PROGRAM INFORMATION			
Program Title:	Uplift Family Services Fresno HOPE (Child Welfare Mental Health) Program	Provider:	Uplift Family Services (formerly EMQ Families First)
		MHP Work Plan:	4-Behavioral health clinical care
Program Description:	Uplift Family Services' Fresno HOPE Program serves families where a consumer has an open child welfare services case, who have a serious mental health condition or serious emotional disturbance with at least one diagnosis from the DSM V (ICD-10).		
	Examples include: consumers with significant functional impairments in school, work, or the community. The program philosophy includes developing individualized service plans for each family in order to wrap services around the family which build upon their unique strengths and needs. Access to treatment, rehabilitation, and support services are available during traditional and non-traditional hours and in locations most comfortable for the consumer and family.		
Age Group Served 1: Age Group Served 2:	ALL AGES	Dates Of Operation: Reporting Period:	12/01/2015 - Present July 1, 2018 - June 30, 2019
Funding Source 1:	Medical FFP	Funding Source 3:	Other, please specify below
Funding Source 2:	EPSDT	Other Funding:	DSS
FISCAL INFORMATION:			
Program Budget Amount:	\$4,157,195	Program Actual Amo	unt: \$4,156,196.15
Number of Unique Clients	Served During Time Period: 1,056		
Number of Services Rende	ered During Time Period: 19,683 service	es (1,603,993 units of	service)
Actual Cost Per Client:	\$3,935.79 per client		
	•		EV 2010 10 October 2

FY 2018-19 Outcomes

CONTRACT INFORMATION:				
Program Type:	Contract-Operated		Type of Program:	Outpatient
Contract Term:	10/01/2015 - 06/30/2 (10/01/2015 - 06/30/20 one-year extensions)		For Other:	
			Renewal Date:	07/01/2019
Level of Care Information Age	e 18 & Over:	Medium Intensity Trea	atment (caseload 1:22))
Level of Care Information Age	e 0-17:	Outpatient Treatment		
TARGET POPULATION INFOR	MATION			

Target Population:All referred children, youth, parents, and guardians of children with an open Child Welfare case. This target
population includes children and youth referred to in the Katie A. Settlement Agreement as members of "class" and
"subclass."

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)

Cultural Competency

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

Please describe how the selected concept (s) embedded :

Cultural inclusiveness and family engagement is supported by appropriately trained program staff, including qualified family members, and partnerships with community-based organizations with experience and expertise in cultural, ethnic, and linguistically sensitive services. Focus populations include Latino, Southeast Asian, African American, Integrated service experiences

Community collaboration

Access to underserved communities

and Native American cultures, as well as families in specific geographic areas and/or with limited or no means of payment for services. Service goals are to reduce the adverse impact of untreated mental illness and assist families in developing and maintaining stability, safety, and recovery.

A uniform, comprehensive assessment and a multi-disciplinary Individualized Services and Supports Plan (ISSP), which may include a mental health Plan of Care where appropriate, utilized by all partnering service providers ensures coordinated, integrated service delivery that meets the family's needs without duplication or conflict. Changes to the Plan of Care are driven by the family's evolving needs, desires, and achievements, and developed in the context of a multi-system team approach. An integrated financial screening process initiated during the Assessment Center intake ensures that having no means or limited means of payment does not exclude children and families from services.

Innovative, integrated, high-quality plans are developed one child, one family at a time, ensuring that the process is individualized and unique to the family's beliefs, language, and values. All services are respectful of the family's chosen goals and sensitive to the family's environment, cultural background, and preferences. Holistic service planning addresses the full scope and complexity of the family's needs to maintain health and stability. Facilitators, clinicians and other clinical staff, Social Workers, and Care Managers work with families to ensure that they have complete ownership of the service plan and are invested in its success. The co-location of specific agency staff, collaborative decision-making, and a full range of service and treatment options provide support for families historically unaware, unwilling, or unable to access mental health services in traditional settings.

Through the provision of community-based services, Uplift Family Services is able to bring services to children and families who would not otherwise have access to care, or for whom access is limited due to transportation and other barriers. Additionally, we provide services for all referred individuals regardless of insurance coverage.

The organization directly provides or makes referrals for a comprehensive range of prevention and treatment services, including acute care services, when necessary. Informal community and neighborhood resources and supports are an integral part of the program and are utilized in numerous creative, non-traditional ways. On a macro level, leadership from each Uplift Family Services program participate in meetings with senior management representatives from system partners (i.e. child welfare services, children's mental health, juvenile probation, county office of education) to assess and ensure coordination and collaboration across all parts of the larger social service system.

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

Goal	Performance Measure	Since Last Reporting Period (FY18)	Current Reporting Period
	1.1) 80% Timely access to services from referral to first contact. Urgent – first contact due within 3 days Priority – first contact due within 15 days Regular – first contact due within 30 days	Urgent: 100% (n=7/7) Priority: 84% (n=37/44) Regular: 73% (n=296/408)	Overall: 81% (n=388/480) Urgent: 90% (n=9/10) Priority: 80% (n=12/15) Regular: 81% (n=367/455)
	1.2) 60% of clients will have timely access to services from assessment to ongoing treatment (Source: Service Detail Report)	88% (n=523/597)	97% (n=495/510)
	1.3) 60% Timely access to services from referral to medication evaluation (when appropriate)	N/A Future Measure	N/A Data Entered Into Avatar
Efficiency - Timeliness of Service‡	1.4) 70% of clients' assessments will be completed within appropriate timeframes (Urgent, Priority, Standard: all due within 30 days) (Source: Program Tracking (Referral Date to Ax Date))	Overall: 89% (Children: n=365/411) Urgent: 100% (Children: n=7/7) Priority: 89% (Children: n=39/44) Regular: 89% (Children: n=319/360)	Overall: 91% (n=432/473)
	2.1) Increase the number of services provided per client by 5% (Source: Service Detail Report)	18.67 Services	21.98 Services 18% increase)
	2.2) 70% of services will be provided in the Community (Source: Service Detail Report)	Field: 67.3% (n=10,148/15,064) Office: 32.7% (n=4,916/15,064)	Field: 68% (n=12,132/19,649) Office: 32% (n=5,791/19,649)
	2.3) 70% of discharges will be due to successful completion of treatment (Source: Welligent Reason for Discharge: Goal Achievement, Attained Dependency, and Reunification)	41.4% (n=140/450)	73% (n=307/418)

