



LINDSAY UNIFIED

SCHOOL DISTRICT

Full Service Community Schools *High School Needs Assessment*



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Table of Contents



INTRODUCTION	2
DEVELOPMENT OF THE NEEDS ASSESSMENT	3
EXECUTIVE SUMMARY	4
KEY FINDINGS	4
STRENGTHS AND CHALLENGES	5
NEEDS ASSESSMENT FINDINGS.....	7
COUNTY SNAPSHOT	8
Demographic and Social Characteristics	8
Economic Picture.....	12
Health-Related Factors	16
Other Indicators of Well-Being.....	28
SCHOOL-LEVEL OUTCOME DATA.....	33
COMMUNITY / LUSD INPUT	38
Key Informants.....	38
Learners	43
Learning Community.....	61
Parents	73
APPENDICES	83
Acknowledgements	83
Community Resources/Gaps	84
References and Endnotes	91



INTRODUCTION

“Lindsay is built to succeed because of all the resources they already have in place.” - Key Informant Interview

Full-service schools use “a whole-child’ approach and act as a hub of the community where an array of public and private partner agencies come together with the learning community and its staff to provide a comprehensive set of integrated services to meet the full range of learning and developmental needs of learners. ¹ An essential element for successful community school efforts is conducting a comprehensive school and community needs and assets assessment.

This needs assessment, carried out by the consulting firm Barbara Aved Associates in fall/winter 2024-25, gives Lindsay Unified School District the opportunity to identify the most pressing needs and issues that affect the well-being of its high school learners and families, and provides a basis for the district to implement the program at Lindsay High School (LHS) and Alternative Education (Alt Ed)—home to 1,377 learners (134 Alt Ed; 1,109 LHS) in 2023-24.

The planning process was designed around the four pillars of community schools:

- **Integrated student supports** – for learner success by meeting academic, physical, social-emotional and mental health needs.
- **Family and community engagement** – actively tapping the expertise and knowledge of family and community members to serve as partners in supporting and educating learners.
- **Collaborative leadership and practices** – that establish a culture of professional learning, collective trust and shared responsibility for outcomes.
- **Extended learning time and opportunities** – that include academic support, enrichment and real-world learning opportunities.

This report consists of three parts: existing community indicator and school outcome data that provide information about the extent of certain conditions that give context to needs such as socio-economic conditions, health status and school climate; the collected community input (the “voices”) that brings together and makes meaning out of the statistical data to “tell the story” of a community; and, a point-in-time analysis of community resources and gaps. While we have drawn certain conclusions about the data, LUSD will want to apply a finer interpretation to the learner, family and learning community input as it is most familiar with these populations to give the data meaning.

It should be noted that precise local data are often difficult to locate when conducting needs assessments in small areas. For this reason, in many cases state averages or county data were used to provide a more complete and current picture. Additionally, time periods, age ranges, and similar data groupings often differ slightly from one another depending on the source of the currently available data.



DEVELOPMENT OF THE NEEDS ASSESSMENT

“There’s more youth involvement there [Lindsay] than in most places I’ve seen in the county.” - Key Informant Interview

This comprehensive needs assessment was designed through the collection of quantitative and qualitative data to identify the high priority needs, assets, and gaps in programs, services and resources that both inhibit and promote learner achievement and community coherence. The community input process was an especially valuable opportunity to directly capture learner and family experiences and opinions and the perspectives of school and community leaders, including suggestions for community/school improvement strategies.

The assessment data came from the following sources:

Secondary Data (Statistical)	<ul style="list-style-type: none">State and federal databases (website retrieval) , including sources provided in the California Community Schools Partnership Program to access school-level outcome data
Primary Data (School and Community Input)	<ul style="list-style-type: none">Parents in focus groups (n= 15)Parent survey (n=86)Learner survey (n=740)Learners in focus groups (n= 298)School staff survey (n=94)School Administrator interviews (n=4)Key informant interviews (n=20)
Other Data	<ul style="list-style-type: none">Community resources/assets and gapsOthers’ local needs assessments where relevantPurposeful literature review for context

The consultants worked closely with the LUSD Core Team to identify the most relevant community indicators and data measures; design the survey instruments; and gain access to appropriate school and community groups (see Appendices). This report was reviewed by the internal Team and then presented to the two high schools’ staff in a virtual meeting to provide an opportunity for questions and discussion of the report’s implications.

The sections summarizing the findings from the external input (interviews, surveys, focus groups) are deliberately detailed because it is expected that LUSD leaders, grant-writers, and other entities in Lindsay and Tulare County, to the extent the report is shared, will find the information useful in planning improvement strategies and seeking additional Full-Service Community School and other grant support.



EXECUTIVE SUMMARY

*“We have to change the cultural understanding here that teen pregnancy isn’t cool.”
- Key Informant Interview*

“Some emotional supports are in place but these are primarily for learners with identified deficits. Staff could be better trained to recognize and respond when observed.” - School Staff Survey

KEY FINDINGS

Some of the key findings from the statistical data—generally for Tulare County when more local data were not available—and community input relative to high needs showed the following. More context for these highlights will be found in the full report.

- In a community of 12,474 people, one-third of local residents—and close to half of the 5-17-year-olds—are living below the Federal Poverty Level.
- Despite a robust local agriculture industry, the persistent problem of food security remains for many families; 53% of adults in the most recent countywide survey reported not being able to afford enough food compared to 44% statewide; learners in our focus groups shared similar experience.
- The Tulare County rate of participation in CalWORKs—the program that provides cash aid to eligible needy families—at 177.5 is more than double the state’s rate; Tulare is the 2nd neediest county in California, exceeded only by Del Norte County.
- Although Tulare County teens with Medi-Cal go to the dentist about as frequently as their counterparts statewide, fewer than half saw a dentist last year for a routine cleaning and exam.
- When it comes to domestic violence-related homicides using a firearm, Tulare County’s rate exceeds the state rate.
- The county’s age 10-17 birth rate is the 3rd worst in the state. Though the *numbers* of these births in Lindsay are small, the 5-year (2019-2024) *aggregated rate* is nearly one-third higher than the county rate.
- The percent of Lindsay grandparents with overall responsibility for their grandchildren—two-and-a-half times that of the county as a whole—is striking; it points to the need for doing specific outreach to support seniors raising their grandchildren.
- 33% of Lindsay High School (LHS) and 85% of Alternative Education (Alt Ed) learners reported being sexually active. Three-quarters of them said they do not use a birth control method when they have sex.

- Many of the males in the learner survey and focus groups believe using family planning services is the female’s responsibility.
- Fewer than one-quarter of learners knew that California law allows minors to receive birth control, including emergency contraception, and STI/HIV services based on their own consent without parental notification.
- Binge drinking among Tulare County teens is twice as high as teens statewide; similarly, smoking e-cigarettes is nearly twice as high.
- Learners who drank alcohol in the last 30 days generally did so for experimenting or “partying” reasons, whereas those who said they used marijuana or other drugs, particularly Alt Ed learners, were getting high as “self-soothing”—to feel make themselves feel better, get away from problems, get through the day, and deal with anger/frustration.
- One-quarter (24%) of Alt Ed learners and 15% of LHS had already missed an entire day of school for a health-related reason in the first 3 months of the school year.
- Access to mental/emotional health services—particularly for families not covered by Medi-Cal—was identified as a significant resource gap and the most pressing student need according to Key Informants and parents.
- School safety—most often referred to as effective intervention in bullying situations—and equitable enforcement of rules consistently emerged as two areas needing more attention according to learner, parent and school staff input.
- For all learner subgroups where data were available, the LUSD cohort graduation rate is more favorable than both the county and statewide rates.
- Planning options after high school, particularly among Alt Ed learners, and help with the college application process were highly ranked academic needs.
- The most commonly identified training need among school staff was for building more skill in trauma-informed practices, followed closely by training to help meet learners’ emotional/social and developmental needs.
- Most respondents to the staff survey (particularly LHS) said they were unaware of gaps in available community resources for learners and their families or seemed not to be able to identify them with examples.

OTHER TAKE-AWAYS

Strengths

- Learners and staff were markedly positive about the integrated school supports in place on both high school campuses, such as trusting relationships, positive school climate, and learning opportunities. There is strong evidence of caring relationships and school connectedness.

- Many of the community leaders and academic personnel we met through this assessment process were “locally grown.” They either returned after college or came back after being recruited to apply for positions in Tulare County, many in Lindsay. These individuals, especially those providing direct services to learners, have a deep understanding of the culture, language, norms, and community strengths and challenges. Some of the stories they shared, e.g., “I’ve been there myself,” made it clear they serve as positive role models for the youth—and as examples to the families of what can be possible for their children given adequate parental guidance and support. One of the practical outcomes of these professionals’ ties to the community is reduced high job turnover. And stability. Since establishing rapport with learners takes time and is necessary for building trust, LUSD can take advantage of the localness of staff in facilitating conversations with learners about sensitive issues like sexuality and unintended pregnancy.

Challenges

- Although anxiety and depression among high schoolers did not rise to the level of concern in this needs assessment as it did in our previous LUSD assessment of four K-8 schools, the need for more behavioral therapists (vs. counselors for academic purposes) was made clear in every part of the community input we gathered. We trust LUSD is aware of and will take advantage of new resources for learners which are available regardless of insurance status, such as the behavioral health virtual services for children, youth and families as a part of the state’s multi-billion dollar CalHOPE program (investment in youth behavioral health).*
- The problem of teen pregnancy seems not to be a community-wide priority: there is continued reluctance for championing this issue. Some have dismissively referred to it as “a cultural issue.” The matter is important not only because of the maternal and infant risk factors but because teen parenthood increases the chances that *a young woman will drop out of school* and struggle with poverty. We saw this among families in our 15 years of evaluation and consulting work for First 5 Tulare. The level of unawareness of Lindsay learners about minor consent laws regarding family planning services, and the attitudes of many males about responsibility for contraception, are among the challenges that need to be addressed in future sex education efforts. We would also suggest that in the next California Healthy Kids Survey, LUSD also administer the *CHKS Sexual Behavior Module* which it hasn’t done. Findings from this module could certainly be helpful.
- Ongoing, active parent involvement in a child’s education is the first step towards engagement and, according to research, has big payoffs for both learners and learning facilitators. (Family engagement is one of the pillars of Community Schools.) Although the high school parents reported relatively high levels of looking at or helping their learner with homework, this involvement did not frequently translate to engagement—attending school meetings and participating in activities and events—to the extent it does with younger children. In addition to things like time constraints and transportation challenges, there is a perception among parents that their involvement is less necessary at the high school level. However, relative to this needs assessment, one of the “casualties” of low parental engagement is the lack of follow-through with referrals to needed resources and services (e.g., dental visits, mental health appointments).

* <https://www.dhcs.ca.gov/cybhi>



NEEDS ASSESSMENT FINDINGS

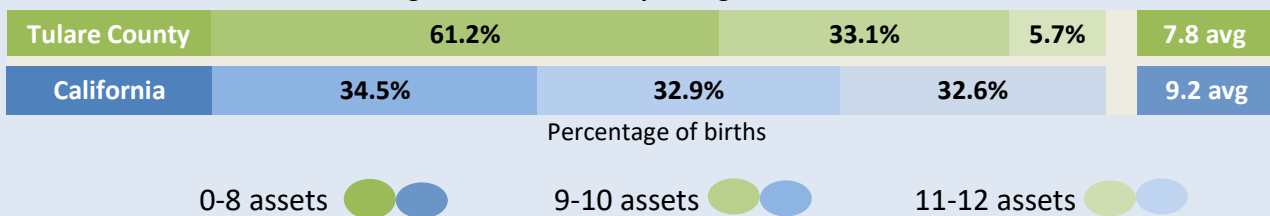
*“The feeling of being loved is not there for them; for some, it’s never been.”
- Key Informant speaking of the “challenging” learners*

Not all Tulare County children are given the same start in life. Discrimination, inequities, trauma and other conditions have resulted in vast difference in the resources available to families to support their children’s healthy development—highlighting the importance of assessing and providing all children, and particularly those at risk, with greater opportunities for a strong start.

The First 5 California Strong Start Index² is interesting as it paints a portrait of the resources that promote resilience for children born within a given geography and year. The Index supports the whole-child concept of an integrated focus on health and social supports, child development, education and community resources. Using data that already exists, the Strong Start Index summarizes, in a standardized way, the conditions into which children are born; it comprises 12 variables in four domains such as health, financial and parenting conditions. A birth asset score is calculated by simply counting the number of assets present (0-12) at the birth year.

For children born in 2021, for example (the most recently available year), the Index gave Tulare County an average score of 7.9 (down from 8.2 in 2019), vs. 9.2 in California (Figure 1). By comparison in the region, the average scores in Kings, Kern and Fresno Counties were 8.6, 8.6, and 8.5, respectively. It is worth noting that year-over-year differences mostly represent demographic shifts and not necessarily differences in resources available and child characteristics.

Figure 1. Tulare County Strong Start Index, 2021



Source: First 5 California Strong Start Index

This tool can be useful to inform the expansion of family strengthening supports, to assess the need for and availability of resources, and to inform planning for community schools.

COUNTY SNAPSHOT

Demographic and Social Characteristics



Demographic information allows one to better understand certain background characteristics of communities and community members which are important for aligning support with community needs. While Lindsay is no exception to the ongoing challenges that plague many smaller, rural communities throughout the state, key demographic characteristics indicate that residents in Lindsay struggle more with poverty, language, and education issues than the county's overall population.

In 2022, there were 473,446 residents in Tulare County, 12,474 (2.6%) living in the City of Lindsay. The population is relatively young with a median age in the county of 31.3 (Lindsay is 33.7 years) compared to 37.6 statewide. As illustrated in Table 1, a larger percentage of the population in Lindsay than in the county is Hispanic; the home language for many of the residents is something other than English, and a significant portion of those residents do not speak English well. This is essential to understand to ensure that information about health, education, laws and support services are communicated in written and spoken languages that community members understand.

Table 1. Tulare County and City of Lindsay, Selected Demographics

Characteristic	Tulare County	City of Lindsay
Total Population	473,446	12,474
Age		
0-17	30.2%	31.2%
15 – 19	8.3%	8.1%
Households with one or more people <age 18	45.9%	47.4%
Race/Ethnicity		
One race	82.5%	78.7%
Two or more races	17.5%	21.3%
One Race		
White	50.9%	41.4%
African American	1.6%	0.9%
American Indian	1.4%	1.4%
Asian	3.6%	0.7%
Hispanic/Latino (of any race)	66.1%	84.6%
White, non-Hispanic	33.9%	15.4%
Language		
Home language not English (>age 5)	50.3%	70.8%
Speak English less than “very well”(non-English home)	24.0%	35.7%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates 2022.
 Shaded areas are where Lindsay differs significantly from the county.

Education

In general, higher levels of education equate to the ability to earn higher wages, experience less unemployment and enjoy increased family stability. The community indicator typically used to measure educational attainment is “persons aged 25 and older with a high school education.” In Tulare County, 72.6% of people aged 25 years or older, compared to 54.6% in Lindsay, either graduated from high school or completed the Graduate Equivalency Degree (GED) or higher (Table 2).

Table 2. Educational Attainment, Residents Age 25+

	Tulare County	City of Lindsay
Less than 9 th grade	17.0%	28.6%
Some HS, no diploma	10.3%	13.1%
HS graduate (including GED) only	26.5%	28.5%
Some college, no degree	22.1%	17.7%
AA degree	8.8%	5.9%
BA degree	10.2%	3.6%
Graduate or professional degree	5.0%	2.5%
HS graduate or higher	72.6%	54.6%
BA or higher	15.2%	4.5%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates 2022

Parental education is not only an important index of socioeconomic status but research says it can predict children's educational outcomes (note: poverty is a confounding variable).³ Interestingly, when asked in the California Healthy Kids Survey about the highest level of education their parents or guardians had completed, between 17% and 26% of Lindsay 9th-12th grade learners said they did not know.

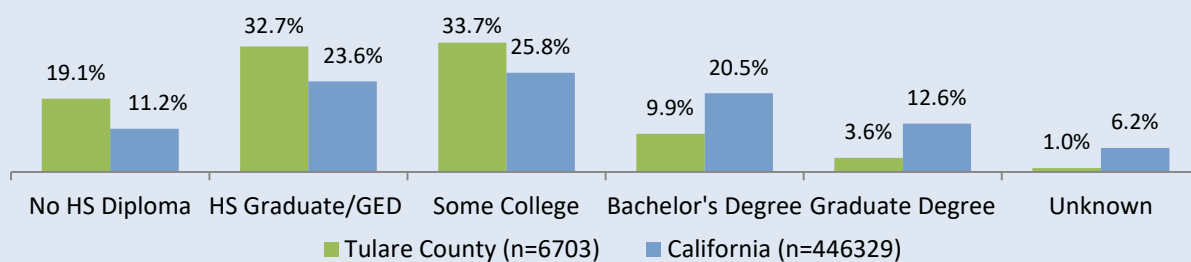
Education and Poverty

The United Way of California report, *How Much it Costs to Struggle: The Real Cost Measure in California 2023*, highlighted education as the key factor in lifting households out of financial struggle, and showed Tulare County had the highest rate among counties of struggling households (53%) led by a person with no more than a high school diploma.⁴

Education of Mother

According to research, the level of education a mother has at the time she gives birth is an accurate predictor of her child's academic success. Among mothers aged 25 and over in Tulare County who gave birth in 2019-2021, 19.1% did not have a high school/GED diploma, a proportion nearly twice the state as a whole (Figure 2).⁵

Figure 2. Mother's Education at the Time of Birth, All Live Births, 2019-2021



Source: California Department of Public Health Birth Files.

Family Composition

Designing a home-community-schools partnership requires understanding about family composition. While "family" can mean many things, it is officially defined by the U.S. Census as a householder and one or more other people related to the householder by birth, marriage, or adoption.) About one-quarter of Tulare County as well as Lindsay children ages 0-17 lives in a home with their own parents

who are married to each other, and between 5.2% and 2.2%, respectively, lives in a co-habiting couple home (Table 3).

In many cultures, grandparents helping to raise their grandchildren are an ingrained part of life, whether for economic reasons or as a way of ensuring that seniors remain valuable members of the family. The percent of Lindsay grandparents with overall responsibility for their grandchildren, 67.8%, is striking; 47.9% of these grandparents had this responsibility for 5 or more years while in the county the proportion was 12.8%.

Table 3. Family Composition, Tulare County and City of Lindsay

	Tulare County	City of Lindsay
Number of married couple households	72,778	2,621
Percent of married couple households	51.7%	51.3%
Percent of households with own children of householder < age 18 who are:		
married couple	24.6%	25.0%
co-habiting couple	5.3%	3.0%
female head (no spouse present)	7.2%	7.0%
male head (no spouse present)	1.8%	1.6%
Number of grandparents living w/ own grandchildren <age 18	16,784	967
Percent of grandparents responsible for own grandchildren <age 18	26.1%	67.8%
Less than 1 year	3.2%	1.6%
1 or 2 years	5.8%	8.3%
3 or 4 years	4.3%	10.1%
5 or more years	12.8%	47.9%

Source: U.S. Census, American Community Survey, 5-year Estimates, 2022

Migrant Families

California’s—and Tulare County’s—agricultural industry is reliant on the services of migrant and seasonal agricultural workers. Yet, poverty, frequent mobility, low literacy, language and cultural barriers impede agricultural workers' access to social services and cost-effective primary health care. Many of these residents face numerous challenges in finding and accessing services that align with their schedules because their jobs require them to work sporadic hours and on weekends. While on average agricultural workers represent 15.6% of the civilian-employed population in the county, the proportion in Lindsay is higher at 19.1%.⁶

According to the California Department of Education, about four percent of Tulare County children are eligible for migrant education services. During the 2023-24 school year, an estimated 62 learners were provided migrant education services at LHS and 12 at Alt Ed.⁷

Housing

While the rates of homeownership in Tulare County have grown in the recent years, the homeownership rate is still below the national average. In both Lindsay and Tulare County, approximately 58% of the occupied housing units are owner-occupied, while 42% are renter-

occupied. In 2022, the estimated median house or condo value in Lindsay was \$297,338 compared to \$715,900 statewide. The median rent asked for vacant for-rent units (when a rental can be found) in Lindsay in 2022 was \$1,484/month.⁸

Affordable rental units have long waiting lists. For example, while in Lindsay the subsidized housing referral lists 5 family apartment complexes, some with up to 3-bedrooms (e.g., Monte Vista Manor, Harvard Ave. Apartments), some handicap-accessible or adaptable, the wait lists can be as short as 6 months to as long as 3 years.⁹ Healthy Start along with other service organizations maintains a close relationship with local low-income apartments to try to help families get on the waiting list and maintain communication to report any updates or changes.

Just over 90% of the county population, and 88.5% in Lindsay, over age 1 lived in the same house they had lived in during the past year; in Lindsay, an additional 7% lived in a different house in the prior year but within Tulare County. While the greatest majority of homes in the county have a computer—with LUSD providing community-wide high-speed internet access to many community members—Lindsay lags behind the county in the percentage of homes with a broadband Internet subscription (see Table 4).

Table 4. Computers and Internet Use

	Tulare County	City of Lindsay
Percent of households:		
With a computer	93.6%	93.7%
With a broadband Internet subscription	85.6%	78.4%

Source: U.S. Census, American Community Survey, 5-year Estimates, 2022

Homelessness

Homelessness at any point in a person's life, and especially a child's, can cause severe trauma, disrupt relationships, and put health and safety at risk. Like the rest of the state, the number of people experiencing homelessness in Tulare County has increased significantly—17% since 2018—as a result of financial circumstances (some due to COVID) and housing barriers due to mental disability/substance use. According to the Point-in-Time Count, on a given night in January 2024 there were 1,260 (1,053 the prior year; 922 the year before that) men, women and children experiencing homelessness in Tulare County; 7.6% of these individuals were families with children, and 1,015 (779 the prior year) were living unsheltered on the streets, in vehicles, or in encampments. More than half (58.5%) had been homeless for over 12 months.¹⁰ The barriers to housing generally fall between disability and substance use, with a small portion (~1.0%) due to HIV/AIDS.

District-wide, 476 LUSD learners were reported as homeless during the 2022-23 school year, 159 of them enrolled at LHS and 15 at Alt Ed.¹¹ The realities of homelessness present a range of barriers and require understanding the diverse backgrounds, circumstances and needs of these learners and their families.

Access to Personal Vehicles

Adequate and reliable transportation services are fundamental to healthy communities. Transportation issues were cited as a problem by a number of parents who participated in this needs assessment. Relative to the rest of the county, more Lindsay residents lack a vehicle (Table 5). This matters because having reliable transportation reduces barriers to employment, educational opportunities, after-school activities, and use health care services; it also impacts parents' ability to participate in school events. Access to these opportunities and resources affects all the dimensions of mobility. It should be noted that availability of vehicles shown in Table 5 is for the *occupied* housing units, and so may be a potential undercount of actual vehicle availability.

Table 5. Percent of Occupied Housing Units with Number of Vehicles Available

	California	Tulare County	Lindsay
No vehicles available	6.9%	5.1%	6.9%
1 vehicle available	30.0%	27.7%	29.5%
2 vehicles available	36.8%	38.5%	35.1%
3 or more vehicles available	26.3%	28.8%	28.4%

Source: U.S. Census, American Community Survey, 5-year Estimates, 2022

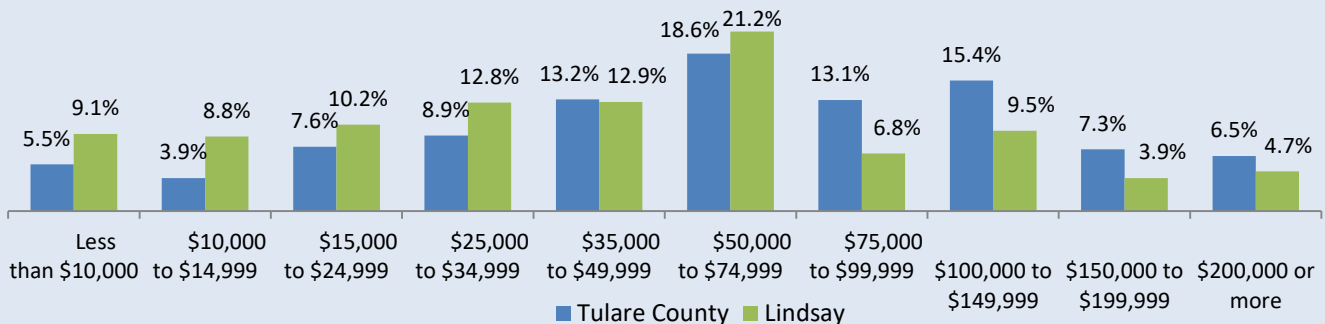
While regional transit busses serve Tulare County, and there are plans to expand services to Lindsay, schedules and routes are limited and do not always align well with residents' needs.

Economic Picture

Income is important because it provides economic resources to individuals and families that shape choices about housing, education, child care, food, medical care, and more. Income is important because it provides economic resources to individuals and families that shape choices about housing, education, child care, food, medical care, and more. Household income for both communities is displayed in Figure 3.



Figure 3. Total Household Income, 2022



Source: U.S. Census, American Community Survey, 5-year Estimates, 2022

Poverty

Poverty is one of the factors that can place more stress on a learner, negatively impacting their ability to succeed in a school. Learners living in poverty often have fewer resources at home to complete homework, study, or engage in activities that helps equip them for success during the school day.

Poverty by Age

Close to one-third (32.6%) of the population for whom poverty status is determined in Lindsay live below the poverty line, a number that is almost double the county average of 18.5%¹² (Table 6). The largest demographic living in poverty is children ages 5-17.

Table 6. Poverty Rate by Age Group

	CA	Tulare County	City of Lindsay
Total population	12.1%	18.5%	32.6%
< Age 5 (related children of the householder)	15.6%	26.8%	57.7%
Age 5-17 (related children of the householder)	15.2%	23.8%	49.2%

Source: U.S. Census, American Community Survey, 5-year Estimates, 2022

Poverty by Employment

Agricultural employment in Tulare County requires the most labor during the summer months, making most crop work seasonal rather than year-round. The resulting gaps between employment during the peak and winter months creates financial hardships for many Lindsay families. The reduced paychecks sometimes leave them unable to cover the expense of basic needs.

Median Income

Except for married-couple families, the income gap between Lindsay and the rest of the county is evident in Table 7. The indicator is important because educational outcomes are one of the key areas influenced by family incomes.

Table 7. Median Income by Types of Families

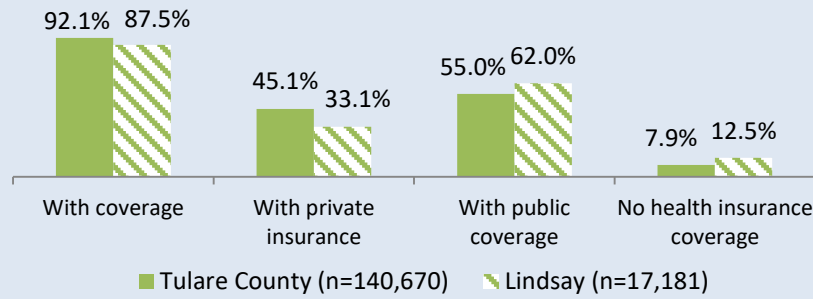
	Tulare County	City of Lindsay
Households	\$64,474	\$43,130
Families	\$67,525	\$53,542
Married-couple families	\$38,941	\$63,310
Non-family households	\$64,474	\$23,028

Source: U.S. Census, American Community Survey, 5-year Estimates, 2022

Health Insurance

Access to health insurance coverage helps to prevent illness and manage chronic conditions. Although health insurance provides a strong indication of access to health care, other factors such as provider locations, timeliness and appropriateness of care must be taken into account to ensure recipients fully benefit from their coverage. Lindsay falls behind the countywide level covered and coverage of employer-based insurance (Figure 4).

Figure 4. Health Insurance Status



Source: U.S. Census, American Community Survey, 5-year Estimates, 2022
 Note: Civilian noninstitutionalized population.

Simply having health insurance does not guarantee adequate access as Table 9 shows. Respondents to the CHIS¹³ who answered “yes” to having a usual source of care were asked if they had had difficulty “finding a general doctor who would see you” or “take you as a new patient.” This was a problem for close to 5% of the adults; interestingly, however, those living at less than 150% of the federal poverty level (typically with Medi-Cal) reported experiencing less of a problem.

Of equal concern regarding access to services, those who were born outside of the U.S. were asked if there was ever a time when they decided not to apply for one or more non-cash government benefits (e.g., Medi-Cal, food stamps, housing subsidies) because they were worried it would disqualify them or a family member from obtaining a green card or becoming a U.S. citizen. Regardless of income level, slightly more than 10% had avoided asking for such help.

Table 9. Tulare County Adults’ Access and Barriers to Health Care

	All Adults	Adults <150% of FPL
Has a usual source of care	82.7%	73.6%
Difficulty finding primary care	4.6%	3.0%
Avoided apply for benefits	10.3%	10.5%

Source: UCLA, 2022 CHIS.

Public Program Participation

Medi-Cal

Medi-Cal plays a significant role in providing health/behavioral health coverage to income eligible individuals in the state. Program enrollment has grown significantly and stands at approximately one-third of California's population. By comparison, over half (55%) of the Tulare County population (and 79.2% of children 0-17) is enrolled in Medi-Cal—the highest among the 6 Central Valley counties. In Lindsay, 51% of all residents are covered by Medi-Cal. Table 10 on the next page displays the number of enrollees in the county by age; 28.7% of them are high schoolers (between the ages of 14 and 18).

Table 10. Tulare County Children 0-18 Enrolled in Medi-Cal, June 2024

Age	Number		Age	Number
0	5,383		10	6,264
1	5,271		11	6,551
2	5,292		12	6,492
3	5,494		13	6,525
4	5,692		14	6,776
5	5,745		15	6,724
6	5,990		16	6,919
7	5,878		17	6,622
8	6,141		18	6,337
9	6,278		Total	116,374

} 28.7%

Source: <https://data.chhs.ca.gov/dataset>

Effective January 2020, California began to provide full scope Medi-Cal benefits to young adults ages 19 through 25, regardless of immigration status. As of January 1, 2024, adults in California ages 26 through 49 were also allowed to qualify for Medi-Cal, regardless of their immigration status, i.e., both lawfully present and not lawfully present individuals. (All other Medi-Cal eligibility rules, including income limits, still apply.) It is important for schools and other referring entities to note—because of fear of disclosure among many undocumented people—the U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services do not consider receipt of health, food, and housing benefits as part of the public charge determination, and that using Medi-Cal benefits will not hurt an individual's immigration status.¹⁴

Food Programs

Having access to enough food for a healthy life is commonly used as a marker for poverty. Although Tulare County grows an abundance of food, it is often the people growing that food who have the least on their tables. Asked of Tulare County adults whose income was less than 200% of the Federal Poverty Level, 52.9% of adults reported in 2022 not being able to afford enough food (food insecure), compared to 44.0% statewide.¹⁵ Of the 441 parents (a number of them from Lindsay) who responded to the First 5 Parent Survey in June 2024, the need for help in obtaining food far exceeded the need for other things—indicated by 49.4% who expressed a need for a community service.¹⁶

CalFresh

In 2022, nearly 24% of the Tulare County children age 0-17 received monthly food benefits through the income-based program CalFresh (Table 11). Yet, 19.9% of these children (compared to 13.6% statewide) were reported to be living in food insecure households.¹⁷

Table 11. Tulare County Individuals and Households Receiving CalFresh

<i>July 2023</i>	
All Persons	125,611
All Households	58,526
<i>Point-In-Time 2022</i>	
Children under age 18	56,888
All Persons with English as a Second Language	35,649

Source: CA Department of Social Services. CalFresh Data Dashboard.

Free or Reduced Price Lunch

Individual learners are eligible for free or reduced-price meals at school if they have a special status or if their families have incomes under the eligibility ceiling or are participating in CalFresh or CalWORKs. In other words, poverty status is the essential factor that makes a student eligible. The parity gap between Tulare County learners and children statewide is striking, as is the difference between Lindsay Unified and the 2 high schools compared to the rest of the county (Table 12).

Table 12. Percent of Learners with Free or Reduced Price Meals, 2023-2024

School	Free or Reduced Price Meals	
	Number	%
LHS	958	86.4%
Alt Ed	63	87.5%
District Total:	3,516	88.2%
County	75,101	72.8%
State	3,599,733	61.7%

Source: CDE: <https://www.cde.ca.gov/ds/sd/sd/filespp.asp>.

Families Receiving CalWORKS

The California Work Opportunity and Responsibility to Kids (CalWORKS) is a social services program that provides cash aid to eligible needy families. Eligibility requirements take into account an applicant's citizenship, age, income, resources, assets and other factors. Generally, services are available to families with children in the home who have been deprived of parental support of care because of the absence, disability or death of either parent; families with children when both parents are in the home but the principal earner is unemployed; and other types of situations, e.g., TANF-Timed Out. In July 2023, a total of 4,548 families in Tulare County were receiving assistance through this program. While statewide 80 per 1,000 California children 0-17 participated in CalWORKs, the rate in Tulare County was more than double that at 177.5 (exceeded only by Del Norte County).

Health-Related Factors

Adolescent health encompasses transitions that include physical, social, emotional, cognitive, and intellectual aspects. The fast-paced development of these different areas can lead to phenomenal growth during this period. This growth can also occur at different rates, which can put teens at a higher risk for risk-taking behaviors and emerging mental health issues.¹⁸ Adolescence is also an important time for promoting health and preventing disease; one that is sometimes overlooked.



Many behaviors that can affect health and well-being later in life start during adolescence such as unhealthy relationships, unhealthy diets, inactive lifestyles, substance use, and injuries from motor vehicle crashes. School programs and other community level interventions can decrease health risk behaviors and improve academic achievement. Studies have shown that when schools work with families, poor health outcomes are reduced in adults.¹⁹

Access to Medical Services

The health of young people depends partially on their access to health care services. Pediatricians, for example, report a lack of access to mental health services, care coordination, and case management in addition to primary and other healthcare. The barriers they identified included health insurance access, transportation, provider procedural issues, and geographic location.²⁰

The local supply and ratios of licensed primary care physicians and licensed dentists to the total population are core indicators for health care access and availability—particularly important in semi-rural counties like Tulare which is challenged in attracting and retaining health professionals. However, supply is only one component of access to services. The provider ratios do not indicate which providers serve low-income persons or those without insurance, or indicate how much time providers spend in active practice; some only work part-time, for example. The data also do not address geographic distribution and provider willingness to accept Medi-Cal—or the presence of community clinics providing dental, medical and mental health services and where their sites are located—factors that influence adequate and timely access to services within a county.

