.

Dynamic Mindfulness: Foundations (Day 2)

Mindfulness Practices support SEL for all students Tied to LCAP State Priorities 4, 5 & 6

Our foundation training, Dynamic Mindfulness (DM) for Stress Resilience, is an introduction to the Transformative Life Skills (TLS) Program. Dynamic Mindfulness integrate mindful movement, breathing techniques and meditation for stress management, self-care and healing from personal and secondary trauma. ACES is also explained in this training. Mindfulness Practices support SEL for all students Tied to LCAP State Priorities 4, 5 & 6. The Dynamic Mindfulness Foundation training is a prerequisite for this course. Learn to teach Dynamic Mindfulness as a tool for stress resilience, increasing attention, self-control and emotional regulation. Deepen your own Dynamic Mindfulness practice of mindful movement and breathing techniques.

De-escalation Strategies and Techniques (Day 3)

Verbal De-escalation training provides school staff with specific strategies and techniques for responding to student behavior through a trauma sensitive lense. Verbal De-escalation training is based on a foundation of understanding the ACEs (Adverse Childhood Experiences) research and the impact early childhood trauma has on the developing brain and the capacity of a child to regulate their behavior. Participants learn specific approaches and strategies for responding to behavior in a manner that helps de-escalate student behavior, increase adaptive behaviors, coping and resilience.

2. Access

i. **Youth Served**

Youth served refers to the number of youth that have received All 4 Youth services (including Medi-cal related, PEI related, Private Insurance related, and linkage services).

i. Objective

1. To meet contract identified goals of number of youth served annually. Year one: 750 youth; Year two: 1680 youth; Year three: 2460 youth; Year four: 3240 youth served; Year five: 4020 youth served.
2. To increase penetration rates in identified districts.

ii. Indicator: Number of youth that have received an All 4 Youth service in the Fiscal Year 2018-19.

iii. Who Applied: Program youth (clients) served by the All 4 Youth program ages 0-22

iv. Time of Measure: Program inception (Service provision began January 7, 2019) to June 30, 2019

v. Data Source: Referral log/spreadsheet and DBH provided penetration rate report.

vi. Target Goal Expectancy: To provide services to at least the minimum number of identified youth for the fiscal year while increasing the number of youth served in each district

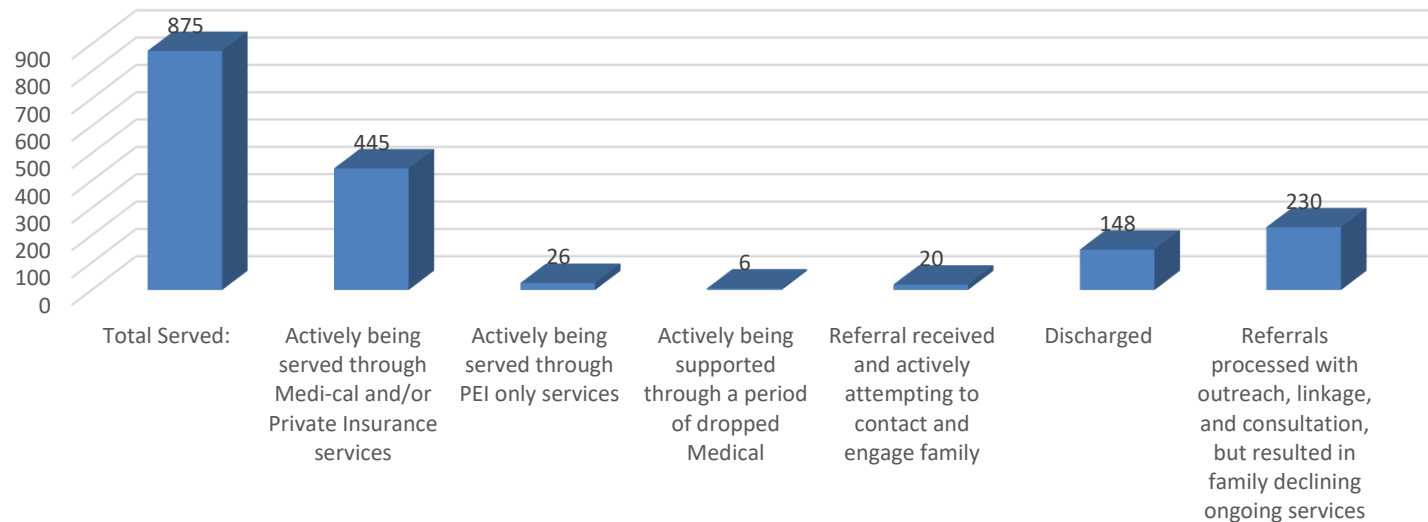
vii. Outcomes:

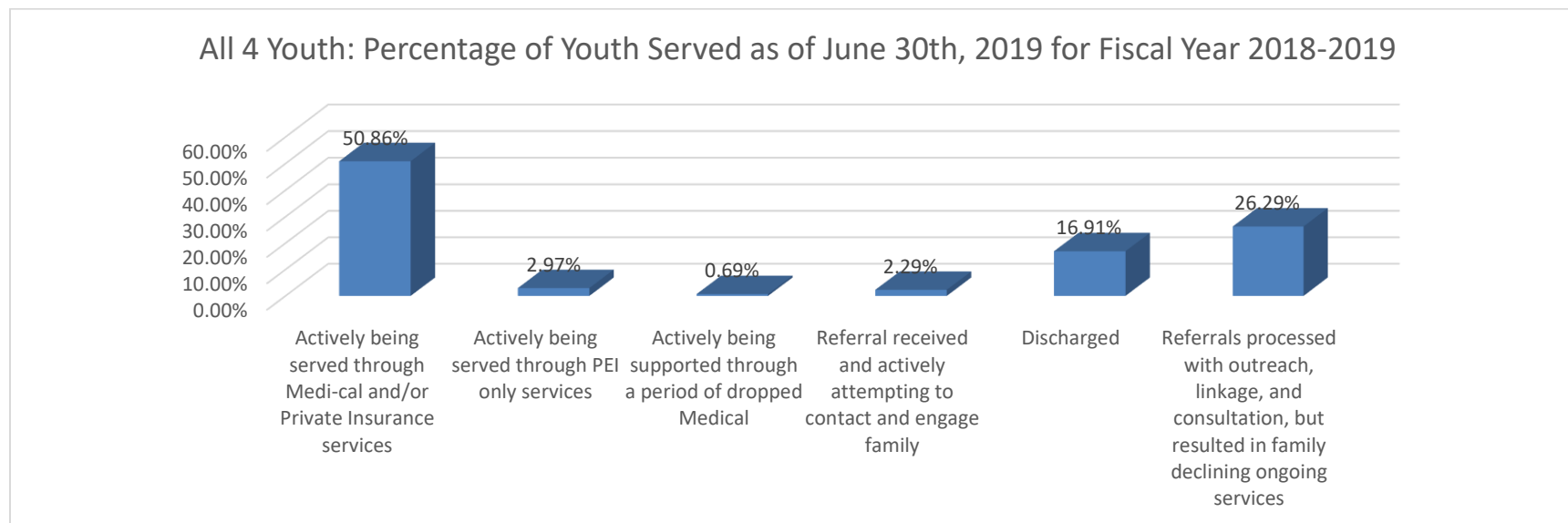
Objective 1 Outcome: In the period of time that FCSS began processing referrals and providing services to youth on January 7th, 2019 to the end of the fiscal year on June 30th, 2019 a total of **875** youth referrals had been processed. As of June 30th, 2019 the status of those 875 youth fell into the following categories:

