PROGRAM INFORMATION:

Program Title:	All 4 Youth	**Provider:**	Fresno County Superintendent of Schools (FCSS)
Program Description:	All 4 Youth is a partnership program between The Fresno County Department of Behavioral Health (DBH) and Fresno County Superintendent of Schools for children and youth ages 0-22 years old experiencing difficulties that affect them at school and at home. All 4 Youth is designed to enable youth and their families to access behavioral health services at school, in the community, or in the home. The goal of All 4 Youth is to remove barriers and increase access to a positive healthy environment in which to live and learn.	**MHP Work Plan:**	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	CHILDREN	**Dates Of Operation:**	January 7, 2019-June 30, 2019
Age Group Served 2:	Choose an item.	**Reporting Period:**	July 1, 2018 - June 30, 2019
Funding Source 1:	Com Services & Supports (MHSA)	**Funding Source 3:**	Choose an item.
Funding Source 2:	Medical FFP	**Other Funding:**	EPSDT and Private Insurance

FISCAL INFORMATION:

Program Budget Amount: $4,163,071.00 **Program Actual Amount:** $2,448,803.41

Number of Unique Clients Served During Time Period: 875 (see explanation on page 23 of this report)

Number of Services Rendered During Time Period: 6,969 (Medi-Cal and PEI)

Actual Cost Per Client: $2,798.63

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	Outpatient
Contract Term:	July 1, 2018-June 30, 2021 with options for two (2) additional twelve (12) month periods	**For Other:**	Click here to enter text.

Renewal Date: July 1, 2021

Level of Care Information Age 18 & Over: Enhanced Outpatient Treatment (caseload 1:40)

Level of Care Information Age 0- 17: Outpatient Treatment

TARGET POPULATION INFORMATION:

Target Population: Medi-Cal beneficiaries with a serious emotional disturbance (SED). Specialty mental health medically necessary treatment services to youth ages 0-22, with SED. These youth are characterized by having difficulty with social/emotional/behaviors, and such difficulties are impacting their ability to cope with the school and/or home environment. These characteristics may be impacting their relationships with others, their ability to make progress at school and their overall health and well-being.

CORE CONCEPTS:

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

Please select core concepts embedded in services/ program:
(May select more than one)

Community collaboration

Cultural Competency

Please describe how the selected concept (s) embedded :

Community collaboration will be demonstrated by partnering of FCSS with school districts throughout Fresno County for the provision of client services within the school setting. It will be further demonstrated by

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

Integrated service experiences

creating hubs within identified regions throughout the county. Clients and families will be able to access services within the hub settings as an alternative to the school setting.

Cultural competency will be addressed through the provision of training of clinical staff in multiple cultural domains that are reflected by the various cultures and ethnicities of youth and families living in Fresno County. Clinical staff will be assigned to hubs and schools that are a good fit to the school and community culture.

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

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

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

PROGRAM OUTCOME & GOALS
- Must include each of these areas/domains: (1) Effectiveness, **(2)** Efficiency, **(3)** Access, **(4)** Satisfaction & Feedback Of Persons Served & Stakeholder
- Include the following components for documenting each goal: (1) Indicator, **(2)** Who Applied, **(3)** Time of Measure, **(4)** Data Source, **(5)** Target Goal Expectancy

1. Effectiveness
    i. **Client Recovery and Well-being**
    Providing services that focus on the strengths of the youth and family that work toward the goal of enhancing those strengths and self-sufficiency through the recovery values of hope, personal responsibility, self-advocacy, choice, and respect.
        i. Objective: 60% of the youth 18-22 years of age that participate in the program will demonstrate recovery and well-being maintenance or improvement from enrollment to current date in time in program (minimum stay of 90-days).
        ii. Indicator: Percentage of improvement in consumer's self-reported and provider's rated well-being and recovery markers
        iii. Who Applied: Program youth (clients) served by the All 4 Youth program ages 18-22.
        iv. Time of Measure: Program inception (Service provision began January 7, 2019) to June 30, 2019
        v. Data Source: Recovery Markers Inventory and Consumer Recovery Measure
        vi. Target Goal Expectancy: To improve self-reported and Provider rated recovery and well-being.
        vii. Outcome: (Outcome data found below explanation of Reaching Recovery outcome tool)

The Reaching Recovery outcome tools help measure changes that occur within a person's treatment over time and are completed by the individual and the clinician. These tools help staff and the individual understand and respond to the status of an individual's recovery, and the trends of the person's recovery through time.

Recovery Needs Level (RNL)
- Used to recommend the most appropriate level of service
- Ensures a person's treatment plan matches their level of need
- Clinician records status of observed needs across 17 dimensions

Recovery Marker Inventory (RMI)
Clinician's rating of a person on 8 objective factors associated with recovery.
- Employment
- Education
- Active/Growth
- Symptom Management
- Participation in Services
- Housing

- Substance Use
- Substance Stage of Change

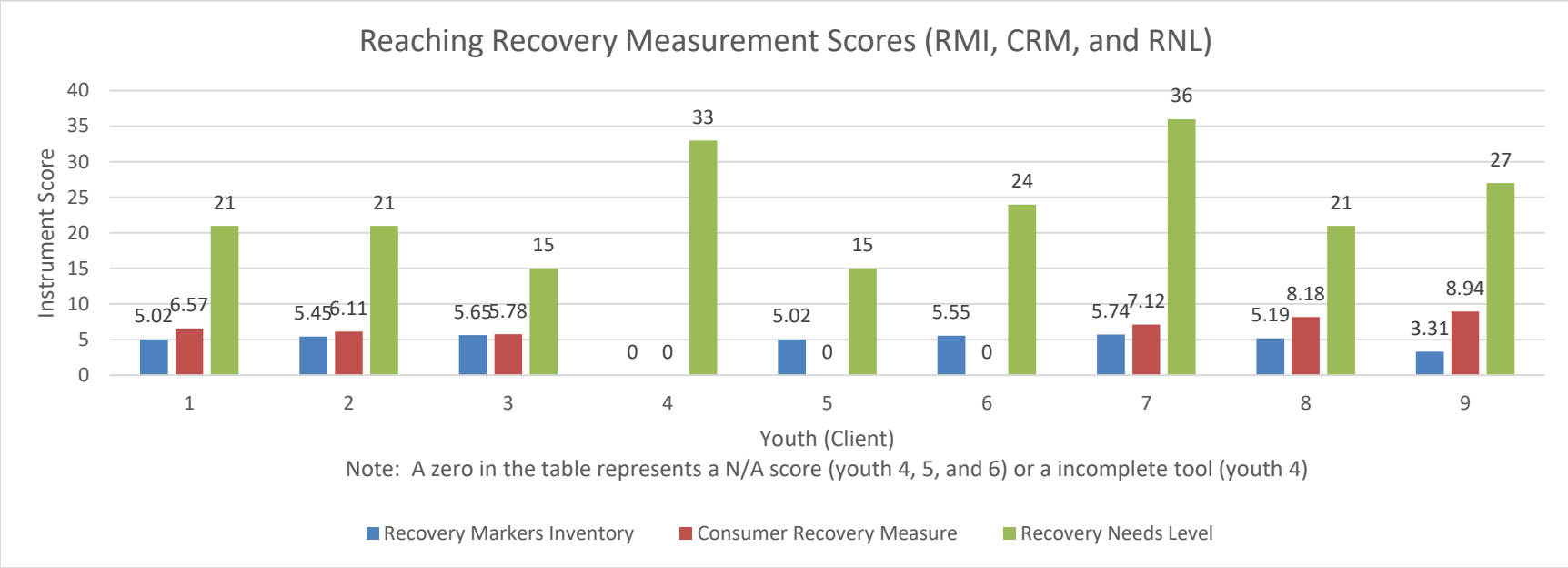
Consumer Recovery Measure (CRM)