The population ratios shown in Table 13 suggest access to care is a greater barrier in Tulare County relative to the statewide average, and our conversations with parents in focus groups and surveys confirms the challenges families have. (Note: the state websites that list Medi-Cal providers are not kept updated and do not explain wait times and other limitations. For example, it shows 58 dental practices/sites in Tulare County with acceptance of Medi-Cal patients which is not accurate.²¹)

Table 13. Provider/Population Ratios

Provider Type	CA Ratio	Tulare County Ratio	Change in Tulare County
Primary Care provider	1240:1	2308:1	1.91% decrease from the previous year
Dentist	1132:1	1803:1	2.54% decrease from the previous year
Mental Health provider	244:1	333:1	5.93% decrease from the previous year

Source: <https://www.countyhealthrankings.org/>

Physical Health

While adolescence is a relatively healthy period of life, chronic health problems such as asthma, diabetes, heart disease and different orthopedic problems can affect adolescents and require the clinical care of a physician.

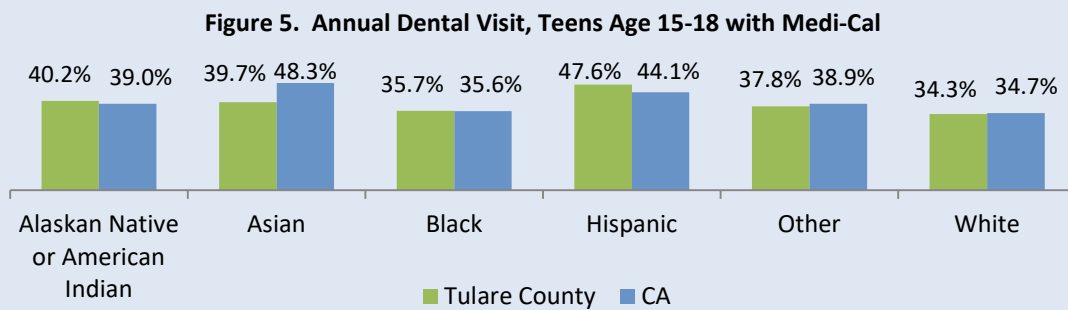
Asthma

Asthma is one of the most common chronic diseases among children and a leading cause of pediatric hospitalization. It also is the top reason for missed school days,²² and a common condition needing the attention of school nurses. In nearly every community health assessment asthma ranks highly for residents of the Central Valley counties. In 2019, in Tulare County, there were 8.9 asthma hospitalizations per 10,000 children age 0-17 compared to the rate of 8.3 for California children of the same age; the asthma hospitalization rate for children 5-17, however, was 1.9, a little closer to the statewide average.

Oral Health

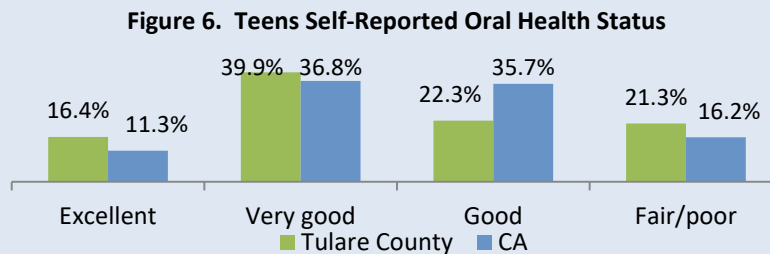
Oral health has been well established as a fundamental yet commonly overlooked component of good general health. Because in adolescence this age group often no longer receives the focus, care and protection from parents devoted to other life stages, arranging for regular dental visits may become less of a priority. Studies show that children and teens suffering from tooth pain often miss school or are distracted from learning and perform poorly; thus, improving their oral health status may be a vehicle to enhancing their educational experience.²³ If good oral hygiene habits, healthy dietary choices, and consistent dental visits are not formed in youth, there may be long-term consequences for both oral and general health.

Having an annual dental visit and age-appropriate sealants are markers not only for adequate access to services, but evidence of the value parents place on their children’s teeth. Overall, Tulare County teens with Medi-Cal go to the dentist about as frequently as their counterparts statewide with Medi-Cal, although there are some differences by race/ethnicity. Both locally and statewide, Hispanic adolescents had higher rates of dental utilization compared to White and Black adolescents (Figure 5). Despite improvements in Medi-Cal, disparities still exist compared to adolescents enrolled in a commercial insurance plan where about three-quarters receive an annual dental visit.



Source: CA Department of Health Care Services, Medi-Cal Dental Division, 2022

Although a higher percentage of Tulare County teenagers (at all income levels) than statewide described the condition of their teeth as “excellent” in the California Health Information Survey (CHIS), more of them, 21.3% vs. 16.2%, thought their teeth were in only “fair or poor” shape (Figure 6).



Source: California Health Information Survey, 2022

Nutrition and Fitness

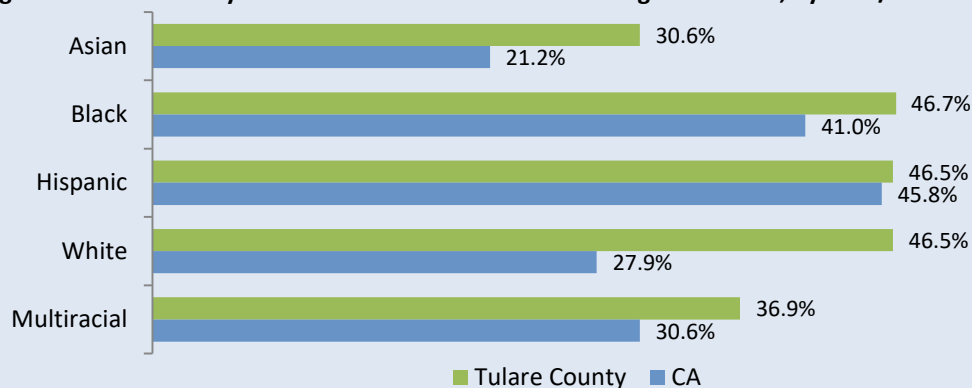
Adolescence is the second-fastest growth stage in life after infancy. The adolescent’s growth spurt during this period creates an increased need for many nutrients. Some teens have a need for even

more nutrients (eating right) if they are active in sports, following a special diet, have an eating disorder or are pregnant.

However, due to food shortages or inadequate knowledge about nutrition, some adolescents experience poor-quality dietary patterns and insufficient nutrient intakes (see discussion of food security in this report). Diet quality is greatly influenced by individual, social and environmental determinants of behavior and health. The influences of each of these factors change and increase as adolescents begin to interact independently with their environment and make their own food choices.²⁴ Dieting, for example, is a common concern during adolescent years. Diet trends can lead to unhealthy behaviors such as restricting intake, skipping meals, taking diet pills or purging after a meal.

In addition to the risk for diabetes, one of the greatest predictors of adult heart disease is childhood/youth obesity. Many factors contribute to rising rates of obesity and overweight such as more available, affordable, and appealing non-nutritious junk food and beverages, as well as increased sedentary screen time. As Figure 7 shows, in 2019, African American, white and multiracial children in Tulare County had higher rates of overweight and obesity than their statewide peers. Hispanic children in both areas had similarly high rates.²⁵

Figure 7. Tulare County Grade 9 Students Who Are Overweight or Obese, by Race/Ethnicity



Source: CDE, Physical Fitness Testing Research Files, January 2020.

Rates of obesity among adolescents have increased at a dramatic rate along with the prevalence of weight-related diseases. Although the steep increase in the prevalence of obesity in children has slowed, the prevalence of obesity in adolescents (12–19 years) continues to increase. The prevalence of obesity among adolescent females in the United States, for example, increased from approximately 10% to 21% between the 1980s and 2014.²⁶ Because obese adolescents face medical, psychologic (and, for females, reproductive health) challenges, early intervention through school and community programs can help reduce short-term and long-term ill health.

It is not always appreciated that obesity of the mother during pregnancy influences the risk of obesity for the child. While the proportion of Tulare County women who were *overweight* before pregnancy was the same as statewide in 2016-2018, the proportion of women who were *obese* before pregnancy was markedly different in Tulare County: 33.3% vs. 24.5% in California.²⁷

Table 14 displays some of the key nutritional and fitness risk factors. For example, in 2022, one-third (32.2%) of Tulare County young people, compared to 14.9% statewide, were reported in the California Health Interview Survey as being obese.

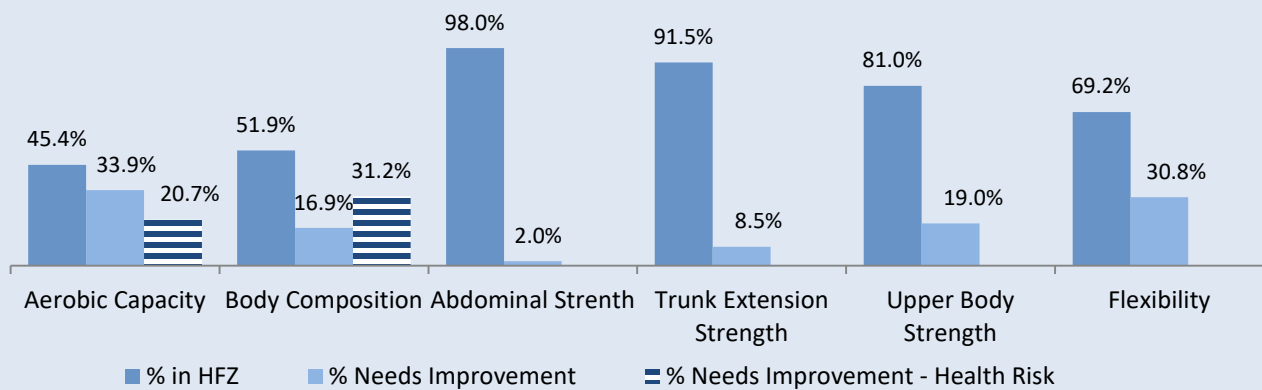
Table 14. Children’s Risk and Protective Factors Associated with Diabetes

Measure	Tulare County	CA
Children 5-17 with obesity (2022)	32.2%	14.9%
Sugary drinks consumed yesterday (other than soda) (2022)	31.1%	17.9%
Time spent on sedentary activities on typical weekend days: 2-3 hours (2020)	38.7%	18.2%
Eat 5 or more servings fruit/vegetables daily (2020)	45.2%	38.6%

Source: California Health Interview Survey, UCLA.

Learners in grades 5, 7 and 9 take the standardized fitness test that shows a level of fitness that offers a degree of defense against diseases that come from inactivity. The percent of LUSD 9th graders able to meet all 6 Healthy Fitness Zone standards varied from 98% to 45.4% (Figure 8).²⁸ Looking at the fitness area “body composition” *in need of improvement or at health risk* below in Table 16 lines up with the relatively high proportion of learners with overweight and obesity concerns; learners designated as economically disadvantaged (the percentages shown in parentheses) do not differ appreciably from all learners.

Figure 8. Percentage of LUSD 9th Graders Meeting Healthy Fitness Zone Standards, 2018-2019



Source: CA Department of Education, DataQuest.

Diabetes

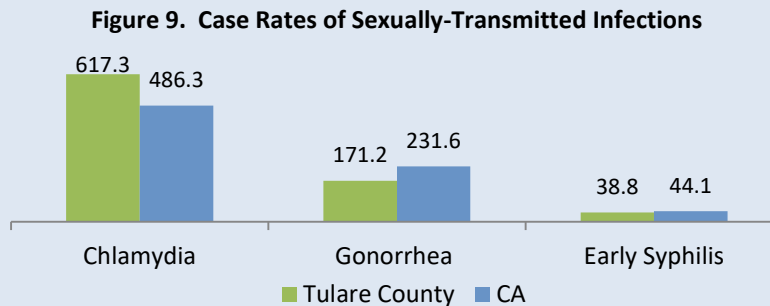
Diabetes, whether in children or adults, can cause emotional, physical, and financial burdens on individuals and their families. Diabetes is a major chronic disease concern in Tulare County as the rate is almost twice the rate in the state of California. When surveyed in 2022, about 20% of adults in Tulare County reported being diagnosed with diabetes compared to 11% of adults in the state of California.²⁹ Hispanic people are more likely to develop prediabetes and Type 2 diabetes (12.5% on average vs. 7% for non-white Hispanics). Diabetes complications also hit Hispanics harder.³⁰ Compared with children at a healthy weight, children with obesity are at higher risk for a range of health problems including Type 2 diabetes.³¹ Diabetes must be managed 24/7, and for children and teens with diabetes, that includes time spent at school or school-sponsored activities like field trips and extracurricular activities.

Health-Related / Risk Behaviors

Sexually-Transmitted Infections (STIs)



The most common STIs include both curable (gonorrhea, chlamydia, syphilis, trichomonas) and treatable (herpes viruses, human papillomavirus, human immunodeficiency virus) conditions. According to Tulare County Public Health,³² sexually transmitted infections have been increasing at all levels—nationally, statewide, and locally. One of the consequences of increasing syphilis transmission is congenital syphilis, which is the transmission of the pathogen to the unborn child of a pregnant woman. This can lead to fetal loss, still birth or a wide range of serious and life-long afflictions for the child. The STI data in Figure 9 are for 2021, the most recently available.³³



Source: California Department of Public Health, 2021.
Case rates are per 100,000 population.

Nearly all sexually active persons will get HPV infection; however, most people infected with HPV don't know they have been infected because the virus doesn't cause any obvious symptoms, or signs of illness. Although about 90% of HPV infections resolve on their own within 2 years, some do not go away and can cause serious health problems. All kids who are 9-14 years old should get two shots of HPV vaccine to protect against infection with some of the most common HPV types and consequent long-term health problems. (Teens who start the series at age 15, and young adults, usually need three doses.)³⁴ Only 52.6 % of adolescents in California aged 13 to 17 years old have completed the HPV vaccine series (local data are not available).³⁵

HIV/AIDs is a sexually transmitted disease that can be managed through lifelong treatment and care. In 2020, the rate of people living and diagnosed with HIV in Tulare County was 107.1 per 100,000 population vs. the statewide rate of 348.1. Tulare County is doing better than the state rate due to the lower newly diagnosed infection rate, higher percent of people in care and the slightly higher percent of people achieving viral suppression.³⁶

Adolescent Pregnancy: Tulare County



Supporting sexual health in adolescents requires acknowledgement that sexuality is a normative part of development and that adolescents are active agents in their sexual and reproductive choices. Not all adolescents benefit from the same choices, however. Numerous social determinants of health limit individual choices.

In 2018, the California Adolescent Sexual Health Needs Index (CASHNI) was developed by the CA Department of Public Health to identify communities with the greatest inequities in sexual and reproductive health services and outcomes.³⁷ The Index includes 8 indicators of need and looks at the Medical Service Study Area (MSSA) level, which are clusters of census tracts that don't cross county boundaries. Across California's 542 MSSAs, the CASHNI scores ranged from 0 to 1943—the area with the highest CASHNI score was in Tulare County (Table 15). Higher scores indicated a greater community need for adolescent sexual health services.

Table 15. California Adolescent Sexual Health Needs Index: Tulare County Communities with the Greatest Inequities in Sexual and Reproductive Health Services and Outcomes

MSSA ID	MSSA Name	CASHNI Score
231	Alpaugh/Earlimart/Pixley/Porterville/Rich Grove/Terra Bella	1,943*
230	Tipton/Tulare/Woodville	840
228.2	Exeter/Lemon Cove/ Lindsay /Strathmore	492
233	Farmersville/Goshen/Visalia	335
228.1	Ivanhoe/Woodlake	248
227.1	Dinuba	129
227.2	Cutler-Orosi	100
232	Springville	20

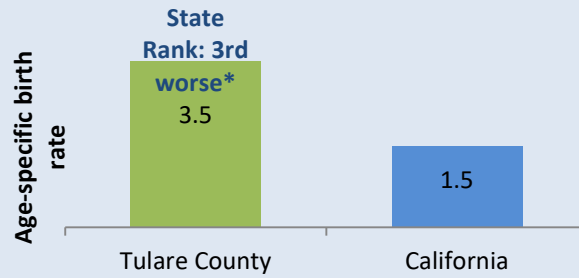
*Highest score in the state. A higher score indicates a greater community need.

Source: CA Department of Public Health, February 2022

Preventing unintended pregnancy among adolescents needs to be more of a public health priority in Tulare County. Evidence indicates that while some high school students make behavioral decisions that help prevent unintended pregnancy and sexually-transmitted infections, there is a need for increased efforts by parents and schools to provide them with comprehensive sex education and access to sexual health services, including contraception. While the reasons girls drop out of school vary, it is clear from the literature that pregnancy and parenting responsibilities are a major factor.³⁸

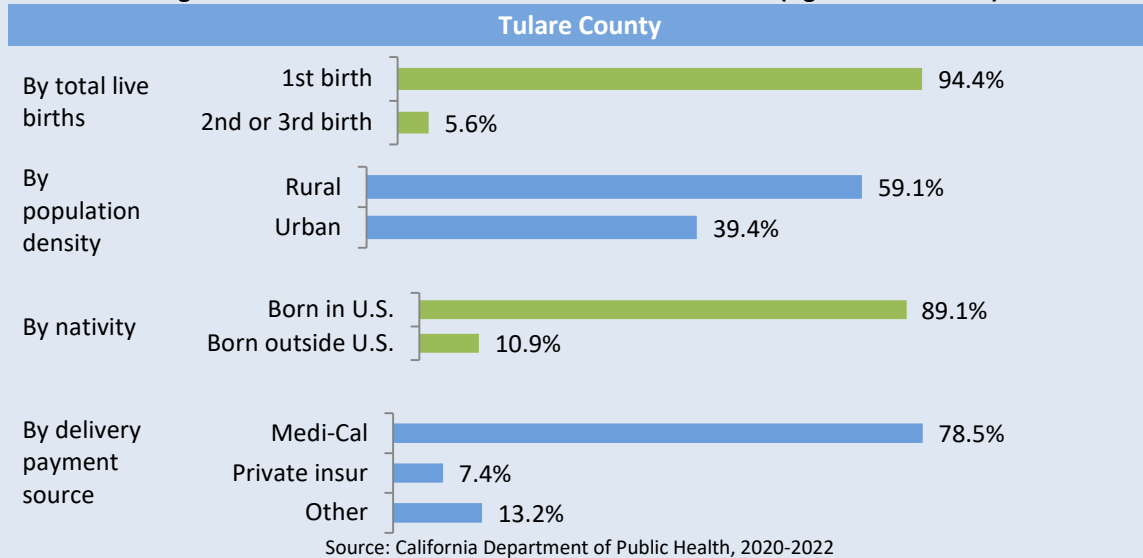
Although the adolescent birth rate has steadily declined over time in California counties—due in part to better access to birth control, better contraception methods and fading fear of contracting HIV—the rate in Tulare County continues to be among the highest in the state. Among the 36 counties with sufficient data on births to 10-17 year-olds in 2020-2022, Tulare County ranked 3rd worst in the state (Figure 10)—a designation that has not changed appreciably from year to year. Figure 11 shows selected characteristics of these births. Among 15-19 year olds in that same period, Tulare's adolescent birth rate, 19.3, was also more than double the state rate (19.3 vs. 9.5).

Figure 10. Adolescent Birth Rate, 10 to 17 Years Old, 2020-2022



Birth rate per 1,000, by county
 *Among California counties with a sufficient number of teen birth data.
 Source: California Department of Public Health, 2020-2022

Figure 11. Selected Characteristics of Adolescent Births (Age 10 to 17 Years)



Source: California Department of Public Health, 2020-2022

Adolescent Pregnancy: Lindsay

Due to Lindsay’s population size, we aggregated the number of teen births for a 5-year period. Looking at the most recent 5-year aggregated data, July 1, 2019 – June 30, 2024, for females age 10-17 whose residence was zip code 93247 (Lindsay) showed an *average annual birth rate of 4.5 births per 1,000 (or 31 births)—higher than the countywide rate of 3.2 per 1,000 for girls aged 10-17 during that period.*³⁹

All learners need and benefit from quality pregnancy/STI prevention education. However, awareness that not using a pregnancy prevention method differs by race/ethnicity (higher prevalence of no method among Black and Hispanic students, compared with white students) points to the importance of local learning communities tailoring prevention efforts to their learner populations.⁴⁰

Substance Use



Youth substance abuse in Tulare County and the implications for health, mental health, pregnancy risk, education completion, and gang and law enforcement involvement emerged as a pivotal concern in our key informant interviews. Below is a summary of the most recent (2023-24) * key indicators of substance use by LUSD high schoolers collected by the California Healthy Kids Survey.⁴¹ These CHKS data—although self-reported, dependent on student honesty, and likely an under-count—are a window into learner attitudes, beliefs and behaviors and are important measures intended to be used by school personnel to identify and respond to issues indicating concerns. Reported use of these substances is clearly higher among learners attending Alt Ed (Table __).

Table 16. Key Indicators of Substance Use Indicators, CHKS 2023-24

Current AOD Use, Past 30 Days ¹	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %	NT* %
Alcohol (one or more drinks)	4	3	6	6	24
Heavy alcohol use (binge drinking = 5 or more drinks in a row)	1	2	1	3	20
Tobacco (smoking)	1	1	0	2	3
Tobacco vaping	0	1	0	1	11
Marijuana vaping	0	2	0	1	7
Rx drugs to get “high” (or reasons other than prescribed)	1	1	0	1	7
Other drug, pill, medicine to get “high” (reasons other than medical)	0	1	0	2	10

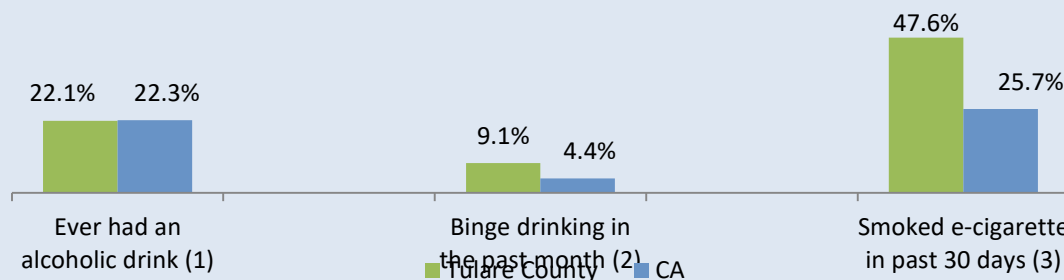
Source: California Healthy Kids Survey.

*NT includes continuation, community day, and other alternative school types. In this report NT = JJ Cairns Continuation data.

¹Percentage reporting “During the past 30 days, on how many days did you use or do.....?”

Countywide data from the California Health Interview Survey (CHIS) shed additional light on teen substance use. Figure 12 shows available CHIS data from questions asked of adolescents 12 to 17 years of age in Tulare County and the state in 2019-2022. Tulare County youth reported similar rates of recent alcohol use except when it came to binge drinking, which was twice as high as statewide youth reported; similarly, smoking e-cigarettes was nearly twice as high.

Figure 12. Selected Substance Use Behavior, Youth Age 12-17, 2019-2022



Source: California Health Interview Survey

¹ Respondents were asked: "Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed drinks, or liquor?"

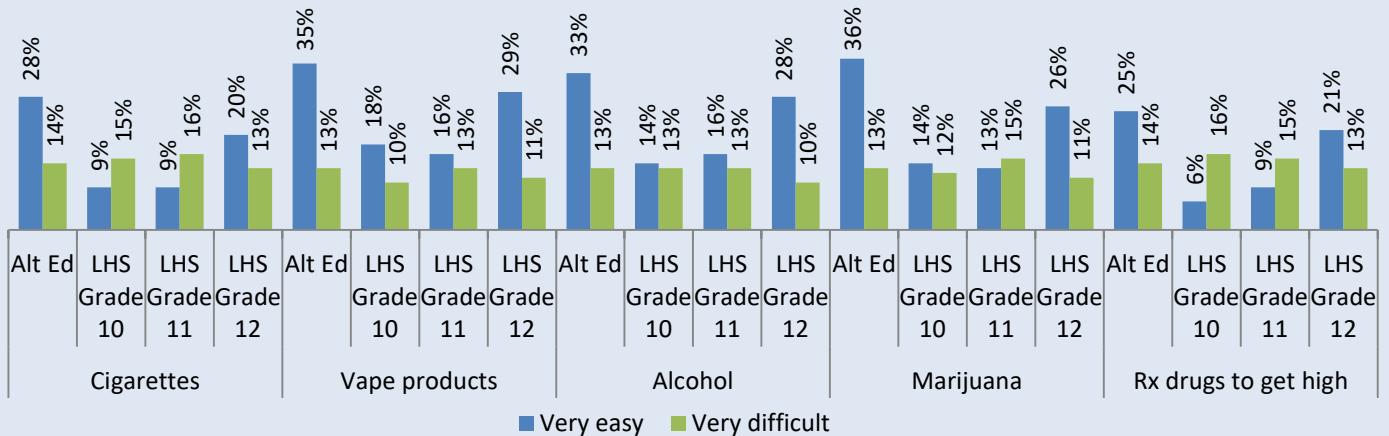
² Male binge drinking was defined as 5 or more drinks on one occasion in past month, female binge drinking was 4 or more drinks.

³ "In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?"

* The CHKS was administered by LUSD in fall 2023. Note that the California Safe and Supportive Schools website (ca-safe-supportive-schools.wested.org) provides information and tools helpful in implementing effective strategies to address the needs identified by the survey.

It is interesting to see what LUSD high school kids said about the difficulty in obtaining alcohol and drugs “if you really want them” (Figure 13). All of the products were easier to obtain for the Alt Ed learners, and for LHS became easier the older the student.

Figure 13. Perceived Difficulty of Obtaining AOD Products to get “High,” 2023-24



Source: California Healthy Kids Survey, 2023-24

Mental/Emotional Health

Student mental health can have a big impact on their health and well-being. A key take-away from research shows the number of adolescents reporting poor mental health is increasing. School staff along with families are more and more being called on to connect with students and create the kind of protective relationships that help develop good mental health. According to the CDC, mental health problems in youth often go hand-in-hand with academic struggle and other health and behavioral risks like increased risk of drug use, experiencing violence, and higher risk sexual behaviors that can lead to HIV, STIs, and unintended pregnancy.⁴²



LUSD high school learner data in the 2023-24 CHKS—and corroborated by student focus group and survey input discussed later in this report—bring into focus the level of distress some local learners are experiencing. For instance, from 20% - 33% of the LUSD students reporting in the CHKS said they felt persistently sad or hopeless in the past year and about one-quarter experienced poor mental health; fewer than half expressed optimism when asked questions pertaining to that (Table 17).

Table 17. Percentage of LUSD Learner Responses to CHKS Mental Health Indicators, 2023-24

	Grade 9%	Grade 10%	Grade 11%	Grade 12%	NT* %
Mental Health					
Persistent sadness or hopelessness, last 12 mos. ¹	20	25	20	20	34
Social emotional distress ²	22	22	18	19	26
Seriously considered suicide, last 12 mos. ¹	9	10	6	4	15
Optimism ²	46	40	45	40	38
Life satisfaction ³	69	62	64	70	57
Social-emotional school supports ¹	52	43	42	46	63

Table continues on next page

	Grade 9%	Grade 10%	Grade 11%	Grade 12%	NT* %
Engagement/Support					
School connectedness ¹	57	49	48	50	60
Meaningful participation at school ²	31	31	32	33	42
Academic motivation ¹	66	63	59	64	50
School perceived as boring ¹	32	40	41	34	45
Caring adult relationship at school ²	65	50	58	64	69
High expectations-adults in school ²	80	74	71	72	77
Family Connectedness ²	61	51	52	51	61

Source: California Healthy Kids Survey.

*NT includes continuation, community day, and other alternative school types. In this report NT = JJ Cairns Continuation data.

¹Avg percent reporting “agree,” or “strongly agree.”

² Avg percent reporting “pretty much true” or “very much true.”

³ Avg. percent reporting “agree” or “strongly agree.”

Suicide

Communities need prevention services to promote mental health and address problems long before they become acute to effectively reduce suicides and suicidal behavior. According to the CDC, suicide in ages 10-14, which has been rising since 2007, is now the second-leading cause of death after car accidents.⁴³ Many factors can increase the risk for suicide or protect against it. Students going through major life changes (parents' divorce, moving, a parent leaving home due to incarceration, financial changes) and those who are bullied or experience racism and stigma are at greater risk of suicidal thoughts. While the numbers are small, and caution should be taken in interpretation, data pulled by Tulare Mental Health showed no suicides in Tulare County children ages 10-14 between 2019 and 2022, but 2 suicides in this age group in 2023. Among 15-18 year-olds, there were 1 each in 2021 and 2022, 2 in 2023 and 2 in 2024.⁴⁴

Adverse Childhood Experiences (ACES)

Landmark research has identified the link between adverse childhood experiences (potentially traumatic connected events that occur before a child reaches 18) and negative health and behavior outcomes. These “ACES” include increased likelihood of risky behaviors, chronic disease, poor quality of life, and decreased life expectancy. Experiencing child abuse, having a family member with mental illness, having a family member struggle with substance abuse, and being exposed to violence in one’s home are examples of ACES traumatic events. According to the studies,⁴⁵ individuals who experience 4 or more ACES are at a tipping point of substantially greater risk—including of “toxic stress physiology”—than individuals experiencing 3 or fewer ACES.

The use of the ACES screening tool has been valuable to Lindsay FRC in documenting adult clients’ adverse childhood experiences. Our evaluation of its First 5-funded programs has given us several years of ACES data that shared here may benefit the LUSD learning communities. Over the last 3 years, 140 adults were screened by the FRC. As Table 18 on the next page shows, 27.6% of these Lindsay adults, on average, reflecting the rest of Tulare County adults, reported having 4 or more ACES, which compares unfavorably to 22.4% of adults statewide.⁴⁶ When the California Health Interview Survey also asked Tulare County teens (a statistically unstable sample) whether they had any adverse childhood experiences, 51.6%, compared to the 41.6% in the rest of the state, said yes.

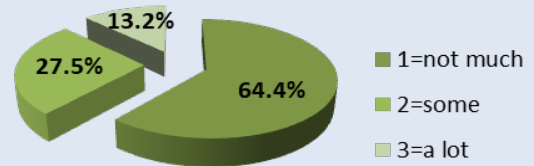
The tool also asks how the adult views the impact of these ACES on their health. On average 64.4% claimed it had minimal (“not much”) impact, 27.5% believed there was “some” affect, and 13.2% considered the experience had greatly (“a lot”) affected their health (Figure 14).

Table 18. Number of ACES Experienced by Lindsay FRC Clients, 3-Yr Avg (n=140)

Number of Aces	Percent of Parents
0	37.4%
1	16.7%
2	12.0%
3	5.3%
4	2.9%
5	10.9%
6	7.5%
7	2.5%
8	0.0%
9	2.6%
10	1.2%
4+ Lindsay FRC Adults	27.6%
4+ Tulare County Adults ¹	27.8%
4+ California Adults ¹	22.4%

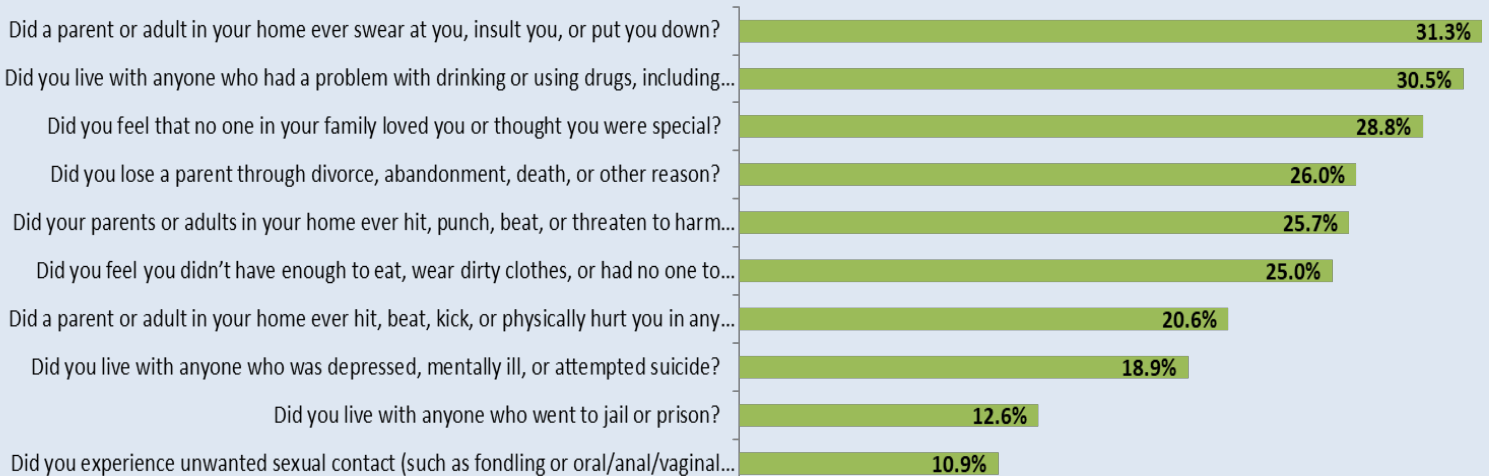
¹Data Source: UCLA CA Health Interview Survey, 2022.

Figure 14. Extent to Which Lindsay FRC Clients Believed the ACES they Experienced had Affected their Health, 3-Yr Avg (n=140)



According to these Lindsay FRC clients, contempt, disregard or other disrespectful behavior toward them by their parents/caregivers when they were growing up, along with living with someone with substance use disorders, were the most commonly reported stressors, for about one-third of these parents. Basic needs (of particular importance in the community school model), i.e., feeling they didn’t have enough to eat or had to wear unclean clothes was distressful during one-quarter of the adults’ childhoods.

Figure 15. Percent of Lindsay FRC Clients Who Experienced Each Type of ACES Life Event (n=140)¹



¹Clients were instructed to read the questions and “Check each ACE category you experienced prior to your 18th birthday.”

OTHER INDICATORS OF WELL-BEING



School Safety

Feeling safe and is vital to a child’s development. It follows that learning suffers when students fear for their safety or worry about being bullied. A summary of the LUSD high school learner data from the 2023-24 CHKS are displayed in Table 19. Given the focus groups’ (parents and learners) concerns about bullying and feeling safe at school, it is noteworthy that fewer than half of learners agreed that their campus had an anti-bullying climate.

