Alameda County School Health Services

OUR KIDS
Evaluation Report

2008-09 Report

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Introduction

The Alameda County OUR KIDS program offers behavioral health services in over 30 elementary and middle schools in Hayward (HUSD) and Oakland Unified School Districts (OUSD), as well as two schools in San Lorenzo Unified (SLZUSD). The mission of OUR KIDS is to improve health and education outcomes for youth through the provision of timely, comprehensive, and culturally competent behavioral health care services in schools. The vision is to create greater collaboration and coordination between schools, juvenile justice, and health care providers.

OUR KIDS strives to enhance the capacity of schools and community-based mental health organizations to develop supportive service infrastructures, policies and protocols, increase their crisis response capacity and maximize the use of third-party reimbursement streams, while serving any student and family who needs behavioral health care. Their commitment to coordination of services ensures full integration of services and promotes coordination of previously disparate and fragmented services at school sites. In Oakland, the program is further enhanced by violence prevention, conflict mediation, and after school programming through the Safe Passages Middle School Strategy.

Founded in 2000 by Supervisor Gail Steele, the OUR KIDS program has expanded to serve four of the five Alameda County supervisorial districts. Key collaborators include OUSD, HUSD and SLZUSD, Ann Martin Center, Asian Community Mental Health Services, Behavioral Health Care Services (BHCS), City of Oakland, East Bay Agency for Children, Fred Finch Youth Center, Hayward Youth & Family Services Bureau, Health Care Services Agency (HCSA), La Familia, Safe Passages, Seneca Center, Social Services Agency, S.T.A.R.S, and Tiburcio Vasquez Health Center.

Each of the OUR KIDS schools in OUSD and HUSD is assigned a Clinical Case Manager (CCM) and a Mental Health Therapist who work collaboratively to provide behavioral health services at the school site. Specifically, they provide identification, screening and treatment of behavioral health issues; individual, group and family therapy; multidisciplinary case management and primary prevention and psycho-educational programming to youth and their families. Services provided by the CCMs are primarily funding by County Measure A and Tobacco Master Settlement Funds, City of Oakland Measure Y Violence Prevention funds and other private sources. Services provided by the Mental Health Therapists are funded through the Early Prevention, Screening, Diagnosis and Treatment (EPSDT) program, a third-party reimbursement source.

Methodology

Since 2006, OUR KIDS has contracted with an evaluation team from the University of California, San Francisco. The team has implemented a process and outcome evaluation design for the OUR KIDS program. In addition, the Alameda County Behavioral Health Care Services Department provides data on the EPSDT clients (see below). This report summarizes data collected during the 2008-09 school year from the following five data sources:

OUR KIDS Referrals to Services: All students who are referred for OUR KIDS services are screened by Alameda County Health Insurance Technicians to determine their Medi-Cal status, which in turn determines if the student will be referred to a Clinical Case Manager or EPSDT therapist for services.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Data: Mental Health Therapists from various community-based organizations throughout the County provide part-time behavioral health services to youth and their families in the school setting. These agencies track data on their clients and services through the INSYST database, which is used Countywide for billing EPSDT services and maintained by Alameda County Behavioral Health Care Services. During the 2008-09 school year, EPSDT providers collected data on 601 clients.

OUR KIDS Clinical Case Management Data: The OUR KIDS Clinical Case Managers (CCMs) provide behavioral health service primarily to youth who are not eligible for Medi-Cal (EPSDT) reimbursable services. Client and service data was collected in an electronic client database, Efforts to Outcomes (ETO). During the 2008-09 school year, CCMs collected data on 942 clients.

OUR KIDS Pre/Post Client Surveys: Clients with signed parental consent were asked to complete a pre-survey at the start of receiving services and a post-survey at the end. This survey differed based on clients' grade level:

- The Peabody Treatment Progress Battery[1] (PTPB) was administered to 137 individual and group clients across 19 middle schools in both Oakland and Hayward Unified at pre and post. Two modules of the PTPB were administered to students, the Symptoms and Functioning Severity Scale (SFSS), a 33-question, global assessment of students' mental health symptoms and functioning; and the Life Satisfaction Scale (LSS), which measures students' overall level of happiness in their lives across six broad categories. The same version of these scales was used during the pre and post administration of the test.
- The Child Rating Scale[2] (CRS) was administered to 34 elementary school clients at pre and post. The CRS is socio-emotional self-rating scale for elementary school children consisting of 24 items, which assess the following areas: Rule Compliance/Acting Out, Anxiety/Withdrawal, Peer Social Skills, and School Interest.

[1] http://peabody.vanderbilt.edu/x7278.xml
[2] http://www.childrensinstitute.net/

Findings

Referrals to OUR KIDS Services

The OUR KIDS referral process is coordinated by the Coordination of Services Team (COST) in Oakland and most Hayward schools. COST members include nearly all of the school-based service providers and support staff, who meet weekly or bi-weekly to triage referrals and discuss services. Teachers, staff, principals, parents, community based organizations, county agencies or parent advocates refer students through a Universal Referral Form, or students can self-refer as well. Site Coordinators bring the referrals to the COST meetings where they are assessed and assigned to service providers. Site coordinators also conduct further follow-up by communicating with administration and teachers, and providing monthly data reports and consultations.