- Actively being served through Medi-Cal and/or Private Insurance services and PEI: **445** youth
- Actively being served through PEI only services: **26** youth
- Actively being supported through a period of dropped Medi-Cal: **6** youth
- Referral received and actively attempting to contact and engage family: **20** youth
- Discharged: **148** youth
 - The following reasons reflect the "Discharged" category:
 - Due to private insurance share of cost
 - Goals achieved

- NOA-A
- PEI short-term services concluded
- Pursuing an in-network provider
- Staying with current provider (provider had been unknown at referral/intake and discovered after enrollment)
- Unable to contact
- Youth/family accepted service and enrolled but then decided they do not want services currently
- Youth incarcerated
- Youth moved to a non-FCSS onboarded school district
- Referrals that had been processed (All 4 Youth staff provided services to referring parties, youth, and families via outreach, linkage, and consultation in this group in lieu of formal enrollment into services), but resulted in family declining ongoing services: **230** youth

All 4 Youth: Total Number of Youth Served as of June 30th, 2019 for Fiscal Year 2018-2019





Objective 2 Outcome (Penetration): In the period of time that FCSS began processing referrals and providing services to youth on January 7th, 2019 to the end of the fiscal year on June 30th, 2019 a steady increase in penetration in targeted districts (Firebaugh, Mendota, Kerman, Golden Plains and Sierra) was evident for the first two quarters of 2019. There was a slight dip in penetration for quarter 3, which we attribute to the break in the school year, but the rate remained higher than baseline data for services in quarters prior to the implementation of services by All 4 Youth. The outlier to this trend appears to be Mendota where penetration rates appear to be similar to previous quarters. We are hypothesizing that a large established provider (health care center) in the Mendota community which provides multiple Medi-Cal services may have resulted in a higher number of Medi-Cal paid claims of the eligible beneficiaries provided as baseline data. This seems supported by the similar size and socio economic make up of Firebaugh in comparison to Mendota. Firebaugh does not have a large Medi-cal provider (health care center) in the community and as a result FCSS services demonstrate greater effect on increased penetration in that community. Further research into this would be helpful as we work to improve penetration rates in this community.

The following data was provided by Fresno County Department of Behavioral Health IT. DBH-IT provided the following regarding the associated charts:

Data source: Avatar via SiSense Dashboard (DBH-IT)

Eligibility data: Eligible beneficiaries of the five school districts (zips) from the MMEF monthly data uploaded in Avatar (Firebaugh: 93622; Mendota: 93640; Kerman: 93630; Golden Plains: 93660, 93608, 93627, 93668; Sierra: 93651, 93667, 93664)

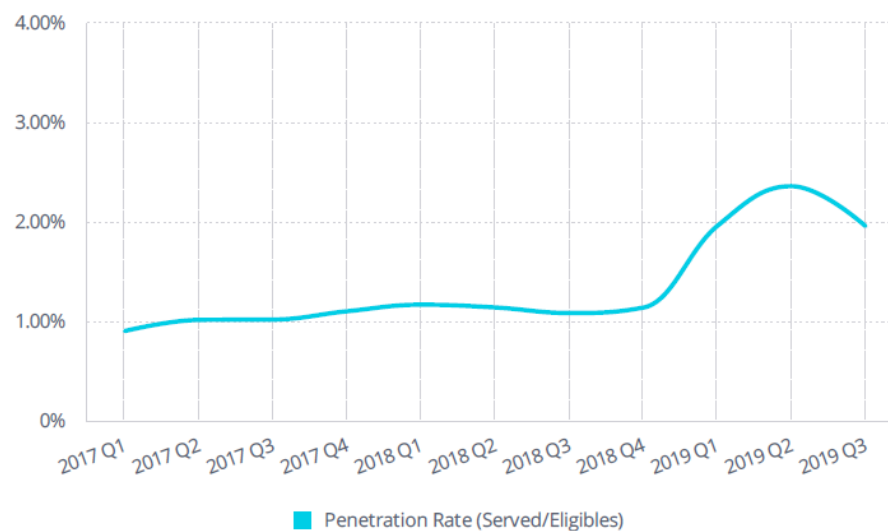
Served data: Eligible beneficiaries served by FCSS.

**** Please kindly note that this penetrate rate calculation method is different than EQRO's. EQRO's is based on the Medi-Cal paid claims of the eligible beneficiaries. To try to mirror that, typically, DBH-IT would use the closed service/DHCS-submitted service data for the MHP level calculation. However; not many FCSS entered services have been closed/submitted, therefore, the data used for the calculation is the entered service. *****

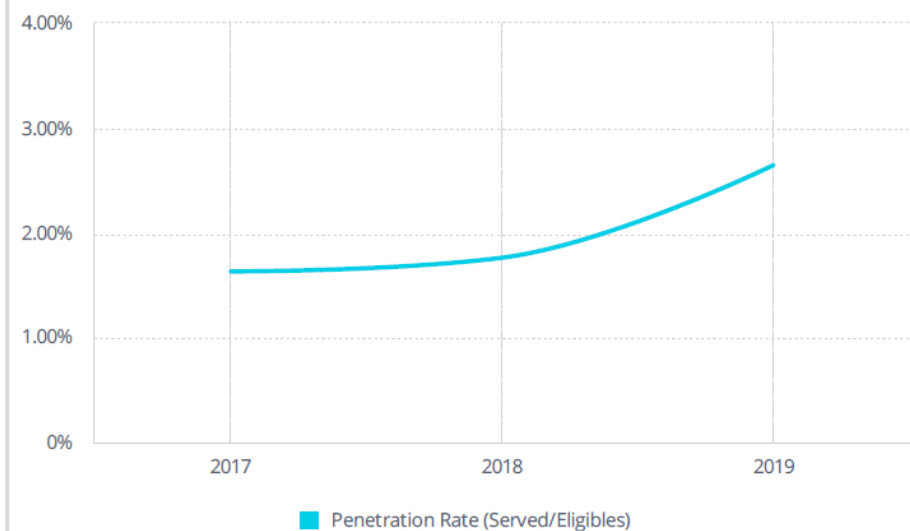
FCSS All4Youth year 1's targeted school districts: Firebaugh, Mendota, Kerman, Golden Plains and Sierra