Table 19. Percentage of LUSD Learner Responses to CHKS Safety-Related Indicators, 2023-24

Safety/Cyberbullying	Grade 9%	Grade 10%	Grade 11%	Grade 12%	NT* %
Anti-bullying climate at school ¹	48	36	39	41	50
School violence victimization, more than 1 time last 12 mos. ¹	21	15	7	12	11
School perceived as very safe or safe ¹	58	57	60	63	76
Saw weapon at school, last 12 mos. ¹	2	1	4	3	5
Cyberbullying, last 12 mos. ¹	21	17	11	9	21
Consider oneself as a member of a gang ¹	3	1	1	2	2

Source: California Healthy Kids Survey.

*NT includes continuation, community day, and other alternative school types. In this report NT = JJ Cairns Continuation data.

¹Avg percent reporting “agree,” or “strongly agree.”

Unintentional Injuries

Injury poses potential lifelong impacts on physical and mental health and economic and social effects on families. Among adolescents 10-19 years of age, unintentional injuries are the largest reason for disability and the leading cause of death; transportation-related causes are the largest source of these injuries.⁴⁷ CDC data show motor-vehicle traffic crashes as the leading cause of unintentional injury death and the second leading cause of non-fatal unintentional injury among adolescents and young adults ages 15-24.⁴⁸ Emergency department (ED) visits and rates among motor vehicle occupants in this age group in California in 2020 occurred highest in the Central San Joaquin Valley counties.⁴⁹ Looking at Tulare County adolescents specifically, there were 2,409 visits to an ED for unintentional non-fatal injuries among teens age 15-19 in 2022.⁵⁰ Table 20 gives us an idea about the reasons for most of these visits.*

Table 20. Non-Fatal Unintentional Injuries among Tulare County Teens Age 15-19, 2022*

	Reason	Number	Example
Emergency Department Visits (n=2,409)	Motor vehicle - occupant	382	Teen driver or passenger
	Motor vehicle – non-traffic	43	Driver injury in collision with a stationary object
	Motor vehicle – pedestrian	16	Pedestrian hit by car with teen driver
	Motor vehicle – motorcyclist	14	Teen driver or passenger
	Pedal/cyclist	18	Bicycle incident
	Cut or pierced skin	178	Chain saw, equipment
	Fall-related	464	Could include sports injuries

Table continues on next page

* Data on other unintentional injuries, whether for an ED visit or admittance to a hospital, such as firearms and burns, are not available for fewer than 11 occurrences.

(Table 21., continued)

	Poisoning – drug	46	By fentanyl or fentanyl analogs or opioids
	Poisoning – non-drug	14	Toxic effects of smoke or substances like solvents
	Foreign body	35	In the cornea of the eye, inserted into the vagina
	Other; classifiable	64	Exposure to electric current, skateboard accident
	Unspecified	323	“Exposure to unspecified factors”
Hospitalizations (n=59)	Non-fatal injury	48	
	Motor vehicle - occupant	11	

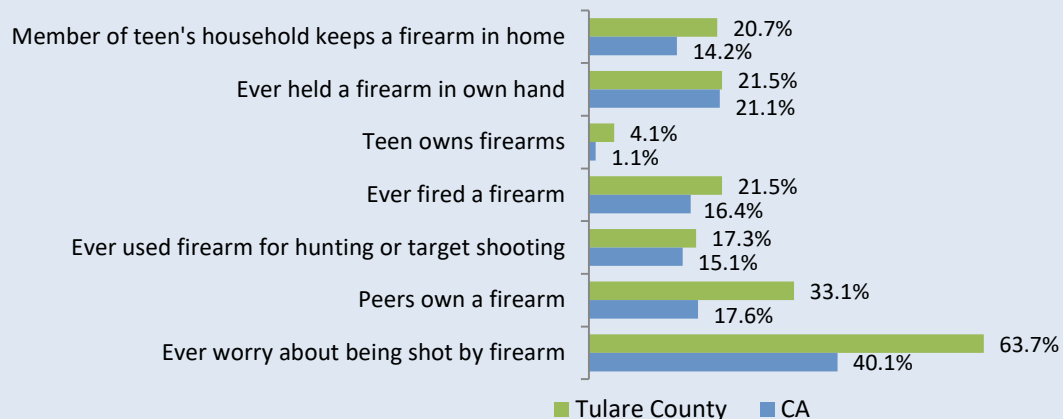
Source: California Department of Public Health.

*Data on other injuries (e.g., firearms, burns) are not available when there are fewer than 11 cases.

Although Tulare County numbers are small (data are suppressed due to size), state and national data show firearm injuries and deaths have increased since the pandemic and adversely affect many children and adolescents. (Additionally, the U.S. has by far the highest rate of child and teen firearm mortality compared to peer countries.)⁵¹ Beyond death, there are many more youth who survive gunshot wounds or are otherwise exposed to gun violence.

In light of the impact of gun violence, the California Health Interview Survey (CHIS) added a number of firearms-related questions in the recent adolescent query. As Figure 16 shows, Tulare County youth age 11-17 own, handle, fire and worry about being shot to a greater extent than their peers statewide.

Figure 16. Teen Experience with Firearms



Source: California Health Interview Survey (CHIS), 2022

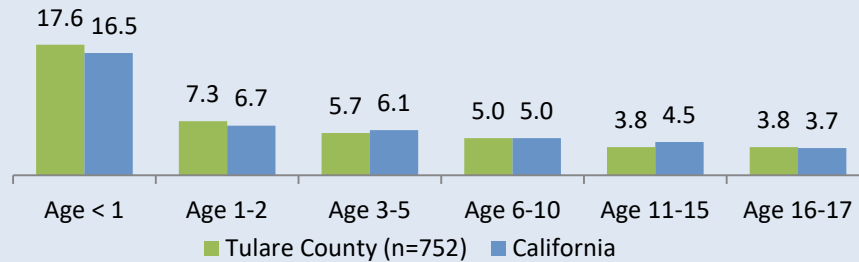
Family and Child Maltreatment

Other important measure of child well-being that, like substance abuse and mental health, alert school personnel to problems, and include physical and emotional maltreatment in its multiple forms—domestic violence, physical abuse and neglect and sexual abuse—which take a toll on learner well-being.

Child Abuse and Neglect

It is well known that children who have experienced abuse and neglect are at increased risk for a number of problematic developmental, health, and mental health outcomes, including learning problems.⁵² The rate of Tulare County children with *substantiated* cases of abuse and neglect in 2023 (where children under the age of 1 made up a higher percentage) did not differ significantly from statewide rates (Figure 17). Of the 752 county cases, 225 (29.9%) were among learners age 11-17.⁵³

Figure 17. Rates of Substantiated Child Maltreatment Allegations, Age 0-17, 2023



Rates are prevalence per 1,000 children.

Source: UC Berkeley, California Child Welfare Indicators Project Reports.

Racial disparity reports examine the degree to which groups of children have contact with the child welfare system at higher or lower rates than their presence in the general population. Although some of the rates are based on a small population, in Tulare County disparity is highest for Native American followed by Black children. Hispanic children are over-represented only in comparison to Asian children (data not shown).

Domestic Violence

Domestic violence comes in many forms: most commonly physical, emotional/psychological and sexual, and is far more common—and underreported—than is realized. Domestic violence, including homicides, drives a significant share of violence perpetrated against women and children in particular.⁵⁴ Exposure to domestic violence in childhood has been linked to low self-esteem, social withdrawal, depression, and anxiety—outcomes increasingly evident in surveys such as the California Healthy Kids Survey data. This issue is important because exposure also increases the risk that learners will exhibit behavioral problems like aggression—noted by many respondents in this needs assessment—and experience academic failures of dropping out or doing more poorly in school.⁵⁵ Research also shows how abuse—women escaping domestic violence—can drive homelessness.⁵⁶ Because poverty and unemployment can play a significant role in family violence, acute awareness by school personnel of possible or actual exposure to learners and its consequences is essential.

Data on intimate partner violence from the CA Health Interview Survey show Tulare County adults reporting a higher rate than statewide, and unlike statewide, slightly increasing between 2021 and 2022 (Figure 18). Data regarding calls* for domestic violence-related assistance in Tulare County during the 2-

* Calls for service don't necessarily result in a case report.

year period 2022-2023⁵⁷ are displayed to the right in Table 21. While “personal weapons” such as hands and feet were the most common weapon used, when it comes to domestic violence-related homicides using a firearm, Tulare County’s rate exceeds the state rate (Figure 19).⁵⁸

Figure 18. Experienced Physical or Sexual Violence by Intimate Partner in the Past Year, Adults

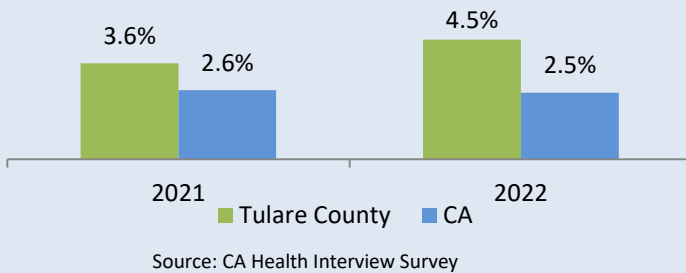


Table 21. Calls for Domestic Violence-Related Assistance, 2022 - 2023

Calls to:	# of Calls	% of Calls involving a Weapon ¹
All Tulare County	5,514	27.5%
Tulare County Sheriff	1,098	22.1%
Lindsay	147	28.6%

¹ The law does not require the type of weapon involved in a domestic violence-related call be reported.
Source: CA Department of Justice

Figure 19. Domestic Violence Gun Homicides per 100,000 Residents, 2018-2022



Source: California Department of Justice

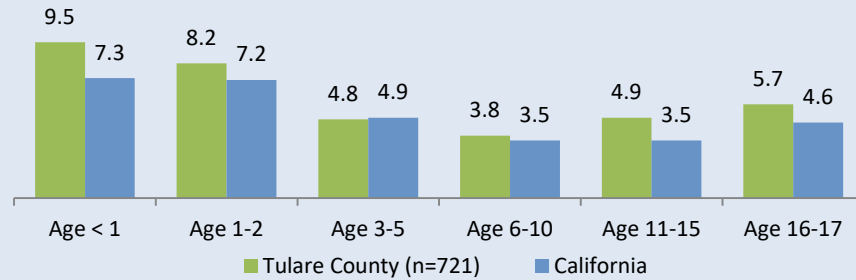
Pregnancy can be a heightened time for risk of domestic violence. In 2019-21, 6.6% of the pregnant women and girls in Tulare County vs. 5.4% statewide responding to the UCSF Maternal Infant Health Assessment survey reported physical or psychological intimate partner violence during their most recent pregnancy.⁵⁹

Foster Care

Thought it is a common reason, not all situations where children are taken into care involve abuse and neglect and even abandonment and exploitation. Sometimes, for example, parents die or become incarcerated and there are no family members available to care for the child or teen. (See the percent of Tulare County grandparents responsible for their own grandchildren <age 18 in Table 3.)

Looking at each age group, the proportion of Tulare County children in foster care on July 1, 2023 was higher than in the state for every age group except age 3-5 (Figure 20 on the next page), the difference markedly so for the age groups <1, and junior and senior high school-age students 11-15, and 16-17.⁶⁰

Figure 20. Prevalence Rates of Children Age 0-17 in Foster Care, Point in Time, July 1, 2023



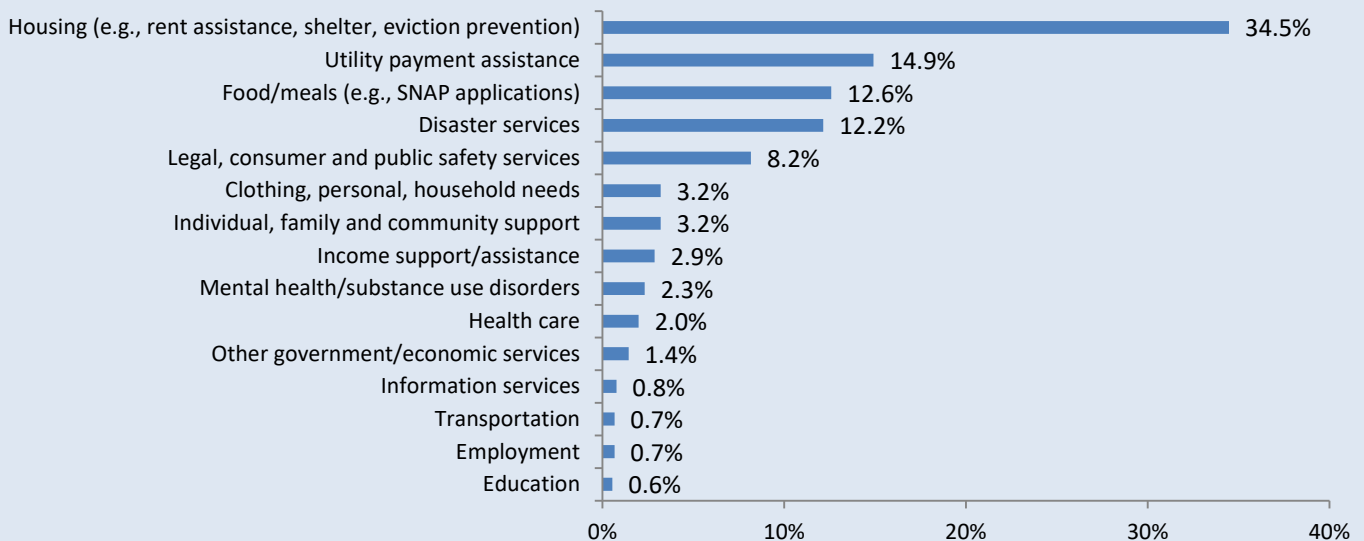
Rates are prevalence per 1,000 children.
 Source: California Child Welfare Indicators Project Reports.

This issue is important to learning communities because while in foster care many youth are moved around from home to home, without forming real connections. Some get no special academic support. For example, a parent may fight for an IEP whereas a foster parent may not be so willing to fight for the learner they are fostering. And, some foster homes, which may be good, lack resources and are unable to meet all the needs these learners have.

Calls to 2-1-1 United Way

2-1-1 Tulare County connects communities with resources, services, and opportunities, and calls to them for assistance are another gauge of community needs. The graph below shows the type of calls 2-1-1 received over a 2-year period, filtered by zip code for the City of Lindsay; these calls were most likely to be residents within the Lindsay Unified School District.⁶¹ Of the 588 distinct calls, there was an average of 1.53 requests per caller, most notably for assistance with housing/shelter-related issues (Figure 21). The relatively low percentage of calls for other services should not be interpreted as being of low need; callers may have understood that 2-1-1 was not the place to look for substance abuse services, for instance.

Figure 21. 2-1-1 United Way Calls for Assistance from the City of Lindsay Residents, by Type of Concern (n=588)



Source: United Way, May 2024. Data are from Calendar Years 2022 and 2023.

SCHOOL-LEVEL OUTCOME DATA



This section presents school-level profile and outcome baseline data for Lindsay High School and Alternative Education in 2023-24, disaggregated, where data were available, by the learner subgroup requirements for Community School applications. Alt Ed, in this section of the report refers to JJ Cairns Continuation.

Enrollment

Table 22. Learner Population by High School, 2023-24

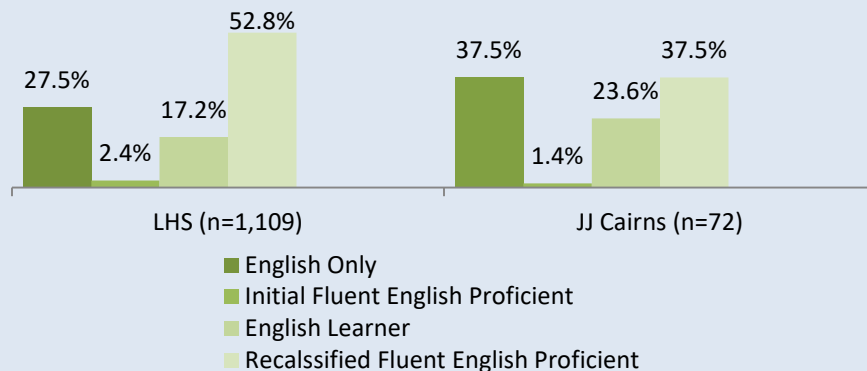
High School	Total	Grade 9		Grade 10		Grade 11		Grade 12	
ALT ED		#	%	#	%	#	%	#	%
JJ Cairns	72	0	0%	8	11.1%	26	36.1%	38	52.8%
Loma Vista Charter	43	15	34.9%	5	11.6%	9	20.9%	14	32.6%
Lindsay Community Day	19	2	10.5%	3	15.8%	7	36.8%	7	36.8%
	134								
LHS	1,109	270	24.3%	281	25.3%	305	27.5%	253	22.8%
TOTAL	1,377	287		297		347		312	

Source: CA Department of Education DataQuest, 2023-24.

Enrollment by English Language Proficiency

Many studies acknowledge that English proficiency—in both reading and writing—contributes to academic performance and career success.⁶² The English Language Acquisition Program (ELAP) is designed to teach learners who speak languages other than English how to understand, speak, read and write in English. Program eligibility is determined by parent report or objective assessment. While students are learning English, they are also learning regular curricula like math, science and social studies. English language learners may receive special education services at the same time if needed. Figure 22 provides 2023-24 LUSD enrollment data for the two high schools by English Language Acquisition Status (ELAS).

Figure 22. Enrollment by English Language Acquisition Status



Source: CA Department of Education DataQuest, 2023-24.

Special Education Enrollment

According to state law, all learners are general education learners first, including those with disabilities, and inclusion in general education classrooms and programs should generally be considered the first setting for all learners. The special education enrollment data for LHS and Alt Ed (Table 23), broken out later in this section, help in understanding the needs of these learners.

Table 23. Special Education Enrollment, 2023-24

High School	Special Education	Regular Class	Regular Class	Regular Class
	Enrollment	80% or more of the Day	40%-79% of the Day	39% of less of the Day
LHS	151	85.4%	13.2%	1.3%
Alt Ed	2	100.0%		

Source: CA Department of Education DataQuest, 2023-24.

School Attendance and Chronic Absenteeism Rates

School attendance data by race/ethnicity are shown below only for the county and district as nearly all school-level data reflect the disproportionately high percentage of Hispanic learners (Table 24). The data that follow in Table 25 are by learner subgroups. To protect student privacy, CA Department of Education suppresses (*) the data if the cell size within a selected student population (cohort students) is 10 or less.

Table 24. Absenteeism by Reason, Grades 9 – 12, Learner Race/Ethnicity

LEARNERS	Tulare County			LUSD		
	Avg days absent	Excus'd absent	Unexcus'd absent	Avg days absent	Excus'd absent	Unexcus'd absent
African American	14.8	32.4%	44.9%	*	*	*
American Indian/NA	18.7	34.0%	46.3%	*	*	*
Asian	11.1	49.0%	29.5%	22.8	6.6%	45.3%
Filipino	7.4	65.0%	25.2%	*	*	*
Hispanic/Latino	13.1	45.6%	40.5%	13.9	26.6%	58.1%
Pacific Islander	17.0	52.4%	28.0%	*	*	*
White	12.9	48.4%	31.0%	32.5	18.7%	57.7%
2 or More Races	14.4	38.0%	27.5%	*	*	*

Source: CA Department of Education DataQuest, 2023-24.

*Cell size suppressed. Additionally, on the Ethnicity reports, "Not Reported" is suppressed, regardless of actual cell size, if the student population for one or more other ethnicity groups is suppressed.

Table 25. Absenteeism by Reason, Grades 9 – 12, Learner Subgroups

LEARNERS	Tulare County			LUSD			LHS			Alt Ed		
	Avg days absent	Excus'd absent	Unexcus'd Absent	Avg days absent	Excus'd absent	Unexcus'd Absent	Avg days absent	Excus'd absent	Unexcus'd Absent	Avg days absent	Excus'd absent	Unexcus'd Absent
English Learners	10.6	61.2%	33.2%	15.9	22.8%	58.7%	11.8	19.7%	71.8%	21.0	50.0%	48.6%
Homeless	15.3	46.2%	45.2%	14.7	26.0%	65.4%	11.3	21.9%	74.2%	15.5	47.9%	47.9%
With Disabilities	14.9	56.8%	35.0%	20.0	22.8%	67.9%	18.0	22.1%	73.8%	*	*	*
Foster	16.1	44.4%	41.1%	19.0	12.4%	58.3%	14.4	19.1%	64.2%	--	--	--
Migrant	9.0	62.8%	31.3%	10.7	25.6%	54.1%	8.8	27.8%	63.7%	*	*	*
Socioeconomic Disadvantage	11.9	57.2%	35.0%	15.2	25.7%	57.2%	11.3	25.6%	68.0%	26.7	45.0%	53.5%

Source: CA Department of Education DataQuest, 2023-24.

*Cell size suppressed.

With increased accountability for schools and school districts, the connection between student attendance and learning is increasingly being studied.⁶³ Poor attendance has serious implications for outcomes but chronic student absence (missing 10% of school) further reduces a learning community’s ability to provide learning opportunities. Learners with disabilities, from communities of color, and from economically disadvantaged families experience substantially higher chronic absence rates. The adverse impact of chronic absence is greatest for these learners and their families because they often lack the resources to make up for the lost learning opportunities in the classroom.⁶⁴ Because absenteeism was a serious problem during the pandemic and its aftermath it is instructive to compare the current school year (2023-24) with pre-COVID chronic absenteeism (2018-19) rates.

The rates of chronic absenteeism essentially doubled between the two time periods for all learners at the county level except American Indian/NA students (Table 22). Nearly all of the rates for the *learner race/ethnic subgroups*—where there was data—also more than doubled between these periods as Table 26 shows.

Table 26. Chronic Absenteeism Rate, Grades 9-12, Learner Race/Ethnicity

By Race/Ethnic Group	Tulare County		LUSD	
	2018-19	2023-24	2018-19	2023-24
All	9.0%	18.0%	8.5%	22.9%
African American	12.5%	30.5%	15.4%	*
American Indian/NA	15.5%	14.9%	*	*
Asian	4.3%	14.9%	3.4%	58.3%
Hispanic/Latino	9.0%	18.3%	8.1%	21.8%
Pacific Islander	13.2%	28.3%	*	*
White	9.2%	16.4%	19.0%	55.6%
2 or More Races	11.9%	22.2%	*	*

Source: CA Department of Education DataQuest, 2018-19 and 2023-24.

*Cell size suppressed. Additionally, on the Ethnicity reports, “Not Reported” is suppressed, regardless of actual cell size, if the student population for one or more other ethnicity groups is suppressed.

Table 27 makes it clear that students with family challenges and higher risk factors such as English learners, those in the foster care system and socioeconomic disadvantaged learners experienced high post-pandemic rates of chronic absenteeism.

Table 27. Chronic Absenteeism Rate, Learner Subgroups

	Tulare County		LUSD		LHS		ALT ED	
	2018-19	2023-24	2018-19	2023-24	2018-19	2023-24	2018-19	2023-24
English Learners	7.7%	23.0%	6.4%	11.8%	12.6%	19.5%	33.3%	53.8%
Foster	18.8%	37.5%	15.4%	33.3%	*	28.6%	*	*
Homeless	20.8%	36.2%	15.5%	16.3%	19.1%	19.2%	*	27.3%
Migrant Education	6.3%	14.7%	5.6%	8.9%	7.5%	12.3%	35.3%	*
With Disabilities	17.2%	28.5%	14.3%	22.0%	17.3%	29.9%	*	*
Socioeconomic Disadvantage	10.1%	20.3%	8.5%	15.2%	11.0%	17.9%	32.9%	61.9%

Source: CA Department of Education DataQuest, 2018-19 and 2023-24.

*Cell size suppressed.

Pupil Suspension Rates

Suspension rates (Table 28) represent the percentage of learners who were suspended for an aggregate total of one full day anytime during the school year. Sub-county suspension data by race/ethnic and other subgroups were suppressed due to cell size.

Table 28. Suspension Rate

	Cumulative Enrollment	Total Suspensions	Unduplicated Count of Students Suspended	Suspension Rate	Percent of Students Suspended with One Suspension	Percent of Students Suspended with Multiple Suspensions
Lindsay Senior High	1,154	116	79	6.8%	72.2%	27.8%
Alt Ed (JJ Cairns)	103	17	12	11.7%	58.3%	41.7%
Lindsay Unified	4,200	302	182	4.3%	65.9%	34.1%
Tulare County	106,985	6,892	4,232	4.0%	68.1%	31.9%

Source: CA Department of Education DataQuest, 2032-24. Note: High schools' expulsion rates are not available by learner subgroup.

High school Graduation and Dropout Rates

Tables 29 and 30 on the next page display the high school level (regular HS and diploma graduates) graduation and dropout rates for the current school year. Looking at the data by learner subgroup, at 94.1%, the LUSD cohort graduation rate was more favorable than the county (89.8%). and statewide (data not shown) rates (86.4%). Among the subgroups, English Language Learners experienced the highest rates of dropout.

Table 29. Four-Year Adjusted Cohort Graduation Rate and Adjusted Cohort Outcome by County and District

	Tulare County				LUSD			
	Cohort Learners	Regular HS Diploma Grads	Cohort Grad Rate	Dropouts	Cohort Learners	Regular HS Diploma Grads	Cohort Grad Rate	Dropouts
<i>By Race/Ethnicity</i>								
African American	80	66	82.5%	13.8%	*	*	*	*
American Indian/NA	59	45	76.3%	13.6%	*	*	*	*
Asian	163	142	87.1%	6.7%	*	*	*	*
Filipino	53	51	96.2%	1.9%	*	*	*	*
Hispanic/Latino	6,370	5,743	90.2%	5.4%	304	286	94.1%	4
Pacific Islander	15	11	73.3%	13.3%	*	*	*	*
White	1,238	1,113	89.9%	7.4%	*	*	*	*
2 or More Races	129	52	87.6%	10.9%	*	*	*	*
<i>By Learner Subgroup</i>								
All	8,171	7,336	89.8%	6.0%	320	301	94.1%	1.3%
English Learners	1,500	1,276	86.4%	9.0%	65	58	89.2%	4.6%
Foster	139	101	72.7%	14.4%	*	*	*	*
Homeless	421	327	77.7%	12.6%	51	48	94.1%	0.0%
Migrant Education	332	301	90.7%	6.0%	50	48	95.9%	0.0%
With Disabilities	861	644	74.8%	11.7%	30	26	93.8%	0.0%
Socioeconomic Disadvantage	6,972	6,206	89.0%	6.4%	303	285	94.1%	1.0%

Source: CA Department of Education DataQuest, 20223-24.

*Cell size suppressed.

Table 30. Four-Year Adjusted Cohort Graduation Rate and Adjusted Cohort Outcome by High School

	Cohort Learners	Regular HS Diploma Grads	Cohort Grad Rate	Dropouts	Dropout Rate
LINDSAY SENIOR HIGH	249	243	97.6%	4	1.6%
Race/Ethnicity					
Hispanic	239	233	97.5%	4	1.7%
Learner Subgroup					
English Learners	45	42	93.3%	3	6.7%
Homeless Youth	35	35	100.0%	*	*
Migrant Education	39	38	97.4%	*	*
Students with Disabilities	28	27	96.4%	*	*
Socioeconomically Disadvantaged	233	228	97.9%	3	1.3%
ALT ED (JJ CAIRNS)	40	39	97.5%	0	--
Race/Ethnicity					
Hispanic	37	36	97.3%	*	*
Learner Subgroup				*	*
English Learners	14	13	92.9%	*	*
Socially Disadvantaged	39	38	97.4%	*	*

Source: CA Department of Education DataQuest, 2032-24.

*Cell size suppressed.

COMMUNITY AND LUSD INPUT



Local perspectives about needs and recommendations add unique value – in some cases, more – to the statistical data. Community input helps to identify the most pressing needs and barriers. It also serves as a reality check and can have an impact on finalizing priorities for Full Service Community Schools. This section of the report includes findings from the Key Informants (a cross-section of stakeholder groups, partner organizations), High School Learners, Parents and Learning Community Staff.

KEY INFORMANTS

While most of the 20 Tulare County/Lindsay community leaders and professionals we talked with (Attachment 1) spoke to the issues they knew best from their professional roles, many were also able to describe needs as residents of Lindsay. These conversations generated valuable insights about high school students’ and families’ needs and concerns—and availability of community resources— that informed the needs assessment, providing a future roadmap for implementation. The Key Informants’ input about “the most pressing needs” is summarized in Table 31 below and discussed in more detail on the following pages.

Table 31. Priority Needs and Concerns Identified by Key Informants (n=20)

Needs/Problems	Challenges/Barriers
<ul style="list-style-type: none"> ▪ Mental/emotional health issues, e.g., increased anxiety, stress, depression. ▪ Limited access to healthy food choices. ▪ Teen pregnancy (not always unintended). ▪ Substance use, especially vaping (mostly tobacco). ▪ Low utilization of preventive dental services. ▪ Gang influence. ▪ Learner chronic diseases, e.g., diabetes, asthma. ▪ Transportation to programs and services. ▪ More academic support for foster and homeless youth. 	<p>School/System-Related</p> <ul style="list-style-type: none"> ▪ Campus-based and agency office appts for MH are essentially for learners with Medi-Cal; those with employer-based insurance have to find private therapist which are in short supply. ▪ MH appointments on campus are short-term and time limited; private space to talk is not always guaranteed. ▪ Low buy-in for the value of regular dental visits. ▪ Limited scope of some Medi-Cal dental benefits, e.g., restorative care for youth >age 12. ▪ High cost of groceries limits nutritional choices. ▪ RN/LVN management requirements for chronic diseases take up inordinate amount of time, limiting opportunities for other important activities, e.g., health education, sex education. <p>Parent/Learner-Related</p> <ul style="list-style-type: none"> ▪ Many parents of HS learners are “hands off” and think kids can take care of themselves at that age. ▪ Some parents are in denial about MH issues to allow the kids to get the services (“they’re fine”). ▪ Many parents work 2 jobs/atypical shifts, limiting transportation to appts; income loss occurs from time off work. ▪ Parents who are in unstable/crisis mode themselves hard to focus enough on/fully engage with their learners’ needs. ▪ Teen pregnancy is the “norm” in some families. ▪ Educational achievement is not a shared goal to all learners nor necessarily defined the same way.

Mental-Emotional Health-Related Needs

The Key Informants were nearly unanimous in naming learner mental health as one of the most important needs this project should be addressing. While some *therapist* time (as opposed to counselors, who are primarily for academic support) is available on campus, e.g., Dr. Prado at Alt Ed, it is not sufficient given the level of learner stress the Key Informants described. This goes beyond what is “normal” teen angst, they said.

Some of the interviewees had the impression that parents of high schoolers were not very interested in “trauma healing” which can “take a long time” to really deal with (and be threatening); they observed parents who want the behavioral issues addressed as “just fix my kid” without being too involved. The fact that in Medi-Cal the one-on-one MH appointments are generally limited to once a week (or bi-weekly) for 6 weeks, and only 30-35 minutes in length, means the therapists can’t get very deep into things under this kind of “delivery system.” It was also pointed out that COVID “opened the door” to virtual tele-mental health—and a new business opportunity for agencies—with a seemingly high client (and therapist?) preference for this model; once consumers were exposed to the benefits of virtual services, they pointed out, and they got used to this.

Bullying—sometimes starting in junior high and carried over—and its impact on mental health was also cited as major concern by several individuals. Mental health agencies were said to be seeing a lot more bullying, and the way it’s all over social media (which goes on over the weekends, not just during school hours) “makes it very ugly.”

Some of the concerns and challenges associated with mental health needs that were further articulated are these comments:

- *“If LUSD could take more care of the lower-need mental health issues it would open more capacity for the kids with the higher needs that agencies can address.”*
- *“Parent engagement [in their child’s MH needs] is a lot lower in high school; parents are hands off, or sometimes their learners just don’t approve allowing their parents to participate in therapy sessions.”*
- *“Every school says they have no tolerance for bullying but they need to back it up. Every school lets it happen; they turn a blind eye. There needs to be real consequences.”*
- *“Because kids [at Alt Ed particularly] have been dropped so often trusting an adult is harder for them to do.”*
- *“Virtual MH visits are effective and time-saving, and kids are on their phones anyway.”*

Nutrition

The lack of healthy food choices is of course not limited to Lindsay or even Tulare County, but the concern was raised by about one-third of the Key Informants. Some mentioned the unreasonably high cost of groceries (especially in areas without supermarkets where people have to shop in mom-and-pop or convenience stores. Others mentioned the poor quality of food items—and lack of fresh products—delivered through food banks (*“We appreciate it but our families really don’t want to use the stuff”*).

Some individuals were sure that if more nutrition/cooking classes were offered—ones that were accessible (Saturday morning), easy to get to (school cafeteria), practical (food items that were understandable, affordable and locally available), useful (realistic menu planning), acceptable (culturally familiar), and delivered by an engaging nutritionist—families would find enough value to sign up.

Teen Pregnancy

In the discussion with Key Informants about teen pregnancy—it was only identified by 4 (20%) of them as one of the “pressing issues”—many seemed very surprised at Tulare County’s inordinately high rate of adolescent pregnancy, more so when we shared the data with them for the 0-17 year-olds. While the interviewees were genuinely concerned—particularly about the disruption to learning for both teen mothers and fathers when the pregnancy is carried to term—we also heard what has become a familiar response to this issue during our various Tulare County needs assessments: “we’re a conservative....Hispanic....Catholic county....” as a rationale (for some) to lie low on the issue. Those who thought there should be “more conversations” about sex education had these comments to offer in support of highlight on the problem:

- *“We have to change the cultural understanding that teen pregnancy isn’t cool.”*
- *“Teen pregnancy is the norm so they [teens, family members] don’t see it as a problem.”*
- *“The [generational] cycle of ‘my mom had me at 16, her mom had her at 15’ isn’t going to be broken until someone calls it out; it’s culturally ingrained.”*
- *“Kids are embarrassed to ask for Plan B [a type of emergency contraception, also known as the morning-after pill, which can be used to prevent pregnancy after unprotected sex] because it’s behind the locked cabinets at the store.”*

Substance Use/Gang Involvement

One of the salient points made by a Key Informant about gang involvement (if not actual membership, then gang affiliation) was the poverty of Lindsay families made the gang lifestyle seem more attractive to some kids. Single-parent families, parents with long work hours, and not having enough clean clothes, food and reliable transportation to participate in “preventive” activities like sports and music and positive involvement in the community were significant factors that account for gang attraction. (It’s hard to not see strategies that could counteract these factors; the strategies sort of suggest themselves given the interviewee’s input.) Several individuals offered interesting comments concerning substance use and gang-related issues:

- *“I find the kids don’t really want to talk about it [substance use], you kind of have to pry it out of them unless they’re really looking to quit or get some help.”*
- *“It’s 95% weed [use]; alcohol is secondary or mostly just on weekends.”*
- *“Drug users tend to have unprotected sex.”*
- *“Some students think to meet their graduation goal they just stop using marijuana for a while and pass a drug test.”*

- *“There’s very easy access to substances but [in my experience] it’s mostly used as a coping skill for mental health, sort of like their adult family members do with alcohol.”*
- *“Kids think it’s ‘cool’ to be associated with a gang; it’s a style thing, status.”*
- *“Identifying these kids [at risk of gang involvement] early is crucial. You can see the transformation when a kid starts dressing differently, behaving differently, grades slipping, truancy; maybe they’ve just asking for help.”*
- *“Many parents don’t always understand the [gang] recruitment efforts.”*
- *“It’s sometimes easier to get gang members to improve, they’re more open to change, than gamers or introverts.”*

Other Important Issues

A couple of people talked about the need to re-define educational success in order to expand opportunities and ensure realistic goals for more learners. Specifically, the high cost of a 4-year college (with some parents discouraging educational debt) or limited knowledge about grant/scholarship opportunities turns some kids away; and, the route of interesting trade/vocation school programs is not always introduced or promoted enough, they thought. Some families encourage their children to not incur debt of college

One individual with an education background shared the experience of seeing more young people with little regard for the intrinsic value of education—learning for its own sake—and only judging it for whatever tangible results were possible for themselves, e.g., a link to a better-paying job. It’s the employment connection and the “what’s in it for me? what do I get out of it” questions that make it challenging to motivate some learners.