In 2008-09, 2,915 students were referred to the OUR KIDS program. These students were screened for Medi-Cal coverage in order to determine whether they should be referred to the EPSDT Therapist or the Clinical Case Manager at their school. The table below summarizes students' health insurance status. Of the 2,915 referrals, 1,310 had Full-Scope Medi-Cal and thus were eligible for EPSDT services.

District	# of Referrals	Has Health Insurance					May Qualify for Medi-Cal, Healthy Families, or Kaiser	Unknown
		Full Scope Medi-Cal-Active	Share of Cost Medi-Cal – Active	Restrictive Medi-Cal - Active	Healthy Families	Private Insurance		
Hayward	1,239	488	20	49	81	15	505	81
Oakland	1,417	744	30	33	40	0	261	125
San Lorenzo	58	18	1	2	2	0	23	12
TOTAL	2,714	1,250 (46%)	51 (2%)	84 (3%)	123 (5%)	15 (<1%)	789 (29%)	218 (8%)

Referral Data Limitations: There are some limitations to this data. First, the "unknowns" and "may qualify for" figures include youth who may or may not have private health insurance. Second, while site coordinators and COST teams initially determine whether to give referrals to the EPSDT clinician based on Medi-Cal eligibility, some clients who are documented as eligible for Full-Scope Medi-Cal and referred to EPSDT providers may not be eligible to receive their services. The EPSDT provider screens their referrals a second time using their own eligibility system and may find other factors that disqualify the client from receiving EPSDT services. In these cases, the child may get referred to the CCM, but placed on a waiting list if space is not available. Furthermore, some cases that qualify for services will not be opened for a variety of reasons, including parents or students declining services and/or limited caseload availability.

EPSDT Clients and Services

Mental Health Therapists from various community-based organizations throughout the County provide part-time behavioral health services to youth and their families in the school setting. These agencies track data on their clients and services through the INSYST database, which is used County-wide for billing EPSDT services.

The following is a summary of the services provided during the 2008-09 school year. It is important to note that the data described below only includes data on services that were reimbursable through the EPSDT funding stream. EPSDT clinicians also provide screening, consultation, and referral services that are not logged in the INSYST database because they are not billable services.

Number of Students Served: During the 2008-09 school year, EPSDT providers served a total of 601 students in Hayward, Oakland and San Lorenzo Unified schools, representing 4% of the combined student populations.

District	Clients Served	School Enrollment	% of School Population Served	# Referrals to OUR KIDS *(all referrals pre-eligibility screen)*	% of Referrals that became Clients
Hayward	263	8,868	3%	1,239	21%
Oakland	291	6,265	5%	1,417	21%
San Lorenzo	47	1,701	3%	58	81%
TOTAL	601	16,834	4%	2,714	22%

The table below outlines the number of students served by grade level in each district.

District	# of Elementary Schools Served	Elementary School Clients Served	# of Middle/High Schools Served	Middle School/ High Clients Served
Hayward	10	145	6	118
Oakland	1	24	15	267
San Lorenzo	N/A	N/A	2	47
TOTAL	16	169	23	432

Client Gender: In all three school districts, over half of the EPSDT clients were male (Hayward 62%; Oakland 60%; San Lorenzo 62%). At the elementary school and middle school levels, more than half were male (elementary 75%; middle 56%), and in high school more than half were female (57%).

Client Ethnicity: The majority of clients in all districts were African American or Latino.

District	African American	Asian/ Pacific Islander	Caucasian	Latino/a	Other/ Unknown
Hayward	29%	3%	8%	47%	13%
Oakland	69%	12%	1%	16%	2%
San Lorenzo	30%	6%	11%	45%	8%
TOTAL	48%	8%	5%	32%	7%

Number of Service Hours Provided: During the 2008-09 school year, EPSDT providers provided 19,911 service hours to students in Hayward, Oakland and San Lorenzo Unified schools.

District	# Individual Service Hours	Avg Individual Hours Per Client	# Group Meeting Hours	Avg Group Hours Per Client	Total Hours Provided
Hayward	7,105	27	59	15.2	7,164
Oakland	11,264	39	27	11.6	11,291
San Lorenzo	1,442	31	14	14	1,456
TOTAL	19,811	33	100	13.6	19,911

Individual Services: Of the 19,811 individual service hours provided to EPSDT clients, over half (56%, n=11,175) were for individual therapy, 16% for collateral (n=3,081), 12% for plan development (n=2,329) , and 11% (n=2,193) for assessment/evaluation.

Group Services: EPSDT therapists provided a total of 100 group sessions to students to 33 clients.

Clinical Case Management Clients and Services

Clinical Case Managers (CCMs) provide behavioral health services to youth who were ineligible for Medi-Cal reimbursable services. Hayward schools had ten CCMs/interns, Oakland had 15 CCMs/interns, and San Lorenzo had 0.4 full-time equivalent (FTE) interns. Most CCMs served an average of 50 clients per year. They work either full-time at one school site or part-time between two or more school sites, depending on the school size and the demand for services. CCMs collected data on clients served and services provided in an electronic, web-based database. The following is a summary of data collected during the 2008-09 school year.

CLIENTS SERVED

Number of Students Served: During the 2008-09 school year, CCMs served a total of 942 students in Hayward, Oakland and San Lorenzo Unified schools, representing 6% of the combined student populations.

District	Clients Served	School Enrollment	% of School Population Served	# Referrals to OUR KIDS *(all referrals pre-eligibility screen)*	% of Referrals that became Clients
Hayward	420	8,868	5%	1,239	34%
Oakland	491	6,265	8%	1,417	37%
San Lorenzo	31	1,701	2%	58	67%
TOTAL	942	16,834	6%	2,714	35%

The table below outlines the number of students served by school level in each district.