- Subjective measure of changes in recovery completed by the person in services
- 16 question tool that explores a person's perception of his/her recovery across five dimensions:
  - Hope
  - Symptom Management
  - Personal Sense of Safety
  - Active Growth Orientation
  - Satisfaction with Social Networks

*Reaching Recovery description gathered from the Reaching Recovery website: https://mhcd.org/reaching-recovery-home/

FCSS had 9 youth 18-22 years of ages served in the 2018-19 fiscal year. There was no paired data to track progress over time, as such, the graphs below demonstrate baseline reports related to recovery:

Recovery Needs Level (RNL) = Higher score indicates a higher need level.
Recovery Markers Inventory (RMI) = Lower score indicates minimal recovery resources
Consumer Recovery Measure (CRM) = Lower scores indicate less perceived movement toward recovery



ii. Functional Improvement

Functional improvement refers to youth's ability to live impairment free in the areas of living arrangement, physical health, occupation, social functioning/supports, daily activities, education, and other domains as identified by youth's mental health assessment.

i. Objective: 85% of the youth that participate in the program will report functional overall maintenance or improvement from enrollment to current date in time in program (minimum stay 6 months active or 90-days with discharge).
ii. Indicator: Percentage of youth that demonstrate maintenance or improvement in overall life domains.
iii. Who Applied: Program youth (clients) served by the All 4 Youth program ages 3-20
iv. Time of Measure: Program inception (Service provision began January 7, 2019) to June 30, 2019
v. Data Source: PSC-35 and CANS
vi. Target Goal Expectancy: To maintain or improve functioning for all youth served.
vii. Outcome: See below definition of CANS tool and graphs representing baseline data.

CANS:

The CANS is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child/youth serving system—children, youth, and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS.

Six Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.
3. Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e. "2" or "3").
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child/youth but would be for an older child/youth or child/youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth's developmental age.
5. The ratings are generally "agnostic as to etiology". In other words this is a descriptive tool; it is about the "what" not the "why". Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay "fresh" and relevant to the child/youth's present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for "Need" Items

0 – No Evidence of Need

1 - Watchful Waiting/Prevention

2 - Action Needed

3 - Immediate/Intensive Action Needed

Action Levels of "Strength" Items

0 - Centerpiece Strength.

1 - Useful Strength.

2 - Identified Strength.

3 - No Strength Identified.

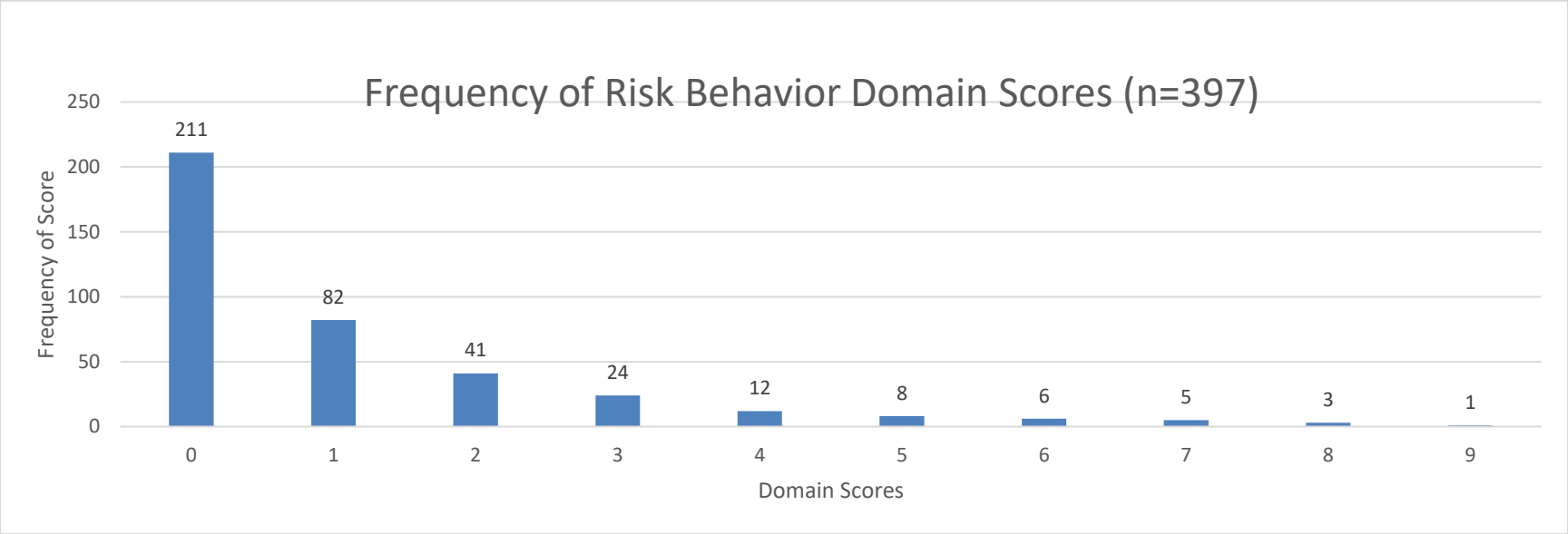
*CANS description gathered from the Praed Foundation website: https://praedfoundation.org