Table 1

FY 2018-19 Outcomes

	2.4) "No show" rate will be no more than 10% (Source: Service Detail Report)	5% (n=769/15,833)	9% (n=1,834/22,667)
	2.5) No more than 20% of discharges will be due to "no show" (Source: CWMHS Activity Report)	11% (n=34/298)	12% (n=49/418)
Access/ Engagement	2.6) Increased rates of IHBS billing (Source: Service Detail Report)	IHBS: 167 Services 254 Less Services from Previous FY	IHBS: 533 Services 366 More Services from Previous FY
	2.7) Increased rates of ICC billing (Source: Service Detail Report)	ICC: 294 Services 60 Less Services from Previous FY	ICC: 973 Services 679 More Services from Previous FY
	2.8) Increase in home-based services (Source: Service Detail Report)	IHBS: 167 Services 254 Less Services from Previous FY	IHBS: 533 Services 366 More Services from Previous FY
	3.1) 75% of clients will maintain or improve academic performance [‡] (Source: CANS LDF School Performance)	15.6% Improved 66.2% Maintained	15% Improved 71% Maintained Total: 86%
	3.2) 75% of clients will improve school attendance‡ (Source: CANS LDF School Attendance)	9.1% Improved 74% Maintained	7% Improved 86% Maintained Total: 93%
	3.3) 75% of clients will decrease suspensions or school disciplinary actions ‡ (Source: CEDE 2.0 Suspensions and Expulsions)	11.3% Improved 81.3% Maintained	5% Improved 93% Maintained Total: 98%
	3.4) 75% of clients will maintain or increase in healthy friendships and participation in age-appropriate activities † (Source: CANS SD Interpersonal)	32.7% Improved 29.8% Maintained	32% Improved 48% Maintained Total: 80%
	3.5) 75% of clients will maintain or improve their ability to function within the current living situation [‡] (Source: CANS LDF Living Situation)	15.3% Improved 68.8% Maintained	14% Improved 74% Maintained Total: 88%
	3.6) 75% of clients will maintain healthy and stable relationships at home‡ (Source: CANS LDF Family Functioning)	34.7% Improved 37.6% Maintained	35% Improved 43% Maintained Total: 78%
	3.7) 75% of clients will maintain healthy and stable relationships at school ‡ (Source: CANS LDF Social Function)	19.5% Improved 62.3% Maintained	16% Improved 77% Maintained Total: 93%
	3.8) 70% of customers will improve emotional and behavioral status. (Sources: CANS BEN domain) †	N/A	57% Improved
	3.9) 60% of customers will reduce risk behaviors.** (Sources: CANS RB domain)†	N/A	78% Improved
	3.10) 60% of customers will improve clinical condition and quality of life.** (Sources: CANS Total)†	N/A	33% Improved
Effectiveness – Improved Child Functioning	3.11) 60% of customers will make progress or meet treatment goals [‡] .	Customers met treatment goals: 38% (n=114/298) Customers with DSS case closed: 32%(n=94/298) Total: 70% (n=208/298)	Customers met treatment goals: 57% (n=237/418) Customers with DSS case closed: 17% (n=70/418)

FY 2018-19 Outcomes

			Total: 73% (n=307/418)
	3.12) 75% of youth will improve psychosocial impairment functioning or maintain no impairment (Source: PSC-35)	N/A	100% Maintained
	4.1) 75% of caregivers will be knowledgeable about child's need, can monitor and manage the child's behavior‡ (Source: CANS CGRN Knowledge)	18.1% Improved 68.6% Maintained	16% Improved, 68% Maintained Total: 84%
	4.2) 75% of caregivers will refrain from behavior that puts the child at risk. [‡] (Source: CANS CGRN Supervision)	7.7% Improved 60.6% Maintained	13% Improved 77% Maintained Total: 90%
Effectiveness - Improved Family Functioning	4.3) 75% of caregivers will be protective of the child from others that pose a risk to a child [‡] (Source: CANS CGRN Safety)	5.7% Improved 92.4% Maintained	6% Improved, 90% Maintained Total: 96%
	4.4) 75% of caregivers will be able to maintain safe and stable housing‡ (Source: CANS CGRN Residential Stability)	3.9% Improved 83.5% Maintained	6% Improved 86% Maintained Total: 92%
Effectiveness - Improved Parent Functioning	5.1) 75% of caregivers will increase social supports and safety network [‡] (Source: CANS SD Community Life)	5.7% Improved 85.7% Maintained	34% Improved 31% Maintained Total: 65%
	5.2) 75% of caregivers will maintain a Job or Means of Livelihood ⁺ (Source: CANS LDF Job Functioning)	18.8% Improved 50.0% Maintained	6% Improved 77% Maintained Total: 83%
	5.3) 75% of caregivers will be able to maintain safe and stable housing ⁺ (CANS TAY or Ages 18+ LDF Residential Stability)	12.7% Improved 69.1% Maintained	26% Improved 47% Maintained Total: 73%
	5.4) 75% of caregivers will maintain or improve their participation in Drug Testing and Ability to Refrain from Substance Abuse (if applicable) [‡] (Source: CANS BEN Substance Use)	3.8% Improved 90.4% Maintained	31% Improved 59% Maintained Total: 90%
	5.5) 75% of caregivers will participate in Mental Health Treatment ‡ (Source: Adult Survey Participation Domain)	86.3% participated	93% participated
	5.6) 75% of caregivers will maintain or improve their physical health‡ (Source: CANS – LDF Medical)	3.8% Improved 93.3% Maintained	3% Improved 90% Maintained Total: 93%