District	# of Elementary Schools Served	Elementary School Clients Served	# of Middle/High Schools Served	Middle School/ High Clients Served
Hayward	10	215	6	205
Oakland	1	34	15	457
San Lorenzo	N/A	N/A	2	31
TOTAL	16	249	23	693

Client Gender: In Hayward, over half of the CCM clients were male (53%), compared to less than half in Oakland (48%) and San Lorenzo (45%). At the elementary school level, more than half of the clients were male (63%), however in middle school more than half were female (54%).

Client Ethnicity: The majority of clients in all districts were African American or Latino.

District	African American	Asian/ Pacific Islander	Caucasian	Latino/a	Multi-Racial	Other	Unknown/ Missing
Hayward	21%	4%	7%	59%	4%	3%	3%
Oakland	45%	7%	2%	34%	3%	1%	8%
San Lorenzo	13%	0%	7%	48%	3%	0%	29%
TOTAL	34%	5%	4%	45%	4%	2%	6%

Reasons for Referral and Referral Source: The majority of referrals to the OUR KIDS program came from teachers (43%) and principal/administrators (17%). Other referral sources included school counselors (11%), self-referrals (10%), parents (9%), other school staff (6%), and other sources (4%)[3].

[3] 233 clients did not have referral source information documented.

The top reasons for referral at the elementary and middle school levels were[4]:

Elementary (n=250)	Middle (n=664)
• Social skills/communication/peer relationships (39%) • Classroom behavior-externalized (acting out/defiant; 30%) • Self esteem/self worth/self image (28%) • Anger management (24%) • Parent-family-child relationships/conflict (22%) • Academic performance (17%) • Poor boundaries/relationship boundaries (17%) • Conflict resolution (13%) • Depression/sadness (13%)	• Academic performance (29%) • Social skills/communication/peer relationships (28%) • Classroom behavior-externalized (acting out/defiant; 25%) • Parent-family-child relationships/conflict (23%) • Anger management (23%) • Self esteem/self worth/self image (21%) • Depression/sadness (18%) • Grief/loss/separation/bereavement (12%) • Classroom behavior-internalized (withdrawn/unmotivated; 10%)

As shown in the table below, these reasons vary by slightly by district [5,6]:

Reason for Referral	Oakland Elementary (n=34 clients)	Oakland Middle (n=457 clients)	Hayward Elementary (n=216)	Hayward Middle (n=207)
Academic performance	9%	31%	18%	23%
Social skills/communication/peer relationships	3%	30%	45%	22%
Classroom behavior-externalized (acting out/defiant)	9%	27%	33%	22%
Anger management	15%	23%	25%	23%
Depression/sadness	6%	21%	14%	12%
Self esteem/self worth/self image	12%	21%	31%	21%
Parent-family-child relationships/conflict	9%	19%	24%	33%
Grief/loss/separation/bereavement	9%	14%	8%	8%
Classroom behavior-internalized (withdrawn/unmotivated)	3%	13%	8%	4%
Poor boundaries/ relationship boundaries	0%	8%	19%	11%

[4] Excludes 31 San Lorenzo clients.
[5] Excludes 31 San Lorenzo clients.
[6] In Hayward Elementary schools, conflict resolution (14%) and anxiety/nervousness/panic attacks (12%) were other top reasons for referral. At Hayward Middle Schools, attendance/truancy/tardy (9%) and adjustment/acculturation (9%) were also top reasons. At Oakland Middle schools, oppositional/defiant behavior (11%), conflict resolution (11%), and attendance/truancy/tardy (10%) were also common.

SERVICES PROVIDED

Number of Service Hours Provided: During the 2008-09 school year, CCMs provided 9,857 individual service hours and 889 group meeting hours to students in Hayward, Oakland and San Lorenzo Unified schools, for a total of 10,746 hours. An additional 3,521 contact hours were provided to non-client students.

District	# Individual Service Hours	Avg Individual Hours Per Client	# Group Meeting Hours[7]	Avg Group Hours Per Client	# Hours with Non-Clients	Total Hours Provided
Hayward	3,730	11.6	491	11.2	1,817	6,038
Oakland	6,017	14.2	377	13.2	1,697	8,091
San Lorenzo	110	6.5	21	5.3	7	138
TOTAL	9,857	12.9	889	11.7	3,521	14,267

Of the 942 CCM clients served, the majority received individual level services (n=585).

District	Individual Only	Group Only	Group & Individual	Total
Hayward	226	88	96	420
Oakland	343	51	82	491
San Lorenzo	16	14	1	31
TOTAL *(25 clients were missing service types)*	585	153	179	942

Individual Services: Of the 11,058 individual visits provided to CCM clients, nearly half (49%, n=5,466) were for individual therapy, over one-quarter were for collateral (27%, n=3,023), 23% (n=2,544) for individual contacts/meetings, 12% (n=1,310) for plan development, and 12% (n=1,298) for family contacts.

Group Services: CCMs provided a total of 775 group sessions to students and nearly all of these were ongoing groups (92%). Topics addressed in these group sessions most often included social skills (64%), self-esteem/self worth/self image (46%), anger management (28%), goals/aspirations (24%), and conflict resolution (20%).