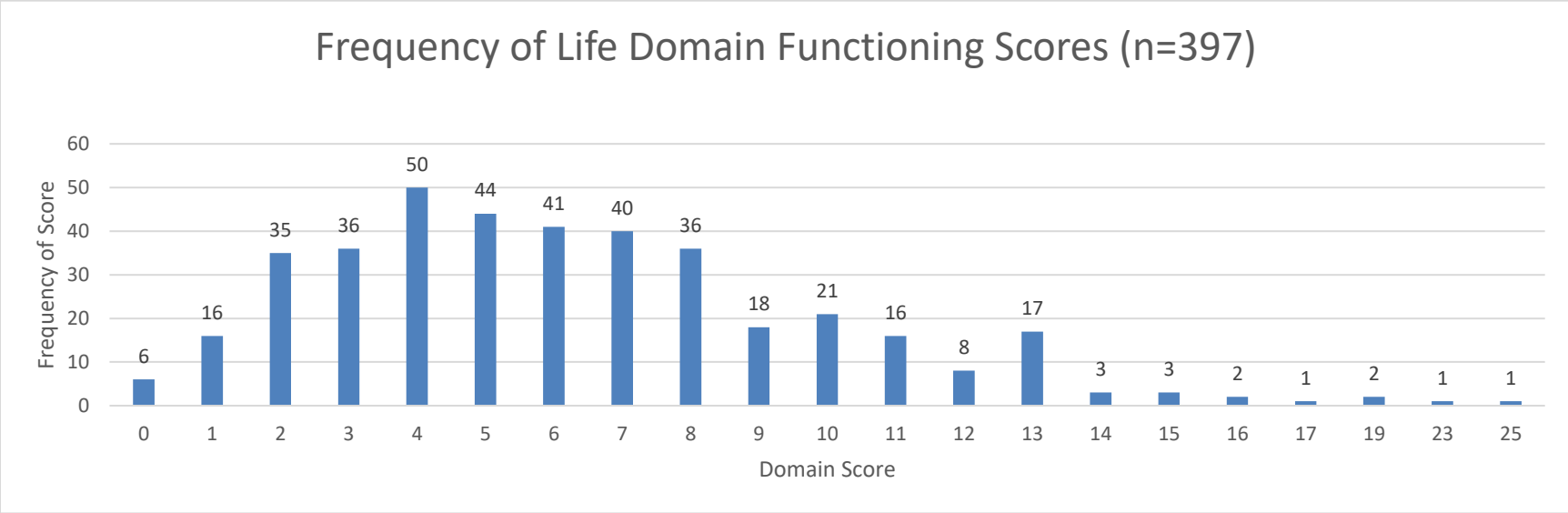
Domain Totals are the cumulative scores of individual items within that domain. The graphs below represent the frequency of cumulative scores in each of those Domains. Depending on the domain, a higher score represents a greater need (in the categories of Risk Behaviors, Life Domain Functioning, Cultural Factors, Caregivers Resources and Needs, and Child Behavioral/Emotional Needs), while a lower score represents fewer concerns or unreported needs. In the Strengths Domain, a low score represents identified strengths that the youth and family may use in treatment, while a high score indicates an unreported or absent strength.

Domain totals may be misleading as a low score does not necessarily indicate no need exists. A single line item that is identified as "actionable" (2 or 3) would likely represent a serious need (i.e. suicidal ideation), but may be "masked" by an overall low domain score where the youth is higher functioning in other areas.

The plan for future CANS reporting is to compare paired data for each individual youth. This will indicate if there has been movement (i.e. improvement) in each youth's domain total score which should be a truer indication of All 4 Youth impact on the youth's functioning.

NOTE: The first five graphs below represent Needs. A higher score indicates more identified needs in that domain, however a single actionable item (a rating of 2 or 3) in any domain could represent the need for treatment. The numbers below only represent global functioning in each domain and will not necessarily identify those single actionable items.




Frequency of Life Domain Functioning Scores (n=397)
Frequency of Score
60
50
40
30
20
10
0
6
16
35
36
50
44
41
40
36
18
21
16
8
17
3
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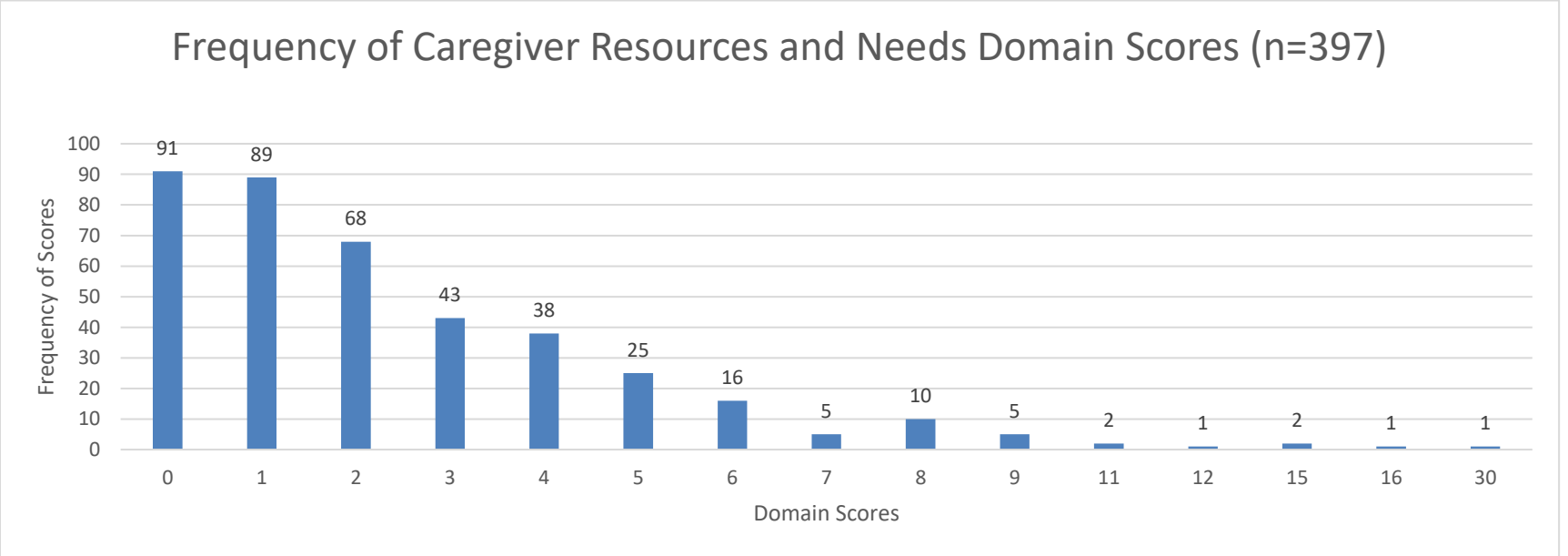
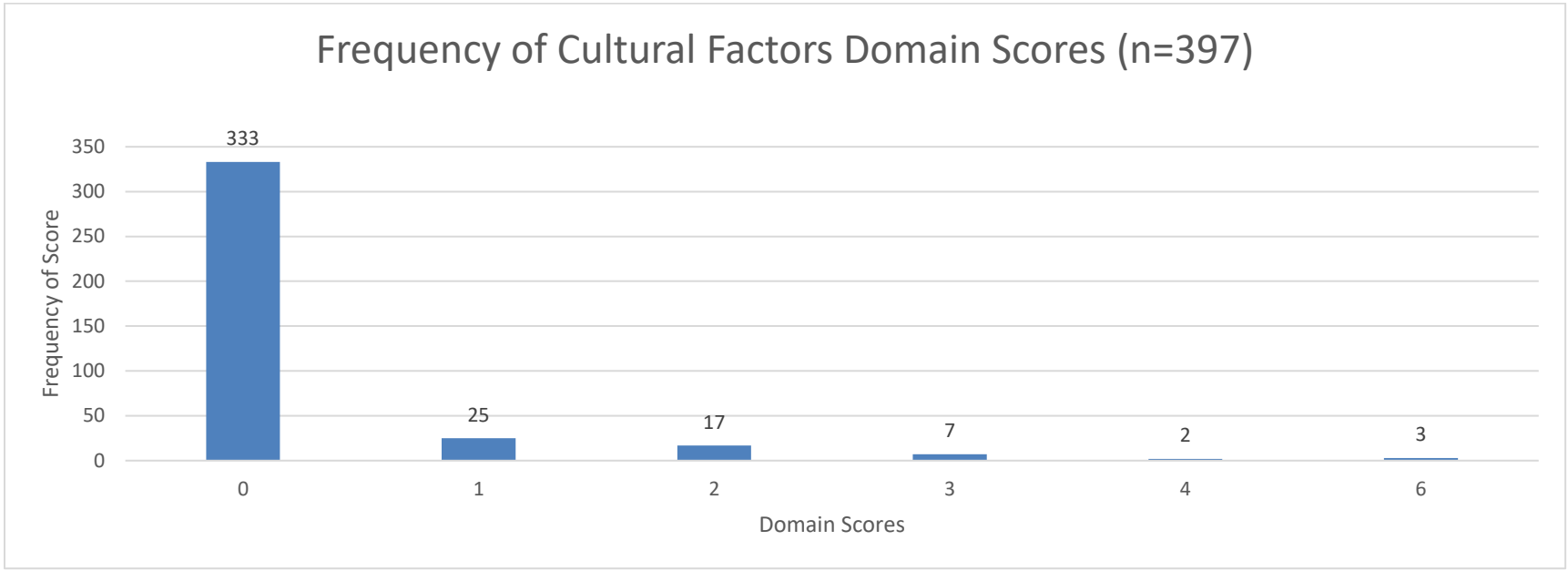
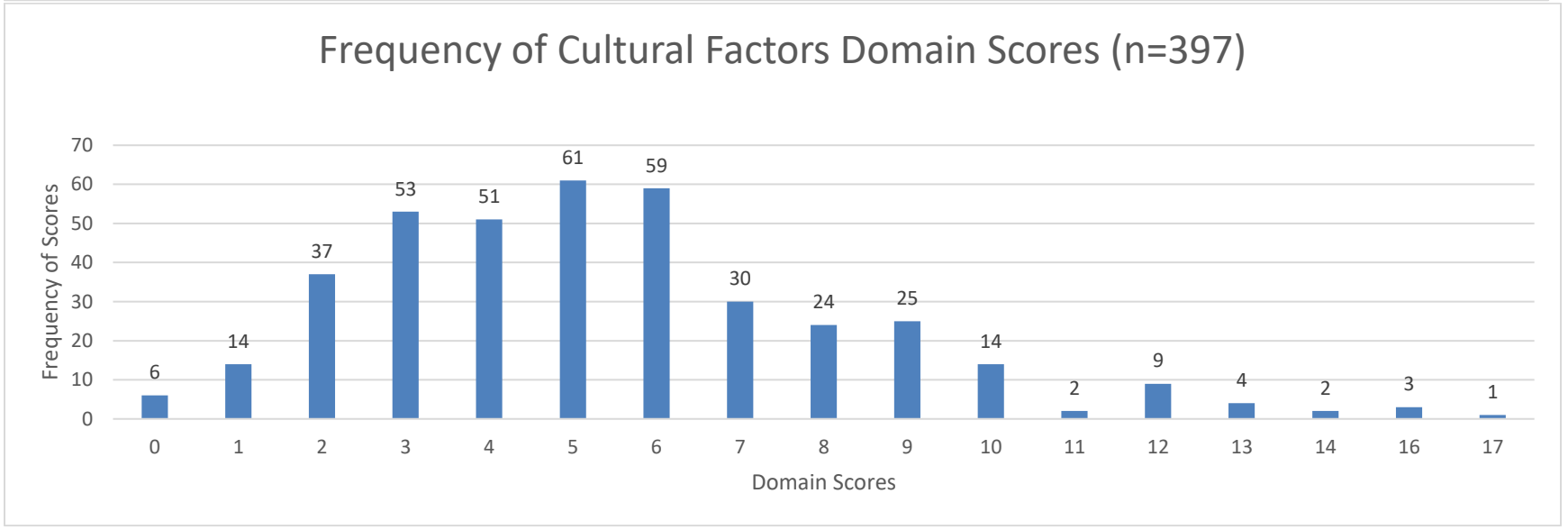
1
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 19 23 25
Domain Score