FCSS Penetration Rates Aug 27, 2019 2:19:57 PM fcsc

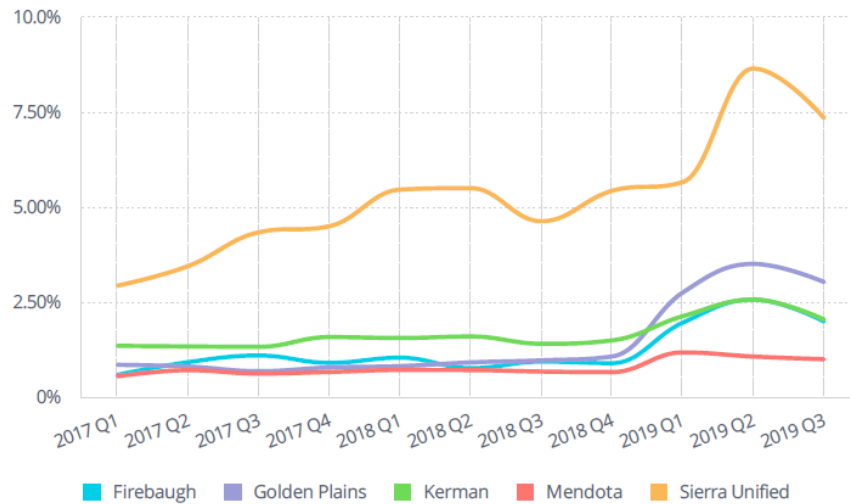
Penetration Rate by Quarter



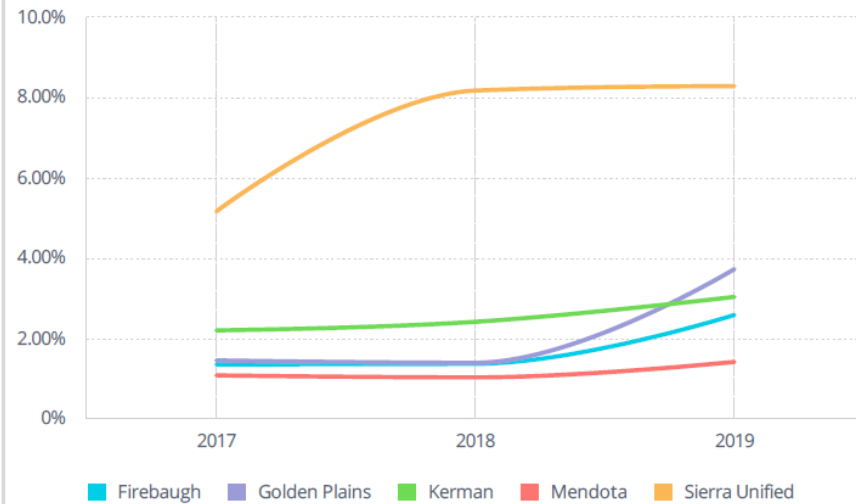
Penetration Rate by Year



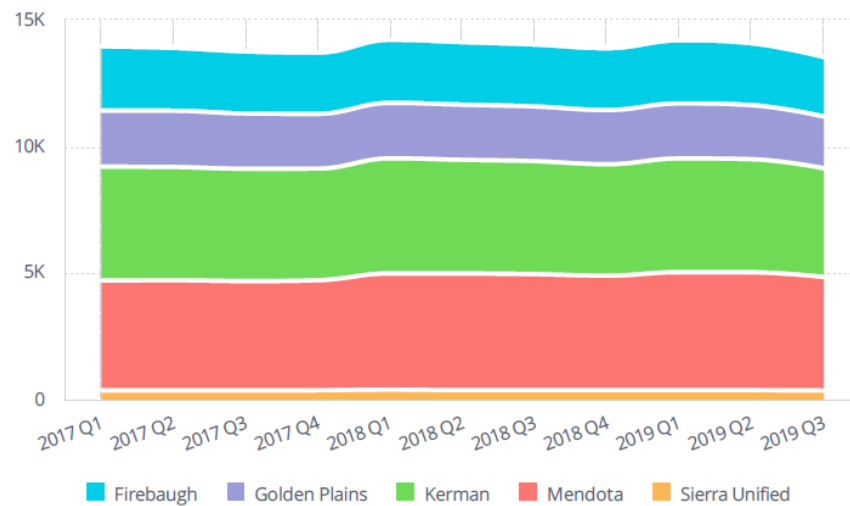
Penetration Rate by Quarter By Location



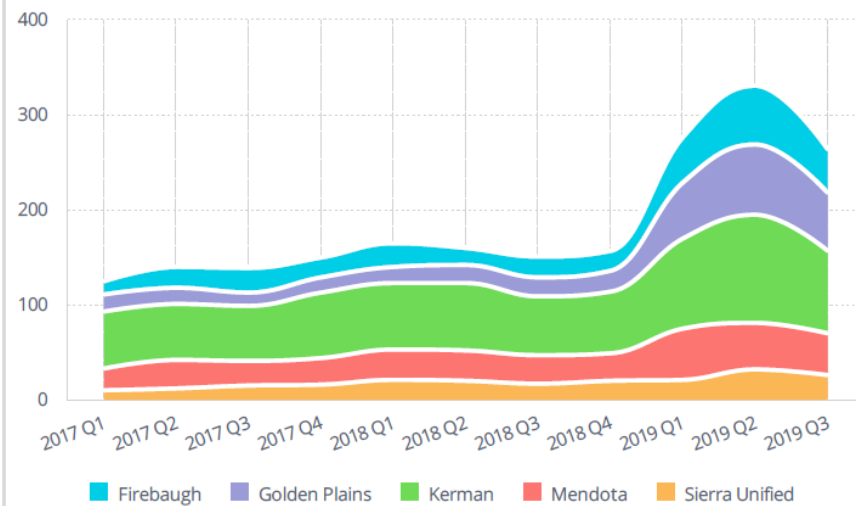
Penetration Rate by Year By Location



Eligibles by Location by Quarter



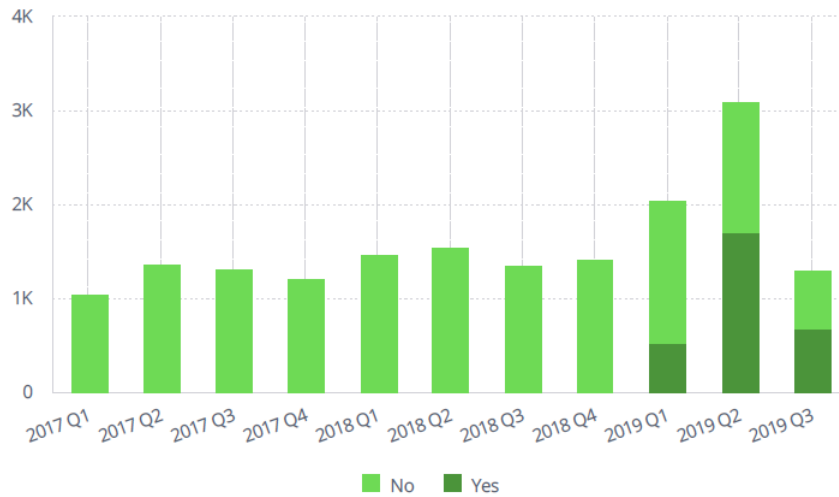
People Served By Location by Quarter



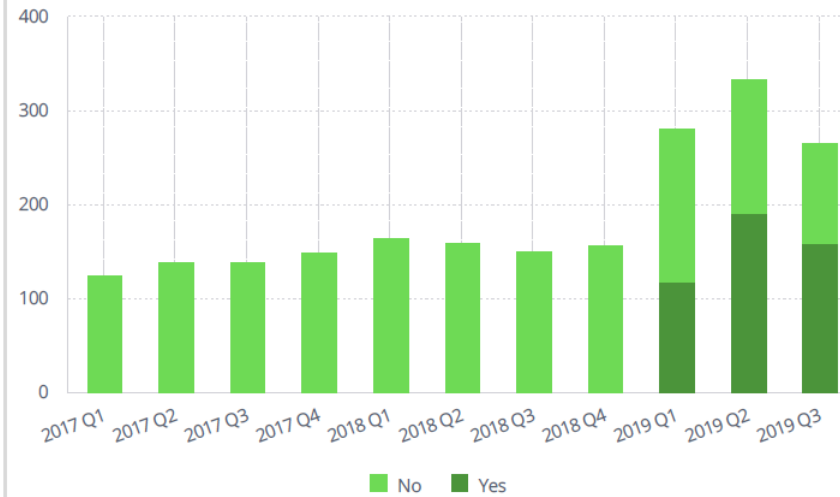
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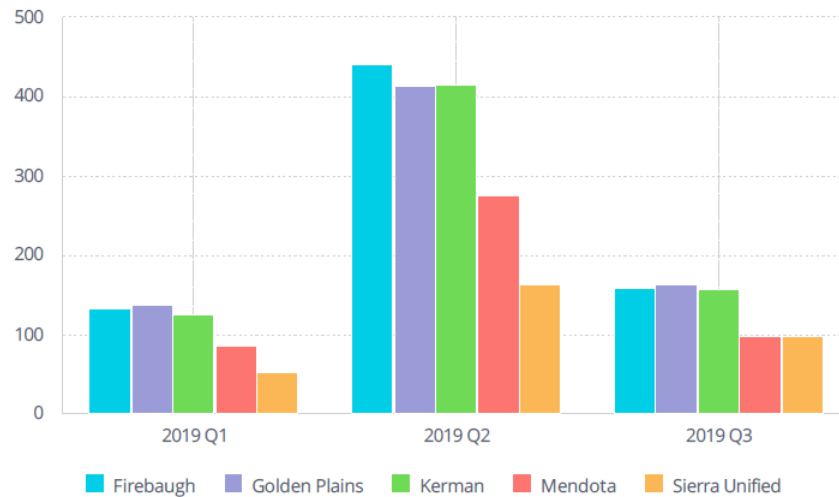
Count of Services for Eligibles by Quarter, And If Seen in FCSS Program



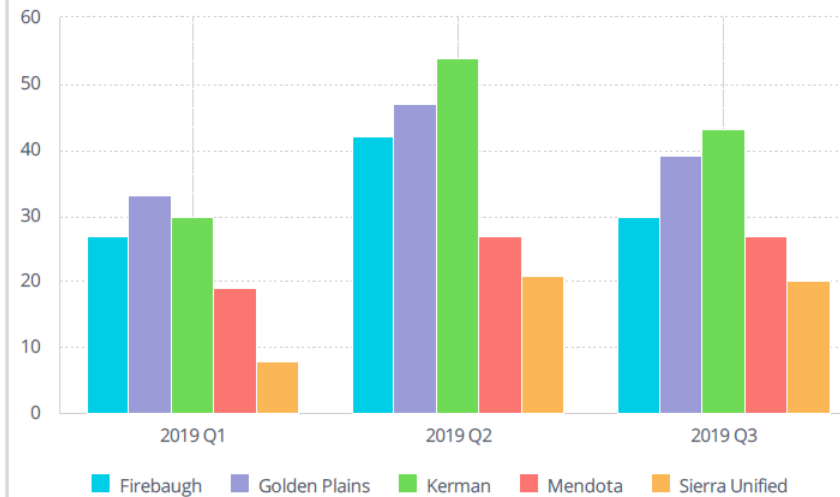
Count of Eligibles Served by Quarter, And If Seen in FCSS Program



Count of Services for Eligibles by Quarter Seen in FCSS Program



Count of Eligibles Served by Quarter Seen in FCSS Program



3. Effectiveness

i. **School Personnel Efficacy**

School personnel efficacy refers to school personnel's reported knowledge and awareness of what ACE's are, how scores reflect the need for intervention for youth, and ability to identify and respond to students with challenging behaviors.

- i. Objective: School personnel will report achieving a desired level of efficacy in identifying and responding to students with challenging behaviors.
- ii. Indicator: School personnel's self-reported ability to identify and respond to youth with needs related to challenging behaviors.
- iii. Who Applied: All trained school personnel in onboarded districts.
- iv. Time of Measure: Program inception (July 1, 2018) to June 30, 2019
- v. Data Source: Pre and post-test survey results.
- vi. Target Goal Expectancy: Increased ability to identify and respond to youth's needs.
- vii. Outcome: A questionnaire was developed in partnership with California State University, Fresno Psychology Department graduate faculty. The staff questionnaire was finalized in July 2019 and is attached for your reference. There is anecdotal staff reported data contained in the training evaluations. The plan for the 2019-2020 and all subsequent years of this contract is to administer this survey to all onboarded districts/schools staff twice a year. Once in the fall after initial training (pre) and once at the end of the spring (post).