	5.7) 60% of caregivers will make progress in meeting their treatment goals [‡]	N/A	N/A
Satisfaction	6.1) 80% of customers and families will be satisfied with HOPE	YSS-F: 75%	YSS-F: 80%
	Services. (Source: YSS, YSS-F, AS; % Satisfied= Mean score of	YSS: 82%	YSS: 59%
	4.0 or higher on Total Satisfaction.) †	AS: 82%	AS: 94%

Note(s): (1) Outcomes from program logic model; (2) †=Uplift Family Services Logic Model Outcome; (3) ‡=Fresno County Child Welfare Services Logic Model Outcomes, released: 2017-06-13. (4) The CANS are scored on a 4-point Likert scale (0, 1, 2, 3) and are assessed based on Actionable (2, 3) ratings versus Non-Actionable (0, 1) ratings. The former denotes a problem with varying levels of severity, and is incorporated into treatment, whereas, the latter denotes either no problem or a history of a problem. Improvement is described by moving from an actionable rating from admit to discharge, maintenance is described by maintaining a non-actionable rating from admit to discharge. (5) **UFS is unable to perform domain comparisons for all CANS 0-4, 5+, ANSA, and ANSA-T domains with Agency Standard CANS at this time, which prevents Quality of Life outcomes from being reported on; previous CANS versions and current CANS CORE 50 version contain an incomparable number of items within domains and cannot be evaluated. (6) Current Reporting Period data is based on the CANS CORE 50 outcome measures.

Note: For 1.1 Timely access to service, for (21) the program did not have times to offer within 10 days. For the remaining(80) that the timeframe was not met, the reasons are: Care provider would not schedule (9), Went Inactive/couldn't reach- (5), No valid Court order (1), No contact info (5), Under 2 months- (1), Referral retracted- (2), Needed parent to consent to treatment- 26, AWOL- (1), Parent refused treatment- (4), Incomplete referral- (2), Autism diagnosis, waiting for documentation- (3) For 1.6 Services in the community, in looking at units of service (minutes): 1,225,046 minutes were in Field (75%) and 410,230 minutes were in Office (25%).

Table 2: Customers Served

Number of Customers Served	
Active Customers as of 06/30/19	428
Customers Referred	856
Customers Admitted	520
Customers Discharged	489
Customers Discharged with LOS greater	441
than 60 days*	
Total Customers Served Unduplicated	894
Total Customers Served	917

Source: IT Masterclient Extract (07/16/2019) and CWMHS Activity Report (08/05/19). Note(s): (1) *Outcomes only include Customers discharged with a LOS greater than 60 days. (2) Other includes Declined and Sent to Judge's report with no MHA. (3) Other data received from CWMHS Activity Report.

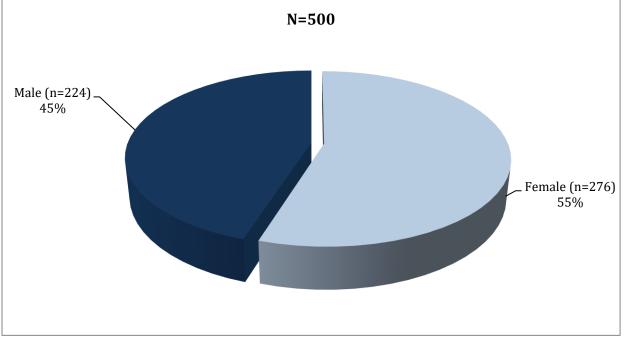
Table 3: Age

	N=520
0 to 5	141 (27%)
6 to 10	86 (17%)
11 to 13	34 (7%)

14 to 17	75 (14%)
18 to 25	35 (7%)
26+	149 (29%)
Range	0.00 - 66.25
Mean	16.72
Median	12.92

Source: IT Masterclient Extract (07/16/2019).





Source: IT Masterclient Extract (07/16/2019). Notes: (1) N is unduplicated.

Table 4: Ethnicity

Figure 2: Length of Stay

	N=484
African American	54 (11%)
Asian/Pacific Islander	22 (5%)
Caucasian	120 (25%)
Hispanic/Latino	248 (51%)
Multi-Ethnic	35 (7%)
Native American	4 (<1)
Other	1 (<1)

Source: IT Masterclient Extract (07/16/2019). Note(s): (1) N is unduplicated. (2) Missing data for 16 customers.

Table 5: Primary Diagnoses

	N=497
Trauma-Stressor Related Disorders	330 (66%)
Mood Disorders	110 (22%)
Other	33 (6%)
Disruptive Disorders	6 (1%)
Psychotic Disorders	1 (<1%)
Neurodevelopmental Disorders	17 (3%)

Source: IT Masterclient Extract (07/16/2019). Note(s): (1) Diagnoses source: DSM-5, ICD-10; (2) Other includes: Feeding and Eating (n=1), Personality Disorder (n=3), Substance-Related and Addictive Disorders (n=6) and Other Not Specified (n=-23). (3) NOA customers not included: n=23.