Frequency of Caregiver Resources and Needs Domain Scores (n=397)
Frequency of Scores
100
90
80
70
60
50
40
30
20
10
0
91
89
68
43
38
25
16
5
10
5
2
1
2
1
1
0 1 2 3 4 5 6 7 8 9 11 12 15 16 30
Domain Scores


Frequency of Cultural Factors Domain Scores (n=397)
Frequency of Score
350
300
250
200
150
100
50
0
333
25
17
7
2
3
0
1
2
3
4
6
Domain Scores


Frequency of Cultural Factors Domain Scores (n=397)
Frequency of Scores
70
60
50
40
30
20
10
0
6
14
37
53
51
61
59
30
24
25
14
2
9
4
2
3
1
0
1
2
3
4
5
6
7
8
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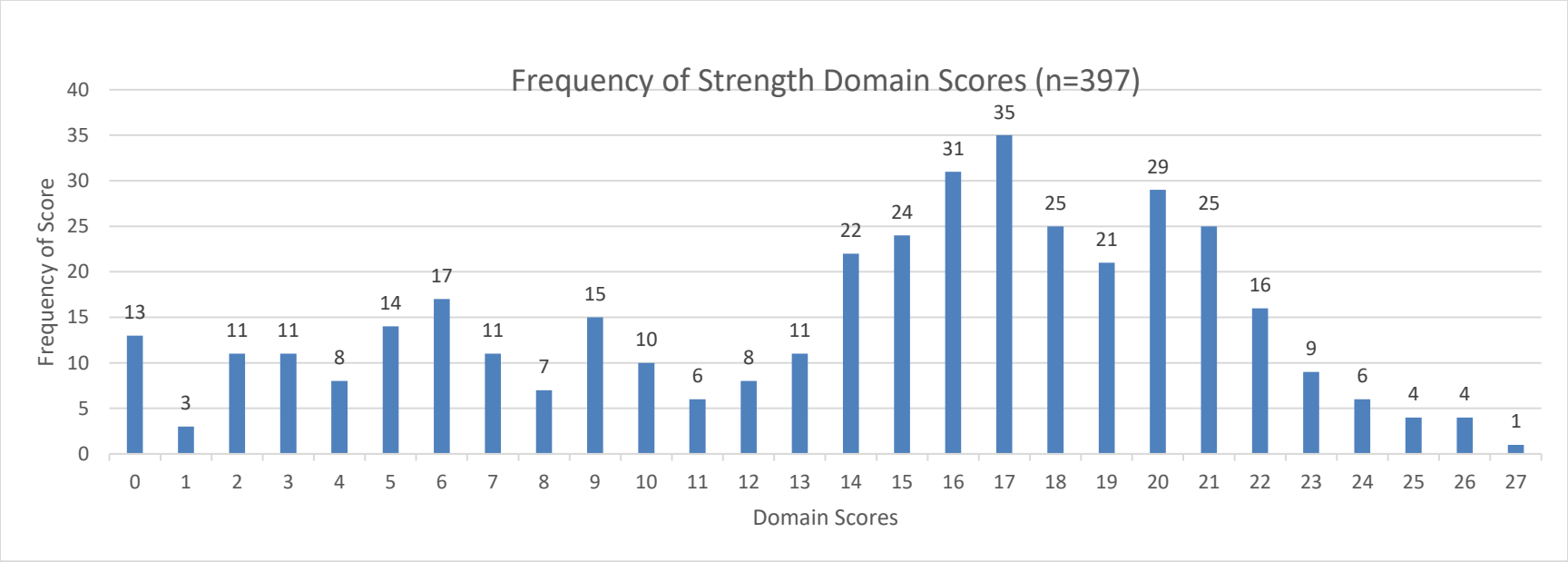
11
12
13
14
16
17
Domain Scores