* See Appendix A of developed Staff Questionnaire

4. Satisfaction

i. **School Climate**

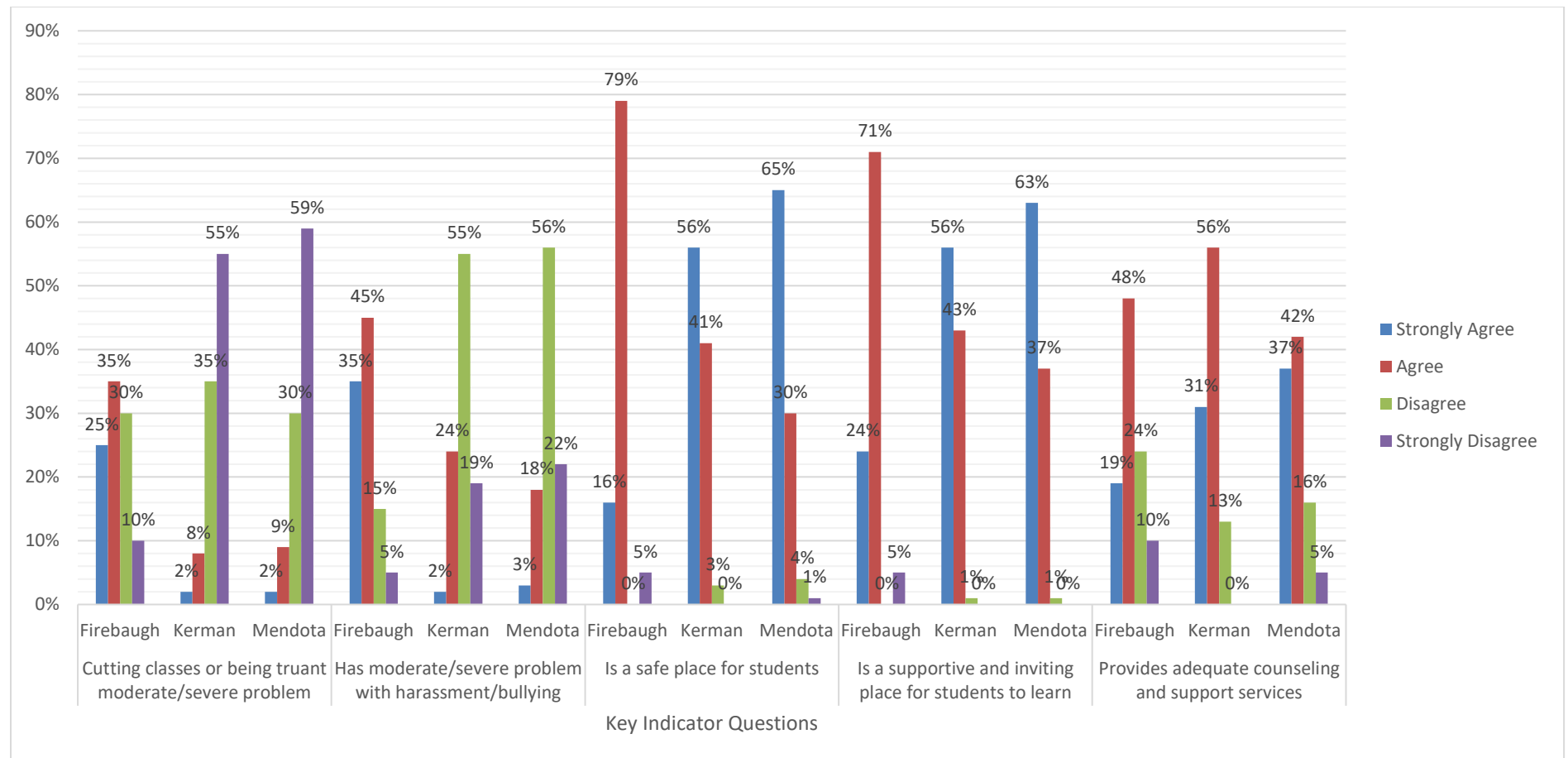
School Climate refers to youth's, families', and school personnel's ability to express their perspective on the climate of their school campus and a forum to express needs or concerns related to behavioral health and social emotional development.

- i. Objective: Encourage expression of needs or concerns related to behavioral health and social emotional development by increasing the number of school climate surveys given and collected.
- ii. Indicator: Number of youth, families, and school personnel indicating they can express their perspective and needs.
- iii. Who Applied: All youth, families, and school personnel in onboarded districts.
- iv. Time of Measure: Program inception (July 1, 2018) to June 30, 2019
- v. Data Source: Healthy Kids climate surveys
- vi. Target Goal Expectancy: To increase the number of youth, families and school personnel that express their perspective and needs.
- vii. Outcome: All 4 Youth is exploring Climate Survey Tools to implement for ongoing data collection to measure program impact on school climate. All 4 Youth was able to attain baseline data from existing tools that a few of

the onboarded districts implemented in past years. All 4 Youth plans to utilize baseline data to measure impact of All 4 Youth presence in onboarded school districts in subsequent fiscal years.

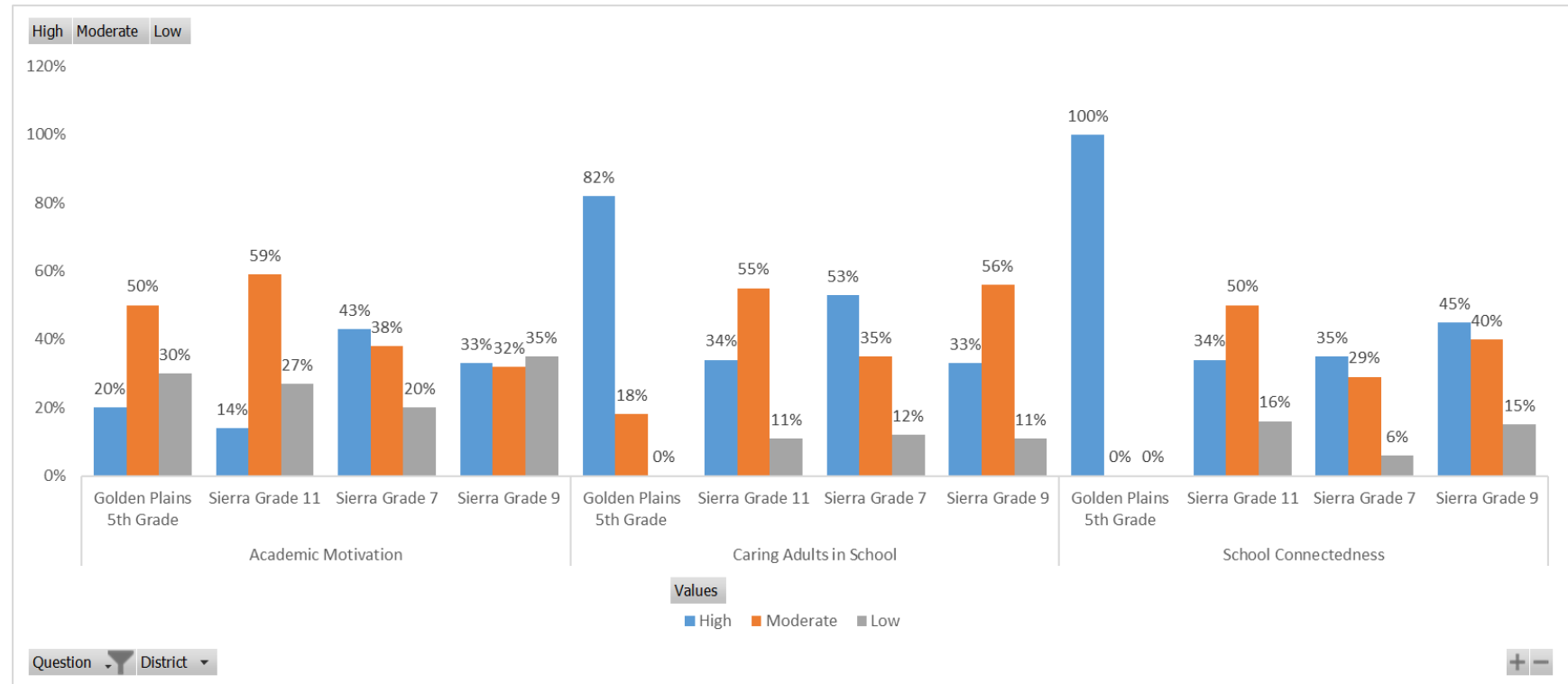
The graph below represents teacher response to select key indicators pulled from the Healthy Kids Survey for Mendota (2017-2018), Firebaugh (2017-2018), and Kerman (2017-2018).