Referrals: CCMs referred their clients to a variety of necessary resources and programs. Clients were most commonly referred to other on-site school resources, such as conflict mediation and student success teams (n=213 referrals); outside mental health counseling (n=144); after school programs and activities (n=109); other community resources (n=87); and academic/tutoring programs (n=86).

Contacts with Non-Clients: There were 2,768 contacts with non-clients documented by CCMs. The most common types of non-client contacts included providing services to students who were not on their caseloads (39%, n=1,081), information/referrals (30%, n=830), and teacher consultations (20%, n=555). Topics addressed during these encounters primarily consisted of classroom behavior-externalized (i.e., acting out, 24%), social skills (24%), academic concerns (22%), classroom behavior-internalized (i.e., withdrawn, 13%), and anger management (13%).

[7] In terms of "group client hours", Hayward provided 2,057 client hours (one hour per client participating in each group), Oakland provided 1,751 hours and San Lorenzo provided 79 hours.

CLIENT INTAKE/DISCHARGE ASSESSMENTS

As reported above during the 2008-09 school year, CCMs served a total of 942 students in Hayward, Oakland and San Lorenzo Unified schools. CCMs were asked to complete both an intake and discharge assessment for clients that were on their caseloads and received ongoing services. CCMs completed intake and discharge assessments on 397 of the total 942 clients served (42%). However, it is important to note that a large portion of the clients served were not on caseload and/or received a low level of services and thus would not have intake/discharge assessments completed. Of the 397 clients with intake and discharge assessments completed, 64% were in middle school, 34% in elementary school and 2% in high school. More than half were from Hayward Unified (54%), while 44% were from Oakland and 2% from San Lorenzo.

Family/Home Circumstances: At discharge, clients were found to be living primarily with their biological mother (72%) and/or biological father (45%). At discharge, clients were facing a variety of family circumstances. For example, 38% lived in a single parent household; 23% had parents who were divorced/separated; 10% had a history of substance abuse in their family; 7% experienced domestic violence; 6% had recently immigrated; 5% had an incarcerated family member; 4% had a deceased parent; and 4% had unstable living conditions.

Truancy and Disciplinary Actions: As shown in the table below, truancy and disciplinary actions increased from intake to discharge for CCM clients. However, it is important to note that this data may not be accurate because not all CCMs have access to this information and have to rely on other sources to obtain this information (i.e., client self-report, COST meetings, parents, etc.). Furthermore, most intakes are completed during the beginning of the school year, when students have not been in school long enough to assess truancy levels. This may explain why there is a rise in truancy at discharge, which is usually conducted later in the school year. Thus, this data is strictly information and should not be interpreted as resulting from or correlating to receiving services.

Truancy	Intake	Discharge
Chronic Truant (n=323)	12% (n=38)	22% (n=72)
Suspension Status (n=273 at Intake and 298 at Discharge; excludes unknown)		
Suspended	27% (n=73)	35% (n=103)
Alternatives to DHP/Expulsion (Restorative Justice, etc.)	1% (n=2)	1% (n=3)
Alternatives to Suspension (Restorative Justice, etc.)	8% (n=23)	7% (n=21)
Expelled	1% (n=2)	3% (n=9)
None	63% (n=173)	54% (n=162)

Exposure to Violence: At discharge, three out of four students with intake/discharge assessments completed had reportedly been either a witness or victim of violence[8]. The table below outlines the types of violence to which clients were exposed.

Type of Violence	% of those who had been exposed (n=201)
Witness of school violence	64%
Witness of street violence	57%
Witness of domestic violence	27%
Friend/family of victim	20%
Impacted by homicide or shooting	17%
Victim of school violence	16%
Victim of street violence	10%

[8] Exposure to violence was unknown or not documented for 129 clients.

Type of Violence	% of those who had been exposed (n=201)
Victim of child abuse	7%
Victim of domestic violence	6%
Victim of child neglect	2%
Victim of sexual assault	2%
Witness of sexual assault	<1%

The percentage of clients who had been in a fight in the last three months decreased from intake to discharge.

Was student involved in fights in the last three months?	Intake	Discharge
3 or more	5% (n=18)	4% (n=14)
Once or twice	25% (n=91)	19% (n=61)
None	62% (n=227)	67% (n=220)
Unknown	8% (n=31)	10% (n=33)

Changes in Presenting Problems: At intake and discharge, the CCMs assessed their clients on a variety of presenting problems. The score for each presenting problem was assigned a numerical value to create a mean score at intake and at discharge. As shown in the following table, there were significant improvements in many problem areas *(indicated by colored cells)* for clients who had an intake and discharge completed. All of the problem areas that showed significant improvements were documented as having been addressed during the course of treatment.