NOTE: The graph below represents identified strengths. A lower overall score in this category represents more identified strengths/resources:



PSC 35:

The Pediatric Symptom Checklist (PSC) is a brief questionnaire that helps identify and assess changes in emotional and behavioral problems in children. The PSC covers a broad range of emotional and behavioral problems and is meant to provide an assessment of psychosocial functioning. The standard parent-completed PSC form consists of 35 items. Each item is rated as:

- "Never" (scored 0)
- "Sometimes" (scored 1)
- "Often" (scored 2)

The total score is calculated by adding the 35 individual scores, so the total score will be 0 to 70. If one to three items are left blank, they are ignored (and given a score of 0). If four or more items are left blank, the questionnaire is considered invalid.

The total score indicates whether a child has psychosocial impairment. A positive score on the PSC suggests the need for further evaluation by a qualified health or mental health professional. Note that both false positives and false negatives can occur.

Cutoff Scores

Children ages 6-17

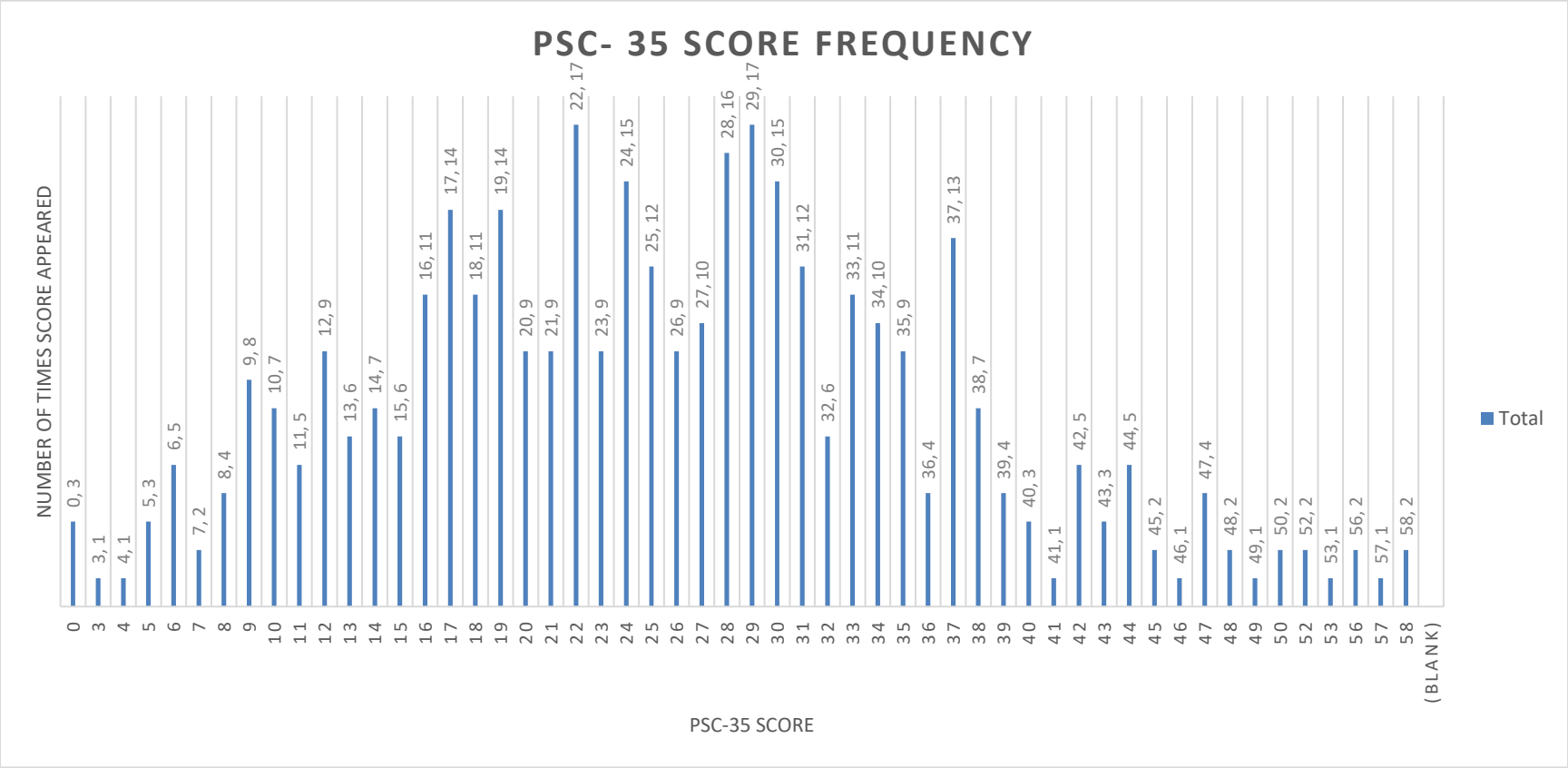
- 28 or above = impaired
- 27 or below = not impaired

Children ages 3-5

- Scores on elementary school-related items 5, 6, 17 and 18 are ignored. Total score is based on the 31 remaining items.
- 24 or above = at-risk
- 23 or below = not at-risk

*PSC 35 description gathered from the Massachusetts General Hospital website: https://www.massgeneral.org/psychiatry/services/treatmentprograms

For the 2018-1019 fiscal year there is not yet paired data to report on maintenance or improvement, but we are able to report baseline data for FCSS youth served. We anticipate the need to collect the PSC-35 data on some frequency – likely every 6 months and we would like to partner with the county about the vision for meeting the state reporting requirement:
368 youth received the PSC-35
The lowest value scored was 0
The highest value scored was 58
The mean value is 25.6
The mode value is 22 and 29, both occurring 17 times each
The Median value is 28.5



iii. Inpatient Mental Health Crisis

Inpatient Mental Health Crisis refers to any unplanned overnight stays in an inpatient facility for mental health evaluation/treatment of suicidal or homicidal ideation or attempt.

i. Objective: 50% of youth that have previous history of inpatient mental health crisis visits will report a decrease in those visits between start of program and the 6 months prior to discharge.
ii. Indicator: Percentage of youth that demonstrate a decrease in inpatient mental health visits.
iii. Who Applied: Program youth (clients) served by the All 4 Youth program ages 0-22
iv. Time of Measure: Program inception (Service provision began January 7, 2019) to June 30, 2019
v. Data Source: Tool is in development to collect data for the 2019-2020 fiscal year.
vi. Target Goal Expectancy: To decrease inpatient mental health crisis visits for all youth served.