Percentage of teacher responses indicating strongly agree, agree, disagree, or strongly disagree to key indicator questions for Firebaugh (23 respondents), Kerman (147 respondents), and Mendota (135 respondents):

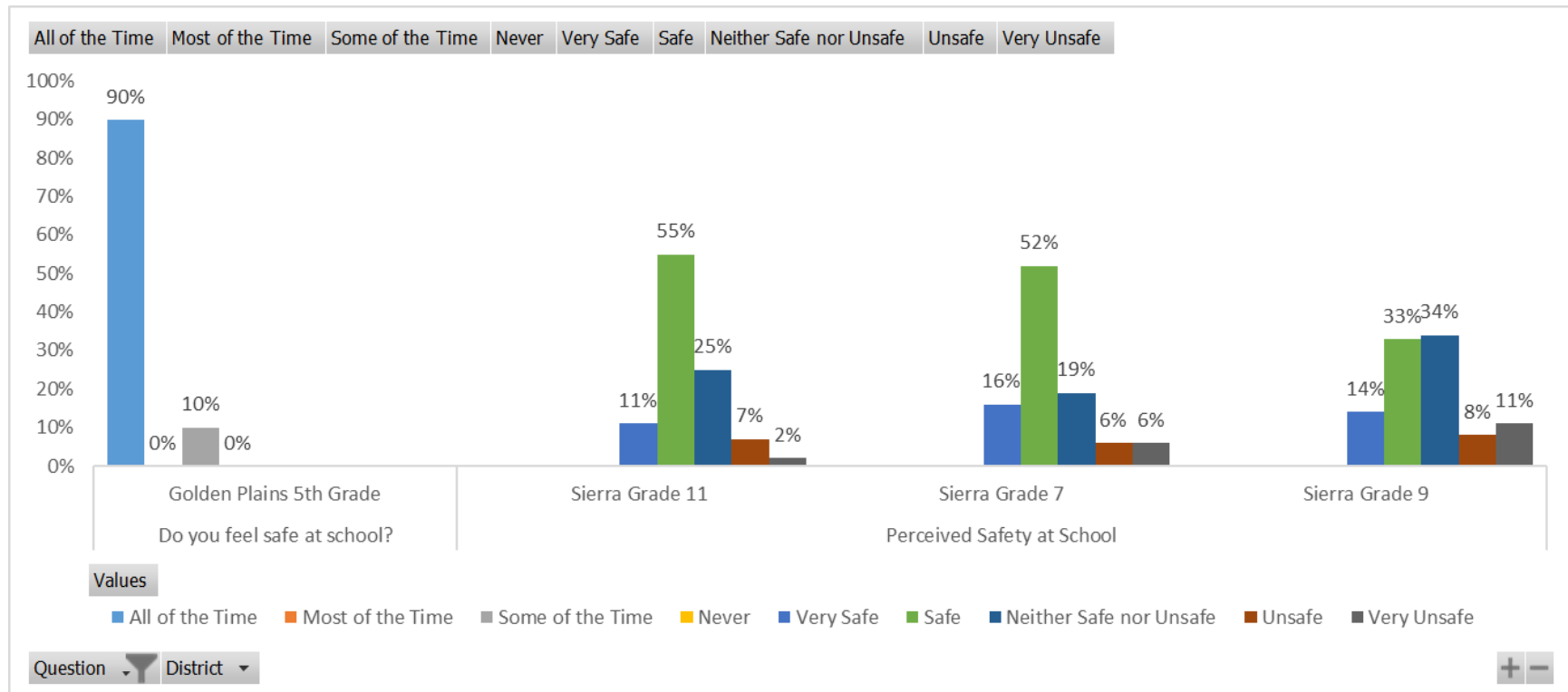


The next 5 graphs represent youth response to select key indicators pulled from the Healthy Kids Survey for Sierra Unified (2017-2018 data) and Golden Plains (2014-2015 data).