N=489 300 285.4 266.0 250 200 150 100 50 0 Mean Median

Source: IT Masterclient Extract (07/16/2019). Note(s): (1) LOS is shown in days.

Timeliness of Service

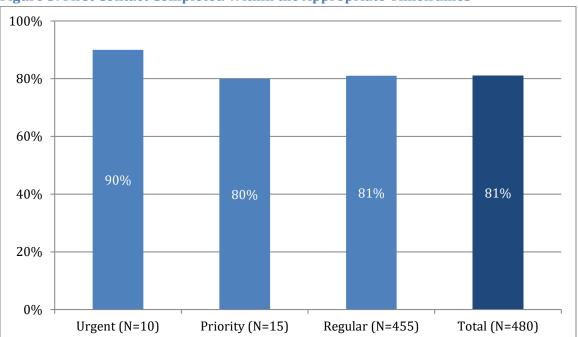
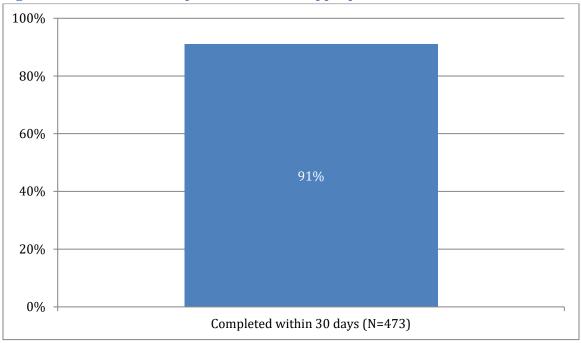


Figure 3: First Contact Completed Within the Appropriate Timeframes

Source: Program Tracking (08/05/2019). Note(s): (1) Urgent: n=9, Priority: n=12, Regular: n=367, and Total: n=388. (3) n= number of Customers that completed first contact within 3 days for Urgent, 15 days for Priority, and 30 Days for Regular.





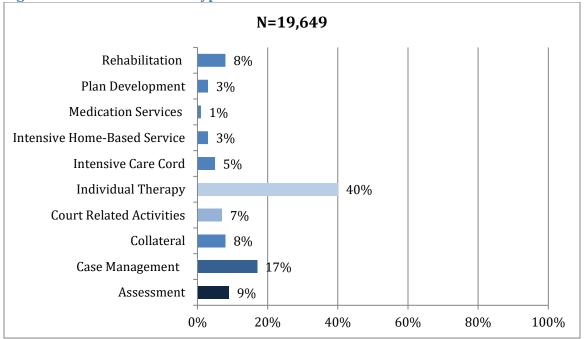
Source: CWMHS Activity Report (08/05/2019). (1) Completed within 30 days: n=432.

Access/Engagement

Table 5: Number of Services Provided Per Customer (Child andAdult) by Service Type

	N=19,649
Assessment	1,722 (9%)
Case Management	3,355 (17%)
Collateral	1,518 (8%)
Court Related Activities	1,299 (7%)
Individual Therapy	7,845(40%)
Intensive Care Cord	973 (5%)
Intensive Home-Based Service	533 (3%)
Medication Services	261 (1%)
Plan Development	573 (3%)
Rehabilitation	1570 (8%)
In Office	5,791 (32%)
Not In Office	12,132 (68%)
Mean	21.98 Services per Customer

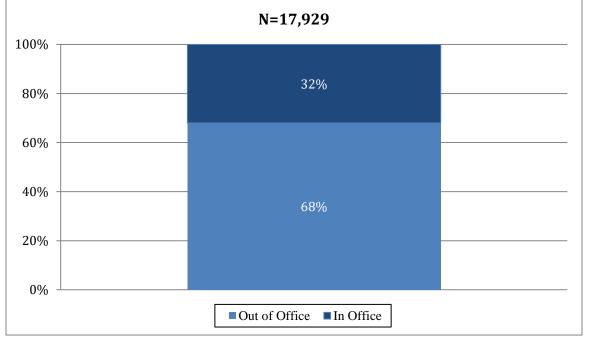
Source: Service Detail Report (07/26/2019). Note(s): (1) N=number of services.





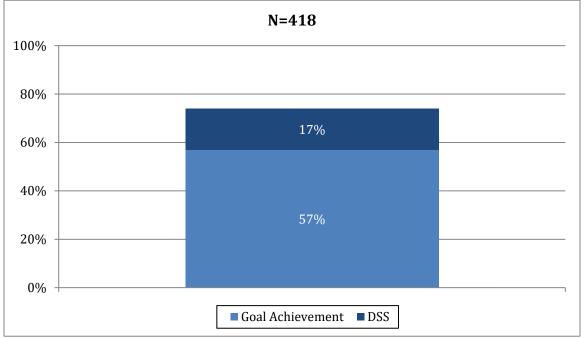
Source: Service Detail Report (07/26/2019). Note(s): (1) N=number of services.