Finally, some of the key informants mentioned another related issue, this one the lack of family support for education that disrupts learning and challenges achievement: families that pull students out of class to go to Mexico for long durations or to work in the fields during high crop seasons, for example, or families that don’t care if their learner finishes school—for instance when a girl becomes pregnant and drops out and “is only going to get married and be a mother anyway.” These and the other observations above are undoubtedly familiar to most readers of this report.

Key Informant Recommendations for Community School Priorities

Consistent with the most-pressing needs they identified, Key Informants responded to the challenge, “If you could make just *one* significant difference in meeting learners’ needs with any new grant funds, relative to the 4 Community School pillars, what would it be?” with the following thoughtful recommendations.

Integrated student supports

- Provide stronger enforcement of anti-bullying policies; follow through when it’s identified.
- Increase LMFT/LCSW time on campus to add more mental/emotional health support services, and establish a billing mechanism or funding source that allows seeing learners whose families have employer-based insurance benefits or eligible for Medi-Cal.

- In addition to ensuring a completely private space for delivering on-campus one-on-one mental health counseling, each campus should also make available a private space large enough to hold groups.
- Arrange with the major agricultural growers who employ Lindsay parents to create a few bins of fresh produce for worker families to take home (*“it should not be hard to do this”*); identify someone to champion this.
- Replicate TCOE’s Dream Center (*“not well used because of distance to Visalia”*) in Lindsay—or at least Porterville—to create a hub of co-located services responsive to teenagers’ needs, e.g., tutoring, food pantry, clothes closet, counseling.
- Make preventive health activities—for instance, assessing and teaching learners about the value of regular dental care and better nutritional choices—a higher priority for school nurses; reduce or streamline administrative processes that might be interfering or are inefficient.

Family and community engagement

- Host at least 2 trainings a year for parents on gang education; invite the kind of speakers likely to appeal to families,* and provide incentives that will increase the likelihood of attendance, e.g., food, weekend event, transportation.

Collaborative leadership and practices

- Increase training for learning facilitators, coaches and other personnel to better identify learner mental health needs, specifically the risk factors associated with suicide, and for students to recognize signs among their peers for prevention and earlier intervention.
- Provide more training to school personnel on the trauma associated with bullying; make clear the connection of its consequences to educational achievement.
- Encourage more conversations—groups, curricula, guest speakers—about sexuality (*“talking about it doesn’t mean you’re encouraging experimentation”*); acknowledge that kids need to hear and engage in these conversations in a healthy way.

Extended learning time and opportunities

- Establish purposeful community mentorships and promote linkages with learners; actively monitor for success.
- Empower girls through support groups, curriculum changes, etc., to *want* educational achievement.
- Promote and support expanded career pathways that fit the unique needs of each learner; give additional attention to girls who need extra encouragement to achieve educational goals.
- Look for more ways of showing learners how to give back to the community; engage the reticent, risk-seekers, and other “challenging” learners.

* One interview believed gang prevention training should not be given by law enforcement as “some families don’t trust them” but “would trust an organization like drug abuse services.”



LEARNERS

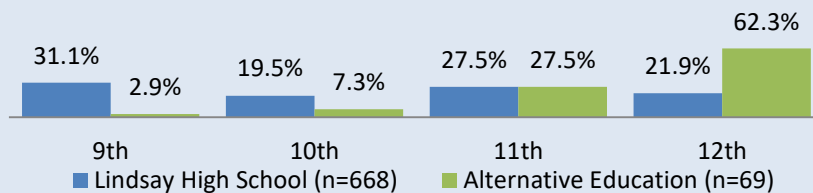
*“The social media out there puts pressure on all of us to be a certain way.”
- Learner Focus Group*

“The teachers are the best. They help with anything” - Learner Survey

SURVEY SAMPLE

A total of 737 learners, 69 (9.4%) from Alternative Education (Alt Ed) and 668 (90.6%) from Lindsay High School (LHS), participated in the online Learner Survey in November 2024. This survey was intended for learners in grades 10, 11 and 12, though as Figure 23 shows, about one-third of the LHS sample was made up of 9th graders. (The rationale for limiting the survey to the older learners was to ensure students had a least one year of HS experience when responding to the questions.) The disproportionately high percentage of 12th graders from Alt Ed makes sense as many are enrolled there in their senior year when they are at most risk of not graduating high school.

Figure 23. High School Learner Survey Sample (n=737)



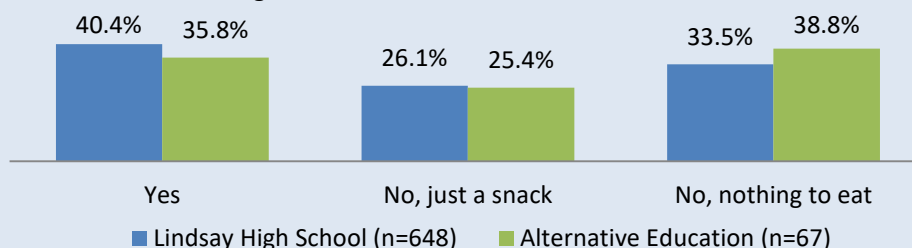
Input from the 298 learners who participated in focus groups is integrated into this section of the report.

REGULAR ROUTINE

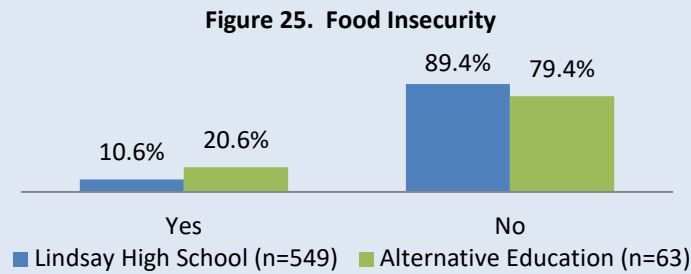
Common health issues for high school learners include poor nutrition, substance use, inadequate sleep, risks associated with sexual behaviors and driving habits and stress related to academics and social pressures. An important role of a Community School is to provide learning opportunities for healthy choice and reinforce healthy behaviors.

Despite being offered some type of breakfast at school, only 36% (Alt Ed) and 40% (LHS) of learners said they usually ate breakfast every morning (similar to what seniors reported in the 2023-24 CHKS); about one-quarter reporting they typically just had a snack (e.g., coffee or coke and a donut).

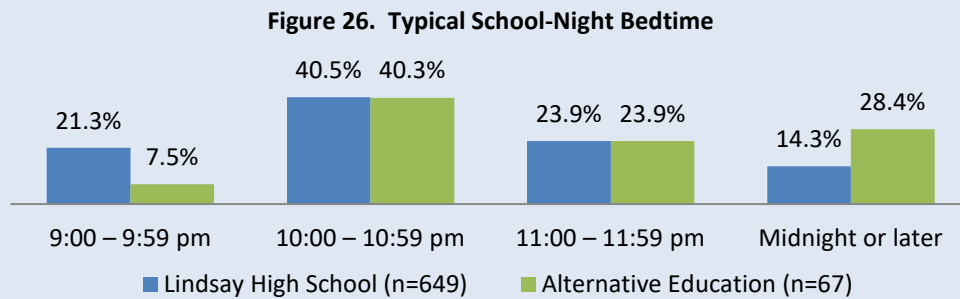
Figure 24. Learners' Usual Breakfast Habits



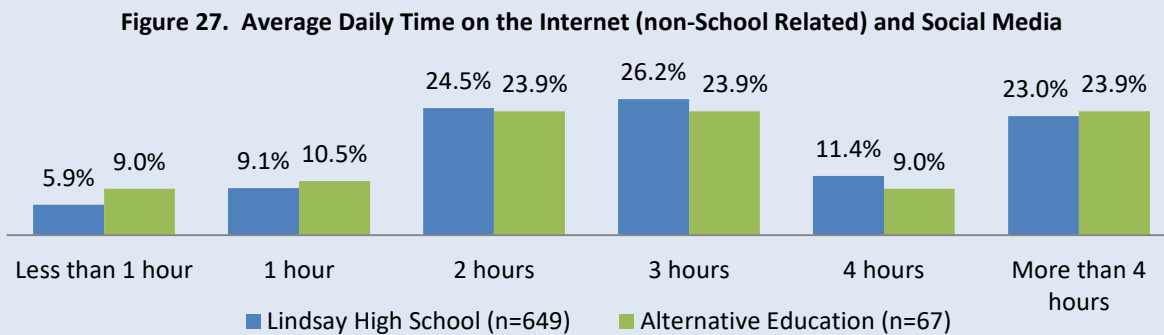
Not eating breakfast, or eating only snacks (perhaps those provided at school) could be related to having enough food at home. Asked if in the last month there had been any days when they or their family did not have enough food to eat, 1 in 5 Alt Ed learners said “yes” as did 1 in 10 at LHS (Figure 25).



It is well known that not getting enough sleep due to busy schedules and screen time can impact learners’ cognitive function and mood; lack of sleep is also one of the contributors to obesity among adolescents.⁶⁵ Asked when they typically went to bed on a school night, most learners (at both schools) reported 10:00-11:00 p.m. The proportion of Alt Ed learners who marked “midnight or later” was twice the percentage as the LHS learners (Figure 26). (Note: these are earlier bedtimes than learners reported in the 2023-24 CHKS where 28% of 12th graders at LHS and 45% Alt Ed had reported “midnight or later.”)



While the time Lindsay learners say they spend on screen time and video apps like TikTok each day (Figure 27) is a concern, it is actually lower than what is typical nationally. According to a 2023 Gallup poll, 51% of U.S. teenagers spend at least 4 hours a day on social media, with older teens and girls exceeding the overall average in social media time.⁶⁶





HEALTH AND WELLNESS

Factors like body image, activity level, stress levels, diet, family health history, and social comparisons can influence how students perceive their health. Not surprisingly, a greater proportion of LHS than Alt Ed learners—23.5% and 15.9%, respectively—perceived their usual general health and mental health as “very good” (Figures 28 and 29). As expected, learners at both schools rated their general health more favorably than they did their usual mental health.

Figure 28. Learner Perceptions about Usual General Health

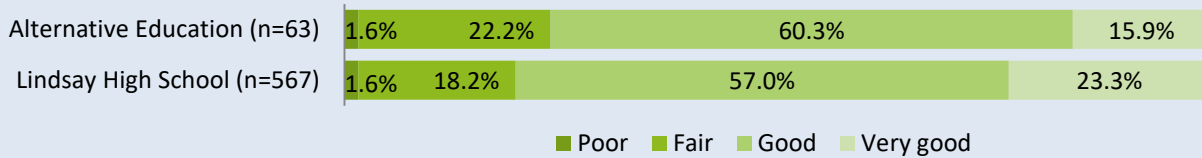
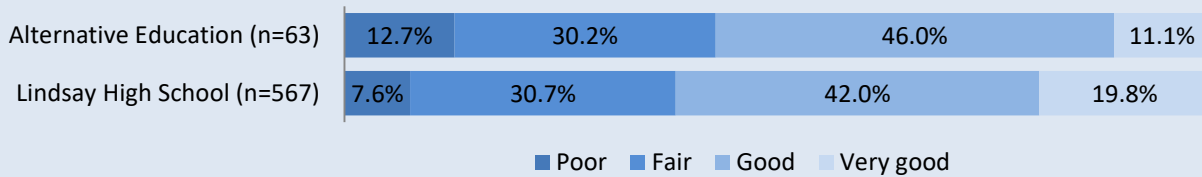


Figure 29. Learner Perceptions about Usual Mental Health



Physical health challenges, such as asthma or unmet oral health needs are the leading causes of health-related school absenteeism. One-quarter of the Alt Ed learners and 15% of LHS reported missing an entire day of school for a physical or mental health reason during the first 3 months of the school year (Figure 30). Specific reasons we asked about are shown in the multi-graph Figure 31 below.

Figure 30. Entire-Day Health-Related Absenteeism

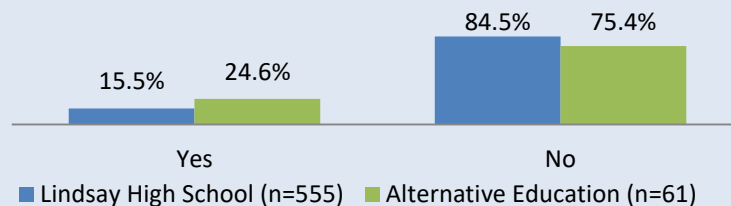
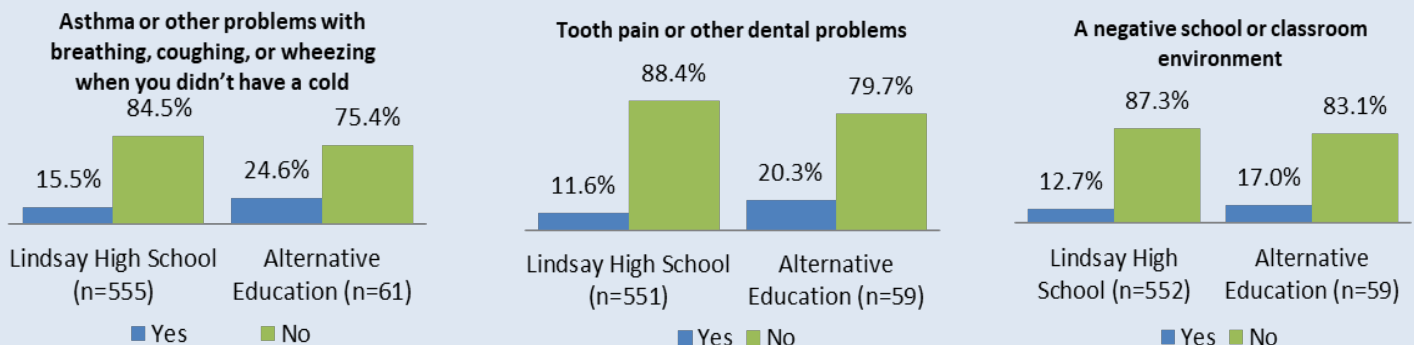


Figure 31. Entire-Day Absenteeism due to a Specific Health Reason

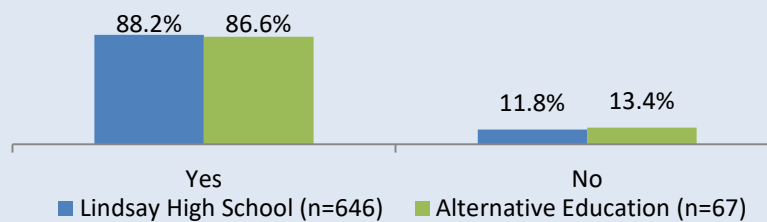


Utilization and Access

Nearly all of the learners in the survey reported being able to go to a doctor or clinic in the last year if they needed to—96.7% at LHS and 98.5% at Alt Ed. Eight (47%) of the 17 LHS students who gave a reason for not being able to go said it was because “my family didn’t think I needed to.” (A very interesting response for marking “Other reason” at LHS was “I’m a guy,”— either misunderstanding the question or perhaps believing health care was only for girls?) A number of learners in the focus groups, on the other hand talked about transportation issues and said they often used the Uber vouchers, faculty drove them or they simply didn't go to the doctor when they needed to.

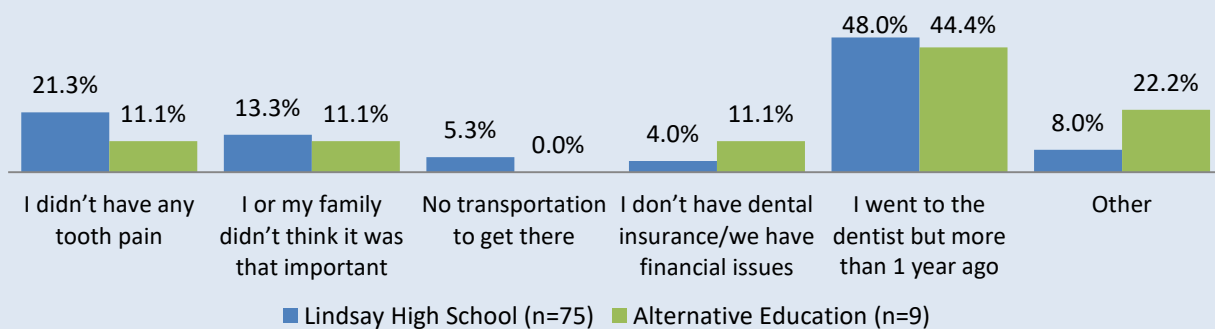
With regard to oral health services, 88% of the learners, on average, said they had made a dental visit in the last year to get their teeth checked or cleaned (Figure 32). (We note that this is a much higher proportion than the Medi-Cal dental utilization data reported for Tulare County teens ages 15-18.)

Figure 32. Percent of Learners Reporting a Dental Visit in the Last Year



In addition to the reasons learners gave for not making a regular dental visit (Figure 33)—the implications for access challenges as well as oral health education (“*I didn’t have any tooth pain,*” “*...didn’t think it was that important*”) and access challenges—it’s of interest to note the two written comments by Alt Ed students: “*We got kicked out of our dentist because they were charging 6 dollars per mask and it got my dad mad;*” and “*I was never home since I was 13 and this has been the first year I stayed home without leaving.*”

Figure 33. Learners’ Reasons for Non-Recent Dental Visit



Some adolescents in Lindsay have difficulty getting other kinds of health care services, like mental health and reproductive health services, when they need it. Common barriers, besides costs and transportation, include concerns about confidentiality. One-third of all LUSD high school learners said if they needed to visit a clinic or doctor for birth control or an STI or HIV test in the last year they would *not* be able to do so. Interestingly, the proportionate responses from both schools and for both types of services are nearly the same (Figures 34 and 35 on the next page).

Figure 34. Has Ability to Visit a Birth Control Clinic

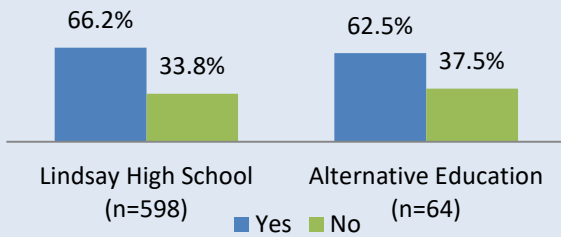
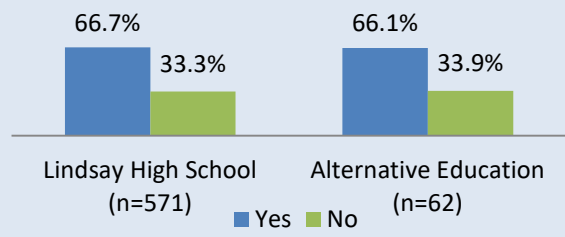


Figure 35. Has Ability to Visit a Clinic or Doctor for an STI/HIV



The reasons for their inability to access family planning or STI/HIV testing services are important to note (Figures 36 and 37 below). However, it was apparent from the “Other reason” learners wrote in regarding access to birth control and STI services most misunderstood the question—not recognizing it asked “.....if you needed to visit....”); most of the comments indicated the learner didn’t need the services because they were not sexually active—or in the case of one respondent, “I’m a child.”* Some of the other comments are important to note as they show how much comprehensive sex education is needed among high school students. For example, these comments: “I aint a girl” (“I don’t own a uterus”) written by over 80% of those choosing “Other” reason—a reason expressed in the learner focus groups as well; “I didn’t feel sick;” “I’m not pregnant” (clearly not understanding the purpose of birth control); and “I don’t know if my parents be [sic] okay with me using birth control.”

Figure 36. Reasons for Inability to Visit a Birth Control Clinic

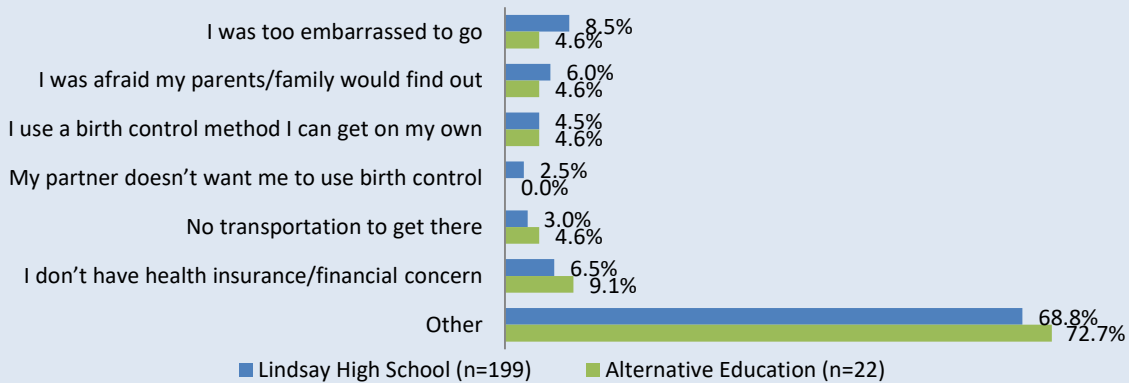
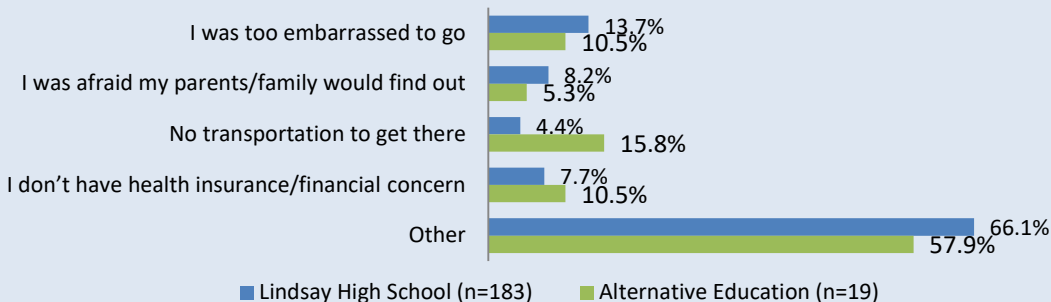


Figure 37. Reasons for Inability to Visit a Clinic or Doctor for an STI/HIV Test

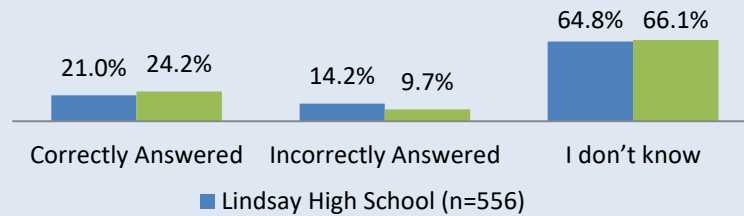


Fewer than one-quarter of learners—both campuses—were aware that California law allows minors to receive birth control, including emergency contraception, and STI/HIV services based on their own

* The relatively large proportion of 9th grade respondents—who were not to have been included in the survey— may account for and skew these results.

consent without parental notification (Figure 38), another reason adequate and timely information about these services is important for the learners.

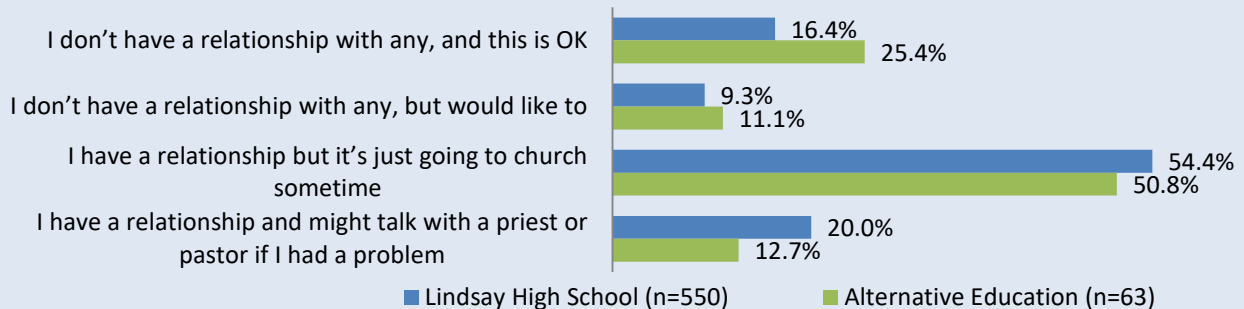
Figure 38. Knowledge of Minors' Consent Law for Birth Control and STI Services



PERSONAL ISSUES

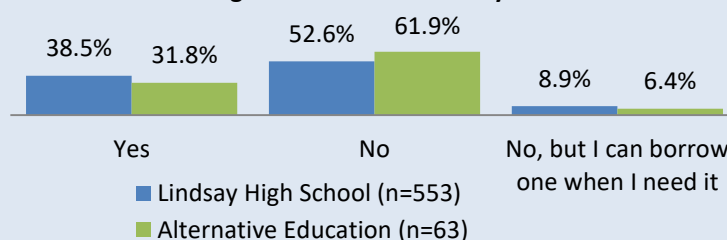
Adolescents' relationships with church can vary depending on a number of factors, including their parents' religious beliefs, the church's environment, and the teenager's own values. A couple of the Key Informants suggested information about this issue might be of interest to ask in the survey. Among these learners, about half described the relationship as “it’s just going to church sometimes,” while 20% (LHS) and 12.7% (Alt Ed) affirmed a relationship and said they might talk with a priest or pastor if they had a problem or issue (Figure 39). While 25.4% of the Alt Ed learners and 16.4% of the LHS learners said it was “OK” that they didn’t have a relationship with “God/church or some type of spiritual leader,” an average of 10% said they would like to have such a relationship.

Figure 39. Spiritual Connection



We thought it might be of interest to know how many learners owned or at least had access to a bicycle as this information might be useful when thinking about transportation options to close-by community resources. According to the survey, 38.5% LHS and 31.8% Alt Ed learners own a bike; a small additional percentage said they could “borrow one when needed” (Figure 40). During the focus groups a majority of the LHS learners indicated they had their own car or at least drove to school in what may have been a family car (unverified); not too many said they rode a bike (“*Yeah, like they’ll just steal the parts*”).

Figure 40. Access to a Bicycle



RISK BEHAVIORS

Gang Involvement



The reliability of information obtained about gang involvement through a survey, despite anonymity, could be questionable (but more dependable than through the focus groups); however, LUSD might find the survey responses plausible (Table 32). A small percentage of the respondents, 4.5% LHS and 9.6% Alt Ed, reported they were part of a gang or gang-affiliated. (In the 2023-24 CHKS, the reported percentages of “gang involvement” were 2% and 4%, respectively.) Of these 31 learners, 5 of the 8 from LHS and the 1 from Alt Ed who answered the follow-up question about parental awareness indicated their parents were aware of their gang involvement.

Table 32. Learner-Reported Gang Involvement

	Not a member		Not, but I consider myself gang-affiliated		Yes, a member		Total	
Lindsay High School	95.5%	527	2.9%	16	1.6%	9	89.8%	552
Alternative Education	90.5%	57	6.4%	4	3.2%	2	10.2%	63
Total	95.0%	584	3.3%	20	1.8%	11	100.0%	615
							Answered	615
							Skipped	123

Drugs and Alcohol

About 90% of Alt Ed learners and 10% of LHS said they had at one time or another smoked cigarettes or vaped tobacco nicotine. Interestingly, a greater proportion of the LHS learners than Alt Ed learners reported using these products within the last 30 days (Figures 41 and 42).

Figure 41. Ever Smoked Cigarettes/Vaped Tobacco?

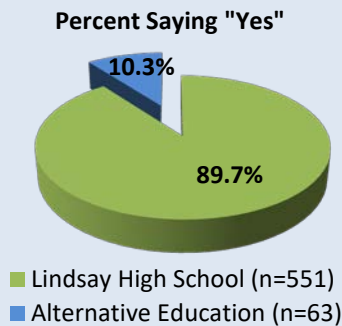
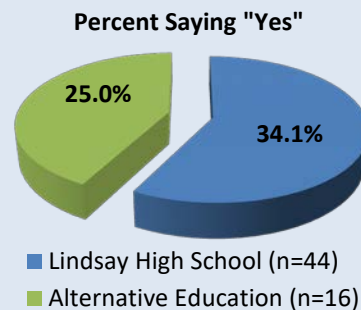


Figure 42. Smoked Cigarettes/Vaped Tobacco Last 30 Days?



The recent use—or non-use—of alcohol and drugs reported by LHS learners in this survey (Figures 43 and 44 on the next page) is higher than what was reported in the 2023-24 CHKS; the percentages between both surveys for Alt Ed learners, however, are generally consistent. Learners here who drank alcohol in the last 30 days seem to have done so as experimenting or “partying” reasons, whereas those who said they used marijuana or other drugs, particularly Alt Ed learners, were getting high “self-soothing” to feel make themselves feel better, e.g., to get away from problems, to get through the day, because of anger/frustration.

Figure 43. Alcoholic Drink in the Past 30 Days by Reason

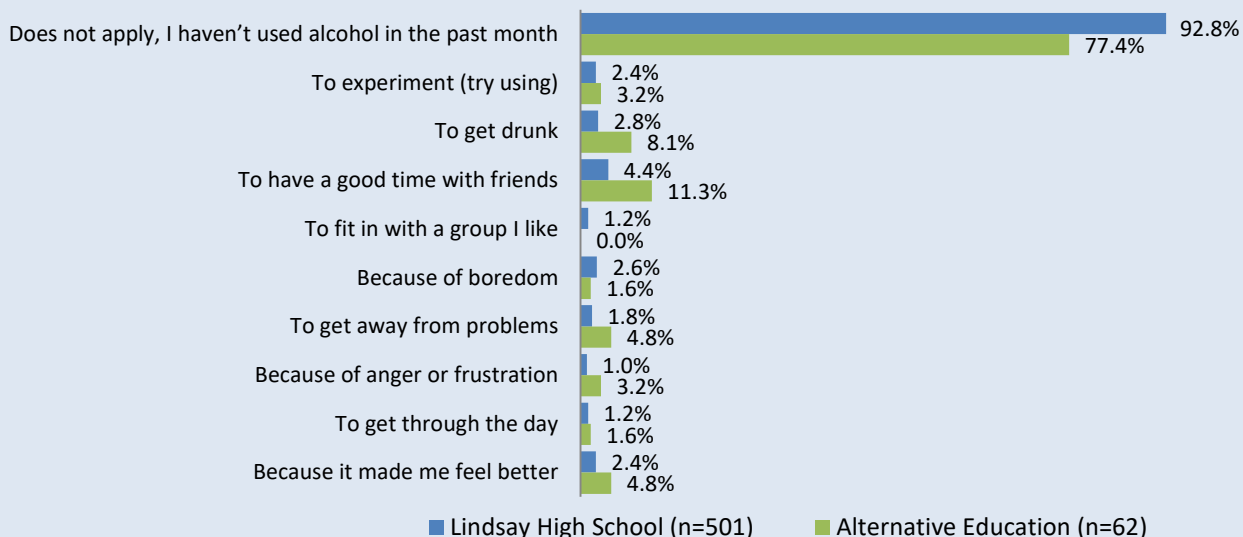
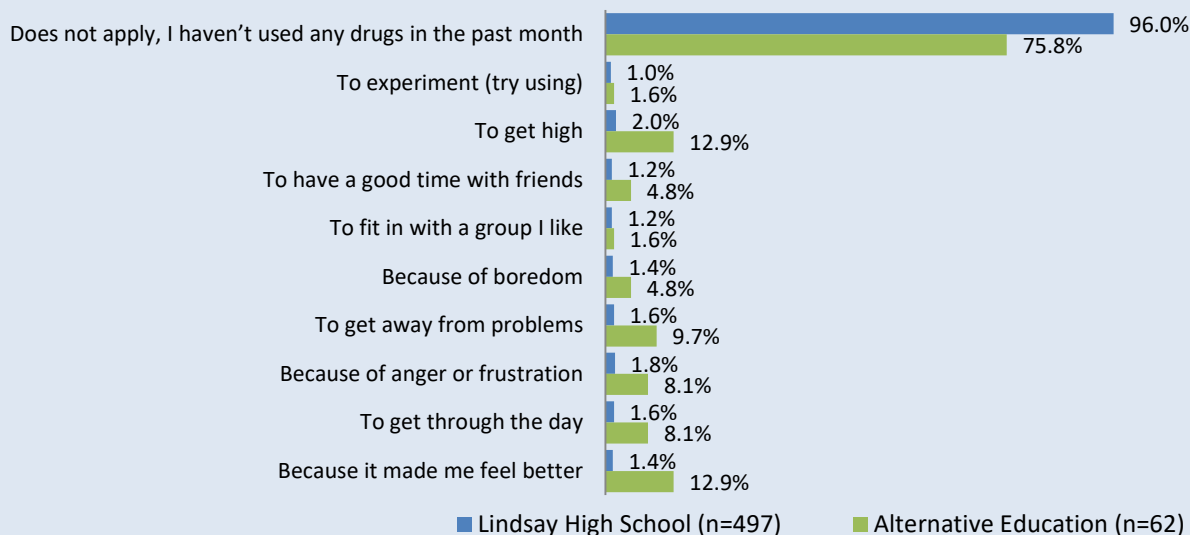


Figure 44. Marijuana or Other Drugs in the Past 30 Days by Reason



Sexual Behavior

Three-quarters (78%) of the learners answered the question of whether they were sexually active; of these, 8.5% (LHS) and 33.3% (Alt Ed) said yes. Of these learners, 73.9% said they used no birth control method.