PRESENTING PROBLEMS Answers are scored: 3=Severe 1=Mild 2=Moderate 0=Not a problem	N	Mean Score at Intake	Mean Score at Discharge	t-test P value
ACADEMIC/SCHOOL NEEDS				
Academic concerns	323	1.46	1.39	0.1162
Classroom behavior – externalized (acting out/defiant)*	324	1.36	1.10	<.0001
Goals/aspirations*	262	1.09	0.98	0.0267
Classroom behavior – Internalized (withdrawn/unmotivated)*	279	1.01	0.89	0.027
Prior disciplinary action (suspensions/expulsions)*	221	0.87	0.76	0.0383
Attendance/truancy/tardy	280	0.75	0.85	0.0667
Learning disability	243	0.55	0.61	0.2229
EMOTIONAL/BEHAVIORAL NEEDS				
Anger management*	306	1.43	1.08	<.0001
Self esteem/self worth/self image*	297	1.31	1.17	0.0026
Depression/sadness*	273	1.26	1.04	<.0001
Oppositional/defiant behavior*	299	1.15	0.92	<.0001
Grief/loss/separation/bereavement*	260	0.99	0.80	<.0001
Violence – witness/victim	237	0.84	0.79	0.3668
Anxiety/nervousness/panic attacks*	271	0.83	0.74	0.0434
Violent/aggressive behaviors (acting out/perpetrating)	267	0.69	0.61	0.0706

PRESENTING PROBLEMS Answers are scored: 3=Severe 1=Mild 2=Moderate 0=Not a problem	N	Mean Score at Intake	Mean Score at Discharge	t-test P value
Attention/hyperactive/ADHD	255	0.65	.060	0.1439
Trauma/PTSD	235	0.59	0.52	0.1377
Child abuse/neglect/domestic violence (physical/sexual/emotional)*	249	0.54	0.43	0.0031
Suicidal ideation/attempt*	259	0.25	0.15	0.0003
Phobias*	240	0.25	0.18	0.005
Self injury/mutilation*	256	0.21	0.14	0.0063
SOCIAL RELATIONSHIP NEEDS				
Parent-family-child relationships/conflict*	305	1.50	1.31	<.0001
Social skills/communication/peer relationships*	338	1.41	1.25	0.0001
Poor boundaries/relationship boundaries*	278	1.08	0.96	0.0131
Adjustment/Acculturation*	259	0.76	0.60	0.0002
Gang involvement	264	0.32	0.32	1
Sexual harassment/sexualized behavior	247	0.26	0.26	1
Intimate partner relationships (includes sexual health)*	240	0.21	0.27	0.0472
HEALTH/BASIC NEEDS				
Basic needs/case management (food/housing/transportation)*	266	0.43	0.35	0.0179
Health issues (stomach ache/headaches/ sleep/other somatic concerns)*	255	0.53	0.42	0.0138
Nutrition/eating concerns	262	0.41	0.38	0.3122
Substance use/abuse (student)	251	0.24	0.25	0.7323
Other presenting problem*	92	0.42	0.29	0.0331

*significant at $p<0.05$

Upon examining changes in presenting problems for youth depending on the frequency of service hours received, high frequency clients (receiving 10+ hours) showed significant improvements in a greater number of problem areas compared to middle (5-10 hours) and low level (<5 hours) clients. High frequency clients showed changes in the 22 areas highlighted above, while middle frequency clients only showed significant improvements in four areas (depression/sadness; suicidal ideation; violent behaviors; and nutrition) and low level clients in one area (externalized classroom behaviors).

Changes in Observed Strengths: At intake and discharge, the CCMs also assessed their clients on observed strengths. The score for each strength was assigned a numerical value to create a mean score at intake and at discharge. As shown in the following table, there were significant improvements in six of the 16 assessed strengths, all of which were considered internal factors. The strengths that appear to show the most significant improvement include being self-motivated to participate in counseling, interacting with peers in a positive way, and discusses feelings and emotions openly.

CURRENT OBSERVED STRENGTHS Answers are scored: 0=Not at all 2=Often 1=Sometimes 3=Always	N	Mean Score at Intake	Mean Score at Discharge	t-test P value
INTERNAL FACTORS				
Self-motivated to participate in counseling?*	330	2.04	2.15	0.0138
Discusses feelings and emotions openly?*	341	1.30	1.47	<.0001
Motivated and applies self to do well in school?*	330	1.26	1.34	0.0487
Has a high sense of self-esteem and/or self-worth?*	308	1.12	1.21	0.0185
Expresses emotions (anger, sadness, etc.) in healthy ways?*	324	0.98	1.19	<.0001
Interacting with peers in a positive way?*	331	1.34	1.47	<.0001
Has a relationship with at least one caring adult?	342	2.04	2.08	0.2574
Expresses a sense of hope and/or optimism for his/her life and/or future?	295	1.38	1.46	0.0543
Accepts and takes personal responsibility for actions?	324	1.22	1.28	0.1049
Actively engaged in learning in the classroom?	329	1.27	1.33	0.1966
Works on academic-related activities (homework/reading) outside of school?	298	1.29	1.30	0.7284
EXTERNAL FACTORS				
Parent and student communicate in positive and healthy ways?	309	1.38	1.38	0.9232
Parent/guardian provides a supportive and caring environment?	318	1.80	1.75	0.1979
Parent/guardian is involved in the student's academics?	321	1.69	1.62	0.0554
Parent/guardian provides consistent boundaries at home, including appropriate discipline and clear limits?	301	1.44	1.43	0.8478
Involved in organized on/off campus activities?	279	0.85	0.90	0.2378

*significant at $p<0.05$

Middle School Client Pre/Post Survey: Peabody Treatment Battery

Methodology: School-based service providers administered the Peabody Treatment Progress Battery (PTPB) to their individual and group clients across 19 middle schools in both Oakland and Hayward Unified. The evaluators selected this measurement tool because of its practical application in school settings, its theoretical framework with a clinical orientation, and independent research that demonstrates its high reliability and validity[9]. The PTPB used in the OUR KIDS evaluation consists of two separate surveys that students completed at the beginning and end of treatment. The first questionnaire, called the Symptoms and Functioning Severity Scale (SFSS), is a 33-question, global assessment of students' mental health symptoms and functioning. The second questionnaire, called the Life Satisfaction Scale (LSS), measures students' overall level of happiness in their lives across 6 broad categories. The same version of these scales was used during the pre and post administration of the test.