Figure 7: Location of Service Provision



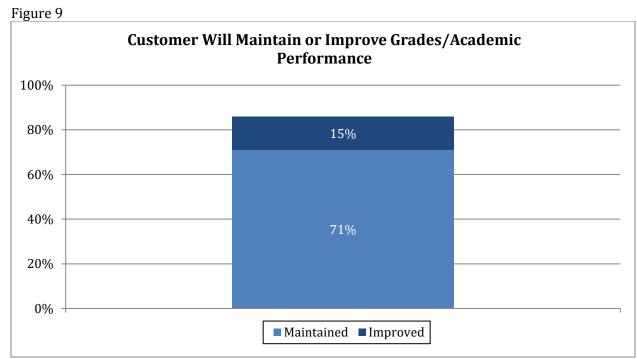
Source: Service Detail Report (07/26/2019). Note(s): (1) Out of Office (n=12,132), In Office (n=5,791). (2) Assessments have been removed from analysis. (3) 1,225,046 minutes were in Field (75%) and 410,230 minutes were in Office (25%).





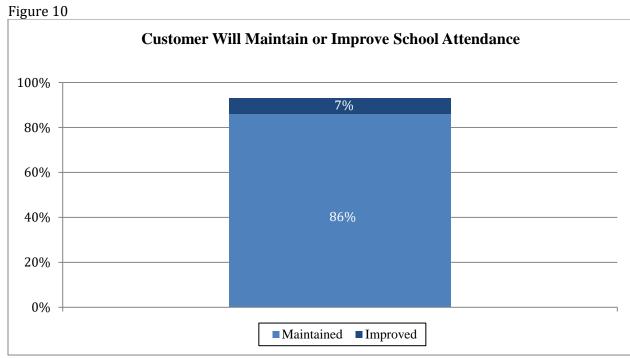
Source: CWMHS Activity Report (08/05/2019). Note(s): (1) Goal Achievement (n=237) and DSS case closed instead of goal achievement (n=70). (2) N is from internal program tracking; there will be a slight discrepancy between EHR figures and internal program tracking figures.

FRESNO COUNTY MENTAL HEALTH PLAN

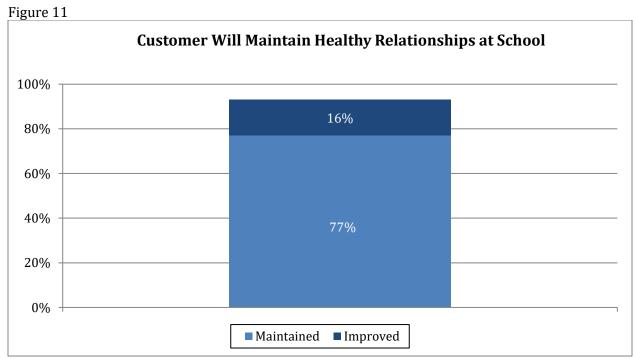


Source: CANS 5+ and Agency Standard CANS (07/16/2019). Note(s): (1) Paired CANS LDF School Achievement (Admit and Discharge), includes Youth with a LOS greater than 60 days.

FRESNO COUNTY MENTAL HEALTH PLAN

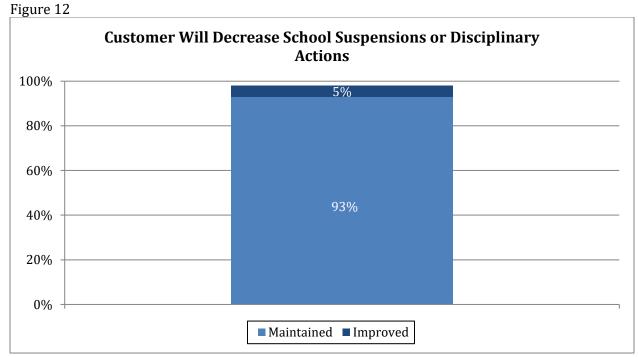


Source: CANS 5+ and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS LDF School Attendance (Admit and Discharge), includes Customers with a LOS greater than 60 days.

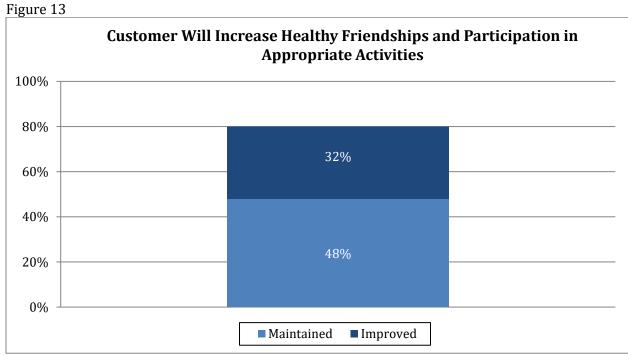


Source: CANS 5+ and Agency Standard CANS (07/26/2019). Note(s): (1) Agency CANS LDF Social Function Paired CANS (Include the CANS item) (Admit and Discharge), includes Youth with a LOS greater than 60 days.

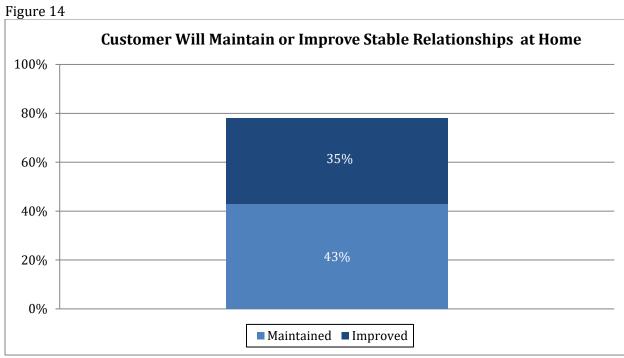
FRESNO COUNTY MENTAL HEALTH PLAN



Source: CEDE 2.0 (08/01/2019). Note(s): (1) Paired CEDE Suspension/Expulsions (Admit and Discharge), includes Customers with a LOS greater than 60 days. (2) Maintained is defined as 0 suspensions or expulsions at admit and discharge.