Figure 45. Percent of Sexually Active Learners

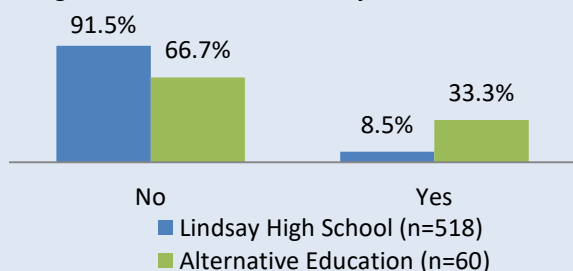
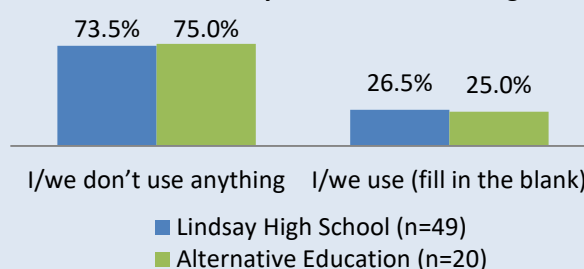


Figure 46. Percent of Sexually Active Learners Using Birth Control



Note that while a much greater proportion of Alt Ed learners than LSH learners reported being sexually active (33.3% vs. 8.5%), a similar percentage (74%) fail to use some form of protection to avoid pregnancy/STIs (Figures 45 and 46 on the previous page). Of the very few sexually active learners who used and identified a birth control method, about half either used an unreliable method (e.g., withdrawal) or depended on emergency contraception (Table 33). An additional 2 LHS learners responded by writing “I’m a guy”—again, assuming birth control is a girl’s responsibility. Notably, when this topic was discussed during the focus groups, several of the Alt Ed males snickered at the idea of using condoms and said either audibly or just under their breath things like, “Nah, little guy has sex the first time, he don’t want to use one of them things;” “It’s not being a man.”

Table 33. Use of Birth Control Method by Sexually Active Learners

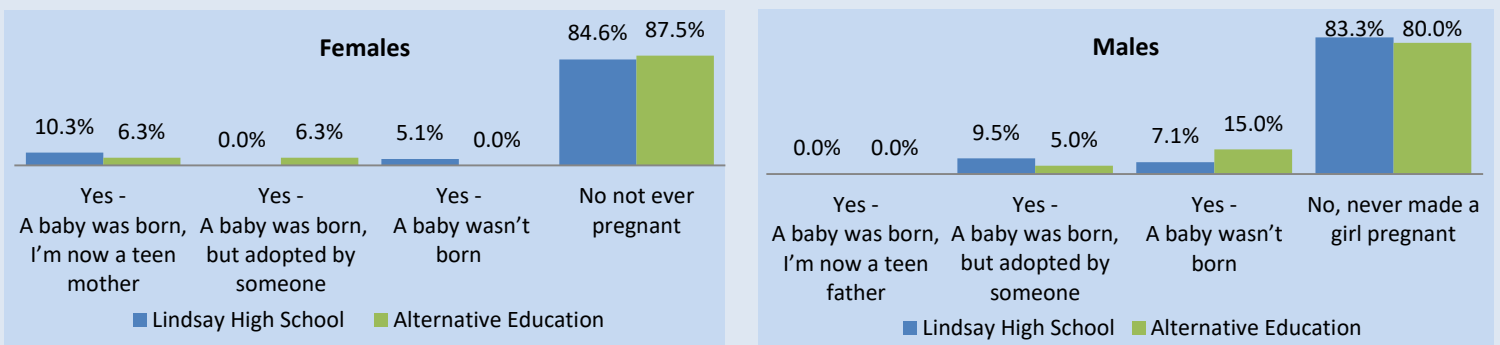
	LHS (n=7)	Alt Ed (n=4)
Birth control pills	14.3%	50%
Condoms	28.6%	0
Withdrawal	28.6%	0
Plan B*	28.6%	25%
Nexplanon**	0	25%

* A morning-after pill, a type of emergency contraception, or backup birth control, to prevent pregnancy after unprotected sex.

**A small, flexible birth control implant that prevents pregnancy by releasing progestin.

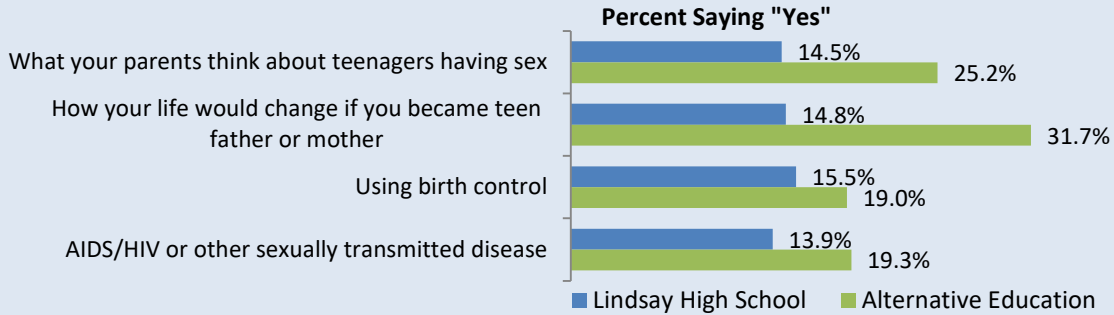
Of the girls who had ever gotten pregnant (5.4% Alt Ed and 12.5% LHS), all LHS girls who continued the pregnancy reported now being a teen mother; the same percent of Alt Ed girls chose adoption as were now a teen mom. Between 16.7% (LHS) and 20% (Alt Ed) of male learners reported they had not ever knowingly made a girl pregnant; of those who had, none of them said he was now a teen father; all of them reported either an adoption situation or pregnancy termination as the outcome. A higher percentage of the Alt Ed males reported pregnancy termination with their relationship.

Figure 47. Pregnancy Experience and Outcomes, by Learner Gender



While parents tend to express a common set of values, research points to the importance of extended family as a valuable resource for sexuality communication, particularly when teens feel uncomfortable talking with parents.⁶⁷ As Figure 48 on the next page shows, learners at Alt Ed were more likely than LHS learners to talk with their parents or other adult family members about sexual topics, particularly about how their life would change if they became a teen mother or father.

Figure 48. What Learners Talked with Parents or Other Adult Family Members about Sexuality Issues



COMMON CONCERNS

Personal Issues

Learners indicated the extent to which they agreed they needed help with *personal* concerns. The most agreement for LHS learners (Figure 49) was the need to feel better about themselves and learn to express thoughts and feelings better. While these needs were also expressed by the Alt Ed learners, the need for help dealing with anger (32%) and basic needs for food (25%) and clothing ranked relatively high (Figure 50 on the next page).

Figure 49. LHS Learners Need for Help with Personal Concerns (n=488)

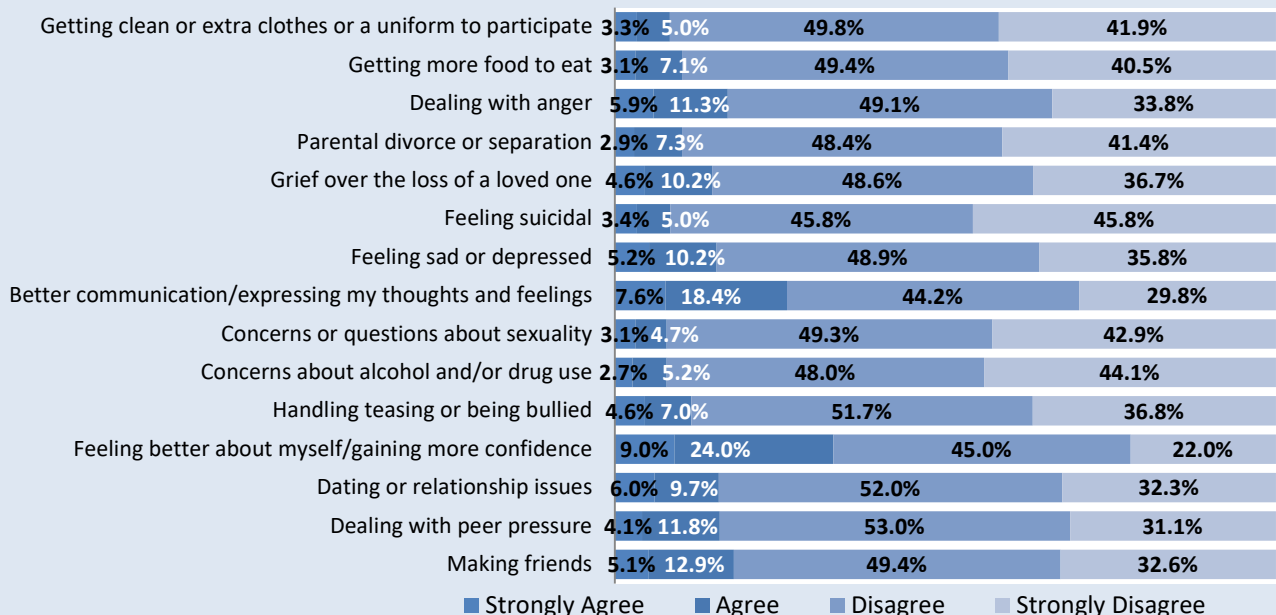
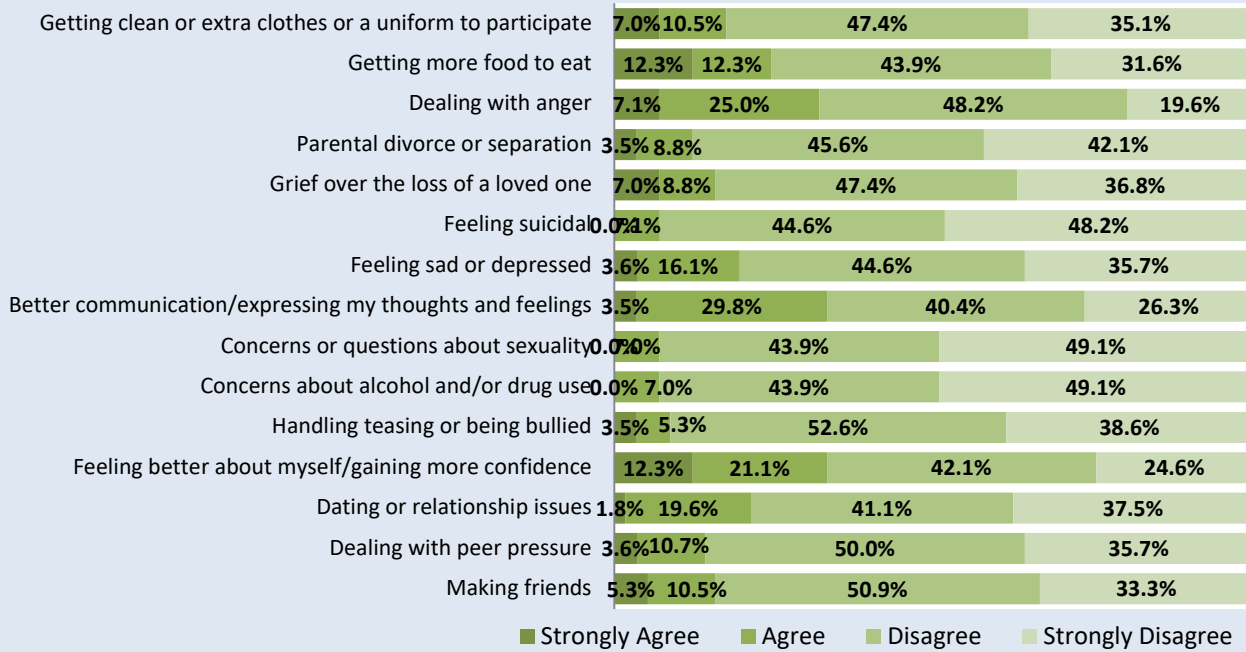


Figure 50. Alt Ed Learners Need for Help with Personal Concerns (n=57)



Learners also indicated the extent to which they agreed they needed help with *school-related* concerns, shown in Figures 51 and 52. Planning options after high school, particularly among Alt Ed learners, and help with the college application process were highly ranked academic needs.

Figure 51. LHS Learners Need for Help with School-Related Concerns (n=482)

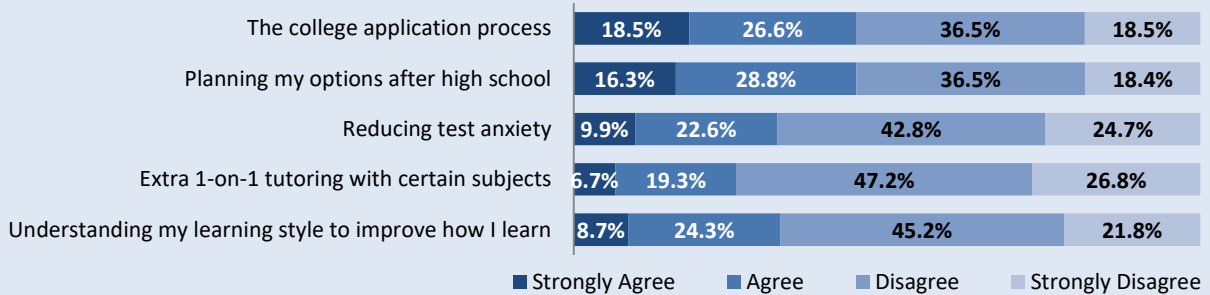
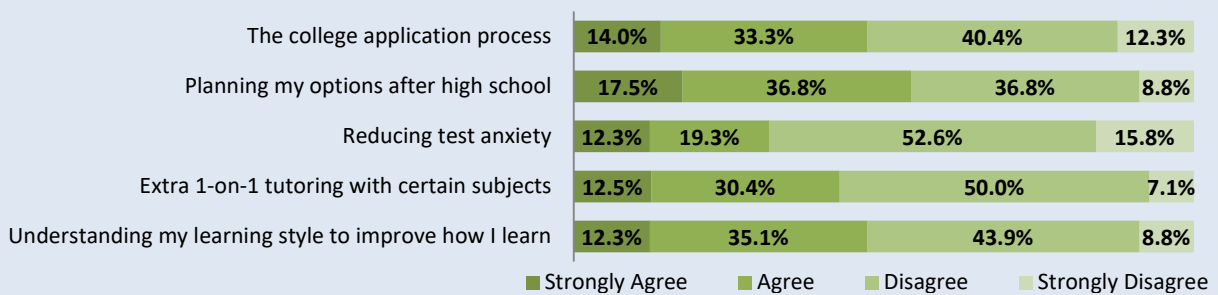


Figure 52. Alt Ed Learners Need for Help with School-Related Concerns (n=57)





INTEGRATED SCHOOL SUPPORTS

Learners, but especially from Alt Ed, showed markedly positive agreement with various statements about school supports such as positive school climate, trusting relationships and learning opportunities (Figures 53 and 54). Alt Ed learners were overwhelmingly affirmative in agreeing that their school was a supportive and inviting place for students to learn. The area with the greatest relative disagreement (disagree/strongly disagree) for LHS was in the opportunity for input about school activities and events; for Alt Ed, it was in the level of engagement with community organizations. These opinions were consistent the responses we heard from learners during our focus groups on both campuses, and while clearly affirming the feedback also suggests where additional attention could be needed for academic and concrete supports.

Figure 53. LHS learner Opinions about Selected School Supports (n=436)

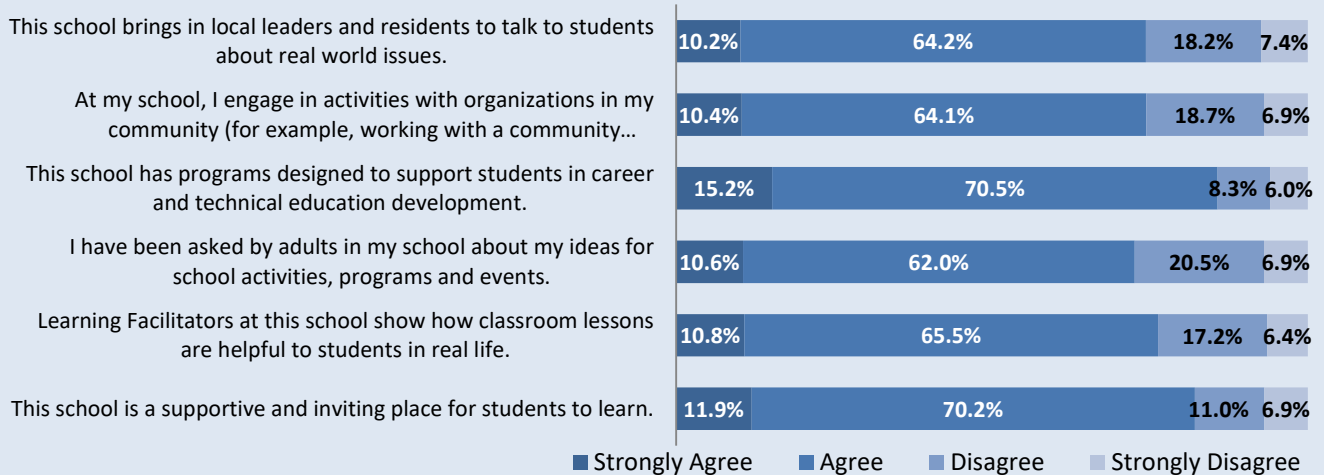
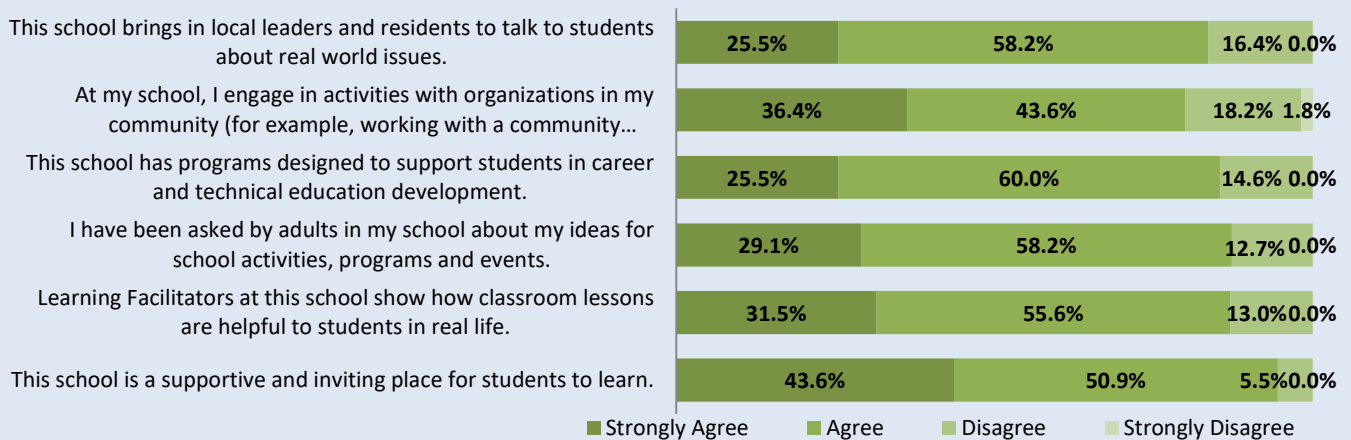


Figure 54. Alt Ed Learner Opinions about Selected School Supports (n=55)



Eight-six and 89%, respectively, of LHS and Alt Ed learners agreed that there is at least one adult at their school who cares about them and their success (Figures 55 and 56). When we probed learners during the focus groups to ask if this care was primarily related to their academic success, the

learners from both schools—and especially in the focus groups—made it clear these adults cared for them as human beings (“*I feel seen;*” “*the faculty knows the students*”). One of the areas LHS learners had relatively less agreement with, according to 25% of the sample, was in the view about the school’s enforcement of rules equally. Alt Ed learners expressed some concern about this as well, but their area of least agreement was that someone had regularly helped them plan for their future career.

We specifically inquired during the focus groups about what happens when someone is seen bullying because bullying is a serious problem among adolescents, and its impact can be devastating. Kids who are bullied are more likely to suffer from low self-esteem, anxiety, depression, substance abuse problems, and self-harm behaviors. They also tend to have problems with socializing and to perform poorly in school. Both the focus group participants and a large proportion (80%) of the survey respondents indicated their school “does something to help when they find out someone is being bullied.”

Figure 55. LHS learner Opinions about Adults at the School (n=432)

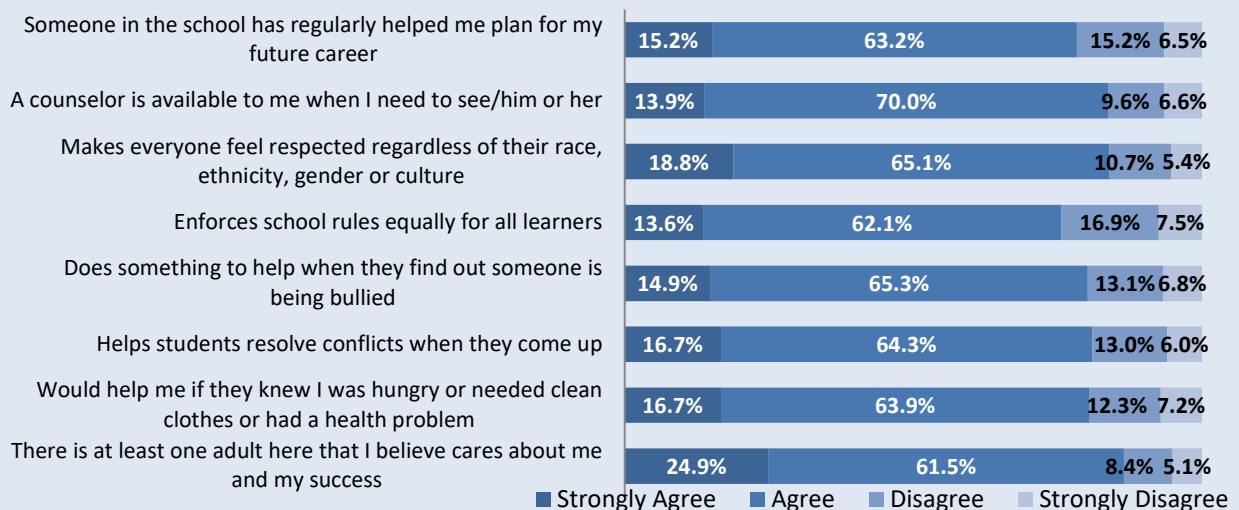
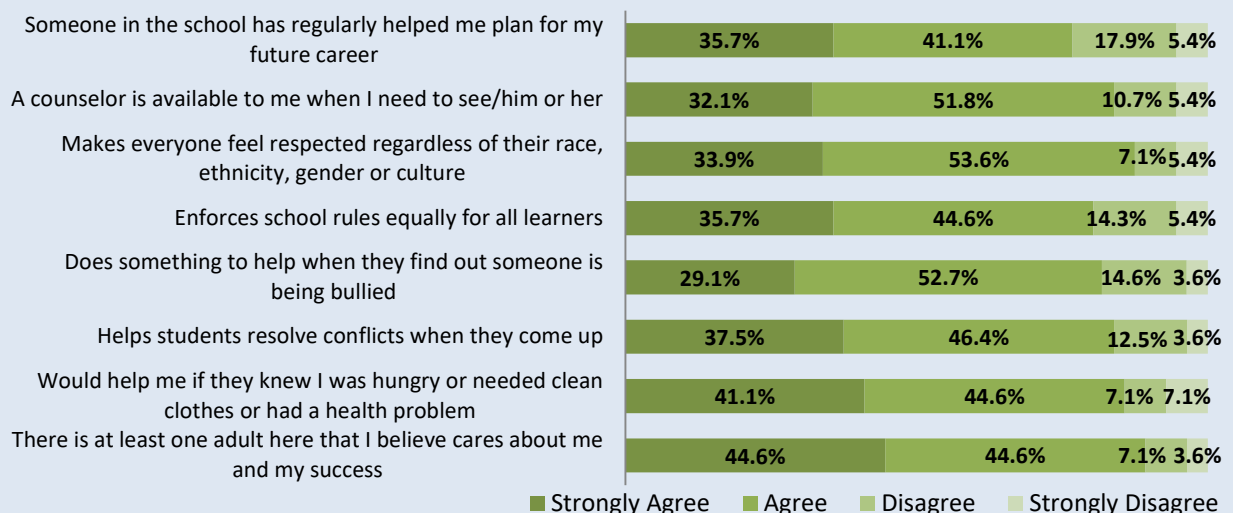


Figure 56. Alt Ed Learner Opinions about Adults at the School (n=56)

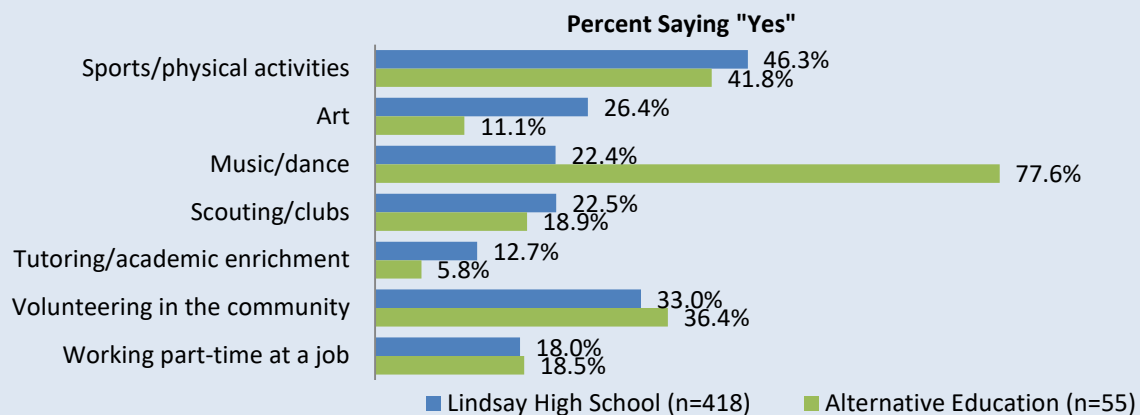




Extended Learning Opportunities

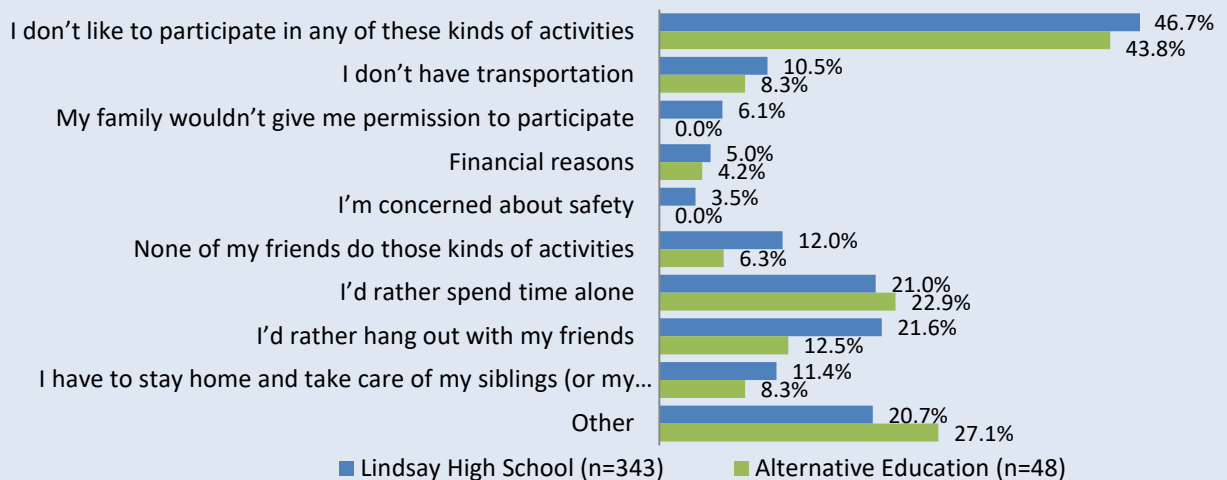
Research shows an association between participation in after-school activities and students' sense of engagement or attachment to their school, increasing the likelihood of academic success. Activities like clubs and sports, for instance, can nurture teenagers' self-esteem and teach them critical skills and values such as teamwork, leadership and goal-setting.⁶⁸ Between 42% and 46% of learners played sports but relatively few (less than 13% LHS, and 5.8% Alt Ed) learners they participated in any type of academic enrichment such as tutoring. Music and dance was a major after-school activity for the Alt Ed learners (Figure 57).

Figure 57. Participation in After-School Activities



As Figure 58 indicates, dislike of the activities shown in the survey was the main reason given by close to half of the learners. Lack of transportation, a financial hardship and concerns about safety seem to be relatively small barriers for learners on both campuses. Learners' "Other" reasons* about these expanded learning opportunities are shown in Table 34—some of which would be important to consider in promoting "whole child development."

Figure 58. Reasons for non-Participation in After-School Activities



* The percentage shown in the graph for "Other reasons" are not representative; some learners repeated their survey response by writing, for example, "I don't want to do extra activities."

Table 34. Other Reasons Learners Gave for Not Participating in After-School Activities*

LHS (n=343)	Alt Ed (n=48)
<ul style="list-style-type: none"> ■ No extra time because I have a job ■ I have a lot of things I have to do at home ■ Can't find places to do my volunteer work ■ I'm not old enough to work yet ■ No one told me there was art; if there's one I want to be told what it is before I would join ■ Because I'm a freshman and some things I can't do it ■ Need to be focusing on school ■ I don't know how ■ I'm not worrying about anything ■ I used to do sports until it got unfair ■ I feel enclosed ■ I have skill issues ■ It's hard to find something I like ■ I'm not good at anything ■ I'm not up to it 	<ul style="list-style-type: none"> ■ Need to find a job ■ Too scared of starting and not knowing what I'm doing and letting people down ■ I don't know how to join ■ Run in with the law ■ Too lazy ■ Personal injuries ■ Have to help with other kids at home

*Most responses are verbatim to give the reader a sense of the learner voice; some have been edited only for brevity or clarity.



FUTURE PLANS

About the same proportion, 93%, of all learners understand why they need a good education and said they plan to stay in school until they graduate, particularly the Alt Ed learners. Asked in the focus groups “What was the biggest decision you’ve had to make so far in your life?” The majority of the Alt Ed learners said it was to agree to enroll at Alt Ed and not drop out of school. (LHS focus group participants did not generally have answers to this question.)

According to the survey, 80.0% and 52%, respectively, of LHS and Alt Ed learners intend to continue their education at a 2- or 4-year college or university; about the same proportion at each school (one-third) said they plan to go into the military after high school (Figures 59 and 60 on the next page). Many (70.3%) of the LHS and 63.6% of the Alt Ed learners agreed or strongly agreed they had a “clear career plan to follow” after graduating. Those responses are consistent with the responses they gave to the follow-up survey question, “What I want to be when I grow up” (Figure 61, on the bottom of the next page). However, when we had active conversations in the focus groups about what learners saw themselves doing/being “about 10 years from now,” most of them could not envision anything specific, even after we gave prods with examples* and lots of encouragement to imagine.

* For example, we asked, “Might you see yourself standing up here [in the classroom] teaching a bunch of kids?” “What about taking care of animals, like a veterinarian or rancher?” “Or, owning an auto shop or hair salon?”

Figure 59. LHS Learners' After-Graduation Plans (n=398)

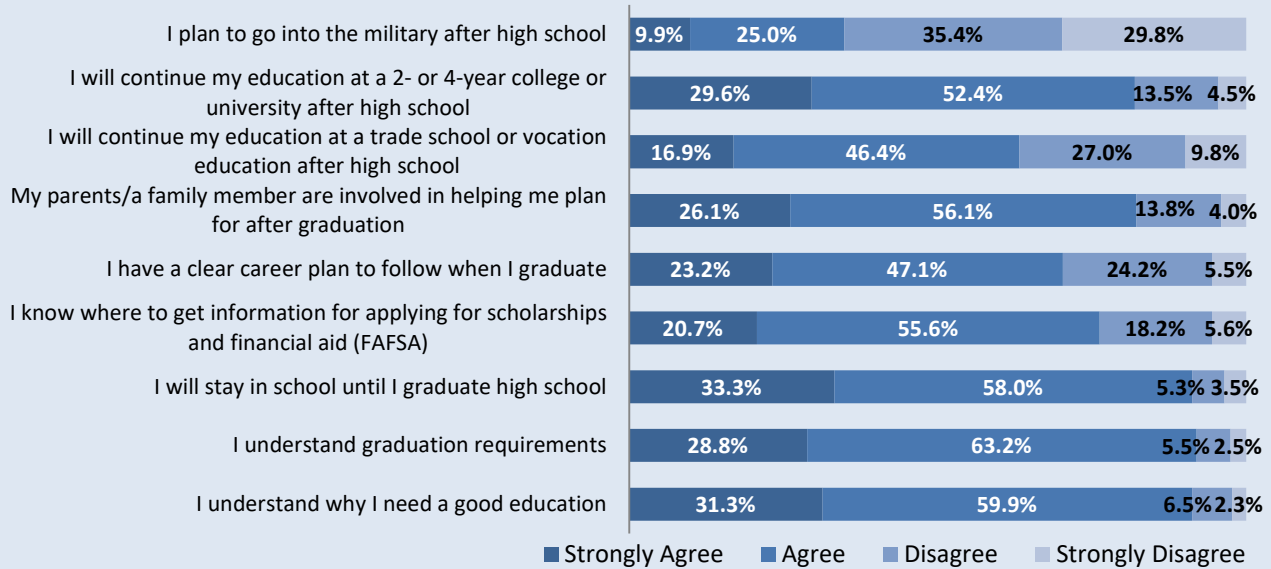


Figure 60. Alt Ed Learners' After-Graduation Plans (n=57)

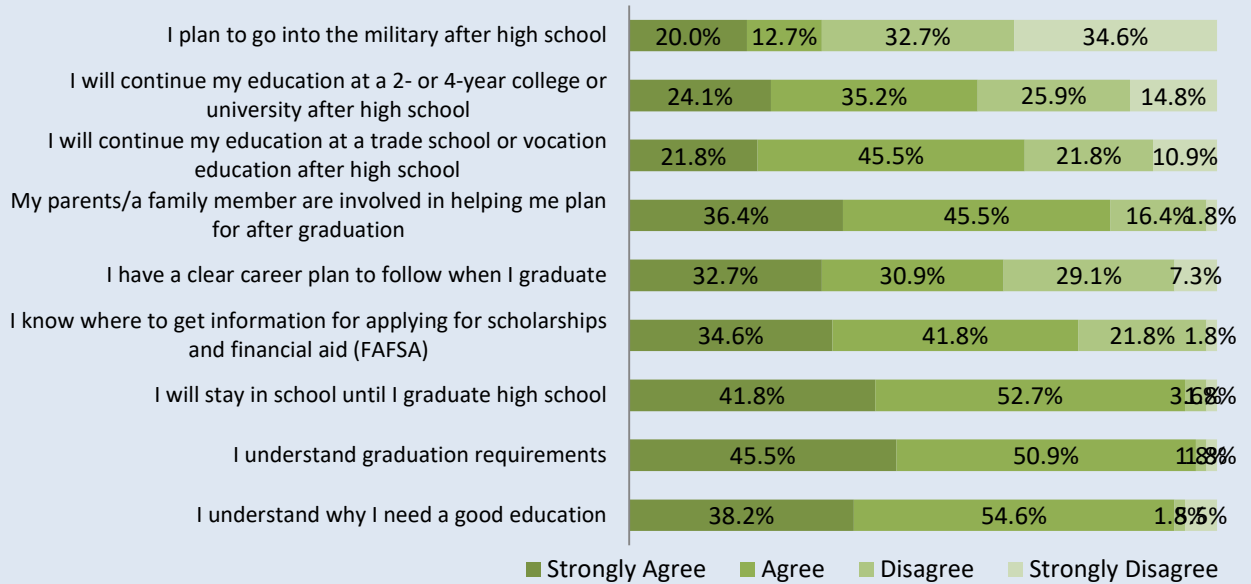
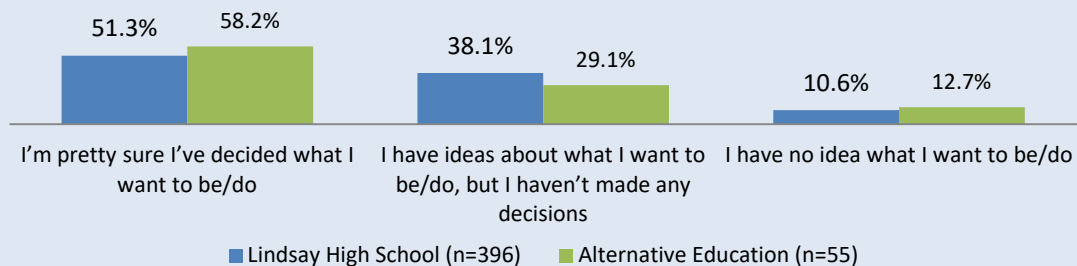


Figure 61. Learners' Aspirations Concerning a Career Path



SCHOOL STRENGTHS

Regardless of school, the majority of the comments (at least 85%) learners wrote in the survey or focus group participants gave to answer the question, “What do you think your school does best when it comes to supporting students? related to the teachers and counselors who provide emotional support and help with learning; Alt Ed particularly mentioned basic support such as food and snacks, clothes and transportation. The main difference between the LHS and Alt Ed input is more mention of extra-curricular activities, field trips and college prep counseling from the LHS learners.