vii. Outcome: The initial desire for this category was to pull this data from youth assessments in Avatar, but without a report to extract that data it is not possible to collect the number of youth who have been admitted to an inpatient facility at this time. FCSS is creating a separate data collection tool to gather this data for subsequent fiscal years.

iv. Juvenile Justice System Incarcerations

Juvenile Justice System Incarcerations refer to any overnight stay of a youth in the custody of a police/correctional facility. Incarcerations will be reflected in total number of days in custody as well as frequency of incarcerations.

i. Objective: 50% of the youth that have previous history of juvenile justice system incarcerations will report a decrease in incarcerations between the start of the program and the 6 months prior to discharge.
ii. Indicator: Percentage of youth that demonstrate a decrease in Juvenile justice system incarcerations.
iii. Who Applied: Program youth (clients) served by the All 4 Youth program ages 0-22
iv. Time of Measure: Program inception (Service provision began January 7, 2019) to June 30, 2019
v. Data Source: Tool is in development to collect data for the 2019-2020 fiscal year.
vi. Target Goal Expectancy: To decrease Juvenile Justice System incarcerations for all youth served.
vii. Outcome: The initial desire for this category was to be able to pull this data from youth assessments in Avatar, but as that is not a possibility at this time, FCSS is creating a separate data collection tool to gather this data for subsequent fiscal years.

2. Efficiency

i. Attendance rates

Suspensions rates refer to the percentage of youth in a school and district, served by All 4 Youth, that have received out-of-school or in-school suspension. Objective: 70% of youth served will have had no suspensions or a reduced rate of suspension since the beginning of treatment.

i. Indicator: Percentage of youth that demonstrate maintenance of no suspensions or a decrease in suspensions
ii. Who Applied: Program youth (clients) served by the All 4 Youth program ages 0-22
iii. Time of Measure: Program inception (Service provision began January 7, 2019) to June 30, 2019
iv. Data Source: Tool is in development to collect data for the 2019-2020 fiscal year.
v. Target Goal Expectancy: To maintain at zero or decrease the number of suspensions for all youth served.
vi. Outcome: FCSS is creating a separate data collection tool to gather this data for subsequent fiscal years. In the absence of specific data reflecting FCSS' impact we have been able to gather absentee, expulsion, and suspension data for the 2018-2019 year for onboarded schools to demonstrate baseline data, it is important to note that this data does not demonstrate FCSS impact on specific youth in a district. This data reflects percentage of incidents of absences, expulsions, and suspensions that occurred within the school year and was extracted in the beginning of the second semester of school (close to the same time frame FCSS's services began). This data is not unduplicated as it captures all incidents (not total days) of these events

regardless if it is the same child represented multiple times. In the next annual outcomes report FCSS will have comparative data from the 2018-2019 and 2019-2020 school years.

District	School name	Chronic Absentee %	Expulsion %	Suspension %
Firebaugh - Las Deltas	District	7.15%	0.17%	5.30%
	Arthur E Mills Intermediate	4.67%	0.00%	1.90%
	El Puente High	16.66%	0.00%	6.60%
	Firebaugh Community Day	41.67%	0.00%	0.00%
	Firebaugh High	10.48%	0.57%	7.00%
	Firebaugh Middle	5.53%	0.00%	13.10%
	Hazel M. Bailey Primary	7.06%	0.00%	0.00%

District	School name	Chronic Absentee %	Expulsion %	Suspension %
Kerman	District	8.16%	0.12%	4.26%
	Enterprise	54.26%	0.92%	19.67%
	Goldenrod	5.93%	0.00%	2.57%
	Kerman High	10.68%	0.31%	6.22%
	Kerman Middle	6.27%	0.11%	7.84%
	Kerman-Floyd	8.50%	0.00%	2.82%
	Liberty	3.92%	0.00%	0.65%
	Sun-Empire	6.27%	0.00%	0.65%

District	School name	Chronic Absentee %	Expulsion %	Suspension %
Mendota	District	11.98%	0.37%	4.90%
	McCabe Elementary	8.51%	0.72%	2.90%
	Mendota Community Day	63.64%	0.00%	84.00%
	Mendota Continuation High	75.00%	2.40%	17.00%
	Mendota Elementary	6.07%	0.23%	3.50%
	Mendota High	18.64%	0.00%	9.10%

	Mendota Junior High	12.68%	0.72%	8.00%
	Washington Elementary	12.66%	0.00%	0.00%
District	School name	Chronic Absentee %	Expulsion %	Suspension %
Golden Plains	District	16.40%	0.00%	12.80%
	Cantua Elementary	7.50%	0.00%	4.30%
	Helm Elementary	16.00%	0.00%	3.20%
	Rio Del Rey High (Continuation)	75.00%	0.00%	76.90%
	San Joaquin Elementary	16.30%	0.00%	4.50%
	Tranquility Elementary	12.20%	0.00%	3.20%
	Tranquility High	21.60%	0.00%	26.40%
District	School name	Chronic Absentee %	Expulsion %	Suspension %
Sierra Unified	District	21.25%	0.00%	6.20%
	Foothill Elementary School	19.65%	0.00%	7.30%
	Oak Meadow Alt.	0.00%	0.00%	33.00%
	Sierra Jr. High School	13.50%	0.00%	6.20%
	Sierra High School	22.02%	0.00%	5.40%
	Sandy Bluffs Education Center	40.23%	0.00%	4.50%

ii. HUBs/Service locations

Hubs refer to our site certified locations that function as central points of service in select regions. Service locations refer to the identified districts, and schools within those districts, that have been onboarded to date.

i. Objective: Each year contract will hit targets established for service locations and HUBs
ii. Indicator: Presence of All 4 Youth services in target locations/HUBs per contract.
iii. Who Applied: Year one identified Hubs and school districts
iv. Time of Measure: Program inception (Service provision began January 7, 2019) to June 30, 2019
v. Data Source: Site Certification of identified HUBs and consultation-referral spreadsheet indicating youth served.

vi. Target Goal Expectancy: To site certify HUBs according to contract targets as well as have an active presence in all year one onboarded schools.
vii. Outcome: FCSS successfully certified the Downtown and Firebaugh Hubs as well as provided services to the following districts and schools:

Central: Biola-Pershing Elementary, Harvest Elementary, Herndon-Barstow Elementary, McKinley Elementary, Polk (K-6), Polk Elementary

Downtown Charter Schools: Edison-Bethune, Kepler, Big Picture Elementary, Big Picture Middle/High School

Firebaugh: Arthur E Mills Intermediate, El Puente High, Firebaugh Community Day, Firebaugh High, Firebaugh Middle, Hazel M. Bailey Primary, Hazel M. Bailey Primary

FCSS ED Programs: Central High West, CTEC, Del Rey Elementary, Herndon-Barstow, VHEA (non ED school), Washington Academic Middle

Golden Plains: Cantua Elementary, Helm Elementary, Rio Del Rey Continuation, San Joaquin Elementary, Tranquility Elementary, Tranquility High

Kerman: Enterprise High, Goldenrod Elementary, Independent Studies, Kerman High, Kerman Middle, Kerman Opportunities, Kerman Preschool, Kerman-Floyd Elementary, Liberty Elementary, Sun Empire Elementary