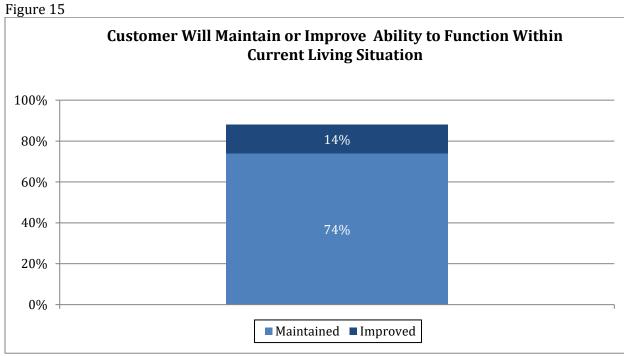


Source: CANS 0-4, CANS 5+, ANSA, ANSA-T, and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS SD Interpersonal (Admit and Discharge), includes Customers with a LOS greater than 60 days.

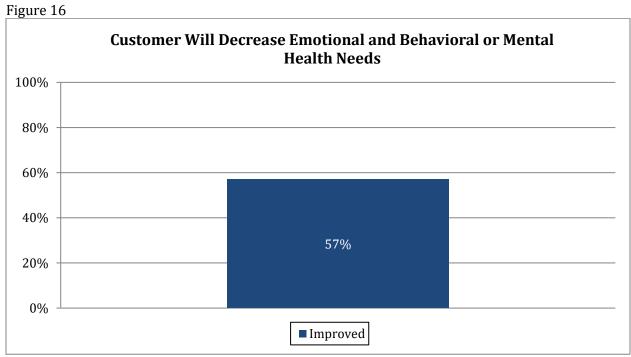


Source: CANS 0-4, CANS 5+, ANSA, ANSA-T and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS LDF Family Functioning

(Admit and Discharge), includes Customers with a LOS greater than 60 days.

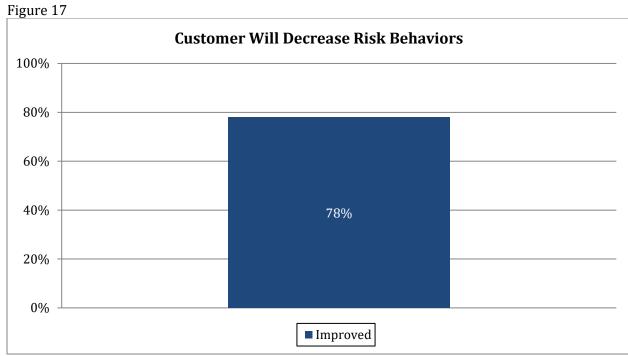


Source: CANS 0-4, CANS 5+, and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS LDF Living Situation (Admit and Discharge), includes Customers with a LOS greater than 60 days.

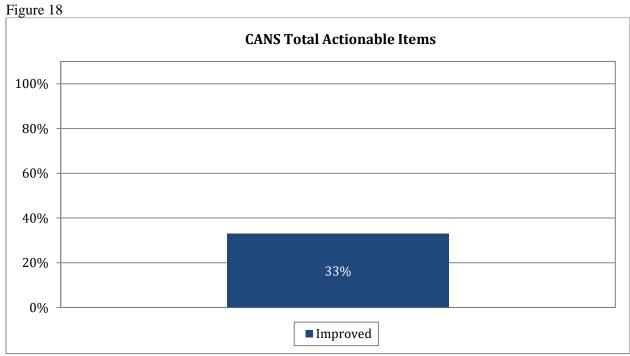


Source: CANS 5+ and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS BEN domain (Admit and Discharge), includes Youth with a LOS greater than 60 days.

FRESNO COUNTY MENTAL HEALTH PLAN



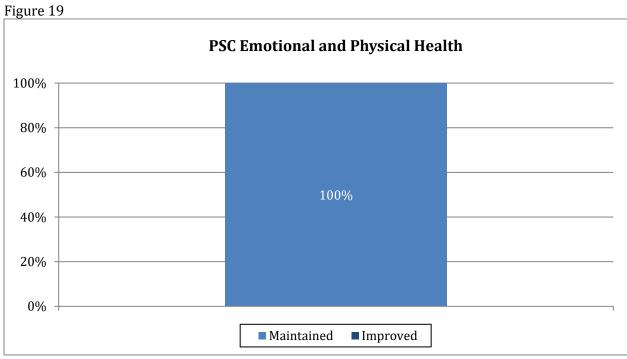
Source: CANS 5+ and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS RB Domain (Admit and Discharge), includes Youth with a LOS greater than 60 days.



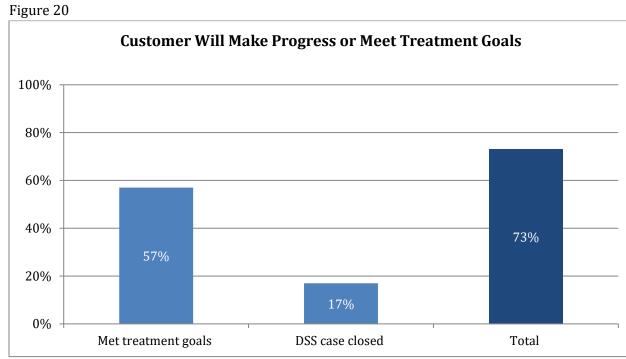
Quality of Life

Source: Agency Standard CANS (07/16/2019). Note(s): (1) Paired CANS (Admit and Discharge), includes Youth with a LOS greater than 60 days.