Representative comments are shown in Table 35. The appreciation for the emotional and academic support by staff at both high schools is so evident.

Table 35. What Learners Like Best about their High School

LHS (n=309)	Alt Ed (n=51)
<ul style="list-style-type: none"> ■ The help we get from the teachers, they are always finding ways to help all of us even tho there is only 1 of them ■ The love the teachers and everyone gives you in this learning environment ■ Many chill and cool teachers, they are very easy to talk about stuff ■ The social skills people have—no matter what if we see someone by themselves someone will try to involve them ■ The buildings are clean, and nothing’s destroyed ■ It helped me make friends, and helping me learn to make things about my future ■ The sporting programs teach you the importance of teamwork and leadership ■ The rallies brings students together ■ The activities because we get to talk to new people ■ The late [school]work policy ■ Grading system is student-paced, and you can finish the class whenever you want to, so I can get ahead easily ■ Good food ■ The amount of clubs and extracurriculars the school offer ■ I can communicate with people and be myself ■ Seeing my friends and being in art class, both keep me calm and happy ■ The amount of time we get for breaks between classes and the pathway program ■ You can re-take tests ■ This school gives us opportunities to sign up for college classes ■ The friends i have made and the teachers I’ve met because they are a big impact on who I am today 	<ul style="list-style-type: none"> ■ Small school feels like family to me ■ Loving teachers, always available to talk to ■ The environment makes me feel safe ■ Adults that actually help you and teach you, and this school has good equipment for studying ■ They give us snacks ■ Staff gives us lots of praise ■ They are very patient with us; all the teachers are always checking up on us and making sure we are doing good ■ They create bonds with the students instead of just doing what they have to do for their job ■ The work is actually things we need to learn to continue [graduate]; teachers make students want to learn ■ They still try to help students who are a different race [from themselves] ■ They make an effort to give personal help ■ I can get a hold of the counselor at any time ■ Staff speaking Spanish makes me feel safe ■ Lots of communication between counselor and parents

SUGGESTIONS FOR IMPROVEMENT

The most frequent recommendations from the written survey and the focus groups are represented by the suggestions in Table 36 below. Learners who participated in the focus groups had very specific examples of what they thought needed to be improved/changed (those at Alt Ed were the most vocal with suggestions.) Very few understood enough community resources to suggest ways the organizations could work closer with the schools to benefit learners and their families. Not unexpectedly there were a few contraindications between what some LHS learners liked or some wanted changed. For instance, in the view of some, the food is good (as mentioned above); in the view of others it is not and needs to be improved. One-third of the surveyed learners from both schools wrote either “Nothing needs to be changed; it’s all good” or “I don’t know of anything.”

Table 36. What Learners Think the School Could do to be More Supportive of Learners and their Families

LHS (n=319)	Alt Ed (n=50)
<ul style="list-style-type: none"> ■ When a student brings up an issue actually try to do something about it ■ Have a clothes closet, especially for homeless kids ■ Get a washer/dryer so families could use it and not have to go to a laundromat ■ We need better/healthier food ■ More mental health counselors, not just academic ones ■ More security because there being a lot of fights recently ■ Ask for learner input about school decisions ■ There’s a lot of favoritism in this school, so something they can do better is be fair ■ Deal with bullying and bad students better ■ Ask us more often if we’re OK ■ Have conversations with learners about their life out of school (If comfortable) ■ Cleaner restrooms, they tend to be dirty ■ Do more 1-on-1 teaching ■ Open all the bathrooms in every building instead of only having only 1 or 2 open ■ More help knowing what we need to get into college and help getting there ■ Stop taking our phones away ■ Open more windows for lunch ■ More equality in enforcing dress code for girls ■ Add a basketball place that people can go and play during lunch and break ■ Buses need better communication because many never come and make us late for trips or games ■ Actually listen to families concerns about their child ■ Understand that we don't always have the best home lives and that can affect us in school 	<ul style="list-style-type: none"> ■ By adjusting the amount of work so that everyone can work on their own pace ■ More raffles including gift cards ■ More work/internship opportunities in places I’m interested in, e.g., police academy, COS ■ Let us wear hats [male learners] ■ Lots of the furniture is old and broken; laptop repairs take forever and there’s a long gap of time before we get them back ■ Expand the parking lot ■ Be more consistent with enforcing the dress code ■ We get hungry and teachers don't always have snacks or snacks for everyone ■ Having more clubs to join, and allowing students to create fun clubs ■ Not take away our phones if we are late ■ They ask a lot of personal questions and [it] wastes my time ■ Make the teachers not talk to us like puppies or some little kid ■ Add more learners so there’s more kids here ■ Help me figure out what to do after high school I'm slow and have little to no clue what to be and how ■ Be more interactive with students family



SCHOOL STAFF

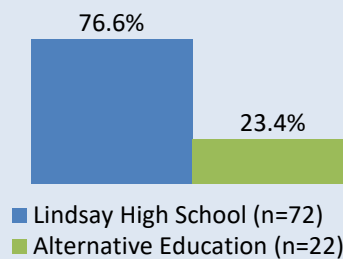
“Parents don’t always identify a health problem in their learners, it’s typically the Learning Facilitator.” - Key Informant Interview

“We do well when we find out a learner needs financial support. The whole community gets together to try to support the learner as well as connect the learners in need with specific services.” - School Staff Survey

Survey Sample

A total of 94 school staff (learning facilitators, counselors, coaches and others offered the survey)* participated in the online School Staff Survey in December 2024. Figure __ shows the proportion of each participating high school.

Figure 62. School Staff Survey Sample (n=94)



Integrated School Supports

Staff answered questions about how much they agreed with various statements about the integrated school supports that ensure student success by meeting their academic, physical, socio-emotional and mental health needs. Looking at the responses of LHS (Figure 63 on the next page), it is clear that staff view their school as mostly addressing learners’ academic, physical, mental and social-emotional needs. More than 90% of respondents agreed or strongly agreed their high school creates conditions that promote respect, provides needed academic support and incorporates equitable practice in the classroom. They also believed to a great extent LHS encourages learners to understand how others think and feel.

The areas with relatively less overall agreement lined up in several places with the feedback from the learner and parent survey; for example, in the areas of handling behavioral problems fairly (“equitable for all learners”), and in having sufficient resources to create a safe campus (such as enforcing the zero-tolerance-for-bullying policy). Sixteen percent of the staff did not agree that learners exposed to trauma or stressful life events were given adequate support for academic achievement.

* We deliberately did not ask for respondents’ roles at the schools to protect anonymity, especially for small staff populations like Alt Ed.

School staff respondents from Alt Ed strongly agreed or agreed with nearly all of the statements about the integrated school supports in place at their school (Figure 64 on the next page). The area of most relative disagreement was in believing the campus had sufficient resources to create a safe campus (note: several learners in the focus groups also commented on this).

Staff was asked to explain their reasons for any item they rated as “disagreeing or strongly disagreeing” with. The summarized comments that start on the next page (Table 37) clearly suggest where additional attention needs to be paid, and has obvious implications for training (more about training later in this section of the report).

Figure 63. School Staff Opinions about Integrated School Supports, LHS (n=67)

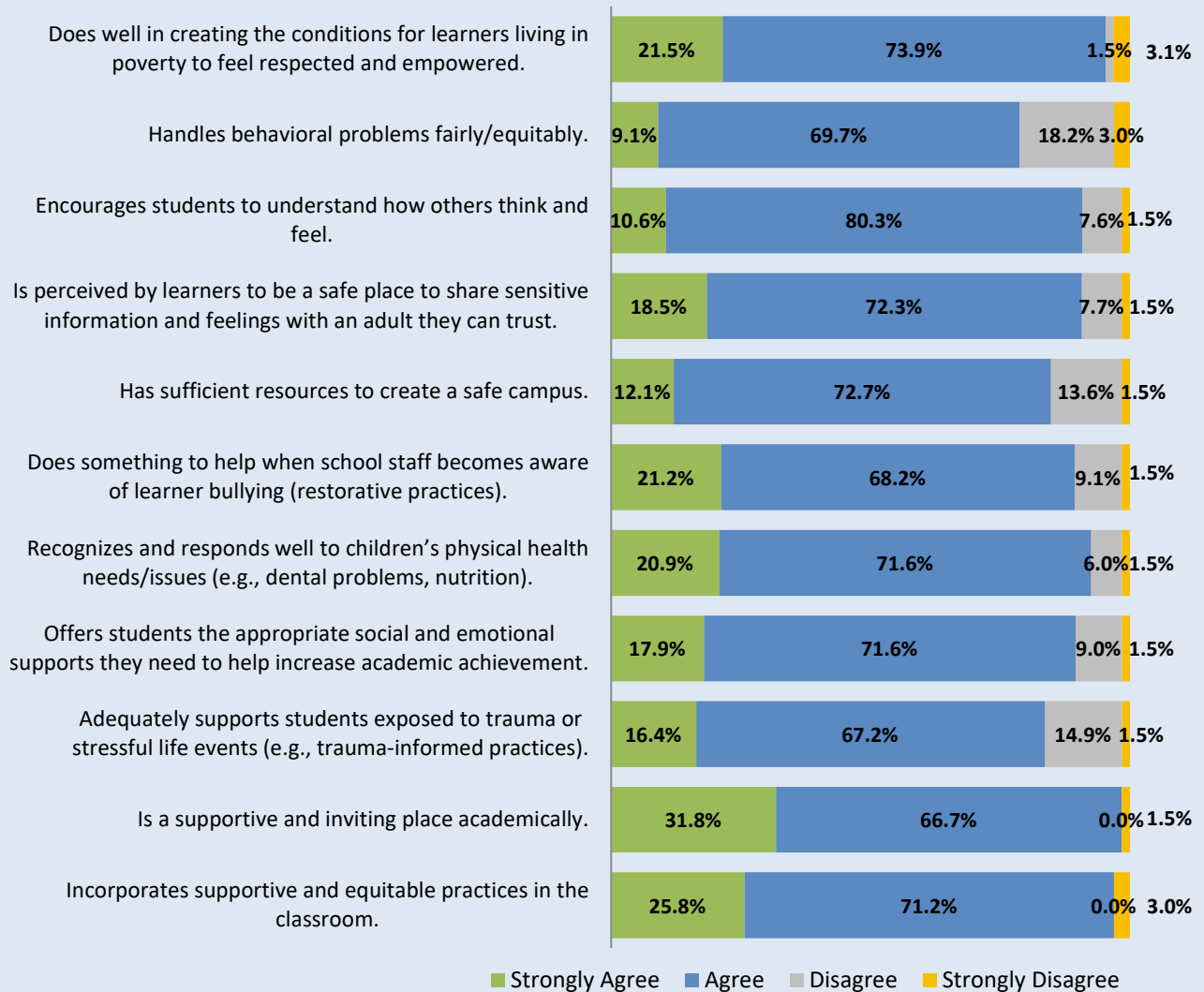
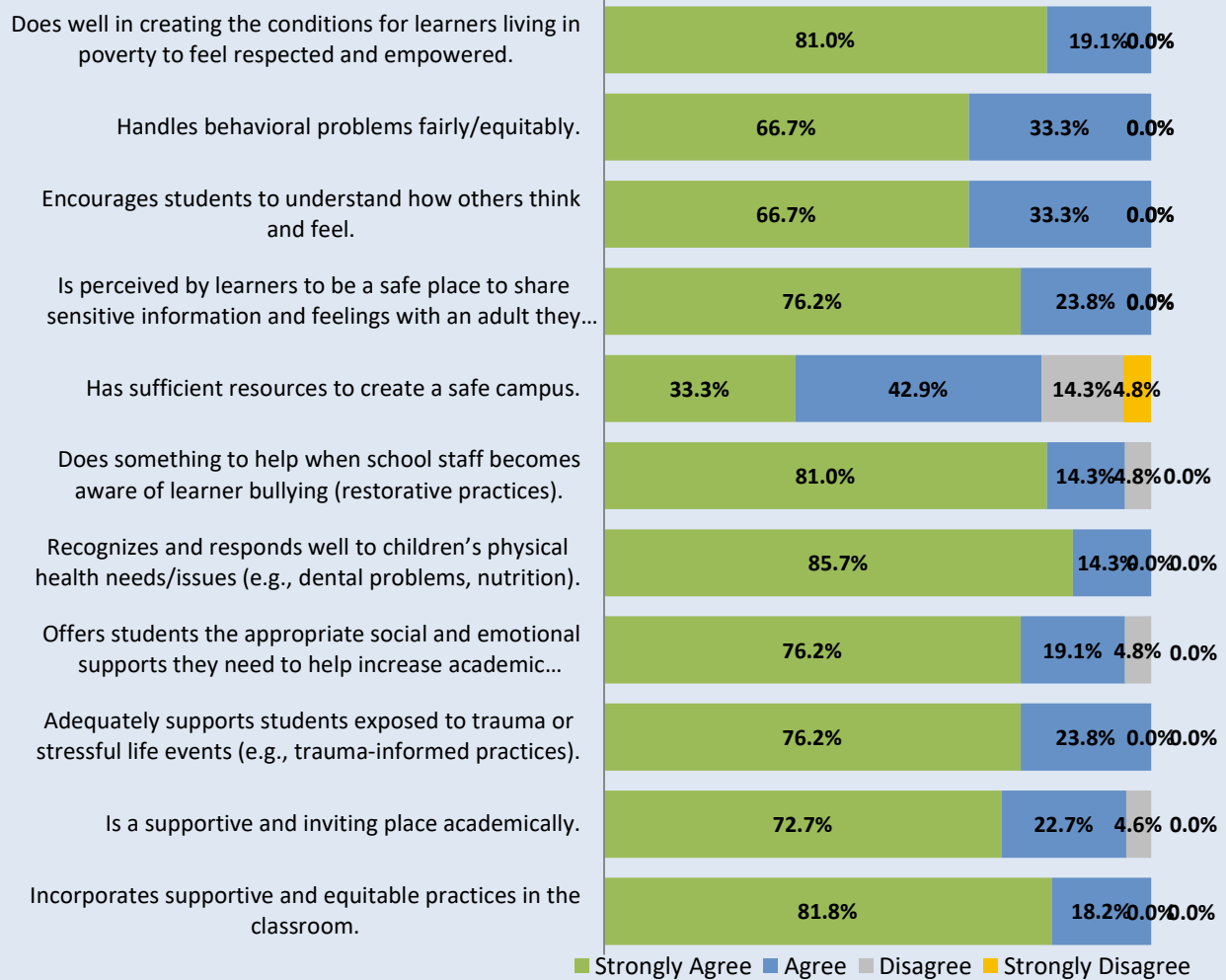


Figure 64. School Staff Opinions about Integrated School Supports, Alt Ed (n=22)



The reasons for staff disagreement with the school support statements are shown below in green text for Alt Ed respondents and regular text for LHS, and are verbatim and only lightly edited for brevity or clarity.

Table 37. School Staff Reasons for Disagreeing/Strongly Disagreeing with School Support Statements

This School.....	Response
Incorporates supportive and equitable practices in the classroom	(No comments)
Is a supportive and inviting place academically	<ul style="list-style-type: none"> ■ The community is inviting and supportive to their academics. The school itself is not. ■ LF could be more supportive by understanding how mental health affects learners responses. It's not personal.
Adequately supports students exposed to trauma or stressful life events (e.g., trauma-informed practices)	<ul style="list-style-type: none"> ■ Receiving a pass to step outside when a learner feels it is necessary can make things worse sometimes. ■ Most LFs are unaware of learners who are experiencing trauma. This is not information that is shared. ■ Trauma exposed learners build strong walls around themselves. Not informing LFs of trauma or stressful life events taking place means we cannot provide adequate support in the LE.

Table continues from previous page

	<ul style="list-style-type: none"> I wish our counselor did groups to check in with our learners and make healthy connections.
Offers learners the appropriate social and emotional supports they need to help increase academic achievement	<ul style="list-style-type: none"> Learners need school counseling that provides individual and groups. Very few learners open up honestly and receive the right support. They open up with friends, but they are not allowed by the learner struggling to tell adults. Need a therapist on site full-time or social worker/therapist. "C" is great but she's on her own and needs support.
Recognizes and responds well to learners' physical health needs/issues (e.g., dental, nutrition)	<ul style="list-style-type: none"> A full time nurse would be appropriate.
Does something to help when school staff becomes aware of learner bullying (restorative practices)	<ul style="list-style-type: none"> Suspension aren't always happen when they should be. Some learners need consequences for the same repetitive behavior. Specific learners who regularly engage in bullying behavior of targeted peers have continued regardless if behavior is reported or consequences are assigned. There is too much put on the bullied to avoid the bullier at times, that they have to change their routine instead of the harasser/bully having to have more of a consequence and loss of privileges. Need to come down harder on the bully and not make the bullied have to hide or change what they do. Sometimes admin or people who are in charge of this thing do not take it serious. At times the staff if the one who is triggering the learner. They should not be the ones hosting the restorative circles.
Has sufficient resources to create a safe campus	<ul style="list-style-type: none"> People easily still can come into the school. A security presence would make it better. Still have multiple entry point to campus. The district no longer has an SRO, so high-level needs are sent to dispatch. There is a lack of space available to learners when there are extremely sensitive situations occurring. We do the absolute best we can with what we do have, but the learners deserve more!
Is perceived by learners to be a safe place to share sensitive information and feelings with an adult they can trust	<ul style="list-style-type: none"> Some learners have expressed there is not much adults can do to improve their perceived safety. Some learners may feel safe with 1 person but the majority express they do not want to talk to staff on campus. Only with some staff, learners have shared how some staff tend to share their information to other staff.
Encourages students to understand how others think and feel	<ul style="list-style-type: none"> We need more Tier 1 instruction in Advisory on Integrity and Empathy. [There's a] small group of learners expressed not feeling understood.
Handles behavioral problems fairly/equitably	<ul style="list-style-type: none"> Many behaviors are addressed but do not appropriately assign consequences. Kids say some learners seem to get more harsh repercussions than others. Dress code is not equitably enforced according to most learners. Athletes seem to have more of a leash than others. Kids still feel that punishments are not the same if you are a favored kid with some people on campus.

Table continues on next page

Table continues from previous page

	<ul style="list-style-type: none"> ■ Consequences for learners are different than others for the same behavior concern depending on the staff that they are working with and the relationship with that staff member. ■ LFs are expected to keep learners who behavioral problems in the LE. When support is needed, it is very difficult to locate support staff. Learners are often sent back to class in the same period as they were removed if support staff is located. This creates a non-equitable learning experience for the learners in the LE who are not causing the problem. ■ LHS has made it to where no one hardly gets suspended or disciplined. ■ Favoritism exists on campus and can be seen in the way that different sets of learners are disciplined. ■ Depends on the learner. Some learners get more leeway than others.
<p>Does well in creating the conditions for learners living in poverty to feel respected and empowered</p>	<ul style="list-style-type: none"> ■ Have not observed this.

In addition to the “disagreement” comments above, several of the Alt Ed staff volunteered reasons why they *agreed* that the school supports *did* exist, such as:

- *“The learning community has made it ok for learners to accept the help they need and feel supported rather than embarrassed.”*
- *“Our multiple resources on campus work to create a more equitable playing field for those of our learners who come from poverty providing needed resources, a place where they feel heard and seen, and place of comfort and safety.”*
- *“We have a solid intervention team now that we were given the necessary team members.”*
- *“We have a strong team made up of our counselor and admin team who are able to quickly handle behavioral issues that require more than a classroom intervention.”*
- *“Through our Knighthood Project and the circle prompts within our Grad Success classes, our learners have the opportunity to explore empathy. We also use restorative practices during conflicts to help our learners take on the perspectives of others.”*
- *“I believe all our learners have at least one if not multiple adults on campus who they can confide in.”*

Collaborative Leadership

Collaborative leadership includes the practices that establish a culture of professional learning, collective trust, and shared responsibility for outcomes in a manner that includes learners, families, and community members. Staff identified the areas in which they felt they needed more professional development, training, mentorship, or other support to do their job. Overall, the majority of staff (67.2% at LHS; 89.5% at Alt Ed) indicated the need for more training related to trauma-informed care, followed by training to help meet learners’ emotional/social and developmental needs (Figures 65 and 66 on the next page). In addition to the priority concerns, the rankings in the bar graphs could also

reflect trainings that may have recently occurred on their campus. In addition, staff at LHS added “personal safety” and “discipline-specific learning such as music, visual/performing arts, and other CTE courses” as other needed professional education; at Alt Ed, two staff added “Life Transitions for learners and parents;” “how to help learners with substance abuse issues;” and, “some emotional supports are in place but these are primarily for learners with identified deficits; staff could be better trained to recognize and respond when observed.”

Figure 65. Staff-Identified Training and Professional Development Needs, LHS (n=61)

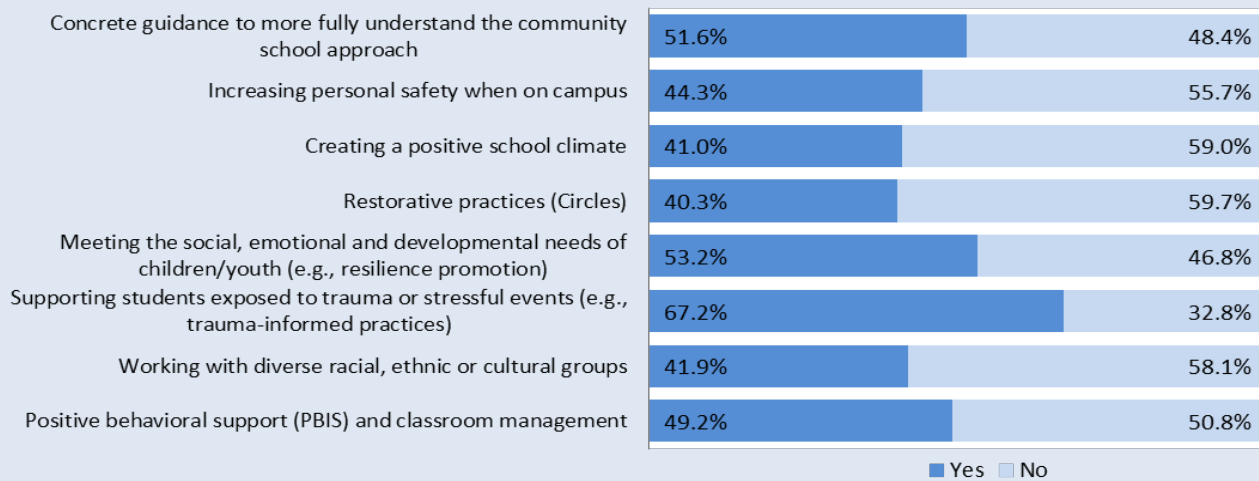
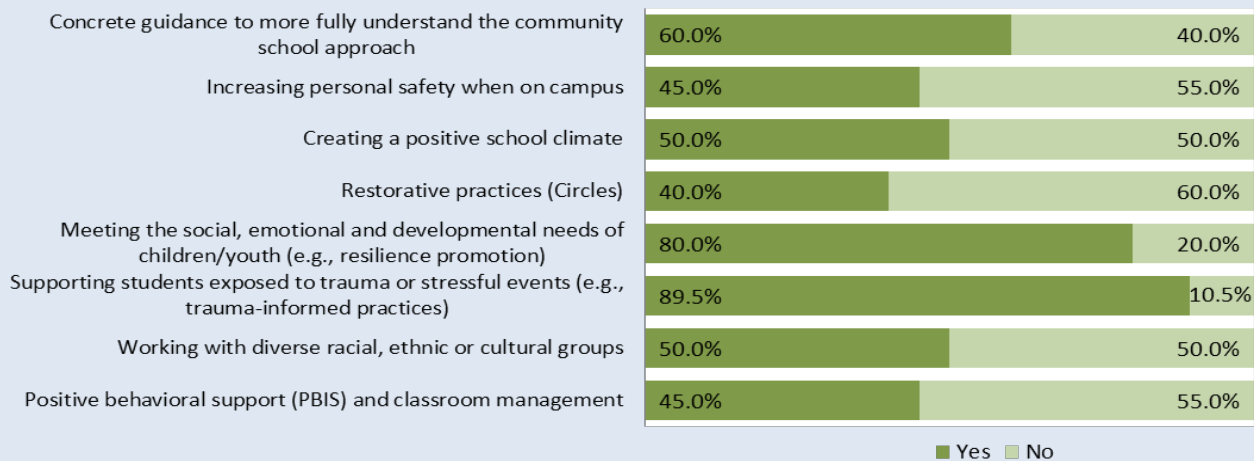
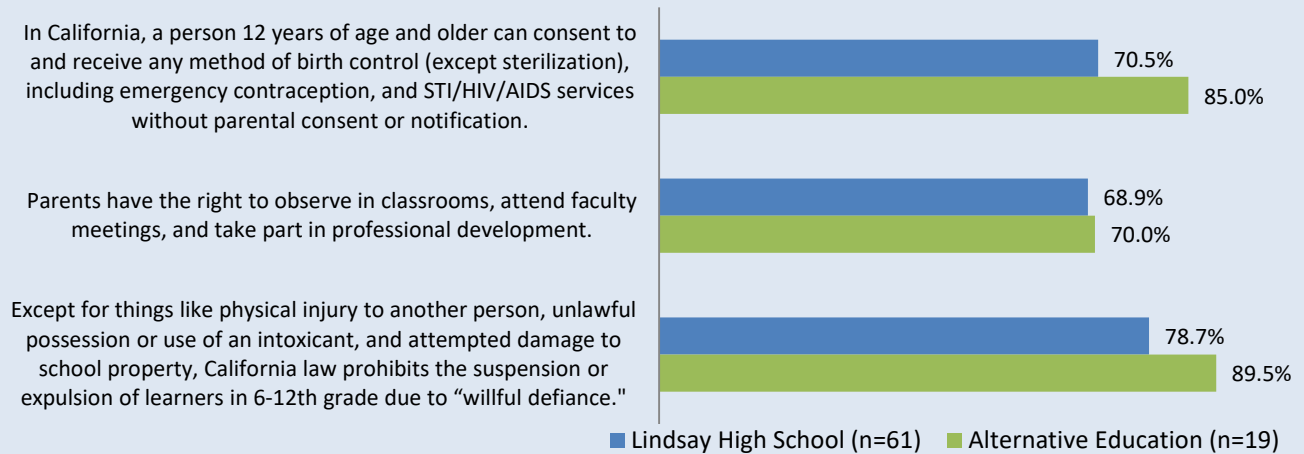


Figure 66. Staff-Identified Training and Professional Development Needs, Alt Ed (n=19)



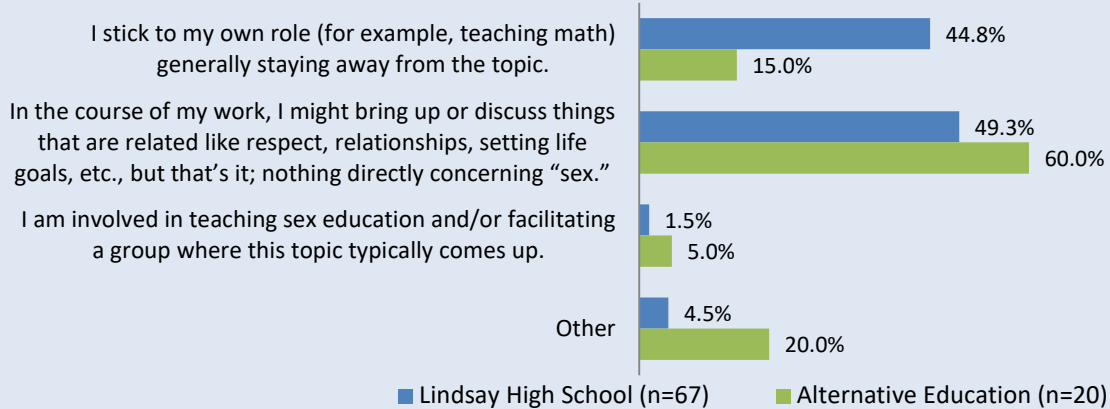
It is important not just for educational administrators to understand certain laws to ensure accountability and to protect the school, staff and students, but teachers and other staff also need to be familiar with state and federal laws for compliance and to meet the needs of learners and their families. Figure 67 shows the percentage of survey respondents who answered questions about certain legal issues correctly (all of the items were true). Not knowing minors can self-consent to contraceptive and STI/HIV services without parental notification (which 30% at LHS and 15% at Alt Ed did not understand), for instance, could have implications for helping learners who need those services access them.

Figure 67. Percent of Staff Answering Certain Legal Issues Correctly (“True”)



Schools are increasingly expected to address “controversial” issues related to sexuality, e.g., birth control, pregnancy, sexual abuse. While generally preferring that learners avoid premature sexual involvement, most school staff realizes that their preferences are irrelevant to the fact that significant numbers of young people are already involved in sexual behavior. (Many learners are not sexually involved, however, and they need support for that decision as well.) Concerned schools can’t ignore the realities that accompany a young person’s decision to be involved in sexual activity simply because teachers and other staff are unwilling to face the fact that it is happening.⁶⁹ Survey respondents indicated (Figure 68) which statements regarding “sex education” came closest to describing their involvement.

Figure 68. School Staff Involvement in Teaching/Addressing Sex Education



The “Other” comments from LHS were “*only in relation to genetics, using scientific language*” and “*I don’t attempt to stay away from the topic, but it does not arise much in my content areas.*” Alt Ed respondents added: “*If it comes up, I connect to resources and stick to my role;*” “*I do not teach it, but I help the learners connect with the appropriate information to receive the support and resource needed. We only talk about sex when learners are working on their health standards in 9th grade;*” “*the students said that at LHS they only did Edgenuity [an online learning resource for school districts] for this and they copied and figured out how to pass the class. I truly believe we need direct instruction in this area;*” and, “*I stick to my own role which keeps me away from that topic.*”



Family and Community Engagement

This domain involves actively tapping the expertise and knowledge of family and community members to serve as partners in supporting and educating learners such as home-school collaboration and culturally responsive community partnerships. Figures 69 and 70 show how much staff of each high school agreed or disagreed with how well their school engaged with family members and the community. The differences between LHS and Alt Ed are apparent though, overall, both campuses believe they partner well with the community when it comes to helping learners academically.