Mendota: McCabe Elementary, Mendota Community Continuation, Mendota Elementary, Mendota High, Mendota Junior High, Washington Elementary

Sierra: Foothill Elementary, Independent Studies, Lodge Pole Elementary, Sandy Bluffs Alternative Education, Sierra High, Sierra High (9-12), Sierra Junior High

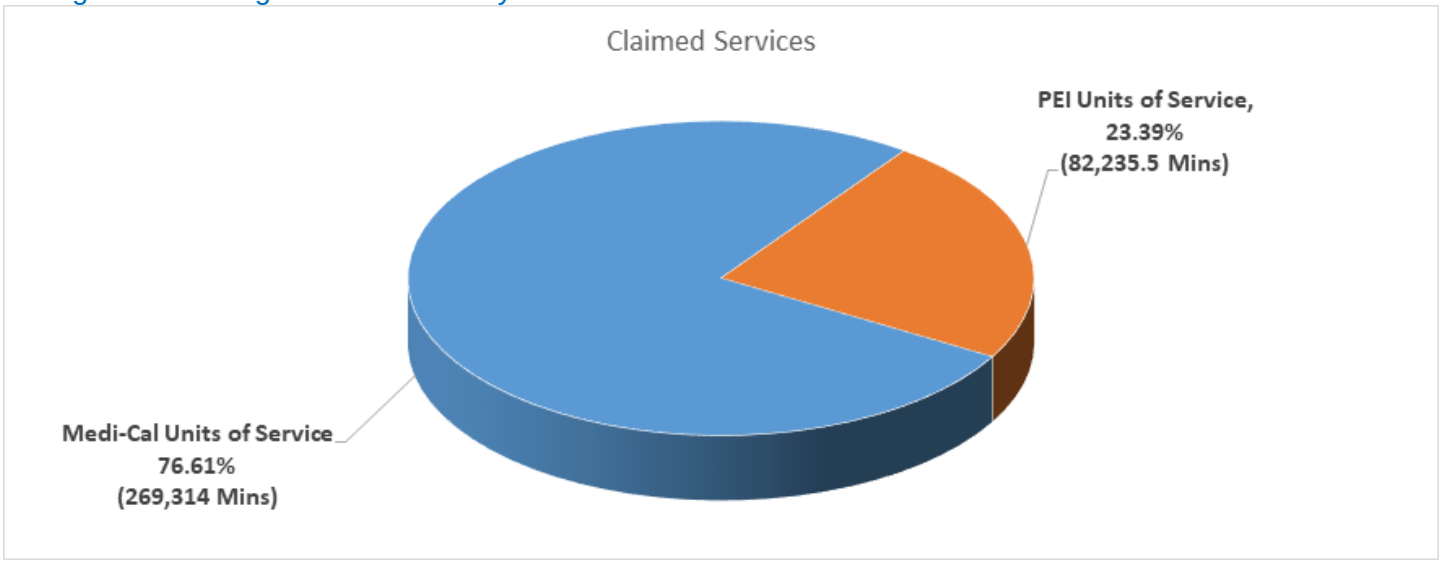
iii. Direct Service

Direct service refers to the billable services provided to youth and their families including assessment, plan development, therapy, rehabilitation, case management, collateral, and crisis support. Direct service staff are the All 4 Youth employees that work directly with youth and their families, excluding supervisors/management, office/support staff, and FCSS fiscal staff members.

i. Objective: Clinical staff members will meet expected goal of 60% Medi-cal billable services.
ii. Indicator: Percentage of staff members' work time that is spent providing billable services.
iii. Who Applied: All direct service staff

iv. Time of Measure: Program inception (Service provision began January 7, 2019) to June 30, 2019
v. Data Source: FCSS time management system and Avatar billing reports.
vi. Target Goal Expectancy: Each clinical staff will meet expected goal for billable hours per contract budget.
vii. Outcome: Jan 7th-June 30th Medical billed amount $1,045,639.64 (per Avatar reports) plus private insurance revenue billed and collected (within reporting period of fiscal year Jan-June) $1,789.87 = $1,047,429.51/cost $2,448,803.41 (includes direct and indirect/soft costs) = 42.77% productivity including billable services for Medi-Cal and Private Insurance. The goal was 60% Medi-cal billable services and we recognize that our outcome was below target and will continue to work toward meeting this goal.

The graph below represents all services "claimed" (i.e. billed to Medi-cal or documented in FCSS PEI tracking log). These numbers are not reflective of early and ongoing engagement activities as clinical staff work to integrate into the school districts and each unique school campus and culture. In review of these numbers, FCSS recognizes opportunities to better capture these activities in "claimable" ways (both through Medi-cal and PEI). In addition, not reflected in these numbers is our private insurance youth, which have become a more significant percentage of our referrals then had originally been expected. FCSS continues to navigate the private insurance claiming process, and is working to find an efficient way to track these services as well. Additional reflections and explorations on these numbers would indicate that staff are not consistently capturing all of their claimable services. This too will be a focus of training and coaching in the next fiscal year.



3. Access

i. Access

Access refers to the time between request for services by the youth/family and the first assessment appointment.

i. Objective: 70% of Medi-cal eligible youth will have their first contact within 10 business days of request for services (excluding youth that have received services within the 12 months prior to a new request for services).
ii. Indicator: Percentage of Medi-cal eligible youth that receive their first assessment appointment within 10 business days of request for services.
iii. Who Applied: Medi-cal eligible program youth (clients) served by the All 4 Youth program ages 0-22 (that had not received services within the previous 12 months prior to the request).
iv. Time of Measure: Program inception (Service provision began January 7, 2019) to June 30, 2019
v. Data Source: Access report provided by the Department of Behavioral Health
vi. Target Goal Expectancy: To reduce the time from request for services to first provided service for all program youth.
vii. Outcome: The numbers below reflect FCSS access rates from January through June 2019. The rates have demonstrated a relatively steady increase in timeliness of services over that 6 month period. Although the rates do fall below the targeted 70% of youth receiving first contact within 10 business days of request, FCSS believes these will increase significantly in the new fiscal year with a change in processes. Previously FCSS was immediately enrolling youth into Avatar as soon as a referral was accepted from the school, using the referral date as the date of request for services. Previously, FCSS was taking the school's word that they had gotten commitment from the family to engage in services. However, many of the referrals did not pan out when FCSS attempted to contact the family. Our new process is to contact the family directly prior to enrolling in Avatar to confirm their interest in services. FCSS expects this to reduce the number of inviduals enrolled who are not interested in servicces, as well as significantly increasing engagement for those who are interested.

Dispositions:

0-14 days – Youth receiving first face-to-face contact within 14 days of request for services (Included in objective measure).
15+ days - Youth receiving first face to face contact within 15+ days of request for services (Included in objective measure).
In Process – No registered service in Avatar yet. This could represent youth who are in the assessment process, but who's assessment has not yet been completed; youth that we are still attempting to contact; or youth who accepted an assessment appointment and who subsequently did not keep that appointment, but the cancelation/no-show was not captured in a note.
Declined MH Services – The family declined services before the assessment process began.
Other – This category represents unique situations that create barriers to providing initial services. Scenarios ranged from youth being incarcerated, to families that asked to put off scheduling and then never returned follow up calls, to scheduling attempts that were mistakenly captured as "*other*", but should have been in the "*declined*" or "*unable to contact*" categories.