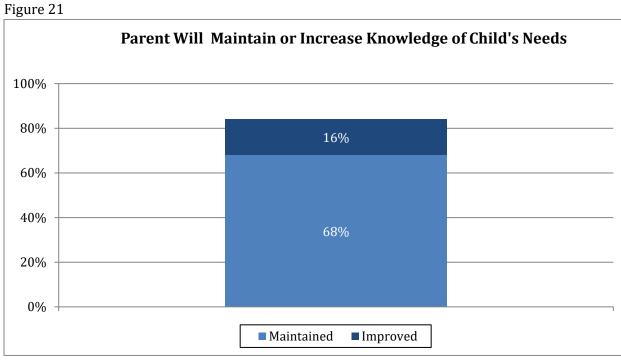


Source: PSC-35 (07/26/2019). Note(s): (1) Paired PSC-35 (Admit and Discharge), includes Youth with a LOS greater than 60 days.



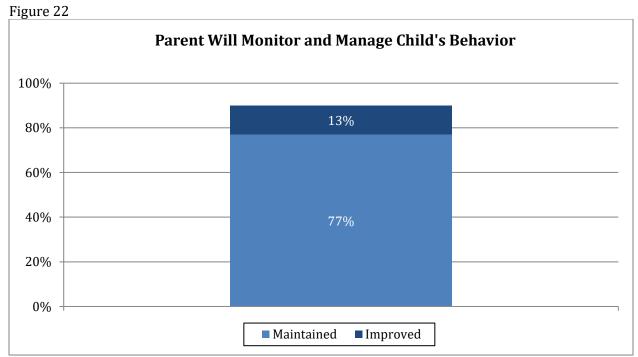
Source: CWMHS Activity Report (08/05/2019). (1) Goal Achievement (n=237) and DSS case closed instead of goal achievement (n=70).

Improved Family Functioning



Source: CANS 0-4, CANS 5+, and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS CGRN Knowledge (Admit and Discharge), includes Youth with a LOS greater than 60 days.

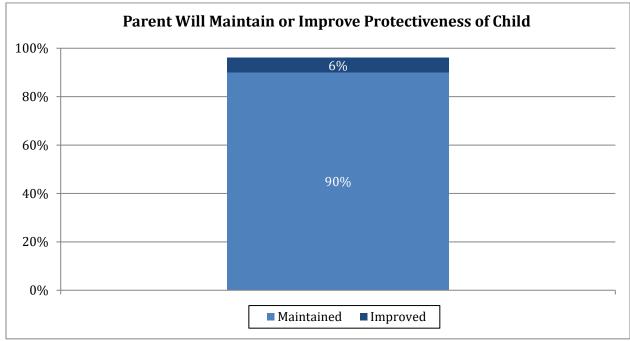
FRESNO COUNTY MENTAL HEALTH PLAN



Source: CANS 0-4, CANS 5+, and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS CGRN Supervision (Admit and Discharge), includes Youth with a LOS greater than 60 days.

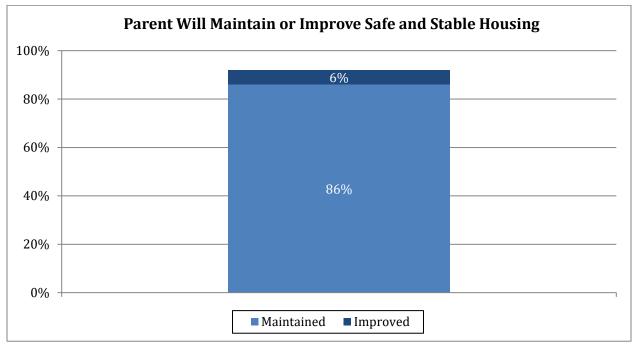
Figure 23

FRESNO COUNTY MENTAL HEALTH PLAN



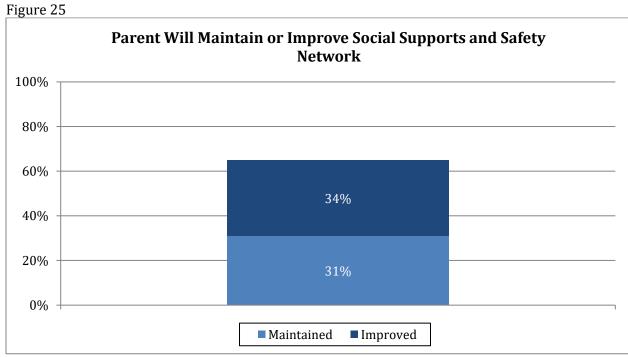
Source: CANS 0-4, CANS 5+, and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS CGRN Safety (Admit and Discharge), includes Customers with a LOS greater than 60 days.



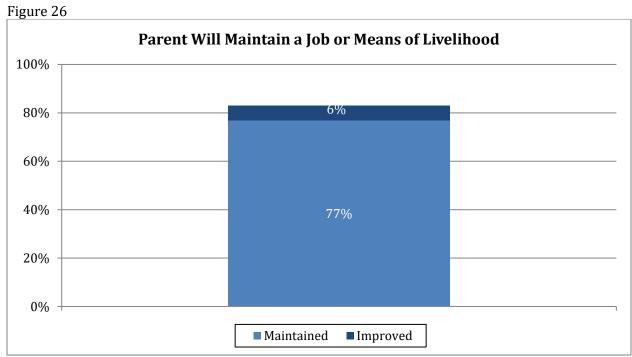


Source: CANS 0-4, CANS 5+, and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS Agency Residential Stability (Admit and Discharge), includes Youth with a LOS greater than 60 days.