Demographics: During the 2008-2009 school year, case managers collected a total of 137 completed surveys, which includes both pre and post tests, at 19 different schools in Oakland and Hayward Unified districts. This represents nearly a 100% increase in the number of surveys administered from the previous year[10].

School	# of surveys
Alliance	3
Brenkwitz	1
Bret Harte (Hayward)	1
Bret Harte (Oakland)	14
Edna Brewer	3
Chavez	10
Claremont	9
Cole	1
Coliseum College Prep	7
Elmhurst Com Prep	10
Madison	11
ML King	10
Roosevelt	16
Ochoa	12
Peralta Creek	1
Roots	5
United for Success	14
West Oakland	1
Westlake	8
	n = 137

Race/Ethnicity	% of students
White	3
African American	28
Native American	1
Asian	4
Hispanic	55
Other	9
Missing	1
	100 %

Grade	% of students
6	16
7	37
8	44
9-12	3
	100 %

Gender	% of students
Female	46
Male	54
	100 %

Type of Service	# of surveys
Individual only	96
Group only	3
Individual + Group	38
	n=137

Level of frequency	# of students
High (>10 hrs, 3 mos)	113
Low (<10 hrs, 3 mos)	24
	n =137

For the purposes of analyzing the survey data, clients were divided into two categories based on how often the student received services from the provider. A "high frequency" client includes those students who received 10

[9] Bickman, L., Riemer, M., Lambert E. W., Kelley, S. D., Breda, C., Dew, S. E., Brannan, A. M., Vides de Andrade, A. R. (Eds.) (2007). *Manual of the Peabody Treatment Progress Battery*. Nashville, TN: Vanderbilt University. http://peabody.vanderbilt.edu/ptpb/

[10] Alameda County School-Based Behavioral Health Services 2007-08 Evaluation Report.

or more hours of service over a span of three months or more during the school year. A "low frequency" client receives services for less than 10 hours or less than three months over the year. On average, the high frequency student received approximately 25 hours of individual service and 6 hours of group service over the course of the school year. The survey results in the following section are for high frequency clients (n = 113) only, unless otherwise noted.

Results: The SFSS, a 33-question survey, was used to measure a student's overall level of symptoms and functioning in four of the most commonly diagnosed areas among adolescents including depression, anxiety, conduct problems, and ADHD. In addition, the survey tool also asks questions about family and peer relationships and substance use. Out of the 33 questions on the survey, 16 questions measured externalizing symptoms and 14 questions measured internalizing symptoms. Among the externalizing items, ten targeted conduct problems, five targeted impulse control problems, and one targeted both. Among the internalizing items, eight targeted depression and six targeted anxiety. Three other items include substances and relationships.

Total # of items	Subscale 1	Subscale 2
33 total questions	Internalizing (14 questions)	Anxiety (6)****
		Depression (8)***
	Externalizing (16 questions)	Conduct (11)*
		Impulse (6)*
	Other (3 questions)	

*- Number of stars indicates number of questions with significant improvement (p<.05)

Among high frequency users (n=113) that received individual or group services, nine out of 33 questions measured a significant improvement from pre to post test. Out of these 9 questions, anxiety symptoms showed the greatest change with a total of four areas of improvement, followed by depression with three, conduct with one, and impulse control with one. The chart below shows in greater depth the questions, answers to the questions, average scores on the pre and post-tests, and the tests of significance.

#	SS1	SS2	In the last two weeks, how often did you . . .	Pre	Post	Pr > |t|
Q21	Int	Anx	. . . feel nervous and/or shy around other people?	2.75	2.44	0.0217
			Never / Hardly Ever	38	50	%
			Sometimes	38	33	%
			Often / Very Often	24	18	%
Q26	Int	Anx	. . . have a hard time sleeping because you were worrying?	2.33	2.06	0.0416
			Never / Hardly Ever	59	68	%
			Sometimes	23	22	%
			Often / Very Often	18	11	%
Q27	Int	Anx	. . . feel tense?	2.52	2.08	0.0008
			Never / Hardly Ever	48	66	%
			Sometimes	33	24	%
			Often / Very Often	19	10	%
Q32	Int	Anx	. . . feel too scared to ask questions in class?	2.29	1.87	0.0008
			Never / Hardly Ever	60	74	%
			Sometimes	20	14	%
			Often / Very Often	19	12	%

#	SS1	SS2	In the last two weeks, how often did you . . .	Pre	Post	Pr > |t|
Q5	Int	Dep	. . . have little or no energy?	2.76	2.47	0.0334
			Never / Hardly Ever	41	51	%
			Sometimes	33	32	%
			Often / Very Often	26	17	%
Q19	Int	Dep	. . . sleep a lot more than you normally do?	2.68	2.35	0.0245
			Never / Hardly Ever	48	56	%
			Sometimes	25	27	%
			Often / Very Often	27	17	%
Q33	Int	Dep	. . . think about hurting yourself?	1.78	1.50	0.0075
			Never / Hardly Ever	74	87	%
			Sometimes	18	9	%
			Often / Very Often	8	4	%
Q23	Ext	Con	. . . get into fights with family members and/or friends?	2.63	2.35	0.0383
			Never / Hardly Ever	44	53	%
			Sometimes	30	31	%
			Often / Very Often	26	16	%
Q25	Ext	Imp	. . . have a hard time sitting still?	2.73	2.37	0.009
			Never / Hardly Ever	40	56	%
			Sometimes	37	25	%
			Often / Very Often	23	19	%