Figure 69. Staff Agreement about How School Staff Engage with Family and Community, LHS (n=65)

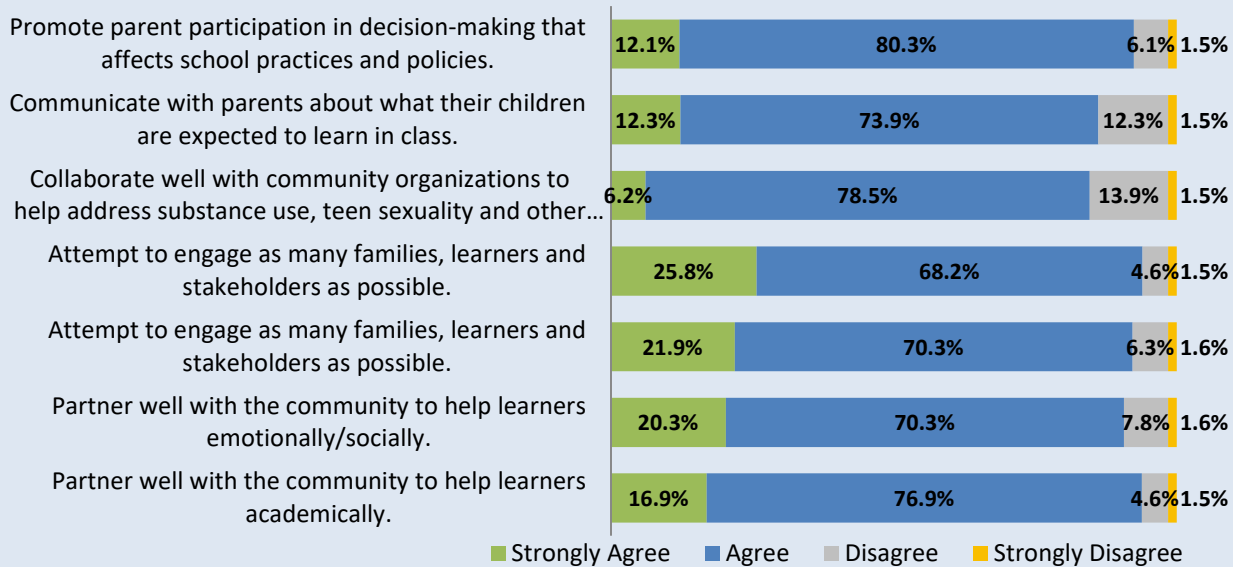
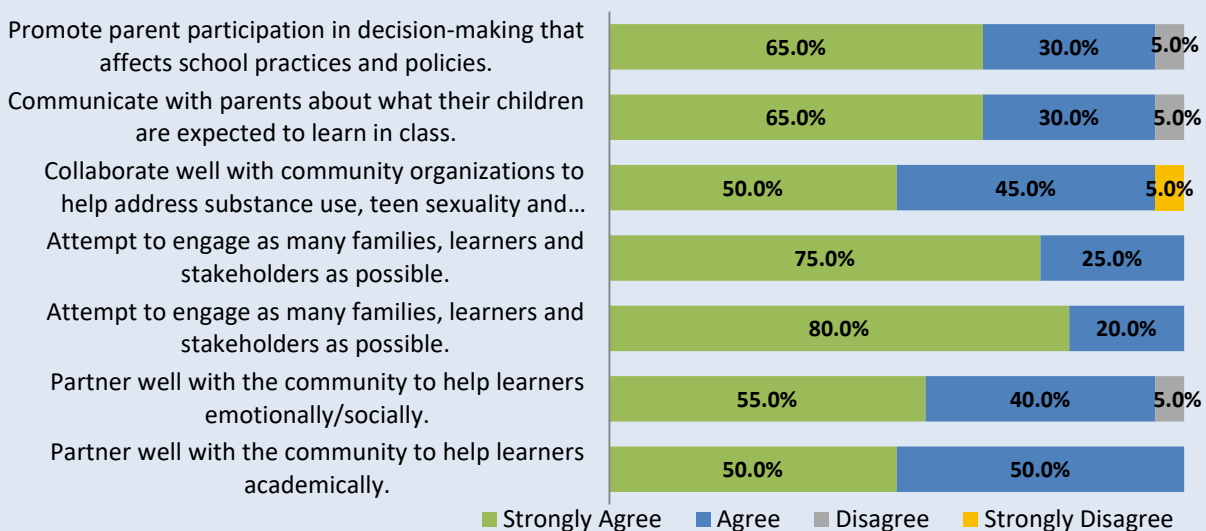


Figure 70. Staff Agreement about How School Staff Engage with Family and Community, Alt Ed (n=20)



Staff was asked to think about the Community School goals and identify the biggest gaps in local community resources for high school learners and their families. The feedback in Table 38 directly responded to the question. Most of the 30 LHS respondents did not address the question, however. Eleven wrote in some version of “lack of family engagement to take advantage of community resources.” Six were “unsure,” and five more said “none” (which either meant there were no gaps or they weren’t aware of any gaps). Community resources like food, housing, legal assistance, job training programs, community centers, and recreational facilities didn’t seem to be on their radar or at least didn’t come to mind when responding to the question. Alt Ed staff seemed more in tune with connecting learners or families to specific resources, though “lack of family involvement” was also mentioned by two additional Alt Ed respondents.

Table38. Biggest Gaps Staff Identified in Community Resources Available to LUSD Learners and their Families*

LHS	Alt Ed
<ul style="list-style-type: none"> ▪ Addiction counseling, decision making lessons and examples in Advisory, empathy lessons for Advisory, learner led Advisory council to review behavior data and make decisions to impact their peers. ▪ Preventing drug/alcohol use and under-age or non-licensed drivers. ▪ Financial literacy and understanding how loans, mortgages, and the monetary system works- and how it will affect them. Not one learner (and many parents) know what loan amortization means- they don’t even realize that they are paying mostly interest at the genesis of a loan or mortgage, basics- should be common knowledge in a poorer area. ▪ Some areas of growth relate to supporting our emergent bilinguals. ▪ Communication regarding availability of community resources for parents. ▪ Partnerships with industry to provide work experience and job opportunities for graduating learners. ▪ The number of people to serve the entire community. 	<ul style="list-style-type: none"> ▪ Mental health care. (n=3) ▪ Transportation. (n=3) ▪ Employment, housing, and training programs. Many programs and or resources are out of the area making it harder for people to do better. ▪ More help with basic necessities or food at home. I know there is help now, but I feel like our community could do more. ▪ Resources on how learners can transition into adulthood as many are turning 18 and have leadership roles in their households. More Healthy Start resources could help educate them. ▪ Resources that create a stronger bond between the parent and child, i.e., activities, projects, and workshops. ▪ At times the people are not educated enough to help advocate for situations they are not aware of or educated about; resources that bring the Community together will allow for times of education to be easier and more affective.

*Comments are verbatim or edited only slightly for brevity or clarity. They are generally listed in order of frequency mention.

Extended Learning Time and Opportunities

Research shows that expanded learning activities—project-based learning, internships, enrichment, and academic support—improves academic performance, social and emotional development, and health and wellness outcomes for children and youth. From the school staff responses (Figures 71 and 72), we can see the availability of sports and physical activities after-school and in summertime relative to, say, music, dance and art. (Focus group learners commented that “unless you’re good at sports there isn’t much going on.”) Summertime there is a dearth of things to do in the community for kids—making it obvious where a community school would want to put efforts into designing programs, maybe even creating a youth advisory group to help. During the school year, though, both high schools—particularly at Alt Ed—staff saw evidence of “a lot” of after-school academic enrichment.

Figure 71. Perceived Adequacy of School and Community Activities After-School and During Summer, LHS (n=59)

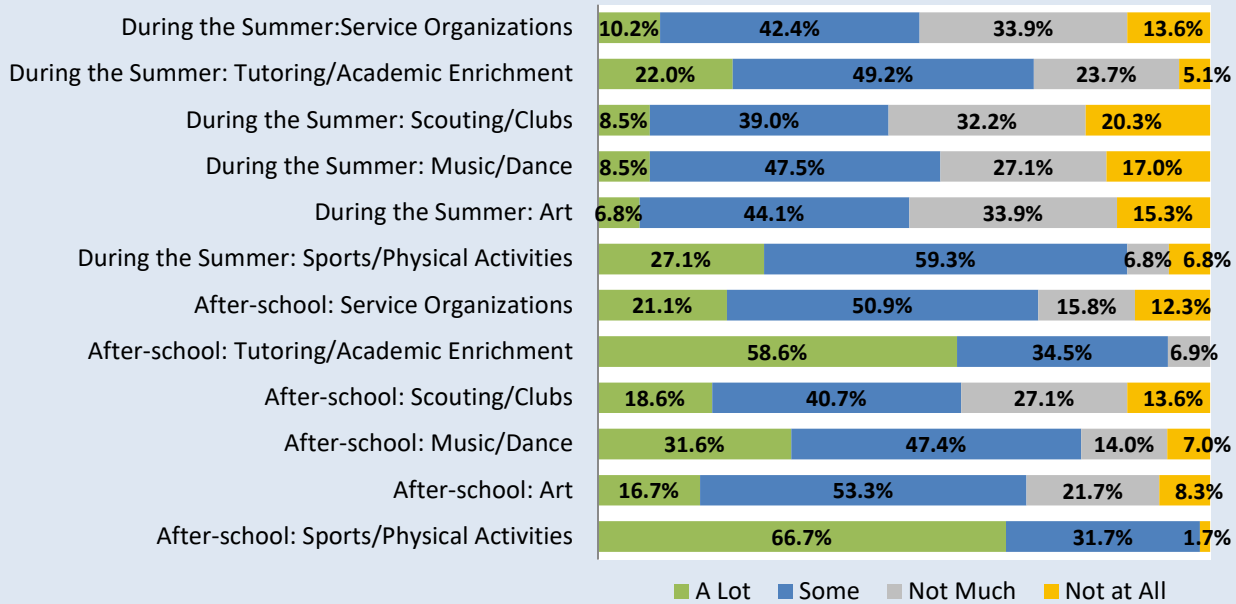
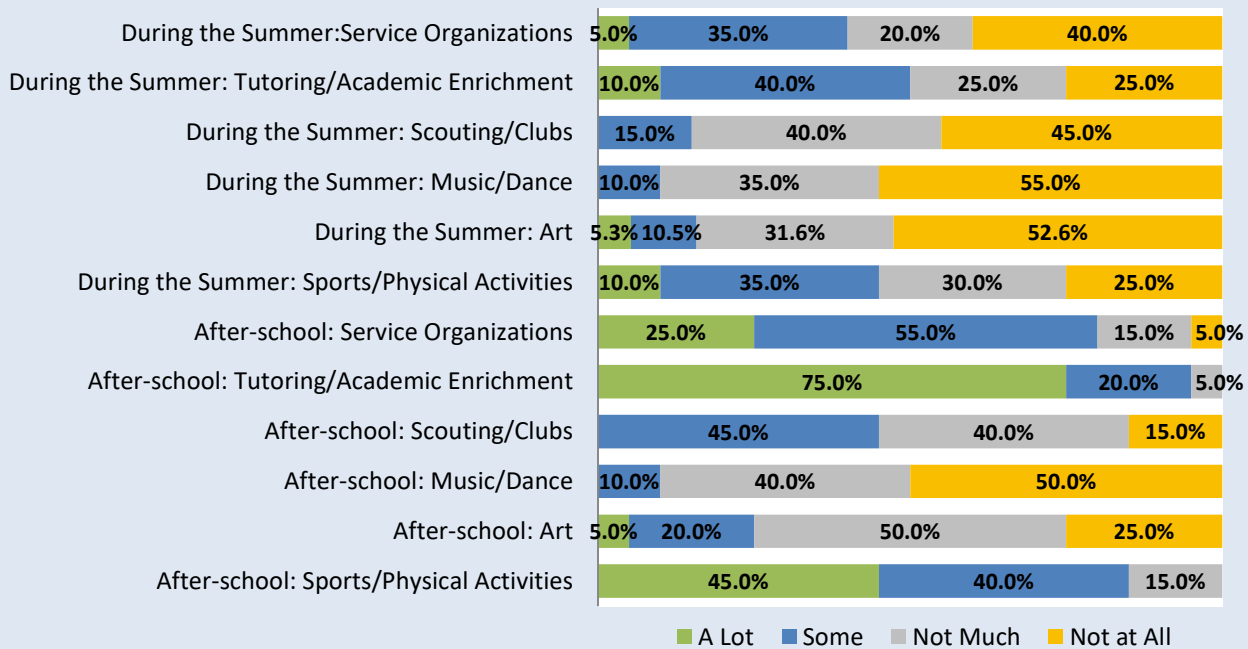


Figure 72. Perceived Adequacy of School and Community Activities After-School and During Summer, Alt Ed (n=20)



Twenty three (32%) of the LHS staff and 60% of Alt Ed staff identified areas of strength in describing what their school did best when it came to supporting learners and their families. (Three additional LHS respondents said they weren’t sure.) The areas in which staff felt they were “doing well” centered on making genuine connections with learners, “taking care of the whole family,” and listening and responding with appropriate resources. The descriptions written by Alt Ed respondents especially provided details about these relationships and activities (Table 39).

Table 39. Areas in Which the School Does Best/Strengths

School	Staff comments
LHS	<p>We do well when we find out that a learner needs financial support. The whole community gets together to try to support the learner as well as connect the learners in need with specific services</p> <p>Government-funded social services</p> <p>Celebrating success</p> <p>Offers a variety of support systems and encourages parent involvement</p> <p>Summer activities</p> <p>Providing multi-faceted learner supports that ensure their personal and academic success</p> <p>Community wide wifi and personalized devices</p> <p>Parent square announcements, Red Zone</p> <p>We provide many intervention opportunities</p> <p>Organizing school and community engagement activities</p> <p>Our site provides time to meet with families and help</p> <p>Learners are able to choose groups on campus to participate in whether it's sports, clubs, or other</p> <p>LF care about their learners</p> <p>Creates events and invites families in to recognize their learner such as the cardinal strong breakfast</p> <p>Foodlink, family informational nights, parent square communication</p> <p>Sports and some after school opportunities</p>
Alt Ed	<p>Positive praise such as monthly awards where families show up. Healthy start, help with families for example they just did a food drive</p> <p>Having a Healthy Start coordinator on site. This is so useful in making the connection between site and families</p> <p>Keeping both learners and parents informed about community opportunities</p> <p>They try to involve the parents in academics as much as possible. Meetings, with parents discussing graduation status for their learners</p> <p>We try to take care of the whole family, Making sure basic needs are met</p> <p>We put the learner's and families needs first. We are always willing to help and support them in any way</p> <p>Learner connection before content or correction</p> <p>ALL staff is familiar with every single learner and most parents/caregivers on campus. There is a personal connection that is created from day 1. Staff strive to strengthen those connection throughout the year. This helps with communication between our school site and learners/parents/caregivers</p> <p>we care to hear people's story to best know how to help and where we can allocate the best resources to. Being able to listen and hear everyone's unqiue situation and go back to the drawing board to find resources helps our school be highly affective. Getting to know each student and their families allows for the best support to be provided</p> <p>This school is learner-centered and that's where everyone's intentions begin. The teamwork here is very collaborative and effective. The communication is clear and consistent. Learner concerns are managed well and collaboratively. The school builds great relationships with its learners and their families. Families consistently share their gratitude for the staff and their work. The site is always working on engaging families and bringing them to the table. They are also great about meeting people where they at and showing them empathy, compassion, and understanding while still holding everyone accountable. Learners here share that they feel acknowledged and loved every day. They feel people are on their side and can go to several people if they need to talk or need something. This school feels like a community, like a family. The support that is here in different ways is vital to the successful outcomes and also having the right people in those roles makes a big difference. The community school is an area that is doing extremely well and the learners and families comment that as well. People here do their job with purpose and lots of love</p> <p>I think we do a good job of listening to what is needed by families. Then, we do some problem-solving and planning to find way to better provide for what they need</p>

About the same number of survey respondents offered opinions about areas where the school could “do better” as they did above in identifying school strengths (note: four at LHS said they were “unsure what’s needed” and another thought “no improvements are needed at this time”). The examples staff provided, such as at the LHS comment “*Have spaces for learners that don't fit into specific groups,*” tie back to concerns voiced by parents and learners about enrichment opportunities, suggest areas staff believes “need more work.”

Table 40. Areas in Which the School Could Improve or Do Better

School	Staff comments
LHS	<p>More on site counselors, trauma informed training for LFs, PRIDE implementation in every lesson by every LF</p> <p>Inform our emergent bilinguals about the different post-secondary options available to them.</p> <p>Acknowledge high achievers academically and in sports (individual)</p> <p>Bring in outside agencies/organizations to help work with addicted learners</p> <p>Provide more worthwhile activities during PLT</p> <p>Implement consistent disciplinary consequences</p> <p>Activities that teach skills or physical activity in our after school program</p> <p>Representing all cultures in our community at school events</p> <p>More clubs</p> <p>Scheduling more time for collaboration in small groups</p> <p>Ask teachers to stay after school to help learners in red zone that way they get the proper help</p> <p>More enrichment opportunities, academic needs should not override this need, Have spaces for learners that don't fit into specific groups</p> <p>Fair discipline, responding when LF see an issue not brush off, and holding LFs accountable for tardiness/attendance</p> <p>Foster self-motivation and integrity among learners</p> <p>Remove advisory. Learners do not use this time efficiently</p> <p>More Redzone</p> <p>Understanding PBS and Empower</p>
Alt Ed	<p>We need additional space to meet with entire team which includes parents without disrupting other settings. I do not know if this is a district thing but like a social worker that advocates outside of the educational realm. We need someone who can do something to advocate even when we call CWS</p> <p>Establishing and following a clear and appropriate operating procedure for movement between LHS, JJC, and LVC</p> <p>More staff, more support, more funding, equal opportunities as other sites, be allowed to provide many of the same opportunities, bring more resources. We need capacity and sustainability</p> <p>Building relationships with families</p> <p>Have more opportunities such as music and art. Learners love this and this would highly motivate them academically</p> <p>With more resources, we are able to do more outreach, community drives, special guest night, community night, education night, etc.</p> <p>Maybe getting parents more involved on campus, having parents come and see how their learners are doing</p> <p>Mental health services in Lindsay and for Lindsay learners who are not Medi-Cal. Hope horizon is great, but unless you have Medi-Cal, you can't get in. Mental health visits are \$100+ per visit. If you have a child who needs services paying out of pocket could be out of reach for some people</p> <p>Continuing to provide trainings and opportunities to increase communication and services to all families</p>



PARENTS

“My son has learned how to trust his teachers, and I’ve learned to trust his teachers as well. These people keep their word.” - Alt Ed Parent

“Learners who are striving are met with LF’s who want to help them.” - LHS Parent

SAMPLE

A total of 15 (8 LHS, 7 Alt Ed) parents or other adult family members participated in focus groups, and 87 (71 LHS, 16 Alt Ed) completed an online survey—about half of what was hoped for. While the sample size is small—despite efforts by both high schools to encourage participation—there is always value in suggestive findings. LHS parents made up 83.9% of the sample, Alt Ed 16.1%.

Somewhat under half (43.8%) of the LHS parents and about one-quarter (28.6%) of the Alt Ed parents completed the survey in Spanish (Figure 73). A Spanish interpreter was made available for both focus groups. As the family relationships in Figure 74 show, 14.3% of Alt Ed survey respondents and 4.2% of LHS were guardians or another adult responsible for the learners. Their learners were in grades 10 to 12 – per the study design—with most (85.7%) Alt Ed students being seniors (Figure 75).

Figure 73. Survey Language of Respondent (n=87)

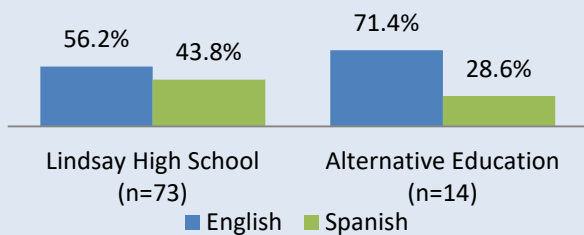


Figure 74. Relationship to Learner (n=87)

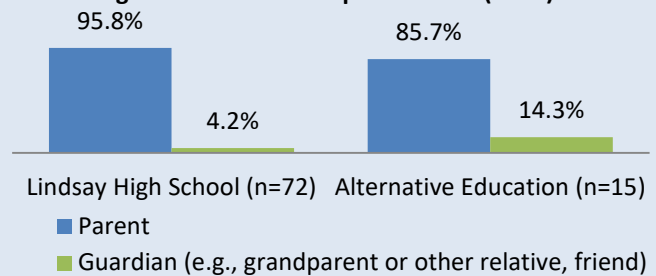


Figure 75. Grade Level of Respondents’ Learners (n=85)

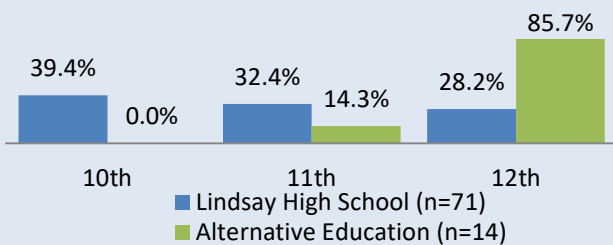
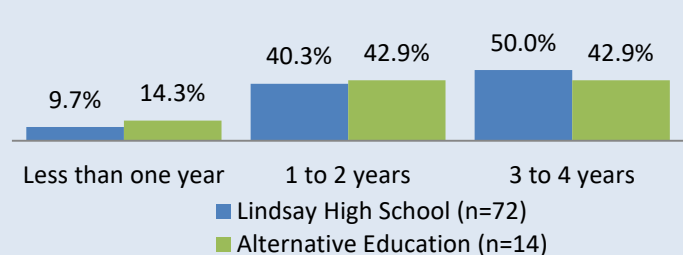


Figure 76. Length of Time Learner Attended School (n=85)



VIEWS ABOUT INTEGRATED SCHOOL SUPPORTS

Figures 77 and 78 on the next page show respondents’ beliefs about how their learners’ school supports students. The perspectives about each of the items in the bar graphs help shine a light on areas where families are relatively satisfied or dissatisfied. Overall, parents largely agreed with the integrated school supports that are provided. At Alt Ed, for instance, they especially saw the school as a place where they can obtain information about resources, possibly due to having a Community School Coordinator.

Figure 77. Perspectives about Learning Community, LHS Parents (n=61)

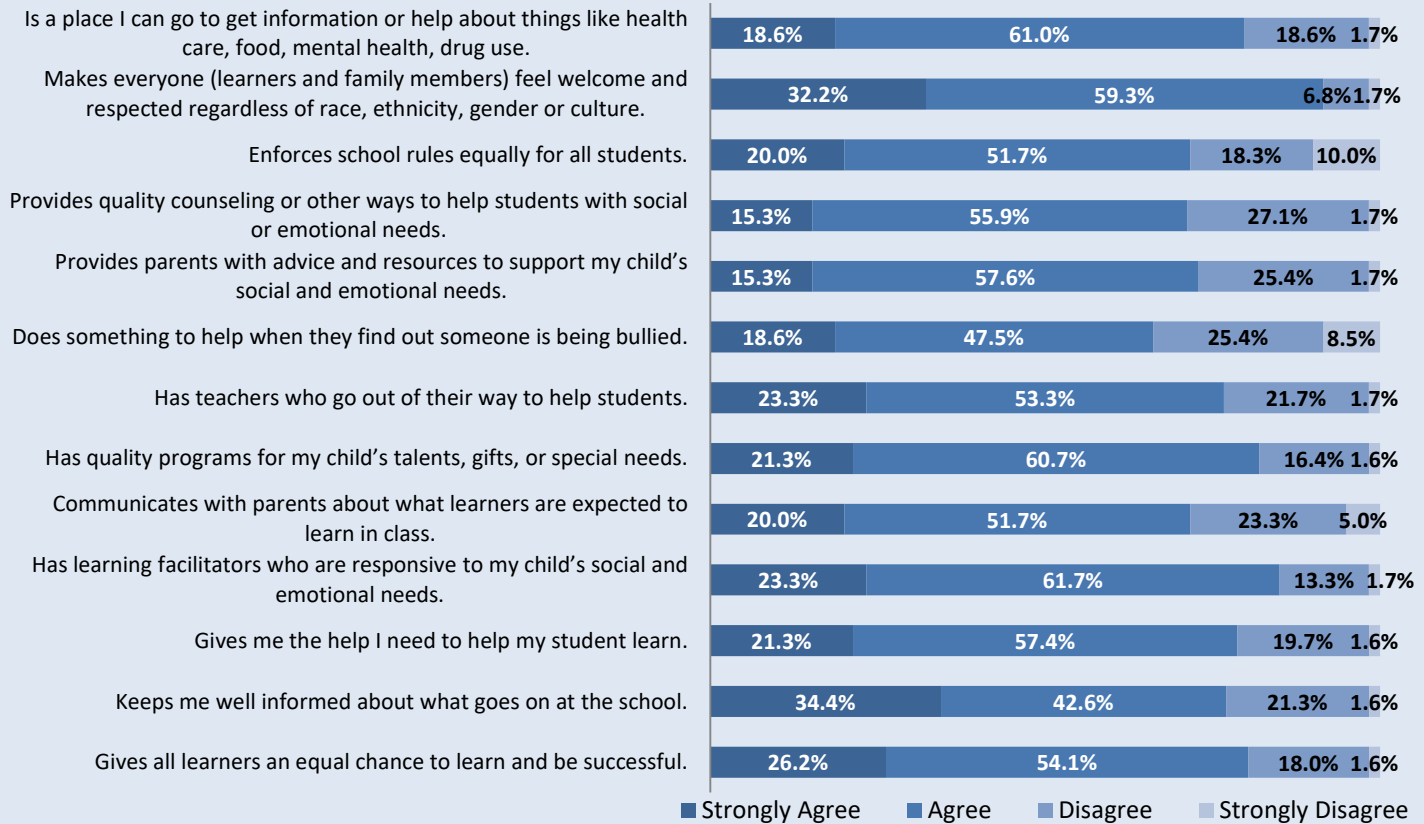
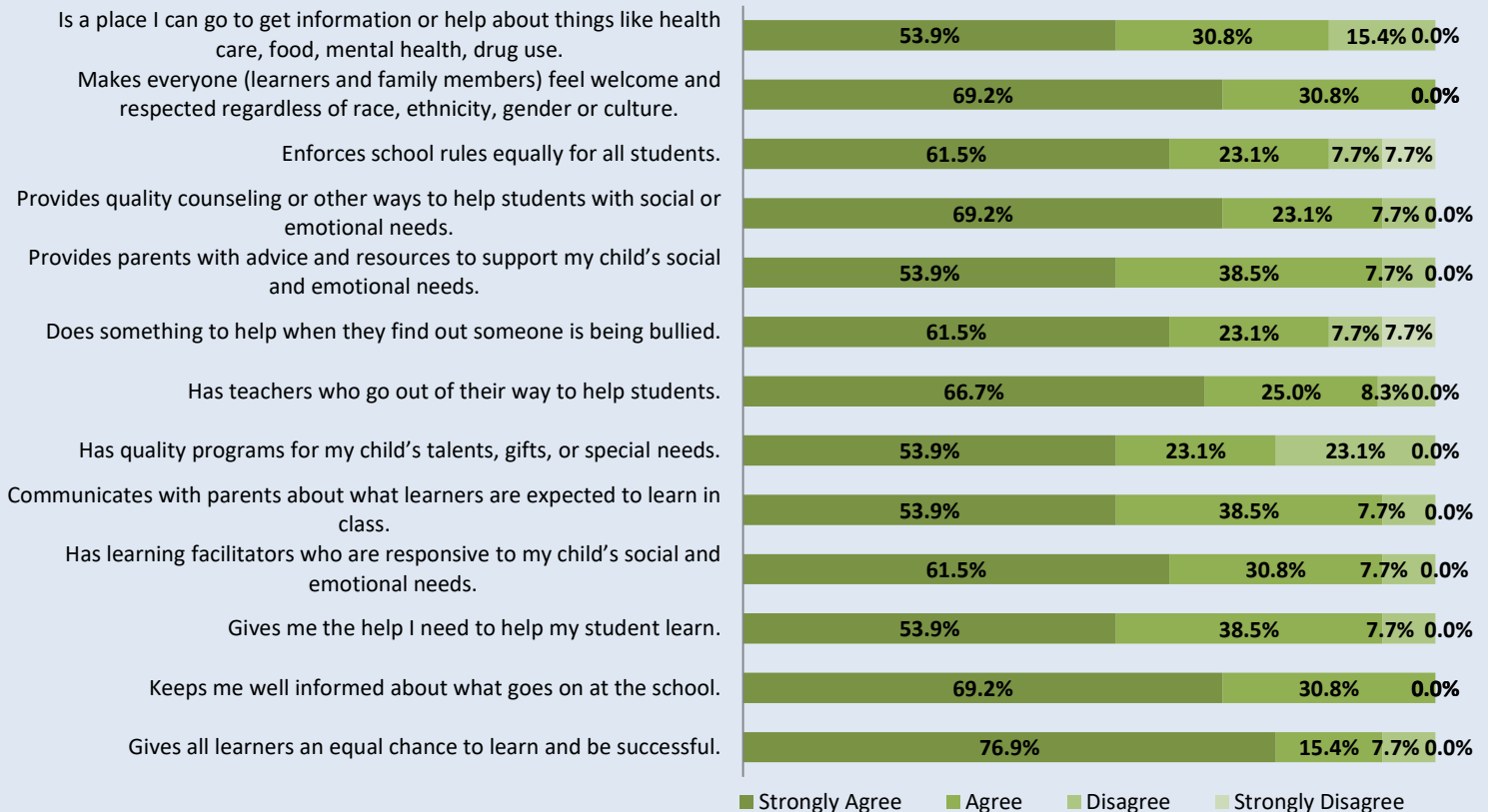


Figure 78. Perspectives about Learning Community, Alt Ed Parents (n=13)



Parents attending the focus groups also made it a point to mention their appreciation for the learning facilitators that go out of their way to help students be successful—both academically as well as with social-emotional concerns. All of the Alt Ed parents agreed that the school kept them well informed about “what goes on at the school.” Parents of LHS learners echoed the survey respondents’ relative frustration with the need for more intervention for bullying behavior. Some also worried that their learner had not received an assessment earlier enough during high school to have made a difference in having the opportunity to attend a “a good college” (or any college), and haven “fallen through the cracks.” A couple of LHS parents indicated they’d tried repeatedly without success to make an appointment with a counselor “who is always too busy to see us.”

Related questions about how well parents thought their learners’ schools were doing are shown in Figures 79 and 80. Close to 77% Alt Ed and 26.3% LHS parents think their schools let them know “very well” about their child’s academic progress between report cards; on the other hand, about 8%-9% at both schools say they aren’t well enough informed (Figures __ and __). LHS provides information about post-graduation education opportunities “very well” according to 26.8% of parents; 53.9% of Alt Ed parents gave it the same high rating. Alt Ed parents indicated the school could do better with providing information about how to help learners with homework. A few (3.5%) LHS parents thought the high school “didn’t at all” create ways for parents to get involved in school activities. (Note: see Parent Engagement in the next section.)

Figure 79. Parent Opinion of Certain School Performance Indicators, LHS Parents (n=57)

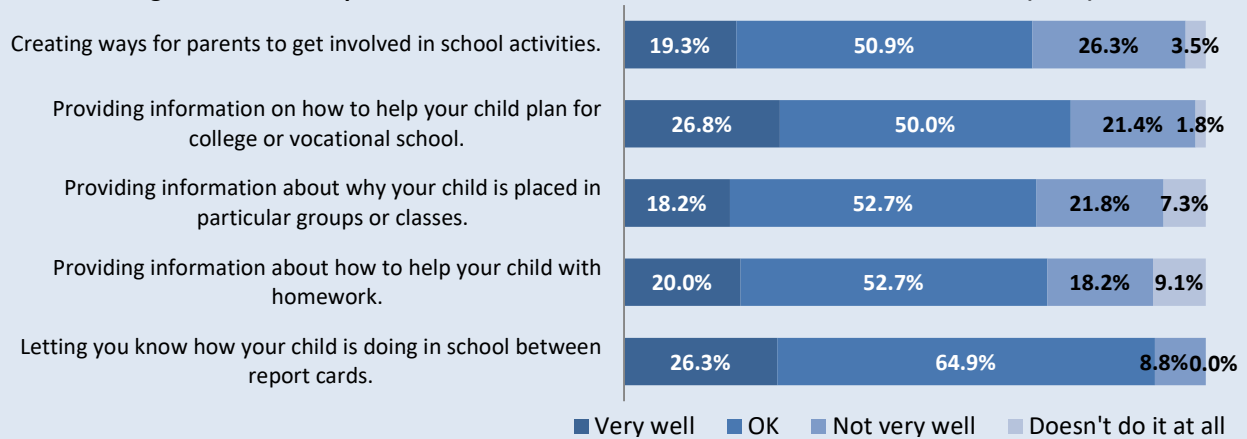
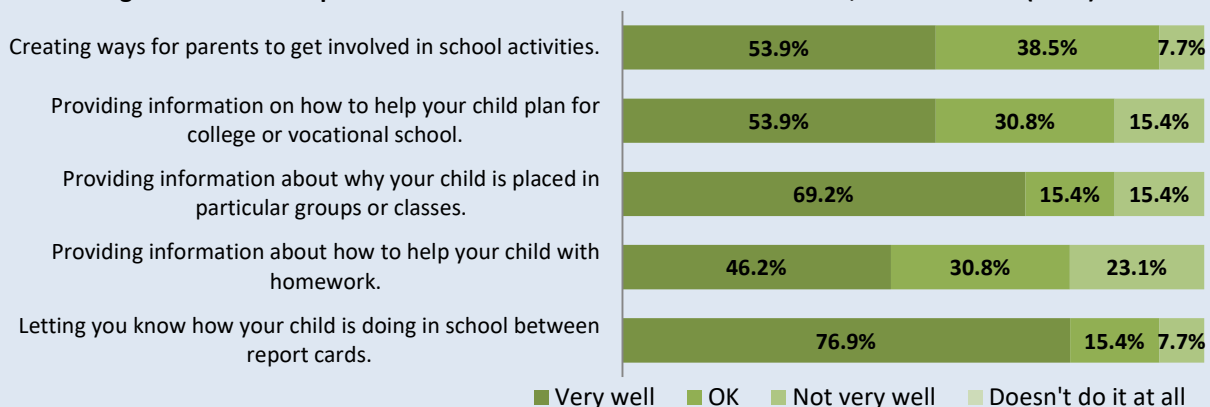
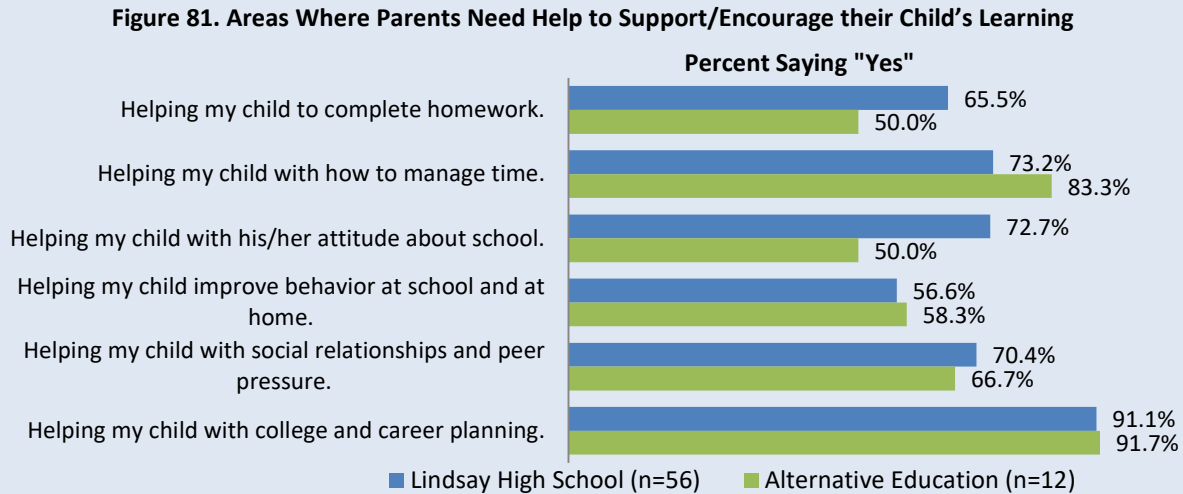


Figure 80. Parent Opinion of Certain School Performance Indicators, Alt Ed Parents (n=13)



Following on to asking how parents felt their child’s school was doing in various performance areas, the survey provided the opportunity to indicate where they might need a little help to support and encourage their child’s learning. Figure 81 indicate these areas. While some of the differences between school respondents are interesting, very clearly about 91% of all parents said they could use help with college and career planning—echoing the same input of parents in the focus groups.