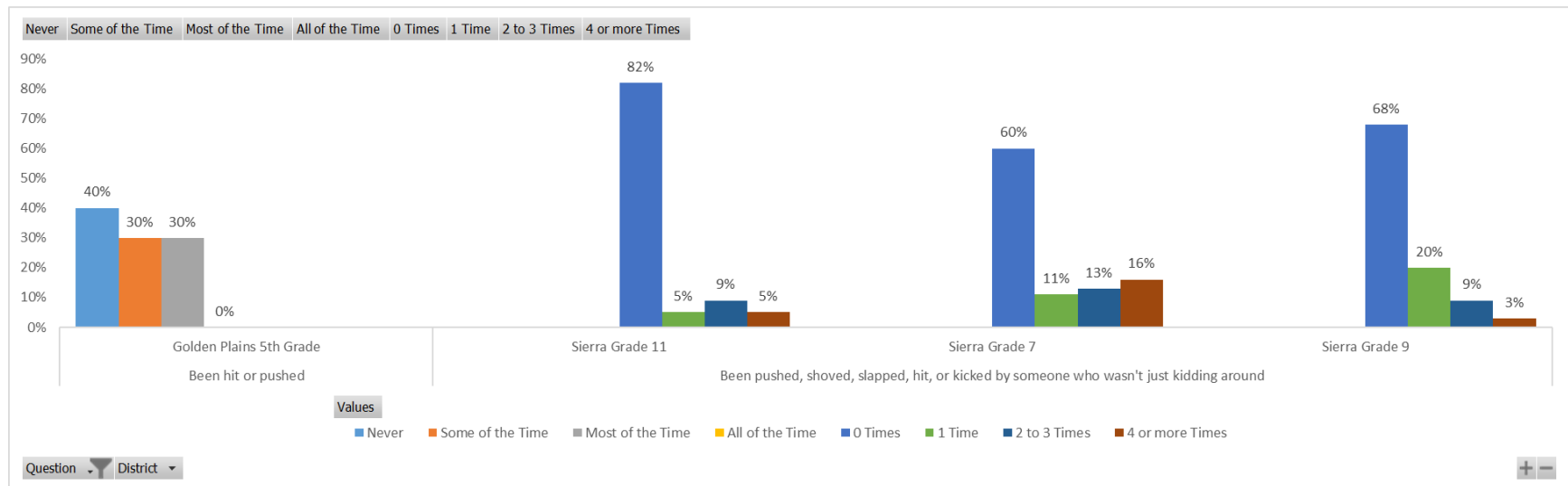
Percentage of student responses indicating high, moderate, or low to key indicator questions for Sierra Unified (213 respondents) and Golden Plains Unified Elementary (11 respondents).



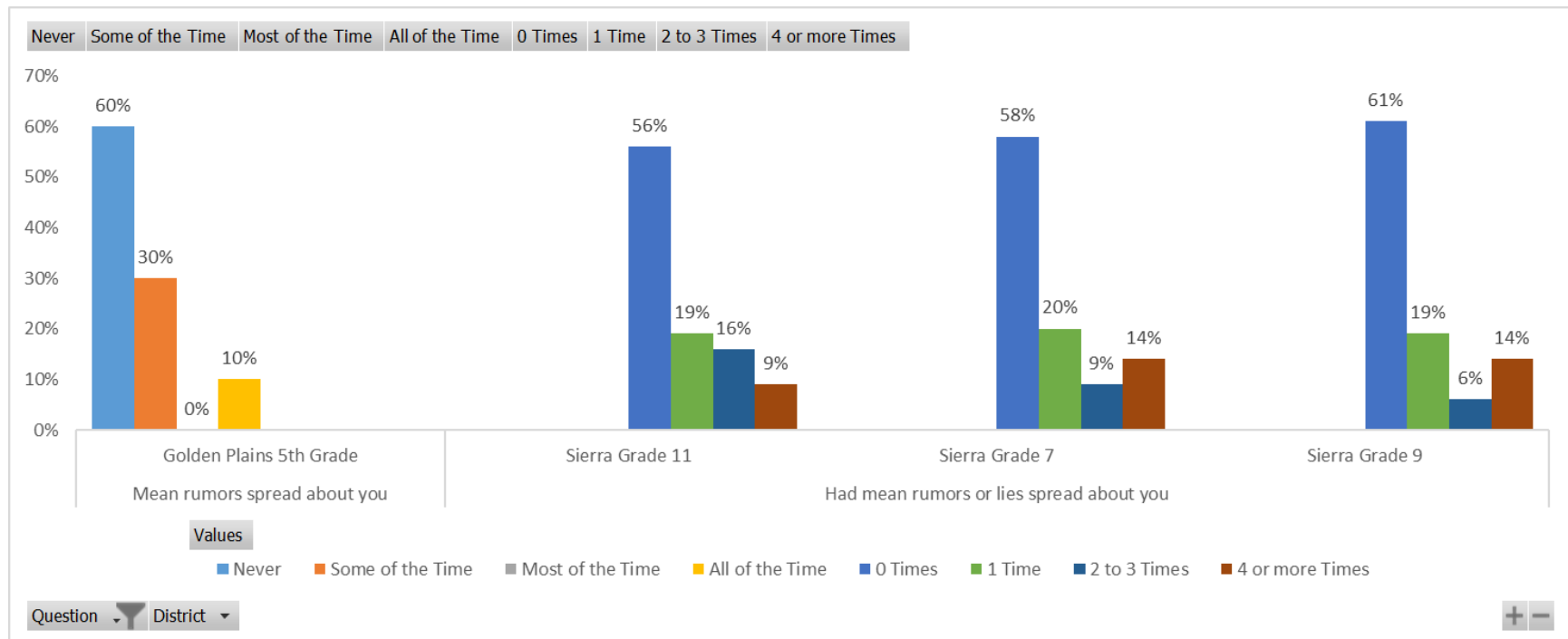
Percentage of student responses indicating never, some of the time, most of the time, or all of the time, to key indicator questions for Sierra Unified (213 respondents) and Golden Plains Unified Elementary (11 respondents).