Unable to Contact – FCSS clinician was unable to contact the family to schedule the first assessment appointment after enrollment into Avatar.

In review of the Access numbers below FCSS was able to successfully resolve 493 of 544 medi-cal eligible referrals (90.6%). The remaining 51 referrals (9.4%) fall into the "In Process" disposition as defined above.

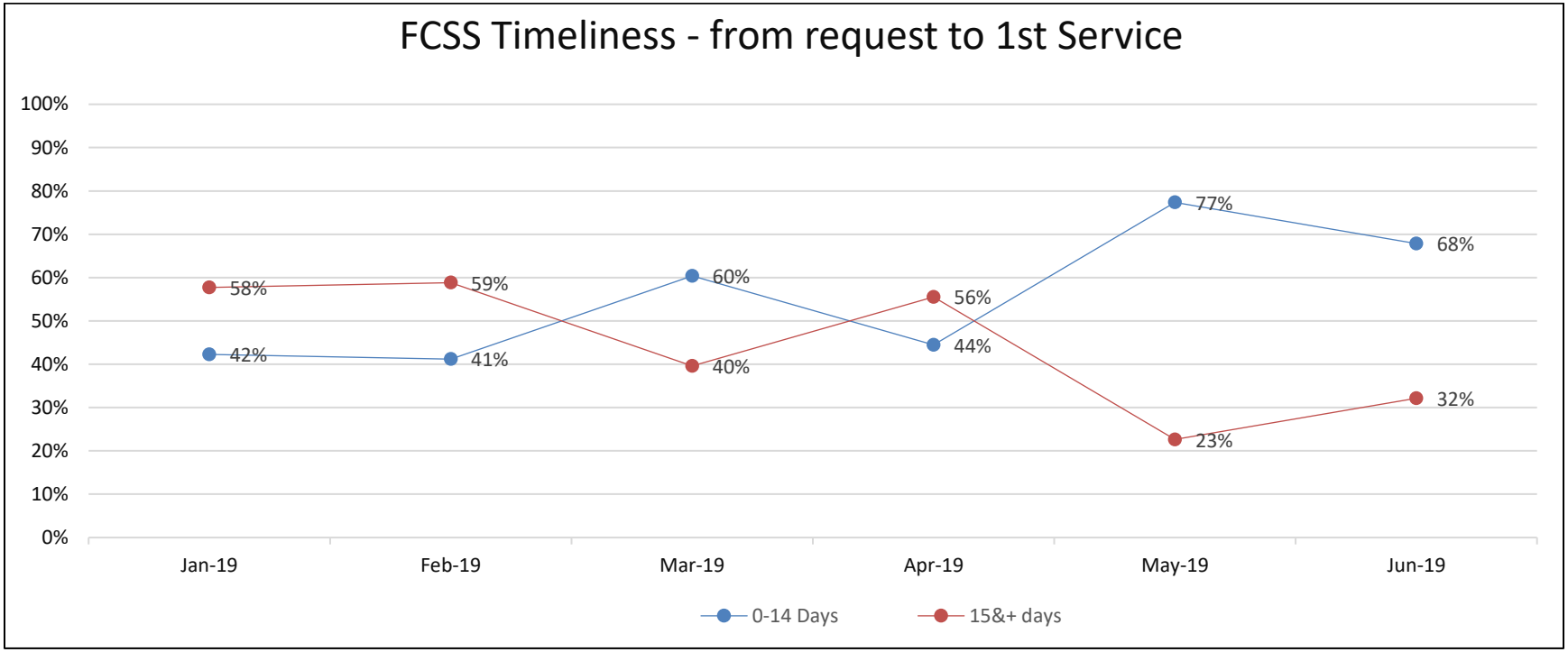
FCSS Requests For Services- All Dispositions (Access Timeliness)									
		Jan	Feb	Mar	Apr	May	Jun	Total:	Percentage:
Resolved referrals	*0-14 Days*	30	35	58	28	41	19	211	38.8%
	15&+ days	41	50	38	35	12	9	185	34.0%
	Declined MH Services	10	12	15	14	8		59	10.8%
	Other		3	1	5	3		12	2.2%
	Unable to Contact	2	8	6	6	4		26	4.8%
	Total Resolved:	83	108	118	88	68	28	493	90.6%
In Process	*In Process*	2	2	9	8	14	16	51	9.4%
	Grand Total	85	110	127	96	82	44	544	100.0%

396 of those resolved referrals are subject to the 70% goal, as that represents the number of youth that actually followed through with services (see Chart below). Of those 396 referrals, 211 received their first appointment within 14 days (53.3%), and 185 received their first appointment within 15 or more days (46.7%). There were 51 youth "*In Process*" (see above definition) that were not included in the calculation as there is not enough data yet to determine which category they will fall into. There were 97 youth that fell into the categories of "*Declined MH Services"(59),* "*Other*" (12), and "*Unable to Contact*" (26) (see above definitions) that were also excluded from the calculation as they represent youth that would not ultimately receive services based on their final disposition.

FCSS Requests For Services - Received Services Disposition (Access Timeliness)								
	Jan	Feb	Mar	Apr	May	Jun	Total:	Percentage:
0-14 Days	30	35	58	28	41	19	211	53.3%
15+ days	41	50	38	35	12	9	185	46.7%
Grand Total:	71	85	96	63	53	28	396	100.0%

The bottom graph represents the month-to-month progression of youth that fell into the 0-14 day and 15+ day dispositions. The graph displays an increase in the percentage of requests for services scheduled within 0-14 days with the highest success rate in May of 77% and a slight dip in June to 68%, which we attribute to families being on summer break and a little more difficult to

schedule appointments around summer vacations. FCSS believes overall this is an encouraging trend, that we expect to see continue into the new fiscal year.



4. Satisfaction
   - **i. Satisfaction**

     Satisfaction refers to the youth and family's overall impression that All 4 Youth services met the youth/family's expectations and needs.

     i. Objective: 80% of youth and parents will report satisfaction with treatment/services
     ii. Indicator: Percentage of youth/families that report satisfaction with treatment/services as indicated by responses of "agree" or "strongly agree" in key satisfaction categories.
     iii. Who Applied: Medi-cal eligible program youth (clients) served by the All 4 Youth program ages 0-22
     iv. Time of Measure: Program inception (Service provision began January 7, 2019) to June 30, 2019
     v. Data Source: Consumer Satisfaction Surveys

vi. Target Goal Expectancy: To have families report satisfactory experiences with their All 4 Youth services.
vii. Outcome: Surveys are given in person and on paper to the youth and caregiver in their preferred language at the time of service during a 5 day period determined by Fresno County DBH. The start of All 4 Youth services was after the most recent Fresno County DBH implemented satisfaction survey period. Satisfaction outcomes will be included in the 2019-2020 fiscal year report, as program participants will be included in the next satisfaction survey period.

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

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

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

DEPARTMENT RECOMMENDATION(S):

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