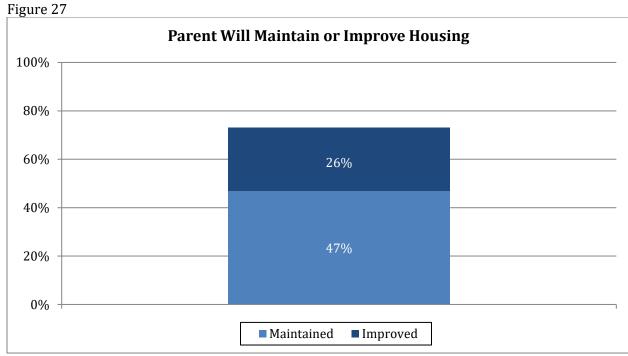
Improved Parent Functioning



Source: ANSA and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS SD Community Life (Admit and Discharge), includes Customers with a LOS greater than 60 days.

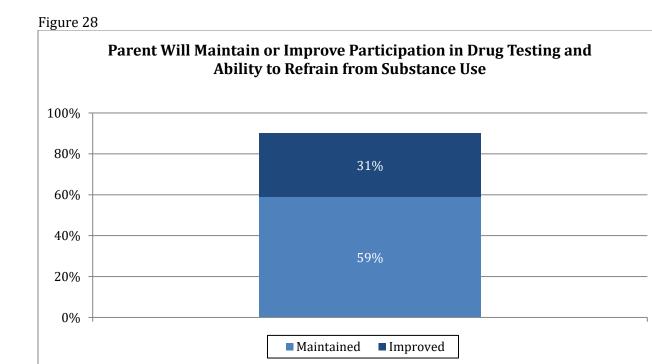


Source: ANSA, ANSA-T, and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS LDF Job Functioning (Admit and Discharge), includes Customers with a LOS greater than 60 days.

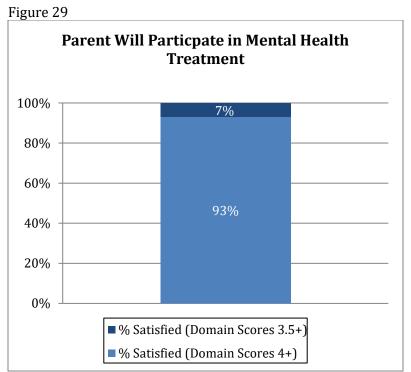


Source: ANSA, ANSA-T, and Agency CANS (07/16/2019). Note(s): (1) Paired Agency CANS TAY or Ages 18+ LDF Residential Stability (Admit and Discharge), includes Customers with a LOS greater than 60 days.

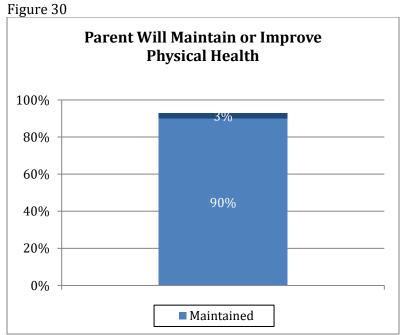
FRESNO COUNTY MENTAL HEALTH PLAN



Source: ANSA, ANSA-T and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS BEN Substance Use (Admit and Discharge), includes Customers with a LOS greater than 60 days.

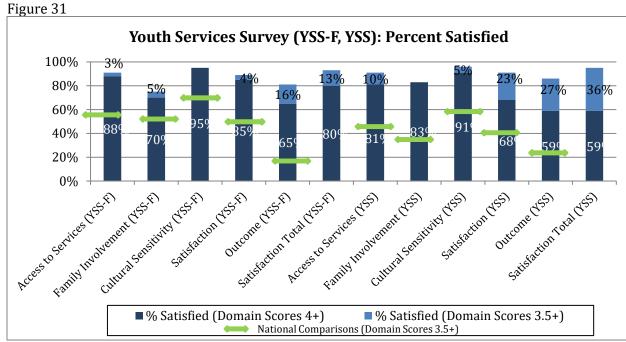


Source: Adult Satisfaction Survey (07/26/2019). Note(s): (1) Participation in treatment is measured by customer satisfaction, as measured by the Participation domain of the Adult Survey; (2) Satisfaction is defined as an average rating of 4.0 or above.



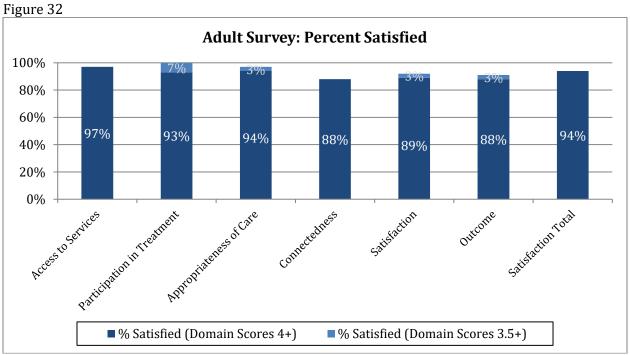
Source: ANSA, ANSA-T, and Agency Standard CANS (07/16/2019). Note(s): (1) Paired Agency CANS LDF Medical (Admit and Discharge), includes Customers with a LOS greater than 60 days.

Satisfaction Outcomes



Source: YSS-F, YSS (07/26/2019) and Consumer Perception Survey – YSSF & YSS Survey (05/2019). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) National Comparison (Green Arrows) compare to complete stacked bars, No National Comparison for Total Satisfaction.

FY 2018-19 Outcomes



Source: Adult Survey (07/26/2019) and Consumer Perception Survey - Adult Survey (05/2019). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) No National Comparison for Adult Survey.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.