Key: SS1: Int = internalizing, Ext = externalizing
SS2: Anx = anxiety, Dep = depression, Con = conduct, Imp = impulse control

(Scale: 1= Never; 5= Very often)
n=113

It is also interesting to note that the following question regarding conduct problems showed a significant increase in symptoms. In other words, according to the survey, more students reported that they threatened or bullied others in the post compared to the pre-test. This was the only question that showed a significant decrease in behavioral functioning.

#	SS1	SS2	In the last two weeks, how often did you . . .	Pre	Post	Pr > |t|
Q13	Ext	Con	. . . threaten or bully others?	1.57	1.79	0.0376
			Never / Hardly Ever	86	75	%
			Sometimes	9	18	%
			Often / Very Often	5	7	%

The second questionnaire, the LSS, provides a global assessment of the students' overall quality of life across 5 specific areas including family, friends, school, living environment, and self. While the trends for these questions appeared to slant in an either positive or negative direction, the changes were relatively minor such that none were statistically significant.

Discussion: Out of 33 questions on the SFSS, 10 questions showed a significant change from the pre to post-test. The other 23 questions on the SFSS did not show a significant enough change to be included in the report. Furthermore, the results of the PTPB demonstrate that mental health providers have the largest impact on internalizing symptoms ($p < .0001$), such as depression ($p < .001$) and anxiety ($p < .001$), but are less effective when addressing externalizing symptoms, such as conduct problems. However, service providers do seem to be effective in reducing symptoms of some types of impulse control ($p < .05$). These results appear to be consistent

with the OUR KIDS Evaluation from 07-08, which also found that service providers had the greatest impact on emotional and hyperactivity symptoms, but did not show significant change for conduct problems or social/peer types of problem behaviors.

Symptom or Problem Behavior Area (n = 113)	Pre	Post	Pr > |t|
Internalizing symptoms*	35.18	31.63	<.0001
Externalizing symptoms	40.11	38.54	0.0977
Anxiety*	12.88	11.53	0.0006
Depression*	20.00	18.23	0.0002
Conduct	26.96	26.22	0.3076
Impulse Control*	16.06	15.04	0.0152

*Significant change

It would also be interesting to document any significant differences in student functioning depending on whether a student receives either individual or group services, or a combination of the two. Unfortunately, the sample sizes for students that received only individual services (n = 74) and those that received group services (n = 38) were not large enough to document differences between these two groups. In the future, if providers are able to administer and collect more surveys, the sample sizes would be large enough to document these effects, if any, and inform future delivery of services.

Lastly, the results appear to be encouraging when looking at the areas where school-based providers have had the strongest impact. For example, according to the results of the PTPB, providers had a significant effect on some behaviors that are directly related to success and adjustment in school. The results indicate that among high frequency users of services, these students report they feel *less scared to ask questions in class, think about hurting themselves less, feel less tense, and do not have as much trouble sitting still*. While the results do not indicate what part of treatment accounts for these effects, they do show that students who receive intensive services can benefit in important and significant ways.

Elementary School Client Pre/Post Survey: Child Rating Scale

Methodology: School-based service providers administered the Child Rating Scale (CRS) to their individual and group clients across 4 elementary schools in Oakland and Hayward Unified. The CRS was selected for evaluation because it is designed for screening young children in school settings who have adjustment or emotional difficulties[11]. The tool consists of 24 questions and can be administered individually or in a group. For purposes of this evaluation, the rating scale was used to determine if there were any changes in a child's perception of his or herself from the beginning to the end of treatment services. OUR KIDS providers administered the same version of the tool two times during treatment as a pre and post-test.

Demographics: During the 2008 - 2009 school year, service providers collected a total of 34 completed surveys, which includes both pre and post tests, at 4 different schools in Oakland and Hayward Unified School Districts. The majority of students were in 3rd and 4th grades, around 10 years old, and mostly Latinos. The far majority of surveys were collected for individual treatment services (n=30).

School	# of surveys (n)
Bowman	6
Burbank	8
Harder	7
Longwood	13
	n = 34

Grade	% of students
1	9%
2	9%
3	24%
4	21%
5	9%
6-8	29%
n = 34	100 (%)

Race/Ethnicity	% of students
White	12%
African American	12%
Native American	0%
Asian	0%
Latino	64%
Other	12%
Missing	0%
n = 34	100 (%)

Gender	% of students
Female	21%
Male	79%
n = 34	100 (%)

Age	% of students
6	7%
7	15%
8	11%
9	19%
10	22%
11	15%
12	7%
13	4%
n = 27	100 (%)

Type of Service	# of students
Individual	30
Individual & Group	4
	n = 34

Findings: The CRS, a 24 item screening tool, was used to measure how children perceive themselves across four major areas of functioning including defiance/acting out, anxiety/withdrawal, peer social skills, and interest in school. Each of the 4 subscales contains 6 questions each, which are rated by children on a numerical scale from 1 to 3. The numerical responses are then converted to a percentile that indicates whether the child's functioning falls within or outside of a normal range of behavior. By administering a pre and post-test, the evaluators attempted to track any changes or improvements over time.