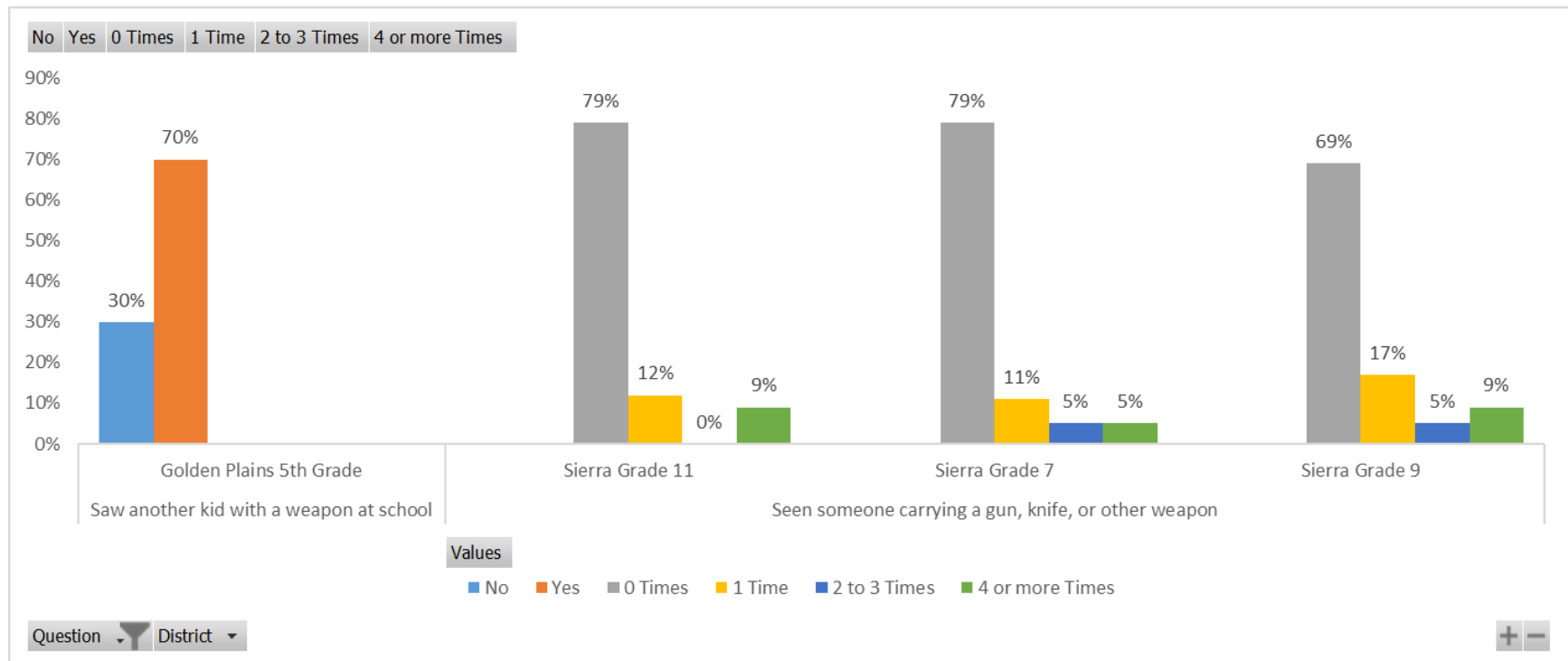
Percentage of student responses indicating never, some of the time, most of the time, or all of the time, to key indicator questions for Sierra Unified (213 respondents) and Golden Plains Unified Elementary (11 respondents).



Percentage of student responses indicating never, some of the time, most of the time, or all of the time, to key indicator questions for Sierra Unified (213 respondents) and Golden Plains Unified Elementary (11 respondents).

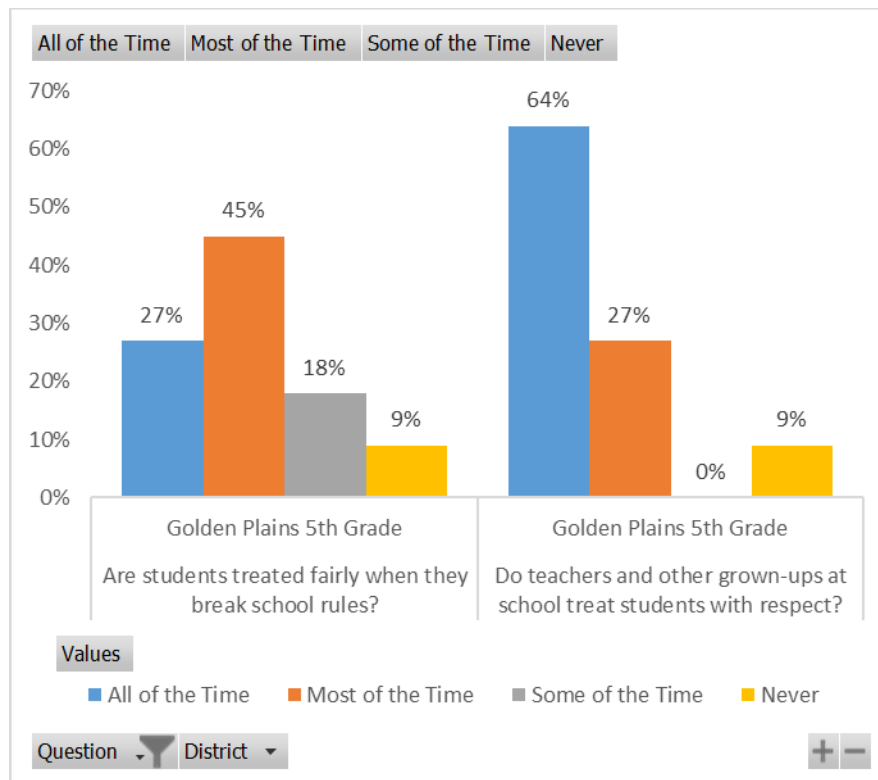


Percentage of student responses indicating no or yes, to key indicator question for Golden Plains Unified Elementary (11 respondents) in comparison to percentage of student responses indicating 0 Times, 1 Time, 2 to 3 Times, 4 or more Times for Sierra Unified (213 respondents).



This last graph represent youth response to select key indicators pulled from the Healthy Kids Survey for Golden Plains Unified (2014-2015 data). This data is reflective of 11 respondents from Golden Plains Unified Elementary.

Percentage of student responses indicating never, some of the time, most of the time, or all of the time, to key indicator questions for Golden Plains Unified Elementary (11 respondents).



Further Explanation for the Number of Unique Clients Served During Time Period:

We use a variety of tracking mechanisms for all youth served by our program, Avatar being one of those mechanisms. Although Avatar captures a significant portion of the youth served, it only tracks those that are Medi-cal eligible, and were enrolled to receive therapeutic services. There are a substantial number of youth that received services, which are not reflected in Avatar, and were served through Prevention and Early Intervention (PEI), private insurance, linkage and referrals, psychoeducation, collaboration, support to significant support person's in the youth's lives, among others. All 4 Youth served 875 unduplicated youth in these categories between Jan 7th and June 30th. Our total program cost is inclusive of all of our staff; clerical, supervisory, and direct care, that have supported these youth and are reflected in these numbers. We have served families of these youth, the school staff referring these youth, the youth themselves - through non-billable services and billable services - and have tracked all of these services. In order to fully capture the ratio of total cost of program to number of youth served, the 875 unduplicated number of youth must be used to make that calculation as it captures the total population of youth served through our contract. If only the number of youth being served in Avatar is used, the ratio will not be an accurate representation of the cost per youth.

Our program is not a traditional contract program in that we engage in activities that are not captured in Avatar but are part of the comprehensive, integrated experience and approach to service that is the mission of our partnership. We engage in connecting with parents, connecting with school staff and making multiple attempts to engage families in order to obtain consent for treatment. We also spend time providing linkage and consultation to these stakeholders. We actually view the stated number in this report as a substantial underestimate of youth served as we impact many more youth on each campus through support, education, and training of school personnel. Although a subset of these youth never rise to the level of a formal referral, or are referred and not eligible under medical necessity, a significant amount of staff time is allocated to the behind the scenes linkage and support to ensure that they are connected to the resources they need. The number reported here only reflects the number of youth referred and receiving services. The 875 figure it is a more accurate representation of youth served by all program staff.

DEPARTMENT RECOMMENDATION(S):

[Click here to enter text.](#)