FAMILY KNOWLEDGE AND ENGAGEMENT

High school students care about what other people think of them; their teachers’ and especially their peers’ opinions are super important (note: disapproval has implications for approval-seeking behaviors). According to the surveyed parents, 75% and 84.6% of LHS and Alt Ed respondents, respectively, believe their child “generally feels liked and accepted at school.” Interestingly, 18.3% of LHS parents said they couldn’t tell (Figure 82).

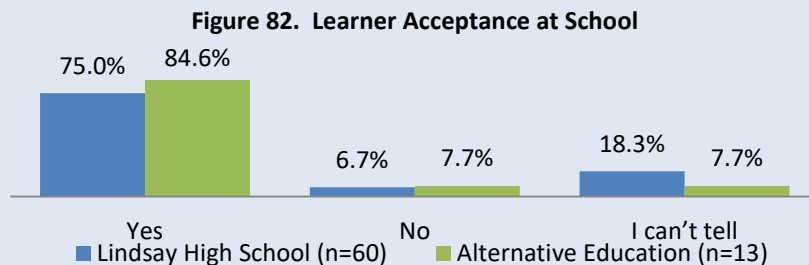
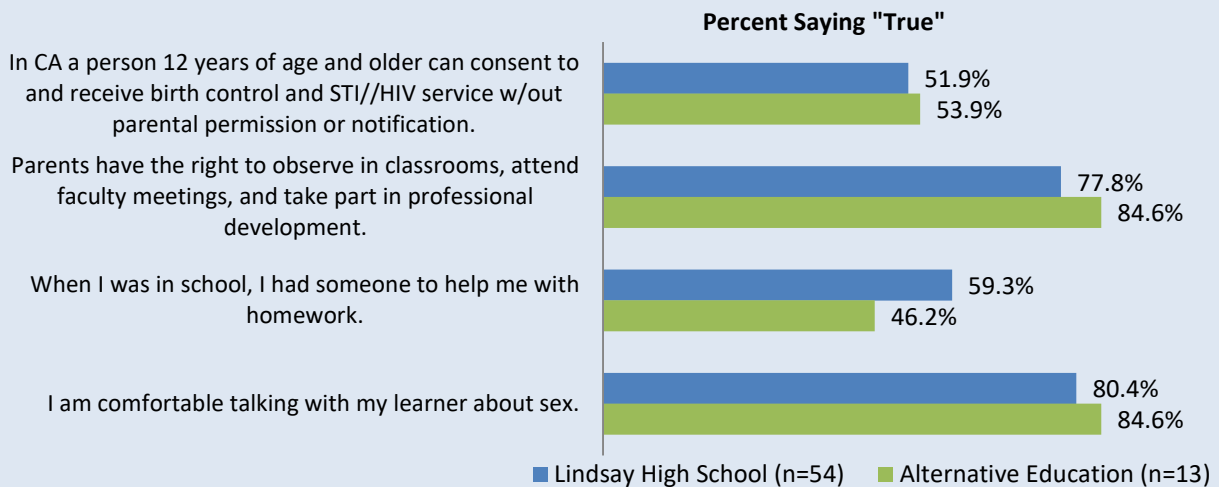


Figure 83 on the next page provides information about certain parent knowledge and experiences. Given the disproportionately high teen pregnancy rate in Tulare County and Lindsay, the questions about parents’ awareness of California law regarding minors’ consent to reproductive services and their comfort level talking with their learners about sexual issues was especially salient. Just under half of the parents at both high schools did not know a person age 12 or older could consent to and receive birth control (including emergency contraception) and STI/HIV services without parental notification. It was a positive finding, however, that just over 80% of the surveyed parents said they

were comfortable talking to their children about sex—a similar percentage among the focus group parents.

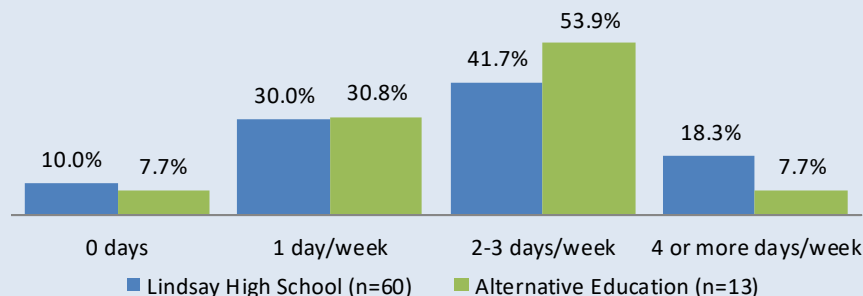
Understanding their learners’ homework needs and providing effective support may reflect a parent’s own experience with homework. As Figure 83 further shows, more than half (53.8%) of Alt Ed parents and 40.7% LHS parents said they did *not* have someone to help them with homework when they were in school. Regarding their school-related rights, the majority of parents (77.8% and 84.6%, respectively, at LHS and Alt Ed) knew they were allowed to observe in classrooms, attend faculty meetings and participate in professional develop. Their own experiences in school

Figure 83. Parent Knowledge of Certain Laws and Personal Experiences



A majority of U.S. parents help their high schoolers with homework; the frequency depends on the subject matter, the teen’s academic needs and family dynamics.⁷⁰ Close to one-third of LHS and Alt Ed parents reported they or someone else in the family looked at their learner’s homework together or helped them when they had questions about it “1 day per week.” About 10% said they never were involved. Conversely, 60% LHS and 61.6% Alt Ed parents said they helped “4 or more days per week.”

Figure 84. Frequency of Parents Looking at or Helping with Learners’ Homework



Research makes clear parental involvement in education improves learner attendance, social skills and behavior; it also improves classroom culture and conditions that benefits learning facilitators.⁷¹ The parents were asked whether since the beginning of the school year (in the previous 3 months)

any adult in the household had participated in certain activities or events (Figures 85 and 86). Attending a parent-teacher conference with the learner’s teacher and events like an open house or back-to-school night were the most frequently reported activity. Three-quarters of LHS and half of Alt Ed parents had also attended a school performance. One of the least often types of participation was serving on a committee; none of the Alt Ed respondents, for example, reported doing this.

The focus group participants discussed ways to more get parents to attend school events and indicated interest in attending parent education classes on topics like healthy eating, emotional needs of teenagers, alcohol and drug issues, and scholarship opportunities for college. Everyone agreed Saturdays were the preferred day for such events. While being offered a meal would be appreciated, the groups did not seem to be saying it would make a difference to their interest in attending. The challenges for parents working odd shifts and double jobs were said to generally account for why parents were not more engaged in their learner’s school.

Figure 85. Percentage of LHS Parents Participating in School Activities (n=57)

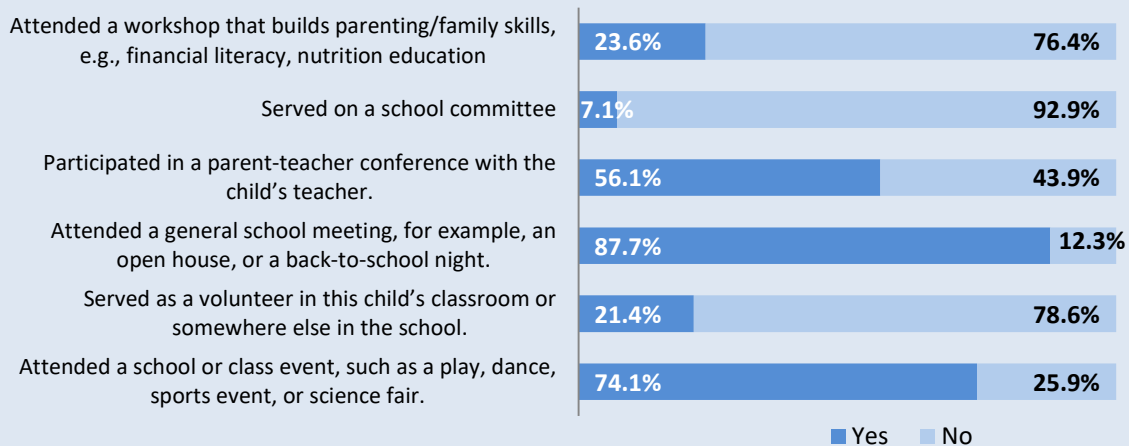
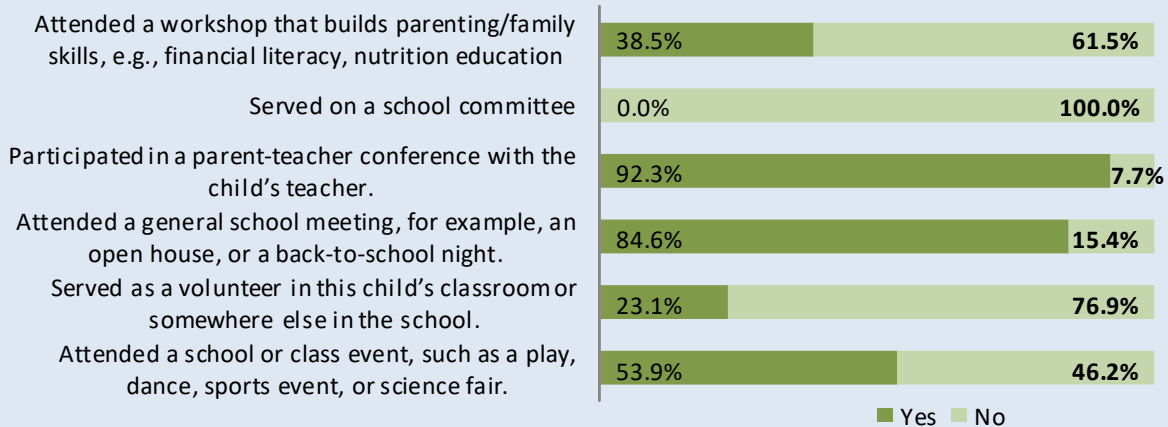
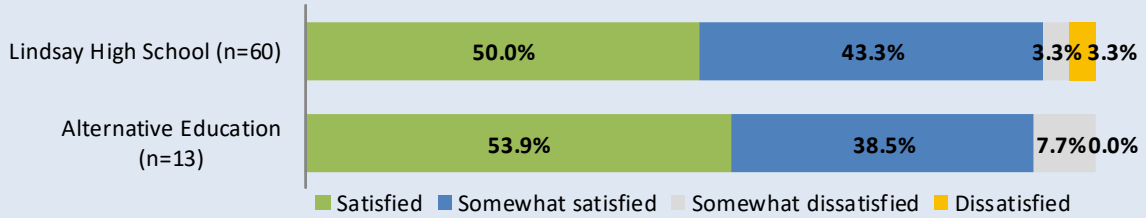


Figure 86. Percentage of Alt Ed Parents Participating in School Activities (n=13)



Learners with involved parents are generally more motivated and engaged in school. Most parents in this survey said they were satisfied or somewhat satisfied with their level of involvement in their learner’s education (Figure 87 on the next page).

Figure 87. Parent Satisfaction with Involvement in Learner’s Education



COMMUNITY RESOURCES – NEEDS AND SUGGESTIONS

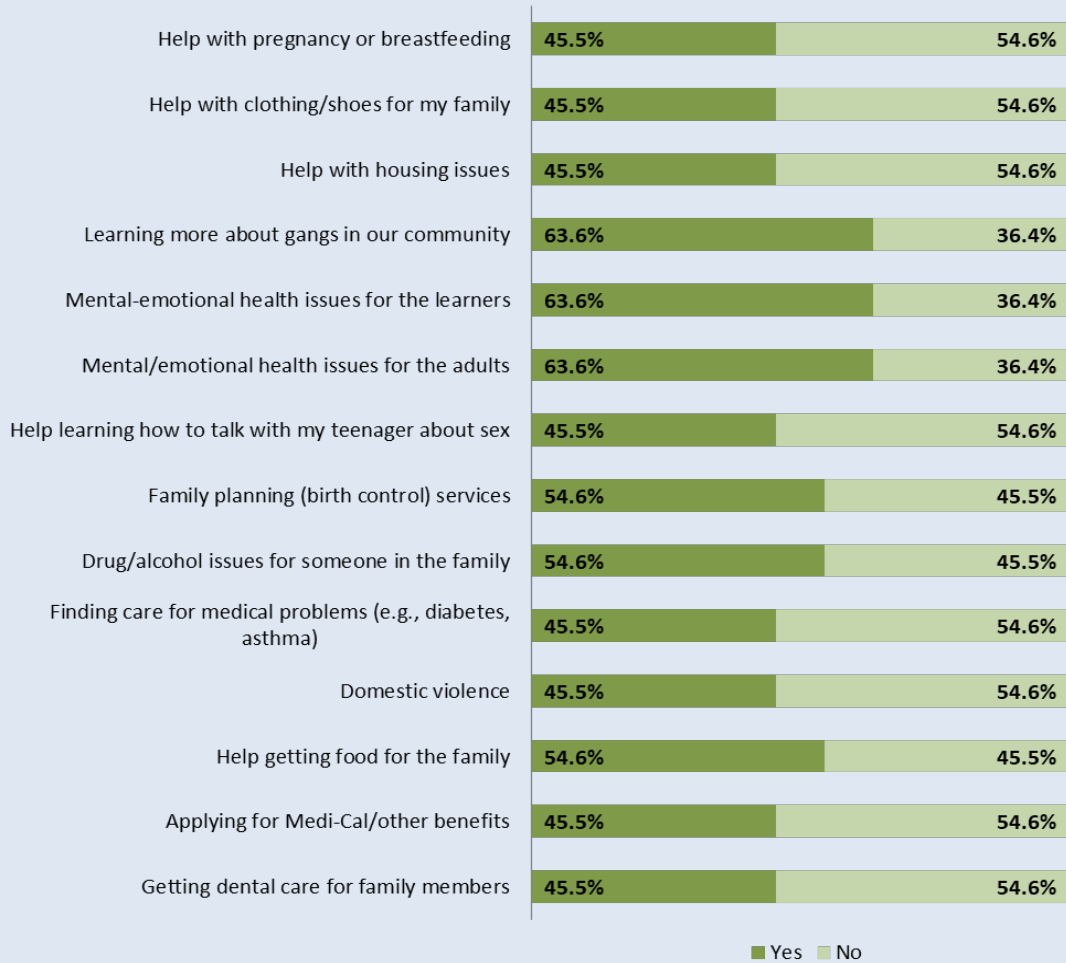
Parents provided useful feedback about needs LHS and Alt Ed, with its partner organizations, could help address by identifying the services their families have had trouble getting on their own. Figures 88 below and 89 on the next page display the relative ranking of each need. The information should prove helpful in guiding LUSD’s community-school collaboration efforts.

While the need for basic support (food, clothing) is clearly higher among Alt Ed families, both sets of parents indicated a significant need for mental health-related services for both learners and adult family members, and learning more about local gang activities. Help with getting family dental care ranked relatively high at Alt Ed as did the need for family planning/birth control services. Of parents wrote in the space provided for “other needs,” one parent (LSH) mentioned child care and another (Alt Ed) requested information on financial literacy.

Figure 88. Services LHS Families Need Help in Getting (n=53)



Figure 89. Services Alt Ed Families Need Help in Getting (n=12)



Most of the suggestions parents made when asked what community resources could be brought onto the campus to better support learners and their families—an important goal of a community school—did not fit the question; the responses were mostly repeats of what they had said to the earlier question (discussed below) about how the school could do better. The most fitting responses are listed in Table 41. Additionally, focus group parents cited food, clothes (including some washing machines and dryer), health services, local gym passes, and help with transportation.

Table 41. Parent Suggestions for Community Resources That Could be Brought onto Campus

LHS	Alt Ed
<ul style="list-style-type: none"> ▪ Mental health services ▪ 211 and Healthy Start ▪ A permanent school resource officer who can carry a weapon ▪ Workshops or after school courses to have students want to be part of ▪ A communal laundry & pantry for those in need ▪ Expand the red zone tutoring program services to cover more subjects ▪ Activities for parents and students to do together ▪ College prep classes 	<ul style="list-style-type: none"> ▪ Civic engagement, learning about the community ▪ Anything to do with social media, addiction to gaming, the effects on the brain and social isolation from technology. Legal ramifications of sexting and sending/sharing sexual images, especially of underage girls who send it the boys. ▪ Financial literacy ▪ Food Bank ▪ More security at the school



STRENGTHS, SHORTCOMINGS AND RECOMMENDATIONS

Parents were given an opportunity to say what their teen’s learning community does best when it comes to supporting learners and what in their view needed to improve. The table that starts on this page captures those comments. When there were multiple responses of essentially the same thing, the responses are generally in order of frequency. The comments include those of parents attending the focus groups.

Although most parents were pleased with the academic support their learners were receiving, such as letting them learn at their own pace and helping them when they encountered problems, a few others felt more 1-on-1 and after-school tutoring should be provided. Areas for improvement tended to echo their earlier responses about things like safety, equity, addressing bullying and communicating more (note: on the other hand, school communication was also seen as a strength by parents at both schools). Relative to their proportion in the sample, Alt Ed parents pointed out as many school strengths as LHS parents did but identified fewer shortcomings and areas for improvement.

Table 42. Parent Input Concerning Learning Community Strengths, Shortcomings, and Suggestions

	Best Part about this School?	What are Shortcoming that could be Improved?
LHS	<ul style="list-style-type: none"> ▪ Learners who are striving are met with LF's who want to help them. ▪ The hold students accountable. ▪ The school is getting better at communicating more with parents and keeping parents informed. ▪ Texting parents when students are absent. ▪ Getting to the problem to find solutions. ▪ The red zones. ▪ Supporting them with free lunch. ▪ Reaching out to parent with issues at school. ▪ The after-school tutoring opportunity. ▪ Helping them get a driver’s license. 	<ul style="list-style-type: none"> ▪ Parents need to be aware of learner progress. Make sure LF's are inputting scores so that Empower reflects the correct information. ▪ Faster and more accurate diagnoses so that the student can resolve the issues in a short time. ▪ Take more action when kids are bullying/bullied. ▪ Communicate more with behind phase learners to help them catch up. Don't allow to fall behind. ▪ Give more opportunities in career paths. ▪ Supporting learners with mental health. When learners are struggling, they are given a pass to sit in the counseling lobby for everyone to see. ▪ Stop students smoking in the school hours. ▪ Be safe in the bathrooms because there are students who are afraid to go to the bathroom. ▪ Safety at and during school. ▪ Creating equity for learners. Many athletes are given easy grades just so they can play. It is common to hear this from athletes. ▪ Be more present on the campus, no one out greeting kids, no one roaming the parking lots! Especially after school, the kids drive too fast; some are driving illegally. ▪ Coaches have lot of favoritism about players. They don't give others players the chance to play. They don't make them feel part of the team. ▪ Help learners find work, different kinds. ▪ Improve the food given to our children. Healthy food.

Table continues on next page

Table continued from previous page

	Best Part about this School? (cont.)	What are Shortcoming that could be Improved? (cont.)
Alt Ed	<ul style="list-style-type: none"> ■ Great communicators. They create an environment where families are encouraged to participate. ■ Going the extra mile that each has the opportunity to graduate. ■ He has learned how to trust his teachers, and I have as well. The people keep their word. ■ They meet the learners at the level that they are at and allow them to develop a plan for their educational needs. ■ They inform parents how their grades are or if there are any changes with them if they miss classes. 	<ul style="list-style-type: none"> ■ Care for all students alike. ■ Maybe call parents once a month if they need any resources like food, clothing. ■ Give them breakfast, healthy food.

ACKNOWLEDGMENTS

(In alphabetical order by first name)



Key Informant Interviews

Individual	Affiliation/Organization
Albert Ferreira	Tulare County Probation, Youth Division
Anabel Robles and Audriana Freberg	Family Services of Tulare County
Andrea Kelly	Foodlink
Armando de Silva	Lindsay Parks and Recreation
Claudia Cabrera	Community School Coordinator, LUSD
Connie Taverez, RN	LUSD School Nurse
Cory Jacques, MD	Kaweah Mental Health
Erik Gonzalez	LUSD, Student Support Coordinator
Irma Rangel	Sequoia Youth Services
Karen Elliott	Tulare County Public Health
Kerry Hydash	Family Healthcare Network
Larry Macari	Tulare County Board of Supervisors
Linda Bonilla	LUSD Homeless/Foster Youth
Lisette Pace and Chris Salcedo	Central Valley Recovery Services
Nikki Cardoza and Nicki Acevedo	Hope Horizon
Ramiro Serna	City of Lindsay, Mayor
Yasmin Prado, PhD	LUSD therapist

LUSD Administration Interviews

Individual ¹	Learning Community
Amalia Lopes	Principal, Alternative Education
Ana Benitez	Dean of Student Affairs, Lindsay High School
Cindy Alonzo	Principal, Lindsay High School

Needs Assessment Core Team

Individual	Organization
Linda Ledesma	Director of Healthy Start
Barbara Aved, PhD	Barbara Aved Associates
Sarah Sylva	Barbara Aved Associates
Taline Kuyumdjian	Barbara Aved Associates

COMMUNITY RESOURCES TO BENEFIT HIGH SCHOOL LEARNERS AND PARENTS

Type of Resource	Organization	Services	Location	Frequency	Caseload	Capacity	Eligibility/Notes
MENTAL HEALTH	Sequoia Youth Services	Learner and family MH	Clinic in Exeter and "community sites" (aka clinics) in Visalia, Dinuba where therapists see learners at school sites. Therapists can go to Lindsay but generally only if student doesn't want to go to Hope Horizon	8:00-5:00 but there's opportunity for "flex time" if family can't meet until a little later	Currently seeing 14-20 students from Lindsay; they say "a few" (the typical number) are from the High School.	Policy is 10-day timely access for assessment; approx. 2 weeks later for 1st therapy appt. Appts. are 30 min./wk. Still (for at least the past year) experiencing high therapist turnover.	Contracted with County to serve only Medi-Cal; students with private insur are referred to private therapists (very limited capacity). There is an informal agreement with Hope Horizon that Hope covers south portion of county
	Hope Horizon	Learner and family MH	Opened an office in Lindsay summer 2023; mostly see students at the school sites except for summer and other school breaks. For students with more significant needs, they see in the office.	Monday - Friday (limited time on Tuesdays) 8:00 - 6:00 pm	Currently seeing ("the typical caseload") ~ 10-20 at the high school and ~20 in the office; at Alt Ed they are seeing ~6 at the school and ~6 in the office.	Policy is 14 days to get assessment visit (takes about a week); generally 1-2 week lag to a therapy appt. Appts. are 30-35 min./wk. 7 Lindsay based-therapists for both HS's (4 are F-T and 3 are P-T); also have 3 P-T managers.	Contracted with County to only provide services for Medi-Cal; students with private insur. are referred to local therapists (limited capacity). If the case is for sexual abuse, Tulare County covers the cost on non-M-C students (services in office only).
	Family Services of Tulare County, Inc.	Services limited to domestic violence and other traumas (not behavioral or learning assessment-related).	Students are seen at the Healthy Start FRC (requires ability for transportation). Parents can drop off learners for appts.	Treatment services are provided 1 day/week (Mondays) 8-5 in their office. But, they can see LUSD students in Porterville if needed.	Currently seeing 2 LUSD students Parents have to be upfront about the abuse situation (many are secretive) for kids to qualify. Some teens are also secretive.	Therapist works there only on Mondays, but there is current capacity for more cases; they say they get "few referrals from Lindsay" and all FRC referrals are "down." They experience a lot of client no-shows.	The FRC Case Managers identify and refer students needing services. No cost. Grant-funded from CA Office of Emergency Services. But only for kids with sexual/ domestic/gang violence. They are trying to figure out becoming a M-C provider via the County.

Type of Resource	Organization	Services	Location	Frequency	Caseload	Capacity	Eligibility/Notes
MENTAL HEALTH (cont.)	Kingsview	The One-Stop program, in collaboration with other youth-based agencies, serves ages 12-24 who meet medical necessity throughout the southeast county areas	1 office in Tulare; 1 in Porterville Therapeutic MH services (vs. "behavioral") can be provided to students virtually, so rarely on their school campuses. For adults, individual therapy and psychiatry services	A Case Manager is assigned to LUSD 1 half-day a week (Thurs. 1:00-4:30) with an open calendar and sometimes some appts. This is primarily for behavioral-related referrals, not therapist-related needs. For adults, 1-2 a month, during business hours for 4 hours a day.	At the time of the interview (12/1/23) there were no students from LUSD being seen for mental/emotional health needs. No limit for adult services	They have 3 full-time therapists at the Tulare site and 1 full-time in Porterville. No limit for adult services	Serve only students with Medi-Cal. Clients with transportation issues are told to use their M-Cal benefit (they try to help schedule it). Substance abuse services available for only older students/adults. Clients must meet the criteria of the 5 diagnoses: major anxiety, depression, bipolar, schizophrenia and PTSD
	Psychology Today	Online therapy and video counseling	Go to link. Put in zip code to find therapists. https://www.psychologytoday.com/us/therapists/online-counseling			Each therapist indicates their availability, fees/insurance, etc.	1 is currently listed for the Lindsay zip code. However, many are listed for Porterville; but this is mostly all virtual, so therapist can be located anywhere.
	Lindsay Healthy Start (FRC)	Mental Wellness Education. A promotor led program providing an overview of Mental Health, how it presents, and how individuals can address it	Lindsay FRC	Several cohorts are offered throughout the year, typically 6-8 weeks long	No limit	25	Must live in Lindsay
	Kaweah Health Lindsay Clinic	Behavioral Health (Psychiatry Therapy Suboxone)	839 North Sequoia Avenue, Lindsay	Monday – Saturday 8:00 – 5:00			Outpatient psychiatric just for Medi-Cal; and for kids “just get meds,” i.e., medication management, no talk therapy.
PHYSICAL HEALTH SERVICES	58 private dental offices/sites in Tulare County that accept Medi-Cal	General dentistry, pediatrics, orthodontic, specialty	Provider offices are distributed within the county in major towns			Nearly all say "currently accepting patients"	Consultant's dental studies show there is a 14% error rate with the Medi-Cal website DDS information.

Type of Resource	Organization	Services	Location	Frequency	Caseload	Capacity	Eligibility/Notes
PHYSICAL HEALTH SERVICES (cont.)	Family Healthcare Network	Family practice, pediatrics, dental	Multiple sites within the county; none in Lindsay.	Appointments for non-urgent care at nearly all clinic sites are within 2 weeks, some within 1 week		They says mobile services are available to schools "upon request;" however, no indication of their capacity to respond	All Covered CA medical plans, Medi-Cal, most private insurance, sliding fee schedule for self-pay
	Sequoia Family Medical Center (a Rural Health Center-designated Clinic)	General family practice, podiatry, HS sports physicals	Lindsay (252 HWY 65). Offers medical specialties, MH, substance abuse at their Porterville location)	Monday - Wednesday: 8am – 5pm; Thursday: 8am – 8pm; Friday: 8am – 5pm; Saturday: 9am -3pm (except last Sat. of month)		Walk-ins and appointments	"No one is turned away." All Covered CA medical plans, Medi-Cal, most private insurance, sliding fee schedule for self-pay
	Tulare County Public Health	Immunizations (including flu and COVID)	Lindsay Healthy Start	For students, 1 time/year. For adults & employees, 1 x month for 4 hours	No limit	No limit	No requirements
	Altura Health Centers	Family practice, pediatrics, dental	5 clinic sites in various parts of Tulare City; 1 mobile clinic + 2 K-8 school-based clinic		Non-urgent appts w/in 2 weeks. Minors can receive family planning services on own consent (no barriers); staff help minor apply to Medi-Cal.	Some Lindsay families access services from this provider (25 min. by car from Lindsay)	Medi-Cal + private insurance
SUBSTANCE ABUSE	Central Valley Recovery Services	Assessment; individual & group sessions; case management; intensive care coordination including telehealth/ home-based/ virtual	320 W Oak Ave, Visalia	Meets with students on an "as needed" basis. Receives referrals through Youth Referral Network	Currently ~ 10-15 students bw. HS and Alt Ed.	Able to offer a 1 to 3-hr assessment w/in 2 weeks of referral; first counseling visit generally occurs w/in a week later. They have two F-T counselors 3 days/week in Lindsay; 2 at Alt. Ed, 1 at HS.	No private insurance. Ages 12+. Minor signs a release of information for them to talk w/ parents. Minors are "required to go in-person to Tulare Works to sign consent, then have to go back each mo. in-person to re-certify." The policy is in error per: https://www.dhcs.ca.gov/services/med-cal/eligibility/Documents/MEPM/4V-MinorConsent-12-16-21.pdf]

Type of Resource	Organization	Services	Location	Frequency	Caseload	Capacity	Eligibility/Notes
CONCRETE SUPPORT	Housing Authority of Tulare County			Monday - Friday 8:00 am - 4:30 pm. Callers leave a voice mail, an application clerk calls back to take application over the phone			Required documents are birth date, S.S. numbers, and income from all sources for all family members; lack of a SS# = no eligibility.
	FoodLink	Healthy Farmers Markets – typically fresh produce along with commodities are offered	Kennedy Elementary . This is the only community based-resource for Lindsay.	Farmers Market is 1 x mo. during school year (2nd Monday, 3:30-4:30).at	When resources are available (state-funded) they offer community partner food pickups at their office (Exeter).	Staff is available to help schools or communities (that have water use approval) build gardens; none so far have been requested in Lindsay.	They say, “many potential donors are unaware that need for food exists.”
	Central CA Food Bank	Community and School food distribution. BackPack for children over weekends and school breaks when other resources are not available. School Pantry for families. Groceries 2Go appointment-based grocery pickup program for families.	Fresno. Serves Fresno, Madera, Kings, Kern and Tulare Counties through ~ 300 partner feeding sites	Click on “Find Food” at https://ccfoodbank.org/home/about-us/ , type in zip code and see monthly calendar with sites/times. Typing in “Lindsay, CA” shows: Strathmore Assembly of God 4 th Fri. of month, 10 am - noon School Pantry program is 1 x per month at K-12 sites in Dinuba, Earlimart, Terra Bella, Strathmore, and Pixley.		Type and amount of School Pantry food depends on storage space, # of staff and student volunteers at each school site; Dinuba site has the most helpers.	BackPack is run out of TCOE drop-in Dream Center (food is tailored more toward elementary kids but Center is for homeless/foster). Many items for students are “snack” or easy-to-prepare (canned fruit, rice bowls). Very little fresh produce.
OTHER	Central CA Family Crisis Center	Crisis response, short-term counseling for active clients, and school and community presentations related to domestic violence, sex/human trafficking; 38-bed shelter and some emergency services for homelessness.	Porterville		Has current capacity for school-related services described here; indicated they are "waiting to hear" if any presentations are desired	Will go to any school that requests in-person presentations (including for parents), distribution of written materials, and participation in "health fairs"	Central CA Family Crisis Center

Type of Resource	Organization	Services	Location	Frequency	Caseload	Capacity	Eligibility/Notes
OTHER (cont.)	Central CA Family Crisis Center	Crisis response, short-term counseling for active clients, and school and community presentations related to domestic violence, sex/human trafficking; 38-bed shelter and some emergency services for homelessness	Porterville		Has current capacity for school-related services described here; indicated "waiting for hear" if any presentations are desired	Will go to any school that requests in-person presentations (including for parents), distribution of written materials, and participation in "health fairs"	Central CA Family Crisis Center
	Family Healthcare Network	Enrollment in Medi-Cal and Covered CA Insurance programs	Lindsay	1 appointment for enrollment	1x month, daytime from 8-9 a.m., will expand with demand	No limit- can serve anyone who is eligible for enrollment	
HEALTH EDUCATION	Lindsay Healthy Start (FRC)	Promotora led program providing comprehensive diabetes and chronic disease education and management support sessions	Lindsay FRC	Several cohorts are offered throughout the year, typically 6-8 weeks long	No limit	50 clients for diabetes cohort; 25 clients for chronic disease cohort	Must live in Lindsay
CASE MANAGEMENT	Lindsay Healthy Start (FRC)	Differential Response - for parents who have been identified as at risk for CWS intervention but didn't meet criteria. May need support for linkages and parenting.	Lindsay FRC				
PARENTING PROGRAMS	Lindsay Healthy Start (FRC)	McKenny Vento - for parents and their children experiencing homelessness. Children are identified, and the case manager works to provide support for them to attend school.	Lindsay FRC				To prepare the family for school and support with linkages for basic needs, special needs, medical and dental, preschool enrollment, and parenting and mental health services. Credit recovery and FAFSA supports to ensure learners have equal access to education are supported. Linkages with United Way, Cal Works Homeless Assistance, etc.

Type of Resource	Organization	Services	Location	Frequency	Caseload	Capacity	Eligibility/Notes
PARENTING PROGRAMS (cont.)	Lindsay Healthy Start (FRC)	For parents with children typically age 6-18 to prepare family for school, support with linkages for basic needs, special needs children, medical and dental linkages, preschool enrollment, parenting and mental health services.	Lindsay FRC				
	Lindsay Healthy Start (FRC)	Parenting Wisely - evidence-based program for parents to improve family relationships, reduce teen alcohol & drug use, reduce aggressive behavior, and improve family communication.	Lindsay, Exeter, Strathmore	3-5 hours, 4 week period for completion	No limit	19 families	Targets kids 3-11 and a teen edition
	Lindsay Healthy Start (FRC)	Family Check Up. Strength- based intervention for reducing learner's problem behaviors by improving parenting and family engagement practices.	Lindsay, Exeter, Strathmore	Initial 1 hour session for 3 total sessions with a CWS LCSW. Follow up Services provided by the FRC along with Everyday Parenting and Family Management Curriculum.	No limit	20 families	For families with children age 2-17 that meet 3 of the below CWS criteria: trafficked children, children with sibling in foster care, LGBTQ, homeless or runaway youth, exposure to DV, or parents use drugs, tribal youth, open family or voluntary family maintenance case, pregnant and parenting foster youth, prior foster child, adoption or guardianship is at risk, probation youth.

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