Total # of items	Subscale (SS)
24 total questions	Rule Compliance/Acting out (6)
	Anxiety/Withdrawal (6)
	Peer Social Skills (6)**
	School Interest (6)

[11] Hightower, A.D., Cowen, E.L., Spinell, A.P., Lotyczewski, B.S., Guare, J.C., Rohrbeck, C.A. & Brown, L.P. (1987). The Child Rating Scale: The development of a socioemotional self-rating scale for elementary school children. School Psychology Review, 16, 239- 255.

*'s- Number of stars indicates number of questions with significant improvement (p<.05)

OUR KIDS providers administered the surveys to a total of 34 students in their schools. These students, on average, received approximately 19 hours of service time between the pre and post-tests. The most service time any one of these students received was 47 hours and the least amount of service received by a student was approximately 6.5 hours.

According to their answers on the CRS, the students reported a significant improvement from the pre to post test on two out of the 24 questions. The two significant questions both fall under the peer social skills category, which means no significant change was found on the other three subscales. The chart below shows in further detail the items on the scale, students' answers, average scores on the pre and post-tests, and the tests of significance.

Q#	Child Rating Scale Pre-Post test scale: (1-3) Usually no = 1, Sometimes =2, Usually yes = 3	Mean Score Pre	 Post	Significance Pr > |t|
Peer Social Skills Subscale				
3	I have many friends*	2.41	2.79	0.0049
	Usually no	21%	6%	
	Sometimes	18%	9%	
	Usually yes	62%	85%	
7	My classmates tease me	1.88	1.68	0.2424
11	Other kids are mean to me	1.82	1.59	0.1181
15	My classmates like me*	2.09	2.41	0.0255
	Usually no	32%	9%	
	Sometimes	26%	41%	
	Usually yes	41%	50%	
19	Other kids choose me last for games	1.74	1.56	0.3504
23	I make friends easily	2.18	2.29	0.3534
Anxiety/Withdrawal Subscale				
2	I get scared in school	1.29	1.26	0.768
6	I'm afraid of making mistakes	2.00	1.88	0.4579
10	I worry about things in school	1.71	1.94	0.0581
14	My feelings get hurt easily	1.88	1.62	0.0594
18	I'm nervous at school	1.47	1.50	0.8125
22	I feel like crying in school	1.44	1.44	1
Rule Compliance Subscale				
1	I behave in school	2.24	2.47	0.0581
5	I bother classmates who are working	1.53	1.53	1
9	I do what I'm supposed to in school	2.62	2.56	0.5351
13	I get in trouble in class	1.65	1.68	0.831
17	I follow the class rules	2.56	2.62	0.5715
21	I call other students names	1.44	1.50	0.701
School Interest Subscale				
4	I like to do school work	2.38	2.21	0.1098
8	I get bored in class	1.91	2.00	0.5208
12	School is fun	2.26	2.15	0.379

Q#	Child Rating Scale Pre-Post test scale: (1-3) Usually no = 1, Sometimes =2, Usually yes = 3	Mean Score Pre	Mean Score Post	Significance Pr > |t|
16	I like to answer questions in class	2.32	2.50	0.1836
20	I hate school	1.53	1.53	1
24	I get tired of going to school	2.09	2.00	0.4468

Discussion: Out of 24 questions on the CRS, two questions showed a significant change from the pre to post-test. The other 22 questions on the CRS showed some small changes as evidenced in the table above (usually in a positive direction), but none of them were found to be statistically significant. Furthermore, the results of the CRS imply that OUR KIDS providers at the elementary school level seem to have the greatest influence on peer and social skills ($p < .05$), but have less of an impact when addressing other symptom areas, such as conduct problems, anxiety or withdrawal, and interest in school. Unfortunately, the sample size (n = 34) was too small to reveal many statistically significant changes or improvements for other questions on the survey and across other areas of functioning. This is not to say that providers do not have an impact on these areas, but only that more surveys were needed to enhance the statistical power of the tests in order to identify significant changes over time. The sample size was also too small for groups in particular (n = 4) to document any significant differences between students receiving group and/or individual services.

Symptom or Problem Behavior Area (n=34)	Pre	Post	Pr > |t|
Rule Compliance / Acting out	14.79	14.94	0.7536
Anxiety / Withdrawal	9.79	9.65	0.726
Peer Social Skills*	**13.24**	**14.68**	**0.0128**
School Interest	13.44	13.32	0.8177

*Significant change from pre to post

Despite the small sample sizes and lack of statistically significant results, the survey findings do show that children report positive shifts in their self-perception from pre to post tests in most of the questions. Furthermore, students that received OUR KIDS services over the course of the year showed significant improvements in their social adjustment in school, i.e., they reported *feeling well-liked by their peers and believed they have many friends*. While the results do not indicate what part of receiving OUR KIDS services accounts for these results, they do imply that students who receive services experience improved social adjustment in school.

Summary and Conclusions

As demonstrated by the 2008/09 evaluation data, the OUR KIDS program is serving many students who are in need of behavioral health services and these services are making a positive impact on clients' presenting issues and strengths. The data further demonstrate that clients who receive more than ten hours of services appear to benefit the most, although further inquiry is needed to determine what the threshold is to serve the most students efficiently and effectively given the high demand and limited resources and time.